

CICRED'S SEMINAR

**Population, Reproductive Health, Gender  
and Poverty Reduction:  
A Conceptual Framework**

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## **Population, Reproductive Health, Gender and Poverty Reduction: A Conceptual Framework**

### **1. Introduction**

UNFPA has an affirmed commitment to reproductive rights, gender equality and male responsibility, and to the autonomy and empowerment of women. Safeguarding and promoting these rights, and promoting the well being of children, especially girl children are development goals in themselves. These goals are an integral part of all efforts to achieve sustained and sustainable social and economic development. They inform and shape UNFPA's work on universal access to reproductive health information and services, on population and development strategies, and on advocacy and resource mobilization for population and development.

The ICPD and ICPD+5 placed population, reproductive health, and gender equality in a rights-based framework, linked to and playing a key role in human development, sustained economic growth and sustainable development. Population, reproductive health and gender are also fundamentally linked to poverty reduction and have a crucial role to play in the achievement of the interrelated Millennium Development Goals (MDGs) and Targets and other poverty-related concerns arising from recent global UN Conferences and Summits, including *inter alia* the UNGASS on HIV/AIDS, the UNGASS on Children, and the World Summit on Sustainable Development

The direct links of population change, reproductive health (including HIV/AIDS), and gender equality and equity and empowerment of women to poverty reduction are the main focus of this framework, which also takes account of UNFPA's new Strategic Direction and the wider development context. Although the direct links to poverty reduction are discussed separately, the mutual interplays and overlaps between population, reproductive health and gender are evident and important. Poverty reduction goes beyond the important pro-poor issues of improving access to information and services in order to help reduce the negative consequences of being poor, for example in the context of access to reproductive health services, the experience of gender inequity, or the risks of infection from HIV/AIDS. This framework emphasizes the positive roles of population, reproductive health and gender equity in actively reducing poverty through synergistic feedbacks.

Achieving poverty reduction also involves the broad set of issues covered by the (MDGs), including nutrition, education, gender equity, health, environmental sustainability, and partnership. In view of this, the importance of population, reproductive health, and gender in these areas is added to the discussion where relevant, although no attempt is made to be exhaustive in covering these broader linkages.

Ensuring adequate priority is given to population, reproductive health, and gender in the development of CCAs, UNDAFs PRSPs, , Health and Education Sector Reforms, SWAps and MDG implementation and reporting is now essential. Much of this influence is achieved through policy dialogue, which in turn increasingly requires a strong evidence base and alliance building with governments, other UN partners, Bretton Woods Institutions, donors, and not least the full range of national stakeholders. This process is made more difficult by the lack of a clear MDG goal or indicator on universal access to reproductive health and of an overarching health MDG. Of critical importance is work on the health sector, to ensure adequate priority for reproductive health and an

emphasis on a rights-based approach, and on advocacy for the incorporation of gender in all country-level processes.

UNFPA needs to improve the evidence-base, to make fuller use of evidence in policy dialogue and to ensure stakeholder and civil society participation, in order to strengthen the case for adequate priority and funding being given to the important roles of population, reproductive health, and gender in contributing to poverty reduction in all country-level and international priority setting and planning. Moreover, UNFPA must continue to play its vital direct role in key programmatic activities, including reproductive health commodity security, and in providing information, materials and technical assistance to support a full range of country programs in population, reproductive health and gender.

## **2. Population Change and Poverty Reduction**

All development planning must take account of population dynamics, size, distribution and structure and their interplays with poverty, hunger, environment, slum settlements, fragile rural lands, water, health service needs and provision, HIV/AIDS, gender, mortality, fertility, family, youth opportunities, and ageing. The process of monitoring and measuring progress in all of these areas in any country requires an adequate database and fuller exploitation of this in modeling and scenario building and in generating costing estimates. UNFPA already contributes a great deal to these processes, but more can be done to build capacity and the evidence base.

Explicit links of population change to poverty reduction include:

- Reductions in mortality that come from improved health services and reductions in fertility that come from reproductive health have both played a significant part in economic growth and poverty reduction over recent decades.
- The best recent macro-level research suggests that from 1960-95 about a fifth of economic growth is attributable to gains in mortality and about a fifth to reductions in fertility.
- Moreover, some of the best available research on reductions in \$1 a day poverty incidence suggests that infant mortality and voluntary fertility declines have played a significant part in poverty reduction.
- Other country-level research also indicates the importance of changing age-structure and distribution of population for economic growth and poverty reduction. Evidence suggests that successful emerging economies almost always have favorable demographics.
- However, the research also shows that declines in the relative size of the working age population inhibit economic growth, a situation facing many countries in South and East Sub-Saharan Africa as a result of HIV/AIDS.
- Prevention of HIV/AIDS is of crucial importance in the context of poverty reduction, given the consequences for household and family incomes and circumstances and for health service provision and macro-economic conditions.
- Of course, realizing the opportunities provided by population change also requires good governance and enabling social and economic policies.
- The potential benefits or challenges from population change need to form a key part of the evidence-based policy dialogue on poverty reduction, placed firmly in the context of reproductive rights.

UNFPA roles:

- Creating and using evidence-base at country, regional and international levels on population dynamics and links to poverty reduction
- Policy dialogue and advocacy to ensure that the implications of population dynamics, including population size, age structure, composition and spatial distribution for poverty reduction are incorporated in priority setting
- Ensuring that this priority setting gives full respect to human rights, especially women's rights and reproductive rights, and to gender equality and equity.
- Specific issues include:
  - Improved evidence-base on population and poverty interactions at the macro and micro levels, both within and between countries
  - Education, employment and health (especially sexual and reproductive health, including HIV/AIDS) for the growing numbers of adolescents and youth to have opportunities to avoid poverty;
  - Assisting in the assessment of the demographic and development impacts of HIV/AIDS, including the range of socioeconomic implications at the individual, household, family and macro levels;
  - Ageing and impoverishment, especially of women;
  - Urban growth and poverty;
  - Growing numbers on fragile land in rural areas and links to poverty and sustainable development.

### **3. Reproductive Health (including HIV/AIDS) and Poverty Reduction**

Achieving sexual and reproductive health in a rights-based context is of crucial importance for child health, nutrition and well being, for enabling successful transitions during adolescence, for ensuring the survival and well being of the family, for combating HIV/AIDS, and as a major component of gender equity and equality and the empowerment of women. UNFPA has the lead responsibility as global champion for reproductive health and rights and must engage in all possible advocacy and policy dialogue processes to ensure commitment, action and resource mobilization to effectively address these issues for the health sector as a whole, but also in the broader development context.

Among the key reproductive health links to poverty reduction are:

- Orphanhood is of growing concern as a source of poverty worldwide:
  - Maternal mortality affects some 500,000 families per year, creating an estimated 1.5 to 2 million new orphans every year;
  - HIV/AIDS related deaths of mothers or fathers also create an estimated 2 million new orphans each year;
  - Orphanhood often has serious consequences for child poverty, health, education and development with subsequent negative poverty outcomes in later life;
  - There are also consequences for family poverty in lone-parent households; and
  - Impoverishment of grandparents or foster families, especially with double orphanhood from HIV/AIDS.
  - Consequential multiple burdens on women.

- It is estimated that about one-fifth to one-quarter of all births in the developing world, or about 25 million births per year are unwanted (as reported by the mother) and in addition those pregnancies terminated by abortion are also evidently unwanted.
  - These unwanted pregnancies lead to death and to negative health consequences for women from lack of safe motherhood and from unsafe abortions and to excess child deaths;
  - Larger than desired family size and unhealthy or missing mothers have consequences for poverty of the family;
  - Unwanted children often also experience poverty, lower nutrition, poorer education and poor child development, with consequent greater likelihood of poverty as adults.
- Reproductive health care, especially informed access to quality family planning, has been shown to be one of the most cost-effective health interventions, reducing maternal and child mortality and morbidity and with condoms being an essential component of HIV/AIDS prevention. Overcoming supply and societal, cultural and religious barriers to sexual and reproductive health and rights thus plays a part in avoiding entry into poverty as well as in direct poverty reduction.
- Infertility of couples, including that resulting from preventable and treatable Sexually Transmitted Infections, often has profound consequences for women's lives. These women are all too often blamed (rightly or wrongly) for the infertility and often become non-persons or outcasts, either within the family or through divorce. This has profound effects on poverty and can result in them having to trade sex for means of survival.
- One of the worst forms of poverty arises from the trafficking of women and young girls for sex work, who then experience abject poverty and complete loss of freedom.
- Access to reproductive health care and services, including counseling and services for trauma and to protect against and deal with the consequences of sexual violence, in conflict and post-conflict situations is an integral part of meeting needs, especially for women and adolescents, and includes protection and promotion of their rights to avoid unwanted sexual partnerships or births and providing the information and means to enable such choice.

*Adolescents, sexual and reproductive health, HIV/AIDS prevention, and realizing opportunities:*

Adolescence is a crucial period where transitions to adulthood are made. Sexuality and reproduction at this stage of life interplay very closely with education, health and employment opportunities. . Especially for adolescent women, the constraints imposed on life-chances by early marriage or childbearing, or through sexual abuse, exploitation and trafficking, all play a significant part in limiting their personal development and life prospects in terms of health, education, and employment and thus have lasting consequences for their ability to escape or avoid poverty for the rest of their adult lives. HIV/AIDS transmission is another vital factor in shaping subsequent poverty, education, health, employment and economic outcomes for men and women.

Among the key links to poverty reduction are:

- Prevention of HIV/AIDS infection, since premature death is the ultimate poverty, and poverty both increases the risk of acquiring HIV infection from greater risks

- of sexual exploitation, trafficking, and migrant partners and speeds the conversion to full-blown AIDS through poor nutrition, lack of adequate health care and treatment for opportunistic infections;
- Resulting poor health from HIV/AIDS related infections and disease has effects on employment and on health expenditures and thus directly creates poverty for the individuals and their families, often further exacerbated by infection of the partner.
  - Sexual health is a critical component of programmes to prevent HIV infection. This includes a particular need to achieve gender equality and empowerment of women and young people in making voluntary, informed decisions in negotiating sexual relations, including:
    - Enhancing the autonomy and mutual respect of partners;
    - Ensuring freedom from violence, coercion and discrimination;
    - Changing male attitudes and empowerment of women
    - Ensuring access to information and health services, including male and female condoms for prevention of HIV/AIDS transmission.
  - For adolescent and young women the opportunity and ability to:
    - Make informed and voluntary choices on whether and when to form sexual partnerships or to marry and the prevention of child marriages
    - And have the information and means to make reproductive choices
  - Both are intimately linked to the ability to take advantage of education and employment opportunities, which in turn often have profound effects on their ability to avoid poverty in adulthood or old age, especially after widowhood or partnership breakdown.

UNFPA reproductive health roles:

- Advocacy and policy dialogue to ensure priority for access to quality reproductive health information and services, including safe motherhood, adolescent sexual and reproductive health, gender equity and HIV/AIDS prevention;
- In discussions of Health Sector Reforms, making the case for safe motherhood in the light of omission of pregnancy and reproductive morbidity from burden of disease indicators on reproductive health and emphasizing the need to give mental health and well-being priority in health, especially including consequences for women of gender-based violence, female genital mutilation, child marriages, infertility, fistulas, and sexual and reproductive coercion;
- Strengthening Reproductive Health commodity security, including building sustainable national capacity to ensure RH supply, services and quality care and integrating this with condom provision to prevent HIV/AIDS;
- Helping to establish government-led accountability mechanisms, standards and laws to ensure reproductive rights, in conformity with internationally binding Human Rights instruments including the Universal Declaration, CEDAW, CRC, ICPCR, ICSEER, and with the Teheran and Vienna Declarations, and quality of care in public, private and voluntary sectors;
- Helping to establish programs to build demand for sexual health and reproductive health and rights, through rights awareness, behavior change communication, life skills training and other efforts, particularly related to empowering women to make informed choices;
- Ensuring the prioritization of programs to address issues of sexuality, including rights, negotiating skills, empowerment of women, especially adolescents, and gender equity and equality, especially in the context of HIV/AIDS;

- In this context, build upon UNFPA's unique body of experience in developing effective culturally-sensitive strategies for change in diverse socio-cultural settings and seek to engage all relevant actors in a commitment to and partnership in achieving a rights-based approach to reproductive and sexual health, including policy makers, the media, NGOs, , relevant faith and inter-faith based organizations, informal community structures and other civil society organizations;
- Increasing and advocating stakeholder participation, including adolescents and the poor;
- Continuing commitment to advocacy for and partnership in implementation of rights-based reproductive and sexual health programs in conflict and post-conflict situations and other complex emergencies;
- Enhancing and using evidence-based links on all aspects of reproductive and sexual health to poverty reduction;
- Human and institutional capacity building for the evidence-base and for policy formulation and implementation, in areas linking reproductive and sexual health, including HIV/AIDS and adolescents, to poverty reduction.

#### **4. Gender and Poverty Reduction**

Empowerment of women, gender equity and equality are an essential and cross-cutting concern for all attempts to enable avoidance of or escape from poverty and in all development areas. UNFPA already plays an essential role in advocacy and policy dialogue concerning the rights-based approach to sexual and reproductive health, which is a significant and substantial element of empowering women. However, the ICPD and ICPD+5 mandated a wider commitment to gender equality and equity and the empowerment of women and UNFPA could play an effective advocacy role on these issues in country-level processes.

Among the key links to poverty reduction are:

- Discrimination against the girl-child and women throughout the life-course continues to limit opportunities for women and girls to take a full part in society, health, education and employment, with serious lifetime poverty implications.
- Women are often more vulnerable to entering or being unable to escape poverty through their nurturing and reproductive roles leading to reduced human capital, through becoming lone parents, and through prolonged widowhood later in life.
- Gender based violence of any kind, including sexual coercion, has profound effects for the physical, mental, and reproductive health of women. It is one of the most explicit forms of gender discrimination and clearly linked to poverty and to socio-cultural contexts.
- Poverty for women can lead to their becoming sex workers, commonly resulting in unwanted sexual exchanges for material gain.
- Trafficking of women and girls, whether to become enforced sex-workers or entrapped workers is abhorrent and strongly related to poverty and to impoverishment
- Consequences in adolescence and for sexuality and reproduction arising from imbalances in gender composition brought about by sex-selective abortion or discrimination against the girl child.

- For women, both early marriages and early childbearing that are not based on informed choice inhibit the accumulation of human capital necessary to escape poverty and are directly associated with a greater incidence of current and subsequent life-time poverty.

UNFPA roles:

- Facilitate and influence policy dialogue involving all relevant actors, including governments, civil society (including NGOs), voices of women and men and young people, especially the poor, along with international organizations and donors.
- Strong advocacy for empowerment of women and for gender equality and equity to be an essential component of all country-level poverty reduction and related programs.
- In this context, specific advocacy for reproductive health and rights and other ICPD commitments on gender, to ensure that their poor coverage in the MDG indicators do not prevent priority being given;
- To continue to support programs and legislative initiatives to achieve empowerment of women, gender equity and equality, including the elimination of harmful traditional practices such as FGM;
- Give support to the adoption and implementation of the new UN Protocol to prevent, suppress and punish trafficking in persons, especially women and children;
- Ensure participation by women and youth and support for their organizations.
- Create and use evidence base on national and international level, especially gender-sensitive information across the health, education and employment sectors
- Human and institutional capacity building for the evidence-base and for developing, monitoring and implementing effective gender components in all programs.

## 5. Conclusion

Population dynamics and processes, reproductive health (including adolescents and HIV/AIDS), and gender equity and equality and the empowerment of women interplay with each other, but are all of fundamental relevance to meeting goals for poverty reduction and related development priorities. UNFPA has an important advocacy role to play on these issues, to ensure that they are given priority among other important components in policy dialogues at all levels. Engaging in processes related to the health sector is especially important, given the strong commitment to a rights-based approach to reproductive and sexual health, but engaging in advocacy in the context of other relevant sectors is also important.

In order to maximize leverage in country-level processes, especially CCAs, PRSPs, SWAps and MDG reporting, a number of cross-cutting key areas require attention:

- The need to strengthen and systematize the evidence-base on links of population, reproductive health and gender to poverty reduction and related development goals and to ensure the capacity to make effective use of this evidence in analysis, scenario-building, and policy dialogue.
- The need to strengthen alliances with a wide range of national development partners, policy makers including finance ministries, civil society, NGOs,

community leaders and stakeholders, including women and young people. In addition, to strengthen alliances with international partners, including other UN and Bretton Woods institutions, donors and international NGOs and other civil society.

- The importance of establishing and evaluating demonstration projects, including their cost-effectiveness, to inform policy dialogue.
- Developing tools for analysis: of costing for prospective interventions, of gender, of reproductive health situations, and of adolescent needs from a broad human development perspective.
- Ensuring that all UNFPA staff at all levels are trained to play a full part in broad country-level and sector-wide processes, including:
  - Sensitivity to the national development, societal and cultural context and diversity and to working inclusively with all relevant supportive organizations including NGOs, women's and youth groups, faith and inter-faith based and traditional community organizations and other elements of civil society, along with stakeholders;
  - Clear commitment to and knowledge of a rights-based approach to reproductive and sexual health, gender equality and equity and empowerment of women, and population and sustainable development linkages and an ability to articulate and advocate these concerns to the full range of actors involved in policy dialogue and in programs;
  - Awareness of and ability to contribute to the key national and international evidence-base for policy dialogue that links population, reproductive health, and gender to poverty reduction and related development goals.

UNFPA thus has many key roles to play in active poverty reduction, as well as improving pro-poor access to information and services. The importance of population dynamics and structure, reproductive health (including adolescent sexuality and HIV/AIDS prevention), and empowerment of women and gender equality and equity for poverty reduction is considerable. The many feedbacks from pro-poor activities in population, RH, and gender, linked to other human development inputs, both reduce poverty in the short-term and play a vital role, especially for young women, in enhancing the ability to escape or avoid poverty over the life-course.

## **Annex 1 Links to Practical Tools for Operationalising Conceptual Framework**