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March 1995



## Social Summit

Government leaders and representatives from more than 120 countries gathered in Copenhagen, Denmark, in March for the United Nations World Summit for Social Development. The Summit discussion centred around three urgent global development issues – poverty, unemployment and social disintegration. Early in the Summit process the UN Secretary-General Boutros Boutros-Ghali identified rapid population growth as one of the reasons for the international community's failure to stem the tide of world poverty. The annual rate of population growth in the developing countries is currently 1.88 per cent which makes it extremely difficult to raise living standards and reduce poverty, according to Mr Boutros-Ghali. During discussions on the eradication of poverty, many participants at the Summit pointed out that 70 per cent of the world's poor are women, and that impoverished women suffer disproportionately from social and cultural problems and from underdevelopment.

The outcome of the Social Summit met with mixed reviews from participants and observers alike. Some were disappointed that more concrete commitments had not been made by the governments of richer countries. Others criticised what appeared to be a lack of political will on the part of some developing countries to allocate more of their resources to attacking poverty at home. In the end, however, most

agreed that awareness had been raised and progress made. Most significant perhaps was the shift that appeared to be taking place in the thinking of both rich and poor nations that may bring new cooperation in finding solutions to worldwide poverty.

While no document was signed by the government leaders, they did agree by consensus to adopt a 90-page declaration. The final Social Summit Communique includes the following commitments: the eradication of poverty; an increase in overall development aid spending, particularly in areas of social policy. Countries are encouraged to adopt the so-called 20/20 proposal which would see rich countries dedicate 20 per cent of their foreign aid spending to basic health and education programmes and developing countries set aside 20 per cent of their domestic budgets for the same goals. Countries also agreed to promote full employment, equality between men and women, universal access to education, decent health care and to protect workers' rights.

### IPPF at the Summit

IPPF participated actively in the Social Summit, believing that a significant factor in the issue of poverty is the unmet need and demand of hundreds of millions of the poorest individuals, especially women, in developing countries for access to

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reproductive health and family planning services. IPPF also wanted to ensure that gains made in Cairo at the International Conference on Population and Development (ICPD) – notably the placing of women at the centre of development – were not forgotten and were, in fact, built upon at the Social Summit.

IPPF's work at the Social Summit centred around several activities. On

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the second day of the Summit, IPPF Secretary General Halfdan Mahler delivered a well-received address to the Main Plenary. Dr Mahler told the leaders of the delegations that IPPF and its 140 national affiliates strongly support, as a conscience and advocate of the reproductive rights movement, all policies that promote elimination of poverty through gainful work, social solidarity, health, education, food, housing, water and sanitation. Such policies, Dr Mahler continued, are not merely a commitment to social justice but they all have real impacts on the daily well being and productivity of hundreds of millions of individuals, families and communities that are deprived of these vital necessities in today's world.

IPPF marked International Women Day while at the Summit with a press conference hosted by the Secretary General and Billie Miller, head of the Barbados delegation and President of IPPF-Western Hemisphere Region. During the press conference a poster-signing campaign was launched, called "Women Speak their Minds: 180 Ways to Change the World." As part of the campaign, which ends 180 days later during the Beijing Fourth Women's Conference, each FPA has been sent a poster on which women clients, volunteers and staff are being asked to write their answer to the question: What is one thing that would make your life better?" The initiative is designed to help put into action IPPF's commitment to women's empowerment and quality reproductive health, and to ensure that the voices of grassroots clients and volunteers are taken by IPPF to the Beijing Conference.

IPPF's Dr Mahler was one of the few invited to address the International Women's Day celebration at the NGO Forum. Dr. Mahler told the gathering that it was time everyone worked together to help women gain their rightful place in all levels of society.

## Acronyms

AIDS:	Acquired Immune Deficiency Syndrome
FPA:	Family Planning Association
FWCW:	Fourth World Conference on Women
HIV:	Human Immunodeficiency Virus
ICPD:	International Conference on Population and Development
NGO:	Non-governmental Organization
UN:	United Nations
WHO:	World Health Organization
WSSD:	World Summit on Social Development

The Federation ran an exhibition booth at the NGO Forum which was very popular with delegates and visitors who were eager to learn about IPPF's work. The exhibition booth also served as a meeting point for IPPF representatives and media.

IPPF was very busy with media work throughout the Summit. Dr Mahler and IPPF representatives conducted interviews with a number of key media including Danish Summit Radio, Inter-Press Service, *Earth Times*, Associated Press, BBC World Service TV and Radio, CNN, Indian Television and Radio, Politiken and Danish TV, to name a few.

Although the main focus of the Social Summit agenda was not on reproductive health and family planning, IPPF did manage, through media work, public speaking opportunities and its exhibition booth, to keep the issues in the forefront. Many groups expressed their appreciation that IPPF participated so actively and showed strong support and solidarity for the objectives of the Summit.



# INTERNATIONAL EVENTS

## Recent trends in contraceptive use

An estimated 53% of the world's couples are currently using contraception. Although the average level of use in developing countries (48%) is lower than in developed countries (71%), prevalence of female sterilization and IUDs is significantly higher in the former. Most of the difference between the developed and developing world is due to greater use of traditional methods such as rhythm and withdrawal in developed countries. Most of the recent increase in contraceptive prevalence is due to growing use of modern methods and particularly of female sterilization.

Several developing countries, mainly in East and South-east Asia, now have levels of contraceptive prevalence above 70% and fertility near or below replacement level. In Latin America there are signs in a few countries of a levelling off of contraceptive prevalence below 70% while fertility rates remain above three children per woman. However, in most Latin American countries, prevalence was increasing up to most recent observations (1991). Cuba and a few smaller Caribbean countries have achieved quite low fertility, in some cases with a contraceptive prevalence only in the range of 50-60%; most Caribbean countries now have lower fertility than other countries with similar levels of contraceptive use.

Contraceptive prevalence differs considerably between urban and rural populations and educated and under

educated women. Studies have consistently shown that in the main differentials are not due to social variations in the number of children desired, but rather to differing levels of contraceptive practice among woman who would like to delay or limit births. These differentials seem to vary little over time, suggesting that social disparities in fertility will persist for decades.

Since contraceptive prevalence is often around 60% in the cities and among highly educated women, the pace of future fertility decline will depend largely on how quickly the less educated in rural areas embrace family planning.

(Weinberger, Mary. Recent Trends in Contraceptive Use, *Population Bulletin*, No 36, pp55-79, 1994)

## Asian parliamentarians meet on Social Summit

The Asian Forum of Parliamentarians on Population and Development (AFPPD), based in Bangkok but has national committees in 19 Asian countries, organized an International Meeting of Parliamentarians on Population and Social Development in Denmark in early March.

The aim of the meeting was to gather a select group of parliamentarians from all regions to highlight the close relationship between population and the key issues being discussed at the Social Summit.

UNFPA and IPPF are actively supporting this initiative which has been

arranged in collaboration with the Inter-American Parliamentary Group on Population and Development, the Steering Committee of African and Middle Eastern Committee of Parliamentarians on Population and Development and the Global Committee of Parliamentarians on Population and Development. **Contact: Shiv Khare, Executive Co-ordinator IMPPSD at the Neurological Foundation Bldg, Sala Pamnak, 312 Rajavithi Road, Phayathai, Bangkok 10400, Thailand. Tel: (662) 245 9596. Fax: (662) 246 8827.**

## Video vans communicate vital messages

Population Services International reports that one of the major barriers to communicating family planning messages is reaching rural populations, often without electricity or mass media outlets. PSI is using alternative means of getting vital messages on family planning, AIDS prevention and child survival to rural audiences. The use of mobile film units – now being transformed into video vans – is one of the alternatives which has worked successfully in Bangladesh and India, and will soon be used in Africa.

In Bangladesh, mobile film units were first used in the early 1980s. Today there are 17 units with generators, giant screens, slide projectors and appropriate literature and information to be given out to audiences. Trained promoters give presentations during a break in the film, often handing around samples of contraceptives and oral rehydration salts. The impact of this project has been far-reaching, with as many as 4,000 viewers per show. Between seven and 10 million people have already seen the films.

The units are now introducing



participatory video shows, where local leaders are recorded talking about family planning. This recording is shown to local audiences encouraging participation in discussions and education. **Contact: Kitty Thuermer, PSI, 1120 19th St. NW Suite 600, Washington, DC 20036, USA. Tel: (202) 785 0072. Fax: (202) 785 0120. E-mail: PSIWash@delphi.com.**

## Family Day

The UN has now officially designated 15 May as International Day of Families. This year's will be the second observance, and will take the theme 'Tolerance Begins in the Family', in union with the UN's 1995 Year for Tolerance.

## Women watching ICPD

At the Women's Caucus held during ICPD, a proposal was made to establish a Women Watching ICPD task force to monitor implementation and violations of the Programme of Action. **Contact: Women's Environment and Development Organization (WEDO), 845 Third Avenue, 15th Floor, New York, NY 10010, USA. Tel: (212) 759 7982. Fax: (212) 759 8647. E-mail: wedo@igc.org.**

(WEP International Newsbulletin No 13, Winter 1994)

## Changes

### Birth Control Trust

Ann Furedi has been appointed as director of the UK-based Birth Control Trust. The organization has moved to 3rd Floor, 16 Mortimer Street, London W1N 7RD, UK. Tel: (0171) 580 9360. Fax: (0171) 637 1378.

# NATIONAL EVENTS

## Africa

### Improving the quality of services

Many staff in family planning services in Africa have come through the ranks of medical education, began their practice in public hospitals that serve sick patients, and have learned to deal with patients as captive audiences, according to Access to Voluntary and Safe Contraception (AVSC) International. Such personnel readily admit that family planning services are designed to fit hospital schedules or the convenience of providers, rather than clients, AVSC says. The location of reproductive and family planning services within hospitals varies, and they are often poorly indicated, too.

Training of service providers is all too often carried out in central or regional centres that bear little or no resemblance to the real-life conditions these trainees will face. It is often geared too much to technical skills with little training in management and supervision, while key members of local staff, such as matrons, are often left out altogether.

AVSC has identified poor supervision as one of the biggest impediments to quality services, with little money set aside for it. The list of obstacles to quality services is daunting, especially given the scarce resources and weak infrastructure of health services in Africa, but AVSC and its partners have been developing tools and approaches to help family

planning personnel improve services. One of the most effective approaches, developed by AVSC and its partners over the last six years in Kenya and Nigeria, has been the COPE (client-orientated and provider-efficient) self-assessment methodology. COPE is a process that gives service providers some simple techniques by which they can self-assess their own services, identify problems, and devise solutions to those problems.

A 1994 workshop on quality in family planning services organized by AVSC emphasized the COPE methodology. It also cited IPPF's Rights of the Client as an appropriate framework for self-assessment of quality of care in provision of family planning services, and the IPPF *Service Delivery Guidelines* were also given as an example of indicators and principles for measuring or improving quality in services. **Contact: Terrence Jezowski, AVSC International, 79 Madison Avenue (At 28th Street), New York, NY 10016, USA. Tel: (212) 561 8000. Fax: (212) 779 9439.**

(Quality in Family Planning Services: Report of a Regional Workshop in Nairobi 14-17 November 1994, AVSC International, 1995; AVSC Working Paper, No 7, February 1995))

### Sexual harassment and violence 'pandemic'

An African human rights organization claims that there is a pandemic of sexual violence and harassment in educational institutions



in Africa, acting as a major constraint on the ability of women to pursue their studies and their chosen careers. Africa Right's research indicates that in South Africa some girls have stopped going to school altogether for fear of rape. More than 10,000 young women drop out of school in Kenya every year because they are pregnant, some of them as a result of non-consensual sex. Sexual abuse of very young schoolgirls is also on the increase, with the fear of AIDS encouraging older men to seek out and exploit younger girls.

Africa Rights says that this situation is perpetuated by some teachers who abuse their authority and by young women who are too scared or ashamed to seek advice or help when abused. The lack of sex education in educational institutions has not helped. Many students seem unaware of the dangers of unprotected sex. Many abandon their education if they are pregnant, while those who seek abortion run the risks of dangerous operations by unqualified practitioners.

African women are increasingly recognizing the scale and importance of the problem and are speaking out. There are a growing number of initiatives by student unions, academies, human rights and women's organizations to publicize and tackle these issues, reflecting a new courage to confront and challenge social taboos that have been the source of immense pain to girls and women throughout Africa. **Contact: African Rights, 11 Marshalsea Road, London SE1 1EP, UK. Tel: (0171) 717 1224. Fax: (0171) 717 1240.**

## Reading for all in Africa

Continuing earlier initiatives such as International Book Year, Books for All, and other promotions, UNESCO has launched a Campaign

for Africa: Reading for All. During 1995, the organization aims to increase reading among the whole population, especially the young, and to raise funds internationally to enable this to come about.

The Regional Office for Education in Africa in Dakar, and the Book and Copyright Division at UNESCO Headquarters in Paris, are responsible for co-ordinating international co-operation, for encouraging exchanges of experience and skills between states, and helping to draw up national programmes. The books produced in sub-Saharan Africa in 1990 represented only 1.2% of total world production. **Contact: Book and Copyright Division, Sector for Culture, UNESCO, 1 rue Miollis, 75732 Paris Cedex 15, France. Fax: (331) 42 73 0431. Telex: 204461.**

(UNESCO Adult Education Information Notes, No 3-4, 1994)

## HIV information and training for Africans

SidAlerte is a network of 13 NGOs operating in France and in 12 francophone African countries. The organization's main objective is to assist medical personnel in developing countries, predominantly in Africa, with information and training. Regional initiatives involve provision of support for people with AIDS and their families, as well as policy-related initiatives such as undertaking economic impact studies with the aim of informing economic policymakers. The SidAlerte newsletter is published monthly in French, and TB and HIV in English and French. **Contact: SidAlerte Internationale, 7 Rue du Loc, 69003 Lyon, France. Tel: (33) 78606565. Fax: (33) 78606767.**

# Arab World

## Reproductive health and population conference

Demographic change in the Arab World and the implications for family planning policy and programming were the principal topics under discussion at the first Arab Conference on Reproductive Health and Population. Organized by the Arab World Region of IPPF under the auspices of the Tunisian Minister of Public Health, Dr Hédi Mhenni, the conference was attended by more than 100 representatives from FPAs throughout the Arab World.

The significance of the selection of the Tunisian capital as a venue was stressed by a number of speakers, evoking Tunisia's success in implementing modern family planning programmes as well as the unprecedented steps taken regarding women's rights, education and health.

IPPF Secretary General, Halfdan Mahler, reminded conference participants of their commitment to IPPF's *Vision 2000* strategic plan, and the goals contained within the plan. He called upon the assembly to reach out to the unserved areas in their countries – the poor, rural areas, and most particularly to underprivileged women. He said that denying women access to family planning services effectively condemned women into coercive pregnancies. Mahler concluded by urging all those working in family planning to learn to go to the people, live with them and support them. "We must start with what they know and learn from them so that they can be genuine participants in the process of deciding about their families," he said.



Dr Mhenni reaffirmed Tunisia's commitment to improving the status of women and working towards gender equality. He highlighted the pioneering work that has gone on in Tunisia in providing family planning services within the integrated health system, and concluded that Tunisia will continue to extend integrated health and education services to the underserved, particularly in rural areas.

(AWRB report)

### **Cautious development of marriage laws in Egypt**

The Egyptian Government's attempts to modify marriage regulations to protect women from polygamy are proceeding with caution to avoid confrontation with Islamic extremists. A project for a new type of marriage contract which would grant automatic divorce should a woman's husband take another wife is currently being drafted and is expected to be adopted by decree without passing through parliament.

The Minister of Justice is awaiting advice from the Grand Mufti of Egypt, Sheikh Mohamed Sayyed Tantaoui, who has already declared his support for the new marriage contract in an interview in the Egyptian press. The idea for new legislation was initially proposed by the National Committee for Women.

Egyptian women have been fighting for the right to divorce in the case of polygamy for more than 20 years. According to the most recent statistics, polygamy accounts for two per cent of all marriages contracted.

"The new marriage contract is based on the concept of mutual agreement between the spouses," Minister of Justice Fathi Nejbhe explains. "The new law is an

important step forward for women, which is why conservatives and fundamentalists in certain institutions are trying to prevent it."

The new contract will incorporate other rights for women, including women's right to travel outside the country for work or studies.

(AWRB press release, 30 January 1995)

### **Majority of Egyptian women subjected to FGM**

The Egyptian Organization of Human Rights says that up to 3,600 girls are being subjected to female genital mutilation each day in Egypt, where the practice is legal if carried out by a doctor. The organization says that 96% of girls under 16 in rural areas and 73% in Cairo have been 'circumcised'.

(*British Medical Journal*, Vol 310, p278, 4 February 1995)

### **Family welfare meeting in Egypt**

The Egyptian Ministry of Population and Family Welfare and the Department of Obstetrics and Gynaecology at Minia University has announced an international conference on Family Welfare. Topics to be discussed will include family planning, maternal and child health and related issues. The conference will be held in Egypt between 27 and 28 April 1995. The organizers have extended a call for papers and abstracts. **Contact: Conference Organizing Bureau, 14 El Khalil St, Lebanon Square, El Mohandessin, Giza, Egypt. Tel: (202) 3023642/3027672. Fax: (202) 3027672.**

# East, South-East Asia and Oceania

## **Asia-Pacific seeks women's welfare action agenda**

"Women cut across all disadvantaged and vulnerable groups. If you speak of children, the most vulnerable is the girl child. If you speak of the elderly, the elderly women are the most in number. The same goes for the disabled. It is the women who suffer the most at any stage of their life cycle," argued Ton Nu Thi Ninh, Director of the Department of International Organizations, Ministry of Foreign Affairs, Vietnam, in response to the absence of gender issues in the draft agenda prepared for the Asian and Pacific Ministerial Conference organized by the United Nations Economic and Social Commission for Asia and Pacific (ESCAP) in preparation for March's World Summit for Social Development in Copenhagen.

As a result of the Vietnamese delegates' efforts and the lobbying by participants of the Asia-Pacific NGO Forum, the final document has 24 paragraphs explicitly referring to gender concerns and women's needs in the sections on population, health, education, employment and crime. For example, goals cited in the agenda are to eliminate wage differentials for men and women doing the same work by 2010; to reduce under-five mortality rates to 70 per 1,000 live births by 2000 and to 45 or less per 1,000 births by 2015.

Recommendations which did not get accepted into the agenda included efforts to reduce the maternal mortality rate by preventing the complications of



abortion and of protein deficiency in women and the elimination of female genital mutilation. The NGOs also failed to have the word 'forced' removed from the phrase 'forced prostitution' and to have incest, sexual harassment and the use of women as drug couriers/users declared as crimes.

The elimination of wage differentials in work of equal value, day care facilities for working women and the recommendation to promote access of girls and women to higher education, especially in fields not traditionally open to females, also did not get incorporated.

(*Depthnews Asia*, November 1994)

### **Pope stays quiet about contraception in the Philippines**

Pope John Paul II did not raise the issue of contraception in public when he visited the Philippines in January, nor reportedly with the Protestant president, Fidel Ramos. However, when he met with his bishops in private he made clear his support for their stand against the health minister's family planning programme. Dr Juan Flavio, the health minister, despite being a Catholic, is a keen advocate of family planning, and at ICPD last year made clear that he was supported by the Filipino Catholic women representatives in his campaign to establish full family planning services throughout the country. There is determined opposition from the Catholic hierarchy in the Philippines, but the population (85% of whom are Catholic) are apparently eagerly taking up the services.

The Pope attracted a crowd estimated to be in the millions when he celebrated a mass marking the Catholic Church's tenth World Youth Day.

(*The Lancet*, 4 February 1995)

### **Korea to increase development aid**

The South Korean Government is to increase its development aid from US \$128 million in 1994 to over US \$200 million in 1995. Vietnam, China and ten other developing countries, mainly in Asia, are asking South Korea to finance 27 projects, some jointly with international agencies such as the Asia Development Bank and the World Bank.

(*Korea Newsreview*, 17 December 1994)

### **Vietnam has highest abortion rate in Asia**

Vietnam has the highest level of abortion in Asia, averaging out at 2.5 abortions per woman, according to *Studies in Family Planning*. Although the total fertility rate for Vietnam is 3.7 children per woman, family size preferences have decreased over the last few years – one reason why women may be seeking abortions.

Vietnam has patterned its family planning strategies after other poor socialist countries, such as China, the former Soviet Union and some Eastern European countries, where abortion is common and few contraceptives are available. Poverty and a lack of resources for contraceptive choice have resulted in high pregnancy rates, and 26 to 50 per cent of women who reported having a pregnancy terminated were not using contraceptives before they became pregnant.

Government policies limiting the number of children a couple may have, and incorporating minimum years between births, may have contributed to these high abortion rates. Sex education has not been expanded to help young people handle cultural changes associated with a free-market system, including new dating patterns which may lead to an increased

incidence of sexual contacts, says the author of this study. Although the reported number of abortions among young unmarried women is low, the author concludes that the rate is under-reported in this group. The demand for abortions is rising fastest amongst young women, and rates will increase in all age groups unless rates of unintended pregnancy can be reduced.

(*Studies in Family Planning*, November/December 1994)

## **Europe**

### **European Information Centre on AIDS and youth**

During 1992 the Dutch Centre for Health Promotion and Health Education (DCH) started the European Information Centre for AIDS and Youth, co-financed by the European Union and the Dutch AIDS Fund. The Centre currently provides information on institutions and organizations working on AIDS prevention within Europe, and has published a guide to these 251 organizations. The Centre's database has information on educational materials and other resources relating to the subject, including audio-visual materials and school education materials. Information on interventions for youth is also available, describing activities and interventions designed to reach young people in and out of educational institutions.

The DCH is promoting networking by organizing annual expert meetings on specific topics. **Contact: Jo Reinders, Department of School Health, A. van Ostadelaan 140, 3583 AM Utrecht, The Netherlands. Tel: (3130) 543888. Fax: (3130) 543797.**



## Ireland anti-choice group visits USA

Representatives from Dublin-based Youth Defence visited Washington to take part in demonstrations on the anniversary of the US *Roe v Wade* ruling that gave women the right to abortion. Youth Defence's Naimh Nic Mhathuna said she wanted to reaffirm the group's condemnation of abortion and to distance it from the violence now associated with the anti-choice cause. She denied being in Washington on a fact-finding mission, although in the past the group has claimed to have learned many of the techniques from US protest groups.

Youth Defence now has some 4,000 members in Ireland, many of whom are prepared to go to jail for their cause. They have picketed clinics and the homes of politicians sympathetic to the pro-choice cause. They do not openly condone violence but have little sympathy for doctors who have been murdered carrying out their work in clinics.

Group members are convinced that they "have a chance to make abortion illegal again".

(The *Guardian*, UK, 6 February 1995)

## More contraception choice for older women

Older women in Britain will soon have more contraceptive choices than ever before with the launch this year of a hormone-releasing IUD and the new awareness that the Pill can be used by women in their late thirties and forties. Many women approaching the menopause think that they cannot get pregnant, but in 1991 nearly 6,000 women over the age of 40 had abortions; nearly half of all

pregnancies to women in this age group end in abortion.

The new levonorgestrel IUD, which slowly releases the hormone progestagen, should be available this year. It has a failure rate of just one in 500 and has fewer side-effects than other IUDs. It does not result in heavier menstrual bleeding, making it suitable for older women who often experience heavy periods as they approach the menopause. New low-dose combined Pills are now considered safe for women to use until the menopause, providing the women do not smoke and have no medical problems. Another choice is the progestagen-only Pill which does not contain oestrogen and is not believed to add to health risks. **Contact: Contraceptive Education Services, c/o UKFPA, Tel: (0171) 636 7866.**

(UKFPA press release, 7 February 1995)

## Annual review of UK aid

Britain's overseas aid to developing countries of over £2 billion last year is documented in the Overseas Development Administration's annual review, *British Overseas Aid*. The ODA is supporting South Africa in its transition from apartheid with £100 million aid over the next three years.

Last year ODA provided £179 million on emergency aid for Rwanda and Bosnia, and many other countries. Health and population were at the forefront of ODA's work in 1994 and this was reflected in the launch in July of the second phase of the 'children by choice not chance' initiative, and ODA's participation at ICPD in Cairo, last September.

The report also includes articles on empowering women, education and the environment. **Contact: ODA Information Dept, ODA, Victoria**

Street, London SW1E 5JL.  
Tel:(0171) 917 0503.

## Turkey approaches two-child family norm

The latest results from the Turkey Demographic and Health Survey (TDSH) reveal that while women would like an average of 1.8 births, at present the total fertility rate is 2.7 children per woman. The study found that the pace at which fertility has declined in Turkey varies considerably by residence.

The total fertility rate for women in the east of the country is 4.4 children, while the corresponding figure in the west is 2 children per woman. 63% of married women practise family planning. The most commonly used method is withdrawal, used by one in four couples. Only a third use modern methods, with 19% using IUDs.

In the five years preceding the survey women reported a high number of unwanted or mistimed births. A number of women use abortion to regulate their childbearing; the majority of women who have had abortions do not adopt effective contraception. Childbirth is becoming safer, with 63% of children delivered to mothers who received antenatal care and 76% of births assisted at delivery by medical professionals.

Childhood mortality has declined rapidly although one in five infants do not survive to their first birthday. Infant mortality in rural areas is 1.5 times that in urban centres. By the age of five nearly one in five children suffer from stunting and chronic nutrition. The study was conducted by the Institute of Population Studies, Hacettepe University in 1993 with funding from USAID. **Contact: Edilberto Loaiza/Dara Carr DHS Macro Intl. Tel: (301) 572-0200.**



## Reversal of demographic trends in former USSR

The former Soviet Union has become the world's most demographically volatile region, according to a new study from the Population Reference Bureau (PRB). Carl Haub, author of the report, says that since the break-up of the Soviet Union "the political and economic situation in the former republics has been chaotic...Gloomy economic outlooks have caused the birth rates to plunge [and] the disruption of the political balance among ethnic groups has produced new migration patterns".

As late as 1988, every former republic had a high birth rate that promised long-term population growth. "By the early 1990s, however, every European former republic had a population in decline or on the verge of decline," the author notes. "Birth rates have gone down even in the Asian former republics, although not as sharply." This 'baby bust' has been accompanied by a 'marriage bust' and increase in divorce, as couples shun matrimony in these uncertain times.

Mortality was already higher in the former Soviet Union than in other developed regions. Since the break-up, life expectancy at birth has fallen dramatically in many of the former Soviet republics, especially in the Slavic and Baltic regions. The infant mortality rate was approximately 30 infant deaths per 1,000 live births for the USSR, compared with 14 per 1,000 for all industrialized countries. Since then, infant mortality has risen in most former republics.

The report provides a demographic profile of each of the 15 newly independent nations: Belarus, Moldova, Russia, and Ukraine in the Slavic region; Estonia, Latvia, and Lithuania in the Baltic; Armenia, Azerbaijan, and Georgia in the

Caucasus; and Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan in Central Asia.  
**Contact: PRB, 1875 Connecticut Avenue, NW, Suite 520, Washington, DC 20009. Tel: (202) 483 1100.**

*(Population Change in the Former Soviet Republics, Population Reference Bureau, January 1995. Price: US \$8.00.)*

## South Asia

### Bangladesh's maternal mortality too high

Preventive and curative measures must be taken to decrease the maternal mortality rate in Bangladesh which stands at 20,000 women dying every year, said Prime Minister Begun Khaleda Zia at the inauguration of a conference on safe motherhood at the end of last year. Many more women escape death but suffer from serious and permanent ailments as a result of pregnancy. "We can achieve success in this regard only through combined private and public sector initiatives and united efforts of the health and social welfare workers," she said, adding that the Government has placed utmost emphasis on women's education to ensure overall development within the women's community.

Speaking at the same meeting, UNFPA's Dr Nafis Sadik praised 'bold' Government initiatives and efforts to address the health needs of Bangladeshi women. However, she also said that the birth rate among women aged 15-19 is still four or five times higher than in Europe or North America. Sadik said that child marriage is still common in Bangladesh and girls are still

pressured into marrying and having children when very young, and are also afforded considerably less health care and basics such as food than their male counterparts.

Health and Family Welfare Minister Chowdhury Kamal Ibne Yusuf said because of too early, too many and too frequent pregnancies, mothers suffer from chronic ill health, remain debilitated, suffer from morbidity and die at a rate that is not acceptable to society. He outlined plans to combat recent programmes addressing this situation, including the training of traditional birth attendants on safer pregnancy delivery methods.

*(The Daily Star, Bangladesh, 4 December 1994)*

### Choice of Depo-Provera in rural Bangladesh

New research on women who are using Depo-Provera in the Matlab region of Bangladesh indicates that women with many children used the method longer than women with lower parity, and women whose husbands approved of family planning were more likely to choose Depo. The researchers say that this emphasizes the need to encourage husbands and community support for family planning, and suggest that husbands be present during contraceptive counselling so they can learn to help their wives to cope with possible side-effects.

Women who were using Depo-Provera because of a positive aspect of the method (reversibility or convenience) used it longer, probably because they were better informed about the method, than if they used it for other reasons, such as a health worker's recommendation.

While Depo-Provera is the most widely used reversible method in the



Matlab Maternal and Child Health and Family Planning Programme, it is associated with side effects such as changes in menstrual bleeding, weight gain and dizziness. Those women who experienced bleeding problems used the method for a shorter time than those who experienced amenorrhoea.

These findings indicate that improved counselling and side effect management might increase the duration of method use in Matlab, according to the researchers. "Researchers and policymakers must recognize that cultural and social factors determine how contraceptive side effects influence women's lives, and that women's fears and problems should be addressed within their particular context," they conclude.

(*Studies in Family Planning*, September/October 1994, and Population Council press release, 29 November 1994)

## Western Hemisphere

### Health improvements for Bolivian women and children

Slow but steady improvements in the health and well-being of women and their families have been revealed by a new national survey conducted by the Instituto Nacional de Estadística (INE) as part of the worldwide Demographic and Health Surveys (DHS) programme.

Between 1982 and 1992 infant mortality declined from 105 deaths per 1,000 live births to 75 deaths, still higher than in many neighbouring countries. The number of

one-year-olds being vaccinated has nearly doubled since 1989. During the past decade the number of fertile couples using family planning has almost doubled, and is now at 45%. However, women are still having substantially more children than they consider ideal. Women reported that in the three years preceding the survey 35% of births were unwanted and 19% were mistimed. Modern methods of contraception are increasingly being used, but still the most popular method continues to be periodic abstinence.

Bolivian women still face one of the highest risks of dying from pregnancy-related causes in Latin America. Maternal mortality has improved a little, from 416 deaths per 100,000 live births during the 1984-89 period to 390 for 1989-94. Four out of 10 births reported in the survey took place without professional delivery assistance.

The survey shows that many Bolivians are still not reached by health and social services. "The results should sensitize the entire country to the hard work that remains ahead to attain optimal levels of well-being in our society," wrote Rudy Araujo Medinacelli, Executive Director of INE in the report. **Contact: Luis Ochoa/Dara Carr, DHS/Macro International. Tel: (301) 572-0200.**

### New issue of Forum

The latest issue of *Forum*, produced by IPPF's Western Hemisphere Regional Bureau, has stories from around the region including: 'Women in Brazil facing AIDS', 'Unwanted pregnancies in Jamaica', and stories from the field in Ecuador, Paraguay, Suriname, Peru and Colombia.

**Contact: IPPF, WHR, 902 Broadway 10th floor, New York, NY 10010, USA. Tel: 212 995 8800. Fax: 212 995 8853.**

### Call for stricter entry requirements to USA

Refugee aid might be more effectively used in helping refugees return to their homeland and in working out long-term solutions to population pressures which have exacerbated, if not been the underlying cause of, many refugee crises, according to an article in *Immigration Review*.

Profiling US policy on South-east Asian refugees, the article refutes 'population lore' that refugees eventually put more into the economy than they take out. The journal quotes 1992 figures suggesting that 52% of South-east Asian refugees who arrived in the USA between 1986 and 1991 are on welfare, and a further 13% are supplementing earned income with welfare benefits. The journal concludes that the use of welfare must be strictly limited.

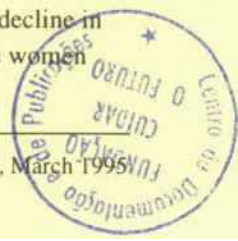
The article says that "the massive, long-term reliance on welfare under the current system encourages the formation of enclaves in the United States by obviating the need to assimilate". It goes on to suggest that in California refugees find it easier to meet welfare eligibility requirements by not learning to speak English, since this is one way to demonstrate they are unemployable. The journal recommends a reduction of total numbers of refugees admitted into the USA every year, and a case-by-case review of each individual who hopes to gain US citizenship.

(*Immigration Review*, No 19, Fall 1994)

### US doctors push for wider abortion training

The anti-abortion violence that has helped cause a critical decline in the number of places where women

Fundação Cuidar o Futuro





can go to end unwanted pregnancies has also inspired a groundswell of activism among doctors and medical students intent on reversing the trend.

Efforts are being made on several fronts to teach more doctors how to perform abortions. In 1993 Planned Parenthood of New York City started a training programme for residents and practising doctors. Using that programme, six New York City hospitals that had not previously offered abortion instruction have begun to do so. Planned Parenthood of New York City has helped 15 clinics around the country start similar programmes.

The American College of Graduate Medical Education, the organization that sets requirements for residency programmes, is scheduled to vote next month on a proposal to make abortion training mandatory for residents in obstetrics and gynaecology. And more medical schools are for the first time offering courses on abortion, primarily because students have demanded them through a new national organization called Medical Students for Choice.

The number of doctors available to perform abortions has fallen by 8 per cent since 1988 and the percentage of obstetric and gynaecology residency programmes in the USA that require abortion training has declined.

*(New York Times, USA, 11 Jan 1995)*

## Religious doctrines re-examined in the USA

According to recent polls, 90% of Americans claim a religious preference and more than half say that religion plays an important role in their daily lives. US-based Zero Population Growth says that these figures indicate that many people turn to their religion for guidance in understanding a constantly changing world. As a result, religious communities are uniquely

positioned to promote change on political and social issues.

Specifically relating to environment and family planning, this approach was evident on Earth Day in 1994 when the US Religious Partnership for the Environment distributed more than 50,000 environmental awareness kits to its congregations. ZPG says that the interrelation between environment and population poses a challenge to religious communities because of strong beliefs in the sanctity of human life and a moral duty to protect it. But religious leaders are recognizing that limiting numbers is also an ethical responsibility because of the adverse effects of population growth on the well-being of both people and the planet.

This concern has prompted a re-examination of doctrines. Religious leaders are increasingly emphasizing the concept of stewardship, or humanity's duty to safeguard nature. The Presbyterian Church of the USA recently released a statement which expressed the need to change human attitudes and desires regarding fertility and consumption. Progressive interpretations of Judaism, Islam and Christianity are now stressing that moral decisions, including those regarding childbearing, should be made by the individual in relationship to God. "Catholic doctrine makes it clear that the ability of individuals to exercise their conscience on moral issues is paramount," says Denise Shannon of Catholics For A Free Choice. "A narrow view of population issues has less to do with religious tenets than with the church hierarchy's restrictive approach to women and sex".

In the USA, almost 60% of Catholic women use a contraceptive method, and studies in Latin America suggest that church edicts against modern family planning are rarely reasons why women do not use contraception.

*(ZPG Reporter, January/February 1995)*

# IPPF EVENTS

## Mahler awarded Tunisian Health Medal

While attending the First Arab Conference on Reproductive Health and Population, IPPF's Secretary General Halfdan Mahler was awarded the Tunisia Health Medal by the Tunisian Minister of Health Dr Hedi Mhenni. The Medal is Tunisia's highest distinction within the health field and was presented to Mahler for his numerous contributions to improving people's health not only in Tunisia but all over the world.

## IMAP discusses infertility

IPPF's International Medical Advisory Panel (IMAP) met in London in February, with infertility, sexual and reproductive health; hormonal contraception; and natural family planning methods the main items on the agenda for discussion. IMAP reviewed and updated its statement on infertility, which stresses that the major causes of infertility are preventable and that FPAs have an important role to play in this. The Panel would like wider publicity of the fact that infection caused by sexually transmitted diseases is the most common cause of infertility and that preventive measures should be taken, such as the promotion of safe sex, the use of condoms and the use of STD diagnostic kits. The statement includes information on the clinical and psychological aspects of infertility that are of relevance to service delivery.

The Panel also updated five other statements: those on hormonal



contraception; steroidal oral contraception; injectable contraception; Norplant subdermal implant system; contraception for women over 35; and contraception for women with medical disorders. They also discussed administration of NET-EN and the use of progestagen-only contraceptive methods during breast-feeding.

### SARB hosts post-ICPD media seminar

IPPF's South Asia Bureau, in conjunction with the Indian FPA, held a regional media seminar in New Delhi early in February. The seminar was intended as a follow-up to last year's International Conference on Population and Development. 18 media representatives, including senior producers, journalists, bureau chiefs and senior editors from both the print and electronic media attended, along with four representatives of women's organizations and 16 representatives from the region's FPAs, who presented their post-ICPD plans. The journalists undertook to carry the message of Cairo forward in their future activities, and a number of stories have already appeared in the Indian media.

### Forty years of family planning in the Western Hemisphere

As part of its fortieth anniversary celebrations, the IPPF Western Hemisphere Region has produced a review of those first forty years from the inception of IPPF in Bombay in 1952. This report profiles early pioneers of the international family planning movement, work in progress, and the future challenges within the region.

(*Forty Years of Saving Lives with Family Planning*, IPPF WHR 1995)

## LAW & POLICY

### Politics and economics influence US research

Contraceptive research is lagging far behind new discoveries in general medicine. Although there have been developments in contraceptive vaccines, much of today's technology comes from work done in the 1950s and 1960s. Yet the needs of contraceptive users are still not being completely met. Writing in *Science*, Robert Service argues that only the drug companies and federal funding agencies are likely to come up with any new developments in the United States, but without much public demand for such developments they are reluctant to commit funds. "There really isn't any constituency that is talking to their congressmen saying 'we need new research in contraception'", says Nancy Alexander, who heads the contraceptive development branch at the National Institute of Child Health and Human Development.

According to a report from the Program for Appropriate Technology in Health (PATH), executives of drug companies believe that the market is already well served, and also worry about product liability, regulatory problems, and the high cost of development. Drugs for cancer and heart disease are a much more lucrative and viable option.

The bulk of contraceptive research and development is now carried out by non-profit organizations such as the Population Council and WHO. But here, too, progress is largely limited to modifications of existing contraceptives, according to PATH, the innovation there is, is never

developed to a stage to attract private sector interest.

The Center for Population Research's Michael McClure says that the federal government is increasingly targeted as a possible source of funding. The National Institutes of Health is considering lifting the moratorium on some types of embryo research, and the Institute of Medicine is looking at the application of biotechnology to contraception in the hopes of stimulating interest among drug companies. However, new technologies do not always find rapid commercialization, as evidenced by the lack of US interest in developing anti-progestins. Companies want "a blockbuster technology that is totally uncontroversial", according to the Population Council, and this is unlikely in a politically charged arena such as contraception. So publicly funded research organizations will remain the main contraceptive developers for a long time.

(*Science*, Vol 266, 2 December 1995)

### French policy benefits mothers and children

A new report comparing maternal and child-care systems in France and the United States looks at infant mortality and, though both rates are comparatively low, finds that France's rate is 20 per cent below that of the US. The report, resulting from cooperation between the French-American Foundation and the National Centre for Education in Maternal and Child Care, says that health care for mothers and infants is not necessarily better in France, but it is, on average, less expensive and universally available.

The report states that French legislation for the protection of mothers and infants adopted after



World War II created "excellent prospects for healthy growth and development," even in the poorest families. Although France, like other developed countries, is concerned about rising health costs, the programme resulting from the legislation, which is the only one of its kind in Europe, is not likely to suffer any reduction. The programme represents only about 0.3 per cent of French expenditure on health care and is estimated to save money overall by reducing the risk of pre-term births which often require expensive intensive care.

Only about 0.5 per cent of live births in France are seriously premature, against 1.3 per cent in the United States, reflecting the fact that 96 per cent of children in France are born to mothers who receive early prenatal care, compared to 76 per cent in the United States. The two countries have similar proportions of working mothers and roughly comparable per capita income.

Meanwhile, 20 years after its legalization, abortion remains controversial in France. Around 15,000 people from all over the country attended an anti-abortion rally in Paris in January. Some clinics have been targeted by anti-choice protesters, though not with the violence seen in the United States.

(*International Herald Tribune*, France, 12 and 19 January 1995; *The Guardian*, UK, 23 January 1995)

### Britain will not ban baby milk adverts

Campaigners for breast-feeding in Britain are angry that the Government refuses to implement new regulations on the promotion of infant formulas. Health and food ministers have retreated from an earlier agreement to ban adverts for

baby milk directed at mothers and pregnant women. Adverts will continue to be allowed in publications distributed through the health care system, despite a European Union directive which states that such advertising should be restricted to professional and scientific journals.

This decision comes after a year's consultation and will become law in March of this year. It is not clear whether or not the law will stop pharmacies giving advice or distributing booklets produced by manufacturers. Patti Rundall of the pressure group Baby Milk Action says that the Government has ignored the British Medical Association, the British Paediatric Association, and the Royal College of Midwives and has taken account only of the demands of the baby food industry.

(*British Medical Journal*, Vol 310, p284, 4 February 1995)

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## MEDICAL FILE

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### Providers and clients unaware of emergency contraception

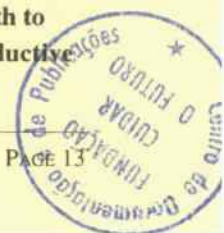
The latest edition of the *South to South Newsletter* reviews emergency contraception. Over 15 regimens have been investigated over the past few decades, but there are five which have been most widely studied, or appear to be the most suitable for widespread or even over-the-counter delivery: combined oestrogen-progestin (the Yuzpe regimen); levonorgestrel; mifepristone;

high-dose oestrogen; and danazol. All are hormonal and administered orally, with the Yuzpe regimen probably the most popular.

*South to South* concludes that women need access to secondary contraceptives in case of failures of their regular methods, or where a method was not suitable for them. Emergency contraceptives are simple to use, relatively inexpensive and, in many cases, already accessible to the women who need them, it says. The chief remaining obstacle to use of these methods is ignorance – on the part of service providers and women.

Lack of awareness of the availability and effectiveness of emergency contraception among providers is also the conclusion of the December 1994 issue of *Network*, which is devoted to emergency contraception. It refers to a study of providers carried out by Family Health International in 15 countries, between 1993 and 1994, which found that emergency contraception is not practised widely and that where a hormonal method is used it is prescribed in vastly different doses or regimes. Almost 70% of the respondents who offered emergency contraception provided combined oral contraception, 42% oestrogen and 39% inserted IUDs – some providers offered more than one method. Those not offering emergency contraception often cited a lack of resources, information or lack of institutional support as the reasons.

Worldwide many women do not know such methods are available, or do not know that timing is extremely important, the article concludes. It cites a study carried out in inner-city London in 1990 which found that less than one-fifth of women knew that oral contraceptives could be used as emergency contraception up to 72 hours after intercourse. **Contact: South to South Co-operation in Reproductive**





Health, Rua Caetano Moura, 35,  
Federacao, Salvador, Bahia, Brazil. Tel:  
(5571) 2353442. Fax: (5571) 2478216.  
Email: LADIP@SUNRNP.UFBA.BR

(South to South Newsletter, December  
1994; Network, Vol 15, December 1994)

## Comprehensive review of POPs

The whole of the December 1994 *Contraception* supplement is devoted to a comprehensive review of progestagen (progestin)-only contraception. Progestagen-only Pills (POPs) not only lack the oestrogen component of combined oral contraceptives (COCs) but also have a lower dose of progestagen. They may therefore be the method of choice for women who simply wish to minimize their total hormone intake below that of the already low-dose COCs, as well as for breast-feeding mothers and older women.

The review includes sections on mode of action, pharmacology, efficacy and pregnancy outcomes, metabolic effects, cardiovascular disease, cancer, other medical considerations, interactions with drugs, common side-effects, breast feeding and taking POPs effectively.

Numerous studies have found no effect of POPs on breast feeding, whereas studies of COCs show a small negative effect. Because very small amounts of progestagen are passed into the breast milk and thus to the infant, POPs may not be the best contraceptive method for breast-feeding women. However, for women who want to use oral contraceptives but find non-hormonal methods unacceptable, progestagen-only Pills are recommended.

(*Contraception* Vol 50, No 6,  
Supplement one, December 1994)

## HIV and oral contraceptives

The authors of an article in the *British Journal of Family Planning* have conducted a review of recent literature to examine the role of oral contraceptives (OCs) in modifying the risk of HIV transmission. They discuss the clinical issues and the limitations of study methods, pointing out that study design is difficult and interpretation is extremely complex. The few available data are of varying quality and suggest opposing conclusions.

The authors say that information to date does not support either an increase or decrease in HIV risk among OC users. On the risk reduction observed among condom users, there is no evidence that OC use displaces concomitant use of barrier methods. The authors comment that additional studies are needed, including research concerning the mechanism of HIV transmission and the possible modifications by various contraceptive methods. An editorial by David Hicks in the same issue also calls for more research to ascertain the effects of hormone use when a woman is HIV positive, including possible drug interactions.

(Haya F Taitel and Michael E Kafrisen. A Review of Oral Contraceptive Use and Risk of HIV-transmission, *British Journal of Family Planning* Vol 20, No 4, pp112-116, January 1995.)

## No increase in sexual activity following condom distribution

Evaluation of an HIV prevention programme that included the promotion and distribution of condoms provided no evidence to suggest that the availability of condoms increased sexual activity or promoted

promiscuity among the target population of Latino adolescents in the USA. Those young people taking part in the programme who were not sexually active prior to the intervention were no more likely to become sexually active than those in a comparison site. In fact, male respondents in the programme were less likely to be sexually active, and female respondents were also less likely than those in the comparison to have had multiple sex partners.

Recent programmes that have combined reproductive and contraceptive information with a message to delay early sexual involvement and the skills with which to achieve that goal have consistently documented a decrease in sexual activity and involvement. These findings are consistent with results from other developed countries. In countries such as Sweden, the Netherlands and England, young people can find easy, confidential access to contraceptives, yet levels of sexual activity are similar to those in the USA. Teenage pregnancy rates in those countries, however, is generally considerably lower than in the USA.

These results, together with other research and experience, suggest that concern that provision of contraceptives increases sexual activity is not justified. The authors of this study say that additional research efforts are needed, but "the magnitude of the crisis presented for adolescents and society by both teen pregnancy and the HIV epidemic dictate that we provide adolescents with the information, skills and material goods required to combat these problems".

(Seller, DE et al. Does the Promotion and Distribution of Condoms Increase Teen Sexual Activity? Evidence from an HIV Prevention Program for Latino Youth. *American Journal of Public Health*, Vol 84, No 12, pp1952-1958, December 1994)



## Adolescents and implants

Two recent studies of US adolescents compare the use of implants with other choices of contraception. A small follow-up study of post-partum and post-abortion adolescents found that 25% of the women who chose a contraceptive method other than Norplant implants experienced a subsequent unplanned pregnancy within six to 18 months. Although a repeat pregnancy rate of 20 to 30% is consistent with other published research, the researchers felt that this result was unexpected as, at the time of the abortion or the delivery, almost all the study group expressed an intense desire to avoid another unplanned, unintended, or unwanted pregnancy in the near future. (The articulation of a desire to avoid subsequent unwanted pregnancy is consistent with the increased motivation to use contraception seen among teenagers who have experienced a 'pregnancy scare'.)

In contrast, none of the young women who chose Norplant became pregnant during the follow-up period of 18 months. Although their success in avoiding pregnancy can certainly be ascribed to the effectiveness and, possibly, the provider-dependent nature of Norplant, the reasons for such high failure rate among Pill and other contraceptive users is less clear. Possible reasons include the need for better counselling for side-effects – a major reason for discontinuation – and assumptions made by providers of a 'simple' method such as the Pill.

The researchers conclude that the provision or recommendation of Norplant or other long-term methods to all adolescents requesting post-partum or post-abortion contraception is inappropriate. However, if discontinuation and subsequent repeat unplanned pregnancies are to be

reduced among non-Norplant users, counselling efforts for those clients must be more comprehensive and routine follow-up emphasized.

A study of 98 post-partum girls aged 17 or younger found that adolescents who chose Norplant implants over oral contraceptives were likely to have had more pregnancies, and more likely to have given birth before and to have unsuccessfully used OCs in the past. Frustration led them to choose a method they believed would be more effective for them, according to the study's principal author, Margaret Polaneczky. Women using the implants have lower pregnancy rates than those using OCs because the implants are easier to use, she says.

Polaneczky and her colleagues were surprised at the high percentage of young women who chose implants and continued to use them. Almost a year after the study ended, 95% of the girls who chose the implant system were still practising contraception, compared with 53% of the girls who chose OCs. The main reason for this preference was difficulty remembering to take the Pill, followed by side effects of the Pill, fear of pregnancy and ease of use of Norplant. Other than the number of pregnancies, births, and unsuccessful contraceptive experiences, the only significant difference between the groups was age, with the implant group being slightly older.

(Blumenthal et al. Contraceptive outcomes among post-partum and post-abortion adolescents. *Contraception*, Vol 50, pp451-460, November 1994; *Contraceptive Technology Update*, Vol 16, No 2, February 1995)

## Evaluating sexual health programmes

The authors of a review of sexual health education for young people

conclude that the design of evaluations in sexual health intervention needs to be improved so that reliable evidence of the effectiveness of different approaches to promoting young people's sexual health may be generated. Most sexual health interventions with young people are not evaluated, and fewer than one in five meet the minimum criteria for a methodologically sound evaluation. These shortcomings include the use of non-equivalent control groups or failure to use control groups, relying on a pre-test and post-test design, high attrition rates (often in the region of 50%), and failure to discuss the implications of attrition.

(*British Medical Journal*, Vol 310, pp158-162, 21 January 1995)

## Bottle feeding and risk of sudden infant death

A report in the *British Medical Journal* describes two UK case-control studies on the association between bottle feeding and risk of sudden infant death syndrome. Researchers found that the odds of dying of sudden infant death syndrome were three times higher in fully bottle-fed infants than in fully breast-fed infants. However, once patterns of maternal smoking, pre-term gestation and employment status had been taken into account, the association was no longer significant. The authors of the report say that although breast-feeding does not seem to protect against sudden infant death, it has other well established health benefits and should be promoted.

(Gilbert, RE, et al. Bottle feeding and the sudden infant death syndrome. *British Medical Journal*, Vol 310, pp88-90, 14 January 1995)



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# STATUS OF WOMEN

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## Cairo declaration from Women's Alliance

A joint declaration from the International Alliance of Women and the Medical Women's International Association, which together held a seminar at the ICPD NGO Forum last year, points out that a number of human rights are violated if family planning is prohibited, including the right to make reproductive decisions, which has become a part of individual rights, the woman's right to health and the right to human dignity; all children's rights if they are born unwanted into families unable to give them essential care; and the right to development and to live in a safe environment.

Women's groups and organizations are urged to lobby governments and request all providers of family planning services to observe high standards of quality regarding family planning information, counselling and services to all; and to monitor the quality of these services to ensure that they meet the standards set by the World Health Organization.

A second recommendation is that, to make contraceptive choice a reality, all providers of family planning services should have a variety of supplies constantly available. These supplies should be based upon evaluation of the methods which are in demand and hence will be best accepted in both rural and poor urban areas.

*(International Women's News, Vol 89, No 4 1994)*

## Chinese women prepare for FWCW

*Women of China* reports on preparations for the Fourth World Conference on Women to be held in Beijing in September. The All-China Women's Federation has established an NGO Forum Committee which has co-ordinated meetings for regional women's groups in China, and has worked with China Central Television and six national newspapers to publicize the event.

Regionally, Chinese women and women's groups have been busy in anticipation of the conference. In Hebei Province, the women's federation has held special programmes on TV and radio and generated interest among newspapers to publicize the themes of the conference. Profiles of women leaders have been used to catalyse more discussion on women's issues. The provincial women's federation has also helped some 10,000 poor girls to return to school, worked to eradicate female illiteracy in the province, and conducted exchange and skills-learning programmes between skilled and unskilled women.

In Gansu Province, the provincial government formed a leaders' preparatory group for the conference and the women's federations have reached more than 200,000 people with their local consultations. The women's federation has co-operated in an eight-minute television special entitled Gansu Women in Reform which has been shown daily. The programme illustrates achievements women have made in political, economic and cultural fields. It also

explains in detail the aims of the UN Decade for Women and the history of the Chinese women's liberation movement. Gansu will be sending 50 women to the conference.

*(Women of China, No 1, 1995)*

## Asian women protest government position

In India, seven national women's organizations have rejected the government's position paper for the Beijing women's conference, saying it inadequately addresses issues of violence, legal provisions, harmful economic policies, health, education, political participation, employment and population policy and their links with the status of women.

*(Asian Age, 28 February 1995)*

## Amnesty: Beijing recommendations

UK-based Amnesty International has published recommendations for the Fourth World Conference on Women's Platform for Action. Amnesty believes that, above all, the Platform for Action should focus on practical steps which governments will implement to ensure a real and measurable advance in the situation of women in every region of the world. The charity's recommendations stress the universality and indivisibility of women's human rights, the role of women activists, ratification of human rights instruments, violence against women, and development assistance.

Amnesty highlights the importance of NGO contributions being taken fully into account in the preparatory process and the actual conference. It urges the world's governments to take this opportunity to work more closely with



NGOs, women's groups, human rights bodies, and other interested groups. Remarking on the contributions from NGOs at the World Conference on Human Rights in Vienna, Amnesty argues that if the process towards Beijing is to improve significantly the situation of women around the world, NGOs must have full access to the conference and its preparatory process. **Contact: Amnesty International, British Section, 99-119 Rosebery Avenue, London EC1R 4RE, UK. Tel: (0171) 814 6200. Fax: (0171) 833 1510.**

### Call for action on female feticide

Experts from 13 countries at a meeting on son preference in Asia have adopted a 12-point recommendation calling for active strategies to cope with imbalanced sex ratios, sex preferences for children and their effects on fertility and mortality. In a keynote speech to the International Symposium on Issues Related to Sex Preference for Children in Asia, held in Seoul in November, Mr Cho Nam-hun of Korea said there were an estimated 30,000 abortions of unwanted female fetuses in Korea in 1990, and the proportion of boy to girl babies stood at 114 to 100 in 1992 (compared with a more usual 105:100). He said that by the year 2010 men in their late 20s would outnumber women of the same age group by 28.6%. Similar situations prevail in China, Pakistan, India and other Asian countries.

Experts at the meeting agreed that sex preference can contribute to differential access to nutrition, health care and schooling, which can result in excess female child mortality and gender inequality in life opportunities. They called for policies to diminish the underlying causes, such as discriminatory

legislation, inheritance systems and social and cultural practices.

(*Korea Newsreview*, 3 December 1994)

### Discrimination against women in Lithuania

At the beginning of 1994 the Government of Lithuania established the State Councillor on Women's Issues but, with no executive or legislative power and no budget for 1994, it remains unclear what this office will be able to achieve. In Lithuania, the entry requirements for most universities and colleges are lower for men than for women. Two-thirds of unemployed Lithuanians are women, and 62% of the population thinks that because of high unemployment men have more right to a job. Abortion is still the main method of fertility control. A new publication called *Women's World*, the newsletter of the Lithuanian preparatory committee for the Fourth World Conference on Women, aims to inform on the current situation faced by Lithuanian women. **Contact: PO BOX 62-LT 2000 Vilnius, Lithuania. Tel: (3702) 628543. Fax: (3702) 628543.**

### HIV/AIDS is spreading fast among women

Dr E Maxine Ankra, Senior Adviser, Women's Initiative, FHI AIDS Control and Prevention Project discusses in December's issue of *Network* how social and economic inequities make women particularly vulnerable to HIV infection.

The World Health Organization estimates that 3,000 women become infected with HIV every day. By the year 2000, over 13 million women will have been infected and 4 million of them will have died. These statistics

reflect a shift in the global epidemiology of HIV/AIDS, according to Eka Esu Williams, president for the Society of Women Against AIDS in Africa.

Heterosexual transmission is now the primary mode of transmission in most regions of the world, and women are particularly susceptible.

Cumulative AIDS cases reported in Zimbabwe among 15 to 19 year-old women between 1987 and 1993 showed that for every case in a young man there were five cases in young women. The United Nations Development Programme (UNDP) reports that 70% of all HIV-infected women worldwide are aged 15 to 25.

Society's traditional gender roles increase women's risk of infection, according to Dr Simone Diniz of Coletivo Feminista Sexualidade e Saú in Sao Paulo, Brazil. "In most countries monogamy is required for women, while sex outside marriage is permitted for men as a symbol of status and virility." If a woman's partner has multiple sex partners her monogamy will not protect her from HIV infection and abstinence or condom use may not be possible. "Women who suggest sex without penetration or sex with a condom often risk violence or even abandonment by their partners," Diniz adds.

Elizabeth Reid, Director of UNDP's HIV and Development Programme argues that improving communication between the sexes and changing cultural norms is the way forward.

(*Network*, Vol 15, December 1994)



# RESOURCES

## Population in perspective

The Johns Hopkins University has produced a series of audio tapes looking at issues relating to discussions in Cairo during ICPD. With a first tape providing an overall report on ICPD, five others explain specific country or regional situations, including reports from Brazil, Egypt, East Asia and Japan. A full listing is available from Johns Hopkins. **Contact: Population in Perspective/Monitor Radio, co Johns Hopkins Center for Communications Programs, 111 Market Place Suite 310, Baltimore MD 21202-4024, USA.**

## Connecting Beijing to action at home

The forthcoming Fourth World Conference on Women and the NGO Forum on Women are the issues covered in the latest issue of *Tribune*, produced by the International Women's Tribune Centre (IWTC). It covers the draft agenda for action point by point discussing, for example, poverty, health, education, violence, decision-making. It has an interesting feature on the Beijing Process 1894-1994 and a section on youth. **Contact IWTC, 777 United Nations Plaza, New York, NY 10017, USA.**

## Development and its impact on women

The Women and World Development Series is the outcome of more than a decade of research on world development and its impact on women. The series of reports suggest ways in which action can be taken to bring women's concerns more directly and

effectively into the development process, and to bring about an improvement in women's status worldwide. Each volume is fully illustrated, and contains a resource guide and description of how to use the book in workshops and seminars. Topics covered so far in the series include women and literacy, refugee women, women and human rights, women and the family, and women and health. All books in the series are available free of charge to developing countries. **Contact: UN Non-Government Liaison Service.**

## Sustainable agriculture and rural development

The latest report in the Development Education Exchange Papers series looks at sustainable agriculture and rural development with a particular focus on Africa and industrialized countries. The report includes country profiles in various African and European countries, and NGO perspectives on the issues. **Contact: DEEP, Office for External Relations, FAO, Viale delle Terme di Caracalla, 00100 Rome, Italy. Tel: (396) 522 53420. Fax: (396) 522 55784.**

(Sustainable Agriculture and Rural Development: Africa and the North, October 1994)

## Markets and good government

The latest in the UN Non-Government Liaison Service's (NGLS) Development Dossiers concentrates on economic and social development in terms of good government. The essay was originally written as an internal

document to assist the charity Christian Aid to clarify its own thinking and views on this issue. The essay provides an overview of the theory of good government that has been advanced by northern governments and international financial institutions, and detailed commentary and critique of market-led growth in the developing world.

**Contact: NGLS, Palais des Nations, CH-1211, Geneva 10, Switzerland.**

(Archer, R. Markets And Good Government: The Way Forward For Economic And Social Development? NGLS Development Dossiers, August 1994. Ref: UNCTAD/NGLS/48)

## Contraceptive prevalence in Suriname

Stichting Lobi, IPPF's member in Suriname, has published a contraceptive prevalence survey. The report includes information on fertility performance and intentions, contraceptive awareness and prevalence, with a full summary and conclusion.

(Suriname Contraceptive Prevalence Survey 1992, Stichting Lobi 1994)

## Social and economic implications of AIDS in Asia

*AIDS Analysis Asia* is a new bi-monthly bulletin that addresses the social and economic consequences of AIDS in Asia. The bulletin looks at trade and economics in relation to AIDS, and also at the day-to-day practical implications of AIDS, including legal and ethical issues, the roles of traditional healers and medicine, and basic facts and forecasts for HIV infection in the region.

(*AIDS Analysis Asia*, Vol 1, No 1, January/February 1995)



Financing health programmes in the developing world

The Promoting Financial Investments and Transfers (PROFIT) project has produced a manual describing the use of endowments rather than annual grants for health programmes in the developing world. The manual describes the advantages and disadvantages of endowment schemes, and provides a planning guide for use by NGOs deciding whether or not to start an endowment. Funded by USAID, PROFIT promotes and finances private sector family planning activities around the world. **Contact: Director of Communications, PROFIT, Suite 601, 1925 N Lynn Street, Arlington, Virginia 22209, USA. Tel: (703) 276 0220. Fax: (703) 276 8213.**

(Endowments as a Tool for Financial Sustainability: A Guide for NGOs, PROFIT, December 1994)

New resources for family planning and STD prevention Education Programs Associates has produced new health education resources on choosing methods of family planning, and prevention of STD transmission. These publications are available in Spanish as well as English. **Contact: EPA, 1 West Campbell Avenue, Bldg D Campbell, CA 95008, USA. Tel: (408) 374 3720. Fax: (408) 374 7385.**

(What is Right for You: Choosing a Birth Control Method, EPA December 1994; TDs: What You Need to Know, EPA December 1994)

## TRAINING

**Indonesian FPA training course**  
A predominantly field-based course for high-level policy personnel designed to provide an overview of the Indonesian family planning programme has been organized by the FPA in Indonesia. Participants will have an opportunity to meet family planning staff, other government and non-government leaders and villagers. The course will be held between 10-23 May 1995 in Indonesia. The cost is US \$1,600 which includes tuition, course materials and domestic transportation (including airfares). **Contact: Programme Co-ordinator, International Training Programme, BKKBN, PO Box 1186, Jakarta 10011, Indonesia. Tel: (62-21) 809 8018/800 9029. Fax: (62-21) 800 9023/819 4532.**

**Management Sciences for Health courses**  
Management Sciences for Health is offering various courses for mid-to-upper level managers in 1995. These are Programme Management: the latest skills and technology for effective leadership (8 May to 2 June); Executive course in health financing and sustainability (12 to 30 June); Managing for quality for family planning managers (12 to 30 June). They also offer tailored courses in English, French, Portuguese, Russian or Spanish on topics such as: Managing successful training programmes; Facing the global challenges of urban health; Managing decentralized health systems. **Contact: Management Training, Management Sciences for Health, 165 Allandale Road, Boston MA 02130-3400 USA. Tel: (617) 527 9202. Fax: (617) 965 2208.**

## MEETINGS

**Perspectives on women's health**  
The Department of Medical Anthropology at the University of Oslo has announced a research course in Biomedical and Social Perspectives on Women's Health. The university is currently looking for participants to present their projects and is specifically seeking funding for participants from Eastern Europe and Africa. The programme will include sessions on the social status and roles of women, women and disease, and women's mental and social health. The course will run from 12 to 16 June 1995 in Oslo, Norway. **Contact: Dr J Sundby, Secretariat for Research Education, The Medical Faculty, Post Box 1078 Blindern, N-0316 Oslo, Norway. Tel: (4722) 850598. Fax: (4722) 850590.**

**POPFEST '95**  
The University of Exeter has announced POPFEST '95 which will be hosted by the Institute of Population Studies at the University from 4 to 5 July. The event provides an opportunity for postgraduate students within the fields of population and reproductive rights to meet and discuss their work. **Contact: Eleuther Mwageni, Institute of Population Studies, University of Exeter, 101 Pennsylvania Road, Exeter, EX4 6DT. Fax: (0392) 263801. E-Mail: E.A.Mwageni@ex.ac.uk**



## Fundação Cuidar o Futuro