



# Reproductive Health Matters

An international journal on sexual and reproductive health and rights

ISSN: 0968-8080 (Print) 1460-9576 (Online) Journal homepage: <https://www.tandfonline.com/loi/zrhm20>

## Population, sexual and reproductive health, rights and sustainable development: forging a common agenda

Karen Newman, Sarah Fisher, Susannah Mayhew & Judith Stephenson

To cite this article: Karen Newman, Sarah Fisher, Susannah Mayhew & Judith Stephenson (2014) Population, sexual and reproductive health, rights and sustainable development: forging a common agenda, *Reproductive Health Matters*, 22:43, 53-64, DOI: [10.1016/S0968-8080\(14\)43770-4](https://doi.org/10.1016/S0968-8080(14)43770-4)

To link to this article: [https://doi.org/10.1016/S0968-8080\(14\)43770-4](https://doi.org/10.1016/S0968-8080(14)43770-4)



© 2014 Reproductive Health Matters



Published online: 04 Jun 2014.



Submit your article to this journal [↗](#)



Article views: 1852



View related articles [↗](#)



View Crossmark data [↗](#)



Citing articles: 9 View citing articles [↗](#)

## Population, sexual and reproductive health, rights and sustainable development: forging a common agenda

Karen Newman,<sup>a</sup> Sarah Fisher,<sup>b</sup> Susannah Mayhew,<sup>c</sup> Judith Stephenson<sup>d</sup>

a Co-ordinator, Population and Sustainability Network, London, UK. *Correspondence:* [kn@populationandsustainability.org](mailto:kn@populationandsustainability.org)

b Advocacy and Policy Manager, Population and Sustainability Network, London, UK

c Head of Anthropology, Policy and Politics Group, Department of Global Health, London School of Hygiene & Tropical Medicine, London, UK

d Margaret Pyke Professor of Sexual & Reproductive Health, University College London Institute for Woman's Health, London, UK

**Abstract:** *This article suggests that sexual and reproductive health and rights activists seeking to influence the post-2015 international development paradigm must work with sustainable development advocates concerned with a range of issues, including climate change, environmental issues, and food and water security, and that a way of building bridges with these communities is to demonstrate how sexual and reproductive health and rights are relevant for these issues. An understanding of population dynamics, including urbanization and migration, as well as population growth, can help to clarify these links. This article therefore suggests that whether or not sexual and reproductive health and rights activists can overcome resistance to discussing "population", become more knowledgeable about other sustainable development issues, and work with others in those fields to advance the global sustainable development agenda are crucial questions for the coming months. The article also contends that it is possible to care about population dynamics (including ageing and problems faced by countries with a high proportion of young people) and care about human rights at the same time. It expresses concern that, if sexual and reproductive health and rights advocates do not participate in the population dynamics discourse, the field will be left free for those for whom respecting and protecting rights may be less of a priority.*

© 2014 Reproductive Health Matters

**Keywords:** sexual and reproductive health and rights, advocacy and political process, population policy, post-2015 agenda, sustainable development

The sexual and reproductive health and rights community is at a crossroads, as the global community moves towards the final stages of negotiating the post-2015 international development agenda. Seared by the experience of the omission of our issues from the MDGs in 2000, the importance of seeing sexual and reproductive health and rights as explicitly named priority areas for investment is an overriding aim for the community during the coming 18 months. This is achievable if sexual and reproductive health and rights advocates can find a common language that will help to explain why and how sexual and reproductive health and rights are relevant for other development priorities, including environmental issues, climate change, food and water security.

The underlying thesis of this paper is that an understanding of population dynamics, and an ability to articulate why and how they relate to other development issues could help to bridge the gap, and increase investment in sexual and reproductive health and rights programmes. Such an understanding could encourage partnerships with other development sectors, and increase access to voluntary sexual and reproductive health services, including family planning services that respect, protect and fulfil human rights. It could also help to demonstrate that sexual and reproductive health and rights advocates care about these other sustainable development issues too.

Increasing expertise at the programme level shows that this cross-sectoral collaboration is not merely possible, it yields results that include

community ownership of programmes and projects. The authors of this paper bring together research and advocacy experience related to women's health, international development, demography, population policy and sexual and reproductive health and rights. We have written this paper to challenge the perception that caring about human rights is incompatible with caring about population dynamics, both because we believe that is not true, and because we fear that the absence of sexual and reproductive health and rights advocates from the debate may have the effect of leaving the leadership of the population dynamics discourse to others less aware of or motivated by the need to respect and protect human rights.

### *The time is now*

2015 sees the culmination of global efforts across a range of different strands to create a successor international development framework to the MDGs agreed in 2000. The sustainable development discourse was refined at the 2012 Rio +20 UN Conference on Sustainable Development. Its outcome document, *The Future We Want*,<sup>1</sup> together with one of its key outputs – the Sustainable Development Goal (SDG) process – are defining elements of the post-2015 agenda. Sexual and reproductive health and rights advocates are working to influence the MDG successor framework in the post-MDG and SDG processes and in the Beyond 2014 work to assess progress since the 1994 International Conference on Population and Development (ICPD).<sup>2</sup> A wide range of activists are united in the determination to ensure that these issues are identified as priorities in 2015, in marked contrast to 2000, when the MDG framework omitted sexual and reproductive health and rights entirely – an omission only partially redressed in 2007 with the addition of Target 5B on ensuring universal access to reproductive health, although the resources that would have been required to reach that target did not materialize.

For historical, political and conceptual reasons, recent decades have seen little discussion of population or demographic issues among development, environmental or sexual and reproductive health and rights communities and advocates<sup>3</sup>; some found these issues problematic, while others tended to focus on issues related to health, choice and rights. In the 1950s and 1960s, control of rapid population growth was prominent in the international policy discourse, while sexual and reproduc-

tive health and rights did not feature as priorities. Partly as a legacy of discredited, coercive “population control” programmes, population and demographic issues are still seen today as “difficult”, or likely to alienate. This problem is compounded by the subject of safe abortion, which is often seen as controversial at best, and potentially toxic in relation to other development priorities.

Another factor is the increasing orientation of sexual and reproductive health and rights activists to frame their agenda in terms of health, choice and rights, placing the individual at the centre of programmes, as opposed to prioritizing subjects such as demographic factors and contraceptive prevalence, which are by contrast population-level concerns. It is also true that, while the 49 least developed countries have the fastest growing populations,<sup>4</sup> fertility levels are declining globally, as Hans Rosling<sup>5</sup> and others have documented, although they sometimes fail to link this trend to the increased access to sexual and reproductive health and rights programmes, including family planning, which have often helped to bring it about.

More recently, population dynamics, which include demographic trends related to urbanization, migration, ageing, household composition, and age structure, as well as population growth, are increasingly being discussed as part of the international development discourse. There is now greater recognition, for example, that understanding and planning for factors such as urbanization and migration are important for building resilience against the effects of climate change, or anticipating and meeting the education, health care, and housing needs of growing and changing populations. Nevertheless, it has proven difficult to develop consensus around what a consideration of population dynamics brings to the international development discourse. This is partly because champions of a human rights approach to sexual and reproductive health and rights are understandably wary of any kind of discourse about population that is aimed principally at reducing birth rates, particularly among certain population groups, rather than upholding rights and extending and expanding the potential of individual women and men to make reproductive choices for themselves. Sexual and reproductive health and rights advocates can therefore be reluctant to advocate increased attention to population dynamics, although, it could be argued, such attention could raise additional resources for

family planning programmes, which could be implemented in ways that respect and protect human rights. It is deeply ironic that concern about population policies and practices that violated women's rights became synonymous with "population" in ways that have served to prevent women's health activists becoming involved in these issues because of the need to oppose such programmes.

The 2012 London Summit on Family Planning, convened by the UK Government and the Bill and Melinda Gates Foundation together with other governments and donors, refocused global attention on family planning at a time when the Cairo agenda as a whole was losing visibility and funding. For some this was a welcome renewal of visibility, particularly for those who felt that family planning had become less visible in the wider Cairo-endorsed concept of sexual and reproductive health. Others were concerned that the emphasis on family planning would result in a lack of attention to other sexual and reproductive health issues, including those related to sexually transmitted infections, safe motherhood and abortion. Many are also concerned that FP2020 set itself the goal of enabling 120 million more women and girls to use contraceptives by 2020, because history has shown that targets such as these have the potential to lead to target-driven programmes, focused more on securing additional contraceptive users than providing a high quality service that guarantees full, free and informed choice. Such concerns can make it more difficult to see issues of population dynamics in a positive, or even neutral, light.

Different actors bring different perspectives and histories. The challenge is whether or not sexual and reproductive health and rights activists can work effectively with other sustainable development advocates in the small amount of time left to build a post-2015 global framework that reflects a commitment to all of these issues in ways that respect and protect human rights.

### *Family planning, development, climate change: a little history*

When the Cairo conference took place in 1994, the world population stood at about 5.6 billion; it surpassed 7 billion in 2011. The UN World Population Prospects 2012 Revision medium variant predicts a 2050 figure of 9.6 billion. If fertility were to remain, on average, half a child above

the levels projected in the medium variant, world population would reach 10.9 billion by 2050 and 16.6 billion by 2100. A fertility path half a child below the medium variant would lead to a population of 8.3 billion by mid-century and 6.8 billion by the end of the century.<sup>4</sup>

Global sustainable development priorities now include climate change, food and water security, biodiversity preservation and environmental sustainability, including sustainable management of forests, oceans and seas, alongside poverty elimination and other unfinished business from the MDG agenda. Significant global health challenges remain in a context within which improving maternal health (MDG5) has been the most off-track of the MDG goals. A narrow focus on sexual and reproductive health and rights if pursued in ways that do not also prioritize these important "bigger picture" sustainable development issues will not engage and might alienate supporters and potential supporters, such as environmentalists. At the same time, the environmental and sustainable development communities have not on the whole been interested in sexual and reproductive rights, nor have they seen the relevance of population dynamics to the wider development agenda.

As indicated earlier, concern about global population growth drove the imperative to invest in many of the early family planning programmes in the 1960s and 1970s outside the global North. Rhetoric about a global "population explosion"<sup>6</sup> fuelled investment in reducing population growth rates in developing countries. Slowing the rate of population growth was linked to better economic prospects and incorporated into the economic development strategies of many developing countries. Partly in response to this vertical programme focus, there was a paradigm shift in 1994, when women's health advocates helped to shape the Cairo Programme of Action at ICPD in Cairo around health, choice and individual rights.<sup>7</sup> While demographic issues did feature in the final document, including separate chapters on "Interrelationships between population, sustained economic growth and sustainable development" and "Population distribution, urbanization and internal migration", they were not promoted as part of the progressive agenda at that time. This was partly because it was felt important to create an agenda that distanced itself from past policies and programmes, some of which were associated with coercive practices, and partly reflected the desire of strong women's rights voices to move away from equating reproductive

issues solely with family planning, to encompass a more holistic approach to meeting people's sexual and reproductive needs.<sup>8</sup> ICPD has since proven to be the high-water mark for sexual and reproductive health. Although 1994 was the third population conference in three decades, no similar global UN conference has taken place since, partly because of concern that the progressive trend would not be continued; indeed a new conference carried the real risk that a less progressive agenda might have emerged, which could have undermined the entire sexual and reproductive health and rights edifice, including family planning.

The UN Conference on Environment and Development took place in Rio de Janeiro in 1992. This "Earth Summit" adopted an unprecedented global plan for sustainable development, Agenda 21, drawing on a concept of sustainability as a balancing of social, economic and environmental interdependent and mutually reinforcing pillars.<sup>9</sup> Since then the sustainable development agenda has continued to gain prominence. While Agenda 21 did make some references to demographic trends and reproductive health services, population-related issues have not featured in this and the wider environmental agenda, which has also been fairly resistant to including sexual and reproductive health and rights. The continuing resistance of the environmental, climate change, anti-poverty and other development advocates to including sexual and reproductive health and rights in their agenda is also partly to blame for the difficulty in securing more widespread consensus that these are core international development priorities.

Since 1994, the sexual and reproductive health and rights community has focused on extending its agenda to include a range of issues such as sexual rights, including sexual orientation and gender identity; improving quality of care and other areas of policy and programming, including skilled attendance at birth, emergency obstetric care, access to safe abortion services, and health systems strengthening, but mainstream sexual and reproductive health and rights organizations have not, in the main, sought to identify or highlight the need to address demographic trends that are indispensable for effective national development planning, e.g. anticipating the number of teachers required in a district or nationally to keep class size constant.<sup>10</sup>

During the months before the 2009 Copenhagen Climate Change Conference, the Population and Climate Change Alliance (PCCA) was formed, which

is a loose grouping of northern and southern NGOs working principally through the Rio+20 and Open Working Group UN processes to increase awareness of the links between population dynamics and climate change. Its members are active in sexual and reproductive health and rights and environment/conservation work. Their aim is to interact with the climate change and wider sustainable development discourse, increasing awareness about the linkages between population dynamics and climate change.

An analysis of the first 40 National Adaptation Programmes of Action prepared by developing countries eligible for funding priority activities, for adapting to the effects of climate change, yielded evidence that 37 of them identified population growth or population density as a key factor that made the task of adapting to the effects of climate change more difficult.<sup>11</sup> The five factors mentioned most frequently were:

- population pressure on fresh water availability;
- population pressure affecting soil degradation/erosion, and associated implications for agriculture;
- shortage of land per capita leading to over grazing;
- deforestation;
- high population density leading to migration to coastal areas, thereby increasing vulnerability to other effects of climate change, namely rising sea levels.

In 2009, the Lancet Commission on the Health Effects of climate change concluded that "Climate change is the biggest global health threat of the 21st century."<sup>12</sup> An understanding of population dynamics must form part of climate resilience strategies as countries plan for the effects of climate change. A few facts from the report underline the scale of the effects of climate change. More than a sixth of the world's population currently live in glacier-fed water catchments, which are vulnerable to climate change.<sup>13</sup> Of the 238 great natural catastrophes that occurred between 1950 and 2007, two-thirds resulted from extreme weather or climate-related events, mainly floods and windstorms.<sup>14</sup> One effect, rising sea levels, will be most intensely felt in densely populated, low-lying river deltas, such as the delta region of Bangladesh, where a sea-level rise of 1.0 metre will account for 20% land loss and the displacement of 15 million people. A 1.5 metre sea-level rise, which is far from unlikely, would lead to



GMB AKASH / PANOS PICTURES

Cyclone-hit area, Khulna, Bangladesh, 2009

what the Lancet Commission Chair, Anthony Costello, has called “the end of geography” in Bangladesh. Moving millions of people away from the sea will present enormous challenges that sexual and reproductive health and rights activists, among others, need to understand and engage with.

At the 2012 Rio+20 conference, the 20-year follow up to the 1992 Earth Summit, some sexual and reproductive health and rights activists worked for the inclusion of sexual and reproductive health and rights in the outcome document. Language on sexual and reproductive health was included, but language directly recognizing reproductive rights was dropped very late in the negotiations.<sup>15</sup> A significantly smaller group of activists campaigned in Rio for greater recognition of the links between population dynamics, sexual and reproductive health and rights and sustainable development. This included the Population and Climate Change Alliance which, after the Rio Conference, renamed itself the Population and Sustainable Development Alliance (PSDA). PSDA continues to monitor closely the post-Rio negotiations and engage in the Open Working Group process.<sup>16</sup>

There was some, albeit limited, success as regards demographic issues,<sup>15</sup> i.e. the outcome document included some consideration of demographic trends and noted that “through forward-looking planning, we can seize the opportunities and address the challenges associated with demographic change”.<sup>1</sup> Yet the significance and importance for sustainability of sexual and reproductive health and rights and women’s empowerment, including family planning choices, went officially unrecognized. Nevertheless, the inclusion of a section on health and population in the outcome document, recognizing these issues as thematic areas and cross-sectoral issues for sustainable development, was significant; it paved the way for focus on these issues within the Rio+20 follow up and wider post-2015 discussions. Most notably, health and population dynamics were included on the agenda of the fourth session of the 2012 Open Working Group meeting,<sup>17</sup> and population dynamics was the theme of one of the 11 post-2015 UN thematic consultations.\* These UN processes

\*World We Want 2015. <http://www.worldwewant2015.org>

are being closely monitored by NGOs Beyond 2014, and documented on their website on an ongoing basis.\*

### *Population dynamics since Cairo*

Since Cairo, demographic research on the demographic dividend, which the Population Reference Bureau has defined as “the accelerated economic growth that begins with changes in the age structure of a country’s population as it transitions from high to low birth and death rates”<sup>18</sup> has attracted considerable interest.<sup>19,20</sup> Although donor interest in this has been significant, sexual and reproductive health and rights advocates have not, in the main, focused on the demographic dividend, although the research indicates that it isn’t, as David Canning said at the Addis Ababa International Conference on Family Planning in November 2013, called “dividend” by accident, that is, in order to experience the demographic dividend of economic growth, investment has to be made, particularly in women’s health and education, and in job creation.<sup>21</sup>

Other population dynamics remain important but are relatively neglected by sexual and reproductive health and rights advocates. We live in a rapidly urbanizing world in which now more than half of the world’s people live in urban areas; a figure that is set to rise to 67% by 2050.<sup>22</sup> Ageing is an increasing policy preoccupation in some parts of the world, which has implications for sexual and reproductive health and rights. Policy responses that advocate increased fertility, of which there are many in countries with below-replacement fertility rates, can jeopardize sexual and reproductive health and rights while offering little effective planning for the social, health, housing and other needs of ageing populations. In countries currently hit the hardest by climate change, temporary, rural-urban, and other types of migration are already taking place as a result of climate change and climate-related disasters, and where climate change is causing rising sea levels, mass migration away from the sea will increasingly form part of climate change coping and adaptation strategies.<sup>23</sup> Sexual and reproductive health and rights advocates can play an important role in mapping out why access to information, education and services is important for the complex needs of migrant groups, among others.

\*<http://ngosbeyond2014.org/about/>

Two challenges present themselves for sexual and reproductive health and rights activists: firstly, how to present sexual and reproductive health and rights as development priorities within this changing world, and secondly, how to incorporate sustainable development concerns and priorities into sexual and reproductive health and rights advocacy work.

### *Three core strategies*

Three strategies could enable the sexual and reproductive health and rights community to respond to these challenges effectively, but how these are navigated will depend on responses to three questions. Firstly, can the SRHR community overcome its resistance to “population” and be the community that leads a global understanding that it is possible to care about population dynamics – urbanization, migration, ageing, etc, as well as population growth – and care about respecting, protecting and fulfilling human rights? Secondly, can the sexual and reproductive health and rights movement assert a global perspective on sustainable economic development, with a cross-sectoral approach and supportive of sexual and reproductive rights, built on but going beyond a public health and human rights perspective? And thirdly, is the sexual and reproductive health and rights movement willing to work in partnership with civil society organizations that focus on other sustainable development issues within and beyond the UN to advance sexual and reproductive health and rights – and are they willing to work with the SRHR movement?

### *Leading on the global understanding of population issues*

We believe all of us need to understand demographic terms, trends and analysis, and their importance for sustainable development planning. Improving demographic literacy – increasing understanding about what, for example, changing household composition means, since single occupant households account for significant consumption, or what an ageing population means in terms of ensuring access to relevant information, education and health and social support services – would be a critical first step towards engaging positively in the debate. The “window of opportunity” to lead this discourse may be closing as September 2015 approaches; other civil society organizations seized of the need to reduce population growth, but not

so motivated by the importance of human rights, are already active, and will seek to lead or steer these discussions if sexual and reproductive health and rights leaders do not engage.

If more activists with a track record of upholding a rights-based approach became involved in the population dynamics discourse, it would become easier to dissociate the word “population” from “population control” and from coercive policies and practices. People often “hear” the word “control” in the international development context after the word “population” even when it isn’t said or meant, particularly the generation of feminists who came into this work chiefly motivated to position what is now sexual and reproductive health and rights as a tool to empower women, not to oppress them. This association is less evident in the generation of activists that were too young to be seared by the experience of coercive family planning policies and practices.

Sexual and reproductive health and rights activists are well placed to take advantage of the possibility that demographic concerns can increase focus and funding for extending access to voluntary sexual and reproductive health and rights programmes, including family planning, that respect and protect rights, and to lead efforts to ensure that these issues are prioritized in the post-2015 framework. Such advocacy will demand vigilance to ensure that the renewed attention to family planning, initiated by FP2020, results in programmes that are framed within, and remain true to, the wider sexual and reproductive health and rights vision embodied in the ICPD Programme of Action, a challenge worthy of response.

#### **A sustainable development agenda that includes sexual and reproductive rights**

Engagement in this discourse will involve making common cause with mainstream development advocates, and working with sustainable development activists on issues such as climate change, food and water security, fragile states, and poverty elimination. The linkages between these issues and sexual and reproductive health and rights are significant, and the partnerships forged could create valuable alliances for advancing sexual and reproductive health and rights. This is not to imply that such efforts have not been ongoing, e.g. at Rio+20, though sometimes very frustrating and fraught.

Sexual and reproductive health and rights activists have worked effectively in the global

health arena, partnering with gender and development activists on health and human rights, HIV prevention, maternal health, and adolescent health and rights. But the SRHR movement has been less effective in partnering with mainstream development organizations working on poverty elimination, food and water security, environmental, biodiversity, climate change, and other elements of the sustainable development discourse. Sexual and reproductive health and rights advocates need to find concepts and a language that other activists will understand which articulate why and how sexual and reproductive health and rights are relevant to sustainable development – to help to mitigate their resistance.

We believe population dynamics issues are a key link between sexual and reproductive health and rights and these other development issues. Evidence linking sexual and reproductive health and rights, and the benefits of universal access to sexual and reproductive health services, including family planning, to many other core development issues, including poverty elimination and climate change, has been accumulating for decades. To take one example, research in the “Asian Tiger” economies contends that countries such as South Korea, which invested not only in family planning programmes but also in health and education, particularly women’s health and education, yielded demographic changes which contributed to a relatively healthy, well-educated working age population able to undertake work that helped to lift the economies of those countries out of poverty.<sup>19</sup> The relative size of the working age population, in comparison to those too old or too young to be working, was another enabling factor, as were finance and economic policy and positioning and governance decisions. Such research is valuable not just because it is positive about the contribution of family planning, but also because it shows that additional investment in many other aspects, especially health, education and the economy and many other aspects of development, is necessary for countries to experience positive change alongside the demographic dividend. This does not happen automatically; other countries with similar demographic change profiles that did not make these investments have not reaped the benefits to the same extent. Equally, an increased understanding of what has led to the so-called youth bulge experienced in much of Africa can help inform campaigns for better planning for young people



in terms of education, training and employment opportunities, not only for their own well-being but at a population level and for the future.

In addition, the economic rationale for increased investment in sexual and reproductive health as a cost-effective intervention is powerful, alongside arguments based on health, choice and rights. A growing and increasingly affluent world population, for example, will influence demand for and pressure on natural resources and services and affect the number and location of people requiring access to food, water and sanitation, education and health services. Certain aspects of demographic change, including urbanization can, if harnessed, offer pathways to promote sustainable development. Alongside consumption and other critical factors, population dynamics can determine the scale and the shape of the development challenges we face. It is possible that, although these arguments have not been particularly persuasive among sexual and reproductive health and rights advocates in the past, emphasizing the cost-saving benefits of addressing unmet need for sexual and reproductive health and family planning for other sectors could help to persuade these sectors and governmental ministries and departments in addition to those for health, of the value of investing in and upholding sexual and reproductive health and rights.

### Forming new and wider partnerships

The third strategy is about forming new partnerships to influence global commitments and effectively engage with the UN, building on Rio and other recent evidence of working across sectors to advance sexual and reproductive health and rights. Recent work as part of the UN Open Working Group process charged with arriving at global Sustainable Development Goals, where sexual and reproductive health and rights advocates partnered with feminist groups with diverse interests as part of the Women's Major group, has demonstrated that interdisciplinary, cross-sectoral collaboration is possible. This is vital if sexual and reproductive health and rights are to gain traction as widely acknowledged international development priorities likely to attract significant investment in the post-2015 policy environment.

A striking example of cross-sectoral collaboration at policy level was the PSDA's input to the post-2015 thematic consultations\* and related advocacy materials,<sup>24</sup> which is mirrored at the

programmatic level where PSDA has several member organizations in the global South that combine health service provision with conservation and other development inputs using the population-health-environment (PHE) approach, e.g. in Madagascar, where Blue Ventures,<sup>25</sup> an organization that combines family planning and other health service provision with marine conservation, was recently awarded an Excellence in Leadership for Family Planning award at the November 2013 International Conference on Family Planning in Addis Ababa.<sup>26</sup>

PHE approaches aim to improve the health and wellbeing of local peoples whilst conserving the critical ecosystems upon which they depend.<sup>27</sup> Many operate on a small scale, but there are larger-scale examples, such as the Path Foundation Philippines' pioneering Integrated Population and Coastal Resource Management. A comparative study found that integrated delivery of coastal resource management and reproductive health services (including family planning) generated higher positive impacts on the ecosystem and health than delivering either in isolation.<sup>28</sup> The PHE approach has successfully challenged the notion that there is resistance to discussing population in the global South, or linking population, sexual and reproductive health and rights and environmental issues, primarily by demonstrating that the connections are clear on the ground at community level. Blue Ventures responded to a community concern about declining fishing stocks, which villagers ascribed to over-fishing linked to rapid population growth, leading to a twinned demand for family planning services and marine conservation expertise.<sup>29</sup>

This is a valuable response to the perception that it is inappropriate, or even immoral, to focus on sexual and reproductive health/family planning at the same time as environmental issues. The issue of over-consumption in the North was and remains critical, and must be recognized as the major driver of man-made climate change; it is obviously immoral to advocate family planning in the South to mitigate the effects of climate change caused in the North. But this doesn't mean that people in the global South should not have access to contraception until the North has managed to get its consumption under control; this is not an either/or issue. Reducing consumption in the North is vital for global sustainability, and advocacy related to population dynamics must emphasize this. The alienation effect of

\*<http://www.worldwewant2015.org/sitemap#thematic>

advocacy about population growth in the absence of reference to gross inequalities in income and consumption is deservedly huge.

PHE Ethiopia Consortium partners are working in remote villages to provide sexual and reproductive health services together with interventions to reverse environmental degradation caused by deforestation and other factors, among other integrated programmes.\* Another example is the work of Conservation through Public Health in Uganda and in the Democratic Republic of Congo to improve community health and livelihoods while protecting mountain gorillas around the Virunga and Bwindi Impenetrable National Parks.<sup>30</sup>

Benefits accrue at global as well as local levels; such projects make it clear that flexible funding mechanisms are needed, to include sexual and reproductive health and rights programming as part of an integrated approach to local problems, such as adapting to the effects of climate change. There are not many ODA funding streams that could, for example, encompass a single project that addresses marine conservation and sexual and reproductive health and rights service provision. Partnerships with environmental groups, such as the Population and Sustainability Network's recent collaboration with Friends of the Earth to arrive at a common position on population and sexual and reproductive health and rights,<sup>31</sup> can open dialogue and facilitate greater understanding of complementary international development perspectives that are the necessary foundation for collaborative work. Sexual and reproductive health and rights advocates could lead efforts to overcome polarized thinking about population and consumption on both sides.

At the 2013 International PHE conference, which immediately preceded the International Family Planning Conference in Addis Ababa,<sup>†</sup> the Lake Victoria Basin Commission's\*\* PHE Programme Co-ordinator Doreen Othero, discussed population dynamics, including population growth, in the countries that border Lake Victoria – Kenya, Uganda, Rwanda and Tanzania – in the context of the important part that the lake plays in the lives and livelihoods of those populations. She concluded that people need “the whole package” –

interventions that address population dynamics as well as others oriented towards effective environmental management of the lake, including conservation of aquatic resources, such as fisheries.

### *The challenges are many*

The first challenge is to ensure that the agenda is built in ways that include sexual and reproductive health and rights, and gender and women's empowerment issues. Collaboration with feminist groups was critical to success in overcoming opposition to sexual and reproductive health and rights in 1994, and generating consensus will be critical to ensuring that sexual and reproductive health and rights feature in the ICPD beyond 2014 and post-2015 framework.

The second challenge is ensuring that the recent renewed focus on family planning does not come at the cost of the wider sexual and reproductive health and rights agenda, as happened with maternal health within the MDGs. The historical lesson, that managing fertility is only one part of an integrated and interdependent set of sexual and reproductive health needs, must not be forgotten.

Equally important is linking these issues to other agendas, particularly the sustainable development/environment discourse. Clarifying why and how the issues are connected is a central part of the consensus-building process whose aim is to make them international development priorities post-2015. The importance of globally representative voices, allies and leadership for the debate, including on UN delegations and from the G77, will be crucial to success, and the sexual and reproductive health and rights community has increasingly made valuable links with environmental and other groups at national and community levels with whom to work.

Sexual and reproductive health and rights advocates can, by taking up population dynamics issues, demonstrate the linkages between sexual and reproductive health and rights and climate change and sustainable development priority issues. By so doing, and by engaging in these discourses more fully, we can ensure that they, and the sexual and reproductive health and rights issues are taken more seriously as central development concerns by a far wider coalition of international development sectors than is presently the case.

Dialogue about population issues hasn't been easy for several decades now, but perhaps this is

\*<http://www.phe-ethiopia.org/>

†<http://www.prb.org/Publications/Articles/2013/phe-activities-ICFP-2013.aspx>

\*\*<http://www.lvbcom.org/>

a real crossroads. The question is: will we devote our energy exclusively to arguing with each other, not straying far out of our comfort zones, leaving issues such as climate change to others, or will we also respond to the challenge of participating in a cross-sectoral push for a truly sustainable development agenda which reflects a comprehensive vision of sexual and reproductive health and human rights among other priorities we will support.

We know that the advocates of the various issues and organizations that comprise the sustainable development community are not particularly keen on embracing our agenda; we will have to be at our most persuasive to convince them that sexual and reproductive health and rights is not only our fight; it's also integral to the success of theirs – priorities that we share and for which we must become more visible and voluble advocates.

Perhaps the key question is: “Are human rights more or less likely to be respected as a result of sexual and reproductive health and rights activists abstaining from the debate?” Developing country actors in high fertility countries are increasingly seeing the connections between population growth and diminishing capacity to address their health, education, food security and housing problems effectively. Can the sexual and reproductive health and rights community be in the forefront of channelling that concern into increased investment in good quality sexual and reproductive health services that include far better provision for contraception, maternity services, safe abortion, infertility/STI/HIV prevention and treatment, and the wide range of sexual and reproductive health-related morbidity and diseases?

## Conclusion

In this paper, we argue that a rights-based understanding of population dynamics that advocates increased investment in voluntary sexual and reproductive health and rights information, education and services that respect and protect rights could be the bridge to creating common ground with sustainable development groups, to help us to secure a sustainable development agenda of which we can all be proud. Coalition-building across sectors will be needed to bolster global solidarity.

Easing the reluctance of environmentalists to address what they see as sensitive issues that they may perceive as being beyond their expertise – or worse, a threat to their funding – will also be important, and easier to facilitate if we can demonstrate knowledge and awareness of their issues in return. The sustainable development agenda must address population dynamics, and we must find ways to work with the sustainable development community to bring population as well as sexual and reproductive health and rights issues to the negotiating table successfully. Otherwise, there is a very real risk that the post-2015 development agenda will be unsustainable, precisely because our issues will not be identified as international development priorities. The stakes couldn't be higher.

## Acknowledgements

*Some of the ideas expressed in the paper emerged from discussions with Karen Hardee, whose contribution we would like to acknowledge.*

## References

1. United Nation General Assembly. The Future We Want. A/RES/66/288. 2012. <http://www.uncsd2012.org/content/documents/814UNCSD%20REPORT%20final%20revs.pdf>
2. Haslegrave M. Ensuring the inclusion of sexual and reproductive health and rights under a sustainable development goal on health in the post-2015 human rights framework for development. *Reproductive Health Matters* 2013;21(42):61–73.
3. Stephenson J, Crane FC, Levy C, et al. Population, development, and climate change: links and effects on human health. *Lancet*. [Online] 2013;382(9905):1665–73. doi:10.1016/S0140-6736(13)61460-9.
4. United Nations Department of Economic and Social Affairs. World Population Prospects: The 2012 Revision. New York: UN; 2013. <http://esa.un.org/unpd/wpp/index.htm>
5. [http://www.gapminder.org/videos/dont-panic-the-facts-about-population/#.U2y\\_q5hmhVA](http://www.gapminder.org/videos/dont-panic-the-facts-about-population/#.U2y_q5hmhVA)
6. Ehrlich PR. *The Population Bomb*. New York: Ballantine Books; 1968.
7. United Nations General Assembly. Report of the International Conference on Population and Development. A/94/10/18. Programme of Action. New York: UN; 1994.
8. Correa S, Petchesky R. Reproductive and sexual rights: a feminist perspective. In: Sen G, Germain A, Chen LC, editors. *Population Policies Reconsidered: Health,*

- Empowerment and Rights. Boston: Harvard School of Public Health; 1994. p.107–23.
9. United Nations Department of Economic and Social Affairs. Agenda 21: The United Nations Programme for Action from Rio. New York: UN; 1992. <http://sustainabledevelopment.un.org/index.php?page=view&nr=23&type=400>
  10. Blacker J. Fertility in Kenya and Uganda: A comparative study of trends and determinants. *Population Studies* 2005;59(3):355–73.
  11. Bryant L, Carver L, Butler CD, et al. Climate change and family planning: least-developed countries define the agenda. *Bulletin of World Health Organization* 2009;87: 852–57.
  12. Costello A, Abbas M, Allen A, et al. Managing the health effects of climate change. *Lancet* 2009;373(9676): 1693–723.
  13. Stern N. *The economics of climate change*. Cambridge: Cambridge University Press; 2007.
  14. International Federation of the Red Cross. *World Disasters Report 2008*. Geneva: IFRC; 2008.
  15. Population and Climate Change Alliance. Rio+20 reaffirms ICPD but shies away from reproductive rights, 2012. <http://www.populationandsustainability.org/2202/news/pcca-rio20-reaffirms-icpd-but-shies-away-from-population-and-reproductive-rights.html>
  16. Population and Sustainable Development Alliance. [www.ppsda.org](http://www.ppsda.org)
  17. United Nations General Assembly. Progress Report of the Open Working Group of the General Assembly on Sustainable Development Goals. A/67/941. New York: UN; 2013.
  18. Gribble JN, Bremner J. Achieving a demographic dividend. *Population Bulletin* 2012;67(2).
  19. Bloom DE, Canning D, Sevilla J. *The Demographic Dividend: A New Perspective on the Economic Consequences of Population Change*. Santa Monica, CA: Rand; 2003.
  20. Canning D, Schutz TP. The economic consequences of reproductive health and family planning. *Lancet* [Online] 2012;380(9837):165–71. doi:10.1016/S0140-6736(12)60827-7.
  21. Canning D. Presentation at ICFP 2013 session “The demographic dividend: a new or revitalized paradigm of development”. Addis Ababa, 15 November 2013.
  22. United Nations Department of Economic and Social Affairs. *World Urbanization Prospects: The 2011 Revision*. New York: UN; 2012. <http://esa.un.org/unup/>
  23. Foresight. *Migration and Global Environmental Change: Final Project Report*. London: Government Office for Science; 2011.
  24. Population and Sustainable Development Alliance. *Population dynamics and sexual and reproductive health and rights: critical, cross-cutting issues for the post-2015 development agenda*. 1 November 2013. <http://www.populationandsustainability.org/download.php?id=293>
  25. Mohan V, Shellard T. Providing family planning services to remote communities in areas of high biodiversity through a Population-Health-Environment programme in Madagascar. *Reproductive Health Matters* 2014;22(43):93–103.
  26. Blue Ventures. Global acclaim for conservation organisation addressing unmet need for family planning. 15 November 2013. <http://www.blueventures.org/press-releases/global-acclaim-for-conservation-organisation-addressing-unmet-need-for-family-planning.html?highlight=YTozOntpOjA7czo2OjleGNlbGwiO2k6MTt2OjU6ImF3YXJkIjtpOjI7czozMjoiZWhjZWxslGF3YXJkIjt9>
  27. Royal Society. *People and the Planet*. London: Royal Society; 2012.
  28. D’Angeles L, D’Angeles H, Schwartz JB, et al. Integrated management of coastal resources and human health yields added value: a comparative study in Palawan (Philippines). *Environmental Conservation* 2010;37(4): 398–409.
  29. Harris A, Mohan V, Flanagan M, et al. Integrating family planning provision into community-based marine conservation. *Oryx* 2011;46(2):179–86.
  30. Conservation through Public Health. <http://www.ctph.org/>
  31. Friends of the Earth. *Global population, consumption and rights*. 2013. [http://www.foe.co.uk/sites/default/files/downloads/population\\_friends\\_of\\_the\\_earth.pdf](http://www.foe.co.uk/sites/default/files/downloads/population_friends_of_the_earth.pdf)

## Résumé

Cet article suggère que les militants pour la santé et les droits sexuels et génésiques cherchant à influencer le paradigme du développement international de l’après-2015 doivent travailler avec les défenseurs du développement durable qui s’occupent d’un éventail de problèmes, notamment le changement climatique, les questions environnementales et la sécurité alimentaire et de l’approvisionnement en eau. Il affirme

## Resumen

Este artículo sugiere que activistas en el área de salud y derechos sexuales y reproductivos que buscan influir en el paradigma de desarrollo internacional post 2015 deben trabajar con promotores del desarrollo sostenible preocupados por una variedad de asuntos, tales como cambio climático, problemas ambientales, seguridad alimentaria y del agua, y que la manera de construir puentes con estas comunidades es

qu'une manière d'établir des passerelles avec ces communautés est de démontrer comment la santé et les droits sexuels et génésiques sont pertinents pour ces questions. Une bonne compréhension de la dynamique démographique, notamment l'urbanisation et la migration, ainsi que la croissance démographique, peut aider à clarifier ces liens. L'article laisse donc entendre qu'il sera capital pour les prochains mois de savoir si les militants en faveur de la santé et des droits sexuels et génésiques peuvent surmonter leur réticence à discuter de la « population », s'informent davantage sur d'autres questions de développement durable et collaborent avec d'autres dans ces domaines pour faire avancer le programme mondial de développement durable. L'article affirme également qu'il est possible de s'intéresser à la dynamique démographique (y compris le vieillissement et les problèmes rencontrés par les pays avec une forte proportion de jeunes) tout en se préoccupant des droits de l'homme. Il craint que, si les défenseurs de la santé et des droits sexuels et génésiques ne participent pas au discours sur la dynamique démographique, ils laissent le champ libre à ceux pour qui le respect et la protection des droits sont peut-être moins prioritaires.

demonstrar cómo la salud y los derechos sexuales y reproductivos son relevantes para estos asuntos. Un entendimiento de la dinámica poblacional, que incluye urbanización y migración, así como el crecimiento poblacional, puede ayudar a aclarar estos vínculos. Por tanto, este artículo sugiere que independientemente de que activistas en salud y derechos sexuales y reproductivos puedan o no superar la resistencia a discutir “población”, adquirir más conocimientos sobre otros asuntos de desarrollo sostenible, y trabajar con otros en esos campos para promover la agenda mundial de desarrollo sostenible, son interrogantes cruciales en los próximos meses. El artículo también arguye que es posible preocuparse por la dinámica poblacional (que incluye envejecimiento y los problemas que enfrentan los países con un gran porcentaje de jóvenes) y a la vez preocuparse por los derechos humanos. Expresa preocupación por que, si quienes abogan por salud y derechos sexuales y reproductivos no participan en el discurso de dinámica poblacional, el campo quedará libre para aquellos para quienes respetar y proteger los derechos tiene menos prioridad.