

Population Issues Overview

UNFPA promotes the **human right** of every woman, man and child to enjoy a life of health and equal opportunity. In many parts of the world, extreme **poverty** subjects women and men to a lack of real choices, opportunities and the basic services needed to improve their situations. Women often suffer disproportionately, due to violence, discrimination and the burden of poor **reproductive health**, which is the leading cause of death and disability for women in their reproductive years.

Every minute, one woman dies during pregnancy and birth because she did not receive adequate care and prompt treatment. By increasing interventions for **safe motherhood**, we can save the lives of half a million women and seven million infants, and prevent millions of women from suffering from infections, injury and disability each year.

Perhaps nowhere is the need for reproductive health services more urgent than in the fight against **HIV/AIDS**. Every day, 14,000 people are newly infected, and half are young people under the age of 25. Many know little about the disease and how the virus is transmitted. Young women are especially vulnerable and are more likely to be infected than young men. Reproductive health services that **empower women and young people** with life-saving information and skills will help prevent HIV from spreading and reduce further suffering and social and economic disruption.

We must also step up efforts for **family planning**, which has a direct impact on maternal health. When couples can choose the number, timing and spacing of their children, they are better able to ensure there are enough resources for each family member to prosper and thrive. Worldwide, families are having half as many children today as they did in the 1960s, but fertility remains high in the poorest countries. At least 200 million women still do not have access to a range of effective and affordable family planning services, and demand for these services is expected to increase by 40 per cent in the next 15 years. Meanwhile, funding for family planning has been declining in recent years.

UNFPA supports countries in using data for policies and programmes to address the complex linkages between population dynamics, poverty and **sustainable development**. Directing more resources to all of these issues is critical to meeting the Millennium Development Goals, the internationally agreed framework to halve poverty by the year 2015

Stepping up Efforts to Save Mothers' Lives

Every minute, another woman dies in childbirth. Every minute, the loss of a mother shatters a family and threatens the well-being of surviving children. For every woman who dies, 20 or more experience serious complications. These range from chronic infections to disabling injuries such as [obstetric fistula](#). Maternal death and disability rates mirror the

huge discrepancies that exist between the haves and the have-nots both within and between countries. Working for the survival of mothers is a human rights imperative. It also has enormous socio-economic ramifications – and is a crucial international development priority. Both the [International Conference on Population and Development](#) and [Millennium Development Goals](#) call for a 75 per cent reduction in maternal mortality between 1990 and 2015. This three-pronged strategy is key to the accomplishment of the goal:

All women have access to contraception to avoid unintended pregnancies

All pregnant women have access to skilled care at the time of birth

All those with complications have timely access to quality emergency obstetric care

In countries such as China, Cuba, Egypt, Jamaica, Malaysia, Sri Lanka, Thailand and Tunisia, significant declines in maternal mortality have occurred as more women have gained access to family planning and skilled birth attendance with backup emergency obstetric care. Many of these countries have halved their maternal deaths in the space of a decade. Cadres of professionally trained [midwives](#) have been critical to these successes. Severe shortages of trained health providers with midwifery skills are holding back progress in many countries.

In 2005, UNFPA was part of the launch of the Partnership for [Maternal, Newborn and Child Health](#). The [partnership](#) aims to mobilize action to reduce deaths among mothers, newborns and children, promote universal coverage of essential interventions, and advocate for increased resources for scaling up these efforts.

UNFPA supports safe motherhood initiatives in 89 countries. UNFPA-supported programmes emphasize capacity development in maternal care, especially the strengthening of needed human resources. UNFPA seeks to make motherhood as safe as possible during [crisis situations](#) that compound women's vulnerability. UNFPA's work to prevent [fistula](#) is also making pregnancy safer by calling attention to health systems that are failing to meet the needs of women during the critical time of childbirth. UNFPA was also active in [Women Deliver](#), a global conference that renewed the call for stronger effort to make motherhood safer worldwide

HIV/AIDS: Feminization of the Epidemic

***Annual Conference of the Australasian Society of HIV Medicine
AusAID Symposium***

Statement by Thoraya Ahmed Obaid, Executive Director, UNFPA

31 August 2005

I am pleased to be able to join you by video. I should like to thank AusAID, the Australian Agency for International Development, for inviting me to share a few opening remarks at the start of this important symposium.

We are here today in response to a terrifying trend, which personally worries me relentlessly: the feminization of the AIDS epidemic.

Over the past three years, the number of women living with HIV has risen in each and every region of the world, with the steepest increase being in East Asia.

Women now account for nearly half of all people living with HIV

worldwide. The feminization of the epidemic is in full swing and it will only get worse if nothing is done.

And the sad reality is that many women, who are infected with HIV, or at greatest risk of becoming infected, do not engage in high-risk behaviour. The irony is that they are often put at risk by behaviour and circumstances that are not under their control.

There is growing recognition that, in many parts of the world, marriage and long-term monogamous relationships do not protect women from HIV. Faithfulness offers little protection to wives whose husbands have several partners or had been infected before marriage. Even when wives suspect husbands of being unfaithful, many husbands refuse

to use condoms and protect their wives. Many couples are not even aware of their HIV status.

We also know that abstinence is a meaningless option to women who are married or coerced into sex.

The HIV/AIDS epidemic has exposed the deadly consequences of gender inequalities and violations of girls and women's human rights. Where AIDS is concerned, gender inequality has become fatal.

As such, while we recognise the 'natural' biological susceptibility of women to HIV, it is the 'man-made' structural elements of culture, economic and social inequalities that are significantly pushing HIV infection rates to unacceptable levels among

women and girls.

Widespread poverty compounds the issues for women. Economic vulnerability and the dependency that results, makes it more likely that women are forced to sell or exchange sex for money, goods or favours; more likely that they will not discuss fidelity with their partners; more likely that they will not be able to negotiate safer sexual practices such as condom use; and more likely that they will not be able to leave relationships that are abusive and put them at increased risk.

And at another level, the assault of inequality continues. Most of the burden of caring for people living with AIDS falls on women and girls, whether this takes place in health care facilities or in the home. Women are also most likely to lose property and

assets on becoming widowed. For those women who are living with AIDS and are poor and rejected, access to anti-retroviral medications is a far-fetched dream. Even where support services may be available, women are victims of stigmatization and usually have less access to HIV/AIDS care and treatment than men.

As long as the status quo remains heavily skewed towards men, more and more women and girls will continue to get infected and be impacted by HIV and AIDS.

I do believe that we are at a turning point. And we must take decisive action to reverse this ever-growing trend. If we firmly believe that women are pivotal—the lynchpin in development, in the stability of families and

communities, and that it is a 'right' in its own to be able to protect oneself from infection, then we must take decisive actions.

Allow me to share with you what I believe are four important elements to consider as we come together to define what needs to be done to address the feminization of the epidemic in this region and globally.

First is the need for broad structural changes that will stop the disproportionate vulnerability of women and girls to HIV/AIDS. Policies, programmes, legislative frameworks and social norms must guarantee women's rights, ensure protection from disease and freedom from fear, particularly fear of gender-based violence and discrimination.

Despite the numerous references in national and international documents to the rights of women and girls, far too few countries have actually implemented and enforced policies and laws that protect such rights. It is one thing to realize that women have rights, it is quite another to ensure they can exercise these rights.

As experts and leaders, you are in a unique and credible position to hold your governments accountable to develop, implement and harmonize national and state policies and laws regarding women and girls, and HIV. You can also ensure that these are backed up with the resources necessary to make it happen.

Second is universal access to sexual and reproductive

health.

For the vast majority of girls and women, especially those living in poverty, the only acceptable and effective source of information and services is reproductive health services.

We must ensure that sexual and reproductive health programmes are part of every country's national AIDS plan and development framework. Experts of the United Nations Millennium Project have strongly recommended this. Reproductive health programmes and services must include HIV prevention and care for poor women who can only seek a one-stop centre for their health needs. Equal access to integrated sexual and reproductive health and HIV information and services, including

male and female condoms, must be expanded to reach all women and girls, including those living with HIV. HIV prevention, treatment and support initiatives must also recognise the reproductive health needs and rights of women living with HIV and AIDS.

The third element relates to the need to take into account the centrality of culture in designing and implementing programmes to address the feminization of the epidemic.

Culture matters. Patriarchal cultural patterns often exert influences on value systems, which in turn translate into legal systems and governance structures that maintain the unequal status of girls and women.

To halt the epidemic, we

must see how to reform culture in such a way as to promote the good and end the harms.

Community-based awareness and education, which includes cultural and traditional leaders, is key to such change.

Much work has been done in UNFPA to develop culturally sensitive approaches to programming.

My fourth and final point is partnerships. The roles of many players are crucial—health and medical community, civil society, governments, parliamentarians, private sector, donors and development agencies. You may be aware of the Global Coalition on Women and AIDS. This is a worldwide network of civil society groups, governments, United Nations agencies and concerned citizens who have come together to catalyse changes to make the AIDS

response work
better for women.
The Coalition is
dedicated to
empowering
women to take
control of their
own lives in a
world with AIDS.
We encourage
such a regional
partnership to
bring greater
awareness to this
issue and to
promote
collective/concerte
d action in
response to the
feminization of the
epidemic in the
Asia-Pacific
Region.

I am an optimist,
and I have seen
the potential in
people, in our
societies and
communities, and
I know that if we
galvanize our
authorities—
national and
international—
equip civil society,
empower women
themselves and
address capacity
and infrastructure
issues, we can
and shall protect
our women and
girls.

I should like to
end on a positive
note. The factors

that make women
and girls
vulnerable to HIV
are amenable to
change, given
sufficient
attention,
commitment and
resources. It is
not beyond us