

1 April 2002

Item 3 Follow-up actions to the recommendations of the International Conference on Population and Development: reproductive rights and reproductive health, with special reference to human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS).

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Thank you Mr. Chairman,

I am pleased to introduce document E/CN.9/2002/2, the "Concise report on world population monitoring, 2002: reproductive rights and reproductive health with special reference to human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)". The report is a summary of a longer report, which has been issued as a working paper. Copies of the longer report are available at the document distribution window under the symbol ESA/P/WP.171.

The report has been prepared by the Population Division, with contributions from WHO and UNAIDS. We are grateful to WHO for preparing the chapters on maternal mortality and morbidity and on sexually transmitted infections, and to UNAIDS for preparing the chapter on HIV/AIDS.

The first topic selected by the Commission for review in 1996 was also reproductive rights and reproductive health. In 1996, we reported that we tried to cover both men and women, but data collection and research had until then mostly focused on women. At this time, considerably more data are available on men as well as on adolescents.

I will briefly highlight some of the findings of the report.

Puberty signals the onset of sexual maturity. Recent reviews show that the decline in age at menarche for girls seems to have reached a plateau in the developed countries. In the developing countries, age at menarche continues to decline with improvements in nutrition and health. Boys enter puberty about two years later than girls. There is scattered evidence of a trend towards earlier puberty also among boys.

The seriousness of the HIV/AIDS epidemic has promoted increased data collection and research on young people's sexual and reproductive behaviour. The data show that the onset of sexual activity typically takes place during adolescence for both men and women, for men mostly before marriage. The findings show the importance of information and services for adolescents and the unmarried.

There has been a trend towards later marriage in most countries. Worldwide, the mean age at first marriage has increased 1.6 years among women and 1.2 years among men over the past decade. The growing emphasis on education has played a significant role in this trend.

With regard to fertility, the report shows that fertility has continued to decline. Total fertility at the world level is now estimated at 2.8 children per women. Africa continues to have the highest fertility, but also in Africa, there is now evidence of fertility decline in many countries. The declines have been particularly fast in Northern Africa. The role of education in fertility decline has been documented extensively.

It has also been well documented that childbearing at early ages poses risks for both mother and child and the Programme of Action calls for the reduction of adolescent pregnancies. Recent data show that adolescent fertility varies widely among countries, ranging from more than 200 births per 1,000 women aged 15-19 in some African countries to 5 births or less per 1,000 women in some European and East Asian countries. Trends in adolescent fertility have not always followed the trend

in overall fertility. Adolescent fertility increased during the 1990s in a few countries and declined rapidly in others.

Family planning is an integral part of reproductive health. The use of family planning has been steadily increasing. It is currently estimated that close to two out of three couples with the women in reproductive age are using contraception. The level of contraceptive use in Africa, about one out of four couples, is still far below that of other regions, but it is also increasing. The increase in contraceptive use reflects both a growing availability of modern contraceptive methods and a desire for smaller families.

Even with the increase in contraceptive use, the report finds that unmet need for family planning remains high and is higher among adolescents than among older couples.

The number of abortions remains high. It is estimated that approximately 26 million legal abortions and 20 million unsafe abortions were performed worldwide in 1995. These figures provide only an indication of the magnitude of the problem since reliable data are missing for the majority of countries.

Unsafe abortion is an important cause of maternal death. WHO estimates that approximately one maternal death in eight is due to abortion-related complications.

Recent estimates of maternal mortality suggest that more than half a million women die of pregnancy-related complications each year, almost all of them in developing countries. The Millennium Declaration and a number of international conferences in the 1990s have adopted goals for the reduction in maternal mortality. Monitoring progress in reaching the goals is difficult since only a few countries have accurate data on maternal mortality. Such information as is available show only modest improvements and indicates the need for strengthened efforts to address the problem.

Sexually transmitted infections are among the most common causes of illness. WHO estimates that 340 million new cases occurred in 1999. Women become infected at younger ages than men and adolescents are at a special risk. The HIV/AIDS epidemic has further increased the need to control these infections since they have been identified as risk factors for the spread of HIV/AIDS.

According to the latest estimates by UNAIDS, approximately 40 million people were living with HIV/AIDS at the end of 2001. Sub-Saharan Africa remains the worst affected region, but the number of infections is increasing rapidly in Asia.

A common pattern in all regions is the spread of the virus among young people between the ages of 15 and 24. In sub-Saharan Africa and South Asia, the majority of HIV-positive young people are women.

The Programme of Action produced expansive definitions of reproductive health and reproductive rights. Although progress has been made, much remains to be accomplished in translating reproductive rights into policies and programmes. The broad international consensus reached at ICPD and the continued endorsement at ICPD+5 make it likely that reproductive rights will be a major focus of population policies in the future.

Mr. Chairman,

We will be grateful for comments and suggestions on the reports.

Thank you for your attention.