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Development assistance and family planning

♦ Features
Reproductive health and family planning in the Pacific Island countries; abortion in Thailand; contraception in Vietnam; family planning for single Indonesian youth; Australia and the ICPD; men and family planning; education and family planning; population growth and policy options in the developing world

♦ Viewpoint
HIV/AIDS and infant feeding; Australia's role in international HIV/AIDS responses; women's education and child health services in Bangladesh; gender mainstreaming in education programming

♦ Update
People, livelihoods and garbage in South Asia
This issue of the *Development Bulletin* marks considerable changes in the Network's structure and location. We are now the Development Studies Network Ltd – an independent not for profit organisation with a Board of Directors, an Advisory Board and an Editorial Board. Our patron is Ian Sinclair. The names of our officers are on the inside front cover. We are happily settled into our new home with the Research School of Social Sciences, in the Coombs Building at the Australian National University. We are excited about our new organisation and our new collegial location and are planning new services to offer members. Come and visit us.

**Financial support for the Network**

The Network would not have been able to continue without the prompt and generous financial support of ANUTECH Pty Ltd— the business arm of the Australian National University. They have provided us with a very timely $20,000 as bridging finance. We are most grateful for this act of confidence in our work. We are also grateful to IDP-Education Australia who are providing $12,500 to support publication of the Bulletin and to Macquarie Research Ltd of Macquarie University who have helped us with a grant of $1,500. Without this support we cannot continue. We are pleased to note that in these times of economic rationalism and where the major approach to development seems to be macroeconomic, there are some organisations who consider a multi-disciplinary approach and a multi-disciplinary discussion on development is important. Thank-you ANUTECH, IDP-Education Australia and Macquarie Research.

To become fully self sufficient we have to increase the number of subscribers so your subscriptions will be crucial in keeping the *Development Bulletin* going. Please tell your friends, your colleagues or your students about it.

**Issues in family planning**

The International Conference on Population and Development + 5 has just been held in The Hague. It is particularly timely therefore to re-address family planning and the role it plays in reproductive health and in social and economic development. In this issue we have asked policy makers, demographers, educators, health workers and development consultants to review current issues in family planning and the role of development assistance in supporting it. We have included the Australian Government's family planning policy. Some of the issues raised and some of the comments are controversial. If you want to join this debate please contact us.

**Viewpoint**

UNICEF and WHO currently face a dilemma — what should their advice be to HIV-positive women regarding childbearing and breastfeeding? After a 25 year campaign against bottle feeding there is now clear evidence that the HIV virus can be passed from mother to child in breast milk. The actual chance of transmission through breast milk is uncertain but must be weighed against the chance that infections, such as diarrhoea, from bottle feeding can also be lethal. Greg Thompson of World Vision Australia discusses the pros and cons of this issue, and Audrey Cornish of the HINNA looks at Australia's role in international HIV/AIDS responses. Keith Suter provides his viewpoint on the human
Editor's notes

rights revolution. Providing education for women remains a major issue in many developing countries. Juliet Hunt provides a number of lessons learned from her experience of gender mainstreaming in education programming, and Tarek Hussein, A. Dharmalingam and John Smith discuss women's education and the use of child health services in Bangladesh.

From the field

Greg Harris, Jim Moore and Andrew Jones have been involved in drought and frost relief work in the Highlands of Papua New Guinea. They provide their reflections on this experience from the field.

Network staff

In keeping with our new economic rationalist approach we have trimmed down our staff to two, and very trim we are too! The workload is heavy but the great encouragement we have had from our members keeps us enthusiastic.

Pamela Thomas and Mary-Louise Hickey

Discussion

Development assistance and family planning

There are concerns that recent decisions could jeopardise progress made over the last 20 years in providing men and women in developing countries with the right to make informed decisions about the number of children they want and the facilities for them to be able to act on those decisions. In late 1998, the Government of the United States withdrew its funding for UNFPA. The inter-government forum on Population and Development held in February 1999 provided a five-year follow up to the Cairo conference and a precursor to a special United Nations General Assembly to be held in June/July 1999. The forum indicated little progress over the last five years in achieving the planned increases in international assistance for reproductive health and even less assistance for the family planning component. Although Australian assistance for women's health, population and reproductive health programmes has increased considerably since 1990 the family planning component has been downplayed over the last three years. High levels of support for reproductive health and maternal child health programmes can mask a decline in support for contraception. The papers in this issue clearly point to the need for development assistance to be explicit about support for contraception and family planning services.

Penny Kane argues that family planning must be given greater consideration and support in reproductive health programmes. Without the availability of contraception, reproductive health programmes make little sense in terms of human rights or health. Of particular concern globally is the increase in sexual activity and pregnancy among very young women. Lack of access to information or contraceptive services for young people has led to a rapidly escalating number of abortions - a high proportion of them unsafe. The physical and psychological effects of unwanted pregnancies are of considerable importance, as are the economic impacts.

Development assistance for family planning has always been a somewhat controversial and political issue. This has been particularly obvious in the last five years. Political opposition in the USA led to withdrawal of USAID funding to UNFPA. In Australia, political opposition led to the suspension of development funding for family planning. Kathy Sullivan, Parliamentary Secretary to the Minister for Foreign Affairs, discusses Australia’s family planning policy. Kathy Robinson and Eberhard Werner consider the political nature of family planning policy and development practice.

Abortion and young people’s lack of access to family planning services are issues of growing concern. In many countries policy makers, health workers, family members and donors are unwilling to recognise the reality of young people’s sexual activity. Papers about Indonesia, Thailand, Tonga, Ghana and Vietnam all discuss the importance of encouraging and supporting the provision of family planning services to young, unmarried men and women. Failure to do this has long-term implications for social and economic development and the alleviation of poverty.

Providing effective sexual and family planning remain difficult in many societies, particularly among young people, however, as Lea Shaw and Jan Ritchie discuss there has been considerable progress in providing culturally acceptable materials and methods. There is also growing evidence that opposition to sex and family education exists only among leaders and seldom exists at community level.

A common constraint to improving family planning services and education is the lack of information and skills among health workers themselves. A number of Australian-funded programmes in the Pacific have provided support for upgrading health worker capacity to deliver effective family planning services. However, providing in-service training courses for health workers is expensive, particularly in countries where many live and work in isolated areas. Maggie Kenyon and Christopher Chevalier show that from their experience in Solomon Islands, distance education can be an effective method of upgrading training of rural health workers. In Vietnam improved contraceptive services have been achieved through a process of slow introduction of new contraceptive technologies and greater concern for counselling and ensuring informed choice.
The role of family planning in reproductive health

Penny Kane, Office for Gender and Health, University of Melbourne

Family planning received notably little attention at the 1994 Cairo International Conference on Population and Development (ICPD). That conference was concerned to promote the concept of reproductive health, especially women’s reproductive health. Paradoxically, the contribution of family planning to achieving that goal remains so far from achievement that the ICPD focuses on it is understandable.

Nevertheless, the lack of attention in ICPD to family planning in the wider context of reproductive health was, perhaps, the most surprising feature of that conference. Much of the evidence for its contribution to achieving the conference’s goals has, after all, been available for decades. It has been further reinforced by more recent research.

Unintended pregnancy

The most obvious consequence of lack of access to contraception is that of accidental pregnancy--pregnancy which occurs at the wrong time, or is undesired. Amongst married women, Demographic and Health Surveys (DHS) carried out in the 1980s in more than 40 developing countries showed that large numbers either wanted no more children or wanted to delay a further pregnancy. The proportions ranged from 60 to 77 per cent in Africa and 74 to 85 per cent in Latin America (Westoff 1991).

In addition, studies using DHS data on sexual activity amongst unmarried women suggest that, in the African countries considered, about one-quarter of single or formerly married women were currently sexually active, and nearly two-thirds of them wished to avoid a pregnancy. In the Latin American and Caribbean countries, around five per cent of women who were not currently married were sexually active and three-quarters of them wished to avoid a pregnancy (United Nations 1998).

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In 15 per cent of the world’s population, allow abortion only to save the life of the mother. In many other countries, although abortion on wider grounds may be legal, service provision is inadequate (United Nations 1998); As a result, WHO estimates (1994) that approximately 20 million unsafe abortions occur every year, 90 per cent of them in developing countries.

Somewhere between 50,000 and 100,000 of these unsafe abortions result in maternal deaths. But those deaths are only the most extreme manifestation of the ill-health which may result from unsafe abortion. Recently, the Global Burden of Disease and Injury Project (GBD) undertaken jointly by WHO, the Harvard School of Public Health and the World Bank, has attempted to estimate the combined impact of premature death (years of life lost) and morbidity (years lived with disability) from various causes. The total direct and indirect disease burden is presented through an index of Disability-Adjusted Life Years, or DALYs (Murray and Lopez eds 1996). In the case of unsafe abortion, its consequences, including infections and secondary sterility, accounted for about one-sixth of the deaths and disability attributed to all pregnancies (AbouZahr and Ahmed 1998).

The major contribution of intended pregnancies, however, results in a birth. Many are births to older women and women who have already had several pregnancies, for whom the complications of pregnancy are likely to be increased. Women over the age of 40 and women with more than five previous pregnancies, especially if those pregnancies are closely spaced, are particularly at risk, as are their children. Similarly, pregnancy amongst very young women also carries greater risks for both mother and child. The health risks to pregnant women, at all ages and across societies, are concentrated particularly amongst women from poorer socioeconomic backgrounds, who have less education, low income and limited access to health care, especially in rural areas. Only half the pregnant women in the least developed countries, and fewer than two-thirds in other developing countries, receive any antenatal care (UNDP 1998).

Poverty, pregnancy and lack of education

Poverty and lack of education may be compounded by the pregnancy itself in the case of very young women, especially those who are unmarried. In many countries, schools demand the removal of a pregnant girl: even when they do not, the girl’s family may withdraw her from further education through fear of a shame that additional investment in her is wasted. Not infrequently the girl will be disowned by her family and her opportunities of surviving alone are limited: prostitution is a frequent outcome. Fear of social and family sanctions may mean that young girls delay seeking such antenatal care as is available, just as it may have prevented the girl from seeking family planning advice in the first place. In many countries, service provision for young unmarried women is virtually non-existent. The fact that more than half of those countries which undertook Demographic and Health Surveys confined the surveys to married women alone is an indication of how infrequently the locality of young people’s sexuality is denied.

Unintended pregnancies can, in addition, result in other consequences which present hazards for women. They appear, quite frequently, to lead to an increase in violence. Sometimes the woman is assaulted or is suspected of having had an extra-marital affair. In parts of Asia, women are at risk of violence if they produce a child of the ‘wrong’ sex. The violence may be inflicted by other family members, or the woman herself, in despair at their treatment, may take their own lives. It is no coincidence that female deaths from violence in China and India, especially, peak in the reproductive years (Murray and Lopez eds 1998). In Matlab, Bangladesh, women who were denied access to abortion were motivated by the stigma of rape, pregnancy outside marriage or dowry problems accounted for six per cent of the 1,139 maternal deaths between 1976 and 1990. If deaths due to unsafe abortion, many related to an extra-marital pregnancy, were included the figure rose to 21.5 per cent (AbouZahr 1998).

Rape, violence and access to abortion

Besides being a frequent outcome of unintended pregnancy, violence may lead to it. Rape is most commonly an assault committed at the individual level, where it is often hidden within the home. In Australia, amongst women over the age of 17, one in every 200 admitted to having been sexually assaulted in the previous year. Almost two-thirds of those who had been assaulted knew the offender (ABS 1998). Alternatively, women may suffer rape during civil war or war. Sometimes, as seems to have been the case in the continuing crimes of the former Yugoslavia, rape is perpetrated as a deliberate attempt by the victors to humiliate themselves as a strategy of ethnic cleansing. Contraception, and access to safe abortion, can at least mitigate some of the consequences of rape.

Condom use also has an important part to play in avoiding the spread of sexually transmitted diseases, not only the classic bacterial STDs (chlamydia, gonorrhoea and syphilis) but HIV/AIDS, human papilloma virus, and hepatitis B. The proportion of those diseases which are transmitted through sexual activity; and poor maternal and child health: and the economic costs which were excluded from his calculations, because of inadequate data, were other sexually transmitted diseases; homicide and violence connected with sexual activity; and poor maternal and child health from too many pregnancies.

Nevertheless, the magnitude of the disease burden was substantial: over one million deaths a year, and the loss of almost 50 million healthy life-years. For men, the disease burden was about one-quarter of that for women; its effects were largely felt amongst those in the productive age-group 15-44 years, and amongst children. As he pointed out, all of those deaths and ill-health are preventable: their impact, especially amongst women, has nevertheless until recently remained almost unrecognised.

The psychological impacts of unsafe sex

The psychological impact of these consequences of unsafe sex remains unquantified, as does the psychological impact of violence, or fear of violence, related to sexuality, the impact of
constant fear of pregnancy amongst those with no access to contraception, or of spouse and family rejection of those who are unable to bear children due to secondary sterility. One of the arresting findings of the GBD project was the high visibility of mental ill health across the world's regions (Murray and Lopez eds 1996). Once morbidity was included in the estimates of the total burden of death and disease, unipolar major depression became the second most important manifestation of ill health in both men and women aged 15–44. It was, however, almost twice as significant for women. It seems likely that much of this psychological burden is related to reproductive problems, especially those surrounding childbearing.

Conclusion

These most recent studies reinforce past research but also considerably amplify our understanding of the scale and significance of the problems of unsafe sex and unintended pregnancy. The contribution which contraception and safe abortion can make to addressing those problems means that family planning is not only a right for individuals, but a major responsibility for governments and institutions. It is a preventive health intervention which deserves the fullest recognition in strategies to improve reproductive health. With the emergence from the 1994 International Conference on Population and Development+5', the time has come to reassess the marginalisation of family planning in the Programme of Action.

References


Murray, Christopher J. L. and Alan D. Lopez (eds) 1998, Health dimensions of sex and reproduction, Harvard School of Public Health, Boston.


As a precursor to the ICPD+5, it is vital that we retain a gender and development perspective. Women and girls constitute two-thirds of the world's poorest people. Understanding and acting on gender issues is absolutely essential to achieving long-term, sustainable poverty alleviation. An important pre-requisite for achieving that goal is to continue work to engender national statistics to illuminate disparities between the health and welfare of women and men, in order to allow the development of appropriate responses. As the situation in Afghanistan has recently demonstrated, the Cairo consensus is not global. In too many places it remains fragile and is more honoured in the breach than in the observance. The five year review of the world's progress in implementing the key outcomes of the Cairo Programme of Action provides a very important opportunity for us all to reaffirm our commitment to its ground-breaking principles. The issues highlighted by Cairo are not part of a fad to be cast aside in the new century. They remain right at the heart of the development paradigm. This is the central message that Australia will bring to the review process and that will influence our future policy making.

**References**


Who's making the choice? Population policy, women's rights and Australian overseas aid

Kathryn Robinson, Department of Anthropology, The Australian National University

The 1994 UN-sponsored International Conference on Population and Development (ICPD), held in Cairo, was hailed by the Secretary General of the conference, Nafis Sadik, as a 'quantum leap' in global population policy. Sadik noted in her closing remarks that the final document, intended to provide a blueprint for policies of national governments and international donors, moved away from the prevailing emphasis on abortion. In this spirit, the OECD set a target of four per cent of the total development budget of member countries to be spent on population activities by the year 2000. In 1993, the Australian Government announced its intention to treble the proportion of its development budget allocated to population, taking it to two per cent of the total budget, with the aim of moving toward the OECD target. The increased funding amounted to $A130 million over four years. They also proposed a Ministerial Seminar on Population and Development sponsored by the government's development agency as part of the preparatory process.

In the lead-up to the conference, many aid donors and other interest groups clarified their positions on the issues of population and abortion (see United Nations 1994). In this spirit, the OECD set a target of four per cent of the total development budget of member countries to be spent on population activities by the year 2000. In 1993, the Australian Government announced its intention to treble the proportion of its development budget allocated to population, taking it to two per cent of the total budget, with the aim of moving toward the OECD target. The increased funding amounted to $A130 million over four years. They also proposed a Ministerial Seminar on Population and Development sponsored by the government's development agency as part of the preparatory process.

However, 1993 was also the year the Labor government had difficulty getting budget legislation through a hostile Senate. In October 1993, at the height of Senate budget negotiations, the government announced suspension of the development program pending an inquiry into its utility in bringing about economic modernisation. Senator Evans, Minister for Foreign Affairs and Tasmanian Independent Senator, Brian Harradine, succeeded in pushing a narrow amendment, sponsored by the government's development agency as part of the preparatory process.

Harradine and women's rights

In Australia, domestic debate over women's rights to safe contraception and abortion has occurred within a framework established by second wave feminism, where reproductive choice is seen as fundamental to achieving women's autonomy. Internationally, however, most women using contraception gain access to it through government sponsored programmes where issues of women's reproductive rights are submerged by debates about population and development, rhetorically framed in terms of 'overpopulation' (Robinson 1995).

Senator Harradine has been a long-term opponent of increased access for women to contraception and safe abortion, and has used his position in the Senate, particularly his membership of the Senate Estimates Committee, to oppose government policies which might lead to extension of these rights. Similarly, the Senate has been a long-term critic of Australian assistance to population programmes in developing countries. He most commonly couches his opposition in terms of objections to coercive practices in family planning programmes, including the use of incentives in getting women to use contraception.

Indonesia and China have been particular targets. In 1989, for example, Harradine raised the issue of the Indonesian Government's use of the injectable contraceptive, Depo Provera®, in East Timor, alleging that this was a genocidal practice. In recent years, he has waged a campaign in the Senate Estimates Committee against the Australian-funded Ningxia family planning programme in China, on the grounds that there is a 'vicious, coercive programme in China' (Commonwealth of Australia 1996:341). In his view, the one child policy is inherently coercive, because families face disincentives to have more than one child. He has also used the Committee to attack UNFPA on the grounds of their involvement in China. His use of the Senate Estimates Committee to deliver a constant stream of questions and criticisms of population programmes in the aid programme, have worked as a constraint on the programmes. Australia has chosen to fund (Commonwealth of Australia 1996; 1997). Currently, programmes are assessed in terms of a set of Population Guidelines which, amongst other things, totally rule out expenditure on abortion related activities, including activities related to the use of RU486. Harradine invokes the rhetoric of human rights in his opposition to population activities, but his concern for human rights does not encompass women's reproductive rights, as conceptualised in the Cairo document.

International parallels

The United States has been the largest international donor to the population sector in developing countries. It is a major contributor to multilateral organisations like the UNFPA and the IPPF. It has also funded population activities directly through its aid agency, USAID (United States Agency for International Development).

In the early 1980s, US 'New Right' groups expanded their opposition to the extension of women's rights to abortion, to the international stage. They began targeting US funding of international population and family planning assistance, in particular support for UNFPA and IPPF. As a consequence of their campaigning, at the end of 1984, USAID terminated support to IPPF with the rationale that some of its 'affiliates' (national family planning bodies) had been providing abortion related services. Funding for UNFPA was withdrawn in 1985 on the basis of its support for abortion services.

New Right groups were an important constituency for Ronald Reagan and derived political effectiveness from broad public support. Within New Right rhetoric, the issue of population assistance was intertwined with domestic debates about women's rights to abortion. However, their success was also related to the role of supporters in key positions in the White House and the State Department. They were able to get the abortion/population issue into the US political agenda at a time when there was greater centralisation of decision making on these issues in the White House. New Right lobby groups had increased access to the White House, and 'right-to-life' legislators in key State Department positions were able to persuade President Reagan to ignore the findings of his executive agencies and refuse to reinstate UNFPA funding. Also, they were able to appeal to other policy makers by invoking human rights and focusing on the issue of coercion (Crane and Finkle 1989:40).

New Right groups in the USA have broadened their appeal beyond the domain of moral arguments by adopting the rational discourse of macroeconomics. They have seized on the arguments of economists who challenge the 'limits to growth' thesis of neo-Malthusians like Paul Ehrlich. They challenge the idea that rapid population growth, driven by the argument that resource availability will expand to meet demand and that modernisation of the economy is inevitably accompanied by the slowing down of population growth. The interpretation of these economic arguments disguises their fundamental objection to the extension of women's access to contraception and abortion.
These strategies allowed the US right to block government funding to population activities for nearly a decade, until it was reinstated by President Clinton in 1993. The US delegation to the Cairo conference, led by Vice President Al Gore, and including feminist activist Jane Fonda, was crucial in thwarting the issues of abortion and women's reproductive rights through the conference. However, anti-abortion forces maintained pressure for population activities with the ongoing efforts of the Republican-dominated congress to reinstate the restrictive policies of the Reagan administration. There were protracted debates over the population expenditures in the foreign operations bill in 1995, 1996 and 1997. In October 1998, the US Congress resolved to exclude appropriations from UNFPA in the coming financial year, on the basis of their support for programmes in China. This is in spite of the fact that UNFPA has had no US funds to expend in China since 1984, and despite the efforts by UNFPA to secure the right of Chinese families to determine their own family size (UNFPA 1998).

The Australian debate

In contrast to the organised political might of the American New Right, Harradine's 1993 action, which effectively blocked funding of population activities, relied on the chance event of the government needing support from minority parties for the budget legislation. His strategy paralleled that of the American New Right, however, in that his opposition to abortion and contraception was expressed by way of 'anti-neo-Malthusian' arguments which question the efficacy of population control in effecting economic development. The 'neo-Malthusian' doctrine certainly needs to be questioned. It leads to a view that the poor of the world are the cause of environmental degradation and that the end to poverty is in their own hands. However, the political, ideological and human rights issues raised by such a tenet demand a solution which goes beyond the 'solution' for the world's poor which the Harradine position implies: a further limitation of their life choices by restricting access to modern contraceptive technology and safe abortion.

The Ministerial Seminar on Population and Development in the Asia-Pacific Region held in November 1993 canvassed a wide range of issues, including 'the population factor in development; population growth in the Asia-Pacific region; population programmes in the region; population and the environment; population growth and family planning and reproductive health and human rights' (Australian Academy of Science 1993). In spite of the scope of the seminar and the diversity of the speakers, Harradine's opportunistic airing of the issues earlier in the year ensured that media attention focused on whether the 'experts' supported or refuted Harradine's position; does population want to contribute to 'development', equated with economic growth?

One of the invited speakers, economist Allon Kelly, reviewed the connection between measures of declining fertility and measures of economic growth for the World Bank. Kelly's work did not present a conclusive win for the Harradine case. In media interviews, he indicated that his study showed that at times population decline and economic growth have a positive correlation, and at other times not. He did not link his findings to an opposition to population assistance, and resisted demands to provide a definitive answer on the question posed by Harradine.

During the seminar, Harradine's radical right position appeared to align with a radical feminist position. One of his guests was Farida Akhter, the executive director of an independent Centre for Policy Research for Development Alternatives in Bangladesh (UNIBING). Akhter is associated with a leading feminist alliance, Feminists International Network of Resistance to Reproductive and Genetic Engineering (FINNRA), which opposes the use of hormonal based contraceptives because of the possibility of side effects. She is critical of feminists who argue for expanding women's access to these products. Akhter argued that in the case of the government-sponsored family planning programme in Bangladesh, use of incentives and targets are close to coercion. The peculiar alliance of radical feminists with right wing groups opposing the introduction of new forms of technical contraception was manifest in the 1994 debates about the trials of the 'abortion pill' RU486.

Despite Senator Harradine's opposition to population programmes, he issued a press release suggesting that Australia should ship milk biscuits rather than contraceptives to the developing world. He developed this idea on the basis of the work of Professor Roger Short, a biologist who has studied the factors inhibiting ovulation during breastfeeding. Harradine used Short's work to argue that as contraception made limited contribution to improvements in maternal and child health (a common rationale for population activities), milk biscuits would provide a nutritional supplement enabling women to breastfeed longer, not only improving the health of their children but also facilitating the natural means of birth spacing. The Senator's championing of this 'solution' belies his claim that his objections to population assistance are based on questioning the importance of population limitation to development. This suggestion indicates that he endorses a view that limiting fertility is a 'good thing' for the world's poor if it is achieved through 'natural' means.

The expert inquiry on population and development drew, to some extent to the aid budget, on the knowledge of nine experts and brought together many findings in April 1994. Predictably, they adopted an 'even handed' approach, finding that effects of population growth on development can be 'both positive and negative', but asserted that family planning is a 'cost effective' way of addressing poverty in the Third World. The release of the report generated little media attention and it provided little opportunity for Senator Harradine to reiterate his point of view.

To the relief of several aid agencies, however, it did allow the funding allocated for population activities to be released.

Conclusion

There is no doubt that population programmes which have a population control motive are likely to involve human rights abuses. There is a thin line separating incentives, disincentives and coercion. A 'population control' orientation, in the manner of the neo-Malthusians, is conducive to an approach in which individual rights become subsumed under the positoned 'general good'. This can lead to a lack of concern for the negative health effects of some women's experience from using many contraceptives. Programmes with a population control rationale tend to blame the 'poorest women in the poorest countries' for their own poverty and increasingly, the dangers of environmental degradation.

The Harradine intervention led to a narrowly focused public debate on the issue of population and development activities. Like the radical right in the USA, Harradine drew on economic arguments about population and development in order to propose a limitation of women's choice of reproductive technology. The important counterpoint discourse to the population control paradigm, asserting the primacy of reproductive choice and the associated issue of reproductive rights, was effectively ignored. The debate sidestepped the issues which were at the forefront of the debate in Cairo, including women's reproductive rights and health, abortion and adolescent sexuality.

A fundamental aspect of reproductive choice is the availability of safe abortion. It is estimated that about half a million women die each year as a consequence of unsafe abortions. There are probably millions of others who suffer the side effects of contraceptive technologies because their choices are limited due to the lack of availability of abortion. Abortion is a basic human right, an aspect of reproductive choice and a necessary aspect of those reproductive choices which ensure that all women have access to reliable but less invasive methods: barrier methods, ovulation methods, traditional methods. At present, Sweden is the only international donor that funds the extension of abortion services in developing countries. Most donors are too nervous of the exploitative potential of the abortion issue in domestic political arenas to allow its funding in international programmes. Indeed, the Australian case shows how effective a vocal opponent of the extension of women's reproductive choices can be, even in the absence of demonstrated widespread public support. Abortion proved to be the most controversial issue at Cairo, with the Vatican lobbying to keep the issue out of the final document. The success of 'pro-women' groups in keeping abortion on the agenda was one of the most significant outcomes of the Cairo conference.

The final document from Cairo links the issue of population to sustainable development. There is a very real danger that this rhetoric will provide a new means by which neo-Malthusian arguments can be deployed. The maverick voice of individuals such as Brian Harradine to limit the manner in which poor women in the Asia-Pacific region can benefit from Australian expenditure on population activities overtake.
Is Australia meeting its obligations in the Pacific? The 1994 International Conference on Population and Development

Dianne Proctor, Australian Reproductive Health Alliance

The International Conference on Population and Development (ICPD) held in Cairo in 1994 brought about radical changes in the way we implement population programmes. The Cairo Programme of Action is woman centred. It affirms that every woman has the right to control her own fertility and in order to do this, she needs knowledge on which to base her decisions and access to services which give her a wide range of choice.

The government's response to that report was:

Australia's assistance for family planning activities continues to be an important part of Australia's aid program. The broad of funding will be subject to the availability of funds in the aid budget and the priorities of partner governments (AusAID 1997).

The Pacific context

There are 22 island countries and territories in the 30 million square kilometres of the Pacific Ocean. There are 7.5 million people, of which only 500,000 are inhabited. The population is small but many islands have extremely fragile environments and population issues are extremely important.

Annual population growth rates vary enormously (Table 1). Some of this is due to immigration. There is also the effect of military bases as, for example, American Samoa, and out-migration in countries such as the Cook Islands and Niue.

Table 1 Population estimates 1998

<table>
<thead>
<tr>
<th>Country</th>
<th>Total</th>
<th>Density</th>
<th>Annual growth rate (%)</th>
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<td>American Samoa</td>
<td>61,600</td>
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<td>Cook Islands</td>
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<td>Marshall Islands</td>
<td>61,100</td>
<td>338</td>
<td>4.2</td>
</tr>
<tr>
<td>Nauru</td>
<td>11,500</td>
<td>548</td>
<td>2.9</td>
</tr>
<tr>
<td>Niue</td>
<td>2,100</td>
<td>8</td>
<td>1.3</td>
</tr>
<tr>
<td>Northern Mariana Islands</td>
<td>66,700</td>
<td>146</td>
<td>5.6</td>
</tr>
<tr>
<td>New Caledonia</td>
<td>200,000</td>
<td>11</td>
<td>2.5</td>
</tr>
<tr>
<td>Palau</td>
<td>13,500</td>
<td>30</td>
<td>2.9</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>4,851,000</td>
<td>10</td>
<td>2.3</td>
</tr>
<tr>
<td>Samoa</td>
<td>174,800</td>
<td>60</td>
<td>0.5</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>417,800</td>
<td>15</td>
<td>3.4</td>
</tr>
<tr>
<td>Tokelau</td>
<td>5,500</td>
<td>1285</td>
<td>0.5</td>
</tr>
<tr>
<td>Tonga</td>
<td>98,000</td>
<td>131</td>
<td>0.3</td>
</tr>
<tr>
<td>Tuvalu</td>
<td>11,000</td>
<td>423</td>
<td>1.7</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>182,500</td>
<td>15</td>
<td>2.8</td>
</tr>
<tr>
<td>Wallis and Futuna</td>
<td>14,200</td>
<td>56</td>
<td>0.6</td>
</tr>
</tbody>
</table>

Source: Secretariat of the Pacific Community 1998.

Table 2 Population data for selected Pacific Island countries

<table>
<thead>
<tr>
<th>Total fertility rates</th>
<th>Life Expectancy</th>
<th>Infant Mortality</th>
<th>Maternal Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>1997</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Australia</td>
<td>1.8</td>
<td>1.8</td>
<td>75</td>
</tr>
<tr>
<td>Fed. States of Micronesia</td>
<td>4.2</td>
<td>4.6</td>
<td>64</td>
</tr>
<tr>
<td>Fiji</td>
<td>3.1</td>
<td>3.0</td>
<td>61</td>
</tr>
<tr>
<td>French Polynesia</td>
<td>3.4</td>
<td>3.1</td>
<td>68</td>
</tr>
<tr>
<td>Guam</td>
<td>3.3</td>
<td>3.3</td>
<td>72</td>
</tr>
<tr>
<td>Marshall Islands</td>
<td>7.2</td>
<td>7.2</td>
<td>60</td>
</tr>
<tr>
<td>New Caledonia</td>
<td>2.8</td>
<td>2.5</td>
<td>70</td>
</tr>
<tr>
<td>New Zealand</td>
<td>2.2</td>
<td>2.0</td>
<td>73</td>
</tr>
<tr>
<td>Palau</td>
<td>2.1</td>
<td>2.1</td>
<td>75</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>5.4</td>
<td>4.7</td>
<td>56</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>5.5</td>
<td>5.7</td>
<td>68</td>
</tr>
<tr>
<td>Vanuatu</td>
<td>5.5</td>
<td>5.5</td>
<td>-</td>
</tr>
<tr>
<td>Wallis and Futuna</td>
<td>4.7</td>
<td>4.8</td>
<td>66</td>
</tr>
<tr>
<td>Average</td>
<td>4.16</td>
<td>3.04</td>
<td>66.7</td>
</tr>
</tbody>
</table>


Fertility rates of Pacific Island countries also vary widely (Table 2). Although the total fertility rate shown in Table 2 generally are consistent across the years, it must be remembered that the Population Reference Bureau comments that different methods of collecting data in different years makes such comparisons somewhat unreliable. However, the data does show that population growth in the Pacific Islands is still high and is likely to become unsustainable.

Although decision and policy makers in the Pacific still adhere to cultural values that support large families, there is a growing recognition that family size is linked to issues such as maternal and infant mortality, life expectancy and other important health issues (Table 2).

For example, the Fiji Women's Crisis Centre deals mainly with domestic violence, but it is incorporated within population-related expenditure.

Future concerns for population programmes in the Pacific

There is still much to be done in the Pacific and with the relatively low level of reproductive health support, needs are not being met. In part this is due to resistance to family planning, and in part to the logistical difficulties of providing services and regular supplies of contraceptives.

Future concerns for Australia's overall commitment to the Programme of Action

Australia is not meeting its commitment to Cairo. It was estimated that donor countries needed to earmark approximately 4 per cent of their ODA budget to population programmes to achieve their share of the US$17 billion required. Currently AusAID spends approximately 2.5 per cent of ODA on population programmes.

Admittedly, while the aid budget has fallen since 1996, the share devoted to population and related programmes has held fairly steady. This is no mean achievement given the hostility to funding such programmes in some quarters. There is a core of extremely conservative Members of Parliament, many belonging to the Lyons Forum, who oppose any form of funding for reproductive health.

In response to this, AusAID has produced a 'Population Checklist' which places restrictions on the types of services which can be offered. For example, Australian aid funds may be used to purchase only monthly oral contraceptives, Depo Provera, Copper T and multiload IUDs. This list excludes many worthwhile contraceptives such as Norplant® and more modern IUDs. Regardless of the laws of the countries receiving...
aid, Australian programmes cannot be involved in the provision of abortion services, neither can they provide "abortion training. Papua New Guinea Branch meeting the Cairo Program Direct! Indirect

Table 3 Australia's population related expenditure by project

| Country Program | Direct/ Indirect | Project Title | Contractor/ Agency | Duration | Est Exp
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ANCP*</td>
<td>Indirect</td>
<td>Pacific Regional Community Development Program</td>
<td>ADRA</td>
<td>09/97-09/98</td>
<td>0.339</td>
</tr>
<tr>
<td>Pacific Regional</td>
<td>Direct</td>
<td>Pacific Development Program</td>
<td>WVA</td>
<td>10/97-10/98</td>
<td>0.225</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>Indirect</td>
<td>Strengthening Family Planning Service Provisions</td>
<td>FPA</td>
<td>03/98-01/99</td>
<td>0.005</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>Indirect</td>
<td>Maternal and Child Health Solomon Islands</td>
<td>SCFA</td>
<td>07/97-07/98</td>
<td>0.204</td>
</tr>
<tr>
<td>PNG</td>
<td>Direct</td>
<td>Population and Family Planning</td>
<td>SAGRIC</td>
<td>07/95-07/98</td>
<td>2.923</td>
</tr>
<tr>
<td>Solomon Islands</td>
<td>Direct</td>
<td>Women's and Children's Health</td>
<td>Direct Sub-total</td>
<td>06/98-01/03</td>
<td>0.028</td>
</tr>
<tr>
<td>South Pacific Branch</td>
<td>Indirect</td>
<td>Fiji Women's Crisis Centre</td>
<td>Indirect Sub-Total</td>
<td></td>
<td>0.015</td>
</tr>
<tr>
<td>South Pacific Regional</td>
<td></td>
<td></td>
<td>PNG Total</td>
<td></td>
<td>0.261</td>
</tr>
<tr>
<td></td>
<td>Direct</td>
<td>SPC Demography Project</td>
<td>SPC</td>
<td>02/94-12/99</td>
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<tr>
<td></td>
<td>Direct</td>
<td>Family Planning Training</td>
<td>FPA</td>
<td>11/94-06/99</td>
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<tr>
<td></td>
<td>Direct</td>
<td>Youth and Women's Health</td>
<td>UNICEF</td>
<td>05/95-06/98</td>
<td>0.010</td>
</tr>
<tr>
<td></td>
<td>Direct</td>
<td>Family Planning Regional Development</td>
<td>ZIPA</td>
<td>05/98-06/00</td>
<td>0.315</td>
</tr>
<tr>
<td></td>
<td>Direct</td>
<td>Fiji Women's Crisis Centre</td>
<td>Direct Sub-Total</td>
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<tr>
<td></td>
<td>Indirect</td>
<td>Regional Family Nutrition</td>
<td>PNG Total</td>
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<td></td>
<td>Indirect</td>
<td>Social Mobilisation for Child Survival</td>
<td>UNICEF</td>
<td>12/90-05/99</td>
<td>0.015</td>
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<td></td>
<td>Indirect</td>
<td>Community Awareness and Education</td>
<td>UNICEF</td>
<td>04/94-06/99</td>
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<td></td>
<td>Indirect</td>
<td>Vanuatu Women's Centre Phase 2</td>
<td>AFAP</td>
<td>11/94-12/99</td>
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<td></td>
<td>Direct</td>
<td>PNG Total</td>
<td>IWDA</td>
<td>12/97-11/98</td>
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<tr>
<td></td>
<td>Indirect</td>
<td>South Pacific Regional Total</td>
<td>Direct Sub-total</td>
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<td></td>
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<td>Total Direct Expenditure</td>
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<tr>
<td></td>
<td>Indirect</td>
<td>Total Indirect Expenditure</td>
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</tr>
<tr>
<td></td>
<td>Indirect</td>
<td>Total Expenditure</td>
<td></td>
<td></td>
<td>5.272</td>
</tr>
</tbody>
</table>

* For AusAID NGO Cooperation Program (ANCP) activities, the duration and total approval refer to all project years. On the activity details sheets, total expenditure and date commenced/estimated date of completion refer to the current financial year only.

Games governments play: How the United States obstructs the mission of the United Nations

Eberhard Wenzel, School of Public Health, Griffith University

On 20 October 1998, Dr. Nafis Sadik, Executive Director of the United Nations Population Fund (UNFPA), issued a press release in which she stated:

UNFPA deeply regrets today's news that the United States will not include funding for UNFPA in appropriations for the coming financial year. The decision penalizes not only UNFPA but the millions of ordinary women and men on whose behalf we work. It will inevitably reduce our ability to implement vital programmes in the area of reproductive health and rights.

What happened? Why did the US Government withdraw its $2.951 million contribution to the UNFPA? Why did the USA wish to penalize millions of women in countries throughout the world? Is this global politics in practice?

The United Nations background

International policies and foreign aid have always been useful topics for national debates, particularly when powerful groups do not wish to discuss domestic issues. In most political debates on international relations, the public is not informed about either the scale of the financial involvement of its respective country, or the political frame of reference for international politics. Many people in the richer countries believe that the UN is an expensive and luxurious organisation. However, a September 1996 UN press release stated that:

The budget for the UN's core functions - the Secretariat operations in New York, Geneva, Nairobi and Vienna and five Regional Commissions - is $1.3 billion a year. This is about 4 per cent of New York City's annual budget - and nearly a billion dollars less than the yearly cost of Tokyo's Fire Departments. It is $37 billion less than the annual budget of New York State's University System. The UN's share of the USA's regular budget is 0.321 million a year -the equivalent of $1,24 per American.

Given its enormous programme of work, the UN is expensive compared to others. Some governments pretend that contributions to international organisations are lost monies. They gloss over the fact that up to 95 per cent of the contributions to foreign aid projects flow back to the donor countries as consultants fees and the purchase of products and maintenance services from the donor countries. One of the reasons so many development projects are unsustainable is that recipient countries cannot afford to maintain the facilities provided by the donor countries.

Another issue is relative influence over decision making. The member states of the United Nations subscribe to the by-laws of the organisation, which define rights and duties alike. The

The guiding principle is: one nation, one vote. This principle, however, is not implemented to the fullest extent since the permanent members of the Security Council have a right to veto when it comes to essential questions of peacekeeping. The permanent members, China, France, Russia, the United Kingdom and the USA, can determine United Nations policy through the use of their veto. The veto, however, does not apply to the technical UN organisations like the World Health Organisation or the United Nations Population Fund. In these organisations, all of the member states have to agree upon the programme of work and other matters. Moreover, staff of the UN and its agencies are supposed to be multinational, hired from member states according to the percentage of the organisation's budget represented by a country's membership dues. Currently Australia, the United Kingdom and the USA have more staff employed by the UN than their quota would allow because the UN works primarily in English and with the English system of bureaucratic procedures.

Understanding the UNFPA case

Given the benefits of UN agencies to countries such as the USA, it is surprising that the United Nations Population Fund has come under such hostile US scrutiny. The UNFPA has a proven record of good practice, probably better than other UN agencies. An October 1998 UNFPA press release stated that:

UNFPA-supported programmes have succeeded in raising the use of family planning and reducing reliance on abortion. All UNFPA programmes are based on the principle that individuals have the right to make their own decisions in regard to the size and spacing of the family and to means and information to do so. UNFPA reproductive health programmes do not promote abortion nor provide assistance for abortion services.

Falling birth and population growth rates in developing countries demonstrate beyond question the practical validity of promoting reproductive health and rights as ends in themselves, as well as the means to achieve smaller families and slower population growth.

Women's health has always been a controversial issue within UN agencies. The UNFPA is the most recent case in a series of interventions by powerful countries into the UN programme of work. For decades the World Health Organisation has been put under pressure on the issue of reproductive health. This pressure has been organised mainly by Catholic countries which reject the idea of artificial contraception and family planning. While reproductive health does not require sophisticated

Reference


Secretariat of the Pacific Community 1998, Selected Pacific economies - A statistical summary (Number 14)


Developmen Bulletin 47
technology, it does imply the social development of the populations of countries active in promoting it. Social development goes hand in hand with education, which in turn relates to degrees of enlightenment. Reproductive health means empowerment of women. It refers to the need to diminish inequalities between women and men and to prioritise women's reproductive health, which donor countries like the UNFPA case demonstrates that the US violates the Human Rights Declaration.

The impact of the US decision to withdraw UNFPA funding

The decision to withdraw funds from the UNFPA's programme of work will have serious effects. According to Dr Nafis Sadik, in one year alone, the impact of the United States' decision to withdraw funding from UNFPA will be to deprive 870,000 women of effective modern contraception. Over 520,000 will end up not using any method. Non-use and use of ineffective methods will result in:
- 1,200 maternal and 22,500 infant deaths
- 15,000 life-threatening illnesses and injuries to mothers during pregnancy and childbirth
- 500,000 unwanted pregnancies, resulting in 234,000 unwanted births and 200,000 abortions

Will President Clinton, his advisers, and the interest groups behind the decision be willing to accept the responsibility for the losses of life and the harm this decision will bring to countries far away from the posh environments of Washington, DC?

Population growth and policy options in the developing world

John Bongaarts and Judith Bruce, The Population Council

The population of the developing world has doubled since 1965 and now stands at 4.7 billion. This growth in human numbers has been a principal cause of a rising demand for food, water and other life sustaining resources in the past, and will continue to be the case for the foreseeable future. The UN projects the population of least developed countries (LDCs) to reach 6.5 billion in 2020. In 2050, LDC populations will account for 8.2 billion of the projected world total of 9.4 billion.

Although populations throughout the developing world continue to expand rapidly, the rate of this growth is declining modestly. The average annual population growth rate was 2.4 per cent per year in 1965 and is estimated at 1.8 per cent today by 2020 it is expected to be 1.2 per cent (Table 1).

Table 1 Estimates and projections for population size, annual growth rate and total fertility rate: 1965, 1995, 2020

<table>
<thead>
<tr>
<th></th>
<th>Africa 1965</th>
<th>Asia 1965</th>
<th>Latin America 1965</th>
<th>Developing World 1965</th>
<th>World 1965</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population size</td>
<td>0.32</td>
<td>1.96</td>
<td>0.25</td>
<td>2.38</td>
<td>3.34</td>
</tr>
<tr>
<td>1968</td>
<td>0.78</td>
<td>3.56</td>
<td>0.50</td>
<td>4.75</td>
<td>5.50</td>
</tr>
<tr>
<td>Annual growth rate (% per year)</td>
<td>1965</td>
<td>2.6</td>
<td>2.3</td>
<td>2.7</td>
<td>2.4</td>
</tr>
<tr>
<td>1968</td>
<td>2.6</td>
<td>1.4</td>
<td>1.5</td>
<td>1.7</td>
<td>1.4</td>
</tr>
<tr>
<td>1995</td>
<td>6.7</td>
<td>5.7</td>
<td>5.8</td>
<td>6.0</td>
<td>4.9</td>
</tr>
<tr>
<td>2020</td>
<td>3.5</td>
<td>2.2</td>
<td>2.2</td>
<td>2.5</td>
<td>2.4</td>
</tr>
</tbody>
</table>

Source: United Nations 1996

The main cause of this decline is a revolution in reproductive behaviour that began in the 1960s. Contraceptive use, once rare, is now widespread and the average number of births per woman has fallen by half, from the traditional six or more in the 1960s, to near three today. Fertility declines have been most rapid in Asia and Latin America. Relatively little change has occurred in Sub-Saharan Africa, but significant declines are underway in several countries in the region, for example, Kenya, Zimbabwe, Botswana and South Africa.

Why population growth continues

Many analysts find it difficult to understand why massive further growth will take place despite declining fertility rates. Three factors explain this continuing growth. First, the large decline in fertility since the 1960s still leaves fertility about 50 per cent above the two-child level needed to bring about population stabilisation. With more than two surviving children per woman, every generation is larger than the preceding one. As long as that is the case population growth will continue. The extent to which high, but falling, fertility rates remain a driving force for population growth varies by region. It is highest in Africa with a current fertility rate of 5.3 births per woman and lowest in Asia and Latin America where fertility has dropped to just below 3 births per woman.

High fertility can in turn be attributed to two distinct underlying causes: unwanted childbearing and a desired family size above two surviving children. About one in five births is unwanted and a larger proportion is mistimed. In addition, an estimated 25 million abortions are performed each year in LDCs, many of them under unsafe conditions. Many couples continue to have large numbers of children, in part because of fears of child mortality and the need for a sufficient number of surviving children to assist them in family enterprises and support them in old age. In most LDCs the completed family size desired by women still exceeds two children. In some areas, such as Sub-Saharan Africa, desired family size is typically above five children.

The second factor in continuing population growth is continuing decline in death rates, historically the main cause of population growth. Higher standards of living, better nutrition, greater investments in sanitation and clean water supplies, expanded access to health services and wider application of public health measures such as immunisation, will insure longer
Food and healthier lives in most countries. The unhappy exceptions will be mostly in Sub-Saharan African countries, where the AIDS epidemic is most severe. These epidemics, however, are not expected to eliminate population growth.

The third growth factor is what demographers call 'population momentum'. This refers to the tendency of a population to grow even if fertility could immediately be brought to the replacement level of 2.1 births per woman, with constant mortality and zero migration. Due to a young population age structure, the largest generation of adolescents in history will soon enter the childbearing years. Even if each of these young women has only two children they will produce more than enough births to maintain population growth over the next few decades.

Of the three factors expected to contribute substantially to continued growth, population momentum is the most important. It accounts for 76 per cent of the expected increase from 2000 to 2020 in the developing world as a whole, and for an even larger portion in Asia and Latin America. Further large increases in the population of the developing world are, therefore, virtually certain.

Policy options
To be effective, population policies should address all sources of continuing growth, except declining mortality. We propose the following strategies.

Expand high quality family planning and reproductive health services
Unwanted pregnancies occur when women and men who want to avoid pregnancy do not practice effective fertility regulation. Offering individuals and couples appropriate services should be and has been a priority of many governments in the developing world. Despite considerable progress over the last several decades, the coverage and quality of family planning services remain less than satisfactory in many countries. In addition, some countries have imposed demographic and provider targets on family planning programmes, thus actively interfering with trust between clients and providers. To ensure that family planning programmes appropriately assist individuals in reaching personal fertility goals, family planning should be a strictly voluntary service linked with other reproductive health services. The quality of these programmes can be improved by extending services to under-served areas, broadening the choice of methods available (including safe pregnancy termination where it is legal), improving information exchanges between client and provider, promoting empathic client/provider relationships, ensuring the technical competence of providers, including men in programmes, adding service elements to address related health problems, such as diagnosis and treatment of sexually transmitted diseases and treatment following unsafe abortion, and increasing public awareness of the value of and means available for, fertility regulation, responsible/safe sex, and the location of services.

Create favourable conditions for small families
Several social and economic measures are known to have substantial effects on desired family size and should be pursued. Increase educational attainment, especially among girls. As educational levels become less agrarian, the availability of mass education changes the value placed on large families and encourages parents to invest in fewer 'higher quality' children capable of entering the emerging labour markets. Higher levels of education are also associated with the spread of non-traditional roles and values, including less gender-restricted behaviours. Educated parents rely less on children for income and old-age support. Educated women want (and have) fewer children with higher survival rates, have higher earnings, and are more able to invest effectively in their children's nutrition and education.

Improving child health and survival. No developing country has had a sustained fertility decline without first having experienced a substantial decline in child mortality. A high child death rate discourages investments in children's health and education and ensures a high fertility by requiring excess births to ensure that at least the desired number of children will survive to adulthood.

Invest in women and provide them with economic prospects and social identities apart from motherhood. Improvements in the economic, social, and legal status of girls and women is likely to increase their bargaining power over family reproductive and productive decisions. Increased women's autonomy reduces the dominance of husbands and other household members, the societal preference for male children, and the value of children as insurance against adversity (for example, in old age) and as securities of women's social positions.

Delay marriage and childbearing by addressing the needs of young women
While a young population age structure is not amenable to modification, the age when childbearing begins and its pace can be altered to offset population momentum. Women in general, and young women in particular, are under pervasive pressures to fulfill societal expectations of appropriate feminine behaviours, especially with respect to their sexuality and fertility. This is a disguised form of coercion, as young women often have little choice about whether or not to have sexual relations, when or whom to marry, and whether to defer childbearing. The promotion of girls' education to the secondary level, their increasing participation in generating activities, sports, and other publicly visible activities, offers girls the beginnings of autonomy. Increasing girls' social power and economic authority is an effective means of countering traditional imperatives to marry and have children early.

Conclusion
Well-designed population policies are broad in scope, socially desirable and ethically sound. They appeal to a variety of constituencies, including those seeking to eliminate discrimination against women and improve the lives of children and those seeking to reduce fertility and population growth. Mutually reinforcing investments in family planning, reproductive health and a range of socioeconomic measures operate beneficially at both the macro and micro levels: the same measures will slow population growth, increase productivity and improve individual health and welfare.

Reference

International conferences: What they said about population issues, reproductive health and family planning
1992
United Nations Conference on Environment and Development, Rio: The programme of action, known as Agenda 21, recognized that population growth, combined with growth in unsustainable patterns of consumption and production, was putting severe stress on the planet's life support systems. In relation to the population sphere it recommended providing health and reproductive services for all, linking population and environment; local programmes linking population and research; and environment.

1994
The International Conference on Population and Development, Cairo: The Cairo conference broadened the idea of population action by putting at its centre the concept of reproductive rights – the right to reproductive health, including family planning, sexual health, safe motherhood, and advice and treatment about infertility. It also endorsed the concept of gender equity and equality. Cairo reaffirmed the recommendations of Agenda 21 and drew up a list of targets to be achieved by the year 2015 or earlier, including: reproductive health services for all; universal primary education for all; closing the gap between female and male education by 2005; infant mortality rate below 25 per 1,000 live births, and under-five mortality rate below 45 per 1,000 live births in all countries; and reduction of maternal mortality 75 per cent below 1990 levels.

March 1995
The World Summit for Social Development, Copenhagen: The summit supported Cairo's action programme and targets on family planning services and education, safe motherhood, pre- and post-natal care and breastfeeding.

September 1995
Fourth World Conference on Women, Beijing: Beijing endorsed all of Cairo's recommendations on reproductive rights and health services, education and information. The conference recognised that reproductive rights are crucial for women's health, education and economic status.

June 1996
United Nations Conference on Human Settlements, Istanbul: Habitat II called for universal access for women throughout their life to the full range of affordable health care services, including reproductive health services.

November 1996
World Food Summit, Rome: The summit called for population concerns to be fully integrated into development strategies, plans and decision making. It also called for governments to promote access for everyone, especially poor, vulnerable and disadvantaged people, to primary health care and reproductive health services.

Source: Population and sustainable development: Five years after Rio, UNFPA

January 1999
Population assistance in the 1990s

Thomas Schindlmayr, Demography Program, The Australian National University

As the 1989 International Forum on Population in the Twenty-First Century held in Amsterdam, the donor community agreed to double their funding of population activities, effectively agreeing that four per cent of official development assistance (ODA) should be given to these activities. Having seen funding levels stagnate throughout most of the 1980s, proponents of population assistance hoped the 1990s would see an improvement in the sums allocated. This article briefly reviews whether the aspirations of those participants have been attained.

Since the dynamics, family planning, data collection, population assistance report (UNFPA), the leading source of data on population assistance, shows a substantial increase in funding towards these activities. In 1990, UNFPA was also included as the primary source of funds for population assistance. The report includes data on the leading donor countries, multilateral and private sources shown together, while Total also includes funds from Development Assistance Loans.

Early 1990s

The early 1990s saw an overall continuation of the policies pursued in the 1980s. In particular, the Mexico City policy, which the Reagan administration introduced in 1994, covered under the Prevented Births administration. Prior to this policy, the United States was the largest donor of population assistance. Only increased funding from European donors and Japan ensured that funding for population assistance did not decrease substantially.

Global funding levels (see Figure 1) for population assistance stagnated in the early years of the decade as ODA budgets of donor countries came under pressure from the economic recession and the need to allocate resources elsewhere. Loans from Development Banks increased in 1991, but declined in 1992.

International Conference on Population and Development (ICPD)

Funding for population assistance rose in 1993 and 1994 in both absolute terms and as a percentage of ODA. The Clinton administration rescinded the Mexico City policy on its third day in office in January 1993, while substantial increases occurred in Australia under the Bligh initiative and in the United Kingdom under Barones Chalker. Both Japan and Germany also witnessed significant increases. These events marked the beginning of the second phase in the lead-up to the 1994 International Conference on Population and Development in Cairo. As with previous world conferences in 1974 and 1984, virtually all Development Assistance Committee (of the OECD) (DAC) nations increased their allocation to population assistance in the run-up to ICPD. This reflects, in part, the desire to appear as good members of the international community, willing to demonstrate that they are fulfilling their international commitments.

The resulting Programme of Action provides indicative figures on the resources needed to realise the goals set out in the Programme. It recommends that in the developing countries, and those with economies in transition, the implementation of reproductive health programmes and activities for population data will cost $17 billion in 2000, $18.5 billion in 2005, $20.5 billion in 2010 and $21.7 billion in 2015. The document pledges the international donor community (ICPD 1995:455–6, para 14.11) to support national population programmes in developing countries to the tune of $5.7 billion in 2000, $6.1 billion in 2005, $6.8 billion in 2010, and $7.2 billion in 2015 (in 1993 dollars). This represents a two-thirds, one-third split in future financing between developing countries and the donor community, with certain countries requiring more external resources than others (ICPD 1995:453, para 13.16).

### Table 1 Primary funds of donor countries for population assistance 1990–95

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<td>20.863</td>
<td>8.781</td>
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<td>62.862</td>
<td>50.857</td>
<td>114.777</td>
<td>145.344</td>
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<td>Japan</td>
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<td>63.084</td>
<td>74.752</td>
<td>83.227</td>
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<td>93.760</td>
</tr>
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<td>53.582</td>
<td>54.940</td>
<td>42.852</td>
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</tr>
<tr>
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<td>42.233</td>
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<td>57.005</td>
<td>44.680</td>
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<tr>
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<tr>
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<td>365.562</td>
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<tr>
<td>All donor countries*</td>
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<td>786.585</td>
<td>776.824</td>
<td>977.087</td>
<td>1,271.952</td>
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* Selected countries and all other donor countries.

Source: UNFPA 1997

### Table 2 Population assistance as a percentage of ODA, 1990–95

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<tbody>
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<td>0.50</td>
<td>0.77</td>
<td>0.67</td>
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<td>Canada</td>
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<tr>
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<td>Japan</td>
<td>0.71</td>
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<td>0.74</td>
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<td>4.22</td>
<td>3.58</td>
<td>3.80</td>
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<tr>
<td>Sweden</td>
<td>2.12</td>
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<td>2.55</td>
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<td>1.62</td>
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<td>US</td>
<td>2.47</td>
<td>3.13</td>
<td>2.66</td>
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<td>1.38</td>
<td>1.28</td>
<td>1.40</td>
<td>1.65</td>
<td>2.32</td>
</tr>
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</table>

*Selected countries and all other donor countries.

Source: UNFPA 1997

Footnotes:
- *Selected countries and all other donor countries.
- Source: UNFPA 1997
Funding for population assistance in absolute terms reached an all-time high in 1995. Funding from all donor countries represented 3.32 per cent of ODA, up from 1.65 per cent in 1994. However, this increase is deceptive for it may also reflect the enlargement of what constitutes population assistance after ICPD. UNFPA’s new definition includes: basic reproductive health services; family planning services; maternal, infant and child health care; prevention of sexually transmitted diseases; basic research, data and population and development policy analysis; and population information, education and communication (UNFPA 1997:26).

Recent years

Recent years. Funding the Programme of Action will be the decisive litmus test in judging the commitment of donors to the promises made at Cairo. It would appear that the heat of the moment was probably greater than the ability of donors to keep all the pledges will be kept. Amidst shrinking aid budgets in several DAC nations, the post-ICPD pressure on future funding levels and the prospect of indefinite stagnation.

With newly elected governments, it is hoped that both Germany and the United Kingdom will increase their ODA and population assistance.

Conclusion

This decade has been one of mixed blessings for population assistance funding. The malaise of the early 1990s was replaced by the enthusiasm surrounding ICPD, only to be damped by the reality of finding funds amidst competing interests for the national purse strings. Few countries reached the four per cent mark advocated at Amsterdam and the donor community as a whole has fallen well short of meeting their Cairo promises. Population assistance at the end of the decade, as at the beginning, faces uncertainty over future funding levels and the prospect of indefinite stagnation.

References


Reproductive health and family planning in the Pacific Island countries

William J. House, Population Policy and Development Strategies

Salieta F. Katoma, Reproductive Health (Programme), UNFPA Country Support Team, Suva

The ICPD Programme of Action

The International Conference on Population and Development (ICPD) Programme of Action (POA), emanating from the Cairo meeting in 1994, represents a major shift in the basic principles on which population and development programmes are now based. The POA is premised on a human rights approach to reproductive health, family planning and sexual health as well as gender equity, equality and the empowerment of women, rather than on target-setting to induce a decline in fertility. Individual personal welfare is placed as the core objective of all population programmes.

Since the Cairo conference, the United Nations Population Fund (UNFPA) field offices in Suva and Port Moresby, with technical support from their Country Support Team, have kept the ICPD issues in the forefront of regional and national consciousness and assisted Pacific Island countries to operationalize the reproductive health concept in population programmes. While most of the UNFPA projects in the Pacific were formulated and implemented before the 1994 Cairo conference and the adoption of the POA, their Maternal Child Health and Family Planning (MCH/FP) programme centred on the pregnant mother and the child, while family planning targeted married women. In practice too, MCH/FP programmes were implemented separately from other reproductive health programme components such as the prevention and control of STDs/HIV/AIDS, health education, infertility, prevention and management of the consequences of abortion, and reproductive tract infection. This narrow focus neglected the special needs of specific groups such as adolescents and males. Therefore, the challenge after ICPD has been to operationalise the reproductive health concept and to integrate these services into more holistic and comprehensive programmes.

The Pacific Island context

In an age of increasing globalization, and constraints on public sector budgets, living standards are under threat in the island countries. Population growth is exerting intense pressure on social services, particularly education and health services, which are largely provided by the public sector. Fertility remains relatively high, although there is great diversity among the countries. The total fertility rate exceeds five births in some of the Melanesian and Micronesian countries and the natural rates of population growth approach two per cent or more. While desired family size has fallen in recent years, the desire to bear four and more children is still widespread.

As a result of a shift towards more expensive, hospital-based curative treatments, funding for preventive and primary health care, including reproductive health and family planning, has suffered in the Pacific. Such distortions have contributed to a situation where rural clinics are often understaffed, dependent on inadequately trained personnel, and subject to periodic shortages of medical supplies, including contraceptives. Low utilisation of peripheral facilities is evident in several Pacific Island countries, as rural patients bypass local health centres to attend central hospitals, which become congested as a result.

Contraceptive prevalence is high in Cook Islands (47-30 per cent), Palau (48 per cent), Tuvalu (40 per cent), Fiji (36 per cent) and Marshall Islands (37 per cent). It is low in Solomon Islands (11-35 per cent), Vanuatu (20 per cent) and Kiribati (26 per cent). The best source of contraceptive prevalence and programme coverage is survey based data, but this hardly exists in the region. Most countries use the routine recording and reporting systems of the publicly provided family planning services as the main source of data for estimating the contraceptive prevalence rate (CPR). The generally accepted inverse relationship between levels of fertility and contraceptive use is not borne out in the island countries. Since fertility is reasonably well measured, this indicates that contraceptive use is often underestimated.

The UNFPA Country Support Team

The multidisciplinary UNFPA Country Support Team (CST), based in Suva, provides countries in the region with a wide range of high quality technical support services, ranging from ad hoc advisory services to planned national and regional training programmes. The aim is to develop national self-reliance in the population field. Technical inputs by Team members are planned jointly by governments, UNFPA Country Representatives, United Nations agencies and the CST director, with requests for technical assistance channelled through the UNFPA representative.

The services may be in the broad areas of:

- basic data collection/processing and research in population dynamics

UNFPA Country Support Team

Pacific Island countries

January 1999

UNFPA 1997:26
The immediate task for the RH/FP-SH sector was to identify and address gaps in the population health and family planning sector with a focus on adolescents. This involved a review of the existing evidence and the development of a strategy to fill these gaps. The aim was to ensure that reproductive health issues were integrated into the education curricula and in the national awareness raising seminars and training workshops for youth leaders and community elders. The development of new programmes for the 1996-2001 cycle, however, provided an opportunity to infuse individual country projects with a stronger focus on adolescent sexual and reproductive health concerns. The CST has strongly advocated the introduction of sexuality education in schools, but sensitivity is strong among some national traditional and religious leaders, and the educational authorities oppose discussions of sexuality issues perceived to be ‘too open’. Some Pacific governments are not in favour of setting up separate RH/FP-SH services for adolescents within the existing health services infrastructure. Thus, the strategy recommended by the CST is to involve NGOs, such as the family planning or reproductive health associations which exist in many island countries, in partnership with the government in providing special services for adolescents. Other groups which have been identified to undertake advocacy and IEC activities, including counselling and peer education, are the Youth-to-Youth-in-Health organization in the Marshall Islands and Vanuatu. There is likely to be greater involvement of young people in the design and implementation of activities organised by these non-conventional groups.

At the national level the CST will help to provide guidance on technical content of adolescent sexual and reproductive health programmes and continue to be a resource for training interventions. At the regional level the CST has played an active role in support of UNFPA-sponsored workshops, as well as in mentoring and training organisations on adolescent RH issues in the activities sponsored by other UN agencies and regional organisations. Two recent examples of collaboration with UN agencies are the CST’s involvement with an Inter-Agency Task Force on Youth (chaired by UNICEF Pacific) which produced a ‘State of Pacific Youth 1998 report’, and with UNAIDS in connection with the 1998 World AIDS Campaign in the Pacific. An example of collaboration with an international non-governmental organisation is the CST’s participation in the Fourth Pacific Youth Conference and First Pacific Youth Ministers’ Meeting, organised by the Pacific Community and partially funded by UNFPA, in Nadi in June 1998. Most recently, the CST provided technical support to the regional health ministers who have drafted the Pacific Response to the ICPD for the Hiuze Forum in February 1999.

Improving reproductive health programme management

Improving managerial and leadership knowledge and skills at all levels is an essential ingredient for the success of the new generation of reproductive health programmes. The problem of management deficiency in the Pacific Islands is endemic. The ICPD POA recognises the critical nature of the management dimension in effective programme performance and delivery of quality care and services. In 1996, the function of regional training was assumed by the Regional Training and Research Centre (RTRC), a project funded by UNFPA and located in the Fiji School of Medicine. Unfortunately, the training courses of the Centre (now terminated) were oriented towards clinical or medical issues, sometimes duplicating knowledge and skill upgrading training workshops. The successor to the RTRC project is a Reproductive Health Training Programme (RHTP), again located in the Fiji School of Medicine. The RHTP may not have capacity in management training, but the CST will help to develop the training curriculum to include managerial aspects to serve as resource persons. A workshop on RH programme management was organised by the UNFPA in November 1998.

Conclusion

More financial and technical assistance will be needed in many of the Pacific island countries to assist national level stakeholders and institutions to implement a fully integrated RH/FP-SH programme. Even though the basic infrastructure exists for integration, resources are required for the expansion of a wider range of quality services to the outer islands.
Men and family planning: How attractive is the Programme of Action?

Terence H. Hull, Demography Program, The Australian National University

The International Conference on Population and Development (ICPD) adopted an innovative Programme of Action (POA) in Cairo in late 1994. Where previous UN conferences emphasized population control and family planning as an instrument for economic policy, the Cairo POA set out a comprehensive vision of reproductive health, including attention to human rights, reproductive and sexual health, social equity and international cooperation for women's health, social and economic development.

The Programme encourages governments to take vigorous action to include the interests of the girl, child, adolescents, the elderly, indigenous people, and persons with disabilities in developing policies and programmes. Chapter IV, on gender equality, equity and their programmes, sets the stage for this. It outlines the need for a social transformation of men and women, as well as for gender equality, and the need for full involvement of men in family planning, child rearing, and community life, and to take responsibility for their sexual and reproductive health and reproductive welfare. What benefit will the POA provide for gender equality through men's involvement?

The POA should not focus on men's irresponsibility

The actions to promote male involvement outlined in sections 4.26 through 4.29 of the Cairo POA can be summarized as follows:

- promote social and economic reform to increase the options for men and women to balance domestic and public responsibilities;
- promote recognition of male responsibility for parenthood, sex, reproductive and family health, and prevent disease; and provide children and women legal protection from the abuse and irresponsibility of men;
- promote full involvement of men in family life and women in community life.

The thrust of the actions described in the POA is the need for the media to raise awareness in both the public and private life. The POA states that 'men play a key role in bringing about gender equality since, in most societies, men exercise power over nearly every sphere of life'. As the dominant sex, men need to be encouraged to communicate better with women, and to be effective in matters of sexuality and reproductive health. They also need to recognize the joint responsibilities of males and females in reproducing and rearing children. But in most countries, the role of men was not something to be focused on.

What is the main objective for the actions to involve men?

The main objective for the actions to involve men in the Cairo POA is to promote gender equality and protect women's rights. The POA states that 'men have a role to play in bringing about gender equality since, in most societies, men exercise power over nearly every sphere of life'. As the dominant sex, men need to be encouraged to communicate better with women. They also need to recognize the joint responsibilities of males and females in reproducing and rearing children. But in most countries, the role of men was not something to be focused on.

Ordinary men will not be persuaded by the POA's approach

The conference rooms of New York and Cairo provided a venue for the expression of powerful rhetoric of the formulation of the POA, and the concerns expressed by some of the most powerful women and men on the planet remain in conflict with the goals set for them. But even in the view of ordinary men around the world they are simply charges of irresponsibility and contain no promises of personal benefit. When read by ordinary men in villages, planned offices and parliament, the phrasing might appeal to their sense of duty to care for their wives and daughters, but it would find little personal interest or compelling immediacy. In fact, by stressing the dominance of men and the suffering of women, some men would read the POA as an excuse not to change. Even if men accept the responsibility to care for women, there will be many questions in their minds about their own health and reproductive welfare. What benefit will they get from the actions outlined in the POA?

More effective approaches to male responsibility

Ironically, some of the most encouraging developments in promoting male involvement are in reproductive health. Many programmes have used an approach based on what men should do, and more on what men need. They do not try to convince men to be responsible partners, but assume that men want to be responsible, and need information and facilities. Some of the best examples of such programmes have been documented in the Population Council's publication More responsible fatherhood and reproductive health care needs in Latin America by Debbie Regnqvist (1999).

The approach is to build on years of service provision for women. One project, located in São Paulo, Brazil, is called Pro-Poder and offers services including male sterilization, treatment of sexual dysfunction, and treatment of infertility. A clinic in Colombia run by Profamilia offers a comprehensive range of services, but includes treatment or prevention of sexually transmitted diseases. Both projects stress the need for counselling and informed consent, and encourage the growth of couples as a family planning decision making. The thrust of the actions described in the POA is the need for the media to raise awareness in both the public and private life. The POA states that 'men play a key role in bringing about gender equality since, in most societies, men exercise power over nearly every sphere of life'. As the dominant sex, men need to be encouraged to communicate better with women. They also need to recognize the joint responsibilities of males and females in reproducing and rearing children. But in most countries, the role of men was not something to be focused on.

Rethinking men's reproductive health needs

The needs of men are ignored in the grand international documents. Each year in Indonesia thousands of men suffer infection and some die due to traditional forms of circumcision. The Cairo document calls for an end to female genital mutilation, but fails to mention the problems of male genital cutting. Prostate cancer is often ignored in developing countries because of the difficulties and expense of diagnosis and treatment. However, to men destined to suffer this disease the lack of acknowledgment of their situation and information on prevention and danger signals is a matter of great concern.

This article is not a plea for a 'male reproductive health programme', but a call to re-think men's involvement. The Cairo POA suggests that men be required to change. This is not likely to promote either full participation or large numbers of men or the creation of good policies. What is the basis for action to involve men in reproductive health? The POA states that 'men have a role to play in bringing about gender equality since, in most societies, men exercise power over nearly every sphere of life'. As the dominant sex, men need to be encouraged to communicate better with women. They also need to recognize the joint responsibilities of males and females in reproducing and rearing children. But in most countries, the role of men was not something to be focused on.
collaborative responsibility for their sexual and reproductive behaviour and their social and family roles (emphasis added). In reaching this goal, the role of men should be cultivated less in confrontational terms that call on men to relinquish power and take responsibility, and more in collaborative terms that recognize common needs and the mutual interests of both sexes in good reproductive health.

References

Family planning for Indonesian unmarried youth: Views from Medan, North Sumatra

Augustina Situmorang, Demography Program, The Australian National University

Premarital sex in big cities in Indonesia is increasing rapidly. Most sexually active young people practice unprotected sexual intercourse. This places them at high risk of unwanted pregnancy that often leads to early marriage or abortion. In addition, many unmarried young people (especially males) have sex with multiple partners, including prostitutes, and are exposed to STDS and HIV infection. Lack of information and services for unmarried people are associated with this high-risk sexual behaviour. Nevertheless, the proposal to give reproductive health information and services to single people in Indonesia is controversial.

Concern about unmarried adolescent reproductive health and sexuality is relatively new in the Indonesian population and family planning field. The Indonesian Government, through the National Family Planning Coordinating Board (BKKBN) of the Ministry of Health, has recently started programmes related to youth and reproductive health. These programmes collaborate with international donor agencies such as UNFPA, the Ford Foundation, and WHO. Despite the Indonesian Government's growing awareness of the importance of young people's reproductive health matters for the nation, there is no clear policy. The government is trying to reach consensus in this highly contentious area.

The data used in this paper is from a Medan adolescent reproductive health survey that I carried out from July 1997 to January 1998. Eight hundred and seventy five single young people aged 15–24 were interviewed, including those in high school and university, and those working and unemployed. In-depth interviews and focus group discussions were also conducted.

Living in a big city: The sexual life of young people

Like other young people in big cities, Medan's young people are exposed to modernisation and Western lifestyles that have weakened the religious and traditional influence on their life. As the capital city of North Sumatra, with a population of 1.9 million (1995), Medan is the largest city outside Java, and the third largest city in Indonesia after Jakarta and Surabaya. Medan is the centre of development of North Sumatra, and the most developed region of North Sumatra. Besides schools and universities, Medan has several facilities for youth entertainment such as movies, discotheques, nightclubs, shopping malls, sport centres and parks. Many young people come to Medan for study or work. They live in boarding houses, share a house with friends or stay with their relatives. Located close to Singapore and Malaysia, Medan has an international airport as well as a harbour. These facilities, especially the harbour, give the city easy access to illegal goods such as drugs, alcohol, pornographic books and video cassettes. Most young people know where to obtain pornography at a relatively cheap price.

The people of Medan, including the respondents in this study, are socioeconomically and culturally heterogeneous. Daily life in Medan is influenced by the mixed cultures of four ethnic groups, Malay, Batak, Javanese and Chinese. For some young people, life in Medan may threaten their traditional culture and make them critical of their parents' norms and values. At the same time links to their ethnic groups may be strengthening, since many youth organisations are based on ethnic identity or place of origin.

More than 60 per cent of respondents in this study were teenagers aged 15–19, with the proportion of males and females relatively equal. The respondents represented the four major ethnic groups, and more than half (57 per cent) were Muslims. Most had completed secondary school and high school and 76 per cent were still in school. Of those who were working, 37 per cent were working in informal sector occupations such as street vendors, shoe shiners, civil security and others.

In contrast to what policy makers and religious leaders would like to believe, premarital sex among young people in Medan is increasing rapidly. In 1993, BKKBN and the NGO Yayasan Kusuma Buana did a study in 12 Indonesian cities, including Medan. They found that six per cent of 301 respondents aged 15–24 in Medan reported they had had sex. Data from my survey in 1997 indicated that 18 per cent of 875 respondents reported having sex (males 9 per cent, females 27 per cent). Among the 209 who were out of school, both working and unemployed, 45 per cent reported having had sex. Of the males who had sex, most reported having sex with more than one partner (36 per cent of 123) and 70 per cent had had sex with a prostitute or borrok. Most women were significantly different, with most (76 per cent of 60) reporting sex only with a regular partner.

Most sexually active young people in Medan were not using contraception. Data from focus group discussions and in-depth interviews with out of school respondents revealed that they seldom used condoms when visiting prostitutes. They said using condoms made them feel uncomfortable and they could not enjoy the 'activity'. Although they were aware of the possibility of getting STDS, they did not feel a need to use a condom. They believed they prevented STDS by maintaining 'stamina'
or only have sex with a 'clean' prostitute. If they were not 'lucky' and contracted a disease, they cured themselves. They said they could buy the medicine from drug stores and said they received their information from friends.

Family planning policy for adolescents: A 'family' approach

According to Indonesian Population Law (UU No.10/1992), family planning programmes are only available to married couples or families. Indonesian family planning activities involving unmarried adolescents focus on increasing the age when first married and inculcating the concept of a 'small prosperous family' (BKKBN 1996). Within this approach, fertility and sexual health information and services for family planning and sexual health information and services for unmarried youth are insignificant. Young reproductive health and information services are mainly provided by NGOs, which lack financial means and the technical capabilities to offer these services. (Gunawan 1995:7). Based on several studies and interviews with young people, it appears that young people do not get the necessary information and services. However, religious leaders and policy makers in Indonesia do not share this view.

Many Indonesians believe that providing information and services on sexual and reproductive health to adolescents will protect young people's curiosity and reduce their curiosity about sex (Khosro 1990). Providing information about contraceptive methods, especially condoms, could protect young people from unwanted pregnancy, STDS and HIV. The lack of knowledge and awareness of young people about contraceptive methods is a major concern. Young people are not aware of the extent and seriousness of the problem faced by young people. Research findings on this issue are published in the media, government officials and the local media in Medan also support this view. In a seminar for adolescents organised by the International Parenthood Federation (IPPF) in North Sumatra, one presenter said that contraception, especially condoms, could protect young people from unwanted pregnancy, STDS and HIV. The seminar was attended by young people who were interested in the information about contraception and the technical capabilities to offer these services. (Gunawan 1995:7). Based on several studies and interviews with young people, it appears that young people do not get the necessary information and services. However, religious leaders and policy makers in Indonesia do not share this view.

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Acknowledgement

I am grateful to Dr Terence H. Hull for his valuable comments.

Note

'Bendera is a term used among young people in Medan for an adolescent girl who is willing to accompany a man just to have fun. Usually aged between 14 and 19 years, most are still in high school or junior high school. A bendera service does not always culminate in sexual intercourse. Sometimes she is only willing to go to a movie, discotheque or restaurant.
Adolescents and family planning: issues and debates

Sharon Bessell, Australian National University

The provision of access to and information about family planning services remains controversial. It is especially true when services are part of overseas development assistance programmes. In recent years, particularly since the 1996 International Conference on Population and Development (ICPD), there has been an emerging consensus that safe, informed and consensual family planning services are both a right and a means of promoting the health and social circumstances of mothers and their children. Yet debates continue to rage. This is illustrated in the United States’ recent withdrawal of funding from the United Nations Population Fund (UNFPA), a decision taken under pressure from right-wing groups within the USA who vehemently oppose the funding of family planning through the official aid programme. Similar lobby groups are in other donor countries, including Australia, and have influenced the budgets and nature of family planning projects. In the developing world too, the issue of access to, and funding of family planning through the official aid programme. While the effective use of contraception will decrease the need for abortions among young women, which is only possible through increased access to family planning information and services. This is an important factor in the decision to continue or terminate a pregnancy, young women are given as much support as possible. This concern is exacerbated when family planning is considered unnecessary or inappropriate for adolescents.

Access to information and services for adolescents: An issue of urgency

The terms adolescent and teenager are used in this article to refer to young people between the ages of puberty and 19 years. While those at the lower end of this cohort are less likely to engage in intercourse, a significant minority of young people commence sexual activity before the age of 16, although there is considerable variation between countries (see UNFPA 1997:24-7). Changes in economic conditions, social values and levels of social and parental control all contribute to changing patterns of sexual activity and maturing age. While the practice of child marriage continues in some societies, its appropriateness has been challenged both within and outside the countries in which it occurs and its context has generally declined. Despite steady increases in marriage age in most parts of the world, both arranged and chosen teenage marriage remains common in many countries. In legally and socially sanctioned marriage systems, the appropriateness of sexual relationships is relatively easy, even when one or both partners are in their teens. By contrast, marriage, however, is seen as unacceptable in many societies and it is taboo in some. Generally, this is seen as the rule for girls but not for boys. Yet despite social constraints, surveys from several countries indicate that many adolescents are engaging in sexual activity prior to marriage (Brander and Hong 1998; UNFPA 1997).

Access to information

Increased sexual activity among adolescents has not been accompanied by access to contraceptive methods or an acknowledgment of such a need. While UNFPA and UNFPA have promoted family life education as part of school curricula for several decades, there is a consistent reluctance to provide information to young people, both in their centre and earlier, about family planning and other reproductive health issues. Opposition from some religious groups and teachers, parental concern and teacher discomfort or embarrassment all militate against the development of sex education programmes. These factors are compounded by the common assumption that education about reproductive health and access to family planning services will lead to promiscuity among young people. This myth persists despite evidence that education about sexual behaviour and contraception delays first intercourse among adolescents who are not sexually active and improves the reproductive health of those who are, including those already married (see Barnett 1997:1).

Sexual education programmes must be accurate, culturally sensitive and age appropriate if they are to be effective and accepted by communities. This is a challenging but by no means insurmountable task. It is also an issue given the high levels of ignorance and misinformation among both boys and girls. For example, a survey of 300 students aged 11 to 14 years in Jamaica found that only 27 per cent of girls and 32 per cent of boys knew it was possible to become pregnant during their first intercourse. In India, 500 girls who sought abortions at one hospital, 60 per cent did not know that sexual intercourse could lead to pregnancy at SDIs, and 99 per cent had no knowledge of contraception (Barnett 1997:1-2). A 1995 study of young women in India also revealed that less than 50 per cent of contraception was actually used in contraception at the time of their first sexual experience, and contraceptive methods abandoned, with more than 50 per cent of respondents believing (Barnett 1997). There are too few of them. Perhaps, in contrast, the 이루어한 number of adolescents have heard about methods of contraception. This situation poses a danger to prevent and treat adolescents, particularly among young women, and demands a response.

Use of Contraception

Even if adolescents have information about family planning methods, actual use of contraception is often low. In Vietnam, only 32 per cent of the population used information (Barnett and Hong 1995:1). The result of contraceptive behaviour among young people in Bangladesh found that contraception use was almost universal, yet only 6.3 per cent of young women used contraception. In the same study, 10 per cent of married adolescents congregated that a low use of contraceptives was a result of fear of complications. Also important, however, was the greater fear for adolescents in accessing family planning services (Ali and Mahmud 1999).

Increasing numbers of abortions

When effective and accessible methods of contraception are unavailable to young women, unplanned and unwanted pregnancies and abortion likely occur. The consequences for young women are often socially and psychologically traumatic. Motherhood and marriage, particularly among adolescents, are taboo in many societies. For many young women, abortion is little supported. A recent study in Sri Lanka suggested that the availability of abortion is limited to women with financial resources (see Brinton and Hong 1995:1). It is also an issue given the high levels of ignorance and misinformation among both boys and girls. For example, a survey of 300 students aged 11 to 14 years in Jamaica found that only 27 per cent of girls and 32 per cent of boys knew it was possible to become pregnant during their first intercourse. In India, 500 girls who sought abortions at one hospital, 60 per cent did not know that sexual intercourse could lead to pregnancy at SDIs, and 99 per cent had no knowledge of contraception (Barnett 1997:1-2). A 1995 study of young women in India also revealed that less than 50 per cent of contraception was actually used in contraception at the time of their first sexual experience, and contraceptive methods abandoned, with more than 50 per cent of respondents believing (Barnett 1997). There are too few of them. Perhaps, in contrast, the 이루어한 number of adolescents have heard about methods of contraception. This situation poses a danger to prevent and treat adolescents, particularly among young women, and demands a response.

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Children alone are often enormous. For many, life is marked by discrimination and low social status must be recognised as central. Age and gender interrelate to become a potent obstacle in excluding young people from information about family planning services. The denial of family planning information and services to adolescents will not prevent young people engaging in premarital sexual activity, but it will cause immense pain and suffering. Effective, appropriate access to reproductive health services and information will allow young people to make informed decisions about their reproductive health. In many countries, girls who are pregnant are temporarily expelled from school. In Kenya, for example, estimates suggest that 10,000 girls leave school each year as a consequence of unwanted pregnancy. The denial of contraceptive services to adolescents severely discriminates against them and damages their future prospects. The consequence of unplanned pregnancy (Barrett 1997). The denial of contraceptive services to adolescents will not prevent young people engaging in premarital sexual activity, but it will cause immense pain and suffering. Effective, appropriate access to reproductive health services and information will allow young people to make informed decisions about their reproductive health. In many countries, girls who are pregnant are temporarily expelled from school. In Kenya, for example, estimates suggest that 10,000 girls leave school each year as a consequence of unwanted pregnancy (Barrett 1997). The denial of contraceptive services to adolescents severely discriminates against them and damages their future prospects. The consequence of unwanted pregnancy (Barrett 1997). The denial of contraceptive services to adolescents severely discriminates against them and damages their future prospects. The consequence of unwanted pregnancy (Barrett 1997). The denial of contraceptive services to adolescents severely discriminates against them and damages their future prospects. The consequence of unwanted pregnancy (Barrett 1997). The denial of contraceptive services to adolescents severely discriminates against them and damages their future prospects. The consequence of unwanted pregnancy (Barrett 1997). The denial of contraceptive services to adolescents severely discriminates against them and damages their future prospects. The consequence of unwanted pregnancy (Barrett 1997). The denial of contraceptive services to adolescents severely discriminates against them and damages their future prospects. The consequence of unwanted pregnancy (Barrett 1997). The denial of contraceptive services to adolescents severely discriminates against them and damages their future prospects. The consequence of unwanted pregnancy (Barrett 1997). The denial of contraceptive services to adolescents severely discriminates against them and damages their future prospects. The consequence of unwanted pregnancy (Barrett 1997). The denial of contraceptive services to adolescents severely discriminates against them and damages their future prospects. The consequence of unwanted pregnancy (Barrett 1997). The denial of contraceptive services to adolescents severely discriminates against them and damages their future prospects. The consequence of unwanted pregnancy (Barrett 1997). The denial of contraceptive services to adolescents severely discriminates against them and damages their future prospects. The consequence of unwanted pregnancy (Barrett 1997). The denial of contraceptive services to adolescents severely discriminates against them and damages their future prospects. The consequence of unwanted pregnancy (Barrett 1997). The denial of contraceptive services to adolescents severely discriminates against them and damages their future prospects. The consequence of unwanted pregnancy (Barrett 1997). The denial of contraceptive services to adolescents severely discriminates against them and damages their future prospects. The consequence of unwanted pregnancy (Barrett 1997).
Tonga: Conflict of interest issues in family planning programmes

Stephanie Pope, Independent Consultant

The Kingdom of Tonga is unique in the region, having a constitutional monarchy where the legislature is appointed by the monarch. The Ministry of Health service is part of the overall Maternal and Child Health (MCH) programme delivered by a network of health centres and outreach clinics, primary health centres and mobile health services. The Ministry of Education, however, is not involved in the delivery of the MCH programme. MCH is funded by the Department of Health, which is responsible for the overall management of the MCH programme. The Ministry of Health, however, is responsible for the delivery of the MCH programme.

Service overreporting

The Ministry of Health has provided formal family planning programmes for the last 20 years, and the Tonga Family Planning Association (TFPA) has provided services for the last 21 years. The TFPA has a network of health centres and outreach clinics, primary health centres and mobile health services. The Ministry of Health, however, is not involved in the delivery of the MCH programme. MCH is funded by the Department of Health, which is responsible for the overall management of the MCH programme. The Ministry of Health, however, is responsible for the delivery of the MCH programme.

Vested interests in training

Participants in training workshops usually receive, in addition to their salary, a daily cash payment of anything from T$5 to T$20 or more. This can give rise to issues about the appropriateness of the people selected to attend and the selection of training itself as a central part of service improvement. Some training participants were not working in the field of the training, and were employed by the agency but were relatives of the senior programme organizers. The cash payment can also make it more likely that for every possible donation or funded project, a training workshop will be proposed in preference to other activities.

As a result, selection for workshops and training programmes can be used by supervisors as a reward and punishment system. Similarly, Board of Directors members will nominate themselves or other Board members to attend training, especially overseas training, rather than the appropriate staff member. Tonga's rigid ranking system is reflected in both the selection of participants and in the use of information gained from training. It is common to find valuable resources and training manuals locked securely in a senior staff member's office as a display of status rather than accessible to other staff. Consequently, many development opportunities are lost to the people most in need.

The Church as scapegoat

Along with the need for training it is commonly stated by programme managers that the full acceptance of family planning practice is related to religion and to the lack of support by church leaders. In the KAP survey, religion did not figure as a significant reason for use or non-use of a contraceptive method. Religion was ranked 10 of 14 possible reasons. The primary reason given of a contraceptive was the disapproval of the husband, followed by fears about health and the possible side effects of contraceptives. In combination, disapproval and absence of the husband from the family home accounted for 155 responses of an eligible 700 women. In fact, many women stated that their choice of contraceptive depended on the approval of the husband. The disapproval of the husband was the most heavily influenced by the fact that they could use this method undetected by their husband or in some cases by their husband's family.

In a sense, the values of church and family are united in Tonga in the concept of tradition. This tradition represents a compromise culture between Tongan culture and the strict fundamentalist, moralistic, puritan Protestant influences. The Wesleyan or Methodist faith is the majority religion in Tonga, and the Roman Catholic Church has a less than 10 per cent voting. The Protestant religions in the Western world are more generally known for their moderates or even liberal stance on contraception and sexuality. It would be more useful to find acceptance of sexuality education programmes higher in state schools than in Catholic Church schools. In Tonga, however, this is not the case.

The Director of Education, a member of a Wesleyan church, invokes the education laws and codes of Tonga as a rational basis for prohibiting sexuality education programmes in schools. There is no such law, rather there is a clause in relation to exposing material to pornographic or corrupting material and which requires all curriculum development to be subject to the approval of the Director of Education. The Director's inadequate and repressive approach to family planning education and promotion is in marked contrast to the progressive opinions and attitudes of the survey respondents. Of the total 1,660 respondents, 99 per cent approved of family planning messages on radio, 99 per cent approved of the same messages on television and 97 per cent approved of programmes in secondary schools.

Individual schools and school principals do, however, provide comprehensive education programmes for students but do so in an un damned manner. Education programmes that include sexuality education are not allowed to be taught in Catholic schools than the Protestant Wesleyan schools. The Bishop and school staff exhibit an attitude of concern, acceptance of reality and a desire to protect and inform young people, which is at odds with the frequently expressed opinion of the Department of Education and family planning service managers that 'Catholics won't accept any AIDS education in their schools'.

Consequences of repression of education and information

Education and literacy levels are considered to be critical variables in evaluating family planning programmes. Women with secondary school education are usually more able to have fewer children than less educated women so they take the steps necessary to plan their families and protect their health. In other KAP studies, there are sharp differences in level of education and knowledge of family planning methods. In the Kingdom of Tonga, this does not appear to be the case. There is no relationship between the highest level of education and ability to recognise any contraceptive method. Rather, in Tonga the significant variable appears to be access to information on family planning and contraception.

In contrast to the stated objectives of the policy documents of both the Ministry and the TFPA, there is a lack of concern among officials for women's desire to limit or space their children, except by the stated belief that women are happier to have any number of children; every child is God's blessing. This is considered to be particularly true of women in the outer islands. During the survey in Vava'u it was found that the survey interview itself was the first time many women had heard of the concept of family planning and of the variety of contraceptive methods. As a result, 14 per cent of the women interviewed elected to commence the use of contraceptives during the week of the survey. Almost half of the women interviewed in the KAP study had more than their desired number of children.
and 64 per cent had two or more children at birth intervals of less than two years. Youth are also affected by lack of access to information. Tonga has a young population with 40.6 per cent of the population under 15 years of age and 60.7 per cent less than 35 years of age. In contrast, the population aged 60 years and over is only 6.4 per cent or 61,413 persons. The number of women of childbearing age (between 15-44 years of age) was confirmed at 29,957 in the 1996 Census. Lack of information can mean young people are at significant risk of unwanted pregnancy, childbearing and sexually transmitted diseases, including HIV/AIDS.

Population policy and emigration

In 1993 a 'Country position paper' prepared for the South Pacific Forum by the government Central Planning Department stated: '...in the light of real GDP per capita growth of 2 per cent, and a population growth of 0.5 per cent during the same period, population growth was and is unlikely to adversely influence national development objectives' (Central Planning Department 1995-9).

There was no mention of the fact that the low population growth rate was due to large-scale emigration, to the substantial financial subsidy of domestic expenditure made by migrants' remittances. In economic terms, remittances from Tongan migrants abroad represent the largest inflow of foreign exchange earnings to the Kingdom. Average $411 million per year between 1990 to the Kingdom, averaging $411 million per year between 1990 and 1993. In macroeconomic terms net remittance transfers stand at three times the value of total export earnings and relieve the Tongan Government of generating or accessing between $400 to $450 million per annum.

Continued Tongan emigration eases the population squeeze and relieves the pressure on the Tongan Government health services. There is no question that the Tongan Government and people can provide effective and efficient services overall. Within health services generally, there are examples of competent and efficient hospital and community services. A multitude of examples of work that is incomparable in the socio-economic sector is the result of the hard work of women and men and the potential to deliver health education and family planning programmes of excellence. That it does not appear related to a conflict of interest in a number of areas. To defy a senior government official in a rigidly hierarchical society is not easy. Senior government officials are in a number of areas.

Donor policy and family planning programmes

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The problem of non-compliance was thought to lie both in the audience and the methods of selling soap powder to women in the United States in order to obtain contraceptive information for women in Bangladesh. I developed personal contacts with the manipulative possibilities of this approach. Nevertheless, social marketing is here to stay and its benefits must be seen for what they are.

I.C. Pierce used family planning strategies and has become the core of health education, at least in developing countries. The problem of non-compliance was thought to lie both in the target audience and the methods of selling soap powder to women. People from the target audience are then invited, usually through focus group discussions, to give their perceptions of the message and how it ought to be communicated.
Promoting reproductive and sexual health in the region

Leu Shaw, Shaw Consulting

The promotion of reproductive and sexual (R&S) health is a slow process. It is an extremely sensitive subject, perceived by many in the Asia-Pacific region as unsuitable for public discussion. Promotion usually entails feasibility studies, project designs, the implementation and review of existing projects, and the development of appropriate information, education and communication (IEC) materials. Strategies are implemented through government health promotion staff, NGOs and women's groups. In this paper, I will consider the constraints involved in promoting R&S health, and some effective strategies to counter those constraints.

Contraceptives and clinical services

Before beginning to promote R&S health it is vital to know something about the organisation and effectiveness of existing services. Appropriate information and education is useless without acceptable clinical services, preferably community-based, and freely available contraceptives.

Developing countries have benefited from the support of large international organisations such as UNFPA, WHO and the International Planned Parenthood Federation, especially in the provision of contraceptives and developing community-based services. Yet, a preoccupation with 'counting' and accountability creates work and problems for local family planning staff. Time available for clients tends to be wrested by time-spare recording and reporting. Calculating contraceptive prevalence rates and achieving national targets are interesting and important endeavours, but this quantitative focus means that powerful, large international organisations such as UNFPA, WHO and AusAID's obligatory gender and development analysis of all projects were common. Today, these are personal information about the community's reproductive and sexual health issues; the status of women and children, the elderly and disabled.

In many countries, Ministry of Health family planning staff, nurses, health educators and midwives are mainly men. The cultural inappropriate of men talking to women about personal things such as family planning and sexuality creates barriers to promoting reproductive and sexual health. This negates the benefits of including these male specialists in projects as providers of information for women, and necessitates the training and use of female community facilitators for this task. AusAID's obligatory gender and development analysis of all project designs is a positive step in addressing this issue.

Personal interaction and modelling

Interaction with individuals, particularly women, and groups eager to share personal information about their lives is a most effective way of building trust and commitment. This should be a two-way process. Workers in the field should be willing to share information about their personal lives with people they meet. As well as being a legitimate research method, it is an effective way of communicating information. Face-to-face interaction is one of the most effective tactics in promoting awareness of reproductive and sexual health. Discussion of personal experiences of family planning/contraceptive methods is always enthusiastically received, especially by village women.

Towards an integrated health approach

Until a few years ago, dedicated reproductive and sexual health and family planning projects were common. Today, however, these issues are being addressed within primary health care approach. This does not downplay the importance of reproductive and sexual health, but it is related to many other health issues in developing countries. A basic IEC message, still needed in many countries, is that family planning can improve people's health. This can, in turn, improve family health, and reduce health care costs for governments.

Recipient countries often find it more acceptable to promote R&S health through a broader primary health care perspective. An example of this can be seen in Australia's Solomon Islands Rural Water Supply and Sanitation Project, currently being implemented under the Ministry of Health and Medical Services. The main focus of improved water supply and toilet installation is being marketed through the promotion of personal hygiene, a vital aspect of reproductive and sexual health. All training of health staff and NGO workers includes information on:

- hygiene issues around menstruation and pregnancy;
- sexually transmitted infections and vaginal/penile discharge;
- cancer of the cervix, especially its relationship with personal hygiene of men and women;
- importance of washing and bathing, especially the genitals, privately; and
- comfort and personal hygiene benefits of having a toilet close to one's house, especially for pregnant women, children, the elderly and disabled.

Loosely, this was considered quite a radical addition to a water and sanitation training course, which also has to address such matters as handwashing issues as to how to build a toilet and how to maintain it. However, personal hygiene education is now one of the most popular components of the course and is much appreciated.

Primary promotion

Primary promotion is defined as health education and information for healthy people in the community to promote and maintain health. People with health problems and problems of childbearing age are the targeted group. It is information that everyone in the community needs to know, as early in life as possible, so that they can integrate healthy behaviour into their lifestyles before problems occur.

The most common ways of promoting reproductive and sexual health issues are to include information about the body works, growing up, sexuality, pregnancy, and child development into the health curriculum of primary and secondary schools. In many developing countries a health curriculum exists, or is in the process of being developed. However, it is often culturally unacceptable for teachers to discuss R&S health matters with children. Much advocacy is needed before the materials are developed, tested and used. This vital educational activity is often overlooked by developers of health projects, which is understandable when one realises that this component will most likely be implemented through the Ministry of Education rather than the Ministry of Health. Jealousy and antagonism around funding issues between Ministries, and it is not always easy to work intersectorally in a health project.

One has to be realistic about what can be achieved by targeting women of childbearing age in countries where cultural and religious barriers make it difficult to discuss reproductive and sexual health issues; the status of women is low, literacy is low and some cultures preclude necessary changes to clinical service delivery. It is therefore, important that reproductive and sexual health education is formalised through a health education curriculum. Whilst there are difficulties in the recipient countries' authorities that young people need this information at an early age, it can be marketed as information that they will need at some stage of their lives, if not already, especially given the increasing prevalence of sexually transmitted diseases and AIDS.
Going the distance: Lessons in family planning by distance education in Solomon Islands

Maggie Kenyon and Christopher Chevalier, Distance Education Program, Ministry of Health and Medical Services, Solomon Islands

Faced with a growth rate of over triple per cent and increasing life expectancy, the population of Solomon Islands has been growing rapidly since the 1970s. An effective family planning programme critically depends on nurses for provision of services and promotion. Family planning, however, was only introduced into the nursing curriculum at the School of Nursing and Health Studies (SNHS) in the mid 1980s. Moreover, nurses did not have the benefits of extended training, and were often thrown in the 'deep end' without the necessary skills.

Many nurses in the rural areas are not confident family planning providers, particularly male nurses who complete 40 per cent of the nursing workforce. It is especially important to enrol men in more in-depth training because in Melanesian society men are the principal decision makers from the family barriers and problems. Finally, course materials must take advantage of extended training, and were often thrown in men especially, those under 18 years, for fear of encouraging promiscuity. Counselling models need to respect the moral values of the different churches which play a major role in defining cultural norms.

Culturally appropriate course materials

Course materials are culturally sensitive to the Solomon's context where sex is a taboo topic, abortion is illegal, and family planning almost always requires the husband's consent. Nurses are often reluctant to give family planning services to single men or women, especially those under 18 years, for fear of encouraging promiscuity. Counselling models need to respect the moral values of the different churches which play a major role in defining cultural norms.

The course recognises, but does not reinforce such attitudes and teaches nurses how to deal with cultural barriers to acceptance of family planning. Case studies on the local context are particularly useful because they can address specific cultural barriers and problems. Finally, course materials must take account of the particular constraints of an oral culture like Solomon Island where there is a tendency to rely on memory and experience. Health workers may fear revealing ignorance and be unwilling to refer to textbooks may be unaware of the information available. To overcome this, students are required to refer to text books throughout the modules. Course textbooks and materials use simple language, layout and content to enhance readability, retention and comprehension of the subject.

The family planning distance course

Faced with these limitations, a pilot project in distance education was developed to provide a post basic course for nurses. Family planning was one of the initial three courses offered, the others being health. In 1997-98, courses in paediatrics and nursing administration were commenced and two, more in diabetes and mental health, are in preparation for 1999.

Training of Trainers course and a distance course developed by the African Medical Research and Educational Foundation (AMREF) in Kenya in 1988. The family planning course consists of 14 modules (male and female anatomy, the importance of family planning: menstruation, fertilisation and implantation: oral contraceptives; IUDs; Norplant®; barrier methods; IUCD; rural family planning; tubal ligation and vasectomy; fertility and infertility; AIDS and STDs: health education and counselling) produced on an office computer and includes appropriate diagrams, cartoons and stories. Each of the modules contains a study guide, handout and an assignment. Videos are available on counselling, intrauterine contraceptive device (IUCD) insertion, ovulation method, teenage pregnancy and AIDS.

An open and flexible study programme

The programme is open to all levels of health worker without any pretest. The programme allows nurses to progress flexibly without being tied to strict timetables. Students are encouraged to submit one assignment per month which allows for irregular work schedules, family and community commitments, and the limitations of the postal services. Although this flexibility suits most learners, it has disadvantages for course markers who do not receive the assignments at the same time. If students do not submit work within a three month period they are followed up and encouraged to focus their attention on their studies.

Keeping the technical infrastructure simple

There are numerous examples of problems with infrastructure in the developing world, including support, distribution systems and insufficiencies in trained personnel and materials (Meacham and Zubair 1992,30; Guy 1991, Williams and Gillard 1986). The Solomon Islands College of Higher Education (SICHE), for example, experienced several problems with a teleconference bridge installed in 1993. SICHE concluded that telephone conferences were too costly, did not give good educational value for money, were not reliable, and limited the programme to areas only serviced by the Telecom network. It closed the service down in 1996. In Solomon Islands, students living in rural areas do not have electricity or telephones and some cannot receive the national radio station because signals are interrupted by mountain barriers. The family planning course relies almost exclusively on print based materials although there are optional video cassettes for those with the means to view them. There is a network of two high tech and three low tech clinic radio stations, however, the course does not rely on it for tutorial sessions because not all nurses have access and weather conditions may prevent clear reception.

Student support

Student support is a critical aspect of distance education, especially when the students may have been out of full time study for up to 20 years. An evaluation of graduates in 1996 revealed some of the difficulties faced by students, including lack of space to study, poor or non-existent lighting, lack of privacy, and family commitments. Personalised feedback and encouragement is essential to keep motivation high enough to overcome these difficulties. Assignment papers receive detailed comments and are marked generously, with an average mark of 86 per cent for registered nurses and 80 per cent for midwives. Students receive a quarterly newsletter and are encouraged to contact other students in their province. Students working in clinics with radio can contact the Distance Education Program Office (DEPO) with queries. In 1996, mentors were selected in each province to give advice on studying, practical assistance, liaise with DEPO and general encouragement. Funding has been made available to bring isolated students to the nearest large hospital for a practical one week attachment.

Enrolments and graduations

The family planning course has places for 20 nurses each year, supervised by a part-time course coordinator and two part-time course markers. Since 1995, 56 nurses have enrolled in the course and 52 nurses are on the waiting list, representing 14.5 per cent of Solomon Islands nurses (MHMS 1996). Of those enrolled, 16 were male nurses and 11 were working as full-time family planning nurses. Six students have dropped out, two because they left the country, giving a true attrition rate of 11 per cent.

Advantages of using the distance education mode

Distance education offers major advantages to both students and health services.

Cost effectiveness

Costs have been kept low by using print based materials rather than high-tech interfaces with students. The programme needs no classroom, accommodation or living allowance for students. Student/tutor ratios compare favourably to residential courses, with two tutors coordinating 104 students in five courses. Students are required to purchase their own textbooks and pay course fees of $40 to meet the costs of priming and postage for each course. The costs of student support have been minimised by the use of voluntary mentors.

Practical experience

Although there are limitations to practical supervision of clinical skills, studying in the workplace provides opportunities for practical assignments that are not possible in a classroom. Students can use their own data and situations from their own work, for example, interviewing mothers and community members who will benefit directly from the nurse's work. This makes learning more meaningful, relevant and useful. By contrast, courses held overseas or in urban centres are often difficult to translate into practice afterwards.

Learning skills

Courses provide educational opportunities while still allowing nurses to meet work and family responsibilities. Distance education helps staff to develop study habits, increase self-confidence, productivity and work satisfaction. Learning steadily over 12-18 months results in deeper and more consolidated learning than short-term courses.
Social equity and access

Distance education gives all nurses the potential for post basic qualifications rather than the privileged few who can secure funding. Courses are flexible and allow staff to pace their learning and defer studies for events such as transfer, family or social responsibilities, pregnancy and childbirth. Staff are not restricted by geographical isolation and can access the DEPO from any part of Solomon Islands. Nurse aides and male nurses who have not been included in family planning courses in the past have been able to gain access.

Impact of the family planning course

The evaluation of the pilot phase of the programme revealed a high level of student satisfaction (Kenyon 1996). The major reasons given for studying were to learn more, challenge themselves and to be able to answer questions at work, and the course appears to be fulfilling these needs. Of 28 graduates, 32 per cent cited increased knowledge while another 30 per cent rated the relevance of materials to their work as the most important aspect. Students often report as increased sense of confidence and self-esteem, including those nurse aides who subsequently enrolled for registered nurse training. The majority of graduates have signed up for a second course and there is a need for a formal evaluation of the programme to detect the retention of knowledge. We have successfully implemented a low-cost but effective programme which can be run with minimum donor support and has excellent prospects of sustainability in the future.

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Of 164 rural women between the ages of 15-45, 41 (24 per cent) had had unwanted pregnancies and 11 per cent had an unwanted pregnancy while using a contraceptive. Of the 41 women who had unwanted pregnancies, 23 (56 per cent) took action, and the remaining 18 women (44 per cent) attempted abortions through various means, some successfully, some not.

Abortion techniques

Various techniques are used alone or in combination to produce an abortion. Some women with appropriate knowledge and financial resources can obtain abortions by sympathetic registered physicians using vacuum aspiration and curettage technique. However, such abortions in private clinics and hospitals are illegal and frequently subject to police raids. The illegality forces prices to be high and treatment to be rushed, stressful and of poor quality, since clinics offer little follow-up care. The majority of poor village women with only basic education are unaware of the availability of abortion options and many attempt to induce abortions or commit untrained abortion.

Massage abortion is one of the most common techniques used by rural abortionists and involves dialating the fetal mass by a pressing and pulling motion with the fingers. This procedure is continued until the client begins to bleed and women return after seven days if the procedure is unsuccessful. Sometimes the first three months is at the same rate, with prices rising steeply after the first three months as abortion women return after seven days if the procedure is unsuccessful.

The most common action taken by women involves the use of herbal medicines. Herbal medicines are also consumed by women to regulate their menstruation. Menstruators regurgitating herbal remedies are cheaply and easily available at medicine stores. In addition, post-coital contraceptives such as Postinor, are readily available across the counter in Thailand in most towns and villages. Oxytocic and aspirin are also commonly used to induce abortions. Many narrators of women attempting abortions describe series of failed attempts followed by increasing desperation. For example, Sen, 31 years old, fell pregnant while still breastfeeding her son who was not yet one year old. She did not feel that she could look after another baby so soon. At six, she bought a package of yaa satri khae (eleven tiger brand medicine) which is a type of yaa dang lao, a 'hot' herbal formula added to whisky and drunk. She tried two bottles of this mixture but did not succeed. She also bought four envelopes of yaa tamjai (at that time a combination pain killer containing aspirin and caffeine) and took those together but this also did not succeed in bringing on a miscarriage. By this time she was four months pregnant. Finally, she went to a merit tamm (a traditional midwife) and paid 300 baht for her to manage the fortuitus. Although she bled a lot after this procedure, she did not abort and carried the pregnancy to term.

Attending untrained abortionists

Why do women such as Sen and Usak try their lives by going to untrained abortionists? Women know abortion can be dangerous and can tell other women the know who had hemorrhaged and sometimes know of women who had died. However, in local experience, the majority of women who have abortions do not experience serious complications and women feel that they are not taking too great a risk. Knowledge of local abortionists is shared between women, through networks that extend across districts. Women prefer to go to someone who is local and known to provide a efficacious service.

But the main reason for going to untrained local abortionists is the cost. For women with money, it is possible to have abortions induced by trained medical staff in private clinics. Their costs vary but are in the range of 5,000-6,000 baht for the first three months, with an additional 1000 baht (then A$50) per month after that. They can be as high as 15,000 baht for late terminations. Poor rural women, however, rarely have money, knowledge of or access to such practitioners, although several women spoke of their abortions in private hospitals in Bangkok, obtained while seeking work there. Most women can only afford the modest fees of local abortionists who charge from 300-500 baht per month of gestation.

Reasons for aborting

Discussions with women about their decisions to abort or not, reveal the complexity of their lives and relationships which all impinge upon their decisions. All women agreed to definitions of abortion as baap (Buddhist sin) and many expressed fears of the karmic consequences of their actions in their later lifetimes. But the social and material conditions of their lives forced many to make the decision not to keep the pregnancy.

Women speak of the financial hardship, the stress of work and the difficulties of balancing the physical and emotional burdens of domestic life with minimal support from their husbands. Each woman has her own story.

Twi is typical in that she speaks of her abortion in terms of the economic burden of having another child as the most salient factor in her decision making. Twi used self-induced abortion prior to her unwanted pregnancy. After using Neoplaster® for four years she was placed on the pill, but forgot to take it appropriately and fell pregnant.

My problem was that it was hard to find work. There was never enough money. We had two children (at home and we didn't want to have any more — I had a problem, we were so poor. I looked at my two children. I saw the burden that they would have to bear. My children could not eat food. I had to be responsible for them and so I didn't want another. Two children was enough. I didn't ask for another child and I would have to look after it all the time.

Twi's description draws attention to the economic hardships of rural farmers in northeast Thailand, most of whom are trapped in cycles of debt and dependent on migratory labour to supplement their meagre income from farming. By referring to her two children, and the need to ensure that she can provide adequately for them without the extra burden and expense of another child, Twi depicts her decision to abort as necessary in order to be a good mother. In this way, abortion is regarded by many villagers as fully compatible with Thai ideals of the 'good mother'. This emphasis on the quality of motherhood is promoted by the Thai family planning programme. Indeed, Twi makes a direct reference to the state family planning campaign in her statement that 'two children was enough'. This demonstrates an active appropriation of state discourse to justify and exonerate abortion. By this logic being a good mother necessarily entails bearing fewer children.

Conclusion

The issue of abortion dominated the International Conference on Population and Development (ICPD) in Cairo. The Programme of Action signed by 180 countries set as a standard women's decision making about reproductive health issues, policies and programmes. Despite some modifications and controversial debates on family values, and conflicting religious and cultural and ethical positions the following paragraph 8.25 was finally accepted in the draft document.

In no case should abortion be promoted as a method of family planning. All governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services. Prevention of unwanted pregnancies must always be given the highest priority and all attempts should be made to eliminate the need for abortion. Women who have unwanted pregnancies should have ready access to reliable information and contraceptive counselling. Any change or changes to abortion within the health system can only be determined at the national or local level according to the national legislative process. In circumstances in which abortion is not against the law such abortion should be safe. In all cases, women should have access to quality services for the management of complications arising from abortion. Post-abortion counselling, education and family planning services should be offered free of charge, which will also help to avoid repeat abortions (ICPD Programme of Action cited in World Bank 1994).

This statement reiterates the need for family planning programmes to be implemented within quality reproductive health services. It places these issues squarely in the public realm of the state. While falling short of advocating a woman's right to choose, it recognises unsafe abortion as a major public health priority that needs to be addressed by all governments within their own cultural context. The challenge remains to see the rhetoric of these services and women empowerment and participation in the policy dialogue made into realities.

While, despite the ICPD and despite Thai Government commitment to women's health, women such as Twi will be forced to make decisions that may endanger their lives in a country with unusually high rates of abortion. The numbers of women seeking abortions indicates that it is not a state matter as codified in Thai law is inconsistent with the realities women face in controlling their fertility. As long as governments in Thailand and elsewhere fail to publicly acknowledge the need for safe therapeutic abortion terminations, women will continue to utilise unsafe abortifacients and untrained abortionists.

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A systems approach to improving quality of care: Some lessons from contraceptive introduction in Vietnam

Do Trong Hieu and Vo Quy Nhan, Principal Investigators, Stage 1 and 2 Vietnam Project
Maxine Whittaker, Australian Centre for International and Tropical Health and Nutrition, University of Queensland

Contraceptive technologies have been central in many family planning and reproductive rights controversies for decades. An expanded scope of contraceptive has, however, been recognised as one of the means of improving the quality of family planning services (Bruce 1990). This apparent paradigm can be understood by accounting for the 'complex interplay between the client, a technology and the service delivery environment' (Heise 1997:8). It is the attention paid to the context of family planning, and therefore the role of contraceptive technologies, which makes the difference between real choice and quality of care, and misuse and abuse of the technologies (Heise 1997, Simmons et al. 1997). Addressing the existing constraints to family planning programmes have often been simplistic and mechanistic. Assumptions were made that increasing the types of contraceptives would automatically increase acceptor rates; that women were similar in their acceptance of methods and response to methods; and that the programmatic requirements for the method were routine. At best, methods introduced in this manner have been discreetly or poorly accepted within countries because of the poor quality of care. At worst, they have been forced upon women without their consent and/or knowledge, and have caused morbidity and mortality amongst the very groups who could have benefited from the method.

Previous approaches to introducing contraceptives into family planning programmes have often been simplistic and mechanistic. Assumptions were made that increasing the types of contraceptives would automatically increase acceptor rates; that women were similar in their acceptance of methods and response to methods; and that the programmatic requirements for the method were routine. At best, methods introduced in this manner have been discreetly or poorly accepted within countries because of the poor quality of care. At worst, they have been forced upon women without their consent and/or knowledge, and have caused morbidity and mortality amongst the very groups who could have benefited from the method.

In response to lessons learnt in contraceptive introduction, and increasing pressure by women's health advocates for improved quality of care and reproductive rights, the Human Reproduction Programme (HRP) of WHO (UNDP/UNFPA/WHO/World Bank's Special Programme of Research, Development and Research Training in Human Reproduction) held a series of consultative and planning meetings from 1991 to 1995. These meetings opened the range of participants from basic and clinical disciplines to include women's health advocates and social scientists. An approach was developed that recommended contraceptive technologies must be introduced within a quality of care and reproductive health framework and incorporate the perspectives of broad range of stakeholders including those of users, providers, managers, policy makers and women's health advocates (Simmons et al. 1997:80). It uses a systems framework requiring analysis of, and continued attention to, the political, sociocultural and economic environment in which family planning programmes are operating. It requires a continued understanding of users' community perspectives and needs, the status of the family planning and health services in the country's setting, and the characteristics of the technology (Simmons 1997).

Since the end of 1993, this approach has been implemented in more than seven countries in Africa, South America and Asia, based upon those countries' requests for assistance. One of these countries is Vietnam.

Expanding contraceptive choice in Vietnam

The Vietnam Government has an explicit policy to regulate and control access to contraceptive and has established replacement level fertility as a target. According to the unapplied demographic dynamic changes and family planning survey (1993), Vietnam's estimated population was 70.6 million, a total fertility rate of 3.5 and a population growth rate of 2.53 per cent.

The contraceptive method mix is skewed and one of the concerns of the population policy is to diversify the mix by adding methods such as DMPA (depot medroxyprogesterone acetate). The Provera trial is one of two brand names for DMPA and Norplant. According to an International demographic survey (Statistical Publishing House, 1995), about 75 per cent of women used a modern method reported using an intrauterine device (IUD), representing nearly one-third of married women of reproductive age. Amongst other methods, 21 per cent reported using withdrawal and periodic abstinence, four per cent using condoms and 2.1 per cent using pills. There was, and is, concern about the high rates of induced abortion in the country and the need to respond to unmet need for family planning as one way to address this issue. The desire to add new methods was expressed at both provincial and community levels and among donors.

However, some national programme managers, the Vietnam Women's Union (VWU) and donors have expressed concern about how to introduce additional methods in view of previous experiences such as:

- Increased rates of oral contraceptive pills after more than a decade of availability,
- Small trials with DMPA revealing very high discontinuation rates; and
- The service delivery difficulties experienced when Norplant® was provided on a limited scale.

The procedure for introducing a contraceptive method in the Vietnamese programme has been ad hoc, raising concerns about method safety, efficacy and possible adverse social consequences. It also led to various interpretations amongst providers of eligibility for the method, existing 'medical barriers' to client choice. As in many countries, if a method had been used in a clinical trial by an expert somewhere in the country, it was almost a fait accompli that it would become broadly available.

The preliminary assessment

The Vietnam Government, the Ministry of Health (MOH), the National Committee for Population and Family Planning (NCPPF) and the VWU, jointly requested an assessment of the need for contraceptive introduction in Vietnam. There were three basic questions regarding the role of contraceptive technologies in the Vietnam programme. Is there a need to reintroduce or better utilise contraceptive methods currently provided in the family planning programme? Is there a need to remove any existing methods? Is there a need to introduce new contraceptive methods? The assessment was undertaken by an interdisciplinary team of national and international experts using rapid appraisal techniques and existing quantitative and qualitative data. The assessment noted that there was:

- A limited range of methods actually available for the client due to a range of factors including provider bias and logistical issues;
- Poor counselling at all levels of the family planning programme, for example, lizized counselling skills of providers, counselling not being seen as important, and missed opportunities for counselling;
- Provider bias, leading to inadequate information on methods, for example, side effects rarely mentioned, only the II/D mentioned, providers' belief that clients did not have the ability to understand full information about a method;
- Inadequate quantity and quality of information, education and communication (IEC) activities in health facilities;
- Variation in the levels of provider knowledge of family planning methods and service delivery at all levels;
- History taking and screening were not routinely performed as part of the consultation;
- Inadequate attention to sterile technique, 'apap' and correct disposal procedures;
- Variable quality in the physical facilities and equipment at service delivery points, at all levels, and often shortages in equipment and supplies;
- Varying levels of support being given to clients at all levels in the system;
- Lack of privacy for clients;
- A crisis rather than prevention orientation to client return visits so that these were not a routine part of the service provided; clients usually did not know when to return for follow-up or about warning signs for the method they used;
- Record keeping systems at clinic level poorly suited to client follow-up;
- Limited provision of post-abortion, post-menstrual regulation and post-partum family planning information and services; and
- Poor skills in diagnosis and management of reproductive tract infections and other gynaecological problems.

The assessment reached three overall conclusions. First, priority should be placed on better and more appropriate utilisation of the fertility regulation methods currently provided within the public programme which would improve real choice for women. This would be primarily achieved through improved quality of care. Second, there was no need to remove currently existing methods from the public sector family planning programme provided that high dose and contraceptives were not resupplied. Third, introduction of fertility regulation technology currently not available or not widely available within the public sector should be approached with great caution. There was a role for DMPA introduction phrased and cautious. In addition, the assessment made several research recommendations on improved utilisation of currently provided methods, the introduction of new contraceptive methods and other reproductive health issues.

Follow-up

The assessment enabled a review of the various elements involved in introducing a method into the programme, as well as other issues of quality of care. The government as well as the donors recognised that, given the weaknesses in quality of care for existing methods and other reproductive health services, there must be a slow introduction of DMPA into Vietnam. Based on these needs, applied health services policy research is now underway as part of the strategic approach.

In 1996, the first step was taken with a project entitled 'An introduction study of DMPA in Vietnam: An opportunity to strengthen quality of care in family planning service delivery'. Its research design followed the main recommendations of the assessment, incorporating the improvement of managerial and technical aspects of quality of care of all services as well as ensuring the slow and careful introduction of DMPA. It includes studies of the perspectives of users, communities, providers and managers on all family planning methods and services including the introduced method, DMPA.
The second phase is the 'up-scaling', decision making and policy process which began during the first phase through preparing policy briefs, orientation kits, feedback workshops and disseminating results to the scientific policy, management and women's advocate audience in the country. These activities are continuing into 1999 and will be reported at a later date.

Results of the project

Accomplishments

There were five major process accomplishments. First, there was increased appreciation of and support for a cautious approach to introduction of new methods, for example, a transition in introducing DMPA, not proceeding with Norplant®, not introducing RU486®. Second, there was increased knowledge and understanding of quality of care, especially the importance of informed choice and counselling. Third, a commitment emerged to maintenance of the participatory nature of the process between and within the NCPF, MOH and VWU, but acknowledging the need for further nurturing. Fourth, the government and key donors were focused on the interaction between contraceptive technology, user perspectives and service delivery capabilities. Finally, there was improved understanding and appreciation of the linkages between programme and research activities and a better appreciation of the utility of research in programme decisions.

Major project accomplishments are and will be the development of a 'tool-kit' for the introduction or reintroduction of any contraceptive method in the context of improving the quality of care at all family planning services, using a reproductive health approach; demonstration of the feasibility of the process through implementation of this project; filling some of the gaps in understanding user and service delivery perspectives; and improvements in the quality of care, especially for family planning, at the project sites.

Constraints

The project revealed a number of major process constraints.

- Provider knowledge and skills have not been updated according to national standards or reacquired knowledge and practices internationally.
- Long-held provider attitudes, biases and behaviours require persistent and consistent policy and programme interventions spanning most of the programme management systems. Salaries, incentives and manager biases towards quantitative achievements rather than quality of service delivery are particular areas of concern. This project has contributed towards supporting a transition to a new mode of operation, but it requires long-term commitment and support both within the country and from donors and advisers.

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Informed choice: A pillar of quality family planning in theory and practice? The Vietnam Family Planning Project

Margaret Winn, Independent Consultant

Informed choice is a concept widely regarded as an essential element in quality family planning programmes. AusAID has taken a strong position about the need for informed choice in family planning and population programmes and incorporates it into its programme guiding principles. Not only is Australian support for population and family planning programmes predicated on the UN principle that Individuals should decide freely the number and spacing of their children and have the information and means to do so, but also the view that ‘Australia’s assistance should actively work towards improving quality of care in family planning by increasing the choice of family planning methods available and by providing information and counselling for clients’ (AusAID 1998).

Although a multiplicity of family planning agencies have framed the concept of informed choice in their own particular ways, there is a commonality of understanding: informed choice means people having sufficient information to make their own family planning contraceptive choices, based on their own circumstances. It also means people gaining access to a range of services so they can make those choices. Informed client choice then requires both information and services.

Since the 1990s, family planning programmes have actively aimed to increase the options available to clients. They have done this principally by adding to the number of modern contraceptives offered and by providing reproductive health services. This is in contrast to the limited population control activities of earlier times. Modern family planning programmes have also attempted to supply the information needed to exercise choice, by educating people about the range of contraceptives available and how to use them, as well as their advantages, disadvantages and side effects.

Despite efforts to increase the information provided to clients, there are still considerable gaps. Missing from most family planning education is information about:

- the absolute and relative contraindications of each contraceptive;
- what to do if there is a contraceptive failure;
- the contraceptive's impact on sexual and family household practice;
- general sexual and reproductive health including genital sanitation, reproductive tract infections and sexually transmitted infections; and
- the range of health services provided such as support, counselling and referrals.

Vietnam Family Planning Project

One project that aimed to offer real informed choice to its beneficiaries was the Vietnam Family Planning Project (1993–96), a joint activity of the Vietnam Women's Union (VWU), Population and Community Development International and Family Planning Australia, with funding from AusAID.

The project aimed to integrate community-based family planning, health and community development activities, increase contraceptive choice, improve the health of women and children, and strengthen community development institutions in five districts in northern Vietnam.

The project's strategies can be grouped under the two main headings mentioned above, information and services. Through women's groups and by involvement in livestock and agricultural model farms, the project provided women with comprehensive information on family planning, animal husbandry, agriculture, income generation, finance and health care. The project also extended and improved services by training staff and equipping health facilities and supporting income generation/community development and agricultural services. It increased access to and availability of quality modern contraceptives, by adding condoms and two oral pills to the existing government provision of intrauterine devices (IUDs) and sterilisation.

The project did not follow the hierarchical vertical approach, with its targets and pre-determined quotas, so long favoured in Vietnam. It took the needs and desires of project beneficiaries, not the requirements of the authorities, as the starting point for activities. The project assigned great importance to the father of knowledge and the encouragement of individual choice, and to the need to develop skills to enable people to exercise that choice.

At the centre of the project were the local women's savings groups (WSGs), a source of knowledge, skills development, advice, support and enjoyment for local women and a place where family planning education volunteers, agricultural staff and VWU members congregated to share information and hone skills.

WSGs provided a focus for health, agriculture and income generation activities, and served as a repository of project achievements. Through them women saw practical proof of the success of their newly applied animal husbandry and agricultural techniques, and of working with integrated networks of newly trained and equipped staff.

In clinic situations, health workers provided advice and information to each client on reproductive and general health, not just on contraceptives. The incorporation of the notion of respect for clients, and their right to information and personal choice, markedly improved interactions between local people and the health system. Participatory training courses and individual counselling ensured that local people had the information and skills to achieve real choices.

Local health and agriculture staff were also encouraged to make informed decisions. Local health workers had a role in choosing their own new health centre equipment and deciding the range of items for the medicine revolving loan fund. They no longer had to adhere strictly to health glass handed down from higher administrative levels, but rather were able to assess the local health situation in consultation with local people, and develop glass based on local needs. Health staff received training in infection control, non-scalpel vasectomy, client-centred reproductive tract infection prevention, pre and post natal care, and particularly in counselling skills. These trainings resulted in health staff being more helpful, informative and friendly.

Integrated approach to family planning

Family planning volunteers provided a door-to-door contraceptive supply service and more importantly, a wide range of general family health information to their fellow villagers. This represented a major departure from the standard population control work. Volunteers also played a significant part in the integration of health with agriculture and income generation activities, establishing a concrete link between population and economic development.

The integration of project elements also assisted the process of encouraging local people to reflect on how each project component affected the others. For example, how some higher yield crops require increased pesticides which may have a detrimental effect on health and fertility; and how flush latrines reduce health problems but, by eliminating easy access to human waste, increase the need to buy commercial fertilisers and thus require increased income.

The encouragement of local reflection on the interconnectedness of project elements and on the effects of activities within each element was one aspect of the broad approach of fostering informed choice in all matters, not just contraception. The project held the view that for women to make their own family planning choices they had to have more than just information and services. The project saw links between family planning informed choice and choice about other important areas of women's lives. To this end the project encouraged and assisted individual women to make and then act on their decisions about general health, income generation and agricultural activities.

Building on local expertise

Informed choice is predicated on the view that local people have something meaningful to offer the experts and that experts do not have all the answers. The project encouraged all project personnel to listen to local voices and learn from local experience. There was a major emphasis on two-way communication. Project personnel visited households and listened to particular concerns. Respect for local views, coupled with the development people had the information and skills to achieve real choices.

Local health and agriculture staff were also encouraged to make informed decisions. Local health workers had a role in choosing their own new health centre equipment and deciding the range of items for the medicine revolving loan fund. They no longer had to adhere strictly to health glass handed down from higher administrative levels, but rather were able to assess the local health situation in consultation with local people, and develop glass based on local needs. Health staff received training in infection control, non-scalpel vasectomy, client-centred reproductive tract infection prevention, pre and post natal care, and particularly in counselling skills. These trainings resulted in health staff being more helpful, informative and friendly.

What if 'wrong' choices are made?

Informed choice had an important role in this project's successful development outcome. However, embedding informed choice as an essential element of development programmes leaves open the possibility of people choosing to act in ways contrary to prevailing wisdom or to donors' desires. This may take the form of well-informed women choosing not to wear protective clothing when using pesticides or to feed steroids to their pigs to hasten the weight gain for a quick financial return; of well-skilled women choosing not to include the poorest women in their savings groups, fearing they would not repay their loans or would use their loans to increase family income but at the cost of their health through an increased workload.

Some potential areas of project conflict can be solved satisfactorily, others present greater difficulties. For example well-informed and well-skilled women choosing traditional contraceptives with attendant failure rates and wanting back-up abortion; women choosing menstrual regulation as a preferred method; women wanting to choose the sex of their children; women wanting access to RU4860. These informed choices can sit very uncomfortably alongside population and family planning guidelines such as AusAID's principle of 'ensuring projects do not involve abortion training or services, or research, trials or activities which directly involve abortion drugs'. The challenge for project implementors and field staff is how to frame the parameters of informed choice and how to handle its consequences.

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Social and cultural factors affecting contraception and safe sex programmes in Ghana

Pascalle Allotey, Key Centre for Womens Health, University of Melbourne
Daniel Reidpath, Faculty of Health Sciences, Deakin University

Ghana was one of the first countries in Sub-Saharan Africa to develop a population policy. Having recognized its high fertility rate, from 1970 the government encouraged planned parenthood and pushed limited childbearing onto the agenda of the Ministry of Health. Ghana was also one of the first countries in the region to acknowledge and attempt to control condom use through family planning services. However, the success of both programs has been limited.

The need for family planning services

Estimates of the need for family planning services are derived from results of 'knowledge, attitude and practice' (KAP) surveys. The surveys elicit information about attitudes as feasible, that is, the desire to have children and contraceptive practice. The discrepancy between those provides a measure of 'unmet need'. The unmet needs estimates for women in Africa have increased from 23 per cent in the 1980s to 29 per cent in the early 1990s (Bongaarts 1991, Weazell and Pheby 1995) and these figures have led to substantial funding of family planning programmes. However, there are some problems with this measure of unmet need. It does not account for the need for child spacing, the need for unmarried women or the need of men, and therefore current unmet need is probably underestimated. The assessment of men's unmet need for family planning in Ghana is complicated by cultural practices such as polygamy. In general, if a man states that he does not want to have children but is practicing contraception, he is seen as not genuine. However, classification becomes difficult where a man may want additional children and some but not all, or practically none of the time. A recent study estimated men's unmet need at 24 per cent which is comparable to, but slightly lower than, women's (Ngom 1997).

Social and cultural barriers to the use of family planning

Married couples

All tribes in Ghana emphasize the importance of reproduction. Children are the main reason for marriage and were the highest form of inheritance and respect for both men and women. Societal norms demand evidence of fertility from women early in marriage (Sarpong 1977). In some cases before marriage rites are concluded (Ankomah 1998). Among the Ga tribe for instance, two ceremonies are performed: the first, a public and formal announcement of the man's intentions towards the woman and the second, formalizing her delivery to her husband's family. The current trend is for the second ceremony to also involve a Western-style 'white wedding' and often occurs after the birth of a child.

Despite Western influences and the tendency for urban areas to occur at a later age, societal pressure on couples to reproduce has not changed. A great deal of importance is placed on the birth of a son and therefore, for many couples, family planning is not an option before these obligations are met. Reproductive decisions among married couples are further complicated by gender relations. The authority of men is acknowledged as indisputable and society's sanctioning of this is implicit in the payment of the bride price (Gage-Bonadio and Nye 1994, Caldwell and Caldwell 1990). Indeed family planning services in some districts are refused to women unless they are accompanied by their husbands or demonstrate in some way that they have the support of their husband. The tendency has been for men and their families to want more children and this frustrates women's intentions to use contraception (Dodoo 1993). This is particularly relevant in polygamous marriages.

A recent study (Dodoo 1998) showed that male dominance and desire for large families increased according to the type of marriage. Monogamous couples were more likely to use contraception and women in these relationships had more control over their reproduction than women in polygamous relationships. In addition, there was higher contraceptive use when men rather than women wanted to control the number of children (Dodoo 1998). Although polygamy is generally more common among the less educated and suggests a more traditional life style, it is widespread in Ghana both rural and urban areas. Recent surveys and estimates at between 30 and 50 per cent of all marriages. The prevalence of polygamy and the data on the unmet needs of men indicate that men need to be targeted in family planning programmes.

In rural areas, there is deep suspicion of the concept of family planning. For instance, a 1995 study conducted in a rural community in Northern Ghana reported that people generally equated contraception with woman control (Allotey 1995). The perceived control was not only of fertility, but also of culture and way of life. In fact, the very mention of family planning was sufficient to terminate any further discussion with most of the male elders in the community.

Unmarried couples

Although not sanctioned by Ghanaian society, non-marital fertility is increasing. Premarital and extra-marital sexual intercourse is blamed on formal education, increasing urbanization and the monetization of traditional subsistence economic systems (Ankomah 1998). Thirteen per cent of females reported being sexually active by age 15, with a median age of 17 years at first intercourse for girls and 18 years for boys (Ghana Statistical Services 1994). Some studies have suggested that premarital sexual relationships are not for the purpose of reproduction but are transactional, with sexual services exchanged for material gain (Ankomah 1998). It is perceived as being substantially different from prostitution; prostitution is socially unacceptable. A recent phenomenon, premarital sexual exchange is a result of economic pressures and a means of redefining the imbalances in a society where men 'monopolize' most positions of influence and power and are also controllers of resources; to women whose opportunities of social mobility or advancement are very limited (Ankomah 1998:303).

Some women report that they are in fact 'compelled' to have more than one partner in order to have their economic needs met. Contraception in this group of women is a two-edged sword. First, one hand it is important to avoid pregnancy and the uncertainty of whether one would be a good result. Pregnancy in is often the reason men end a non-marital relationship if they are not prepared for the financial burden of a child. On the other hand, pregnancy could also be a way of securing a long-term relationship. In many cases, they can count on their partner to accept responsibility. The financial dependence of women in these relationships leaves them vulnerable and unable to insist on their personal reproductive choices.

STD prevention

Spousal services have a major role, not only in contraception but also in the promotion of safe sex. This is important both for married and unmarried couples because having multiple partners is increasingly perceived to be 'normal', especially for men (Awosabo-Asso et al. 1993). The promotion of the use of condoms in Africa has been an uphill battle. There is a perception, even among the service providers, that they encourage on the expansion of people's sexuality and gender relations (Barnett and Blaikie 1993). Other reasons for non-use include the real or perceived reduction in sexual pleasure, lack of spontaneity, unnatural feel and the indication of a lack of trust. A recent study (Dodoo 1998) shows that women are likely to be ridiculed and called 'cheap' or 'loose' if they insist on condom use, because men are inclined to believe that the woman learned about condoms from other men and this makes her a 'whore'. Similar findings have been reported in Uganda where married women who insisted on condom use with their husbands were accused of infidelity and beaten (Konds-Luke et al. 1993).

In addition to the gender-related reasons, there is a perception among many young people in Ghana that they are safe as long as they avoid prostitution. Women who have travelled widely, especially to countries such as Cote d'Ivoire, which currently records one of the highest incidences of HIV in Africa.

Service factors in use of family planning

The lack of success of family planning services is not solely a result of social and cultural factors. There are several service-related factors, including inaccessible and lack of services due to poor transportation, lack of trained personnel, unhygienic equipment, real and perceived side effects of contraceptives, inadequate educational campaigns and inadequate funds (Ankomah 1998). A review of access to family planning in developing countries revealed that access is limited by outdated laws, misconceptions about health, biases about specific methods, and cumbersome referral procedures for approving new drugs that are available in other countries (Mitchell 1997).

Improving reproductive health services in Ghana

The provision of reproductive health services is based on the assumption that all individuals have the right to control their reproductive choice. However, cultural imperatives in Ghana and in many other developing countries are often at odds with reproductive rights and need to be reconciled in order to maximize family planning services. There are several important areas must be addressed in the provision of family planning services in Ghana. First, an individual's need for family planning is not constant either across time or place. Second, family planning services need to take into account the prevailing Ghanaian cultural norms on polygamy and women's access to economic and social independence. Third, these services must acknowledge the rapidity of social change in views on marital sex, extra-marital sex, promiscuity and πrostitution.Each of these issues is interrelated with the others and all must be addressed in order to achieve effective change in service provision. In addition, an approach to promotion that meets the varying needs of different target groups must be developed in order to improve family planning service coverage.

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Government support for family planning

Australian governments have supported family planning organisations in each state and territory in developing and providing high quality services, particularly the training of doctors, nurses, teachers and community educators. The Australian Federation of Family Planning Associations (now Family Planning Australia, FPA) was formally incorporated in 1973 to represent its members, the state organisations. FPA advocates for social and legislative reform, develops national standards for education and training, develops research at a national level and participates in the central and regional activities of the International Planned Parenthood Federation (IPPF). Through its member organisations, FPA continues to make a significant contribution to the public health effort of the Australian government.

International assistance

Following the International Conference on Population and Development (ICPD) in 1994, Gordon Blesey, then Parliamentary Secretary for Foreign Affairs, encouraged FPA to share its Australian expertise with neighbours in the region through the delivery of international assistance activities. Prior to this, FPA had undertaken some small ad hoc technical assistance projects funded by AIDAB (Australian International Development Assistance Bureau, now AusAID) and some individuals associated with FPA had accessed WHO, IPPF and UNFPA projects. After a review of FPA's overall priorities, an international project coordinator was employed to manage projects and develop other avenues for family planning assistance to countries in the Pacific and Southeast Asian region. Two major projects, the Vietnam Family Planning Project and the South Pacific Family Planning Training Project were funded by AusAID (Australian Agency for International Development).

FPA reviewed its strategic approach to international activities again in 1996, with a view to developing a sustainable international aid program. Fundamental to this was the development of good partnerships between the family planning community in Australia and family planning organisations in the region. FPA was necessary to engage the broader family planning community in the international programme. Given FPA's donor focus, FPA state councils and management needed encouragement to think of development assistance as part of the responsibilities of the Australian family planning community, and to see it as mutually beneficial to international communities and their own Australian focused activities.

International work to date had involved some key staff members, but there was little demonstrable benefit to organisations that released them for overseas work. As experience working in developing countries was an important selection criterion for employment on overseas projects, a tendency to engage the same experiences had emerged. Since employers viewed frequent requests for leave from these workers as a disadvantage, an approach that encouraged ownership of the international programme and wider involvement of staff from all state and territory family planning organisations was developed.

Through a regular, quarterly newsletter, Working in the Region, the Australian family planning community was kept informed of the international activities, and their contribution through provision of staff was acknowledged. Volunteers and staff of the family planning organisations were made aware of the importance and effectiveness of the support provided to people in the Pacific and Southeast Asian regions. Staff based associations have different capacities to become involved in development work, and each was asked to consider how it could engage in the international programme. Assignments overseas are at one end of a spectrum which includes long and short-term placements on projects, project management, short-term training and technical assistance assignments in and out of Australia, developing and providing resource materials, hosting international visitors, and answering written requests for assistance. Not all organisations were able to release staff. However, all have acknowledged both their ability to contribute to the development programme and the fact that they had been providing overseas assistance for many years in various ways.

The greatest benefit to the Australian organisations is the professional development of their staff who, by participating in the programme, experience interesting and rewarding work. Many are now engaged in seven major international projects. As opportunities arise, FPA encourages volunteers from within the organisation to accompany people with previous overseas experience on their assignments. The international work is now recognised as integral to the activities of FPA.
The role of FPA

A key role for FPA is to match the skills of the Australian family planning community with the needs of our partners in the region. As a member of the International Planned Parenthood Federation, FPA's links with other IPPF affiliated organisations in the region has assisted this process. Family planning associations in the region have similarities with Australian family planning organisations which go beyond the sharing of aims and objectives. On visiting local associations, FPA staff see more similarities than differences and can provide valuable assistance based on their own experience. Of course, they also learn as much as they share. It can be quite humbling to see a developing country organisation addressing the same issues faced in Australia, with fewer resources. FPA's assistance has been recognised and valued in implementing education programmes addressing family planning, reproductive health and sexuality. It is apparent that cultural and religious barriers to information about sex are not unique to developing countries. Australian family planning educators have moved through the same barriers, confronted the same criticisms and met the same opposition, developing successful strategies and programmes which allow educators to address concerns appropriately and get on with the business of providing information and services to women, youth, children, and the unmarried about preventing and dealing with the consequences of unwanted pregnancy, sexually transmissible diseases, sexual abuse, infertility, and a range of other reproductive health issues.

Family planning in Asia and the Pacific

Family planning organisations in the Pacific region have gained significantly from their partnership with counterparts in Australian family planning organisations. Family planning organisations in Tasmania and the Northern Territory are of similar size and structure to many Pacific Island organisations. Information sharing and skill development in programme management, nursing and education have been of great value in improving the management procedures and the quality of care provided within partner organisations. The nature of the FPA training programmes fosters the development of partnerships. Each course includes appropriate follow-up activities, to enable the transformation of learning into practice. The very practical, 'hands on' nature of the exchanges between FPA and its partners, the sharing of resources and ideas and the development of respectful peer relationships has been enriching for all parties.

In Vietnam, Thailand and Lao PDR, FPA has partnerships of a different nature. In implementing integrated family planning and community development programmes, FPA is in partnership with organisations with different qualities and expertise. Population and Development International has significant experience in community development activities and the Women's Unions in Vietnam and Lao PDR have extensive networks in those countries. FPA brings technical assistance in community education, quality of care, project management and Australian dollars to assist with the implementation of effective assistance programmes for women in rural communities. The partnerships depend on cooperation, mutual respect and a willingness to learn from each other. In July 1998, FPA was awarded full accreditation status by AusAID. The process included an assessment of FPA's relationship with its partners in Vietnam and confirmed the strength of the cooperative relationship and its mutual benefit to all partners.

Australia's future role

Ian Smillie, keynote speaker at the Australian Council For Overseas Aid conference on 'NGOs in a global future', advised that the way of the future for development NGOs is in the establishment of collaborative partnerships with like minded organisations. As the donor dollar shrinks and community based organisations compete against each other for community donations, the funding to small NGOs looks grim. Alternatives such as partnerships between commercial development companies and community based organisations are increasingly common, but not always successful. FPA's domestic programme is recognised by the Australian Government as providing a significant contribution to the public health of Australians, and it receives funding to deliver its programme. The international programme is funded through donations from the Australian community and contributions provided by the family planning organisations and the management of AusAID funded projects. As FPA's reputation for delivering good programmes spreads, mulilateral and regional organisations seek to purchase the technical expertise through FPA. Is this the way of the future? Or does FPA continue developing projects from the bottom up, with its partners and hoping that AusAID will continue to value the benefits of sharing the expertise developed and maintained in Australia?
HIV and infant feeding: What choice is there?

Greg Thompson, World Vision Australia

For babies everywhere, the benefits of breastfeeding are undisputed. But for babies in developing countries, breastfeeding is imperative. Their very survival depends on the immune boosting properties of mother’s milk. The World Health Organisation (WHO) and UNICEF recommend that babies be fed breast milk only – nothing else, not even water – for about the first six months of life.

Countering decades of promoting ‘breast is best’ for infant nutrition, the United Nations is issuing recommendations intended to discourage women infected with the AIDS virus from breastfeeding. In its directive, the United Nations stated deep concern that advising infected mothers not to breastfeed might lead many mothers who are not infected to stop breastfeeding. To reduce that possibility, it is advising governments to consider bulk purchases of formula and other milk substitutes, and to dispense them mainly through prescriptions (Altman 1998).

Every day, hundreds of babies contract the virus that causes AIDS from their mother’s milk. After careful study, World Vision in Africa is adhering to the old advice – breastfeeding is best, even for HIV-positive mothers.

Global realities

Initially, children were considered to be only marginally affected by the AIDS epidemic. However, the international community has discovered that children and women are increasingly becoming infected. In most regions of the world women don’t know they are infected and many unknowingly infect their children before or during birth, or through breastfeeding. Their HIV-positive mothers infected over 90 per cent of the children who have acquired the virus (March 1998). UNAIDS recently reported that data from developing countries indicates that up to one-half of transmissions of HIV from mothers to infants is by breastfeeding. In Sub-Saharan Africa UNAIDS suggests that as many as 10 million women of childbearing age are infected with the AIDS virus, about 10 times the rest of the world combined. Further it is recognised that one-third of women who conceive will pass on the virus to their child (Marsh 1998).

The UN response

Recent changes in UN policy on HIV and infant feeding have occurred in the space of less than 12 months. Following a series of meetings and consultations in the first half of 1998, WHO, UNICEF and UNAIDS developed a policy in the face of emerging realities, and issued new guidelines on HIV and infant feeding. Concern has arisen that the new approach from Geneva risks serious damage to the gains that have been made to the last two decades of promoting and protecting breastfeeding. The new UN approach has provoked controversy. It stems partly from what is claimed by the UN to be a distortion by the popular media.

The UN policy takes a ‘rights’ perspective, stating that:

- All women and men, irrespective of their HIV status, have the right to determine the course of their reproductive life and health, and to have access to information and services that allow them to protect their own and their family’s health. Where the health of the child is concerned, decisions should be made that are in keeping with the child’s best interests (WHO 1998:20)

It highlights the need to:
- protect, promote and support breastfeeding in all populations;
- improve access to HIV counselling and testing;
- improve access to HIV testing and treatment;
For agencies like World Vision, UN guidelines are applied in resource-poor situations or in the face of complex humanitarian emergencies. In many of the communities where World Vision is working, safe water or make up bottle milk is unavailable. Additionally, neither mothers nor governments can afford to pay for infant formula. Access to means of heating milk and sterilised bottle-and-teams cannot be assured. In many circumstances, poverty is still the major factor limiting the choices that the new guidelines seek to empower HIV-positive mothers and supervisors; and A review of HIV transmission through breastfeeding. The guidelines emphasise the need for voluntary counselling and confidential testing and HIV testing, as well as a woman's right to make a fully informed decision about how to feed her baby. They stress the need for a range of feeding options for HIV-positive women, including breastfeeding, expressed and heated breastmilk; home prepared breastmilk substitutes; and commercial infant formula. Many are concerned that the emphasis is skewed to the free or subsidised supplies of commercial infant formula.

Adding to this controversy, in late January 1998, UNAIDS, WHO and UNICEF announced support for a public health initiative in 11 developing countries to increase the chances of HIV-positive women having a healthy child. In a recent trial in Thailand, it was found that if HIV-positive pregnant mothers are given a short course of AZT and do not breastfeed their babies, the proportion of babies infected drops by over 50 per cent. Drawing on the trials, the UNAIDS initiative will include the following:

- expanded HIV counselling and testing;
- improving antenatal and delivery care;
- development of alternatives to breastfeeding;
- ensuring availability of safe water; and
- social protection against possible stigma and rejection for women who find they are infected and do not want to breastfeed.

A significant part of this initiative is the pharmaceutical company, Glaxo Wellcome which produces AZT. Glaxo Wellcome will commit an initial supply of the drug and offer 'preferential pricing' to the UN and other partners in developing countries as the initiative expands (UNAIDS 1998a).

A World Vision perspective

Media distortion aside, elements of the new approach are of considerable concern. Many have pointed to the degree to which the guidelines give more emphasis to the need to prevent "slipovers" to mothers who are not infected with HIV and those whose HIV status is unknown (Baby milk Action Update 1998a:8). At the same time, buried in the text of the guidelines are more encouraging statements such as "the risk of giving replacement feeds must be less than the risk of HIV transmission through breastfeeding." The increasing risk of mother-to-child transmission has led to the revised approach by the UN agencies. The challenge is to communicate the message effectively without exposing infants to feeding practices inappropriate in the local context. The danger of the approach is that there will be insufficient attention paid to the health risks and economic issues involved.

Is the UN response premature?

World Vision's communication on the ground in Africa is reflected in the UN's own thinking, and experience as it tries to implement this new approach. On 5 October 1998, the Committee on the Rights of the Child, an expert body convened by the UN Commission on Human Rights, held a general discussion on the issue of 'Children living in a world with HIV/AIDS'. Participants included national government and UN agencies such as World Vision. The Committee recommended, inter alia, that "More research should be carried out on mother-to-child transmission, and in particular on the risk and alternatives to breastfeeding" (Marsh 1998). In this light, are the guidelines premature?

Moreover, there is the issue of the 11 nation initiative. Its viability is in doubt given a report from Côte d'Ivoire, one of the countries in which the AZT initiative is being implemented. More than 13,000 women were offered interventions to increase their chances of having a healthy baby, but fewer than half accepted the testing and returned for the results. This example suggests that even when services, such as voluntary HIV testing and counselling, are offered, many do not want to know or acknowledge their HIV status because of the blame and shame attached to AIDS (UNAIDS 1998b:4).
Australia's role in international HIV/AIDS responses

Audrey Cornish, HIV/AIDS International Development Network of Australia (HIDNA)

Introduction

The HIV/AIDS pandemic continues to challenge governments, the non-government sector, communities and individuals internationally. At the end of 1997, UNAIDS and the World Health Organisation (WHO) estimated that over 30 million people were living with HIV/AIDS across the globe. This means that one in every 100 adults in the sexually active ages of 15-49 is HIV-positive and 1.1 million children under the age of 15 are infected. Every day there are 16,000 new infections. Ninety per cent of all new infections are occurring in the developing world and half of these infections are occurring in young people between the ages of 15 and 24 years. These estimates show that the greatest burden associated with the HIV pandemic rests on developing countries. Their capacity to develop effective prevention and care programmes is critical, as it is Australia's current and potential role in assisting in these efforts.

The changing context of Australian foreign aid

Australia has gained international recognition for its management of HIV/AIDS prevention and care. Much of this success has been attributed to the tripartisan or partnership approach between government, the medical profession and the community. The location of the Australian epidemic within a specific period (the late 1980s and early 1990s) and within a particular sociopolitical and economic climate are also factors which contributed significantly to what has been regarded as an effective domestic response to HIV/AIDS. Australia is now faced with a markedly different climate in which political and economic realities appear to be leading to a demise in humanitarian spirits, notions of partnership and the capacity to tackle social issues such as AIDS in a strategic and collective manner.

The increasing preoccupation with foreign affairs and trade directly affects foreign aid culture and decision making processes at large. In response to the lure of profits, the place of private development firms is rapidly strengthening within the aid sector. Competition amongst NGOs for government funds now serves to divide agencies that previously have worked together. In assessing the current capacity and future potential for the Australian NGO sector to assist in international HIV/AIDS responses, it is important to recognise this changing context and its impact on the delivery of effective quality responses and relationships across the globe.

HIDNA consultative review

In 1997, the HIV/AIDS International Development Network of Australia (HIDNA) conducted a participatory consultative review of Australian agencies working in international HIV/AIDS assistance, including universities, development organisations, NGOs, consulting firms and individuals working overseas. The purpose of the consultation was to review Australia's institutional role in the context of the Third National HIV/AIDS Strategy and to complement the Australian review of HIV/AIDS programming. The consultation did not include recipient country counterparts and was therefore limited in scope.

Australian best practice in HIV/AIDS assistance

In the field of international HIV/AIDS assistance, the Australian NGO sector has developed expertise and provided examples of best practice in international HIV/AIDS programming. Networking is a key feature and includes initiatives in developing professional networks, critical analysis of the vulnerability and risk of HIV infection and nurturing leadership development in the Asia-Pacific region. Australian NGOs have emphasised the need for facilitating best practice in prevention and care, fostering partnerships between the governmental and NGO sectors overseas, and providing leadership in supporting 'marginalised populations', that is, intravenous drug users, people living with HIV/AIDS, gay men/homosexual men, persons with mental disabilities, women, prisoners and indigenous people. Networking is a key area of best practice, including facilitating national strategic planning, strengthening health sector skills and developing capacity in research, monitoring and analysis.

Constraints to best practice

Several constraints affect the implementation of best practice which, if addressed, could improve the overall quality of international HIV/AIDS assistance and cooperation programmes. Participants in the consultative review identified the challenges associated with the different context and epidemiological profile in countries most affected by HIV compared to the Australian domestic context and epidemic; the lack of a strategic approach and transparent system for all players in the NGO and government sectors to share lessons learned; improve their capacity and develop a coordinated response; and the lack of sufficient political will, resources and capacity to respond to an expanding epidemic in many developing countries.

Overcoming constraints

Australian NGOs working in development described lessons learned in overcoming these constraints with examples from domestic and international experience. The following general themes emerged:

• Flexibility is necessary to adapt programmes to the changing epidemic and context;
• STD management is an effective tool for HIV prevention, however, the best means to provide assistance in this area is still being identified;
• gender concerns are central to the analysis and development of effective programmes;
• HIV prevention and care strategies are most effective when they are linked;
• both a 'ground up' community-based approach as well as a 'top down' supportive policy environment are necessary for sustained responses;
• research, monitoring and evaluation are effective tools to improve programming when linked to communities at risk, although they are often underutilised; and
• mechanisms for support must allow for a cohesive approach to the development of capacity in financial, technical and management expertise for STD/HIV/AIDS programming.

Future challenges to HIV/AIDS assistance to developing countries

The expanding epidemic raises many questions concerning the future that will challenge the development sector as a whole. In many developing countries the epidemic is surpassing containment within 'marginalised populations' and epidemics are affecting the 'general population'. Skills and strategies to address both populations are now necessary, depending upon the country context. Additionally, the enlarging burden of infection and the consequences associated with the loss of individuals and families and the serious impacts on many communities. The major questions facing the NGO sector in HIV and development now and in the future are associated with how best to address the stigma, discrimination and shame associated with being infected and how best to assist with the expanding demands of HIV/AIDS care and support and its impact on women, men, children and other care within communities.

Review recommendations

Taking into account the current capacity of Australian organisations, the needs within developing countries and the desire to overcome constraints, the HIDNA consultation revealed several areas where additional assistance could make a difference in HIV/AIDS programming. To improve development country capacity, additional assistance should work towards expanding and/or remodelling effective approaches known to work with 'marginalised populations' while developing new approaches to address 'generalised' epidemics, and strengthen the capacity for national provincial level planning and provincial/district level implementation. To improve the NGO sector's capacity, the scope of HIV programming should be broadened to engage more partners, including the private sector and development banks. Information sharing across Australian organisations should be improved to facilitate the expansion of expertise within Australian organisations to assist developing countries in HIV/AIDS. Application of any recommendations, however, would depend upon the developing country context and the known epidemiological profile.

The NGO sector in Australia could also enhance its overall HIV/AIDS programming by improving its working relationship with the Australian Government. This might enable a collectively identified process to establish key priorities in the field of STD/HIV/AIDS. Such an improved partnership could also provide the opportunities for greater involvement, expanding expertise and strengthening the overall capacity to assist in HIV/AIDS responses internationally. Planning in this area, however, must include developing country recipients in open dialogue and debate about the most appropriate focus of development assistance.

Reflections from Australians in the field

Australians are increasingly participating in the international response to HIV/AIDS, working as individuals, NGOs, with international and local NGOs, with multilaterals, as volunteers and as contractors for AusAID-funded projects. Although stories of successful projects are widely circulated among those working with HIV/AIDS, there appears to be little critical analysis of Australia's international response. It is important to consider what Australia has to offer our neighbours and what we can import from our neighbours in order to improve the quality of our domestic response.

Australians working in the field in HIV/AIDS projects in a variety of developing countries have identified issues and challenges drawn from their own experience. Their thoughts and suggestions provide valuable insight into Australia's international response to the global epidemic. They identified Australia's progressive policy context and its support for community based action as two key effective approaches to HIV/AIDS. This includes partnerships between government and NGOs, political leadership and collaboration between all levels of government, NGOs, communities and the private sector. Strong advocacy and role of government to create supportive legal and social environments were also considered effective. In addition, respondents identified a range of skills, resources and experience which Australia has to offer including capacity building and national strategic planning; media and communication; needle exchange programmes; working with migrants; training expertise; social research; information, education and communication strategies aimed at behaviour change; condom lubrication promotion and peer education.
Australians working in the field also identified constraints on Australian international HIV/AIDS assistance. These included: imposing solutions versus building trust; a tendency to impose what is thought to be appropriate according to our own experience; the lack of 'fit' between developing country needs and what Australia can offer; constraints within developing countries including extreme poverty and government ambivalence or even hostility; AusAID constraints; inflexible funding arrangements; and political motivations for support or opposition to projects and bilateral programs.

It is essential that a stronger working relationship, including an effective process for establishing key priorities in the field of STD/HIV/AIDS, be developed between the Australian Government and the non-government sectors. This would enable the expansion of expertise to address the challenges facing international HIV/AIDS assistance and would develop further the established partnership approach which is integral to Australia's national response to the HIV/AIDS epidemic.

Acknowledgement
This article is an edited compilation of Buzy (1998) and Boswell (1998). Further information about HIDNA and copies of papers can be obtained by contacting the HIDNA Coordinator on +61 (0)2 6285 1816 or hidnacd@acfoa.asn.au

References

Human rights have long played an important part in national political life, as can be seen in the Magna Carta of 1215, the French Declaration of the Rights of Man and Citizen of 1789, and the US Bill of Rights of 1791. The international protection of human rights, by contrast, is more recent. Since the adoption of the Universal Declaration of Human Rights on 10 December 1948, there has been a global human rights revolution.

What are human rights?
Human rights are fundamental privileges or immunities to which all people have a claim. They are not 'given' by governments, as they are derived automatically from being a human. Since governments cannot 'give' human rights, they should not try to take them away. Although human beings may be divided by gender, language and color, there are similarities which are manifested in the rights which all humans enjoy. The 1945 UN Charter refers to 'fundamental human rights', the dignity and worth of the human person, 'equal rights', and 'fundamental freedoms'.

Almost all human rights apply to individuals. There is, however, one collective human right: the right to self-determination, that is, for a people to run their own affairs. Although the term itself is modern, the collective right to self-determination has a long history: Moses, George Washington, Ho Chi Minh and Nelson Mandela are examples of leaders of peoples wishing to exercise their right of self-determination.

Individual human rights consist of three broad categories—civil and political, such as the right to a fair trial and to take part in politics; economic and social, such as the right to work and equal pay for equal work; and the right to peace and a healthy environment.

The international protection of human rights

Leaving aside foreign help given to national liberation movements, the oldest campaign for the international protection of human rights was probably against slavery and the slave trade. The campaign began in Britain with the forerunner of today's Anti-Slavery International—possibly the world's oldest human rights NGO—and resulted in the abolition of slavery in 1833 throughout the British Empire. Slavery was abolished in Russia and the USA in the 1860s.

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Background to the global human rights revolution

Keith Suter, United Nations Association (NSW)

The League of Nations

The League of Nations was formed to facilitate international cooperation. The League's Covenant, unlike the United Nations Charter, contained no reference to 'human rights'. The aim of the League was to achieve cooperation between nations, rather than an involvement in the internal affairs of nations. However, United States President Woodrow Wilson was a staunch supporter that the League should have a role in the international protection of minority populations. He argued that the first world war began partly as a result of the poor treatment of minority populations in the Austro-Hungarian Empire, and that unstable regions like the Balkans could destabilize affairs between other nations. All peoples, he argued, should be given the right to self-determination and should be able to govern themselves. Thus, the League was given the task of protecting minority in the territories of the defeated Axis Powers.

The United Nations

Human rights received considerable attention during the drafting of the UN Charter, largely as a result of Adolf Hitler's violation of human rights during the second world war. The Allied nations were embarrassed that none of them had complained officially between 1933 and 1939 about Hitler's treatment of Jewish people. They claimed that as nations were not allowed to interfere in the internal affairs of other nations, criticism of other nations' internal policies was not possible.

It was proposed that the UN Charter should have an international bill of rights attached to it. There was not enough time for this to be written, and so it was agreed that priority should be given to this task as soon as the UN came into being (24 October 1945).

UN documents

The UN General Assembly adopted the Universal Declaration of Human Rights (UDHR) on 10 December 1948 without any negative votes. There were, however, abstentions from the USSR (because of the UDHR's right to own property), South Africa (which opposed the principle that blacks were equal to whites) and Saudi Arabia (which opposed the principle that women were equal to men).

All UN General Assembly declarations are expressions of governmental opinion. They are not binding on anyone, including governments that vote for them. In contrast, a treaty is binding on all governments that ratify it. The UDHR was used as the basis of two creations: the International Covenant on Civil and Political...

Two treaties were needed because of the different problems involved in implementing the two types of rights. Civil and political rights are rights that the individual has against his or her government. Since the government is the potential violator of those rights, it is also the protector of them. Economic, social and cultural rights, by contrast, require the active involvement of the government in the life of the nation, so as to ensure, for example, that the economy is growing in such a way as to provide opportunities for employment and equal pay for equal work. A government can claim, however, that although it is in favour of full employment, the economic conditions do not permit it.

Each government that has ratified each treaty agrees to provide the UN, on a regular basis, with a report on what it has been doing to respect the human rights listed in the treaty. The Civil and Political Covenant also allows for a system of state-to-state complaints. Governments which agree to be bound by this system (and most have not) agree that the UN may receive and investigate complaints from other governments which have also agreed to this system. The First Optional Protocol to this Covenant goes a step further. Governments that agree to be bound by the Protocol agree that the UN may receive and investigate complaints from their own citizens.

These implementation measures seem very mild. Even if the UN's investigation finds that a government has behaved badly, it has no power to do anything other than make the findings public.

There is, however, no regional machinery for Asia or the South Pacific to handle complaints. The Organisation for African Unity has given this some attention but nothing has yet been established. There is, however, no regional machinery for Asia or the South Pacific. Finally, the UN has provided an opportunity for NGOs to lobby governments to improve their human rights records. Although some governments make private requests to other governments to improve their human rights policies, they are inhibited by the limitations of diplomacy on what they may do publicly. NGOs are not so restrained.

The human rights revolution

When viewed in the context of the evolution of the international protection of human rights, the post-1945 developments have been spectacular. First, human rights are part of the political vocabulary. Political claims are expressed in terms of 'human rights'. Even if people are unfamiliar with the details of the UN's declarations and treaties, there is widespread interest in human rights and people are now more likely to oppose abuses of governmental power which violate human rights. People are still treated badly, but they know their rights are being violated. People are not dying in ignorance.

Second, the UN has produced a diverse range of declarations and treaties, flowing from the UDHR. Some of the more notable treaties are:

- 1951 Convention on the Prevention and Punishment of the Crime of Genocide which provides for the prosecution of anyone charged with committing acts intended to destroy, in whole or in part, a national, ethnic, racial or religious group;
- 1969 International Convention on the Elimination of All Forms of Racial Discrimination which prohibits discrimination and the discrimination of ideas based on racial superiority or hatred;
- 1981 Convention on the Elimination of All Forms of Discrimination against Women which addresses discrimination in public life, education, employment, health, marriage and the family;
- 1987 Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment which holds governments responsible for preventing torture and punishing torturers, even those acting under orders; and
- 1990 Convention on the Rights of the Child which defines primary health care and education, among others, as rights of all children.

Third, the UN is creating a network of techniques that will assist governments in protecting human rights. For example, UN officials have helped the new governments in Eastern Europe devise electoral reforms. There is, however, no regional machinery for Asia or the South Pacific. Finally, the UN has provided an opportunity for NGOs to lobby governments to improve their human rights records. Although some governments make private requests to other governments to improve their human rights policies, they are inhibited by the limitations of diplomacy on what they may do publicly. NGOs are not so restrained.

Three current issues

Human rights and 'internal affairs'

The current world order of nation-states is based on 'national sovereignty'. Each nation governs itself and cannot be forced into accepting international obligations. 'Internal affairs' remain just that, and governments cannot be forced to accept any international involvement in its human rights policies.

The League of Nations recognized this principle. Article 15(6) of its Covenant ruled out any involvement in matters that are 'solely within the domestic jurisdiction' of a nation. The UN Charter's equivalent provision, Article 2(7), is more flexible. It rules out any involvement in matters 'which are essentially within the domestic jurisdiction' of any nation. The use of 'essentially', rather than 'solely', was derived from other provisions of the UN Charter that noted the importance of human rights. By implication,

these provisions foreshadowed some UN involvement in domestic human rights issues.

Article 2(7) has been gradually eroded. For example, in the late 1940s, India raised the racist policies of South Africa at the UN General Assembly. South Africa claimed that these could not be discussed because they were an internal matter under Article 2(7). South Africa won that argument for over a decade. Nations rarely try to use the Article 2(7) argument today.

Tensions between different types of human rights

Discussion about the emphasis and future of human rights is ongoing. Disputes about human rights are derived from the traditional distinction between civil and political rights on the one hand, and economic, social and cultural rights on the other.

Many Western human rights groups define 'human rights' in terms of civil and political rights. Freedom House, a conservative New York-based group, for example, does an annual survey of so-called 'free' nations. This is based on civil and political rights, and gives little attention to economic and social rights.

Some Third World nations are sceptical of this approach. Their societies, which are not necessarily derived from the cult of the individual, may have traditions based on the family as the basic unit of society. They may have a preference for cooperation rather than competition, and greater intervention by the government in the economic and social affairs of the nation. They resent being told how to conduct their affairs by human rights groups and Western governments that come from a different tradition.

More attention needs to be given to emphasising how much each category of human rights needs the other. There is no automatic distinction between them. Western nations themselves have traditions of cooperation and the sharing of property. They also helped pioneer economic and social rights, such as education and health.

The difficulties confronting nations vary. For example, there is a mismatch between population and land. China and India represent almost 40 per cent of the world's population but have only 10 per cent of the earth's surface. Canada, New Zealand and Australia also occupy about 10 per cent of the earth's surface, but have less than one per cent of the world's population. Economic wealth remains badly distributed. The 30 per cent of the world who live in developed nations own 85 per cent of the world's wealth. The vast majority of mankind only own 15 per cent of the world's wealth.

Civil and political rights can contribute to economic and social development. Respect for civil and political rights should reduce the need for money to be spent on armed forces, police and intelligence services. More money can then be spent on economic and social development. 'Open societies' have for centuries made more economic and social progress than 'closed societies'. This progress depends on the free flow of ideas. If that flow is hindered, and everything is derived from the one source, then stagnation sets in.

The end of the Cold War

The Cold War was the central defining event of the period 1945-90. This was also the period of increasing interest in the international protection of human rights. Some of that interest was a reaction to the violations of human rights between 1933 and 1945. Some of it was due to cold war rivalry, with one superpower competing against the other.

How will the end of the Cold War affect the international protection of human rights? One possibility is that the existence of only one superpower means there is less incentive for the US to be concerned about human rights. A second possibility is that the US is now able, for the first time since 1945, to assess regimes on the basis of their human rights records, rather than in the context of Cold War politics. Brutal regimes may have been brutal, but in the Cold War they were tolerated because they were pro-US or pro- USSR. Now regimes can be assessed on their human rights merits. A third possibility is now that momentum has grown for support of human rights, that momentum will simply continue. The human rights revolution is here to stay.
The impact of women's education and physical autonomy on the use of child health services in Bangladesh

Tarek Mahmud Hassain, World Health Organisation, Kazakhstan, A. Dharmalingam and John F. Smith, Waseda University

Infant and child mortality and morbidity are serious health issues in Bangladesh. One-quarter of deaths among children under five are reportedly caused by acute respiratory infections (ARI), and 30 per cent of deaths are due to diarrhoea. However, the majority of childhood deaths and morbidity could have been prevented with adequately trained care and assistance, and specific timely action (UN 1996). The use of modern health care services is associated with reduced rates of mortality in developing countries. Simple use of oral rehydration therapy (ORT) can save thousands of children's lives (Mitra et al. 1994).

Several studies and reports have argued that the under-utilisation of child health services is a major factor in high infant and child morbidity and mortality in poor countries (ADB 1989, Raghupathy 1996). Evidence shows that existing health services in Bangladesh are not being used properly by those who need them most (ADB 1989, Ministry of Planning 1995, Islam et al. 1995). This is very disappointing in the sense that there is a strong possibility that existing background and health services could provide a unique opportunity to detect and treat the diseases in developing countries.

Demographic research in developing countries suggests that maternal education is one of the most important determinants of the use of health care services (Caldwell 1979, Cleland 1990, Barerra 1990, Elgie 1992, Raghupathy 1996). The common hypothesis is that education affects women's power and influence, and entails a change of attitudes, values and goals. Women's physical autonomy is also considered to be another significant factor in the use of health services. Increased freedom of movement to go outside the household or the locality can enable a woman to make informed decisions about her health and the health of her children. Women's autonomy is necessary for effective health care provision (ADB 1989).

Diarrhoea was experimented by 12.6 per cent of children, and 37 per cent had fever with a cough in the two weeks preceding the survey. Of all children only 12 per cent had received medical treatment; of the children with fever and cough, about 24 per cent had received medical treatment. Half of the children with diarrhoea were given ORS.

Results

The bi-variate relationships between maternal education and the use of ORS were strong and positive. The effect was somewhat stronger for medical treatment and the use of ORS for diarrhoea than medical treatment for fever with a cough. Women's ability to go outside the village, city or town alone had a significant and positive effect on the use of the three services, with a stronger effect on the use of medical treatment for diarrhoea. Of the women with high autonomy, 73 per cent were more likely to use medical services for their children with diarrhoea, whereas 28 per cent were more likely to use ORS for diarrhoea compared to women with low autonomy. 39 per cent of women with high autonomy were more likely to use medical services for their children with ARI. There is no doubt, however, that these results are confounded by factors such as social characteristics, access to services, and socioeconomic status of women.

Women with secondary or higher level of education were 56 per cent more likely to use the ORS than medical services for their children with diarrhoea. Their findings support the view that women who attend school may be more likely than other women to hold a set of modern attitudes that favour assertive use of public institutions and faster interventions in child illness. Caldwell (1979) argues that better educated mothers are more conscious of health hazards and the mechanics of disease prevention, and are better able to care adequately for sick children by discarding superstitious practices and using available medical facilities.

Conclusion

This study has shown that women with a higher level of education are more likely to use health services for their sick children compared to women without education. This is consistent with an earlier study conducted in Bangladesh where education was found to be one of the most important determinants that motivated women to visit health centres (Idoler et al. 1997). The mechanism that links mothers' education and health care use behaviour is extremely complex. Whilst the evidences indicate that educated women are more likely to use modern health facilities to care for their children (Caldwell 1979, Jejeebooy 1995), this is not necessarily a result of their greater knowledge of disease causation. Rather, it is a result of enhanced awareness of good health practices, increased involvement in their environment, and their ability to make and implement independent decisions about their children's well-being. Caldwell (1979, Jejeebooy 1995). The findings of this study are consistent with modern 'medicalized' patterns of behaviour (Caldwell 1986, Levin et al. 1994) that are characteristic of women with schooling in different parts of the world, and involve a transformation of behaviour from more traditional to modern patterns of prevention and treatment.

Freedom to move alone can have an independent effect on the utilisation of child health services. These results are consistent with the argument that women who are more mobile and less isolated can take a more active role in accessing information and services (Schuler et al. 1997). However, women's education influences the use of child health services more by changing women's attitudes toward modern medicine, treatment and health care institutions than by enhancing autonomy.

There must be sustained investment in women's education, and school attendance must be for a minimum of five to six years. The advantages of educating women beyond five or six years include enhanced autonomy, increased social and economic self-reliance, and changes in women's ideas about their status and appropriate behaviour (Jejeebooy 1995, Lindenbaum et al. 1983). By acquiring a higher level of education, enjoying more autonomy is every aspect of their lives, and having more control over family resources, women will seek health care for themselves and their children.

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Gender mainstreaming in education sector programming

Julieta Hunt, Independent Consultant

The importance of promoting gender equality in education planning and programming is widely acknowledged. The Beijing Platform for Action argues for active and visible gender mainstreaming in all policies and programmes to close the gender gap in education (FFA 1995, para 79). This paper identifies some recurring weaknesses in the design of projects in the education sector, summarises some strategies for addressing gender issues, and discusses indicators for monitoring progress in addressing gender inequalities.

Strategies for addressing gender inequalities in education programming

Increasing the number of places in educational facilities will not automatically result in improved access or outcomes. A range of other measures are needed to increase community demand for female education and to improve retention and achievement rates. Effective strategies for gender mainstreaming in education must be location-specific, and based on gender and social analysis of gender bias and stereotyping and of the barriers to access, retention and attainment. Monitoring, evaluation and documentation of both strategies and outcomes is needed. Some of the strategies listed below may be useful and successful in some situations; others may be highly inappropriate:

Make education systems more accessible to males and females by:

- increasing the number of places in educational facilities;
- reducing the distance to education facilities;
- ensuring females are safe at all education institutions;
- providing appropriate separate facilities;
- supporting multiple deliveries systems.

Lower the cost of female education by:

- providing scholarships, and other forms of direct assistance; and
- addressing the opportunity costs of education (for example, for girls’ household, production and marketing responsibilities, and care of siblings) by providing transition schools for working children, flexible school hours and assistance with pre-school or day-care facilities.

Increase the demand for education and training for females by:

- increasing parental and community understanding of the needs and benefits of education through participatory approaches and awareness campaigns, including advocacy and social mobilisation where appropriate; and
- focusing on the need for education at all levels, and on the benefits of female and male education in non-traditional areas.

Develop collaborative initiatives for gender mainstreaming with all stakeholders by:

- ensuring that parents and communities have ownership of gender mainstreaming efforts, by involving them in project and programme planning, management, decision making and advocacy efforts, including representation on formal project committees, scholarship selection committees and in project monitoring.

Support capacity building for gender sensitive education programming by:

- ensuring that all institutional strengthening projects and components address gender issues adequately, based on a thorough gender analysis of the education system; and
- ensuring that efforts to promote educational reform, decentralisation and improved management include parents and community stakeholders.

Ensure that curricula, materials and teacher training are gender sensitive by:

- reviewing both texts and illustrations in teaching materials;
- establishing qualitative indicators and participatory processes with stakeholders to guide and monitor reviews of texts, teaching materials and curricula; and
- improving the quality of teaching methods through pre-service and in-service training.

Ensure that females and males benefit from education projects and programmes by:

- targeting women-dominated fields of study; and
- challenging existing gender stereotypes in field of study, and promoting male and female education in non-traditional areas.

Provide employment and career development opportunities for women and men teaching staff by:

- developing strategies to encourage women into teaching positions, or men and women into non-traditional teaching fields;
- bringing recruitment and training programmes closer to local communities and providing incentives to attract women to teaching/further training, where female mobility, lack of housing or family responsibilities act as serious constraints;
- setting targets for the employment of women in key sectors where applicable, or setting targets for females in scholarship and training programmes; and
- establishing female-only scholarship programmes in consultation with key stakeholders.

Data requirements for education projects

Six common indicators were used in country reports for the Beijing Youth World Conference on Women to measure progress towards gender equality in education (Stromquist 1997:207). They were:
adult literacy rates, enrolment ratios in primary and secondary schooling, completion levels in primary and secondary schooling, graduation rates at secondary level, graduation rates from technical education programmes, and numbers of teachers in primary, secondary and tertiary education. Such basic data is not presented in most project design documents.

These indicators are inadequate for monitoring progress in education sector planning and programming (Stromquist 1997:207-8). Some of the key limitations are that enrolment rates refer mainly to the size of schools, and provide little information on the flow of education, such as attendance, transition and retention rates, continuation data and specialisation or field of study. Such data may provide important insights for understanding barriers to access. Qualitative data is also essential to indicate why and when drop-outs and absenteeism occur (and the difference for both males and females according to other variables such as ethnicity and socioeconomic status).

While enrolment ratios and completion/graduation rates provide an indication of the current situation in the formal education system, they do not provide a qualitative insight into educational outcomes. Adult literacy does provide information on outcome, but reflects educational inputs over time, rather than the impact of current inputs in the formal system. Furthermore, the six indicators noted above relate to the formal education system. Data on vocational training, non-formal education and functional literacy are generally not easily available.

Qualitative indicators are also needed to monitor changes relating to gender stereotyping in textbooks, curricula, and in teacher pre-service and in-service training. For example, in texts and curricula, this requires attention to how males and females are portrayed in both illustrations and written materials, in relation to gender stereotypes prevalent in the local culture; the use of non-sexist language; procedures for assessing and monitoring changes to texts and curricula, including the composition of review bodies; providing opportunities and skills for both men and women to write and illustrate teaching materials across a range of subject areas; and methods for assisting teachers to ensure that both boys and girls have equal opportunities for participation in classroom activities.

Gender bias and discrimination in the provision of educational services also needs to be monitored. This includes information on the provision of career advice services, single-sex schools, special facilities for females at co-educational institutions (such as secure dormitories), and information on gender stereotyping (where boys and girls have sex differentiated curricula or are stereotyped according to field of study). This would assist planners and programme officers to measure the extent of equal educational opportunity for males and females.

More disaggregated data is needed on the teaching profession, and on the administration and management of education systems. For example, an employment profile should provide data on numbers of men and women at different levels of the education system, and in different types of roles (teaching, administration, management), teaching fields/specialisation, in addition to training attainment of men and women at various levels, access to training and career development opportunities, and educational prerequisites for such training opportunities. Ethnicity, age and geographical location may also be important factors to measure and monitor in relation to these indicators. As more programmes and projects implement community based and community awareness raising approaches for addressing gender equality issues in education, indicators of male and female (parental and community) participation in education system planning and implementation will need to be developed.

Measuring and monitoring the impact of gender sensitive interventions

It is generally not possible to determine from limited quantitative indicators whether improved enrolment rates have resulted from explicit policies to benefit females and address gender discrimination, or from the incalculable growth of educational systems in recent years. Nor has it been possible to assess the success of particular strategies to address gender bias and discrimination, at any level, because reporting on educational outcomes and outputs has not been linked to the implementation of gender sensitive inputs or strategies (Stromquist 1997:207-8; DAC 1998:36-7).

Donors, recipient government agencies and project implementers need to ensure that programme and project monitoring and evaluation systems provide adequate data for the ongoing monitoring of the gender-differentiated impacts of all development interventions throughout implementation, and a review of the success and impact of strategies for addressing gender equality issues.

Some pre-requisites for this are the formulation of objectives for gender equality in the education sector that are clear and measurable, and that women are empowered (DAC 1998:19); there is adequate baseline data against which changes can be measured (which requires thorough gender analysis); the reporting on gender equality objectives and outputs should be linked to specific gender focused interventions (for example, the relative success of demand and supply type interventions to improve girls' access to schooling); and all project implementation reports, reviews and evaluations (including annual work plans and mid-term reviews) should give specific and detailed attention to their terms of reference to the analysis of gender equality issues.

Acknowledgement

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Wasted opportunities? People, livelihoods and garbage in South Asia

Jo Beall, Department of Social Policy and Administration, London School of Economics and Political Science

Solid waste management (SWM) means collection, transportation and disposal of garbage. It is a vital link in urban water supply and sanitation, twin concerns that form a key focus of urban development. International agencies have seized on SWM as a suitable showcase for private involvement in urban service delivery and some of South Asia's biggest cities are following their lead. A London School of Economics (LSE) study in India and Pakistan highlights backstreet partnerships that already function in and alongside official waste recovery and disposal systems, cemented by complex social interactions. Replacing this informal waste economy with new-look formal contracts could needlessly sweep away existing public–private systems that work reliably and offer much needed lifelines for the poorest.

Links between adequate urban water and sanitation services and human well being make this area of social provision a key factor in poverty reduction, while uneven supply across cities means there are also equity issues at stake. The negative externalities associated with poor water supply and sanitation and the impact this has on the effective functioning of cities also point to efficiency arguments. Urban water supply and sanitation are intricically linked. In addition to creating a health hazard in itself, failure to collect, recover and dispose of wastes can lead to contaminated groundwater and to blocked sewers and drains. Yet SWM remains a neglected issue, a Cinderella among urban services.

It is, even so, attracting growing attention in the South for reasons that extend beyond obvious public health concerns. International agencies and (in their wake) big municipalities, have targeted SWM as a key entry point for promoting private involvement in urban service delivery. In justification, they point to administrative failures and labour-intensive methods that smack of inefficiency. They see services for collection (as distinct from disposal) of solid waste as goods of a dual character, private and public in one.

The primary emphasis of existing schemes for boosting private participation has been on contracting services out to large-scale private operators. Though many see potential for integrating informal waste recycling and community participation into official SWM systems, it has proved difficult to scale-up or replicate informal and decentralised initiatives to the city level.

Research in India and Pakistan shows how important it can be to understand the social relations that underpin SWM. The low social status of people working with waste almost worldwide is compounded in South Asia by the idea that people are born to this work due to their caste or hereditary group status. One consequence is that it is inordinately hard to get householders to participate in community-based schemes.

Where neighbourhood initiatives succeed, community-based organisations invariably contract waste workers to collect and remove waste. Sweepers working for municipalities or in a private capacity can, however, sabotage such schemes as they already provide informal door-to-door waste collection to households, over and above the official street cleaning service. The LSE research also revealed that:

- women are primarily responsible for waste work within the household
- along with children and domestic workers, women sort and sell recyclable materials
- waste pickers are the key to controlling access to waste in households, although they have been ignore by previous studies of SWM systems
- there are multiple gatekeepers and access points to wastes on city streets and dumps.

Though they are the most conspicuous participants, waste pickers form but one of a number of groups dependent for their livelihoods on the complex recycling chain that begins in the urban household. Pickers are also vitally dependent on sweepers and their supervisors for access to waste sources. A dilemma in trying to integrate informal waste recycling into official SWM is that the former thrives by reason of its informality and sometimes illegality.

Informal SWM systems are complex, based on asymmetrical social relationships and riddled with rent-seeking opportunities. Yet however pernicious they might appear, if policy makers ignore them they risk:

- failing to approach decentralising initiatives in the most efficacious and fair manner
- wasting opportunities to promote public–private partnerships that provide livelihoods
- unravelling efforts by people in poverty to fend for themselves by informal means.

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The relationship between Australia and Papua New Guinea (PNG) is based on geographical proximity, common to regional stability, business links and sentimental attachment from both sides of the Torres Strait. CARE Australia (CARE) has operated in PNG since the early 1990s, largely in the sector of natural resource management. The 1997 drought provided an opportunity for the demonstration of the continuing close links between the two countries.

CARE responded to the drought and frost initially by providing matches for the first Australian Agency for International Development (AusAID) drought and frost assessment team. The results of this assessment – the drought and frost were one of the most prolonged and severe in the last century – were presented in October 1997. An estimated 550,000 rural PNG New Guineans were considered to have insufficient subsistence food supplies or the cash income to buy food. A greater number still were in danger of experiencing food or water shortages should the conditions continue.

CARE responded to the situation further within the context of a PNG Government request for assistance. This was made possible by support from the Australian public, AusAID, the Returned Services League, CARE International and the German and Canadian Governments. Subsequent close working relationships with Provincial disaster committees (PDC) in several Highland Provinces and the National Disaster and Emergency Service proved a successful means of providing additional outside resources into the food response without marginalising existing systems.

Building upon the basis of a long-standing natural resource management project in Simbu, which had established a good working relationship with Provincial authorities prior to the onset of the drought and frost, CARE staff had visited experienced logistics officers and PNG Kipsig (colonial-era district administration staff).

Two of CARE's field officers, Greg Harris and Jim Moore, are currently completing their third visit to PNG. Both have had extensive first-hand experience in PNG, and returned to assist with drought and frost relief and recovery activities after an absence of 15 years. Each considers their experience of returning to PNG in the context of drought and frost-related work, and the questions raised by the approach to aid in this situation.

Greg Harris, Food Security Adviser based in Mt Hagen, Western Highlands Province

Those of us who were recruited to assist in the relief effort, and who arrived in the first few days of January 1998, were immediately confronted with a dilemma. The delayed wet season had started, and the Highlands were their usual green; but PNG Highlanders described it as a ‘green grip’ – literally a false green. Where the staple kum top (sweet potato) crop was growing, there was often over green leaf above the ground, but limited tuber development below the surface. In the literature of famine it would be described as a ‘green famine’.

A second dilemma was that, early in 1998, it was difficult to find evidence of Highlands people who were at severe risk of dying from malnutrition. There were certainly groups in more isolated areas of the Highlands who were suffering from a shortage of food. Since culture and climate are highly localised in PNG, some groups in the Highlands were able to feed themselves and provide kau-kau runners to other areas of the Highlands where planting material had not survived. Aestivating the level of subsistence need is a fundamental problem when rainfall patterns are highly variable. The logistics of meeting real need, where it is sufficiently prolonged to endanger life, is another challenge.

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Those of us who were recruited to assist in the relief effort, and who arrived in the first few days of January 1998, were immediately confronted with a dilemma. The delayed wet season had started, and the Highlands were their usual green; but PNG Highlanders described it as a ‘green grip’ – literally a false green. Where the staple kum top (sweet potato) crop was growing, there was often over green leaf above the ground, but limited tuber development below the surface. In the literature of famine it would be described as a ‘green famine’.

A second dilemma was that, early in 1998, it was difficult to find evidence of Highlands people who were at severe risk of dying from malnutrition. There were certainly groups in more isolated areas of the Highlands who were suffering from a shortage of food. Since culture and climate are highly localised in PNG, some groups in the Highlands were able to feed themselves and provide kau-kau runners to other areas of the Highlands where planting material had not survived. Aestivating the level of subsistence need is a fundamental problem when rainfall patterns are highly variable. The logistics of meeting real need, where it is sufficiently prolonged to endanger life, is another challenge.

Two perspectives on assessing need became apparent. One senior Provincial official put the view that a ‘tain hangri’, or period of relative food shortage, was a normal occurrence for much of traditional PNG and that Highlands people were ‘easy enough to withstand such occasional shortages. Implicit in this view was the idea that, as a sovereign nation, PNG should address its own self-reliance, and any limited food aid should be highly selective and accurately targeted at those in critical need.

The second perspective articulated in the Highlands Provincial disaster committees was that food aid should be available to those whose food supply had fallen below the accustomed level. Second, the strategic element was the idea that donors with food aid resources often have other foods available for general development projects, and therefore food aid should be fostered. Third, the political element recognised a potential for political gain associated with the distribution of largesse, in the form of food aid.

In the opinion of many Provincial officials, the shortage of staple foods in late 1997 was caused by a combination of natural events and the national elections. The acquisition of political power, along with the traditional vested interests of church and dispute, define status, wealth and power in Highlands society. At the grassroots level, people were distracted by the election campaign, and sometimes neglected to plant gardens, or relied on gifts from political candidates. With the election over and the drought continuing, people realised that food was going to be short.

The relief programme created a further arena of resource contest between different groups for their ‘share’ of relief supplies. Through the lobbying of PDC officials, and in some cases by directly blocking passage of trucks carrying relief supplies, people applied pressure for their cases to be considered. In order to ensure social stability and maintain important road access to areas in need, officials sometimes made the decision that it was wiser to distribute widely rather than focus specifically on areas of need.

Modern drought coping mechanisms, such as relatives in towns sending cash or providing other resources, have built upon more traditional responses. These were largely based on reciprocal relationships between groups living within different climatic or altitude zones. Informal links between different groups were often based on a long history of exchange and trade. These systems were in evidence during the 1997–98 drought. It appears that, even in times of prolonged drought, the Highlands region as a whole has a strong capacity to provide and distribute food security for its population. High climatic variations within the region means that redistribution to districts in need can occur within Provinces by dropping off surplus crops from other Highlands Provinces. When outside supplies are necessary, the extensive road network connecting the Highlands Provinces to each other, and to the coastal port of Lae, provides a valuable logistical resource and a food access insurance policy.

Provincial officials would have preferred resources to have been allocated at a Provincial level, so as to enable them to initiate targeted relief using existing transport and marketing infrastructure. The importance of maintaining food security, however, meant that a separate system of relief supplies, controlled from Port Moresby, was initiated. A more effective method may have been an enhancement of the existing transport and marketing infrastructure. Provincial officials argued that the use of this transport route and system was optimised for the delivery of food aid.

Jim Moore, Disaster Planner, National Disaster and Emergency Service, Port Moresby

Without any doubt, to have someone working at the national level in such a process enhances any NGO’s chances of being able to productively assist the overall cross-effort. The NGO is more effective with a key person close to the decision makers or politicians who are controlling the process. An outsider (individual or corporate), especially one new to the country, would find it very difficult to make oneself known, let alone valuable to government departments.

In the National Disaster and Emergency Service, CARE was asked to provide support to a secretariat of the national committees working on the drought response. The secretariat’s role was to ensure that the deliberations and decisions of meetings were actually implemented. A restart was necessary to enable answers to be presented to committees. Ways had to be found to ensure that officers who had agreed to provide information to the committee(s), did so within agreed timeframes. Mediators were needed to ensure that committee decisions were correctly recorded and monitored.

The bureaucracy is highly politicised. Ministers are accustomed to being involved in decision making, no doubt because departments are smaller. The main difference between the Australian bureaucracy and that of PNG lay in the fact that the former’s ‘moral-grat’ ethos has not yet taken root in PNG, and the PNG bureaucracy is generally more concerned with process than outcome.

An important fact that emerged is that the Provinces are potentially the most effective providers of disaster relief activity. The decentralisation of responsibility and accountability to the Provinces away from a Port Moresby-based bureaucracy in line with recent legislative changes, now appears more likely.

National officers were remarkably willing to accept that my past experience in PNG counted for something. This usually took the form of acknowledgment that some of the colonial precepts and practices were possibly not ‘that bad’. It is hard to know whether people truly believe this, or whether they were being polite and did not want to sound ungrateful, or whether they wished to excuse a current perceived failure in Public Service processes.

Knowledge of the history and political personalities of the country certainly increases confidence that one is hopefully not just another ‘consultant.’
Conclusion

After a thorough assessment of food security in September-October 1997, the decision was made to initiate a large-scale food aid programme. This was a reasonable decision from a humanitarian perspective. If it had been possible to predict a break in the drought by early 1998, the recommendation to provide food aid may have been different. The drought/frost in PNG was a potentially grave humanitarian disaster that never reached its full, devastating potential, due to appropriate early responses to support vulnerable groups, and the arrival of the rains. Subsequent donor decisions to fund seed distribution, lessons learned workshops and a pilot emergency management training course in the Highlands, were all linked to the desire to support self-reliance alongside the process of recovery. This process has helped to clarify the means for effective future responses.

Traditional mechanisms to cope with drought/frost are well established, and mechanisms have been expanded to integrate methods of self-help. Temporary migration has been supplemented, within the Highlands region, by the exchange of planting material, and the separation of cash by 'wantoks'; earning income in urban areas to assist those in drought/frost affected areas. The sale of domestic animals, and the utilisation of cash reserves from cash crops sales (such as coffee), are also important sources for reinforcing food security.

Even when food aid is considered necessary, it can be delivered in ways that reinforce development needs and regional and national self-reliance. As one Simbu Province clan leader said when accepting relief aid rice, 'We thank you for the rice but with seeds we can feed ourselves.'

Men can help millions of women avoid reproductive health problems

Men can help solve some of the world's most pressing reproductive health problems according to a new report from the Johns Hopkins School of Public Health. In the past men have often blocked women's access to health information and services, controlling finances, transportation and other resources, according to the study, Reproductive health: New perspectives on men's participation. Recent findings, however, suggest that men's reproductive health behaviour is ready to change. The report says that men in developing countries are more involved in family planning and reproductive health than often assumed. In 8 of 12 developing countries (mostly African) surveys found that at least 70 per cent of men approve of family planning and that, increasingly, men make reproductive decisions together with their wives.

Global estimates of unsafe abortion

The World Health Organisation estimates that worldwide almost 20 million unsafe abortions take place each year, with approximately 95 per cent taking place in the developing world. WHO defines unsafe abortion as an abortion not provided through approved facilities or persons, or both and says what constitutes approved facilities and persons will vary according to the legal and medical standards of each country. WHO notes that data on unsafe abortion are scarce and inevitably unreliable because of legal, ethical and moral constraints that hinder data collection, but is concerned that unsafe abortions are increasing and that the incidence of abortion may be rising among unmarried adolescent women in urban areas, particularly where abortion is illegal and fertility regulation services are inadequate or inappropriate.

Crisis affects maternal mortality in Indonesia

High maternal mortality has long been a critical problem in Indonesia, with complications of abortion accounting for 15 to 30 per cent of the country's maternal deaths. The situation is expected to worsen . . . due to the recent economic and political crises in the country, causing a shortage of contraceptives which will lead to more unintended pregnancies and increase the incidence of abortion. Abortion is illegal in Indonesia and as a result is often performed under unsafe conditions.

AVSC News, November 1998
Philippines President opposes birth control
Associated Press reports that President Joseph Estrada of the Philippines said he supported "responsible parenthood" over birth control to cope with the problem of the country's surging population. Estrada said the problem should be solved by boosting the nation's productivity. "The solution is in education, not birth control," he said. "We are ten children and I am the eighth child. If there had been birth control, I would not have been here."

Why do children die?
The Basic Support for Institutionalising Child Survival Project, funded through USAID's Child Survival Project, has carried out studies which shed light on the reasons for the death of children under five years. At a recent seminar Dr. Renzo Salvado, Senior Technical Officer at the BASICS Project, presented a methodology for analysing why children die, using three case studies in Bolivia, Guatemala and Kazakhstan. The population groups in Bolivia and Guatemala consisted of American Indians with high rates of literacy and poverty. The Kazakhstan population was less deprived, with a high literacy rate.

The BASICS studies aimed not merely to establish the cause of death in children, but to identify the characteristics in the chain of events from the onset of illness until the time of death that explain why the death was not prevented. The studies used the Pathway to Survival framework. This is a diagram which depicts various events, decisions and outcomes following the onset of the disease. Using register information, information from neighbours and relatives, records from cemeteries and so on, researchers identified a number of death events of children under five years. A random sample is then drawn from the population of identified deaths for inclusion in the study. Using the Pathway to Survival framework, researchers then attempt to reconstruct the story of what happened in each case.

The BASICS studies produced conclusions that are of direct relevance for the design of interventions or projects. In Bolivia, for example, it was found that in all cases of ARI and diarrhoea deaths studied, the caregiver recognised that there was a serious problem in only 43 per cent of cases. All caregivers who recognised that there was a serious problem sought outside help. However, appropriate care was provided in only about one in five of all cases for which outside help was sought. In Kazakhstan the nature of the problem was found to be different. The caregiver failed to seek outside help, from either formal or informal sector providers, in less than ten per cent of cases. In Pakistan, for example, it was found that 70 per cent of deaths were reported to the Health Officer, and that in only about one in three cases was the death certificate filled out correctly.

Agencies unite to roll back malaria
Malaria, a preventable and curable disease, kills over a million people each year - claiming the lives of nearly 3,000 children in Africa each day. To substantially reduce the suffering and loss caused by malaria, the UN Children's Educational Fund, the UN Development Programme, the World Health Organisation and the World Bank have launched the Roll Back Malaria (RBM) campaign. The campaign's goals are to reduce malaria-related mortality by 50 per cent by the year 2010 and by 75 per cent by the year 2015.

More than a third of the world's total population lives in malaria endemic areas. In Africa, where 90 per cent of all cases occur, malaria is estimated to account for about 10 per cent of the disease burden and to cost countries more than one per cent of their GDP. Unfortunately, the disease is also resurgence in many countries where it has been sharply reduced or even eradicated before, as in India and Kazakhstan.
ODA went to Asia, and Japan was the largest bilateral donor to such countries as China (about US$861 million), the Philippines (US$416 million), India (US$506 million), Thailand (US$567 million), Vietnam (US$170 million) and Indonesia (US$892 million).

Japan continues to direct about 44.5 per cent of its ODA to large-scale infrastructure projects such as the construction of dams, roads and coal-fired power plants. The Japanese Government has not established standardized policies and procedures for the application of environmental assessment of ODA projects. The "environmental guidelines" for Japanese ODA do not specify ways of considering alternative approaches, and Japan has not established comprehensive guidelines on involuntary resettlement.

Tomoyo Sato, Japan Centre for Sustainable Environment and Society, reprinted from Watershed, 3(3), March–June 1998, 34

Nyerere holds forth on democracy and capitalism

The current drive by rich and powerful nations to liberalise and globalise markets and to push Western-style democracy on poor countries of the South stems from a good motive for peace and security in the world. Julius Nyerere said in his address to Commonwealth Universities. ... The former president of Tanzania and chairman of the South Centre argued that developing countries must manage their own democratic developments and change. Besides having to deal with the post-Cold War push for Western-style democratic reform, developing countries are also being pressured by international financial organisations, describing them as 'rogue capitalism' with its proponents believing it can be applied feasibly anywhere in the world.

Dr Nyerere was particularly critical of the behaviour of some international financial organisations, describing them as 'a smoke screen under the cover of which the major developed nations use their immense economic power in their own exclusive interests'. Tanzania used to be treated as an economic model for African countries to follow, noted Dr Nyerere. 'It is now quoted to us as an awful warning rather than an example!'

Summarised from University Affairs, 39(8), October 1998, 25

Ashes to ashes

The fires in Indonesia earlier this year, from late January to May, destroyed 30,000 square kilometres of forest – an area the size of Belgium. This is six times the level of previous estimates. Almost all of the Kusa National Park in the east of Kalimantan has been devastated, as have the Wiza River and associated forests and 913 square kilometres of mature forest on the north of the province. A joint venture of Indonesian and German governments found that

main of the first spread from oil palm plantations where fires are a popular but illegal way of clearing land.

New Internationalist, 307, November 1998, 6

Marshall Islands questions Asian Development Bank's conditions

The Marshall Islands now Finance Minister says the country will no longer accept the conditions of the Asian Development Bank without question – despite the Marshall's growing dependence on the ADB. In a speech to the Marshall Islands parliament Tony Debrum said one major problem was the misconception by the Bank that the Marshall Islands government would face financial problems after the year 2001, when the Compact of Free Association with the United States ends. The Bank believes this will leave the Marshall's without "US funding. However, Mr Debrum says the compact with the United States, which guarantees aid to the Marshalls, continues beyond 2001 and there will be money in the compact to meet the country's obligations.

ABC Online, 17 November 1998

Cook Islands environmentalists concerned over pearl farming proposals

Environmentalists in the Cook Islands say pearl farming proposals could threaten one of the South Pacific’s last pristine atolls. The environment group 'Save Our Suwarrow' says Suwarrow Atoll is the biggest bird breeding ground in the region as well as an important breeding ground for green turtle and coconut crabs. Suwarrow is a national park atoll made up of 15 untouched islets in the centre of a 50 square kilometre blue lagoon, 825 kilometres north of Pohnpei. According to environmentalists, government officials decided that the atoll was the most suitable place to farm because wild pearl shells grow in Suwarrow.

ABC Online, 17 November 1998

Milan to pay mothers not to abort

Councilors in Milan, Italy, have approved a plan to pay women not to have abortions. The decision, by one of Italy's most apparently secular cities, has underscored the influence Roman Catholic teaching continues to exert on this country's policy makers.

Though some details remain vague, it would provide pregnant women in financial difficulties with hand-outs for three years after the birth of a child.

The measure will cost Milan's taxpayers up to AS1.85 million a year. There was a free vote on the issue.

Canberra Times, 12 February 1999

Twelfth Australian International Education Conference: Answers for uncertain times

Canberra, 29 September–1 October 1999

The annual conference of the Australian international education industry some of the three major annual international education conferences in the world, and plays a crucial role in helping to understand the current international education situation and in the development of new strategies and initiatives. With 125 speakers, 75 sessions and 575 participants representing 25 countries, the conference covered a wide range of interest areas and emerging issues, with special focus given to several areas: Australia's role in a changing Asia, research on outcomes of international education, and the Asian economic crisis.

The theme this year addressed the premise that challenging and uncertain times are ahead for international education. Understanding the rapidly changing economic environment in Asia is crucial to the continued success of Australia's international education programs. Equally important will be the continuing development of professionalism in all aspects of international education, including the promotion and 'branding' of Australia abroad.

A special focus was the one day session, jointly organized with the Australian National University, entitled 'A tremendously dangerous time: Why Asia matters,' which involved eminent speakers from Australia and the region. Academics and businessmen, who had in the past been key players in the push towards closer engagement with Asia, were challenged to reassess their ideas in the light of the 1997–98 economic crises in Asian countries, and to do so in the presence of speakers from these countries. Australian as presented the results of new research on the ways in which Australia is viewed in Asia, both before and since the crises, and before and after the advent of Pauline Hanson and the One Nation Party. This theme began in the opening session 'Multiculturalism in Australian Education,' which discussed the importance of diversity, access, equity and internationalization of Australian education.

The importance of international education — culturally, educationally and financially — is now in doubt. Cooper et al (University of NSW), Angeline Delius (Southern Cross University) and John Mallett (Monash University) highlighted the fact that Australia can, and should, be a major provider of quality international education programs in higher education in the next half-century. Australia needs to project a more unified and welcoming image than exists presently, and must be seen as an exemplar of cohesive nationhood and economic vigour in the next half-century. Australia needs to project a more unified and welcoming image than exists presently, and must be seen as an exemplar of cohesive nationhood and economic vigour in the next half-century.
Indonesia Update 1998
Canberra, 25-26 September 1998

The Australian National University's annual Indonesia Update has become a standard fixture on the calendars of many Indonesia watchers since its inception in 1983, and is deservedly so. It has proven itself to be a reliable source of information from leading figures in the field, including key Indonesian figures. Its topical approach, however, means that it appeals to a somewhat different group of people each year, with the theme of some years having a much broader appeal than others. The 1998 Update saw the Coombs Lecture Theatre, no mean venue, literally brimming over. The dream of any conference organiser come true, the first session saw the room buzz with a palpable air of excitement and an expectant audience of hundreds.

The first session with the Jakarta correspondent John McBeth and the Australian's Jakarta correspondent in Jakarta, Patrick Walters, saw the conference get off to a great start. This was hardly surprising given the events of 1998, particularly in May, and the level of experience of both journalists. Nevertheless, it was after lunch that things got really interesting, not because the firsthand accounts from the morning session were not gripping, for they certainly were, but because the afternoon session introduced to the Canberra audience a couple of Jakarta's key players. The fact that they were articulate, outspoken, and controversial only added to their appeal. The speakers were Dr Dewi Fortuna Anwar, special adviser to President Habibie, and Dr Amien Rais, former leader of Muhammadiyah, the world's largest modernist Muslim association and a key figure in ICMI (the influential Association of Indonesian Muslim Intellectuals set up in 1991 by Soeharto), and currently head of PAN (Partai Amanat Nasional - the National Mandate Party).

Dewi is well-known to many Indonesian observers in Australia, either because they came to know her during her PhD studies at Monash University in the late 1980s, or because they have seen or heard her interview one or other regularly featured on the international media. Formally a staffer in the Office of the Vice-President and a key figure in CIDES, the ICMI think-tank, Dewi moved with Habibie to take up her current post in the Office of the President where she is now not only a key adviser but also a defacto spokesperson. Her trump card at the Indonesia Update made it abundantly clear that President Habibie is very well served on both counts. Starting with the assumption that many in the audience harboured doubts about Habibie's credibility and competence, she deftly made a strong case for taking Indonesia's interim president seriously. Whilst building her own credibility and rapport with the audience by regaling them with carefully chosen critical anecdotes, she also skillfully accentuated Habibie's not inconsiderable achievements since being sworn in as president in May. The result was that the large audience felt themselves to have been taken into confidence, and given a frank and honest view from the inside, whilst at the same time they gently were led to a new appreciation of the president.

The perfect follow-up to this engaging performance was provided by Dewi's old colleague from ICMI, Amien Rais. Once again there was an evident sense of the need to overcome a credibility gap and an assurance and finally honed performance that was carefully aimed to do this. Critics of Amien Rais have always retorted that the stars of the 1998 Indonesia Update were Dewi Fortuna Anwar and Amien Rais. The organisers are to be commended for assembling such an array of influential and interesting figures. Many aspects of the political and social landscape in Indonesia remain very much shrouded in mystery, but the Update served to provide some real insights into what has been going on and where it all stands.

Greg Barton, School of Social enquiry, Deakin University

The 1998 Indonesia Update papers have been published in: Geoff Forrest (ed.) 1999, Pas Soeharto Indonesia: Renewal or chaos? Copies can be ordered from: Department of Biblical and Social change Research School of Pacific and Asian Studies The Australian National University Canberra ACT 0200 Australia (Fax +61 2 6249 2585) E-mail: beleyv@coombs.anu.edu.au or Institute of Southeast Asian Studies Heng Mui Keng Terrace Far East Square, Singapore 0511 Fax +61 7 737 6259 E-mail: pasunm@mellon.sas.upenn.edu

January 1999

Pacific collections: Developing libraries for the twenty-first century

The twenty-third annual University of Hawaii (UH) Pacific Islands studies conference was co-sponsored by the UH Center for Pacific Islands Studies (CIPS) and the East West Center's Pacific Islands Development Programme. Speakers and participants came from Australia, Federated States of Micronesia, Fiji, Guam, Hawaii, Marshall Islands, New Zealand, Republic of Palau, Papua New Guinea, Samoa, Solomon Islands and the United States.

The programme began with a welcome chant by Kanatu T. Terry Young of the UH Center for Hawaiian Studies. The first presentation offered a roundtable discussion in which librarians described their 'institutionalities, current and emerging practices and mashed up collection'. To highlight some examples from this regional reporting, Jayshree Mamtora of the University of the South Pacific (USP) covered the work of the USP Library's well-known Pacific collection, and the Pacific Information Centre, whose latest South Pacific bibliography has just been published. Kathy Conley of the University of California at San Diego's Melanesian Archive, works to collect, preserve and provide access to anthropological field notes. Finding aids for these and other valuable resources are available through Online Archive, and manuscript materials are filed and sent gratis to Melanesian libraries.

Smaller island libraries were also represented. Matiana Te'o of Miller Library, Apia, has a Pacific room with an emphasis on Samoan materials. Te'o also has a Robert Louis Stevenson collection and Samoan archival holdings. Togi Taputopoto, head librarian at the National University of Samoa (NUS), covered the problems and progress in beginning an academic library, and stressed the importance of working closely with faculty. NUS Library has a separate Pacific and Samoan Collection, and has begun an online cataloguing project. Emphasising the importance of local ties, Taputopoto noted efforts to collect theses and papers by NUS faculty. Palau Community College Librarian Jane Barnwell faces special problems, but is building strong Palau and Pacific holdings and seeing a dramatic increase in users. Barnwell understood the importance of activating local to collect government documents and other Palauan publications.

At the University of Papua New Guinea (UPNG), Joseph Naguwone asked the New Guinea Collection, which contains 4,000 these and over 20,000 photographs, to be given the extensive treatment. Naguwone stressed the importance of UPNG's oral history work, the results of which are housed in the New Guinea Collection. At UPNG, problems with lack of book budget and difficulties in training and retaining librarians led to a common theme for many island libraries.
work, from oral history to off-air taping, and noted the growth of the catalogue is now available on the internet. Stephen Innes of the Guam described the new Micronesian Resource File, a collection that would provide access to the history of the Bureau, which has created over 2,000 articles, papers and essays. Access to the RFK papers and essays. Access to the RFK

The 1978 joint WHO/UNICEF conference on primary health care (PHC) in Alma-Aty was a milestone in international health development. At that conference, it was stated that PHC is the most effective way to achieve health for all. The November 1998 conference marked the twentieth anniversary of the 1978 conference, and provided an opportunity to reiterate the advocacy of primary health care as an integrated, comprehensive and essential approach to achieving health for all in the twenty-first century.

In the opening ceremony, Emeritus Director General Haldan M. Mehta argued that we should stop seeing the world through our medically tinted glasses. He emphasized the importance of solving health problems in a holistic setting. The Director General of WHO/EURO, J. E. Arwail, stated that health is everybody's business. However, he added that progress has been made, but the challenges of today are different from those of 20 years ago. Experience over the past years clearly advocate the concept of creating a society-wide movement for health, where different partners can come together and jointly implement actions to improve their own health. The President of the Public Health Association of Australia, Fiona South, emphasized the role of civil society in promoting PHC. She argued that civil society is an invisible resource, and a critical and economic asset.

The conference comprised of panel sessions and country presentations from speakers from around the world, including Australia, Jamaica, Indonesia, Pakistan, South Africa, Thailand, the United Kingdom, and Vietnem. Topics included policy, orientation, service delivery, networking and partnership. Some of the lessons learnt since 1978 were that joint forces, together with all sectors, is a powerful base for PHC, whereas there is need to reallocate resources for PHC, the importance of people-centered integration, and the need to glorify, subsidise and publicise PHC.

On the final day, Jack H. Bryna (USA) outlined a 'Steward looking to the future', which included the importance of understanding and fulfilling, rearguing and restructuring health systems towards PHC development, strengthening partnerships and alliances; integrating PHC infrastructure programmes for emerging health challenges; and the promotion and support for community empowerment.

At the end of two days of intensive discussion, participants felt that the values of equity, participatory and inter-sectoral development which were valid 20 years ago, are still valid today. Health for all through PHC is a sound, ethically founded and cost-effective way to improve the health and quality of life of individuals and communities alike.

Tarek Mahmoud, World Health Organization, Library

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**Global Biodiversity Forum (GBF12)**

Dakar, Senegal, 5-8 December 1999

The 12th session of the Global Biodiversity Forum (GBF12) was held in conjunction with the Second Meeting of the Conference of Parties to the Convention on Combat Desertification (CCD).

The aim of the GBF is to provide an open and strategic mechanism to foster analysis and uncombed dialogue and debate on priority issues regarding ecological, economic, institutional and social matters in the context of the biodiversity agenda. The Secretariat of the GBF is housed within UCCN - The World Conservation Union.

The GBF12 was organized by 20 institutions, and was attended by more than 160 participants from 46 countries. The participants represented research, educational, resource management, government, NGOs, and local and traditional communities. The GBF12 focused on linking the various biodiversity-related agendas by hosting four workshops.

The first workshop, Financial innovations, provided an overview of financial mechanisms, reviewed national and regional strategies in financing, environmental agendas, explored examples of environmental funds for combating desertification, reviewed local financial activities, and discussed the role of the private sector in addressing desertification.

The workshop recommended that governments explore innovative financing sources, such as community credit banks, eco-taxes, eco-funds, NGOs, and tax incentives, charitable organisations, green investments and other innovative mechanisms. The workshop concluded that those involved in the desertification process should co-operate to provide financial resources to assist drought-ridden communities, and to establish a technical unit for traditional knowledge and establish operational mechanisms related to biodiversity, land degradation and climate change. Finally, the workshop recommended that the COP should help governments develop criteria and priorities for financial assistance.

The second workshop, Linking biodiversity and desertification: A strategico-perspective, reviewed efforts to protect synergy that have been initiated by the Secretary General of the various Conventions, but coordination in implementation at the global, regional, national and local levels is currently limited, owing to financial and human resources, especially at the national level. The workshop suggested implementing appropriate mechanisms for synergies between the Conventions and recommended that Parties identify and work toward protecting policies, institutional and economic obstacles to synergy among the biodiversity-related Conventions, create opportunities for learning from case studies and past practices, and promote coordination between stakeholders through improvements in funding to the increased demand for grants and participation, and joint implementation of Conventions, and create mechanisms for building synergy among the Conventions through cooperation and development.

The workshop on Combating desertification addressed three main themes: climate change implications for desertification; issues and opportunities for using the instruments of the UN Framework Convention on Climate Change (UNFCCC) and its Kyoto Protocol in implementing the objectives of the CCD and CBD; and identifying policy frameworks for addressing the climate change, the CCD and the CBD. The workshop concluded that implementation of the Climate Change, Biodiversity and Desertification Conventions share a number of interests and concerns.

The workshop noted that climate change is likely to accelerate desertification and biodiversity has an in some regions. It was agreed that those involved in the desertification activities could make valuable inputs into the discussions on climate change and biodiversity. Two key issues are how to adapt to climate change and the role of land use and forest activities in implementing the Climate Convention and its Kyoto Protocol. The financial mechanisms under the UNFCCC and its Kyoto Protocol, such as the GEF and the Clear Development Mechanism could assist in achieving the objectives of the CCD.
Conference Calendar

Sexual abuse and exploitation of children: A health and criminal justice perspective
Durham, United Kingdom, 20 February–6 March 1999

This seminar will bring together professionals to exchange information through speeches and workshops. Topics for discussion include historical background, abusers and offenders, how to talk to abused children, paediatric care of abused children and advocacy and prevention. Specific areas of abuse and exploitation to be discussed include female genital mutilation, prostitution, child abduction for sale, and computer pornography.

For an application form and more information contact:
International Seminars
The British Council
1 Beaumont Place
Oxford OX1 2IP
United Kingdom
Tel +44 171 793 5499
Fax +44 171 793 7426
E-mail international.seminar@britcoun.org
Web http://www.britcoun.org/seminars/

Globalisation and the Asian economic crisis
Hanoi, 23–27 March 1999

The 95th Annual Meeting of the Association of American Geographers will examine the Asian economic crisis. Questions to be asked include are these events the inevitable outcome of economic globalisation and financial integration? Are they exacerbated by externally imposed disciplinary action? Are they attributable to ‘corrupt’ regimes and domestic financial mismanagement? What are the social and political implications of both the problems and the ‘solutions’? How have the Asian ‘region’ and its ‘crisis’ been represented? Papers are invited.

For more information contact:
Philip F Kelly
Southeast Asia Studies Programme
Faculty of Arts and Social Sciences
National University of Singapore
10 Kent Ridge Crescent
Singapore 11260
Tel +65 874 8994
Fax +65 777 6168
E-mail speckn@nus.sch.sg

The role of information and communication technologies in economic development
Malaysia, Pakistan, 12–15 April 1999

Organised by the Organisation of American States, Institute for Natural Renewable Resources, and CATLAC (Water Centre for the Humid Tropics of Latin America and the Caribbean), this meeting seeks to identify and formulate recommendations and guidelines for the equitable and sustainable use of water resources in the Americas. It aims to facilitate and strengthen implementation of the recommendations contained in Agenda 21 and a number of recent international water meetings. Themes include water and health; integrated water resources management; social, environmental and economic valuation of water resources; public participation in water resources decision making; and global change and water resources.

For more information contact:
CATLAC
PO Box 87 5372, Panama City, Republic of Panama
Tel +507 232 6834
Fax +507 232 6893
E-mail catlac@interanet.com

Re-thinking tourism: Choices, responsibilities and practices in balancing conservation and economic development
Vancouver, Canada, 25–29 April 1999

The 1999 World Congress on Coastal and Marine Tourism will re-evaluate present tourism tactics and foster innovations for the future. Participants will re-think their approach to tourism in three ways. First, re-examines the assumptions and choices embedded in tourism strategies; determines the conditions and shape of future tourism opportunities. Second, reconsiders how alternative philosophies pertaining to our responsibilities to present communities, future generations and the non-human world affect the tourism strategies we employ. Third, re-evaluates the viability of particular regulations and practices in the implementation of tourism strategies.

For more information contact:
Jan Auyong
Oregon Sea Grant
Oregon State University
500 Kett Administration Building
Corvallis, OR 97331-2151
USA
Tel +1 541 737 5100
Fax +1 541 737 2392
E-mail auyongj@cnas.orst.edu

Thirteenth global biodiversity forum
San Jose, Costa Rica, 7–9 May 1999

The Global Biodiversity Forum (GBF) provides for an independent, open and strategic mechanism to foster analysis and unencumbered dialogue and debate among all interested parties to address priority ecological, economic, institutional and social issues related to the options for action to conserve biodiversity, and use biological resources sustainably and equitably. The thirteenth session of the GBF will include sessions on the private sector and wetlands, responding to the threat of invasive species to wetland ecosystems, restoration of wetlands, global action to conserve peatlands and mires, and defining a vision for the list of wetlands of international importance.

For more information contact:
Nadene Canning Wacker
IUCN-GBF13 Coordinator
IUCN-Wetlands and Water Resources Programme
IUCN-The World Conservation Union
28 Rue Maunaer
CH-1136, Glarz,
Switzerland
Tel +41 22 995 00 01
Fax +41 22 995 00 25
E-mail GBF13@hq.iucn.org

Southeast Asia into the twenty-first century: Critical transitions, continuity and change
Pattani, Thailand, June 1999

The four ASEAN inter-university seminar on social development will cover several key issues, including social development, social disruption and coastal-ecological stress; the impact of natural and unnatural disasters on society and the environment; conflict and cooperation—over the use of fresh water resources; and environmental laws and institutions of ASEAN.

For more information contact:
Conference secretariat
rocholoke@uv.ted.ag
srotton@tics.uni.edu

Forecasting the future: Impact assessment for a new century
Glasgow, Scotland, 15–19 June 1999

Organised by the International Association for Impact Assessment, this conference will focus on strengthening and upgrading impact assessment as a mainstream tool for sustainable development planning and strategic policy appraisal. This latter aspect of forecasting the future will concentrate on the role of impact assessment in addressing big picture issues of socioeconomic development, population growth and technological change. Specific topics to be covered include green plans and sustainability strategies, environmental assessment of development policies and plans, environmental and resource accounting, capacity-based land use and resource planning, developments in environmental management systems, case studies of sound environmental impact assessment, social impact assessment and other domains of impact assessment, advances in geo-techniques, training and capacity building and methods and methods for evaluating the performance of impact assessment processes. Papers are invited.

For more information contact:
IAIA Executive Office
North Dakota State University
Hastings Hall, P.O. Box 5256
Fargo, North Dakota 58105-5256
USA
Tel +1 701 231 1007
Fax +1 701 231 1007
E-mail iaiamns@ndsu.nodak.edu
Website http://iaia.ext.ndsu.nodak.edu/IAIA/annual-meeting/ias99/icre-calh.html

Colonialism and public health in the tropics
York University, Canada, 18–19 June 1999

The aims of this conference seek to contribute to the growing scholarly debate on the comparative history of colonialism and...
public health. It will explore the cultural and ideological dimensions of public health in Britain’s tropical empire, examine the variation in public health systems within the empire, as well as issues such as the significance of metropolitan concepts of race, and the role of the metropole as the disseminator of policies and practitioners throughout the empire. Themes to be addressed include indigenous healing systems and European health care; colonial mental health and the construction of race; public health, sanitation and urban spaces; gender and colonial health care policy; and public health in the age of empire. Papers are invited.

For more information contact:
Dawn Harris
Department of History
Faculty of Arts
York University
4700 Keele Street
Toronto, Canada M3J 1P3
Tel +1 416 736 5127
Fax +1 416 736 3964
E-mail dharris@yorku.ca

Women’s worlds 99
Tromsø, Norway, 20–26 June 1999

Feminist research and interdisciplinary scholarship is the basis of the seventh International Interdisciplinary Congress on Women. Session themes will include genderings: new constructions of gender; women, power and politics; gendering work and the economy; gendering health; sexualised violence; gendering the past; gendering the future; peace, indigenous and human rights; culture, creativity and spirituality; gender, science and technology; the women’s movement/feminist activism worldwide; and gendering men. Papers are invited.

For more information contact:
Women’s Worlds 99
Kvithuset, University of Tromsø
N-9387 Tromsø
Norway
Tel +47 7764 3999
Fax +47 7764 6420
E-mail womens.worlds99@drik.uio.no
Web http://www.dd.k.uio.no/WWW99/ww99.html

Science for Pacific posterity: Environments, resources and the welfare of the Pacific peoples
Sydney, Australia, 4–9 July 1999

The XIX Pacific Science Congress will provide a multidisciplinary forum to examine several major themes relating to resource management and social welfare in the Pacific. Issues to be discussed include public health in the Asia–Pacific region; communications in the 21st century; urban development; Asia–Pacific ecosystems; women in science and development; water resources; and fisheries management.

For more information contact:
XIX Pacific Congress Secretariat
GPO Box 2609
Sydney NSW 2001
Australia
Tel +61 2 9241 1478
Fax +61 2 9251 5552
E-mail reply@ixmasat.com.au

Focus Africa: Networking transformation on the millennium continent
Windhoek, Namibia, 5–9 July 1999

The third biennial international conference of the Society of South African Geographers will allow physical and human geographers alike to present their findings in basic, applied and practice-oriented research within the scope of four themes of study: processes of local transformation; participation in regional integration; understanding global interdependencies; and analysing and shaping space in the electronic age.

For more information contact:
Professor F. Becker
Department of Geography and Environmental Studies
University of Namibia
Private Bag 13030
Windhoek
Namibia
Tel +264 61 206 37389
Fax +264 61 206 38600
E-mail FBecker@unam.una

1999 International symposium on society and resource management: Application of social science to resource management in the Asia-Pacific region
Brisbane, Australia, 7–10 July 1999

This interdisciplinary symposium will explore sustainable relationships between natural resources and society and discuss research and management strategies. Major themes will include social and environmental assessment; community participation in resource management; environmental interpretation; social science of parks and protected areas; human–wildlife interactions; integrated resource management; watershed management and soil conservation; and indigenous land and resource management.

For more information contact:
Sally Brown
Conference Connections
PO Box 108
Kenmore QLD 4069
Australia
Tel +61 7 3201 2808
Fax +61 7 3201 2809
E-mail Sally.Brown@mailbox.uq.edu.au

Women’s future: Health, rights and development
Sydney, Australia, 10–11 July 1999

The University of New South Wales International Symposium 1999 will be part of the University’s 50th anniversary celebrations. It will focus on women’s roles and rights in safeguarding their health, and that of their children and communities through knowledge, awareness and empowerment. The conference will cover key issues in women’s health in Asia and the Pacific including: population policies relating to reproductive rights, abortion, female genital mutilation and HIV/AIDS; women’s roles in social and economic development; and women’s education, status and earning capacity.

For more information contact:
UNSW International Symposium 1999
Women’s Future – Health, Rights & Development Symposium Secretariat (AIDA Corporate Events)
PO Box 991
Bonokale NSW 2216
Australia
Tel +61 2 9567 9322
Fax +61 2 9567 9912
E-mail aidaustralia@unsw.edu.au

Globalisation and tropical islands
St Denis, La Réunion, 5–14 September 1999

The eighth conference of tropical geography will aim to increase understanding of the reactions of island environments and societies, especially the tropical ones, to processes of globalization. Five themes of globalization will be examined: economic, geosocial, geopolitical, cultural and geo-environmental. Case studies and general or comparative theme analyses, particularly significant references to non-tropical islands, are expected.

For more information contact:
Professor Ben Robert
Département de Géographie
Faculté des Lettres et St. Humaines
15 Av. René Cassin
97490 Ste Clorinde, Le Réunion
E-mail robert@univ-reunion.fr

Asian nationalisms in an age of globalisation
Dunedin, New Zealand, 24–27 November 1999

The 1999 NZASIA conference will be hosted by the Board of Asian Studies and sponsored by the School of Languages and the Humanities Division. ‘Nationalism’ is understood in its widest sense: cultural, ethnic, religious, political, and economic. Papers relating to the conference theme will be considered for publication in a book on Asian nationalism to be submitted to a major international publisher. Papers are invited.

January 1999

For further information and registration:
Dr. Roy Starrs, Chair
Board of Asian Studies
School of Languages
University of Otago
PO Box 56
Dunedin 9010
New Zealand
E-mail 56011084@xwm.otago.ac.nz
Web http://www.otago.ac.nz/Asian/NZASIA.html

Geography at the millennium
Sydney, Australia, 27 September–1 October 1999

Details of the 1999 Institute of Australian Geographers conference are still being finalised, but the theme will allow sufficient scope to accommodate a wide range of papers from all aspects of geography.

For more information contact:
John Connell
Division of Geography
School of Geosciences
University of Sydney NSW 2006
Australia
Tel +61 2 9351 2866
Fax +61 2 9351 3644

New African perspectives: Africa, Australasia and the wider world at the end of the twentieth century
Perth, Australia, 26–28 November 1999

The 22nd conference of the African Studies Association of Australasia and the Pacific (AFSSAP) is a major Australian gathering that annually brings together Australians concerned with Africa and African affairs. Conference sessions and topics will include African religions, literature, art, and cinema; the political economy of mining in late twentieth century Africa; war and state formation; the history and politics of anti-apartheid movements; gender issues; and water resources in South Africa.

For more information contact:
Cheryl Gertzel
School of Social Sciences and Asian Languages
Curtin University of Technology
GPO Box U1987
Perth, WA 6905
Australia
Tel +61 8 9299 7418
Fax +61 8 9266 3166
E-mail gertzelc@spectrum.curtin.edu.au
Improving the utilisation of donor funds for population assistance

Shanti R. Conly
Shyami de Silva
Population Action International

As population assistance funds remain scarce relative to the needs, it is vital that they are utilised effectively. Aid effectiveness is of greater concern to donors with significant bilateral population programmes, especially those donors attempting to programme large new bilateral commitments in the face of significant constraints within their foreign aid bureaucracies. These constraints are often not specific to population assistance efforts.

The following steps could help individual donor nations to achieve more efficient and effective use of population funds.

- Donor countries should pay more attention to the institutional arrangements and skilled human resources needed to effectively support an expansion of bilateral reproductive health assistance. Governments need to develop some combination of in-house and external expertise, using a mix of strategies including training of existing staff and nurturing external consulting capacity. It makes sense for aid agencies to collaborate in building up a regional pool of NGOs and academic institutions with specialised expertise in specific areas of reproductive health. Donors need to increase their use of the growing expertise in recipient countries, including south-to-south exchanges.

- Aid agencies need to address staff constraints and clarify new procedures so that decision making and disbursement of funds can occur efficiently through new decentralised aid management systems. The transfer of authority needs to be accompanied by the reallocation of staff resources to the field and by clear guidelines regarding new processes for quality control and technical oversight. Donors embarking on decentralisation should also publicise new systems for accessing funds among both international and local NGOs involved in their development cooperation programmes.

- The donor community needs to strengthen coordination of population assistance, with the main thrust at the country level.

- The donor community’s support to comprehensive health programmes should give more emphasis to reproductive health and to evaluating different programme strategies. As the momentum for health sector reforms gathers steam, donor nations need to address reproductive health concerns more consistently in their dialogue with governments on larger health sector policy and budget issues. Donors should also ensure that their integrated health projects include the full range of reproductive health services, and that health reform efforts give high priority to strengthening key reproductive health services. In addition, as donors fund a variety of programme models that include different combinations of reproductive and other health services, it is important that they rigorously evaluate these programmes. Sharing evaluation findings with other donors as well as with national governments is vital to maximising the allocation of scarce resources in future.

- Bilateral development agencies need to improve their financial information systems. Improved reporting is essential to track the cost effectiveness of population and reproductive health assistance, as well as to measure progress towards ICPD financial goals. UNFPA and the donor community need to develop new approaches to tracking expenditures on reproductive health activities within integrated programmes. In general, greater transparency is needed in financial reporting by donor countries. UNFPA should make information on specific activities supported by the donors, which represent the basis for their reports to UNFPA, publicly available including through the worldwide web.

Papua New Guinea: The struggle for development

In recent years Papua New Guinea has been hit by a range of natural and human crises which have generated headlines and interest in Australia. These include the Bougainville crisis beginning in 1988, the political standoffs over resource equity in 1992, the Rabaul volcano of 1994, the Ok Tedi law suit involving BHP, the 'Sandline' affair of 1996--97, the recent El Niño-induced drought and famine, the 'Skate Tapes', and most recently the tsunami on the north coast of Papua New Guinea.

By virtue of these events, Papua New Guinea has appeared more consistently in Australian news this decade than any other. Despite this, indeed partly because of the fragmentary and sensationalist nature of the coverage it receives, Papua New Guinea continues to be poorly understood within Australia. Although the events of the last decade have generated a large range of academic papers, conferences, industry specific books and thematic reviews (the political economy approach of Thompson and MacWilliam (1992) springs to mind), this impressive book by John Connell represents the first major systematic review of Papua New Guinea's tortuous development path since the work of Diana Howlett (1973).

Like the object of its study, the book traverses a remarkably diverse and varied terrain. The structure of the volume follows the format of classic regional geographies, beginning with a brief introduction to the physical setting and the natural and human resources, then moving through a series of chapters dealing with the economic sectors, from subsistence agriculture, through the dashed hopes of commercial agriculture, the failures of forestry and fisheries to the critical mining sector. Chapters on internal migration, urbanisation, the spatially and socially uneven nature of the development path to date, and politics, politicians, law and order round out the volume.

Essentially Connell argues that Papua New Guinea has experienced neither growth nor development, particularly in the period since Independence. It is full of insight into contemporary Papua New Guinean society, and like much of Connell's work, is uncluttered by explicit theoretical baggage. He states at one point that 'crude notions of dependency and underdevelopment are not helpful' in explaining Papua New Guinea's development; 'nor are many of the metaphors of capitalism' (p.272).

One of the strengths of the book is the range of material that Connell draws on, including an imposing but valuable
At over A$1 of social organisation, land tenure, agriculture and economy (educational, medical, etc.) introduced, the lives of most have ensured that, despite disappointment and frustration at expected or desired. However, continuity of pre-contact systems that existed before colonial times' (p.265).

The challenge, according to Connell (citing the National Research Institute) is that 'there remains a large unfinished agenda of development: development that puts people at the centre, not the periphery' (p.271).

The weaknesses of the volume are few, and Connell acknowledges one of the major ones when he states that 'generalisation could never be more than a flawed undertaking, especially in Papua New Guinea' (p.xiii). Every person who has worked in Papua New Guinea is likely to come across at least one statement in this book that will grate a little. One example is the implication that it was only instability at mining sites that caused violent outbreaks, and not something as simple as a reckless disregard for human life and property.

A safer future: Reducing the human cost of war


It is too easy, when writing about a topic as chaotic, intensely emotive and horrific as the human experience during times of armed conflict, to leave a reader confused and gasping with despair. A safer future: Reducing the human cost of war, however, is a clearly structured, well documented book which balances the reality of the bloodshed of war with constructive suggestions for the future. Edmund Cairns selectively uses statistics and graphic case studies without slipping into voyeurism. He draws heavily upon Oxfam's work with those involved in armed conflict and demonstrates an understanding of the issues at a legal, political and diplomatic level. This combination of grass-roots experience and international political analysis results in a book that significantly contributes to this area of debate.

Chapter one describes the horrors of war, identifying the increased killing of civilians during times of armed conflict. Particular focus is given to violence and other burdens placed upon women and children, and the plight of refugees. The following chapter outlines international legal standards applicable during times of war - International Humanitarian Law. Cairns examines the role played by international institutions, and points out the huge gap between legal theory and reality.

In chapter three, an examination of the impact of the proliferation of modern small arms is undertaken. The conclusion reached is that because small arms are cheap and easy to operate, they are available to virtually anyone and increase suffering and prolong armed conflict. The role that major arms-producing states must play is reviewed in conjunction with the regulation of arms trading, recycling of arms between countries and the disarmament and support of soldiers. Chapter four deals with the international response to war: it concludes with the necessary 'wake-up call' to the international community: Preventing wars is both cheaper and less hazardous than resolving them once they have begun' (p.58).

Chapter five briefly discusses the broad relationship between armed conflict and factors such as poverty, ethnicity and nationalism. Readers are made aware of the trap of simplistic assertions about the root causes of war rather than understanding the multi-layered 'trigger' factors often present in volatile societies. This flows neatly into chapter six which is concerned with building peace. Cairns points out that in the area of peace must come from the citizens themselves and be actively supported by the international arena. Oxfam's aim - '...working with people around the world who are striving to tackle poverty and make their societies more prosperous, more equitable, and less at risk of war' (p.81) - is identified as a viable response. Oxfam's future role can be directed towards the international community, active peacebuilding, strengthening traditional systems of mediation and linking rights with responsibilities.

These two chapters are excellent summaries of the complex inter-relationships of numerous factors that need to be understood before entering peacebuilding.

Example: A 'safe country' is one where the basic social needs of its people are secured, but the desire for peace is a complex process which must be fostered with an understanding of social needs. This example is aptly titled 'A better way?'.

The final chapter contains the most interesting section of the book. It lists the practical policy changes which could reduce the suffering and destruction of armed conflict. Suggestions for change include regulation of the arms trade, the creation of an International Criminal Court, protecting political leaders and upholding the rights of refugees and other civilians. It is encouraging to those of us searching for solutions to the horrors of war, to note that since the writing and production of Cairns' book, significant advances have been made in the first two items on the list. Whilst the book talks hopefully about countries supporting the 'Ottawa process', the current status of the treaty, entering into force in March 1999, is something to celebrate. Similarly, the creation of a statute for an International Criminal Court in July 1998 heralds an international understanding of the need to prosecute those responsible for those atrocities.

In many ways we have done the easy bit - changing the law. Cairns pleads with us to start on the harder road - changing the way we think about global social responsibility.

Helen Durham, International Humanitarian Law, Australian Red Cross

January 1999
to his thesis. For the most part he is content to assert that the folly of too narrow or empirical a focus.

John H. Kapsberger, Canberra-based writer on Indonesian politics

Humanitarian catastrophes such as famine seem to be with us every day. A couple of years ago it was Rwanda. Today it is Zaire and Albania which are on people's minds as the places where there might be another humanitarian disaster. Their regularity and intensity makes one wonder what the human condition can result in such carnage and tragedy which is always the result of war and conflict. In the most extreme cases there is genocide — the systematic killing of a whole population or ethnic groups — and sadly this is not a new phenomenon; the killings of Rwanda in 1994 are repeats of pogroms which have occurred over time immemorial.

Some of these catastrophes are the result of direct violence such as that in Rwanda, or in Cambodia during Pol Pot, the most extreme manifestations being the targeting of civilians during war, such as the fire bombing of Europe and the nuclear holocausts in Japan in WWII, and more recently the attacks on civilians by Russia in Chechnya. In other cases it is more insidious political violence which results in famine and genocide. The 19th century potato famine of Ireland, and Stalin's politically induced famine of the Ukraine of the 1930s were far more catastrophic than the blood spilling of Albania's food as a weapon employed in Ethiopia in the mid 1980s and is being used currently in southern Sudan.

The numbers of conflict related crises is on the increase with now over 50 million people displaced as a result. The difference now is greater public awareness thanks to the all pervasive CNN and the evening news. There is also the presence of international humanitarian organisations such as Community Aid Abroad, Oxfam, and Médecins Sans Frontières (MSF), the subject of this review, who themselves are playing an increasing role.

_World in crisis_ is an annual publication of MSF in which the difficulties, challenges and dilemmas of humanitarian aid to civilians in conflict are addressed. The 1997 report covers the situation in Liberia, Bosnia, Chechnya, Rwanda, and the Sudan. In all of these cases there are humanitarian organisations working against the odds not only with an unfolding tragedy, but also against being used as political pawns in a bigger game.

The report looks at the moral and ethical issues surrounding humanitarian interventions, as well as contemporary issues of marginalised populations in Western countries, and the growing reluctance of the West to be involved in refugee resettlement programs. The withdrawal of many Western countries from the search for lasting solutions and the weakened UN role are constant themes throughout the Report.

The role of humanitarian organisations has grown very much as the role of governments has declined. Certainly humanitarian organisations in places such as Somalia, Rwanda and Liberia are becoming actors in their own right in the peace process. The report questions this role, noting that as these organisations have taken on the role of government that of ensuring the collective safety of its people they have gone from an ethical responsibility to a legal responsibility something for which they may not have had a mandate.

At the same time governments are becoming increasingly reluctant to be involved in peacekeeping to allow peace enforcement. With this there is a disturbing trend with the role beginning to shift to private mercenary armies such as the deceptively named Executive Outcomes which provides armed forces in return for gold and diamond mines as in the case of Sierra Leone, Angola and very nearly in PNG.

The role of humanitarian organisations in these conflicts is vested when there is a lack of international political will for a solution. In the case of Rwanda the camps over the border in Goma, Zaire not only housed hundreds of thousands of refugees but also the Hutu killers responsible for the genocide. This is not new, as it was also the case with the border camps in Thailand in the 1980s which shielded the murderous Khmer Rouge. In these and similar situations international organisations have had to work within the environment in which they find themselves and face the profound dilemma of barricading the conflict as they provide essential assistance.

The report not only looks at the ethics involved at the larger level, but also the ethics of providing specific types of aid. Mike Toole's chapter on health interventions highlights the dilemmas and ethical issues. These range from being able to provide health services to the ethics of triage, which focuses on helping those who can be saved; and also the ethics of doing what is best for the population rather than the individual. Toole gives the example of a cholera outbreak that means all resources should go to combating that outbreak even at the expense of treating critically ill individuals. This does not easily fit with ethical concepts taught at medical school.

Toole identifies two central ethics in humanitarian medical assistance which could be applied more broadly. The first, do what is best for the population at risk; and second, do no harm. Making the judgement as to how to meet these ethics in particular situations is among the most difficult an organisation may have to make and the one that brings them the greatest amount of criticism.

_World in crisis_ raises many very important questions but seems to offer rather few glib answers based on a moral certainty which is hard to justify. The foreword by Rony Brauman, former chair of MSF France for a decade, attacks agencies for seeming to take sides in conflicts. He is critical of agencies who worked on the Biafran side in the Nigerian civil war in the late 1960s, and in a section entitled 'Coplying with communism', he attacks those agencies which worked with the Cambodian Government that replaced Pol Pot and the Khmer Rouge, describing it as 'pitless' and a 'predatory dictatorship'. This comes as somewhat of a surprise given that the Heng Samrin Government did its best in international isolation and not only rebuff a country sheltered by the most brutal genocide in recent memory but did it with little external assistance. This type of attack which is too frequent in the book highlights both an ideological agenda and a self righteous tone which only diminishes the complex issues raised.

The book also fails to mention the aspirations of the people most affected by the conflict as being a factor to be considered. Nor does it recognise the roles and responsibilities of governments and how humanitarian organisations make judgments about whether they work with a particular government or administration. Rather, the book seems to take the view that all governments are bad and organisations are complicit in their principles when they work with them.

_World in crisis_ is an important contribution to the debate on the role of private humanitarian organisations in an era when governments are increasingly reluctant to shoulder the burden of providing health services in return for gold and diamond mines as in the case of Sierra Leone, Angola and very nearly in PNG.

The world is not what it seems. The book identifies the problems and the appropriate treatment. As a child Nambele had health problems that were caused by pepo, but was unable to obtain a cure. As an adult, Nambele became the pupil of a renowned pepo healer, and began having visions during which she was able to 'see' the causes of, and treatments for, other people's diseases. Her own symptoms resolved at this time. She then established herself as a pepo healer, and in 1990, aged about 50, she had a large and flourishing practice.

Pepo as an inner healing force: Practices of a female spiritual healer in Tanzania


Throughout the world, cultures encompass 'traditional' or 'folk' illnesses, many of which have non-physical or spiritual origins.
The final part of the book sets Nambela’s practice within the context of what is known of the work of other shamanistic healers in East Africa. Here the author describes Nambela’s beliefs concerning the origin, nature and therapeutic use of *pepo*. The author then draws parallels between Nambela’s work and that of a psychiatrist working in a biomedical health care system.

The World Health Organisation encourages cooperation between traditional and biomedical practitioners. This book, by demonstrating both the breadth of the problems addressed by Nambela, and the high regard in which her patients hold her, adds weight to the claims of traditional practitioners for inclusion in mainstream health services.

*Alan Williams, Tropical Health Program, University of Queensland*
New Books

Creating a new consensus on population

The 1994 International Conference on Population and Development (ICPD) in Cairo saw the world's governments agree, for the first time, on far-reaching population policies. The conference itself, and the many preparatory activities that took place from 1991 to 1994, was characterised by intense debate on the politics of population and development, reproductive health and rights, religion, contraception, and the empowerment of women. This volume examines the entire ICPD process. In particular, it examines how the various stakeholders (governments, NGOs, academics, religious leaders, politicians and the media) addressed the relevant policy issues, and how a new global consensus was forged, which resulted in the ICPD Programme of Action.

Family-building and family planning evaluation

This study is part of continuing research on the measurement of fertility change and the impact of family planning programmes. Its goal is to help population specialists better understand fertility change in developing countries. The report describes a methodology for measuring fertility which may serve as a complement or possibly an alternative to the more commonly used methods that measure fertility. The methodology is intended as a means to achieve a more refined analysis of fertility change and as a better tool for monitoring and evaluating family planning programmes. In this report, it is applied to the analysis of fertility trends and to measurement of the impact of family planning in 15 countries in developing regions.

A demographic perspective on women in development in Cambodia, Lao People's Democratic Republic, Myanmar and Viet Nam

This study assesses the status of women in development in Cambodia, the Lao People's Democratic Republic, Myanmar and Vietnam. By reviewing the situation in four countries that share borders, it is possible to highlight similarities and note common patterns. The study is based on data available primarily from national population censuses and demographic surveys.

Civil society and the aid industry

Northern governments and NGOs are increasingly convinced that civil society will enable people in developing countries to escape the poverty trap. Civil society and the aid industry critically appraises this new emphasis in the aid industry. It explores the roles of northern governmental, multilateral and NGOs in supporting civil society, presenting in-depth case studies of projects in Peru, Kenya, Sri Lanka and Hungary, and recommends policy intended to improve the effectiveness and appropriateness of future projects.

The reality of aid 1998/1999: An independent review of poverty reduction and development assistance

In its sixth edition, The reality of aid analyses the 'fair share' of bilateral aid for basic social services – basic education, basic health, reproductive health, nutrition, clean water and sanitation – that should come from each donor; an analysis which shows only two donors meeting their fair share and the G7 nations falling behind by over US$5 billion. The report focuses on basic education as a right and not a privilege, and examines its role in development cooperation and poverty elimination. Ten chapters analyse development cooperation from the perspective of southern NGOs. Many of these focus on basic education and raise issues about transparency, gender and civil society.

World hunger: 12 myths

In this revised and updated edition, the authors expose and demolish the myths surrounding world hunger. Drawing on extensive research, they examine the policies and politics that keep hungry people from feeding themselves in both developed and developing countries. This second edition includes new material on hunger in the wake of the Cold War, global food production versus population growth: changing demographics and birth rates; the shifting focus of foreign assistance in the new world order; structural adjustment and other budget-slashing policies; trade liberalisation and free trade agreements; famine and humanitarian interventions; and the "third worldisation" of developed nations. World hunger calls for a renewed sense of public and political will to bring an end to hunger in a world of plenty.


This is the tenth issue of the annual survey of economic and social progress in Africa. The report analyses the state of the African economy, examining development policy issues affecting the economic prospects of the continent. This year's report focuses on the value of human capital in promoting economic growth and in reducing poverty. The report addresses a range of key issues relating to human capital development, including investing in human capital for broad-based growth; promoting education, particularly at the primary and secondary levels; enhancing health care and nutrition; policies to ensure the inclusion of people in economic development; and Bank group operations and human development.

Burma: Insurgency and the politics of ethnicity

Burma remains a land in crisis. The popular uprising of 1988 swept away 26 years of military rule under General Ne Win in name only. Aung San Suu Kyi's National League for Democracy won a landslide victory in the 1990 elections. However, the military have remained in control and Burma's future looks more problematic than ever. Using largely inaccessible Burmese sources and interviews with many of the leading participants, the author charts the rise of modern political parties and unravels the complexities of the long-running insurgencies waged by opposition groups, explaining how a potentially prosperous country has become one of the world's poorest.

A Siamese tragedy: Development and disintegration in modern Thailand

This book argues that, even before the catastrophic collapse of 1997–98, the Thai economic miracle of the previous decade had feet of clay. The authors provide an examination of the country's economic, environmental and human record. The book explores the role of foreign investment in Thailand's race to build a modern industrial economy and the consequences of pollution and environmental destruction. They also discuss the human effects of the Thai model on workers, rural villagers, women and child labour.

Tigers in trouble: Financial governance, liberalization and crises in East Asia

This book critiques the nature of Southeast Asian capitalism. It argues that the crises in Thailand, Indonesia, Malaysia and the Philippines, as well as South Korea, are due to excessive financial liberalisation and a consequent undermining of effective monetary and fiscal governance. While recognising some macroeconomic problems and abuses of state intervention in the region, the authors also highlight the nature and implications of current IMF and domestic policy responses which are exacerbating the crises.

Education in Tibet: Policy and practice since 1950

This book presents a comprehensive overview of education provision and policy in the Tibet Autonomous Region (TAR) during the half century since China asserted control over the region. The author sets her modern history of education in the TAR against the wider context of the political and educational shifts that have taken place in China since the Communist Party came to power in 1949. This work draws on first hand observation, interviews with Tibetan refugees and with educationalists in China and Tibet, and official sources in both Chinese and Tibetan.

Gramsci, Freire and adult education: Possibilities for transformative action

This book focuses on two of the most cited figures in the debate on radical education, Antonio Gramsci (1891–1937) and Paulo Freire (1921–97). Both regarded adult education as playing an important role in the struggle for liberation from oppression. Peter Mayo examines the extent to which their combined insights can provide the foundation for a theory of transformative adult education. He considers their respective contributions to the development of such a theory, analyses their ideas comparatively...
and identifies some of the limitations in their work for incorporation into a theory. The book concludes with a major

Making change strategies work: Gender sensitive, client oriented livestock extension in Coast Province, Kenya


This detailed case study outlines how an extension agency moved from a conventional model to a more facilitatory and participative approach. Stimulated by their failure to get farmers to adopt zero-grazing recommendations that worked well in other areas, the National Dairy Development Project Team in Kenya began to collaborate with farmers. The change processes set in motion worked slowly but had remarkable results. Processes that led to change are discussed in terms of monitoring and evaluation; integration of gender issues; and research-extension-farmer linkages. A number of short cases and examples, many written by extension workers, highlight the issues.

Gender and technology: Empowering women, engendering development


A practical guide to integrating gender into technology and development, this book demonstrates why gender awareness needs to be integrated into technology transfer. The author looks at how technological development can be both a threat and an ally to women. She provides a model training programme for successful technology transfer. The second part of the book focuses on the integration of gender into development projects. It presents a series of case studies and a list of issues to consider when introducing technology to women's enterprises.

Abortion in the developing world


Twenty million unsafe abortions are performed each year, 90 per cent of which occur in the developing world. Even in countries such as China, where abortion is fully accessible in practice as well as in theory, our understanding of the phenomenon is partial. The result of a global research project commissioned by the World Health Organisation, this book provides new information on abortion. There are sections detailing women's perspectives and also chronicling the providers' views and the effect they have on medical provision. Several contributions discuss the relationship between contraception and abortion while a section on adolescents addresses a newly emerging concern for programme managers.

The making of the Indian atomic bomb: Science, secrecy and the postcolonial state


In 1974 India exploded an atomic device. In May 1998, the BJP Government exploded several more, encountering in the process domestic plaudits, but international condemnation and a nuclear arms race in South Asia. This book presents an historical account of the development of nuclear power in India and of how the bomb came to be made. The author questions orthodox interpretations, implying that it was a product of the Indo-Pakistani conflict. He suggests that the explosions had nothing to do with national security as conventionally understood. Instead he demonstrates the linkages that existed between the two apparently separate discourses of national security and national development, and explores their common underlying bases in postcolonial states.

Terms of refuge: The Indo-Chinese exodus and the international response


For half a century, much of Southeast Asia has been racked by war. In the last 20 years, three million people fled their homes in Vietnam, Laos and Cambodia. This book is their story and that of the international community's response. Spearheading this was the United Nations High Commissioner for Refugees. It pioneered the Orderly Departure Programme, anti-piracy and rescue-at-sea efforts, and ambitious reintegration projects for returnees. Today the camps in Southeast Asia are closed. Half a million people have returned home. Over two million have started new lives in the United States, Canada, Australia and France. This book also poses important questions. How do we assess that international effort? What has been the legacy in Asia itself? What lessons can be drawn for use in other refugee situations around the world?

A quiet violence: View from a Bangladesh village


This book depicts life in a Bangladesh village where the authors, two Bengali-speaking Americans, lived for nine months. There, the reader meets some of the world's poorest people — peasants, sharecroppers and landless labourers — and some of the not-so-poor people who profit from their misery. The villagers' poverty is not fortuitous, a result of divine dispensation or individual failings of character. Rather, it is the outcome of a long history of exploitation, culminating in a social order which today benefits a few at the expense of many.

Economic growth with equity: Lessons from East Asia


This book examines the lessons to be learned from economic growth in East Asia. Alongside such growth, countries such as Indonesia, China and South Korea made rapid progress in terms of human development indicators. How did these countries manage to combine growth with equity? The author examines the social policies adopted by governments in the region and asks why they have been so successful, in comparison to others, in combining high levels of growth with rapid progress towards poverty reduction. He also argues that not all the lessons are positive: many countries have paid the price of a large 'democratic deficit'. The current financial turmoil in East Asia raises questions about the future of the 'tiger' economies. The book looks critically at the possibilities of economic recovery, and whether or not the achievements of the past, in terms of poverty reduction, can be maintained.

Gender, education and training

Caroline Sweetman (ed) 1998, Oxfam, ISBN 0 855 98400 7, 72pp., £7.95

Articles in this collection discuss both increasing access to education and training for girls and women, and the need to transform the materials used for teaching, to promote a vision of gender equality in theory and practice.

Gender and migration


The articles in this book explore the vast array of different reasons why men and women move within and outside their native countries, whether it be for employment, marriage, or escape from conflict. The authors stress the importance of seeing an individual migrant in her or his context as a member of a social network, spanning different locations.

Kenya: Promised land?

Geoff Soper 1998, Oxfam, ISBN 0 855 98382 5, 72pp., £5.95

This book explains the origins of the political, economic and social tensions which are causing wide rifts to appear in the fabric of Kenyan society. It contrasts the conspicuous wealth of the ruling elite with the destitution of thousands who have been dispossessed by ethnic conflicts over land rights, or excluded from their traditional lands by wildlife reserves. It celebrates the achievements of communities whose hard work has transformed degraded land, and shows how some of the nation's poorest people are surviving almost entirely on their own resources.

January 1999

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The state of generations

The 1998 report focuses on the unprecedented growth of young and old generations. More young people are entering their childbearing and working years, and the number and proportion of people over 65 years are increasing at an unprecedented rate. The future will be shaped by how well families and societies meet the needs of these growing 'new generations': education and health—including reproductive health—for the young, and mortality: Implications for programmes

This paper aims to help those concerned with programmes to improve reproductive health better understand the scale and frequency of maternal deaths; the advantages and disadvantages of using surveys to measure maternal mortality; model-based estimates of maternal mortality and their limitations; and the potential of relevant process indicators of maternal health for programmatic purposes.

Consultative meeting on expanding commercial market for oral contraceptives in developing countries

UNFPA 1997, technical report no. 41

This report summarises the consultation which brought together manufacturers, governments and donors involved in contraceptive supply to discuss key issues in expanding the availability of oral contraceptives through the private sector. Intensified collaboration among the main stakeholders and the conduct of market segmentation studies were among the recommendations.

Expert consultation on operationalizing reproductive health programmes

UNFPA 1997, technical report no. 37

In order to develop guidance for policy makers and national programme managers in furthering the process of operationalizing reproductive health programmes, this 1996 consultation brought together government officials, representatives from NGOs and UN agencies and academics.

Regional Health Administration in Brong-Ahafo Region, FHI evaluated TBA training conducted in central Ghana during the mid-1990s to determine its impact on TBA practices and ultimately on maternal morbidity.

Qualitative assessment of IUD service delivery in Kenya

FHI July 1997

In spite of its advantages, intrauterine device (IUD) use has declined relative to other contraceptive methods in Kenya. To learn why, FHI conducted simulated client visits and in-depth interviews at 12 sites throughout Kenya.

Acceptability study of two Nonoxynol-9 products in Kenya, the Dominican Republic and Mexico

FHI November 1996

A contraceptive method's acceptability is likely to contribute to the consistency of its use. Consistency of use, in turn, is believed to be the most important factor in minimizing the pregnancy rate associated with spermicides. This FHI study compares the acceptability of two N-9 products.

Increasing contraceptive use in Bangladesh: The role of costs

FHI November 1996

The family planning programme in Bangladesh must meet the needs of more women in the next decade as the number of married women of reproductive age increases. FHI collaborated with the Population Development and Evaluation Unit of the Bangladesh Ministry of Planning and the Association for Community and Population Research to determine the costs of different types of family planning visits – those that took place either at a woman's home or at a clinic.

Provider rationale for restricting family planning services

FHI November 1996

FHI, in collaboration with the Ghana Statistical Service, surveyed 97 current family planning providers in October 1994 to determine why they place age, parity, weight, spousal consent and marriage restrictions on particular methods. Clinic records of the providers were reviewed to document the age and parity range of clients and whether spousal consent was obtained.
Measuring access to family planning education and services among young adults in Dakar, Senegal

FHI May 1996

In order to identify the reproductive health needs of young adults in Dakar, the Comité d'Etude sur les Femmes, la Famille et l'Environnement en Afrique (CEFEVA) and FHI conducted a study to measure access to family planning education and services among young people.

The importance of family planning in reducing maternal mortality

FHI April 1995

Of the half million women who die each year of pregnancy-related causes, 99 per cent live in developing countries. Two approaches can reduce these deaths: making pregnancy and delivery safe, and reducing the number of pregnancies through family planning. An FHI analysis used data from Matlab Thana in Bangladesh to demonstrate the impact of family planning on maternal mortality.

For more information on the above eight reports contact:

Family Health International
PO Box 13950
Research Triangle Park, NC 27709
USA
Tel. +1 919 554 7400
Fax. +1 919 544 7261
Web: http://www.fhi.org/fp/fpother/factsht/index.html

World development report 1998/99: Knowledge for development


The World Development Report 1998/99 examines the role of knowledge in advancing economic and social well-being. The report proposes that we step back from the familiar problems of development and consider them from the perspective of knowledge. In studying these issues, the report considers two sorts of knowledge: how-to knowledge (farming, health or accounting) and knowledge about attributes (the quality of a product, credibility of a borrower, or the diligence of an employee). The report calls the unequal distribution of knowledge gaps and uneven knowledge about attributes information failures. It argues that both types of problems are worse in developing countries than in developed countries, and that they especially hurt the poor.

East Asia: The road to recovery


This report presents an analysis of the East Asian crisis, reviews progress in tackling problems and suggests policy directions that will affect the pace of economic revival. The report observes that East Asia's crisis is unique in that it has fused a currency crisis, banking and regional financial panic into a particularly virulent strand of economic malady. This has led to severe recession in Thailand, Korea, Indonesia and Malaysia with spillover effects in the Philippines and other smaller East Asian economies.

The report's principal author, Richard Newfarmer, notes that the crisis is also a human one that has taken a terrible social toll, exposing millions of children to hunger, depriving parents of the means to support their families, leaving the elderly vulnerable, and even triggering sporadic ethnic violence. The Bank argues that East Asia's road to recovery is based on a three-point strategy: enacting governance, financial and environmental reforms to stimulate sustainable growth; protecting low income groups from the social impacts of the crisis and ensuring that they share in the recovery; and revitalising international capital flows by restoring investor confidence.

Child labor: Issues and directions for the World Bank


In conjunction with international partners such as the International Labour Organisation, UNICEF, UNESCO and relevant NGOs, the World Bank is paying increased attention to child labour. This report sets out the ways in which the Bank's social protection section and outside partners are developing practical advice and guidelines on ways to address occurrences of child labour in client countries. This report is also available on the World Bank's website at:

http://www.worldbank.org/spr/labour/child

World culture report 1998: Culture, creativity and markets


This report provides comparative data in the hybrid field of culture and development. It addresses questions such as the room left for different approaches to development in the face of globalisation and outlines major world trends and processes such as the conditions of indigenous cultures and populations. The impact of global markets on culture and the role of cultural policy in managing the direction of economic and cultural change are assessed. The report stresses the complexity of cultural indicators, emphasising the need to broaden the scope of measurable and reported aspects of world culture beyond the mere production and consumption of cultural goods in terms of the market economy. The contributions in this report argue that many local cultures and art forms are stimulated by intercultural contact and global markets, rather than crushed by them.

Participatory impact assessment

Hugh Goyder, Rick Davies and Winkie Williamson 1998, ActionAid, £4

In recent years aid agencies have become more interested in understanding the long-term impact that projects have on poverty reduction. However, there is a shortage of reliable methods for assessing this impact and while many agencies are often interested in using more participatory approaches, these approaches have not been well documented. This paper reviews the background, methodology and findings of an applied three year research project into finding more reliable participatory impact assessment approaches in four countries where ActionAid works: Bangladesh, India, Ghana and Uganda. The research aimed to use ActionAid's direct contact with a range of poor communities and local organisations, to research different methods for the assessment of impact and to identify more locally relevant indicators of change.

For more information contact:
ActionAid Education
Chatsworth House, Leach Road
Chand, Somerset TA20 1FR
United Kingdom
Tel. +44 1460 62972
Fax. +44 1460 67191
E-mail mail@actionaid.org.uk
Women’s Studies in the Asia Pacific

Produced by the Department of Social Inquiry/Women’s Studies at the University of Adelaide, this newsletter provides information on women’s studies programmes in the Asia-Pacific region, as well as details of journals, publications, and forthcoming and recent conferences.

For more information contact:
Centre for Integrative and Development Studies
University of the Philippines
Bahay ng Alumni Building
1101 Diliman
Quezon City
Philippines
Tel/Fax +61 2 929 3540
E-mail issn@fpuan.com.ph

SOURCE Bulletin: Water and sanitation news review

SOURCE Bulletin replaced Water Newsletter in October 1998. Published six times per year, the Bulletin provides information on water and sanitation policy, field experiences, courses, events and publications.

From 1 January 1999, to curb rising costs, the paper version of SOURCE Bulletin will only be mailed to organisations and individuals in the developing world, and to document units and training/education establishments elsewhere. To continue to receive SOURCE Bulletin, those with e-mail access must subscribe by sending an e-mail to majordomo@bart.nl, with the message 'subscribe source-bulletin' (without quotes) and leave the subject line blank. SOURCE Bulletin can also be accessed via the web.

For more information contact:
Dick de Jong
IBC International Water and Sanitation Centre
PO Box 95190, 2509 AD
The Hague
Netherlands
Tel +31 70 30 689 30
Fax +31 70 95 899 64
E-mail general@ical
Web http://www.ibc.nl

Citizenship Studies

This journal publishes work on contemporary issues in citizenship, human rights and democratic processes. Citizenship Studies offers an interdisciplinary perspective covering the fields of politics, sociology, philosophy, history and cultural studies. It focuses on issues that move beyond conventional notions of citizenship, and treats citizenship as a strategic concept that is central to the analysis of identity and difference, participation and inclusion, empowerment and exclusion, human rights and the public interest.

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Australia
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For more information contact:

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Macroe International Inc./DHS
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USA
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For more information contact:

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For more information contact:

JHPIEGO Corporation
1615 Thames Street, Suite 200
Baltimore, MD 21231-3492
USA
Tel +1 410 955 8558
Fax +1 410 955 6199
E-mail info@jhpiego.org
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For more information contact:

Natasha Emmert
Programme for Land and Agrarian Studies
University of the Western Cape
Private Bag X17, Miederwood Road
Bellville
South Africa
Tel +27 21 946 3860
Fax +27 21 946 2864
E-mail nremmet@org.uwc.ac.za

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For more information contact:

Community Aid Abroad
156 George Street
Forty VIC 3065
Australia
Tel +61 3 9289 9444
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E-mail sarahlo@caa.org.au

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The Population Council
Office of Publications
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New York, NY 10017-2201
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Institute for Population and Social Research (IPSR), Mahidol University

Master of Arts in Population and Reproductive Health Research

Reproductive health and related issues have become an increasingly important aspect of development, due partly to the need for planned population growth and to an emergence of the HIV/AIDS epidemic. This programme is designed to provide training in the art and science of collection, analysis, use, and evaluation of population and reproductive health data. It is designed for individuals working in population, reproductive health and HIV/AIDS prevention programmes, and in academic institutions. The programme consists of three substantive components: demographic, reproductive health including HIV/AIDS, and research methodology. Courses offered include techniques of demographic analysis; reproductive health perspectives and issues; behavioural and social dimensions of AIDS; social research methodology; and monitoring and evaluation of population and reproductive health programmes.

For more information contact:
Dr Chai Podhista, Programme Director
Institute for Population and Social Research
Mahidol University
Sapha, Piphutamonthon, Nakhon Pathom 73170
Thailand
Tel +66 2 441 0201 4, ext. 276, 112
Fax +66 2 441 9333
E-mail proc@mahidol.ac.th
Web http://www.mahidol.ac.th/mahidol/ipsr.html

Institute of Population Studies, University of Exeter

Master of Arts in Population and Reproductive Health Research

These two programmes were established to meet the increasing demand for training in planning and management skills required by those concerned with administering and implementing family planning programmes. Participants include staff from government ministries, private organisations and international agencies that provide information and services related to family planning, health care and population issues. Training includes an overview of factors influencing the demand and supply of family planning/health care information and services, and a detailed analysis of key programme management concerns. Modules covered include population dynamics; determinants of fertility; provision of family planning services; and programme planning and management.

For more information contact:
Dr Ian Podhista, Programme Director
Institute for Population and Social Research
Mahidol University
Sapha, Piphutamonthon, Nakhon Pathom 73170
Thailand
Tel +66 2 441 0201 4, ext. 276, 112
Fax +66 2 441 9333
E-mail proc@mahidol.ac.th
Web http://www.mahidol.ac.th/mahidol/ipsr.html

School of Social Science and Planning, University of Exeter

Master of Arts in Population and Reproductive Health Research

This course offers a flexible and student-centred programme, in external mode, to people with an interest in community development or community management. The degree is structured around five core themes: community development methods, theory and strategy; policy formulation and implementation; the dynamics of cultural interaction; evaluation of projects and programmes; and field specific areas (for example, globalisation, international/domestic aid, gender and development, and health and social change). The degree is relevant to community workers and development officers; managers of community development programmes; private practitioners contracted to NGOs; NGO workers; public officials managing community development practices; and anyone wishing to enter a career in community development.

For more information contact:
Dr Chai Podhista, Programme Director
Institute for Population and Social Research
Mahidol University
Sapha, Piphutamonthon, Nakhon Pathom 73170
Thailand
Tel +66 2 441 0201 4, ext. 276, 112
Fax +66 2 441 9333
E-mail proc@mahidol.ac.th
Web http://www.mahidol.ac.th/mahidol/ipsr.html

Courses

Development Studies, University of Waikato

Advanced Development Studies

This course, which can be taken in conjunction with other development studies related courses, is an introduction to development theory and practice in developing countries. In the first part, the concept of development, the causes of underdevelopment and early development theories are reviewed, along with changing perspectives of development, such as dependency, postmodern and postcolonial theory. The second part details the 'reality of aid' and the movement to privatise aid, population change and development, social capital and civil society. A third component explores women and development and the role of the expert. Since there are few issues that are non-controversial in development studies, the emphasis is on contrasting alternative viewpoints.

For more information contact:
Geography Department
University of Waikato
Private Bag 3105
Hamilton
New Zealand
Tel +64 7 838 4046
Fax +64 7 838 4633
E-mail gropecs2@waikato.ac.nz
Web http://www2.waikato.ac.nz/geng/development/index.htm

School of Social Science and Planning, RMIT University – Melbourne

Master of Social Science (International Development)

Graduate Diploma of Social Science (International Development)

Part of the International Development Programme, these two courses are designed for development professionals and those wishing to embark on a career in international development. Both courses are multidisciplinary, drawing on economics, sociology, politics, history and environmental studies. More than 20 subjects are offered, including theories of development, working with local communities; gender issues and environmental issues in the developing world; advocacy and social action; and budgets, contracts and tenders.

For more information contact:
International Programme Administrative Officer
School of Social Science and Planning
RMIT University – Melbourne
GPO Box 2470V
Melbourne VIC 3001
Australia
Tel +61 3 9925 3145
Fax +61 3 9925 1087
E-mail international@rmit.edu.au

School of Agriculture, Food and Environment, Cranfield University

Master of Science/Postgraduate Diploma in Community Water Supply

The aim of this one year course is to equip engineers and other development workers with the ability to plan and implement, with communities, water supply and sanitation projects and programmes in any part of the world, particularly in the less developed countries. It is expected that by the end of the course, participants will be able to assess water supply and sanitation needs for communities in villages and refugee camps; plan and implement water source evaluation and development programmes, including low cost well drilling; facilitate...
community participation and management projects; and programmes; design, cost and implement small sustainable water distribution, storage and treatment systems; and evaluate the health impacts of community water supply and sanitation systems.

For more information contact:
School of Agriculture, Food and Environment
Cranfield University
Silsoe, Bedfordshire MK45 4DT
Tel +44 1525 663 319
Fax +44 1525 663 816
E-mail admissions@cranfield.ac.uk
Web http://www.silsoe.cranfield.ac.uk/watermanagement/courses/ww.htm

Institute of Development Studies, University of Sussex

Information Systems for Development

This four week seminar is designed for professional library personnel from developing countries and institutions involved in development who deal with the organisation of information services. It is intended to provide practical training on the use of CD/ISS software and an update on developments in online information provision to the Third World. A number of visits will be made to Book Aid International, Blackwells and the British Library. The seminar aims to provide an opportunity for the exchange of ideas between participants from a wide geographical area, in an environment sympathetic to the problems of information development.

For more information contact:
The Teaching and Training Unit
Institute of Development Studies
at the University of Sussex
Brighton BN1 9RE
United Kingdom
Tel +44 1273 678 267
Fax +44 1273 621 202/691 647
E-mail ids.teaching@sussex.ac.uk
Web http://www.ids.sussex.ac.uk/ids/teach/strat40.html

Saint Mary's University

International Development Studies Programme

The aim of this programme is to help students take a multidisciplinary approach to problems of development and the possibilities for change in developing countries in the context of an increasingly global political economy. The undergraduate (Bachelor of Arts) and graduate (Graduate Diploma, Master of Arts) programmes have as its primary focus an analysis of the problems experienced by southern countries in the Caribbean, Latin America, Asia and Africa; and of the social, cultural, economic and political structures and forces that underlie and produce these problems. Another concern of the programme is with the development strategies pursued by groups of people and governments in these developing countries. An evaluation of the different models and strategies for national and local development that countries pursue in an increasingly global context is an important feature of the programme. Core areas of study include development theory; gender and development; rural development; economic development; and environment and development.

For more information contact:
International Development Studies Programme
Saint Mary's University
923 Robie Street
Halifax, Nova Scotia
Canada B3H 3C3
Tel +1 902 420 5768
Fax +1 902 420 5181
Web http://www.smuno.ca/academic/ids/ids/index.htm

University of Calgary

Introduction to Development Studies

This course is an introduction to the interdisciplinary study of international development. Topics include: the privatization of development issues in media, literature, science, and formal and non-formal education; labelling and the distortion of interdependence; Western perspectives and theories underlying the stereotypes of superiority, dependency, growth and benefit; the role of cultural context of learning and change; and the evolution of the practice of development.

Women in Developing Societies

This course is an interdisciplinary study of the roles of women in developing societies. With special attention given to the contribution of women to development. Topics include cultural variance; the importance of myth, religion and ideology; and historical and socioeconomic factors that influence women's roles in education, technology and family.

For more information contact:
Faculty of General Studies
University of Calgary
2500 University Drive NW
Calgary, Alberta
Canada T2N 1N4
Tel +1 403 220 6691
Fax +1 403 220 9020
E-mail uofcinfo@facets.ucalgary.ca
Web http://www.ucalgary.ca/pub/administration/current/What/Courses/DETS.htm

Institute of Development Policy and Management, University of Manchester

Master of Science in Management and Implementation of Development Projects

This programme, which is taught with the Institute of Science and Technology, provides an interdisciplinary education in the concepts, theories and techniques involved in the management of development projects. It is designed for project managers, administrators and engineers. Core topics are human and organisational management; decision processes and techniques; design for management; and project management. Specialisation in two of the following fields is possible: irrigation; rural poverty alleviation; water supply and sanitation; infrastructure development; and environmental impact assessment. Fieldwork in a developing country is incorporated into the programme.

For more information contact:
The Postgraduate Admissions Tutor
Development Studies, University of Manchester
Department of Civil and Structural Engineering
University of Manchester, Institute of Science and Technology
PO Box 88
Manchester M60 1QD
United Kingdom
Tel +44 161 200 4621
Fax +44 161 200 4666
Web http://www.manchester.ac.uk/idpm/masters.htm

Master of Arts in Development Administration and Management

This degree, run in conjunction with the Graduate School of Social Studies, is intended for those working or intending to work in government and parastatal agencies in developing countries, and also for personnel of NGOs. Its core course, Perspectives to Development, provides an overview of the theory and practice of development. Other units provide a major focus on the analysis of administrative, management, planning and policy-making issues in the public and NGO sectors. There are optional units on rural development; human resource management; organisational planning; computerised information systems; public sector management; environmental management; and gender. Fieldwork in a low income country is an integral part of this degree.

For more information contact:
Miss Lucy Einwee, MA Programme Administrator
Institute of Development Policy and Management
University of Manchester
Crawford House, Pricent Centre
Oxford Road
Manchester M13 9GH
United Kingdom
Tel +44 161 275 2800/2804
Fax +44 161 273 8892
E-mail idpm@man.ac.uk
Web http://www.manchester.ac.uk/idpm/madum.htm

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Geographic Information Systems for Development Planning and Resource Decisions

21 June–16 July 1999
Geographic Information Systems (GIS) allow the manipulation of vast amounts of information available from the regular census of populations, traditional agricultural crops, livestock and market systems, and remote sensing information on vegetation changes, settlement patterns and resource status.

This four week course provides hands-on skills in the application of GIS in real world decisions for development planning and resource management by using examples and data sets from a range of sector case studies. The focus throughout the course is on real case studies illustrating the range of techniques available within GIS for manipulating and interpreting complex data sets.

Forest Conservation Genetics: Principles and Practice

20 September–1 October 1999
The two week course is conducted by a small team of presenters, principally from the Australian National University, CSIRO Australia and the Oxford Forestry Institute – all of whom are internationally known for their contributions to the development and implementation of genetic conservation strategies and their enthusiasm for sharing their knowledge with non-specialist audiences.

The course aims to give participants an understanding of plant population genetics principles sufficient for strategic planning and assessment; an appreciation of the role of population genetics in forest biodiversity conservation; an awareness of the impacts of human interventions on forest genetic structure and dynamics; and the capacity to apply their understanding to better conserve forest biodiversity in both natural and managed ecosystems.

Getting Institutions Right for Development

13 September–8 October 1999
The success of development projects is dependent on the ability of governments, NGOs and private sector institutions to design, implement and manage the projects effectively and efficiently. Training is often seen as the cure for institutional weaknesses, but training in itself is not sufficient. Often core institutional structures and procedures have to be addressed to facilitate change. This four week course provides participants with a sound understanding of institutional development and institutional strengthening concepts. This is coupled with practical skills in the design, monitoring and management of projects or project components aimed specifically at capacity building. These skills can be applied to village level people's organisations, national NGOs and government agencies. The specific content of the course is adapted to meet the needs of participants.

For further information contact:
Jenny Clement, Training Manager
ANUTECH Development International
GPO Box 4
Canberra ACT 2601
Australia
Tel +61 2 62495861
Fax +61 2 62493785
E-mail jenny.clement@anutech.anu.edu.au

January 1999

Development Bulletin 47
Organisation profiles

Public Health Association
The Public Health Association of Australia Inc. (PHA) is an advocate for public health policy, practice, research and training, and provides a forum for the exchange of ideas, knowledge and information on public health issues and concerns both nationally and internationally. PHA is a non-party political organisation representing over 40 public health disciplines. The Association has branches in every Australian state and territory and 13 special interest groups focusing on public health issues as diverse as Aboriginal health, injury prevention, international health, women's health and environmental health.

For more information contact:
Public Health Association Secretariat
PO Box 319
Canberra ACT 2600
Australia
Tel +61 2 6285 2373
Fax +61 2 6285 5538
E-mail pha@pha.org.au
Web http://www.pha.org.au

Australian Reproductive Health Alliance
The Australian Reproductive Health Alliance (ARHA) aims to promote public support, both within Australia and internationally, for improving the well-being and status of women and the development of reproductive health in families and individuals. ARHA produces educational materials, organises workshops and seminars, prepares briefing materials for members of the press, networks with parliamentarians, government departments and other interested parties, and supports and promotes alliances of opinion makers with comparable aims and objectives.

A major function for ARHA is monitoring the Australian Government's response to the Cairo Programme of Action, which was the outcome of the International Conference on Population and Development, held in Cairo in September 1994. For more information contact:
Australian Reproductive Health Alliance
PO Box 3932
Wonton Creek ACT 2611
Australia
Tel +61 2 6287 4422
Fax +61 2 6287 3552
E-mail arha@netinfo.com.au

Family Health International
Family Health International (FHI) is a non profit organisation committed to helping women and men have access to safe, effective, acceptable and affordable family planning methods, preventing the spread of AIDS and other sexually transmitted diseases (STDs), and improving the health of women and children. FHI provides quality research and services in family planning, STDs/HIV and family health to improve the health and well-being of populations worldwide.

FHI works in more than 50 countries around the world and provides information to more than 200 countries in Africa, Latin America, the Caribbean, Asia, North America, Europe, the former Soviet Union and East Asia. FHI has regional offices in Kenya and Thailand, and country offices in Bolivia, Egypt, Ethiopia, India, Indonesia, Nepal, Nigeria, Rwanda, Senegal, South Africa, Tanzania and Zimbabwe.

For more information contact:
Family Health International
PO Box 12395
Research Triangle Park, NC 27709
USA
Tel +1 919 554 7040
Fax +1 919 544 7261
Web http://www.fhi.org/fhi1.html

HIDNA
The HIV/AIDS International Development Network of Australia (HIDNA) was established in July 1992 to bring together Australian governments and individuals with background and experience in HIV/AIDS, and Australian organisations working in development projects overseas. Accordingly, HIDNA is jointly managed by ACFOA (Australian Council for Overseas Aid) and AFAO (Australian Federation of AIDS Organisations).

HIDNA receives funding support from both AusAID and the Department of Health and Family Services. The coordinator administers the Network, including preparation of the journal, Echidna, four times per year and organises regular Network meetings which are held on a rotating basis in Canberra, Melbourne and Sydney. In addition, the Network organises seminars and workshops on issues concerning HIV/AIDS and development, publishes relevant papers, networks with similar organisations both globally and in the region, provides advice to government departments, informs members about employment opportunities, and jointly manages an e-mail discussion forum.

For more information contact:
HIDNA Coordinator
Private Bag 3
Deklin ACT 2600
Australia
Tel +61 2 6285 1816
Fax +61 2 6285 1720
E-mail hidnacd@acfoa.asn.au

Family Planning Organisation of the Philippines
Established in 1969, the Family Planning Organisation of the Philippines is an NGO that aims to contribute to improved quality of human life through the promotion of family planning and responsible parenthood. The organisation promotes choices which correspond with individual religious and moral convictions, and operates an information centre, provides medical and family planning services, and offers training in family planning, counselling and communications.

For more information contact:
Wilfredo Tanelo, Executive Director
Family Planning Organisation of the Philippines
50 Dons M. Hesaday Street
New Manila
Quezon City
Metro Manila
Philippines
Tel +63 2 721 4067/721 7302
Fax +63 2 721 4067

JHPIEGO Corporation
Affiliated with Johns Hopkins University, the JHPIEGO Corporation is a non profit organisation dedicated to improving the health of women and families globally. Since its inception in 1973, JHPIEGO's goal has been to increase the availability of high quality reproductive health services, with an emphasis on family planning services. Central to JHPIEGO's activities are individual country projects. Since 1988, the organisation has funded an average of 65 projects in 30 countries each year.

JHPIEGO promotes training related initiatives as a vehicle for achieving improvements in reproductive health worldwide and produces a range of educational materials. JHPIEGO's learning packages contain all the materials needed to deliver a given course, including a reference manual, a handbook for participants, and a notebook for trainers.

For more information contact:
JHPIEGO Corporation
1615 Thomas Street, Suite 200
Baltimore, MD 21231-3492
USA
Tel +1 410 955 8558
Fax +1 410 955 6199
E-mail info@jhpiego.org
Web http://www.jhpiego.jhu.edu

International Planned Parenthood Federation
The International Planned Parenthood Federation (IPPF) links national autonomous family planning associations in over 150 countries worldwide. IPPF and its member associations are committed to promoting the right of women and men to decide freely the number and spacing of their children and the right to the highest possible level of sexual and reproductive health. IPPF campaigns locally, regionally and internationally through policy...
makers, opinion leaders, professionals and the media to increase support to reproductive health and family planning worldwide.

The six major challenges agreed by IPPF and its member associations are:

- meet the demand for quality services;
- promote sexual and reproductive health for all;
- eliminate unsafe abortion;
- take affirmative action to gain equity, equality and empowerment for women;
- help young people understand their sexuality and provide services that meet their demands; and
- maintain the highest standards of care throughout the Federation.

For more information contact:
International Planned Parenthood Federation (IPPF)
Regent's College, Inner Circle
Regent's Park
London NW1 4NZ
United Kingdom
Tel +44 171 487 7900
Fax +44 171 487 7990
E-mail info@ippf.org
Web http://www.ippf.org

Association of Reproductive Health Professionals

The Association of Reproductive Health Professionals (ARHP) is an interdisciplinary association composed of professionals who provide health services or education, conduct reproductive health research, or influence reproductive health policy. Founded in 1963, ARHP has a mission to educate health care professionals, public policy makers, and the public. The organization fosters research and advocacy to promote reproductive health.

ARHP aims to provide the latest educational information to its members by continually updating existing programs, developing new educational venues, and providing useful patient education tools.

For more information contact:
Association of Reproductive Health Professionals
2401 Pennsylvania Avenue NW, Suite 350
Washington, DC 20037-1718
USA
Tel +1 202 666 3823
Fax +1 202 666 2826
E-mail ARHP@aol.com
Web http://www.arhp.org

Centre on Integrated Rural Development for Asia and the Pacific

The Centre on Integrated Rural Development for Asia and the Pacific (CIRDAP) is a regional, intergovernmental, autonomous institution, established in 1979 at the initiative of the countries of the Asia-Pacific region and the Food and Agriculture Organization of the United Nations, with the support of several other UN bodies and donors. CIRDAP member countries include Afghanistan, Bangladesh (host state), India, Indonesia, Laos PDR, Malaysia, Myanmar, Nepal, Pakistan, the Philippines, Sri Lanka, Thailand and Vietnam. CIRDAP aims to assist national action and promote regional cooperation. Programme priorities are within four broad areas: agrarian development; institutional and infrastructural development; resource development, including human resources; and employment.

CIRDAP publishes Development Digest quarterly.

For more information contact:
Centre on Integrated Rural Development for Asia and the Pacific
Cheowht House, 17 Trypshna Road
GPO Box 2083
Dhaka
Bangladesh
Tel +880 11 955 6131
Fax +880 11 956 2035
E-mail cirdap@riteche.com
Web http://www.cirdap.org

Towards Ecological Recovery and Regional Alliance

Towards Ecological Recovery and Regional Alliance (TERRA) was established in 1991 to focus on issues concerning the natural environment and local communities in the Mekong region. TERRA works to support the networks of NGOs and people's organisations in Burma, Cambodia, Laos, Thailand and Vietnam, encouraging exchange and alliance building and drawing on the experience of development and environment issues in Thailand. TERRApublishes Watershed three times a year.

TERRA is the sister organisation of Project for Ecological Recovery (PER), registered together as the Foundation for Ecological Recovery. PER, established in 1986, works to support local community in Thailand in preventing rivers, forests, land and livelihoods.

For more information contact:
TERRA
409 Sot Pobteak
Pochakheang Road
Huay Khwang
Bangkok 10320
Thailand
Tel +66 2 691 0718
Fax +66 2 691 0716
E-mail terraper@comnet.ksc.ner.th

Centre for the Contemporary Pacific

The Centre for the Contemporary Pacific (PCC) is a Pacific Island library and reference material in Australia, established in 1987. It focuses on issues concerning the natural environment and local communities in the Mekong region. TERRA works to support the networks of NGOs and people's organisations in Burma, Cambodia, Laos, Thailand and Vietnam, encouraging exchange and alliance building and drawing on the experience of development and environment issues in Thailand. TERRApublishes Watershed three times a year.

TERRA is the sister organisation of Project for Ecological Recovery (PER), registered together as the Foundation for Ecological Recovery. PER, established in 1986, works to support local community in Thailand in preventing rivers, forests, land and livelihoods.

For more information contact:
TERRA
409 Sot Pobteak
Pochakheang Road
Huay Khwang
Bangkok 10320
Thailand
Tel +66 2 691 0718
Fax +66 2 691 0716
E-mail terraper@comnet.ksc.ner.th

The Centre for the Contemporary Pacific (PCC) has over 90 affiliated members around the Pacific region. PCC's objective is to educate the people of the Pacific about their environment, political and economic equity, and justice and peace in their region. The Centre acts as the regional secretariat for non-government and community organisations engaged in campaigning, advocacy, research and information.

It works to coordinate participation in national, regional and international fora, especially on issues of sustainable human development, environment, demilitarisation, decolonisation, and land rights and sovereignty for indigenous people. PCC publishes a monthly magazine Pacific News Bulletin, regular research papers, action alerts and other information bulletins.

For more information contact:
Pacific Concerns Resource Centre
83 Apsley Street, Toowong
Private Mail Bag
Sunny Stret
Fiji
Tel +679 994 649
Fax +679 994 755
E-mail pcrf@fsh.com.fj

Institute for Global Futures Research

The Institute for Global Futures Research (IGFR) is an independent non-government organisation funded by its members. IGFR receives no institutional or corporate funding. The Institute is gradually developing research groups around 34 research areas that form the open research programme. These research groups range from development theory to environment, gender issues, and international law. The open research programme aims to involve people from a range of disciplines in discussions. Membership of IGFR includes a subscription to Global Futures Bulletin.

For more information contact:
Geoff Holland
Institute for Global Futures Research
PO Box 2635
E炔ville, QLD 4740
Australia
Tel +61 7 4633 6881
Fax +61 7 4633 6818
E-mail iofrig@pdp.org
Voices of Young Women

This video contains the views of young women who attended a workshop organized by the Centre for Development and Population Activities (CEDPA) in collaboration with UNFPA. It is this videotape young women speak out passionately on issues such as gender equality, sexual and reproductive health and education.

The accompanying guide by CEDPA enhances the value of the video, particularly for those interested in promoting the well-being of young women throughout the world. This video is available in English, Spanish, French and in PNA, SECAM and NS TC.

For more information contact:
United Nations Population Fund
Publications Office
20 East 42nd Street
New York, NY 10017
USA
E-mail unv-ro@unfpa.org
Web http://www.unfpa.org


The Population Council Databank System is a completely integrated and easy to use system for storing, displaying, and analyzing large amounts of demographic data. Typical Databank System data files might be countries of the world, states or provinces of a country, cities of a state or province, districts of a city or even households within a village. Users may compute and record variables. Descriptive procedures include printing, sorting, grouping and counting. Statistical procedures include correlation, regression, and multiple regression. Graphical routines include plots, cumulative plots, timelines, scattergrams, and maps.

The Databank System covers sample data sets that include contraceptive prevalence data from sample surveys and demographic indicators. Requirements are an IBM compatible PC with at least 640Kb memory and a hard disk. Graphic procedures require an HP-GL/2 compatible device (such as an HP Laserjet III or higher printer).

For further information contact:
The Population Council
Office of Publications
One Dag Hammarskjold Plaza
New York, NY 10017-2201
USA
Tel +1 212 339 0514
Fax +1 212 755 0692
E-mail publications@popcouncil.org

POPLINE Literature Search

The Population Information and Communication Section of the United Nations Economic and Social Council for Asia and the Pacific (ESCAP) POPLINE Division provides literature searches of the POPLINE database for professionals in the Asia-Pacific region. POPLINE searches may be obtained free of charge from the ESCAP secretariat for users in the Asia-Pacific region, and for those employed in international development and training institutions in the region. The POPLINE computerized literature search service offers bibliographic citations and abstracts of journal articles, monographs, technical reports and unpublished literature on the following topics: family planning technology and programs, fertility, population, law and policy, demography, maternal and child health, primary health care, population and environment, HIV/AIDS and other sexually transmitted diseases.

For more information contact:
Chief
Population Information and Communication Section
ESCAP, Population Division
United Nations Building
Rajadamnern Nok Avenue
Bangkok 10200
Thailand

Demographic and Health Surveys (DHS) training manuals

Demographic and Health Surveys (DHS) have prepared a series of manuals focusing on key aspects of survey implementation. Manuals available from DHS include separate model questionnaires for high and low contraceptive prevalence countries, a supervisor's and editor's manual, an interviewer's manual and a sampling manual.

For more information contact:
Publications clerk
Macro International Inc./DHS
11785 Belmont Drive, Suite 300
Calverton, MD 20705
USA
Tel +1 301 572 0958
Fax +1 301 577 0999
E-mail report@mac.int

World Directory of Human Rights

Research and Training Institutions 1998


A reference tool for specialists and researchers wishing to establish, collaborate, network or network between research and training institutions for the protection and promotion of human rights. Contents include a field table; index of countries; list and index of institutional names and acronyms; index of human rights specialists; research subject index; index of institutions with human rights international cooperation or scholarship programme; and a list of human rights periodicals.

For more information contact:
UNESCO
7, place de Fontenoy
75352 Paris 07 SP
France
Tel +33 1 4560 1000
Fax +33 1 4567 1600
Web http://www.unesco.org

Change in the Third World: Grassroots banking in Bangladesh

This 44 minute video examines the role of the controversial Grameen Bank in Bangladesh. Founded in 1983, the bank lends relatively small amounts of money to poor women, enabling them to establish small businesses and break the poverty cycle. The book has been condemned by male community leaders and traditional money lenders. This documentary illustrates and expands on many aspects of life in developing countries.

Sometimes I must speak out strongly: Human rights in East Timor

This 26 minute video documents the impact of the Indonesian invasion of East Timor. It particularly focuses on the role of Bishop Carlos Ximenes Belo, who, as the Catholic Bishop of East Timor, has retained some independence. This documentary comments on the feelings of the East Timorese people, and the attitudes and methods of control used by the Indonesians.

For more information on the above two videos contact:

Video Education Australia
111A Mitchell Street
Boulogne VC 3560
Amsterdam
Tel +1 800 034 282 or +61 3 5442 2453
Fax +61 3 541 1148
E-mail res@ves.com.au
Web http://www.ves.com.au

Development Education Programme

The Development Education Programme is part of the World Bank's Economic Development Institute. The Programme designs tools and resources to help teachers and students, principally at the secondary school level, study and think critically about the often complex social, economic and environmental issues of sustainable development affecting their countries, their regions and the world. The Programme designs, develops and disseminates tools and resources for teachers, including print, audio and visual materials and CD-ROM.

For more information contact:
The World Bank
1818 H Street, NW
Washington, DC 20433
USA
Tel +1 202 753 2754
Fax +1 202 620 3734
E-mail dp@worldbank.org
Web http://www.worldbank.org/dpep/

Christian Relief and Development Association (CRDA) Evaluation of HIV/AIDS/STD Projects

The evaluation report of CRDA/donors-supported HIV/AIDS/STD projects is now available.

For further information contact:
Development Research and Information Management
Christian Relief and Development Association
PO Box 6074
Addis Ababa
Ethiopia
Tel -251 1 650 100
Fax -251 1 652 280
E-mail crda@telecom.net.et

January 1999
Electronic fora

PATH
The Programme for Appropriate Technology in Health website provides extensive information about reproductive health and family planning programs.
Web http://www.path.org/

Earth Times
Earth Times daily edition on the web serves readers interested in the environment and sustainable development, including population issues. The newspaper's website has won more than 32 awards for outstanding design and content.
Web http://www.earthtimes.org/

Population Action International
The Population Action International website now provides a directory of more than 120 population-related organizations and resources.
Web http://www.populationaction.org/

UNFPA ICPD+S
The United Nations Population Fund (UNFPA) has a homepage on the web for activities relating to ICPD+, which is a major review scheduled to be held in 1995, five years after the International Conference on Population and Development.
Web http://www.unfpa.org/pc/pc.html

Reproline: Reproductive health online
Reproline is an educational, non-profit source of up-to-date information (references and presentation graphics) on selected reproductive health topics, including family planning. Reproline is designed for use by policy makers with a technical and/or clinical background involved in setting policy for service delivery systems. It is also designed for individuals, particularly teachers and trainers, with an interest in maintaining a current knowledge of selected reproductive health information.
Web http://www.reproline.jhu.edu/

Pacific development directory
The Development Resource Centre, a New Zealand based NGO, has published the Pacific development directory of development-related organizations in the Pacific. The aim of the directory is to improve regional communications, assist development initiatives and help with the allocation of resources.
Web http://www.reproline.jhu.edu/

APEC/UNESCO
APEC/UNESCO provides a search facility for the APEC/UNESCO directory, which is aimed at people who are responsible for the allocation of resources in the development field.
Web http://www.apec.org/

UNESCO/LI: Resources
UNESCO/LI: Resources provides a range of information on tropical forests, why they are important and what can be done to save them.
Web http://www.unesco.org/lif Produk.htm

One World
One World provides a range of information on international development cooperation. The site includes current media stories, discussion of development themes, information on campaigns, employment opportunities and volunteering, and contact information to the development field.
Web http://www.oneworld.org/front.html

Distance education
Information on distance education is available on the following websites:
Web http://www.mhlernet.co.id

APEC/UNESCO
APEC/UNESCO provides information about courses and staff at the Institute of Distance Studies, Switzerland.
Web http://www.intdist.org

HARVEST: Information on HIV/AIDS
HIV/AIDS has expanded the range of its research engine: HARVEST. It now indexes 14 of the major AIDS sites, so that people can search for them at once. Rather than perform the same search 14 times, you can enter your search terms once, and then jump directly to specific pages on each website. Alternatively you can select a specific site or sites and restrict the search to them.
Web http://library.fit.edu/library/multi.html

APEC/UNESCO
APEC/UNESCO provides information about CIDA, CFAN also provides information on CIDA projects.
Web http://www.rcfo-cfon.org/English/info.tree.html

One World
One World provides information about courses and staff at the Institute of Distance Studies, Switzerland.
Web http://www.intdist.org

HARVEST: Information on HIV/AIDS
HARVEST: Information on HIV/AIDS provides information about courses and staff at the Institute of Distance Studies, Switzerland.
Web http://www.intdist.org

World Bank development forum
The World Bank's newly redesigned website (http://www.worldbank.org) includes a discussion space called the Development Forum. The forum is an electronic venue for dialogue and knowledge-sharing on issues of sustainable development. The forum is based on mailing lists that require only e-mail access, making it possible for those without access to the worldwide web to engage in the discussion.
If you have access to the web, you can visit the forum website at
Web http://www.worldbank.org/developmentforum

UNESCO/LI: Resources
UNESCO/LI: Resources provides information about courses and staff at the Institute of Distance Studies, Switzerland.
Web http://www.intdist.org

For more information on the forum, please visit the World Bank Development Forum website (http://www.worldbank.org/developmentforum).
To subscribe to an electronic dialogue in the forum, all you need is an e-mail account.
Send a message (do not enter a subject) to:
majordomo@jazz.worldbank.org
In the body of the message type:
SUBSCRIBE afrcom (to join the list on natural communications in Africa)
SUBSCRIBE intinvest (to join the list on international investment)
SUBSCRIBE intgov (to join the list on corporate governance: issues in developing countries)
SUBSCRIBE inttourism (to join the list on tourism: issues in developing countries)
In the body of the message type:
SUBSCRIBE end-violence (to join the list on ending violence against women)

Demographic mailing list
The demographic mailing list is concerned with the discussion of demographic and demographic techniques. It is hosted on the Coombe at The Australian National University.
To join (subscribe) to the demographic list, send an e-mail to:
majordomo@coombs.anu.edu.au with subscribe demographic in the body of the message. Participants are requested to disable any message confirmation option on their mailing software, so that spurious RCPT messages are not generated and sent back to the mailing list.
If you have subscribed to the list, just send your e-mail to:
demographic-list@coombs.anu.edu.au
In the body of the message type:
SUBSCRIBE end-violence (to join the list on ending violence against women)

APEC/UNESCO
APEC/UNESCO provides information about courses and staff at the Institute of Distance Studies, Switzerland.
Web http://www.intdist.org

HARVEST: Information on HIV/AIDS
HARVEST: Information on HIV/AIDS provides information about courses and staff at the Institute of Distance Studies, Switzerland.
Web http://www.intdist.org

One World
One World provides information about courses and staff at the Institute of Distance Studies, Switzerland.
Web http://www.intdist.org
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Manuscripts

Manuscripts are normally accepted on the understanding that they are unpublished and not on offer to another publication. However, they may subsequently be republished with acknowledgement of the source (see 'Copyright' above). Manuscripts should be double-spaced with ample margins. They should be submitted both in hard copy (2 copies) and if possible on disk or by e-mail, specifying the programme used to enter the text. No responsibility can be taken for any damage or loss of manuscripts, and contributors should retain a complete copy of their work.

Style

Quotation marks should be single; double within single.
Spelling: English (OED with 'ise' endings).

Notes

(a) Simple references without accompanying comments to be inserted in brackets at appropriate place in text, e.g. (Yung 1989).
(b) References with comments should be kept to a minimum and appear as endnotes, indicated consecutively through the article by numerals in superscript.

Reference list

If references are used, a reference list should appear at the end of the text. It should contain all the works referred to, listed alphabetically by author’s surname (or name of sponsoring body where there is no identifiable author). Authors should make sure that there is a strict correspondence between the names and years in the text and those on the reference list. Book titles and names of journals should be italicised or underlined; titles of articles should be in single inverted commas. Style should follow: author’s surname, forename and/or initials, date, title of publication, publisher and place of publication. Journal references should include volume, number (in brackets), date and page numbers. Examples:


Publication/resource listings

An important function of the Network is to keep members up-to-date with the latest literature and other resources dealing with development-related topics. To make it as easy as possible for readers to obtain the publications listed, please include price information (including postage) and the source from which materials can be obtained.