Position Paper

Population, Development and Cooperation

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Preface

This position paper presents Sida's views on the links between population changes and development. Its main emphasis is on development cooperation with countries with a rapid increase in human numbers. The paper builds on the official aims of Swedish development cooperation as laid down in Sida's four programmes of action: for poverty alleviation; promotion of gender equality; promotion of peace, democracy, and human rights and support to an environmentally sustainable development.

Sida takes as its point of departure the needs and wishes of individual people, particularly in relation to sexuality and reproduction. Sida's views are in line with the programmes of action adopted at the UN World Conferences – on Population and Development in Cairo in 1994, and on Women and development in Beijing in 1995.

The paper aims at creating coherent views within Sida on issues related to population and development. It may also be useful to our partners, in Sweden, in other countries and in international organisations.

The Health Division in the Department for Democracy and Social Development has been responsible for coordinating the preparation of this document. Several other divisions and departments have been involved, notably the Department for Research Cooperation, SAREC. Drafts have been prepared by the Programme on Population and Development, PROP, at the University of Lund.

Bo Göransson

Director General

Eva Wallstam

Head, Health Division

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Some important features of global population development

Introduction

Sida's position on population and development is well in line with the approach which emerged at the United Nations' International Conference on Population and Development, ICPD, in Cairo in 1994, and which is apparent in the Programme of Action adopted by the Conference.

The official goals for Swedish development cooperation reflect a holistic view in which human development is as important as economic growth and sustainable development. Population changes are part of development. More modest population growth is a positive contribution to achieve the overall development goals. The aim of this document is to point to the complexity of population issues, and clarify how Swedish development cooperation may contribute to slower rates of population growth.

This document gives a comprehensive view on what in reality are complex interactions between population changes and social and economic development. A wide range of activities supported by Sida within the framework provided by the four programmes of action: for poverty alleviation; promotion of gender equality; promotion of peace, democracy, and human rights and support to an environmentally sustainable, are relevant for population changes without being labelled as population projects. Thus programmes of development cooperation in various sectors may in themselves or jointly influence population change in any given partner country. A precondition for desired change is that the programmes are based on knowledge of national population characteristics and understanding of the mechanisms behind changes. Population issues must receive explicit attention in all sectors of development cooperation.

Fertility, mortality and migration are at the core of population changes. Many countries in the world are experiencing a rapid increase in their populations as a result of improved survival. Other countries have relatively stable levels and, in some, decreases are expected. Parallel to this a spacial redistribution of population is taking place with people moving to urban areas, to other rural areas or to other countries.

Population changes depend upon many different factors, for example gender relations, the situation and opportunities available to women, and the value of children in the family. Other factors include the roles of legislation and the economy, as well as other matters relating to the individual's living conditions. Changes in a country's population have a simultaneous effect upon the national economy, the exploitation of natural resources and the possibilities for social investments.

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The first section of this document gives an account of Sida's general position on population issues. The second section deals with factors that influence and determine the rate of population growth. The third section describes important consequences of an inevitable increase in population, of relevance for Sida's development cooperation with countries in the South.

The purpose of this document is to provide guidance and contribute to further strategic work. Population issues must be seen in context and be analysed for each specific partner country.

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1. Sida's views on population issues

Family formation and childbearing, i. e. reproduction, are central to all cultures. National policy, as well as foreign development assistance, may stimulate a move towards steadier population growth by making it easier for parents to choose the number of children they want.

1.1 Sida's key development strategies

In its policy and action programmes Sida gives priority to four areas, which all are important for population matters and are all directly related to the recommendations adopted by ICPD in Cairo. These are:

- · poverty alleviation,
- · peace, democracy and human rights,
- · gender equality, and
- sustainable development.

The Cairo conference stated that the rapid population growth experienced in developing countries is directly related to the level of poverty in those countries. Poverty alleviation is therefore of paramount importance to stabilize population trends.

Greater equality between groups in society is a prerequisite for a decrease in the level of poverty. The situation of women must improve both in society and in relation to men. The United Nations' Fourth World Conference on Women held in Beijing in 1995 stated that women have a central position in the eradication of poverty and in the endeavours to achieve sustainable development through their roles in both production and reproduction.

Most Sida partner countries have political systems that are not fully democratic in the western sense. This has also influenced national population policies and has, at times, led to different types of pressure and enforced birth control that are in contravention of human rights. The situation of individual people, for example during periods of food shortage or exile, has been exploited to incite women to take measures, e. g. sterilisation, which they would not otherwise have regarded as an option.

Efforts to attain more sustainable forms of development are hampered by continued rapid population growth. The complex relationships between demographic dynamics, development processes, resources and the environment must all be taken into account. Successful development policy must be based on the insight that increasing human numbers imply a need

for more resources as well as for more efficient use of them. At the same time, the ability of governments to mobilize public and private sectors in order to serve the needs of social, political, economic and ecological security is of decisive importance for slower population growth

A decrease in levels of poverty, improvements in equality, democratization and sustainable development are all of benefit to new generations and contribute to reductions in the rate of population growth. Improvements in the survival and general health of children are determining factors in population growth and require, amongst other things, access to public health services, clean water and proper sanitation, decent housing and good nutrition.

1.2 Sida's views on population policies

The new perspective rejects simplistic views on population policies, e.g. that contraceptive programmes alone are sufficient to achieve lower levels of population increase. The European historical experience as well as prevailing changes among developing nations support the conclusion that changes in reproductive patterns are linked to social and economic development, which leads to changes in living conditions and to modified perspectives on reproduction and number of children.

As an example, the apparent differences in fertility between states in India cannot be explained in terms of more or less efficient or forceful family planning interventions. Rather, they reflect differences in the situation of women. A rapid transition to small families has taken place in China. But a similarly rapid transition is taking place in several other countries in East Asia, without the aggressive population policies applied in China.

In its assessments of population policy issues in partner countries, Sida is guided by the basic principle laid down by the Swedish national committee in preparation for the Cairo conference, i.e. that no recommendations would be accepted for programmes of development cooperation that would not "also be acceptable in Swedish society".

2. What main factors influence population changes?

2. 1 Poverty and economic development

Over the last few decades the development process has made a good deal of progress. At the same time, the rifts between rich and poor have deepened and widened both between and within countries. Far more than one billion people live in absolute poverty. Poverty is not just a question of a lack of financial resources. It also involves powerlessness. Poverty and discrimination are inextricably linked. Many of the poor earn their living in the so called informal sector. Usually poor people have many children because they need them, or because little conscious effort is made to avoid new pregnancies. However, countries such as Kenya and Bangladesh offer examples where people choose to have fewer children, in spite of their poverty.

Among the poor, women form a majority. Many of them are single parents and family providers. Living conditions for children in poor countries are closely linked to the possibilities available to women to find a living. For these women a large number of children can be seen as a means of increasing the family income.

Economic dimensions

The overall structure of a country's national economy and its propensity for change is of central importance for population changes. Some East and South East Asian countries have witnessed agricultural intensification and expanding industrialization simultaneously with rapid population increase. People have found work and employment and have participated in the economic growth. Educational levels have risen, and attitudes towards family size have changed as the need for many children has decreased. The present fertility levels in these countries are comparable with those in the USA or even in Europe.

In parts of Sub-Saharan Africa, women produce at least fifty per cent of all export crops, as well as a large proportion of foodstuffs consumed domestically. Despite this fact, legislation and/or legal practice are such that it is mainly men who have the right to own land and have access to loans and advisory services. The family income is often placed within the man's domain even in countries where women work with production and marketing. The important role women have in agricultural production often has a historical background in that men have worked in other countries as migrant labour. In such situations many children are desirable as workers on the family farming plots.

Bank loans for women

In Bangladesh Grameen Bank has served poor people in rural areas since 1976. Ninety per cent of those borrowing from the bank are women. The repayment rate is almost 100 per cent. The women use their loans for long-term improvements for their families. Sida is one of the agencies which has supported Grameen Bank, but now the Bank can manage without external support.

The formal labour market has hitherto only to a very limited extent been open to women. Women's gainful employment provides not only with financial gains but also greater contacts with life outside the family and with new values and norms. Better access to employment for women is not only an important step towards greater gender equality, it is essential in the struggle to reduce poverty and achieve more modest rates of population growth.

The work carried out by women in and around the home is not fully accounted for in the national statistics of many countries. Macroeconomic analyses seldom reflect the important contributions women make to household as well as national economy. This has the effect that important income sources and investments are not taken into account. Similarly, population censuses with standardized data on economic activities which fail to account for women's work and gender-division of labour, provide distorted results. It is of great importance to rectify this both in the endeavours to achieve equality and socio-economic development that is beneficial to more modest rates of population growth.

Poor health and survival

A global reduction in child mortality has been brought about by child health care which provides vaccination against the most common child illnesses, control of diarrhoeal disease and treatment of respiratory infections. In several countries infant mortality has decreased below those levels that were common in Europe when the transition to smaller families was taking place here.

In Sub-Saharan Africa however, child mortality is 8-10 times higher than it is in the rich world. High child mortality often contributes to persisting high fertility, in that parents have many children as a protection against losses through death. At the same time maternal mortality is more than 70 times as high as in Sweden. Child mortality and maternal mortality reflect to a high degree the possibilities (or lack of them) to obtain adequate health care.

Access to food, water and housing is fundamental to good public health, but often out of reach for the poor. Many of the so called tropical diseases existed in Sweden when this was a poor country, and they gradually disappeared as living conditions improved. Tuberculosis is a typical poverty disease. One third of the global population carries the infection. The possibilities to control and treat tuberculosis are reduced by the HIV/AIDS epidemic, which also strikes hardest against poor countries and poor people. The fact that AIDS kills people in productive ages adds to the survival problems of remaining family members. In severely affected areas the effects may be dramatic in the form of number of orphans, elderly without care, and eroded social functions. In Zimbabwe 60 000 children become orphans each year, and by the year 2000 it is

Vaccinations in Zimbabwe

Towards the end of the colonial era in Zimbabwe, just over 100 children in every 1 000 died before reaching the age of five. Since then child mortality has decreased and at the beginning of the 1990s amounted to 70 deaths per 1000 children. One reason for the improvement in the survival rate is that 80 per cent of the children in the country are regularly vaccinated against the six most common children's diseases. Sida has supported Zimbabwe's vaccination programme since 1982 to make sure that all children get their vaccinations.

estimated that there will be several hundred thousand AIDS-orphans in the country.

Economic stagnation has led to a reduction in public expenditure in many countries, with negative effects on health and educational services. The decrease in infant mortality experienced over previous decades has now, in some areas, been halted and even turned into an increase.

In countries and areas whose governments favour policies which provide a more equitable distribution of resources and give priority to social security, for example the Indian states of Kerala and Tamil Nadu, as well as Sri Lanka, Cuba and Costa Rica, real improvements have been made in health and mortality reduction despite the fact that these areas have a relatively low average living standard. In these areas family size has also decreased much more quickly than expected. Normally, changes which imply that most children will survive to adulthood take a long time to filter through and affect people's reproductive choices.

Poverty and economic development

Sida holds that more modest rates of population growth can be brought about by:

- economic policies which give poor women and men opportunities to diversify their sources of income;
- support to public health measures, e.g. clean water supply, improved sanitation and acceptable housing;
- economic distribution policies which give priority to the social sectors;
- health policies which improve access to health services, especially for the poor.

2.2 Education

Access to education is a human right for boys and girls alike, and education is an essential part of development. The proportion of school-age children who actually go to school is increasing, and education has an intrinsic value. Girls are however still exposed to discrimination both in relation to beginning school and to completing their education. For girls and women education is a precondition for their empowerment, socially and politically as well as economically. The more education a woman has, the better are

her possibilities to form her own life and to change divisions of labour, in the family as well as in society.

Fertility is lower in countries where many women are literate. Higher school attendance is part of the many social changes which together convince people to prefer fewer children. In areas in which there is discrimination against girls, special initiatives to give them education may be a way to support them, to give them new perspectives and improve their possibilities to make their own decisions on family life and reproduction.

There is no unequivocal relationship between education and fertility. Poor illiterate adults may decide to have fewer children in order to cope better with everyday demands. Parents may decide to have fewer children in order to be able to send all of them to school. Women with an education on average marry later, have better health and fewer children. Their children also tend to be healthier and are thus more likely to survive to adulthood.

If girls are to complete their primary education and continue to higher levels, the education they receive must be of good quality and relevant to their particular needs. Further education is important to enhance better understanding among boys and girls of such issues as gender equality and fertility regulation.

In most societies, parents today consider education as important for their children, and many parents limit the number of children they have in order to afford it. However, when school fees are introduced in poorer societies, parents may choose to keep their daughters at home working, while investing in education for their sons.

The introduction of compulsory primary education in European countries was a reform that changed the value of children in poor households and contributed to the transition to lower fertility. In developing countries of today, widely available universal education might have similar effects.

Education of young girls in India

The ability to read is an important factor to strengthen the position of women. In the India state of Rajasthan only a fifth of all adult women can read. The schools do not function very well and many children do not attend school. For several years Sida has supported a programme to encourage more girls to go to school. The teacher, if possible a woman, and a man from each village are recruited locally. They are given education and training and the possibility to receive further education. The number of girls attending school has now increased.

Education

Sida holds that more modest rates of population growth can be brought about by:

- more and improved education for girls and women;
- compulsory and free primary school;
- flexible out-of-school education for young people and adults.

2.3 Equality

The idea that human rights issues are the core of democratic thinking came to the fore at the United Nations' Conference on Human Rights in Vienna in 1993. But even though human rights by definition embrace all human beings, in reality however men and women have very different rights.

Gender equality

At the Fourth United Nations' World Conference on Women in Beijing in 1995 it was established that women's sexual and reproductive rights are human rights. In most countries women are at an economic, social and legal disadvantage and have a limited say in respect of their own lives and their fertility. The sexual and reproductive rights of women must be strengthened so that they can decide over their own sex life and regulate their own fertility. The plight of women, however, will never be improved if the roles of men do not change. For equality to be attained, men and women must participate on a basis of equality in production as well as in matters concerning reproduction.

In established as well as in new democracies, there is a need to strengthen the participation of individual citizens, in particular women. Legislation which improves the position of women in society, as well as their access to the law, is important in this respect. This includes laws relating to inheritance and property rights, laws which combat gender discrimination in places of work, and laws regulating job security. Further, the right to leave of absence during pregnancy and care for pregnant adolescents should also be underscored. Pregnant schoolgirls should be guaranteed the right to complete their studies. Laws that protect the single mother, laws that ensure equal rights for women in a divorce, legislation on minimum age for marriage and against forced marriage shall all be included. In sum, there is a clear correlation between women's opportunities to determine the course of their own lives, their empowerment, and the number of children they choose to have.

Cultural factors

Changes in gender relations challenge the established balance of power which often is justified by reference to religion and traditions. Patterns of behaviour, systems of beliefs and traditions are however continually changing and replaced by new ways of thinking, new traditions. For example, in Bangladesh the purdah system, which restricted women's movements to home and family, has gradually weakened after the economic crisis of the 1970s. Such a change is likely to have enabled women to better choose whether or not to reduce their number of children.

In many cultures the woman is married into her husband's family with its expectations on her to produce children. A failure to live up to the

Sex disaggregated statistics

If inequality between women and men in society shall be eliminated it must be shown that inequality exists. One way to do this is to produce sex disaggregated statistics. This is the case both in Sweden and in the partner countries. With help from Statistics Sweden Sida has provided support in this matter in several countries since the beginning of the 1980s. For example Sida's support to the education sector in Zimbabwe includes drawing up sex-disaggregated statistics on teacher training and scholarships.

Men in Nicaragua

Violence against women is common in Nicaragua. A number of men have reacted against this and are working to counteract violence by building networks which take up this issue. The networks also work with equality between women and men. Sida is supporting this work.

expectations often results in the marriage being broken up and the woman being rejected. The status of both men and women is often related to the number of children they have. Men often prefer to have a large number of children, not least sons.

Biologically, boys outnumber girls slightly at birth. However, in countries where people's desire for sons is in conflict with official population policies, as in China with its one-child policy, or with the economic situation of many households, as in India, sex-selective abortion and infanticide of baby girls have increased in recent decades. The effect is a growing sex ratio imbalance. In some places this reinforces existing imbalances from excess mortality among women due to discrimination. However, it is still too early to judge the effects on family formation and fertility.

Equality

Sida holds that more modest rates of population growth can be brought about by:

- · increased gender equality;
- revisions of existing legislation and legal practice regarding inheritance, ownership and use of land, divorce and minimum age for marriage;
- measures to bring about change in the traditional roles of men in favour of shared responsibility for family life, sexuality and reproduction.

2.4 Children's rights and the value of children

In 1989 the United Nations adopted the Convention on the Rights of the Child. The Convention covers all children up to the age of eighteen. The economic, social and human rights of children are laid down, and it is stated that all children have the same rights and that all decisions affecting them should be for the best interests of the child. According to the Convention, all children have the right to free basic education as well as to protection against dangerous tasks or work that interrupts or interferes with their education. These factors are central to the value of children in the family.

Children may bring both happiness and an extra pair of hands to the household. In poor households, especially where the woman is a single parent, children are often needed as labour. This may be in conflict with the ambition to provide children with education and other means of escaping poverty. In countries where pension systems and health insurance are non-existent, adult children may be the only form of security for ageing parents.

The world over, family structure is affected by urbanization and other rapid socio-economic changes. Increasingly, women are working outside the home environ ment, the extended family is disappearing and the number of vulnerable families is growing, not least the number of single mothers and their children. Changes in family structure often imply the breakdown of systems for care and security, which are not replaced by new mechanisms. Children are invariably the losers in this process; a fact that is reflected by an increasing number of street children. Children without care and supervision are hard to reach with education and information.

Children's rights and the value of children

Sida holds that more modest rates of population growth can be brought about by:

- improved childhood conditions, including health care and education;
- reduced adult dependence upon children for daily survival and old age security.

2.5 Sexuality and reproduction

The experience of almost forty years of work with family planning programmes has led to the conclusion that a holistic view on fertility and sexuality is needed. The new concept is more fully described in Sida's policy document on sexual and reproductive health. Sexual and reproductive health affects the lives of women, men and youth, their cohabitation, gender relations and sexual life. The concept is not limited merely to the reproductive period of life but covers the entire life cycle. It includes knowledge of sexuality and reproduction, the provision of information on sexually transmitted diseases, and protection against them. The rights to contraception and safe abortion as well as the provision of adequate medical care during pregnancy and child birth, and care for the newborn, are matters central to sexual and reproductive health.

Rights

The Cairo and Beijing Conferences were a breakthrough for the recognition of all people's sexual and reproductive rights.

Sex education

The Tanzanian organisation for family planning, UMATI, and the Swedish RFSU are running a project with the support of Sida to give teenagers sex education in school and through young people who provide information on the subject. The project also includes exerting an influence on government agencies and the legislation to make schooling a right, also for girls who are expecting or have had a child. A similar project is being supported by Sida in Zambia.

Sexual rights include the right for women, men and adolescents to make their own decisions on their sex life, including the right to say no to sex. Reproductive rights include the right for couples and individuals to decide, freely and responsibly, on the number of children they would like to have as well as when to have them, as well as access to knowledge and methods to enable them to carry out their intentions. They also involve the right to act without pressure or discrimination. An internationally recognized right to abortion does not yet exist.

Men have endeavoured to control women's sexuality and reproduction throughout human history. Violence and assault, rape, incest and other forms of sexual abuse against women and girls occur in all countries of the world. Female genital mutilation is a blatant example of abuse in the pursuit of power and control.

Sex education

In post-war Sweden the results of sex education, given particularly by the schools, have proved to be very positive. In many cultures it is still regarded as a sensitive matter to provide young people with information and education on sexual issues, since sexual life is associated with marriage. Among the opponents to the provision of sex education in schools are those who believe that such knowledge leads to a proliferation of sexual encounters. However the Swedish experience and a number of studies show the opposite to be true. The lack of knowledge among boys as well as girls is the cause of much suffering, the contracting of sexually transmitted diseases, unwanted pregnancies and unsafe abortions.

Men need to change their attitudes and share responsibility with their female partner in respect of the number of children wanted, contraception, unwanted pregnancies and abortions as well as care of children actually born.

Adolescence

Fifteen million adolescent girls become pregnant every year, many as a result of a lack of sexual knowledge and of poverty and thus vulnerable to sexual exploitation. In many societies there is a double standard of morality present regarding the subject of adolescent sex. It is often taboo to talk of adolescent sexuality or to provide sex education in schools. At the same time a large proportion of first-time mothers are in their teens, most already married, with or without giving their own consent. But many are single women and often with an unplanned pregnancy. All face the same problems as regards the health risks involved with adolescent pregnancies and difficulties in continuing their studies. In addition, young single mothers are often the subject of discrimination and they often find it difficult to provide for themselves and their children. Higher age at first pregnancy is important for the individual woman herself and contributes to an overall decrease in the number of children.

Development of contraceptive methods

For over twenty years Sweden has given considerable support to a WHO programme for the development of contraceptive methods. In the programme existing methods have been tested and improved. Sweden has tried to ensure that research institutions in poor countries receive support to enable them to participate in this work on equal terms. Sweden also insists that women shall be given greater influence where research into contraceptive methods is concerned.

The Beijing Conference established that young people have the right to sex education and to contraceptives, and that young women should have the right to continue their studies even after childbirth.

Contraception

Today, an estimated 55 percent of couples in the South use some form of contraception. Fertility rates have decreased from 6-7 children to 3-4. Access to contraceptives is one of the many factors behind this fall in the fertility rate.

Still, there are many, both couples and unattached individuals, that do not have access to contraceptives or counselling. Increased access to a variety of affordable, high quality contraceptives is needed so that people may avoid unwanted pregnancies. The objective should be that everyone – women, men and adolescents – shall have access to a variety of good quality contraceptives as well as to information, education and counselling on sexual issues, reproduction and pregnancy prevention.

Several new contraceptive methods have been developed. Most of these are technically advanced and require access to health services. The landmarks in modern technology should not, however, lead to a neglect of so called traditional methods of contraception, such as breast-feeding and safe periods, in the provision of information and counselling on sexual issues. It is important that existing methods are improved and that new user-controlled methods are developed for both men and women.

Partly as a consequence of the HIV/AIDS epidemic there is a new need for female-controlled methods which protect against pregnancy and/or the contraction of sexually transmitted diseases including HIV. Today, the male condom is practically the only method which provides protection against HIV and sexually transmitted diseases. The condom is one of the few contraceptives available to men, but women have difficulty in exerting an influence over its use.

Abortion

No contraceptive is absolutely reliable. This is one of the reasons why safe abortion must be made available. However, abortion must not be used as an instrument for population control policies. The responsibility for deciding on whether to go through with an abortion should lie with the woman concerned.

Illegal abortions, often carried out by unqualified people and in unhygienic conditions, are an obvious threat to the lives of many women. Complications after illegal abortions are the cause of a quarter of all maternal mortalities; they also place a huge workload on health services. The legalisation of abortions is the best way to make them safer and thereby reduce maternal mortality. At present legalisation is for a variety

Abortions in Bangladesh

In Bangladesh illegal abortions are very common and constitute a health hazard. Abortions are only permitted to save a woman's life. However operations performed at a very early stage of a pregnancy are not regarded as abortions but as regulations of the menstrual cycle. Sida supports the government of Bangladesh as well as some non-governmental organisations in the country which train health personnel and supply hospitals and clinics with equipment for menstrual regulation.

of reasons not an option in all countries. In some countries, however, national laws do allow for exceptions in some cases – a fact that can be exploited by development cooperation agencies to provide a framework for safe abortions.

Sexually transmitted diseases including HIV/AIDS

Sexually transmitted diseases, STDs, are increasingly common all over the world. The struggle against these diseases is very important, since they are the main cause of infertility and greatly facilitate the spread of HIV/AIDS. By the mid-1990s it was estimated that almost 2.5 million people had developed AIDS while 22 million were carrying the virus. Four fifths of those affected live in developing countries. The majority of the affected are young, and women are especially vulnerable, both biologically and socially.

Sexuality and reproduction

Sida holds that more modest rates of population growth can be brought about by:

- providing information to women, men and adolescents about affordable and safe contraception, how the body and the reproductive system function, about STDs and HIV transmission as well as about protection against these;
- increased accessibility to a wider choice of contraceptives;
- liberalization of abortion legislation, improved abortion methods and provision of early abortions, improved access to and treatment of women suffering from complications after an illegal abortion;
- improved quality, access and freedom of choice in reproductive health care;
- the development of contraceptives that protect against pregnancy and/or STDs including HIV;
- measures to introduce sexuality education in schools, including HIV/AIDS information for girls and boys respectively;
- measures to bring to light and prevent injustices to women and girls such as sex-selective abortion, female infanticide, genital mutilation, rape, incest and domestic violence.

HIV in Uganda

In Uganda Sida supports TASO, the AIDS Support Organisation. It has been established by persons infected with HIV who are working, among other things, to give women and young people knowledge about the subject as well as the strength to withstand the demands made on them for unprotected sex and sexual services in a male dominated society. The number of new victims of the disease has started to diminish in Uganda.

3. Consequences of a continued increase in human numbers

By the year 2015 the population of the world will have increased by approximately two billion people. A fundamental population issue related to this is that of distribution – access to global resources for the new generations. The implications of projected population increases must be taken into account in national planning as well as in development cooperation, and longer time perspectives need to be applied in all planning.

3.1 Population statistics and projections

A transition to smaller families is taking place in an increasing number of coun tries. Still, population numbers will continue to rise. This is due to the fact that so many children have already been brought into the world – the parents of tomorrow are already born – and that ever more people live to reach an old age. The size of populations will stabilize only when the generations raised under the new conditions themselves reach old age.

Widespread disasters which historically would have caused a decrease in a country's population can today be efficiently counteracted to limit human loss. Even in the countries worst affected by epidemics, diseases such as tuberculosis and HIV/AIDS are not expected to cause a negative trend in population increase.

Increased adult mortality in AIDS has resulted in a notable fall in life expectancy in several African countries. According to UN estimates for the early 1990s, life expectancy in Botswana has declined from 61 to 54 years. Corresponding figures for Zambia are 49 and 44 years. In spite of rising mortality, however, population increase continues at a fairly high rates. In many countries, the impact of AIDS varies a great deal between different parts of the country. Better knowledge is required about the local prevalence of the epidemic and its effects.

National planning as well as development cooperation must be based on the fact that the population of poor countries will continue to increase in the foreseeable future. Reliable data on a country's demographic dynamics permit projections to be made of future population increase, mortality and fertility rates, urbanisation trends and, less reliably, migration levels. Such studies require that well-planned population censuses and other demographic surveys are carried out regularly and that the information received is made available for analysis and examination.

Census in South Africa

The last census which was performed during the apartheid era (1970) excluded the black population. During the autumn of 1996 a new census was made in South Africa. Sida has contributed expertise and budgetary support. Where further work on the census is concerned, Sida's support will include the production of sex-disaggregated statistics.

3.2 Population and the environment

The relationship between environmental change and population growth is complex. Environmental depletion has an impact on human health and survival. On the other hand, more people mean higher levels of extraction from natural resources, and more waste.

The pressures on the environment and on resources are a function of the number of people, their individual consumption patterns and of the technology they use. Rapid population increase in poor farming regions can lead to over-intensified land use without changing farming methods and tools. This increases the risks for land degradation and for a diminishing resource base for human survival.

Growing numbers of people in the world with rising living standards are another source of growing environmental depletion. Even a small population such as that of Sweden has an effect on the global environment by its high consumption of fossil fuels and high levels of carbon dioxide discharges. A general increase in living standards has a significant global impact. If the greenhouse effect actually occurs, then periods of extreme drought and rising sea levels will affect for example, farmers in Africa and people living in the South Pacific.

Sustainable development does not just involve reference to population size and the rate of population change. The distribution of income and resources, consumption patterns and choice of technology must also be taken into consideration.

Marine environment

The marine environment outside Dar es Salaam is being threatened by pollution, fishing with the use of explosives, and the felling of mangroves. This is a threat both to fish production and employment. Sida is supporting a project which will enable the different interested parties concerned to find a way to earn a living without continuing to destroy the environment.

3.3 Employment and natural resources

If a society whose population is constantly growing is to be able to develop, the ever larger new generations must be able to provide for themselves. Sustainable economic development requires that adults can provide their basic needs of food, water, clothing and accommodation for themselves and their dependants.

Globally as well as nationally, this implies an increase in food supply. Agricultural and fishery yields must increase so that permanent dependence by poor countries on food imports can be avoided. At the same time, agricultural and marine production must be environmentally sound in the long run. The degradation of the marine environment has led to reductions in fishery yields in many parts of the world.

In the South it is increasingly the case that rural households live from day to day, lacking the reserves that would tide them over a crop failure. The lack of water for personal hygiene, household use and agriculture is a significant and growing problem. Small farmers living under the cloud of poverty and

financial insecurity are forced to overexploit the options and natural resources available to them. National planning as well as development cooperation must be based on the fact that the population of poor countries will continue to increase in the foreseeable future. Without reforms to improve the security of the poor, e g pricing policies or secure rights to land, continuing population increase will pave the way for unsustainable use of natural resources, thereby reducing the prospects of achieving a long term solution to the problem of poverty.

Paradoxically, many poor family farms lack sufficient labour, despite the increase in population. This is the case where a large proportion of the male labour force seeks employment away from home. It is clear that an increase in the local labour force accompanied by the improvement of farming methods are two key components for the successful development of rural areas. Male migration places a heavy burden on the women who are left to tend the crops. As long as women are excluded from new knowledge, technology and tools for agricultural development, as well as from methods to facilitate access to water and fuel, their need for large families may remain. In such situations, to have many children represents not only more mouths to feed, but also more hands to share the work burden placed on the women.

The urban poor are also a vulnerable group. For them, especially for the women, the informal economy is the predominant source of income. The process of urbanization leads to growing needs for food supplies in urban areas. Staple commodities are usually imported while perishables find their way to the markets both from surrounding rural areas and from small areas within the city boundaries. Many town and city dwellers, especially migrant ex-farmers, supplement their food supply wherever possible with produce grown on local plots. In this way unemployed family members are provided with an occupation.

3.4 Migration

Migration within a country during peacetime can be seen as an attempt to maintain or improve personal living standards. The movement of people in rural areas is related to the availability of land and work. Migration can be influenced, but never completely controlled, by restrictions. No government has ever been able to halt the flow of people to the cities.

One way for governments to influence population pressure is to try and reduce the imbalances that exist between the places in which people live and the existence of resources. Experience shows that programmes aimed at encouraging migration to new areas rarely produce any positive results, whereas investment in the infrastructure of an area and the use of different incentives for moving (provision of land, schooling and health care) can provide positive results.

Sustainable agricultural development in Kenya

The population of the Machakos district near Nairobi increased fivefold between 1930 to 1990. Warnings about the increasing degree of soil erosion were given as early as during the colonial period. Now, with the aid of Sida support and with the know-how and funds supplied by migrant labour from the area close to Nairobi, the farmers have succeeded in adapting their farming methods. Soil erosion has diminished and yields have increased. The proximity to the market in Nairobi and the support given for training by the local community have contributed to this success.

International migration takes many forms. In 1994 it was estimated that some 125 million people (refugees included) were living outside their country of birth. Migration is often interpreted in negative terms, but can also be positive in that it enables contact to be made between peoples and cultures. Some developing countries obtain large revenues from international labour migration, which also affects conditions in the local communities concerned. Sudden events however, such as the Gulf War of 1991, can drastically change the whole pattern of migration and the situation of many thousands of poor families.

Environmental depletion and scarcity of resources lead to greater risks for conflict. Political refugees and refugees of war as well as migrants from environmentally degraded areas move both within a country's boundaries and across them, particularly to neighbouring countries. In 1995 the number of international refugees fleeing from war and persecution was estimated at 20 million. The number of people moving due to environment depletion and growing difficulties in making a living from the land, forest or water is at least as great, and increasing.

People's reasons for moving are often complex, and no generally accepted definition of the concept "environmental refugee" has been established. Better methods are required to monitor links between environmental depletion and migrant movements.

3.5 The role of urban areas

In most poor countries the urban population is growing rapidly. In fact it is in the cities where most of the general population increase is taking place. This is linked to the fact that many city dwellers, not least the poor, are in reproductive ages, adding newborn generations to the flow of new migrants from rural areas. In many countries today the urban population is as large as the rural population. It is expected that by the year 2005 half the world's population will be living in urban areas.

A city rarely provides proper, decent living for more than a few of its ever increasing new generations. New slum areas spring up constantly while some of the older slums stabilize. To combat urban poverty and environmental problems more employment opportunities, residential security and improved infrastructure are necessary. This can be partly brought about by public efforts but must also rely on the initiatives and efforts of the urban dwellers themselves.

The expansion of the middle class and the emergence of new consumption patterns are part of economic development, but also carry serious environmental consequences. Waste problems, increasing problems with sewage treatment, and air and water pollution are among the bi-products of these new trends. A substantial part of public expenditure in developing coun-

Housing construction in Costa Rica

In the capital of Costa Rica the slums and shanty towns are expanding. It is in these areas that the poorest people and the new arrivals to the city live in the simplest wooden sheds. There is considerable overcrowding. Water supplies, sewage systems and refuse collection services do not function. There are no schools or health services. Sida has supported an organisation which lends money to the poor so that they can build better houses themselves. When they have obtained the right to own the land, they build the houses together. Many new house-owners are single women who have now obtained a home for themselves and their children.

tries is normally allocated to the provision of infrastructure which mostly serves the needs of the middle class.

In many developing countries the cities have not occupied the position that their European counterparts once did. Large parts of the population as well as public and private investments are often concentrated to one or a small number of urban areas. The process of decentralization is slow and many smaller cities stagnate due to lack of investment, social institutions and maintenance of their infrastructure.

The development of cities and towns is closely linked to the exchange between them and the rural areas. The development of the local and regional administration and the provision of facilities for production and the informal sector are vital measures to revitalise the rural areas. Measures to strengthen the smaller and medium-size towns and to stimulate economic exchange with the rural areas may contribute to more dynamic rural development and to lower rates of urban migration.

3.6 Social sectors

Population increase and a growing demand for social services intensify the need for more resources in the public sector. Sound population projections are needed to plan the expansion of health care systems and the provision of education on the basis of the growing demand.

The number of elderly and their proportion of the population has increased and will continue to do so, even in the poor countries. Consequently, there is a growing need for health care for the elderly. On average women have a longer life expectancy than men. Elderly women thus outnumber elderly men.

The facts that more and more young people choose to form nuclear families and that fewer children are born to every family have the consequence that the elderly can no longer rely upon the support of younger members of the family. The combined effects of the migration of young people and the spread of HIV/AIDS reduce the resources available to local communities to provide for the elderly. In most poor countries there are no distribution policies that make it easy for families to take care of their old, and national measures to provide services for the elderly are often non-existent. This problem has yet to be addressed in development cooperation.

There will be variations from country to country in the financing of the social services: the form of funding selected, the form of taxation levied, and the priorities made by the state. It will be necessary to finance reforms through reallocations to the social sectors. But reallocations are also necessary within the social sectors, for example from advanced to peri-

Health costs in Zambia

Zambia's health budget amounts to the equivalent of SEK 140 per person each year which can be compared to SEK 14 000 each year for each person in Sweden. Previously most of the budget was allocated to the major hospitals in the country. But during the last five years Zambia has succeeded, with Sida support, to make reallocations in its health budget

and now just over 50 per

health care services, close

cent is spent on basic

to the people.

pheral health care, and from tertiary to basic education. Generally speaking, resources will remain limited in developing countries and foreign assistance will not be sufficient. Local initiatives and efforts by people themselves may prove to be decisive factors for lasting improvements.

Consequences of a continued increase in human numbers

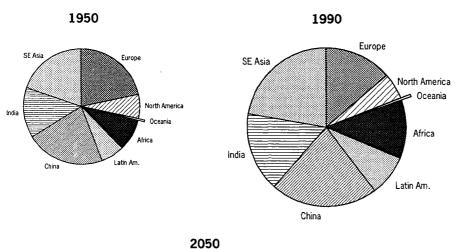
Sida holds that sustainable development under continued population growth requires:

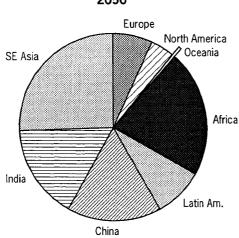
- increased knowledge of population development in partner countries, through the carrying out of censuses, the production of statistics and demographic surveys;
- long term planning for sustainable resource use in urban and rural areas measures that increase the level of gainful occupation in rural areas, towns and cities;
- reinforced planning capacity to minimize the negative and maximize the positive aspects of internal migration;
- increased awareness of the needs of the elderly.

Some important features of global population development

During the one hundred years from 1950 until 2050 the global population is expected to increase from 2.5 billion to 9.4 billion people. As figure 1 shows, there are also important changes in the regional proportions of global population. Europe's proportion of the global population is decreasing drastically, whilst Africa's will increase. Soon after the beginning of the twenty-first century India is expected to be the world's most densely populated country.

Figure 1. Global population distribution 1950, 1990 and 2050





Source: United Nations, World Population Prospects: the 1996 Revision, New York 1997.

Figure 2. World annual population growth (%) 1955-1995

Source: United Nations, World Population Prospects: the 1996 Revision, New York 1997.

As shown in Figure 2 the annual population growth rate was at its highest in the 1960s. Since then it has steadily declined, and is currently below 1.5%. In absolute numbers the increase in population in the mid-1990s is approximately 81 million people per year. According to current estimates, the number of people added annually will be 41 million by the year 2050. China has about 20% of the world's population and therefore influences global figures to a very marked degree. The deep trough in the curve around 1958-1960 shows the catastrophic excess mortality in China during the 'Great Leap Forwards'.

Differences between countries in rates of population growth are shown in the demographic transition, which is a model used for the transition from high to low birth and death rates. Figure 3 shows India's demographic transition. Both birth and death rates are declining. The difference between the two curves gives the annual population growth rate. If and when the two curves meet at a lower level a period of slow or stagnated growth will occur. Europe, North America and Japan have all gone through the transition. Other countries following this pattern are South Korea and Taiwan, both economically prosperous. China and Cuba are examples of countries which are closing the gap without having the economic advantages of the above-mentioned countries, but which have both concentrated on the social sectors. The gap is growing in relation to sub-Saharan Africa.

Annual growth

20

10

10

1891-1901

1911-21

1931-41

1951-61

1971-81

Figure 3. The demographic transition in India

Source: Maherda K. Premic, 1993, India's Population: Heading Towards a Billion, New York

Death rate

· Birth rate

The average number of children per woman has fallen significantly over the past 40-50 years. As shown in figure 4 the decline has been most rapid in China. But even in Africa, where women on average give birth to just under six children, there are signs that the birth rate is decreasing. The differences between Africa and other regions have, at the same time increased. In Europe estimates are 1.6 children per woman.

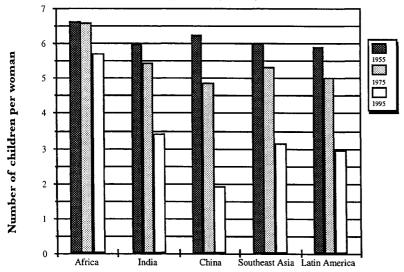
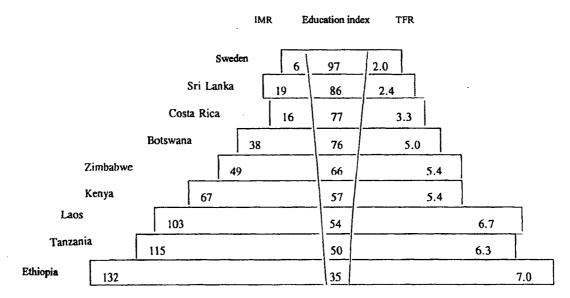


Figure 4. Total fertility rate (TFR) 1955-1995

There is a clear relationship between the level of education a woman receives, the number of children she has, and the survival rate of these children. Figure 5 shows this relationship for a number of selected countries: where more women receive education less children are born (TFR) and infant mortality (IMR) is lower.

Figure 5. Women's education in relation to child birth and infant mortality



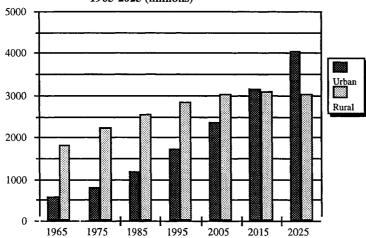
IMR = Infant Mortality Rate TFR = Total Fertility Rate The education index is a collection of five variables: three which measure women's / girls' education and two which measure the differences in girls' and boys' education and schooling.

Source: PAI Population Action International, Closing the gender gap: Educating girls. The 1993 report on progress toward world population stabilization. Washington.

The large migration flows of today are from rural to urban areas in developing regions. Nevertheless, rapid urban growth in the South is more a result of natural population increase than of migration surplus; the majority of the urban population is of child rearing age. As shown in Figures 6 and 7 the majority of the population in developing countries live in rural areas. There is however a marked difference between regions. In Latin America nearly three quarters of the population live in urban areas. In Africa and Asia the proportion of people living in urban areas is growing rapidly. By the year 2010 it is expected that cities and towns will account for over half of the population. As shown in Figure 6 population growth will continue — at different rates — both in urban and in rural areas up until the year 2015. It is only then that the rural population will begin to decline.

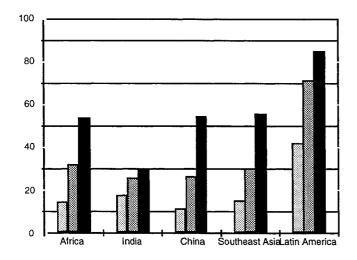
Figure 6. Urban and rural population in developing countries 1965-2025 (millions)

Figure 6. Urban and rural population in developing countries 1965-2025 (millions)



Source: United Nations, 1995, World Urbanization Prospects. The 1994 Revision, New York

Figure 7. Urban population (%) in less developed regions 1950, 1990 and 2025



List of Health Division Documents

	Strategies/Policies	Issue Papers		
1997:1	Policy for Development Cooperation Health Sector	1998:1 1998:2	Maternal Health Care, by Staffan Bergström Supporting Midwifery, by Jerker Liljestrand	
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	Fattigdom & Ohälsa – ett folkhälsoperspektiv by Göran Paulsson, Ylva Sörman Nath and Björn Ekman	2001:2	by Bertil Egerö and Mikael Hammarskjöld Health and Environment by Marianne Kjellén	
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Other documents

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