



INTERNATIONAL PLANNED PARENTHOOD FEDERATION

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A Statement by Dr Halfdan Mahler

Secretary General
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Fundação Cuidar o Futuro
at f.a.s

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Mr Chairman, Madame Secretary General of ICPD, Ladies and Gentlemen,



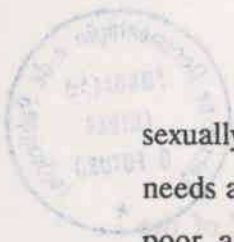
I want to thank you for the opportunity to address this committee on behalf of the International Planned Parenthood Federation. IPPF wholeheartedly supports the objectives of the ICPD. The draft conference document displays a sense of vision and insight that goes well beyond most documents produced at intergovernmental conferences. In particular, the linkages between women's rights, poverty, population and sustainable development have been made admirably explicit.

However, in this very context it seems that emotional and intellectual sand from the many semantics dust-storms still raging around a distant global population stabilization, tends to blur our vision of the real population crisis that is confronting us in the immediate future. In the next two to three decades the global population will grow with a staggering 50%, largely independent of our successes in voluntary fertility regulation. It is indeed in this next quarter of a century that a magicians wand has to produce sustained socio-economic growth within the severe constraints of sustainable development and an ethical framework of global equity.

With this backdrop, let me share with you very briefly the six components of IPPF's Strategic Vision 2000 and the action agenda we will take forward as our contribution to meeting the challenges we anticipate will emanate from the ICPD.

The first IPPF challenge is that: the small family is rapidly becoming the cultural norm everywhere, as more than 60% of all fertile women and men are properly using safe and effective contraceptive methods.

In meeting the unmet demand we must recognize that the term unmet need is a broad one that means different things to different people at different times. Women's perspectives and realities, when attempting to quantify and qualify unmet needs and demands in so-called family planning, have too often been ignored. For example, surveys have traditionally addressed only married women of reproductive age, leaving out the unmet needs of hundreds of millions of women from the young to the elderly who are



sexually active, or potentially so, but are not covered by these surveys. For IPPF, unmet needs and demands refer not only to the hundreds of millions of couples, most of them poor and marginalized, living in urban slums and remote rural areas, who do not presently have access to acceptable and affordable quality family planning as an integral part of sexual and reproductive health care. It also refers to the hundreds of millions of young women and men who, at present, are excluded from such sexual and reproductive health care. It also refers to the tens of millions of women who each year risk their health and lives in unsafe abortions because of inadequate contraceptive support, and when needed as a last resort, safe abortion. It also refers to women's inability to have control over their own bodies and health - where childbearing is women's destiny not their choice. Indeed, all inferences drawn from surveys of unmet needs and demands are defective if information about unmet removal of discrimination against women is not simultaneously provided!

How do we improve this? First, by communicating. In every action we take we must integrate women's perspectives as essential for humane and successful programmes. We must act as facilitators to help opposing groups such as investigators and women's groups to find common ground in the spirit of Lacordaire's definition of consensus: "I am not trying to convince my adversary that she or he is in the wrong, on the contrary, I am trying to unite myself with her or him but at a higher level of insight for the sake of the common good". As a consequence, the research and other information gathering must include women's perspectives in the design, analysis and interpretations. And, the inferences drawn from such studies must, as both a moral imperative and an indispensable feedback mechanism, be shared with the people from whom so-called representative information has been collected.

IPPF intends to be one of the trail blazers both in promoting a much better understanding of unmet needs from the women's perspectives, and in meeting the overt and latent demands for sexual and reproductive health of the marginalized and under-served segments of society.



This brings me to the second IPPF challenge: that sexual and reproductive health is becoming an integral part of the health culture in its full significance of physical, mental and social well-being, and not just the absence of pregnancy, disease or injury.

The promotion of sexual and reproductive health is a major re-orientation in that it is no longer acceptable for IPPF's member associations to address family planning without simultaneously addressing the larger issues of sexual and reproductive health. We are pleased to see that the ICPD draft document underscores this long over-due reorientation.

There has been an enormous interest in the Family Planning World recently on the subject of Sexual Health. This interest has been driven by the awareness both of the central importance of sexuality in people's lives, and of the extent of concern for safer sex in general - sex that is safer from unwanted pregnancy, disease and the abuse of power.

The FPA members of IPPF have for a number of years been developing programmes related to Sexual Health in a number of ways, concentrating, in particular, on adolescent sexuality, in the hope of helping young people understand their sexuality and how to interact with others. IPPF has also had considerable interest in seeing how concerns about HIV, AIDS and Sexually Transmitted Diseases relate to the work undertaken by Family Planning Associations.

As a result of these interests, Sexual Health now plays a central part in our Vision 2000. We have embarked on a programme in which we hope to document and test the various ways in which Family Planning work might improve understanding of the links between sexual health, reproductive health and gender issues, and systematise the support given by family planning workers to clients who have concerns about their sexuality. IPPF will also act in close liaison with other interested agencies in the development of the concept of Sexual Health. There is so much that is unknown about how to work in this field. However, it is vitally important that we do so.



We are painfully aware that some very imaginative thinking and action will be required by all the parties, clients and service providers, public, private and NGO sectors, international and national resource providers, before we genuinely can say with Robert Frost's poem we have taken "The Road Not Taken" till now in family planning ie to promote both sexual and reproductive health.

This brings me to the third IPPF challenge: that quality of care has been heightened by the current and related concerns over sexual and reproductive health; the right to informed choice; service sustainability and the maintenance of the highest possible programme standards.

It is unethical to talk about family planning, unmet needs and demands or reproductive and sexual health, without including the quality of related care. If sexual and reproductive health is a human right, then quality of related care is also a human right and as biological matters stand, it is par excellence a woman's right. In spite of long-standing "quality" rhetoric, "quantity" has up to now, easily kept the upper hand. IPPF and its FPA's, as a conscience of the family planning movement, are taking action to promote a decent quality of care by giving proper training of service providers, especially in counselling, by systematically monitoring and evaluating service programmes for quality, by providing quality services in a cost-effective way and most importantly by re-orientating programmes towards women's needs and perspectives. With this in mind, IPPF has developed a charter of rights of the client. These rights include information, access, choice, confidentiality, comfort, opinion, privacy, dignity, safety and continuity.

This brings me to the fourth IPPF challenge: that vigorous programmes are in place to eliminate unsafe abortion and to increase access to safe abortion services.

Unless there is a rapid increase in the global investment made in women's rights to sexual and reproductive health, then it is likely that the number of both unsafe and safe abortions will continue to rise dramatically.



IPPF identifies the problem of unsafe abortion as one of the major concerns in reproductive health world-wide. Given the awareness and a will to help women, the knowledge exists to reduce substantially the current role of unsafe abortions in women's lives.

Abortion rates can be greatly reduced through increasing the availability of contraceptive services, but some abortions will continue to occur, in part because of limited contraceptive acceptability and availability and unavoidable contraceptive failures.

Is abortion then a method of family planning, or is it not? What is family planning from a woman's point of view? Can the right to prevent unwanted pregnancy exclude the right to unwanted birth? Is family planning only possible as long as the plans do not fail? These are important questions that we must face up to.

IPPF and its member associations are no longer to remain silent in the face of this major threat to the health and lives of women. IPPF in unison with all its member associations will take an active role in publicising the nature and extent of the problem at international, regional and country levels and in identifying and implementing strategic and effective solutions towards reducing abortion generally, eliminating unsafe abortion and increasing access to safe abortion.

This brings me to the fifth IPPF challenge: that young people are being systematically supported to give voice to the need for understanding their sexuality and for services that meet their specific demands.

There are currently more than 500 million young women and men between the ages of 15 and 19, and their numbers will keep mounting for a long time to come. Unless we act now, not only will teenage pregnancy and abortion continue to soar, but also society will sorely neglect a golden opportunity for investing in the quality of tomorrow's human resources.



Society as a whole has not been very sensitive or responsive to its young people, who become sexually active without proper access to sexual health information, education or services. Most adults have been reluctant to address this issue. But ignoring it has not made it go away. Instead there are rising incidence of adolescent pregnancy, abortion, and sexually transmitted disease. IPPF and its associations have vowed to help young people understand and realize their sexuality in a positive and responsible manner by ensuring their access to sexual and reproductive health care and by making young people key participants in the design and implementation of such programmes.

And so last, but not at all least, the sixth IPPF challenge: that women are fast moving towards full and equal participation in all aspects of local and global development.

One of the major barriers to the improvement of women's sexual and reproductive health is their appalling lack of decision-making power at all socio-economic levels. Without the formidable resource of womenpower, all plans we make and steps we take to improve the local and global community will largely be in vain. Women will only gain equal status through equitable social, economic and political participation and through aggressive promotion and protection of their human rights, including their sexual and reproductive rights. IPPF and its associations, through Vision 2000 are committed to this objective. We will work actively at the national and international levels as advocates for the establishment of equal rights for women. As one of these rights, we shall make special efforts in the field of sexual and reproductive health to ensure that women's perspectives are taken fully into account from research to application. As part of this advocacy we shall fight the boy preference syndrome and all its manifestations wherever it exists. We will also work to increase men's commitment and joint responsibility in all areas of sexual and reproductive health and to sensitize men to gender issues.

In conclusion, with the widespread moral inertia in the contemporary world, so many leaders of our societies seem to be doomsday prone when contemplating the immediate population scenario. However, I have in my lifespan also seen leaders react to profound crises as opportunities for crucial and positive societal changes. I personally believe that

this kind of opportunism will prevail and lead to a genuine renaissance of human solidarity and ingenuity before the end of this millennium.



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