Asia-Pacific Population Journal

Sexual and Reproductive Health and Rights in Asia and the Pacific
By Rajat Khosla

Population and Social Integration Policies in Asia and the Pacific
By Ghazy Mujahid

Population Dynamics and Sustainable Development in Asia and the Pacific
By Adrian C. Hayes

Statements:
Combined Statement by Civil Society Organizations at the Sixth Asian and Pacific Population Conference, Bangkok, 16-20 September 2013
Youth Statement at the Sixth Asian and Pacific Population Conference, Bangkok, 16-20 September 2013
Asia-Pacific Population Journal
ASIA-PACIFIC POPULATION JOURNAL
Vol. 28, No. 1, September 2013

The Asia-Pacific Population Journal is published at least twice a year in English by the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP).

The Journal provides a medium for the international exchange of knowledge, experience, technical information and data on population-related issues as a basis for policymaking and programme development.

References to dollars ($) are to United States dollars, unless otherwise stated.

The designations employed and the presentation of the material in this periodical do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area, or of its authorities, or concerning the delimitation of its frontiers or boundaries.

The opinions, figures and estimates set forth in these Journal articles are the responsibility of the authors, and should not necessarily be considered as reflecting the views or carrying the endorsement of the United Nations.

Mention of firm names and commercial products does not imply the endorsement of the United Nations.

ESCAP is not accountable for the accuracy or authenticity of any quotations from sources identified in this publication. Questions concerning quoted materials should be addressed to the sources directly.

ST/ESCAP/2669
## CONTENTS

**Page**

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Abstracts</td>
<td>3</td>
</tr>
<tr>
<td>Articles</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sexual and reproductive health and rights in Asia and the Pacific</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>By Rajat Khosla</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Population and social integration policies in Asia and the Pacific</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>By Ghazy Mujahid</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Population dynamics and sustainable development in Asia and the Pacific</td>
<td>57</td>
</tr>
<tr>
<td></td>
<td>By Adrian C. Hayes</td>
<td></td>
</tr>
<tr>
<td>Statements</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Combined statement by civil society organizations at the Sixth Asian</td>
<td>85</td>
</tr>
<tr>
<td></td>
<td>and Pacific Population Conference, Bangkok, 16-20 September 2013</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Youth statement at the Sixth Asian and Pacific Population Conference,</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td>Bangkok, 16-20 September 2013</td>
<td></td>
</tr>
</tbody>
</table>
Thematic issue on the Sixth Asian and Pacific Population Conference

The present issue of the Asia-Pacific Population Journal contains three conference room papers. These papers were prepared to inform delegates and participants of the Sixth Asian and Pacific Population Conference, which was organized by ESCAP, in partnership with the United Nations Population Fund (UNFPA), in Bangkok from 16 to 20 September 2013.

Ministers and senior officials from 47 countries were among the almost 500 country delegates and civil society representatives attending the Conference. They reviewed progress and gaps in implementation of the Programme of Action of the International Conference on Population and Development (ICPD), and identified priority actions in addressing a broad set of population-related challenges, with a view to advancing people’s rights and well-being through inclusive and equitable development.

The papers published in this issue of the Asia-Pacific Population Journal deal with the “unfinished agenda” of ICPD, namely (a) sexual and reproductive health; (b) population dynamics and sustainable development; and (c) population and social integration policies in Asia and the Pacific. This issue also contains joint statements made by civil society and youth representatives at the Conference.

The outcome document of the Conference, the Asian and Pacific Ministerial Declaration on Population and Development, was being edited at the time of publication of this journal.

The Asian and Pacific Population Conferences, convened decennially by ESCAP for the past five decades, have played a critical role in setting the regional agenda for population and development policies in Asia and the Pacific. In addition, they have provided a vital forum for forging and strengthening partnerships across the region in the field of population and development.

The Sixth Asian and Pacific Population Conference attained heightened importance as the Asian and Pacific Population Conference process has been integrated with the review of the progress made on implementation of the ICPD Programme of Action leading up to the special session of the General Assembly on ICPD beyond 2014. Thus, the deliberations of the sixth Asian and Pacific Conference also stand to be an important input into global processes on the future of ICPD.
Sexual and reproductive health and rights in Asia and the Pacific: the unfinished agenda

Rajat Khosla

This paper contains a review of the key trends in sexual and reproductive health and rights in Asia and the Pacific since the adoption of the Programme of Action of the International Conference on Population and Development (ICPD) in 1994. In the paper, key areas of progress, as well the unfinished agenda of ICPD and emerging issues in the region are identified and policy recommendations to effectively address them are provided.

The paper contains a discussion on the various barriers to ensuring universal sexual and reproductive health and rights, such as financial, physical and sociocultural barriers, highlighting current deficiencies in health systems across the region. The recommendations to address these challenges focus on reducing disparities in access to a comprehensive and integrated package of sexual and reproductive health services for different population groups. In addition, the paper contains recommendation on how to create an enabling legal and policy framework and measures to eliminate all forms of violence against women and girls, and mechanisms to improve monitoring and accountability.

Population and social integration policies in Asia and the Pacific

Ghazy Mujahid

In this paper, consideration is given to social integration – namely, the extent to which individuals have equal opportunities and rights – in the Asia-Pacific region and how policies can be implemented to achieve this. Although the region is characterized by demographic diversity, there are common challenges across the region with regard to enhancing social integration. In this paper, it is argued that in order to meet these challenges, rather than just addressing issues of poverty, consideration needs to be given to access to basic services, as well as to issues, such as stigmatization and discrimination.

In the paper, the need to invest in social protection as a tool for addressing social exclusion, which is often faced by by children, the unemployed, persons with disabilities and older persons, is highlighted. Also, emphasized in the paper is the need to build social protection systems through partnerships among Governments, civil society organizations, members of the private sector and other stakeholders in the planning and implementation of social integration policies.
Population dynamics and sustainable development in Asia and the Pacific

Adrian C. Hayes

This paper contains an analysis of the complex links between population dynamics and sustainable development in Asia and the Pacific that have developed over the last 20 years. Basic changes in population dynamics in the region since 1990 are first described, followed by an examination of critical issues regarding the links between population dynamics and the three defining dimensions of sustainable development, namely economic growth, social justice and environmental sustainability.

In this context, consideration is given to the possible reasons for the successes and failures in implementation of the relevant objectives of the Programme of Action of the International Conference on Population and Development, and recommendations are made for its further implementation beyond 2014.

Statements from the Sixth Asian and Pacific Population Conference, Bangkok, 16-20 September 2013

Combined statement by civil society organizations at the Sixth Asian and Pacific Population Conference, Bangkok, 16-20 September 2013

The statement was delivered on behalf of Civil Society Organizations in Asia and the Pacific at the Sixth Asian and Pacific Population Conference. While acknowledging progress made, the statement points at continuing challenges, specifically related to gender equality and sexual rights. The statement calls, among other things, for a fair and transparent monitoring process of the Programme of Action of the International Conference on Population and Development (ICPD) and strengthening accountability mechanisms.

Youth statement at the Sixth Asian and Pacific Population Conference, Bangkok, 16-20 September 2013

The statement was issued on behalf of more than 50 youth organizations in Asia and the Pacific and was delivered at the Sixth Asian and Pacific Population Conference. The statement addresses the incomplete agenda in the Programme of Action of the International Conference on Population and Development (ICPD), namely sexual and reproductive rights. The statement gives recommendations in five thematic areas that are pertinent to young people, namely education, sexual and reproductive health and rights for adolescents and young people, comprehensive sexuality education, abortion, and young people and migration.
Sexual and reproductive health and rights in Asia and the Pacific: the unfinished agenda

This paper contains a review of the key trends in sexual and reproductive health and rights in Asia and the Pacific since the adoption of the Programme of Action by the International Conference on Population and Development (ICPD) in 1994. In the paper, key areas of progress, as well as the unfinished agenda and emerging issues in the region are identified and policy recommendations to effectively address them are provided. The paper also contains a discussion on the various barriers to ensuring universal sexual and reproductive health and rights, such as financial, physical and sociocultural barriers, highlighting current deficiencies in health systems across the region. The recommendations to address these challenges focus on reducing disparities in access to a comprehensive and integrated package of sexual and reproductive health services for different population groups, creating an enabling legal and policy framework, measures to eliminate all forms of violence against women and girls, and mechanisms to improve monitoring and accountability.

I. Introduction

The Programme of Action adopted at the International Conference on Population and Development (ICPD), held in Cairo in 1994, led to a paradigm shift in the way in which population policies and programmes are formulated and implemented. The Programme of Action contained a call for a comprehensive approach to sexual and reproductive health and a requirement that family planning programmes be guided by the needs of couples and individuals rather than by demographic targets, including by means of introducing incentives or disincentives. For the first time, Member States of the United Nations recognized that reproductive rights embraced certain human rights and that the principles of gender equality, equity and women’s empowerment were crucial to effective population and development strategies. The ICPD Programme of Action states (para. 7.3) that:

* Rajat Khosla is an Independent Expert on Sexual and Reproductive Health and Rights, e-mail: rajat.khosla@gmail.com. The views expressed are that of the author and do not represent views or policies of any organization as such.
These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents (United Nations, 1994).

In the two decades that followed, many important steps were taken to realize the commitments set out in the ICPD Programme of Action. However, though progress has been made in relation to sexual and reproductive health, it has been uneven and slow. In some cases, there has been a shift away from an integrated approach to sexual and reproductive health, to a target-driven approach on maternal health, child health and HIV as separate goals. The situation in the Asia-Pacific region, which is home to more than 60 per cent of the world’s population, is a clear manifestation of this trend.

The impact of meeting the need for modern family planning methods would be significant in the Asia-Pacific region. For instance, in South Central and South-East Asia alone, maternal deaths would drop by 75 per cent, newborn deaths by 52 per cent, and unintended pregnancies by 74 per cent (Guttmacher Institute and UNFPA, 2009). Further, investments in adolescents and young people would have far-reaching effects and would become investments not only in economic productivity and effective social functioning, but also in overall sustainable development.

II. The unfinished agenda

The ICPD Programme of Action (para. 7.6) defines comprehensive sexual and reproductive health services so as to include: gynaecological care; all forms of safe and effective contraception; safe abortion (in circumstances where abortion is not against the law) and post-abortion care; maternity care; and the prevention, timely diagnosis and treatment of sexually transmitted infections (including HIV); breast and reproductive cancers; and infertility. These services should be integrated, one-stop services tailored to women’s needs throughout their life course, with effective referral. Importantly, the ICPD Programme of Action unequivocally recognizes that population targets and quotas should not condition whether and how services are delivered and that no one should be coerced in any way regarding their sexuality and reproductive lives. Sexual and reproductive health services must
therefore be provided with attention to quality of care and with full recognition of human rights.

While all countries have programmes that encompass aspects of sexual and reproductive health, often they are not integrated. Equitable access to high-quality, comprehensive, integrated sexual and reproductive health services, counselling and information still remains a challenge in many countries in the region. Legal, policy and attitudinal barriers often undermine equitable access, especially when related to factors such as age, ethnicity, marital status, limited education, residence in rural or remote areas, disability, and lower socioeconomic status. Urban areas often perform significantly better than rural ones, though with growing urbanization large numbers of the urban poor are also left with inadequate access to services.

Furthermore, respect for sexual and reproductive rights is essential for human dignity and for the enjoyment of physical, emotional, mental and social well-being. However, policies and programmes in the region do not adequately address discriminatory gender stereotypes and norms regarding sexuality and reproduction.¹

The ICPD Programme of Action, the key actions for further implementation and various other documents reflect the ongoing consensus that there is a need for collective action by Governments, United Nations agencies and others on the issue of sexual and reproductive health and reproductive rights. However, the agenda remains unfinished as many States have yet to fully implement the commitments they have undertaken.

Addressing the gaps and disparities in implementation is essential in order to ensure that a new generation of women, men, adolescents and youth can enjoy sexual and reproductive health and their reproductive rights as detailed in the following sections.

A. Family planning and contraception

The Asia-Pacific region continues to have a large number of women (an estimated 140 million) (Singh and Darroch, 2012) with an unmet need for family planning. More than 60 per cent of women who have an unmet need for modern contraception come from the Asia-Pacific region. The proportion of women who have an unmet need for modern contraception

showed a downward trend in several countries in the region between 2008 and 2012, with a high annual rate of decline of unmet need in East Asia and South-East Asia (7.7 and 4.2 per cent respectively). However, the decline has been slow in South Asia (0.4 per cent annual change) and unmet need increased annually by 6.8 per cent in the Pacific in the same period (Singh and Darroch, 2012).

Among women in need of contraceptives, use of modern methods of contraception is 31 percentage points lower among never-married women than among married women in Asia (Thanenthiran, Racherla, and Ajao, 2012). According to a study on life skills in the region, surveys have found very low levels of condom use among young people (ESCAP, 2009). Similarly, the use of contraceptives among unmarried sexually active young people is low due to barriers in accessing such services. The barriers include policies limiting contraceptives to married couples or requiring parental consent for adolescents, and negative attitudes of service providers.

Studies have also shown that contraceptives are often found to be out of stock, especially in rural and remote areas, or with only limited options available. Emergency contraception, a low-cost measure to prevent unwanted pregnancy and unsafe abortion after unplanned sexual intercourse, is still far from being universally available or accessible (Population Council, 2009).

B. Unsafe abortion

The ICPD Programme of Action recognizes that unsafe abortion is “a major public health concern”, and urges Governments to make a commitment “to deal with the health impact of unsafe abortion” as an integral part of the commitment to women’s health. Continued concern over the health impacts of unsafe abortion is reflected in the key actions for the further implementation of the Programme of Action of the International Conference on Population and Development, which calls upon Governments to ensure that “In circumstances where abortion is not against the law, such abortion should be safe”. It further requires that, “In all cases, women should have access to quality services for the management of complications arising from abortion,” and to take additional measures “to safeguard women’s health”. While positive measures have been taken in several countries, abortion continues to be a major public health concern in the region. Access to safe abortion services overall remains limited in the region even in countries with

---

2 General Assembly resolution S-221/2, annex, of 2 July 1999 on key actions for the further implementation of the Programme of Action of the International Conference on Population and Development, para 63 (i).
3 Ibid.
4 Ibid., para. 63(i)
5 Ibid., para. 63(iii)
liberal laws. Unsafe abortions accounted for an estimated 12 per cent of all maternal deaths in Asia (WHO, 2011a), with 34 per cent of unsafe abortions seen in women under 25 years of age (Shah and Ahman, 2012). The majority of these are a result of unintended pregnancies among women and girls who have an unmet need for contraception (WHO and UNICEF, 2012).

While several countries in the region have relatively liberal laws and permit abortion to save a woman’s life or in case of rape or incest, among other reasons, some others have continued to impose restrictions on women’s access to safe abortion services, including criminal sanctions (Center for Reproductive Rights, 2007).

C. Maternal health

As expressed in both the ICPD Programme of Action and in the Millennium Development Goals, a reduction in maternal mortality rates remains a critical goal. While the last 20 years have seen a greater than 50 per cent reduction (ESCAP, 2011) in maternal mortality in the region, progress has been uneven and in many countries it continues to be a serious concern. Slow progress in improving maternal health is cited as the greatest health inequity in the world, as the effective strategies to reduce maternal deaths and disability have been known for decades. Despite that, across the region about 140,000 women died from causes related to childbirth in 2008 and many were left chronically ill or disabled (WHO, 2012).

Although the situation varies from country to country, common problems that contribute to maternal death include a high unmet need for family planning, shortage of skilled personnel, lack of emergency obstetric care, especially at the community level, and gender-based discrimination in access to reproductive health services (ESCAP, 2010). Indeed, one key reason for the high levels of maternal mortality and morbidity is that too few births are attended by skilled personnel. This also results in a large number of cases of obstetric fistula – a chronic morbidity as a consequence of prolonged labour. Although progress in reducing maternal mortality has been made in most countries in the region (besides the Pacific, where improvement has been slower, with only a 37 per cent reduction in maternal mortality rates since 1990) (United Nations, 2013), it has been slow, uneven and mostly restricted to urban areas (ESCAP, ADB and UNDP, 2012). The South and South-West Asian subregion of the Economic and Social Commission for Asia and the Pacific (ESCAP) accounts for one third of the world’s maternal deaths. Accordingly, the majority of maternal deaths in the ESCAP region are concentrated in South Asia, where access to skilled birth attendants is poor, with only 40 per cent of women having a skilled birth attendant at the time of delivery (ESCAP, ADB and UNDP, 2012).
The ICPD Programme of Action highlights the large number of women dying from causes related to pregnancy and childbirth and calls on countries to achieve a significant reduction in maternal mortality and morbidity by increasing access to family planning and other reproductive health services. Governments have tended to pursue narrow health reforms that do not address underlying factors contributing to maternal deaths and injuries (UNFPA, 2010). Therefore, there is a need for Governments in the region to pursue broad health reforms that tackle the root causes of maternal mortality, including discrimination, harmful practices and violence, as a key part of any effective strategy to reduce maternal mortality and morbidity.

D. HIV and AIDS

There are calls in the ICPD Programme of Action for Governments to “prevent, reduce the incidence of, and provide treatment for, sexually transmitted diseases, including HIV and AIDS, and the complications of sexually transmitted diseases such as infertility, with special attention to girls and women” (United Nations, 1994, annex, para 7.29). Though some progress has been made, significant parts of the population in the region still do not have access to the prevention, treatment, care and support needed to reach the goal of zero new infections, zero AIDS-related deaths and zero discrimination.

Although the region has seen impressive gains, including a 20 per cent reduction in new HIV infections since 2001, the epidemic still outpaces the response — there are almost two new HIV infections for every person on treatment (UNAIDS, 2011b). According to recent estimates, the overall rates of new infections in the region have decreased (ESCAP, 2011). However, there is considerable variation between and within countries. While the rates of new HIV infections are declining or stabilizing in some countries, there are also countries where new infections are increasing (UNAIDS, 2012). New infections continue to be concentrated among key affected populations at higher risk — men having sex with men, transgender people, sex workers and people who use drugs — yet there remains insufficient and inadequate programming focused on these populations (UNAIDS, 2011b).

Legal and policy barriers, including laws criminalizing key affected populations, fuel stigma, discrimination and violence, undermining effective HIV responses among people living with HIV and people at higher risk of HIV infection. Some 18 out of 38 countries criminalize sex between men and the large majority of countries criminalize some aspect of sex work (UNAIDS, 2011b). Out of more than 60 countries that specifically criminalize HIV transmission, 13 are in the Asia-Pacific region (UNAIDS, 2011a). In ESCAP resolution 66/10 on the regional call for action to achieve universal access to HIV prevention, treatment,
care and support in Asia and the Pacific, the Commission noted with particular concern the continuing high prevalence of HIV among key affected populations, including sex workers, injecting drug users and men who have sex with men. In addition, a number of countries have initiated national reviews of laws, policies and practices to enable the full achievement of universal access targets with a view to eliminating all forms of discrimination against people at risk of infection or living with HIV. These efforts, which were undertaken in line with actions called for in ESCAP resolution 67/9, are critical to effective HIV responses in the region.

More attention is needed to ensure effective integration of sexual and reproductive health and HIV services, as envisaged by the Programme of Action. Such efforts need to be well tailored to the concentrated epidemic context in this region (UNFPA, UNAIDS, and APNSW, 2012).

E. Gender-based violence

International instruments such as the ICPD Programme of Action, the Beijing Platform for Action and the Convention on the Elimination of All Forms of Discrimination against Women are clear in their articulation of “violence against women” as one of the most invidious human rights violations, affirming that women are entitled to equal enjoyment and protection of their human rights and fundamental freedoms and that countries should take steps to eliminate violence against women and girls (United Nations, 1994).

However, the region continues to represent a high proportion of women suffering physical violence. The proportion of women who have suffered intimate partner violence in their lifetime varies from 5 to 68 per cent in the region (UN Entity for Gender Equality and the Empowerment of Women, 2011). Violence against women and girls is manifested in many forms, including domestic violence, rape, harmful traditional and customary practices, dowry and “honour” killings, trafficking and commercial sexual exploitation of women and girls.

Violence against women and girls is one of the most pervasive human rights violations in the region. It exacerbates the restrictions that women and girls face in the realization of their sexual and reproductive lives and has serious consequences for their health and well-being. The United Nations Commission on the Status of Women has recently recognized that respecting and promoting sexual and reproductive health, and protecting and fulfilling reproductive rights in accordance with the Programme of Action, is a necessary condition to achieve gender equality and to prevent and mitigate violence against women. (Commission on the Status of Women, 2013).
F. Adolescent sexual and reproductive health

More than half the world’s young people live in the Asia-Pacific region. However, young people are often neglected and face numerous challenges in relation to their sexual and reproductive health and rights. In 2010, more than 67 million women aged 20 to 24 had been married or in union before their eighteenth birthday. Asia (excluding China) accounted for half of these child brides (UNFPA, 2012). While the practice of child marriage is a global issue affecting most regions, it is most common in South Asia where two out of five girls marry or enter – often by force – into union before age of 18 (UNFPA, 2012).

Unintended pregnancies among adolescents and young women in the region are high, with almost 1 in 10 girls becoming pregnant by age 16 in South and South-East Asia; moreover, some Pacific countries have the highest rates in the world (WHO, n.d.). Unmet need for modern contraception is high in this age group compared with all other age groups, and higher in rural than in urban areas (UNFPA, 2009). Among the unmarried, although there are limited data in the Asia-Pacific region, it is believed that there is very low usage of condoms and other modern contraceptive methods. Unsafe abortion rates are higher among adolescents than in other age groups (WHO, Regional Office for South-East Asia, 2012).

The ICPD Programme of Action (United Nations, 1994, paras. 7.41 to 7.46) requires, among other things, Governments to ensure that the programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and information they need, including on sexually transmitted diseases and sexual abuse. In particular, information and services should be made available to adolescents to help them understand their sexuality and protect them from unwanted pregnancies, sexually transmitted diseases and subsequent risk of infertility (United Nations, 1994, para. 7.41). Despite some progress in various countries in the region, by and large, the quality, reach and scope of such education and related services for adolescents and youth in the region remains limited, lacking the institutionalized and sustained efforts required to enable young people to avoid health problems and potentially lifelong consequences (UNESCO, 2011).

Access to information and services is also severely limited for young unmarried boys and girls, owing to social stigma, as well as restrictive policies, such as policies limiting contraceptives to married couples, policies requiring parental consent for adolescents, negative attitudes of providers, lack of privacy and confidentiality, user fees and the limited opening hours of clinics. Few countries in the region have policies on comprehensive sexuality education. Where the provision of services does exist, reference is rarely made to human rights, values, life skills and
community participation. In addition, there are no links with strategic sectors, such as health, with a view to the design, implementation and evaluation of the policies pursued (Plan International and others, 2009).

III. Barriers to universal access to sexual and reproductive health

It is recognized in the ICPD Programme of Action that Governments should “make it easier for couples and individuals to take responsibility for their own reproductive health by removing unnecessary legal, medical, clinical and regulatory barriers” (United Nations, 1994, chap. 1, resolution 1, annex, para. 7.20). This has also been reaffirmed in various other documents, most recently in the 2013 United Nations Commission on the Status of Women, which calls on Governments to: “Review and, where appropriate, revise, amend or abolish all laws, regulations, policies, practices and customs that discriminate against women or have a discriminatory impact on women” (Commission on the Status of Women, 2013).

This has found resonance in international human rights law as well, which requires States to take measures to:

- eliminate barriers that women face in access to health-care services and [report on] what measures they have taken to ensure women timely and affordable access to such services. Barriers include requirements or conditions that prejudice women’s access, such as high fees for health-care services, the requirement for preliminary authorization by spouse, parent or hospital authorities, distance from health facilities and the absence of convenient and affordable public transport (Committee on the Elimination of Discrimination against Women, 1999).

However, women and girls in many countries continue to face multiple barriers to realizing their sexual and reproductive health and reproductive rights. Generally, the different types of barriers overlap and interact (ESCAP, ADB and UNDP, 2012). Key barriers that inhibit individuals’ access to sexual and reproductive health include gender inequality, sociocultural barriers, financial barriers, physical barriers and policy obstacles to accessing information and services on sexual and reproductive health.

A. Gender inequality

The ICPD Programme of Action (Principle 4) states that “Advancing gender equality and equity and the empowerment of women, and the elimination of all forms of violence against women, are … cornerstones of population and development-related programmes.”
Under international human rights law, all States are required to ensure non-discrimination and gender equality. In order to fulfil these obligations, States need to address and eliminate discrimination in laws, policies and practices, including the actions not only of agents of the State, but also of private organizations and individuals.

The International Conference on Population and Development viewed the rights of women and girls, including their reproductive rights, as an “inalienable, integral and indivisible part of universal human rights”. However, there have been few gains and many women and girls still remain marginalized.

Although most countries in the region have signed or ratified the Convention on the Elimination of All Forms of Discrimination against Women, not all ensure equal rights for women in their own constitutions, or just as importantly, their laws and practices. Traditional gender norms, stereotypes and practices allowing discrimination, son preference, forced marriage, gender-based violence and exclusion from political, social and economic participation remain pervasive (UNFPA-APRO, 2010).

Girls’ enrolment in primary school as reflected by the gross enrolment rate has improved in most countries in the region, yet it continues to lag in several cases. During the last two decades, there has been some progress in secondary school enrolment, particularly in countries where they were low, as seen from the secondary school gross enrolment rates. However, for most countries, secondary level enrolment is much lower than that of the primary level (UNFPA, 2009).

The percentage of women in parliament is another indicator of the extent of women’s political participation, their influence in decision-making and in shaping policies. Comparable data to assess progress are not easily available. However, available data on the representation of women in parliament show that women’s political participation is still low throughout the region. While progress has been made over time in some countries of Asia and the Pacific, women occupy less than 10 per cent of the seats in national parliaments in one third of the countries of the region. Only two countries (New Zealand and Nepal) have reached the “critical mass” of 30 per cent female representation in key decision-making positions (ESCAP, 2012).

Gender power inequalities within the household have also been found to limit women’s ability to make decisions related to their own health care. One of the many reasons that women give for the non-use of contraception in demographic and health surveys conducted in countries in the region is opposition from their husband or other members of their households, with a range from 1 to 10 per cent of women reporting such opposition (Ravindran, 2012). In relation to sexual and reproductive health, key factors affecting gender equality in the region range from limited political
support for the reproductive rights agenda, to unequal power relations between men and women, to multiple forms of discrimination and ineffective national-level monitoring and accountability mechanisms.

B. Sociocultural barriers

The United Nations Convention on the Elimination of All Forms of Discrimination against Women calls on States to “modify the social and cultural patterns of conduct of men and women, with a view to achieving the elimination of prejudices and customary and all other practices which are based on the idea of the inferiority or the superiority of either of the sexes or on stereotyped roles for men and women”.

From the adolescents denied access to education about sexuality at school, to the women who cannot get access to contraception without their husband’s consent, there are multiple sociocultural barriers that preclude certain groups, particularly women and girls, from accessing sexual and reproductive health information and services.

Women in the region face traditional gender norms, stereotypes and practices that allow for discrimination. According to several studies, women often feel they cannot refuse sex with their husband or partner under any circumstances, or that there were justifiable reasons for a husband to hit his wife ((UNFPA-APRO).

Despite a vibrant women’s movement and great strides made towards gender equality, patriarchal structures and values remain deeply entrenched across the diverse communities in many subregions, including South Asia (UNFPA-APRO, 2010). The fear of being stigmatized as an individual who deviates from societal norms continues to be strong.

C. Financial barriers

Human rights covenants require States parties to ensure that health (including sexual and reproductive health) facilities, goods and services are affordable for all. International human rights treaties require that payment for health-care services be based on “the principle of equity, ensuring that these services, whether privately or publicly provided, are affordable for all, including socially disadvantaged groups”. Equity demands that poorer households should not be disproportionately burdened with health expenses when compared with richer households. Services in connection with pregnancy and childbirth should be free where necessary (Committee on Economic, Social and Cultural Rights, 2000).

---

There are various factors that affect access to sexual and reproductive health information and services in the region, some of which are discussed in previous paragraphs. However, one factor that constitutes a significant barrier in an individual’s access to sexual and reproductive health information and services is access to financial resources (ESCAP, ADB and UNDP, 2012).

In all countries, there is both public and private health service provision. The share of out-of-pocket expenditure on health is high in several countries in the region, especially in South and South-East Asia. A comparison of countries’ share of out-of-pocket expenditure on health with their achievements in access to sexual and reproductive health indicates that when such expenditure is the main source of paying for health care, the ability to pay becomes the major determinant of whether or not a person is able to access health care when he or she needs it most (Ravindran, 2012).

Therefore, while persons of high socioeconomic status in the Asia-Pacific region have health standards comparable to those in developed countries, for others the situation remains precarious (ESCAP, ADB and UNDP, 2012). In most of the countries there is a strong link between household wealth and health outcomes (ESCAP, ADB and UNDP, 2012).

The lower health status among the poor and disadvantaged groups is not just the result of lower incomes but also due to a more general lack of material resources, including access to food, housing and safe water. Poorer people are also more likely to live in places with limited or low-quality health services. And with less education, poor households may know little of the benefits of medical treatments and interventions. Indeed, poor health can also be a result of a general lack of empowerment (ESCAP, ADB and UNDP, 2012). This is evident when looking at the situation in South-East Asia, for instance in the context of skilled birth attendants. Access to skilled attendants is lower among the poorest quintiles in South-East Asia, whereas maternal mortality is higher in rural areas because of weaker infrastructural development, lower literacy levels and higher levels of poverty as compared to urban areas (Sciortino, 2011).

D. Physical barriers

Human rights require that sexual and reproductive health facilities, goods and services must be accessible to all sections of the population, especially for vulnerable or marginalized groups, such as ethnic minorities and indigenous populations and the disabled. Accessibility also implies that these goods, services and facilities are within safe physical reach, including in rural areas (Committee on Economic, Social and Cultural Rights, 2000, para 8).
For most sexual and reproductive health indicators in the region, one of the most consistent forms of disparity is between urban and rural areas — with the rural areas generally lagging behind urban areas. Individuals and groups living in rural areas or otherwise remote settings face physical barriers in their attempts to access sexual and reproductive health information and services.

E. Information barriers

Under international human rights law, States parties are required to:

- ensure, without prejudice or discrimination, the right to sexual health information, education and services for all women and girls, including those who have been trafficked, even if they are not legally resident in the country. In particular, States parties should ensure the rights of female and male adolescents to sexual and reproductive health education by properly trained personnel in specially designed programmes that respect their right to privacy and confidentiality (United Nations, 1994, para. 7.20).

Sexuality education and information are critical in the realization of sexual and reproductive health and reproductive rights. However, there are multiple obstacles reported in accessing comprehensive information and education on human sexuality. Lack of political will and cultural factors act as barriers against addressing these issues in an effective manner. Furthermore, teachers are often ill-equipped to teach related issues, and there is often no provision for reaching youth who are out of school (UNFPA, 2009). There have also been attempts to provide sexuality and life skills education through the health education outreach efforts of international organizations and civil society organizations, but these have been on a modest scale. Furthermore, knowledge of legal provisions that safeguard access to sexual and reproductive health services appears to be inconsistent among both the public and health professionals in many settings.

F. Policy obstacles in accessing information and services on sexual and reproductive health

Over the last 20 years, many countries in the region have taken steps towards policy, legislative and institutional changes to facilitate implementation of commitments made in the ICPD Programme of Action. While progress exists in some areas, in others it is lagging. This is evident particularly in the context of safe abortion services, adolescent sexual and reproductive health, and contraceptive services. Although a few reproductive health policies in the region have reaffirmed the principles of reproductive rights, gender equality and
women’s empowerment, implementation remains an issue. Gender mainstreaming in reproductive health still needs to be greatly improved.

Many Governments have not yet instituted comprehensive strategies to support sexual and reproductive health concerns contained in the ICPD Programme of Action, specifically in relation to sexual and reproductive health services for sexually active unmarried adolescents and youth.

With regard to policies on access to family planning and contraception, many countries have reviewed their policies over the last two decades to facilitate service delivery expansion, broaden contraceptive choices and improve the quality of care. However, issues related to third-party authorization and conscientious objection by service providers continue to inhibit access to contraceptive goods and services for many in the region.

Laws and policies in many countries in the region do not effectively address aspects related to women and their lives in spite of State obligations to respect, protect and fulfil these rights through appropriate legislative, administrative, budgetary and other promotional measures. In the Pacific, for instance, legislative change to address domestic violence has been slow (UNFPA, Asia and the Pacific Regional Office, 2010). On the other hand, even where countries have enacted laws to deal with some forms of violence, implementation remained weak in most cases (UNFPA, Asia and the Pacific Regional Office, 2010).

Implementation of legislation remains a challenge. For instance, almost all countries have adopted laws designed to regulate the proliferation and prevalence of child marriage. Despite the fact that laws in many countries in the region reflect international standards, with legal age limits for girls set at 18, large numbers of girls continue to be married before that age. On the other hand, in some countries in the region where sharia law bears greater influence, girls can legally be married at either 15 or 16 years (International Center for Research on Women and others, 2012).

IV. Health systems challenges

A. Ensuring quality of services

The Programme of Action noted (para. 7.23) that reproductive health care programmes must make significant efforts to improve the quality of care: “Among other measures, programmes should ... make services safer, affordable, more convenient and accessible for clients and ensure, through strengthened logistical systems, a sufficient and continuous supply of essential, high-quality contraceptives”.

18
Ensuring universal access to high-quality services is a cornerstone for designing and implementing effective sexual and reproductive health programmes. International human rights covenants require States parties to ensure that health facilities, goods and services are “scientifically and medically appropriate and of good quality”. The term universal access includes: choice among contraceptive methods; accurate information about the effectiveness, risks and benefits of different methods; technical competence of providers; provider-user relationships based on respect for informed choice, privacy and confidentiality; follow-up; and the appropriate constellation of services (Cottingham, Germain and Hunt, 2012). Studies in different countries have shown that improvement in the quality of services according to these standards increases women’s contraceptive use; where women felt they were receiving good care, rates of contraceptive use were higher than in regions with lower quality of health care (Cottingham, Germain and Hunt, 2012).

However, the quality of reproductive health services varies considerably between and within countries in the Asia-Pacific region. This has a direct impact on health service utilization, which in some areas is very low.

There is no regionally representative data on quality of sexual and reproductive health services. Country studies and reports do provide some indications. Evidence shows that maternal mortality is likely to fall if mothers facing obstetric emergencies can rely on access to good quality emergency obstetric care services (WHO, 2011b).

Data indicate that the opportunity to provide essential information to clients during counselling is often missed. Data from several studies examining information provided to antenatal and postnatal clients show that with the exception of a few countries, in general, limited information was given to women. Perhaps more significant in terms of reducing maternal morbidity and mortality, few women received information regarding important warning signs of complications (WHO, 2011b).

Overall, the evidence suggests unequal implementation of evidence-based clinical protocols and, in some cases, substandard care. Key to improving the quality of clinical care is understanding the reasons for these deficiencies in and barriers to implementation (WHO, 2011b).

B. Human resources

The Asia-Pacific region faces major challenges with regard to the health workforce. These include management and performance issues, policies, standards and programmes. At the individual level, this is highlighted by often poorly defined functional roles and responsibilities, isolation of staff in rural areas, lack of supportive supervision and incentives to
maintain acceptable standards; and lack of housing, transport and other infrastructure.

At the institutional level, countries in the Asia-Pacific region are dealing with issues related to health worker shortages, uneven distribution of personnel and high turnover of health professionals. Furthermore, training of health providers in reproductive health remains a challenge throughout the region. Most of these training programmes still lack inclusion of issues related to sexuality, gender, reproductive rights and a client-centred approach.

Service providers’ attitudes have been found to be a critical factor in determining whether individuals access health services. For instance, the way in which service providers treat migrant women influences uptake of services by them. Where service providers have negative attitudes or prejudices, especially towards those from specific employment sectors, these attitudes have reportedly affected migrant women’s decisions on whether or not to access health services (UNFPA-APRO, 2011).

C. Accountability

International human rights covenants empower individuals and communities by granting them entitlements and placing legal obligations on others. Critically, rights and obligations demand accountability on the part of Governments. Accordingly, a human rights approach emphasizes obligations and requires that all duty-holders be held accountable for their conduct. States and other duty-bearers are answerable for the observance of human rights. They have to comply with the legal norms and standards enshrined in human rights instruments. When they fail to do so, aggrieved rights-holders are entitled to institute proceedings for appropriate redress before a competent court or other adjudicators in accordance with the rules and procedures provided by law.

Accountability in the context of sexual and reproductive health and rights provides individuals and communities with an opportunity to understand how those with responsibilities have discharged their duties. Accountability is a process that helps to identify what works, so it can be replicated, and what does not, so it can be revised. Accountability ensures that people are included in decision-making about their lives and can hold duty-bearers to account. Accountability therefore helps to ensure that all people can claim and realize their human rights.

Although some important steps have been undertaken to enhance accountability, especially towards fostering community-based monitoring systems, much more remains to be done.
V. Conclusions – using human rights to deliver change

Population and development policies must ensure that everyone can exercise their rights to sexual and reproductive health, free from discrimination, violence and coercion. The law must protect these rights and, in particular, national legislation should not infringe on them by imposing barriers to individuals’ exercise of their rights.

The gaps and challenges identified in the present paper must be addressed moving forward in order to implement the ICPD Programme of Action effectively. This would make it possible for a new generation of women, men, adolescents and young people to achieve their full sexual and reproductive health and reproductive rights. Effective implementation of the Programme of Action requires the following set of actions by Governments:

(a) To provide an integrated package of sexual and reproductive health services, which includes:

(i) The widest possible range of safe, affordable and effective contraceptives;

(ii) Good-quality maternity care services (antenatal, skilled birth attendance, emergency obstetric care) and newborn care;

(iii) Safe, affordable, accessible and quality abortion services to the full extent allowed by law;

(iv) STI and HIV prevention, timely diagnosis and treatment;

(v) Primary and secondary prevention and treatment for cervical and breast cancers, as well as prevention of the risk factors associated with non-communicable diseases, including tobacco use, obesity and inadequate physical activity;

(b) To ensure access to comprehensive sexuality education for all young people, both in and out of school, that provides full and accurate information on sexuality, sexual and reproductive health, and the prevention of non-communicable diseases, builds attitudes and skills for relationships and social participation based on gender equality and human rights and provides, directly or through referral, access to comprehensive sexual and reproductive health information and services;
To ensure access to affordable adolescent-friendly health services, including sexual and reproductive health services, offered by trained providers to all young people, without discrimination based on age or marital status;

To prevent and eliminate all forms of violence against women and girls and ensure that services and support, including emergency care, safe abortion, HIV prophylaxis, screening and treatment for STIs are immediately available to survivors of violence to enable them to realize sexual and reproductive health and reproductive rights without any fear, discrimination or violence. Measures are also required to:

(i) Accelerate efforts to develop, review and strengthen policies, and allocate adequate financial and human resources to address the structural and underlying causes of violence against women and girls, including gender discrimination, inequality, unequal power relations between women and men, gender stereotypes, poverty as well as their lack of empowerment;

(ii) Develop national monitoring and evaluation mechanisms to assess policies and programmes, including preventive and response strategies to address violence against women and girls in both public and private spheres;

(iii) Design and implement national policies that aim at transforming those social norms that condone violence against women and girls, and work to counteract attitudes by which women and girls are regarded as subordinate to men and boys or as having stereotyped roles that perpetuate practices involving violence or coercion;

To align budgetary allocations with commitments to the ICPD Programme of Action to ensure adequate financing for integrated high-quality sexual and reproductive health services, and ensure that the resources can be tracked;

To create an enabling legal and policy framework by:

(i) Guaranteeing equality before the law and non-discrimination for all people, regardless of their gender, sexual orientation and gender identity;
(ii) Reviewing and revising laws, policies and barriers so that they promote and protect, and do not undermine, the reproductive rights of women and adolescents, especially girls, such as spousal and parental consent laws for access to health services;

(iii) Encouraging the use of all relevant sources of international law, international guidelines and best practices regarding protection of victims and survivors to combat violence against women and girls;

(iv) Repealing laws containing punitive measures against women and girls who have undergone illegal abortions, instituting laws and policies to provide women and girls with information about and access to safe and legal abortion services and training health workers in safe abortion and post-abortion care;

(v) Removing laws and policies that increase stigma and discrimination for key populations and people living with HIV;

(g) To ensure accountability through monitoring systems that track progress in achieving the ICPD Programme of Action, including making quality data available and accessible, and assessing the coverage and quality of programmes and services;

(h) To support public education campaigns and community mobilization on human rights and legal provisions related to sexual and reproductive rights, particularly of girls and women.
References


Population and social integration policies in Asia and the Pacific

In the present paper, consideration is given to social integration — namely, the extent to which individuals have equal opportunities and rights — in the Asia-Pacific region and how policies can be implemented to achieve this. Although the region is characterized by demographic diversity, there are common challenges across the region as regards enhancing social integration. In order to meet these challenges, rather than just addressing issues of poverty, consideration needs to be given to access to basic services as well as to issues such as stigmatization and discrimination. Population ageing and evolving dependency ratios in the region highlight the need to invest in social protection, which can also act to address social exclusion, such as that faced by children, the unemployed, persons with disabilities and older persons.

By Ghazy Mujahid*

* Ghazy Mujahid is Research Associate of the York Centre for Asian Research, York University, Canada; e-mail: pdsadvisor@gmail.com.
I. Introduction

Countries in the Asia-Pacific region differ widely in terms of demographic structure and trends. Moreover, demographic dynamics have a profound impact on the challenges countries face, particularly in the area of social integration, which is aimed at ensuring equal opportunities and rights for every individual. Social integration policies often target the groups most at risk of social exclusion, which differ according to a country’s sociodemographic situation. In recent years, there has been an increasing focus on social integration and significant initiatives have been taken at the global level to promote social integration (United Nations Task Team on the Post-2015). This paper offers a review of social integration policies in the Asia-Pacific region, and contains recommendations on ways to develop or strengthen such policies. It is divided into six sections. Section one contains a discussion of social integration and social protection. Section two provides an overview of the demographic trends in the region. Section three contains a discussion of poverty and social protection, with a focus on policies in the region that are aimed at alleviating poverty. Section four identifies the social integration policies that are needed to address the problems faced by vulnerable groups. In section five the role of partnerships between Governments, civil society organizations, the private sector and other stakeholders in the planning and implementation of social integration policies are discussed. Section six summarizes the various conclusions and recommendations.

Social integration and social protection

Social integration

Social integration is defined as a process by which every member of society is assured equal opportunity in access to resources, rights, goods and services, and to participate in the economic, social, cultural and political activities that are available to the majority of people in that society. It seeks to eradicate social exclusion, which is defined as neglect, oppression or discrimination against any section of the population by the Government, organizations, communities or households. Social exclusion can be either active or passive (Sen, 2000). The former is intentional, resulting from a particular policy or action. The latter is unintentional, an outcome of changing circumstances; for example, an economic recession.

1 The region includes, at one end of the demographic spectrum, China and India, each with populations exceeding 1 billion and, at the other end, the Cook Islands, Nauru and Niue with populations of only a few thousand.

2 Limitations of space and the scope of the paper preclude an exhaustive discussion of policies in each country of the region. Only a few specific country achievements are cited as illustrative examples.
Social integration has come to be recognized as a more appropriate tool of sustainable human development than poverty eradication. Lack of social integration may result in exclusion from: a livelihood; basic services; property and credit; housing; minimal or prevailing consumption levels; citizenship and legal equality; democratic participation; family ties and sociability; and humanity, respect, fulfilment and understanding. Social integration thus implies far more than an absence of poverty. Achieving social integration requires policies that cover the entire population and incorporate measures to ensure that weaker sections are drawn into the economic, social, cultural and political mainstream. In addition to initiatives designed to alleviate poverty and ensure access to basic services, social integration policies include measures such as legislation against discrimination. Though usually guaranteed in all countries by a proclamation of equal rights in a constitution, implementation of laws and policies does not always address the concerns of all sections of the population.

Social protection

Social protection is concerned with the following measures: to offset the absence or a significant decrease in income from work; to provide older persons, persons with disabilities and families with children with assistance; as well as to provide people with basic health care and housing. It can be considered as a necessary condition for ensuring social integration since, without adequate income and access to basic services, an individual cannot participate fully in economic, social, political and cultural life. It is therefore important to focus first on social protection as a precursor to social integration, and identify groups in need of and eligible for social protection. Social protection is grounded in the view that the causes of poverty are found in the multiple social risks faced by the poor, and in their vulnerability to these risks. The focus on vulnerability implies that social protection is “forward looking” in underlining the need to develop interventions to reduce risk and vulnerability ex ante. It includes access to free health care and education services, as well as vocational training and subsidized credit facilities. The next section presents a review of the demographic situation in the region and the dimensions of social exclusion, so as to identify the requisite features of social integration policies, including social protection measures.

3 The concept of social integration implies more than income poverty in reference to a minimum threshold. Social integration is also considered an essential element for human progress within a country and is measured as such in the Human Development Index and the Multi-Dimensional Poverty Index.
II. Demographic situation and dimensions of social exclusion

Population dynamics

Age structure of the population

The subregions and countries of the Asia-Pacific region are at various stages of the demographic transition — the gradual shift from high fertility and mortality to low fertility and mortality (Bloom and Williamson, 1998). The age structure of the population is gradually shifting towards older age groups. For the region as a whole, the changes since 1970, together with forecasts up to 2050, in the relative proportions of the three major age groups — children (0-14 years); working-ages (15-64 years); and older persons (65 years and older) — are shown in the figure below.

Figure 1. Age structure of the Asia-Pacific region, 1970-2050


Given the continuing reduction in the proportion of children and the projected increase in the proportion of older persons, the share of the working-age population, which had been increasing, is forecast to decline during the next four decades. The same broad trends characterize the age structure in the various ESCAP subregions, as illustrated in table 1.

---

4 “Older persons” are defined as those aged 60 or older by the Madrid International Plan of Action on Ageing. See United Nations (2002). However, since social protection in most countries usually relates to those aged 65 or older, 65 has been used as the cut-off age.

5 Given the economic and demographic differences between Australia and New Zealand, and the 19 Pacific island countries, the Pacific subregion has been split into two.
Table 1. Population age structure in ESCAP subregions, 1970-2050

<table>
<thead>
<tr>
<th>Percentage of the population aged between 15 and 64</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
</tr>
<tr>
<td>East and North-East Asia</td>
</tr>
<tr>
<td>South-East Asia</td>
</tr>
<tr>
<td>South and South-West Asia</td>
</tr>
<tr>
<td>North and Central Asia</td>
</tr>
<tr>
<td>Pacific island countries</td>
</tr>
<tr>
<td>Australia and New Zealand</td>
</tr>
<tr>
<td>ESCAP region as a whole</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of the population aged 65 or older</th>
</tr>
</thead>
<tbody>
<tr>
<td>1970</td>
</tr>
<tr>
<td>East and North-East Asia</td>
</tr>
<tr>
<td>South-East Asia</td>
</tr>
<tr>
<td>South and South-West Asia</td>
</tr>
<tr>
<td>North and Central Asia</td>
</tr>
<tr>
<td>Pacific island countries</td>
</tr>
<tr>
<td>Australia and New Zealand</td>
</tr>
<tr>
<td>ESCAP region as a whole</td>
</tr>
</tbody>
</table>


**Demographic dividend and social integration**

The demographic dividend is a window of opportunity to accelerate economic development that occurs when the proportion of the population in the working-age group is high, when the policy environment is conducive to job creation and when investments are being made. The dividend lasts as long as the increase in the working-age population exceeds that in the dependent child and older populations. Table 2 shows that, in the ESCAP region, the child-dependency ratio will continue to decline and the old-age dependency ratio will continue to increase. The total dependency ratio is expected to increase once the increase in the old-age dependency ratio more than offsets the decline in the child-dependency ratio. In the ESCAP region as a whole that is forecast to happen by 2020.
The demographic dividend in South-East Asia and the Pacific island countries is projected to last until 2030 in the case of the former and even later in the case of the latter. In the other subregions, it is forecast to end before 2030.

Table 2. Child, old-age and total dependency ratios in ESCAP subregions, 1950-2050

<table>
<thead>
<tr>
<th>Subregion</th>
<th>Child-dependency ratio(^a)</th>
<th>1970</th>
<th>1990</th>
<th>2010</th>
<th>2030</th>
<th>2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>East and North-East Asia</td>
<td>65.8</td>
<td>40.6</td>
<td>26.4</td>
<td>21.4</td>
<td>22.5</td>
<td></td>
</tr>
<tr>
<td>South-East Asia</td>
<td>82.8</td>
<td>61.7</td>
<td>40.7</td>
<td>30.9</td>
<td>27.4</td>
<td></td>
</tr>
<tr>
<td>South and South-West Asia</td>
<td>69.4</td>
<td>45.4</td>
<td>30.2</td>
<td>24.3</td>
<td>24.3</td>
<td></td>
</tr>
<tr>
<td>North and Central Asia</td>
<td>47.6</td>
<td>41.6</td>
<td>27.1</td>
<td>28.3</td>
<td>28.7</td>
<td></td>
</tr>
<tr>
<td>Pacific island countries</td>
<td>81.7</td>
<td>72.9</td>
<td>61.9</td>
<td>47.9</td>
<td>39.0</td>
<td></td>
</tr>
<tr>
<td>Australia and New Zealand</td>
<td>47.2</td>
<td>33.4</td>
<td>28.5</td>
<td>30.6</td>
<td>30.4</td>
<td></td>
</tr>
<tr>
<td>ESCAP region as a whole</td>
<td>67.8</td>
<td>45.2</td>
<td>30.1</td>
<td>24.6</td>
<td>24.6</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subregion</th>
<th>Old-age dependency ratio(^b)</th>
<th>1970</th>
<th>1990</th>
<th>2010</th>
<th>2030</th>
<th>2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>East and North-East Asia</td>
<td>7.4</td>
<td>9.7</td>
<td>13.3</td>
<td>26.1</td>
<td>43.9</td>
<td></td>
</tr>
<tr>
<td>South-East Asia</td>
<td>6.7</td>
<td>6.7</td>
<td>8.3</td>
<td>15.8</td>
<td>28.0</td>
<td></td>
</tr>
<tr>
<td>South and South-West Asia</td>
<td>7.3</td>
<td>9.0</td>
<td>12.0</td>
<td>22.9</td>
<td>38.3</td>
<td></td>
</tr>
<tr>
<td>North and Central Asia</td>
<td>11.7</td>
<td>13.6</td>
<td>14.9</td>
<td>23.8</td>
<td>31.3</td>
<td></td>
</tr>
<tr>
<td>Pacific island countries</td>
<td>4.3</td>
<td>4.8</td>
<td>5.8</td>
<td>8.8</td>
<td>13.6</td>
<td></td>
</tr>
<tr>
<td>Australia and New Zealand</td>
<td>13.5</td>
<td>16.8</td>
<td>19.8</td>
<td>31.7</td>
<td>39.0</td>
<td></td>
</tr>
<tr>
<td>ESCAP region as a whole</td>
<td>7.6</td>
<td>9.3</td>
<td>12.1</td>
<td>23.0</td>
<td>37.9</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subregion</th>
<th>Total dependency ratio(^c)</th>
<th>1970</th>
<th>1990</th>
<th>2010</th>
<th>2030</th>
<th>2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>East and North-East Asia</td>
<td>73.3</td>
<td>50.3</td>
<td>39.6</td>
<td>47.5</td>
<td>66.4</td>
<td></td>
</tr>
<tr>
<td>South-East Asia</td>
<td>89.5</td>
<td>68.5</td>
<td>49.0</td>
<td>46.7</td>
<td>55.5</td>
<td></td>
</tr>
<tr>
<td>South and South-West Asia</td>
<td>76.7</td>
<td>54.5</td>
<td>42.1</td>
<td>47.3</td>
<td>62.6</td>
<td></td>
</tr>
<tr>
<td>North and Central Asia</td>
<td>59.3</td>
<td>55.2</td>
<td>42.0</td>
<td>52.1</td>
<td>59.9</td>
<td></td>
</tr>
<tr>
<td>Pacific island countries</td>
<td>86.0</td>
<td>77.7</td>
<td>67.7</td>
<td>56.7</td>
<td>52.6</td>
<td></td>
</tr>
<tr>
<td>Australia and New Zealand</td>
<td>60.6</td>
<td>50.2</td>
<td>48.4</td>
<td>62.3</td>
<td>69.4</td>
<td></td>
</tr>
<tr>
<td>ESCAP region as a whole</td>
<td>75.4</td>
<td>54.5</td>
<td>42.2</td>
<td>47.6</td>
<td>62.5</td>
<td></td>
</tr>
</tbody>
</table>


\(^a\) Population (aged 14 or younger) per 100 persons of the working-age population (aged between 15 and 64).

\(^b\) Older population (aged 65 or older) per 100 persons of the working-age population (aged between 15 and 64).

\(^c\) Sum of the child and old-age dependency ratios.
The demographic dividend offers a window of opportunity and a country can reap the benefits of it by planning well. Social integration is essential for the entire population to participate in the development process; otherwise the demographic bonus will be lost. As a result of a failure to plan well for integration, once the demographic dividend ends a country faces the burden of an ageing population in a situation of weak social and economic development. With the dependency burden on working-age adults increasing, the focus needs to shift towards increasing labour force participation by providing training and more job opportunities for women, persons with disabilities and older persons.

**Dimensions of social exclusion**

It is important to draw a distinction between poverty eradication and social integration. Social integration issues can and do coexist with high per capita incomes and an absence of poverty. All those in poverty are likely to face exclusion of one form or another, although, conversely, not being in this category does not guarantee protection from exclusion (Levitas, 2003). While social protection measures address poverty-related social exclusion, a different set of measures is needed to tackle social exclusion that results from other factors. The formulation of effective social integration policies needs to take into account other factors that lead to the exclusion of the non-poor. The main factors leading to social exclusion are listed below.

<table>
<thead>
<tr>
<th>Explanatory factor</th>
<th>Impact of exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
<td>Low or no income, poor health, low education</td>
</tr>
<tr>
<td>Age</td>
<td>Ageism, neglect, abuse</td>
</tr>
<tr>
<td>Gender</td>
<td>Gender discrimination, gender-based violence</td>
</tr>
<tr>
<td>Disability</td>
<td>Lack of appropriate infrastructure, neglect of special needs</td>
</tr>
<tr>
<td>Migrant status</td>
<td>Denial of citizenship, restricted access to social services</td>
</tr>
<tr>
<td>Minority status</td>
<td>Denial of equal rights and opportunities, suppression of culture</td>
</tr>
<tr>
<td>Cultural stigma</td>
<td>Ostracism of widows and people living with HIV, or due to sexual</td>
</tr>
<tr>
<td></td>
<td>orientation or gender identity</td>
</tr>
</tbody>
</table>

Exclusion may result from any one, or a combination of more than one factor. The next section presents an overview of the social protection measures in place to alleviate poverty in the region. Measures to address non-poverty-related social exclusion are discussed in section IV.
III. Poverty and social protection in the Asia-Pacific region

Income and non-income poverty

Income poverty is measured with reference to a poverty threshold that defines the minimum income required to meet basic needs. Non-income poverty relates to access to basic services such as health care and education. The percentages of the population below the poverty line and in multidimensional poverty are high in most of the 20 countries for which data are available for both these indicators (see table 3).

In 15 of the 20 countries, more than 25 per cent of the population lives below the poverty line. In North and Central Asia, the incidence of multidimensional poverty is much lower than that of income poverty. In South and South-West Asia, multidimensional poverty is more widespread. The differentials reflect the availability of free basic services — health care, education and housing. In countries where multidimensional poverty exceeds income poverty, a proportion of the non-poor may be excluded from access to basic services.
Table 3. Income and multidimensional poverty in the Asia-Pacific region, select countries
(Percentage)

<table>
<thead>
<tr>
<th>Population and social integration policies in Asia and the Pacific</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>In MDP</strong></td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td><strong>East and North-East Asia</strong></td>
</tr>
<tr>
<td>China</td>
</tr>
<tr>
<td>Mongolia</td>
</tr>
<tr>
<td><strong>South-East Asia</strong></td>
</tr>
<tr>
<td>Cambodia</td>
</tr>
<tr>
<td>Indonesia</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
</tr>
<tr>
<td>Myanmar</td>
</tr>
<tr>
<td>Viet Nam</td>
</tr>
<tr>
<td><strong>South and South-West Asia</strong></td>
</tr>
<tr>
<td>Bangladesh</td>
</tr>
<tr>
<td>Nepal</td>
</tr>
<tr>
<td>India</td>
</tr>
<tr>
<td>Turkey</td>
</tr>
<tr>
<td>Sri Lanka</td>
</tr>
<tr>
<td><strong>North and Central Asia</strong></td>
</tr>
<tr>
<td>Armenia</td>
</tr>
<tr>
<td>Georgia</td>
</tr>
<tr>
<td>Kazakhstan</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
</tr>
<tr>
<td>Russian Federation</td>
</tr>
<tr>
<td>Tajikistan</td>
</tr>
<tr>
<td>Uzbekistan</td>
</tr>
</tbody>
</table>


*Note: Data are not available for countries in the Pacific subregion.*

* Multidimensional poverty.

b National poverty line.
Social protection and poverty

Poverty is not evenly distributed in a population. Certain groups have been identified as being most at risk of falling into poverty, namely: (a) children; (b) the unemployed; (c) persons with disabilities; and (d) older persons. Within each of these categories, females are more vulnerable than males. Moreover, in terms of eligibility for benefits, minorities may be subject to discrimination, and migrants, irrespective of their duration of stay, may be excluded. In addressing non-income poverty — lack of access to adequate health care and education — these same four groups require most attention.

Measures to address income poverty

Children

Conditional cash transfers are the most common cash-based child benefit schemes. These consist of payments given to poor families on condition that they send their children to school and look after their health needs, including those of the mother. In Mongolia, families living below the poverty line are entitled to a cash allowance for a child younger than 17 who attends school (Batjargal, 2006). In the Philippines, cash grants are paid to poor households with children aged 14 and younger on condition, among other things, that they visit health centres regularly (World Bank and the Department of Social Welfare and Development of the Philippines, 2013). In selected districts of Bangladesh, girls who have completed Grade 5 are eligible for a stipend to attend secondary school (Khandker, Pitt and Fuwa, 2013).
The unemployed

Many countries around the world provide income support for workers who lose their job or who are unable to find one. Only a few countries and territories in the region have unemployment benefit schemes (table 4).

Table 4. Countries and areas in the Asia-Pacific region with unemployment benefit schemes

<table>
<thead>
<tr>
<th>Subregion</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>East and North-East Asia</td>
<td>China</td>
</tr>
<tr>
<td></td>
<td>Hong Kong, China</td>
</tr>
<tr>
<td></td>
<td>Japan</td>
</tr>
<tr>
<td></td>
<td>Republic of Korea</td>
</tr>
<tr>
<td>South-East Asia</td>
<td>Thailand</td>
</tr>
<tr>
<td></td>
<td>Viet Nam</td>
</tr>
<tr>
<td>South and South-West Asia</td>
<td>India</td>
</tr>
<tr>
<td></td>
<td>Iran (Islamic Republic of)</td>
</tr>
<tr>
<td></td>
<td>Turkey</td>
</tr>
<tr>
<td>North and Central Asia</td>
<td>Armenia</td>
</tr>
<tr>
<td></td>
<td>Azerbaijan</td>
</tr>
<tr>
<td></td>
<td>Kazakhstan</td>
</tr>
<tr>
<td></td>
<td>Kyrgyzstan</td>
</tr>
<tr>
<td></td>
<td>Tajikistan</td>
</tr>
<tr>
<td></td>
<td>Uzbekistan</td>
</tr>
<tr>
<td>Pacific</td>
<td>Australia</td>
</tr>
</tbody>
</table>


In China, all employees of urban enterprises and institutions who are unemployed and actively looking for a job are covered by social insurance. Self-employed persons are not covered. Viet Nam introduced a contributory scheme in 2009 for workers employed in private and public-sector organizations employing at least 10 workers. The Islamic Republic of Iran operates a scheme that provides all workers covered by the Labour Law with unemployment benefits. Six of the nine countries in North and Central Asia have an unemployment benefit scheme. Kyrgyzstan has a government-funded scheme covering all workers as well as students who register at an employment office within a year of graduation. In the Pacific, both Australia and New Zealand have elaborate social security schemes for the unemployed, including first-time jobseekers.
Persons with disabilities

Persons with disabilities often face poverty and suffer discrimination, inequality, prejudice and even exploitation (World Vision Australia, 2009). In most countries, they are covered by social security and social protection policies. They are also eligible for old-age pensions and income support if they meet the eligibility criteria. Increasing attention is being given in the region to developing policies specifically targeting persons with disabilities (United Nations, 2012). In Mongolia, persons with disabilities are entitled to a monthly social welfare payment as disability support (Casaubon, 2010). The social pension provisions for persons with disabilities in the Republic of Korea include a means-tested disability pension. In Viet Nam, those with disabilities are eligible to receive a monthly cash allowance. In Bangladesh, persons having severe or multiple disabilities are entitled to a means-tested allowance (equivalent to US$3). Under Armenia’s State Law on Pensions, every citizen and resident in the country who has a disability is entitled to a lifelong disability pension. Australia and New Zealand have elaborate arrangements for welfare payments for persons with disabilities. Social welfare schemes specifically targeting persons with disabilities are virtually non-existent in the Pacific island countries (Mohanty, 2011).

Older persons

Pensions for older persons can be categorized as: (a) employment-related; or (b) age-based. An employment-related pension is dependent on an older person’s employment history and is restricted in the main to those who have worked in the public or formal sector. In most cases, those receiving employment-related pensions are not in poverty. The prevalence of contributory pension schemes in the region has been estimated at less than 10 per cent in most countries. Age-based pensions can be categorized as either universal or means-tested. After reaching a specified age, everyone is entitled to receive payment under a universal pension scheme. Eligibility to a means-tested pension is determined by, in addition to age, income, assets or family status.

Informal-sector workers in the region have virtually no pension rights and are at great risk of falling into poverty after having to give up employment. As such, cash transfers in the form of social pensions and income support are crucial in keeping older persons out of poverty. In China, older persons enjoy the State’s “five guarantees”.6 In South-East Asia, Brunei Darussalam, Indonesia and Viet Nam have social pension programmes specifically targeting older persons. In South and South-West Asia, social pensions have gradually been introduced by some

---

6 Under these are: (a) food; (b) clothing; (c) housing; (d) medical care; and (e) burial expenses, all of which are taken care of by the Government.
measures to address non-income poverty

health care

Almost all countries in the region have sought to ensure the provision of adequate health-care coverage for the entire population although with varying degrees of success. Government-funded health care for all is provided by most countries, usually free or on a cost-sharing basis depending on the patient’s ability to pay. However, a significant percentage of the population in a number of countries is unable to access basic health care. Two proxy measures of access to basic health-care services are used to calculate the degree of inaccessibility: a service use-related indicator and a staff-related indicator. The service use-related indicator is the percentage of live births not attended by a qualified health professional. The staff-related indicator measures the shortfall in the minimum number of health professionals. Higher values of this indicator indicate a greater deficit. The data available on these two indicators for countries in the Asia-Pacific region are summarized in table 5.

A large percentage of the population in some countries, particularly in South and South-West Asia and in South-East Asia, remains excluded from access to basic health-care services. However, the indicators have two limitations that must be mentioned, namely: (a) the indicators are based on national averages; and (b) neither indicator measures the quality of the service provided. Hence, the deficit shown by these indicators may be greater in rural areas or less developed regions of a country, and may affect poorer sections of the population to a greater degree.
2. Education

In most countries, primary education is compulsory and free. However, across the countries of the region progress in achieving Millennium Development Goal 2 has, to varying degrees, fallen short. Table 6 summarizes the progress to date in attaining the three targets set under Goal 2.7

The youth literacy rate has remained well below 100 per cent in some countries. In a number of countries, a significant proportion of the population of primary school age is still excluded. Of those that enrol, not all are able to complete primary education. The weakest performers are those from countries in South and South-West Asia.

---

7 The three targets of Goal 2 are related to: (a) the net enrolment rate in primary education; (b) the proportion of those pupils entering Grade 1 that complete the full cycle of primary education; and (c) the literacy rate among 15-24 year olds.
Table 6. Indicators of progress in achieving Millennium Development Goal 2 in selected countries in the Asia-Pacific region
(Percentage)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>75</td>
<td>89</td>
<td>92</td>
</tr>
<tr>
<td>Cambodia</td>
<td>87</td>
<td>89</td>
<td>92</td>
</tr>
<tr>
<td>China</td>
<td>99</td>
<td>99</td>
<td>-</td>
</tr>
<tr>
<td>India</td>
<td>81</td>
<td>97</td>
<td>95</td>
</tr>
<tr>
<td>Indonesia</td>
<td>99</td>
<td>98</td>
<td>-</td>
</tr>
<tr>
<td>Iran (Islamic Republic of)</td>
<td>99</td>
<td>100</td>
<td>-</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
<td>84</td>
<td>82</td>
<td>65</td>
</tr>
<tr>
<td>Malaysia</td>
<td>99</td>
<td>94</td>
<td>-</td>
</tr>
<tr>
<td>Mongolia</td>
<td>96</td>
<td>100</td>
<td>97</td>
</tr>
<tr>
<td>Nepal</td>
<td>82</td>
<td>-</td>
<td>95</td>
</tr>
<tr>
<td>Pakistan</td>
<td>71</td>
<td>66</td>
<td>-</td>
</tr>
<tr>
<td>Philippines</td>
<td>98</td>
<td>92</td>
<td>-</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>98</td>
<td>95</td>
<td>-</td>
</tr>
<tr>
<td>Tajikistan</td>
<td>100</td>
<td>98</td>
<td>100</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>-</td>
<td>83</td>
<td>91</td>
</tr>
<tr>
<td>Turkey</td>
<td>98</td>
<td>95</td>
<td>95</td>
</tr>
<tr>
<td>Turkmenistan</td>
<td>100</td>
<td>-</td>
<td>100</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>97</td>
<td>-</td>
<td>98</td>
</tr>
</tbody>
</table>


Social protection floors

In 2009, the United Nations launched the Social Protection Floor initiative, which was designed as a comprehensive scheme to address the risks of both income and non-income poverty (International Labour Office, 2011). A social protection floor is the first level of a comprehensive national social protection system. It includes: (a) social transfers to ensure income security, food security, adequate nutrition and access to essential services; and (b) universal access to essential services, such as health, education, housing, water and sanitation and other services, as may be defined nationally. A social protection floor transcends the mandate of any individual agency or development partner and as such the Social Protection Floor initiative comprises a coalition of United Nations agencies, international financial institutions and development partners.
that cooperate and coordinate their activities at national, regional and global levels.

An increasing number of countries around the world, including those in the Asia-Pacific region, are adopting the Social Protection Floor initiative. For example, Thailand has introduced universal basic social protection by way of two schemes — the Universal Health Coverage Scheme and the Universal Old-age Pension. The Government aims to use these as the basis for developing a coherent universal social protection system by 2017, which would provide lifetime protection for all. Viet Nam has found the Social Protection Floor initiative to be a useful approach in identifying areas of social protection that need more attention, and what groups need better coverage within the context of the country’s Social Protection Strategy 2011-2020. In 2011, Cambodia adopted the National Social Protection Strategy for the Poor and Vulnerable. The Strategy embodies the Government’s long-term vision, which is in line with the Social Protection Floor initiative, to ensure a basic guarantee of social protection provisions for the entire population.

IV. Promoting social integration in Asia and the Pacific

In addition to poverty, social exclusion may result from: age, gender, disability, minority status, migrant status, cultural norms and misconceptions. Certain sections of the population in almost every country have faced exclusion due to one or more of these factors.

Social integration policies

Integration of older persons

Older persons often face discrimination and marginalization (Beales, 2000), including difficulties in finding employment, and access to credit and good-quality health care. The contributory factors underlying this discrimination emanate from discriminatory laws, the neglect of Governments and the negative attitudes of family members, health-care providers and employers. Age-based prejudice precludes the participation of older persons in consultation and decision-making processes at family, community and national levels.

As social exclusion in old age is largely the result of a lack of independent income, a number of countries have sought to promote employment of older persons by: (a) enabling workers to continue in their employment; and (b) providing them with training to upgrade their skills and improve their competitiveness. In some countries, older persons are provided with credit facilities on more advantageous terms to help them open their own businesses. A small number of countries have introduced incentives for employers to retain or recruit older workers. However,
with the proportion of the working-age population continuing to increase in many countries, promoting employment of older persons has not been a priority except in Australia, Japan and New Zealand.

**Removing gender discrimination**

Gender inequality and stereotyping, male domination, patriarchal attitudes and abusive cultural practices contribute to social exclusion of women. Workplace discrimination, typified by “less pay for the same work”, exists across the region. Gender abuse and gender violence too act as impediments to the social integration of women. For social integration to be effective, there is a need to ensure that policies and attitudes are more conducive to fostering gender equality. Almost all countries have ratified the Convention on the Elimination of All Forms of Discrimination against Women, while many have framed laws against gender discrimination. However, there is considerable divergence between the actual situation and the letter of the law. To ensure integration of women into society on an equal basis with men it is necessary to introduce appropriate legislation and ensure enforcement of existing laws. Above all, there is a need to change the mindset of men and also of women, encouraging them to demand equal rights.

**Promoting inclusion of persons with disabilities**

Persons with disabilities often face social exclusion. Despite laws against discrimination, those with disabilities often face prejudice (Parker, 2001). For example, children with disabilities are discriminated against when they seek admission to schools (Thongkuay, 2009). Workers with disabilities, despite being qualified, face difficulties in getting jobs. The stigma attached to persons with disabilities and the risk of being ridiculed discourages them from participating in normal activities. Another factor contributing to their exclusion is neglect (not always intentional) in making special arrangements, such as wheelchair ramps, to enable them to gain physical access.

In order to address the social exclusion experienced by persons with disabilities, it is important to consider two main issues. First, it is necessary to put in place arrangements that help offset the disadvantages they may face as a result of the disability. For example, those with a hearing disability can participate only if arrangements are made for communicating in sign language. Second, it is important to ensure that they do not feel different. This means that they should not only be protected from ridicule but also from even being shown sympathy.

---

8 As a reflection of the existence of discrimination, the rates of female participation in political representation, employment and property ownership in the region are among the lowest in the world.
Providing persons with disabilities with their own sources of income through productive employment can go a long way in promoting their integration into society. A number of countries have taken steps, by introducing legislation, to promote the employment of persons with disabilities, including setting a minimum employment quota for employers to employ persons with disabilities (Matsui, 2008). In some countries, employers are provided with a range of incentives to encourage them to employ workers with disabilities (Lee, Abdullah and Mey, 2011).

**Assimilation of migrants**

In 2010, the region hosted 53 million international migrants. Two thirds of these were in North and Central Asia (18 million) and South and South-West Asia (16 million), mostly accounted for not by cross-border movements but by the restructuring of international borders (ESCAP, 2011). The region also has a large population of international migrants who have crossed borders mainly for economic reasons. Migrants often face various types of discrimination. In a number of countries, there are no legal provisions to enable international migrants to acquire citizenship or the same rights as citizens, irrespective of their period of residence in the country. As a result, immigrants remain ineligible for specified jobs, owning property or setting up their own businesses, and may also be excluded from accessing basic social services. Legislation needs to be enforced to ensure the social integration of international migrants. Moreover, ensuring their integration may require a change in the attitudes of the majority towards migrants.

Internal migrants also face exclusion, particularly in countries where internal migration is regulated. When moving from one part of the country to another requires prior government authorization, internal migrants who do not have the necessary documentation suffer exclusion from gaining employment, renting accommodation and accessing basic social services (Duong, Linh and Thao, 2011). Hence, when those living in regions within a country that may be relatively underdeveloped do not have the freedom to move, they often remain excluded from participating fully in the national development process. This exclusion — which is the result of administrative restrictions — can be easily addressed by a Government that has the political will to undo the restrictive regulations.

**Protecting the rights of minorities**

Those identified as belonging to a minority group often suffer discrimination. Together with its smaller numerical size, a minority group is often characterized as such on the basis of distinct ethnic, religious, linguistic or cultural characteristics. The population of many countries is multi-ethnic, multilingual and multireligious. Widespread cultural, linguistic and social discrimination against ethnic minorities has
continued in a number of countries. Religious minorities have also been subject to discrimination and outright persecution. The right of minority groups to be considered equal is normally guaranteed constitutionally, although their social integration requires strong political will to enforce the relevant laws. In addition, the population at large needs to accept minority groups as equal members of society.

**Eradicating stigma**

In a number of countries certain groups have traditionally been stigmatized and thus faced social exclusion. The stigma attached to transgender people, men who have sex with men, and sex workers has resulted in their social exclusion (Winter, 2012). In South and South-West Asia, transgender people in particular lack recognition. Being held in low esteem, they find it difficult to pursue education, enter a profession or set up a business. Facing restrictions on entry into the labour market and hesitating to access basic social services, transgender people remain largely excluded from social, cultural and political life (Zaman, 2012). Same-sex relationships also carry a stigma in many countries.

In certain cultures, those afflicted by unfortunate circumstances have been discriminated against. There are cases of widows being shunned and isolated from mainstream society (Damon, 2007). People living with HIV face stigma arising out of misconceptions. It is a common misconception that HIV can only result from promiscuous sexual behaviour, which is considered unacceptable in most societies. People living with HIV are therefore wrongly looked upon as guilty of immorality and carriers of a contagious terminal disease. Those affected face discrimination in employment, education and even in their homes (Paxton, 2006). There have also been reports of their being ill-treated by health-care providers and looked down upon as untouchables (Ahmad, Devkota and Sathian, 2009).

V. Role of development partners in achieving social integration*

Social exclusion is not merely a development issue. In essence, it arises out of a combination of a lack of development and a prevalence of social ills. It is evident that, despite constitutions and laws guaranteeing equality of rights, certain groups continue to face social exclusion, largely because of culture-based prejudices among officials and the population at large. Social integration cannot be achieved unless these prejudices are removed. This calls for Governments to establish partnerships with civil society organizations (CSOs), which have operations at the grassroots level, interacting closely with people. In addition, partnerships

---

* The discussion draws heavily on information provided by the 51 countries that responded to the United Nations Population Fund’s Global Survey ICPD beyond 2014, which was conducted in the Asia-Pacific region by ESCAP.
also need to be developed with the private sector. CSOs include, among others, non-governmental organizations (NGOs), community groups, labour unions, faith-based organizations, charitable foundations and professional associations.

In a number of countries, the Government has partnered with CSOs in promoting social integration. The main areas in which CSOs have been involved include: (a) service delivery; (b) research and data collection; (c) advocacy and policy formulation; (d) awareness-raising and social mobilization; (e) monitoring and legal counsel; and (f) education and training. Private sector involvement has largely been in service delivery, and in education and training.

**Involvement of civil society organizations**

In a number of countries, CSOs have been involved in taking up the cause of destitute children. They have assisted in providing accommodation, food and counselling services for children and young persons in poverty. CSOs have at times focused on providing protection and services to street children and promoting inclusive education targeting children with disabilities. In the Republic of Korea, the National Youth Shelter Association has partnered with the Ministry of Gender Equality and Family by providing accommodation, food and counselling services for children and young persons in poverty. In Samoa, SENESE — an NGO — works in close collaboration with the Ministry of Education, Sport and Culture to promote inclusive education targeting children with disabilities.

Governments in the majority of countries partner with CSOs in activities relating to older persons. CSOs have been engaged in collecting data on older persons as well as in training trainers for older persons. They have also contributed to providing supportive and welfare services for poor, older persons and training for those providing care to such people, and assisted in establishing older persons’ associations. In Mongolia, the Mongolian Association for Elderly People has partnered with the Government in collecting data on older persons as well as in training trainers to benefit older persons. In Cambodia, HelpAge International has participated in establishing associations of older persons.

Governments have also partnered with CSOs in addressing deep-rooted patriarchal attitudes that explain gender discrimination. They have undertaken advocacy and awareness-raising activities among working people on issues related to gender equality. Some CSOs have also engaged in research and awareness-raising activities to enhance women’s knowledge of their rights. In the Democratic People’s Republic of Korea, the General Federation of Trade Unions of Korea undertakes advocacy and awareness-raising activities among workers on issues related to gender equality, and ensures that women’s rights are guaranteed. In the Lao People’s Democratic Republic, the Women’s
Rights Association engages in research and awareness-raising activities to enhance women’s knowledge of their rights. The Bangladesh National Women Lawyers’ Association, a human rights organization, fights for access to justice for all women and children, targeting the poorest in the most disadvantaged areas. The Kiribati Association of NGOs organizes workshops and training on issues related to gender and domestic violence.

CSOs have increasingly taken up the task of ensuring that persons with disabilities are able to enforce the rights guaranteed to them under international conventions and national laws. They have been involved in awareness-raising and advocacy, which has in some countries contributed towards the enactment of relevant legislation. The role played by CSOs has been significant in organizing training to change the traditional attitudes of the community and to increase public awareness of the rights, special needs, skills and opportunities of persons with disabilities. CSOs have contributed to developing networks of persons with disabilities to support, protect, serve and promote their rights, achievements and interests in order to facilitate their fuller participation and equality in society. In some countries, NGOs have facilitated the participation of persons with disabilities in elections through the provision of either fixed or temporary ramps.

With migrants largely unaware of their rights and unable to access basic services, CSOs have come to their assistance across the region. They have been involved in conducting research and developing cooperative research programmes between public and private institutions to provide inputs for the formulation of policies on migration. In Malaysia, the Malaysia Commission, an NGO, collaborates with all stakeholders, including parliamentarians, on matters pertaining to the formulation of laws/policies to ensure conformity with human rights. In Azerbaijan, the Haydar Aliyev Foundation addresses the problems that refugees and internally displaced persons face in the country and provides elementary school students from refugee and internally displaced families with school supplies and gifts.

CSOs have been active in promoting the social integration of minorities by creating awareness among minorities of their rights and understanding among the majority that all are equal as citizens. Baan Ruam Jai, an NGO, has singled out substandard education as the single most important obstacle to social integration of disadvantaged tribal children in Thailand and has been involved in improving access to education for them. In Nepal, the Dalit Welfare Organization, a movement-oriented NGO, works to eliminate caste-based discrimination and untouchability through media advocacy and through its development programme. In Australia, Australians for Native Title and Reconciliation a non-governmental, community-based organization of Aboriginal and Torres Strait Islander and non-indigenous people and groups, campaigns to get equal rights for Australia’s “First Peoples”. It is dedicated specifically
to the rights — and overcoming the disadvantage — of Aboriginal and Torres Strait Islander people through lobbying, public campaigns and advocacy.

CSOs play a crucial role in generating awareness to change attitudes towards stigma as well as contributing to providing essential services that stigmatized groups are otherwise discouraged from accessing. In a number of countries, CSOs have been involved in STI/HIV prevention, treatment and care services for vulnerable groups. In China, the Ministry of Health has partnered with a number of NGOs, such as the Shanghai Jin’an Youth AIDS/HIV Prevention and Control Centre, that have provided care, support and services for HIV/AIDS patients as well AIDS orphans. Nai Zindagi (literally, “new life”), an NGO in Pakistan, works in close collaboration with the government at the central and provincial levels in the areas of awareness-raising and social mobilization, as well as service delivery, focusing on injecting drug users. In Fiji, the AIDS Task Force of Fiji, an NGO, provides HIV/AIDS-related information as well as counselling, education, training, skills development and capacity-building.

Transgender women from 10 Asia-Pacific countries formed the world’s first Asia Pacific Transgender Network in 2009 to champion transgender women’s health, and legal and social rights. The Network is involved in advancing and improving the health, legal and social rights of transgender people. There are also NGOs that deal with the rights and provision of services to transgender people, gays and lesbians. In Bangladesh, Boys Only Bangladesh, a network of self-identified Bangladeshi gay men, arranges consciousness-raising workshops, takes part in relevant festivals and organizes social get-togethers. In India, the Sampark Society draws attention to the situation of widows and seeks to help them by creating awareness in order to stop discrimination against them and to facilitate their access to basic services.

**Role of the private sector**

Governments in a number of Asian and Pacific countries have also partnered with the private sector in promoting social integration. However, the involvement of the private sector has been on a much narrower and smaller scale than that of CSOs. The private sector has mostly contributed in terms of extending and improving participation in social security schemes, contributing in cash or in kind towards the provision of amenities and basic social services for disadvantaged groups, and providing employment opportunities for workers facing discrimination. In Mongolia, a number of private companies, such as Oyu-Tolgoi, a mining company, and the MAX Group of Industries, assist orphanages and organizations that work for childcare. In Myanmar, a large private firm — Shwe Min Tha — provides persons with disabilities
with assistance by extending microcredit loans, paying for school fees and devices and helping to create a barrier-free environment at pagodas, churches and schools. In Sri Lanka, private firms, such as Thunder and Neon Holdings, contribute assistive devices to older persons. The Department of Social Welfare in Malaysia has negotiated with a number of private enterprises, such as KFC Holdings and Procter and Gamble, to provide training and employment for persons with disabilities.

VI. Conclusions and recommendations

Conclusions

In countries in the Asia-Pacific region, irrespective of their stage of demographic transition, certain groups face social exclusion. The main contributing factors have been poverty, gender and age discrimination, and cultural stigma. Increased attention is being paid to promote social integration with the growing realization that poverty alleviation, though essential for social inclusion, is not sufficient. Hence, while retaining universal social protection as an important objective, the appropriate goal of development should be social integration. To achieve this, eliminating poverty is not enough, since all other obstacles in the way of social integration should be removed. Since this would require bringing about a change in the attitudes of society, the task of ensuring social integration cannot be accomplished by Governments on their own. The attainment of social integration requires the involvement of CSOs, the private sector and the population at large. It is encouraging that Governments in the Asia-Pacific region have been increasingly partnering with CSOs and the private sector in the promotion of social integration.

Recommendations

On the basis of the findings of the present study, the following recommendations are made in order to achieve social integration:

(a) Social integration should be adopted as the overarching goal of development;

(b) All groups facing social exclusion should be identified on the basis of the exclusions they face and the barriers to their inclusion;

(c) Minimum thresholds regarding the income and social services necessary for social inclusion should be established as a basis for ensuring that every individual has at least the minimum. Social protection floors should be established to guarantee universal social protection, incorporating minimum levels of income and the basic standards of health, education and shelter that should be accessible to all;

(d) Universal social protection should include unemployment benefits, universal old-age pensions, and appropriate child and disability allowances;
(e) Gender discriminatory laws should be repealed, and laws ensuring gender equality should be introduced/enforced;

(f) Efforts should be made to eliminate all forms of discrimination on the basis of ethnicity, minority status, place of birth, sexual orientation, disability, HIV/AIDS status and stigmas arising out of cultural beliefs and practices;

(g) Policies and programmes to promote the integration of excluded groups should be formulated on the basis of broad-based consultations among all stakeholders and beneficiaries. Involving excluded groups in the planning process should itself be viewed as symbolizing inclusion;

(h) Since removing barriers to inclusion calls for bringing about attitudinal changes to promote social integration, Governments should partner with CSOs, as these have the capability to relate directly with people at grass-roots level;

(i) As countries in the region are faced with similar issues relating to social exclusion, a regional forum should be established to exchange experiences and enhance technical assistance;

(j) ESCAP could serve as the regional platform for regular consultations with and among countries in the region so as to keep them informed of United Nations and other international initiatives and guidelines for facilitating social integration.
References


Casaubon, Christophe (2010). For a better economic and social integration of persons with disabilities in Mongolia: current situation and perspectives. Ulaanbaatar: Government of Mongolia and UNDP.


Introduction

According to the Programme of Action of the International Conference on Population and Development (ICPD), “Sustainable development as a means to ensure human well-being, equitably shared by all people today and in the future, requires that the interrelationships between population, resources, the environment and development should be fully recognized, properly managed and brought into harmonious, dynamic balance” (United Nations, 1994: principle 6).

The interrelationships between population, resources, the environment and development are manifestly numerous and complex; to date, no definitive assessment is available on how much progress has been made during the intervening years towards attaining the specified requirement of managing them. The purposes of this paper are therefore relatively modest: (a) to identify gaps and emerging issues in the implementation of the Programme of Action in the Asia-Pacific region with regard to its sustainable development objectives; and (b) to suggest ways in which population policy and the Programme of Action could contribute more effectively to sustainable development in the future. Focus is given to critical issues in the linkages between population dynamics and sustainable development that have emerged during the last 20 years.

By Adrian Hayes*
Although there is no universally accepted definition of “sustainable development”, it is widely agreed that sustainable development involves managing sustained economic growth in ways that are both environmentally sustainable and socially just, especially regarding reducing gender inequality and the incidence of poverty. Accordingly, the discussion is organized around the way population dynamics both influence and are affected by these three main elements and their interrelationships (see figure 1). Vital questions related to the ICPD Programme of Action beyond 2014 are whether current population trends are supporting or hindering the goals of sustainable development in each of the elements of the Programme, and how developments under each of those elements may in turn be affecting population. Most discussions about sustainable development are concentrated on the relationships between the three elements comprising the triangle in figure 1; the focus of this paper is on the relationships between these same elements and population dynamics.

**Population dynamics and sustainable development in the Programme of Action**

In the ICPD Programme of Action, some of the interrelationships which exist between population and sustainable development are pointed out, especially in chapter 3 (entitled “Interrelationships between population, sustained economic growth and sustainable development”) and chapter 9 (“Population distribution, urbanization and internal migration”).

The requirements for sustainable development are varyingly described as: economic growth which is “sustained”; use of the environment which is “sustainable”; poverty which is “eradicated”; and population change which is “stabilized”. The obvious conclusion is that each of these four elements (and perhaps others) needs to be “sustainable” over the long term, although each presumably in its own way.

**Figure 1. Population dynamics and the three essential elements of sustainable development**
The wealth and prosperity of countries depend, in fact, on the accumulation of different kinds of “capital” associated with each of four elements – economic, natural, social and human. Planning for sustainable development and monitoring its progress are, however, made very difficult by the fact that in national accounts capital assets currently are defined very narrowly (Dasgupta and others, 2006). Good data are also lacking on the overall goals of development – human well-being or quality of life – and must often rely on proxies, such as the measure of capabilities known to have intrinsic as well as extrinsic value, such as health and education (Sen, 1999).

Changes in population dynamics in the Asia-Pacific region since 1990

During the last 20 years the population of the Asia-Pacific region has changed significantly in its demographic composition and characteristics. This section contains brief descriptions of three basic population changes which are fundamental to the analysis that follows, namely changes in population growth, fertility and age structure. The implications of these population dynamics are discussed in other sections of this paper.

Population growth

In 2012, the population of Asia was 4.2 billion and that of the Pacific 37.8 million, accounting for close to 60 per cent of the total population of the world. The size and dynamics of population in Asia and the Pacific vary significantly by geographical region (figure 2). The growth rate in East and North-East Asia has continued to decline during the last two decades, from about 1.09 per cent per year in the early 1990s to about 0.4 per cent today; the rate is expected to become negative by 2030. By comparison, the South and South-West Asian subregion continues to grow at a higher, but declining rate: from about 2.1 per cent in the 1990s to about 1.4 per cent today. Under the United Nations medium variant projections, the population of that subregion will still be growing at about 0.8 per cent a year in 2030. South and South-West Asia overtook East and North-East Asia in size during the first five years of the new millennium. The population growth rates in North and Central Asia have remained relatively low and are projected to stay below 0.05 per cent annually in future years. The variation in size and dynamics is significantly higher across individual countries than across subregions.
Changes in the population growth rates of countries are determined by changes in the underlying vital rates (mortality and fertility) and international migration. Although differences in mortality and migration are important, analysis shows that it is changes in fertility which are generally the main underlying driving force in the region’s population dynamics, at least at this time in history. Figure 3 gives estimates and medium variant projections for the total fertility rates (TFRs) of subregions in Asia and the Pacific for the period 1990-2050. TFR has been below the replacement level for East and North-East Asia since the beginning of the 1990s, and in North and Central Asia, since the late 1990s. Nonetheless, many countries in the region where fertility has declined close to the replacement level or lower are still experiencing absolute growth because of population momentum. The other main regions have also shown significant declines in fertility during the last 30 years. Fertility is highest in South and South-West Asia, with an estimated TFR of 2.8 in 2010.
Population dynamics and sustainable development in Asia and the Pacific

Figure 3. Total fertility rates, by ESCAP subregion, 1990-2050

(Number of live births per woman)


Since fertility is fundamental in determining the overall dynamics of a population, the countries of the region are listed in table 1 by their current net reproduction rate as low, intermediate or high-fertility countries.

Table 1. Countries in the Asia-Pacific region according to fertility status, circa 2010

<table>
<thead>
<tr>
<th>Low-fertility countries (NRR&lt;1.0)</th>
<th>Intermediate-fertility countries (1.0&lt;NRR&lt;1.5)</th>
<th>High-fertility countries (NRR&gt;1.5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asia: China; Democratic People’s Republic of Korea; Iran (Islamic Republic of); Japan; Maldives; Myanmar; Republic of Korea; Thailand; and Viet Nam</td>
<td>Bangladesh; Bhutan; Brunei Darussalam; Cambodia; India; Indonesia; Kazakhstan; Kyrgyzstan; Lao People’s Democratic Republic; Malaysia; Mongolia; Nepal; Sri Lanka; Turkey; Turkmenistan; and Uzbekistan</td>
<td>Afghanistan; Pakistan; Philippines; Tajikistan; and Timor-Leste</td>
</tr>
<tr>
<td>Pacific: Australia</td>
<td>Fiji; French Polynesia; Guam; New Caledonia; and New Zealand</td>
<td>Micronesia (Federated States of); Papua New Guinea; Samoa; Solomon Islands; Tonga; and Vanuatu</td>
</tr>
</tbody>
</table>


Note: The cut-off points are based on the net reproduction rate (NRR), as this gives a better sense of how one generation will produce a larger or smaller next generation, taking age-specific mortality into account while at the same time controlling for age structure.
Age structure

Changes in the balance between vital rates not only determine the growth rate of a population but also its age-sex structure. Figure 4 shows the 2010 age-sex pyramids for several countries. The “pinching in” at the base of the pyramid is clearly visible in the case of a low-fertility country (Thailand) in the top row. The second row shows the classic triangular pyramid with a wide base associated with high-fertility (here represented by Afghanistan and Pakistan). The last row shows the age structure of the two largest countries in the region, China and India, with China clearly exhibiting the “older” age structure.

Figure 4. Age-sex pyramids for selected countries in the ESCAP region, 2010
As countries go through a demographic transition from high rates of mortality and fertility to low, the associated changes in age structure have major implications for social and economic development. Some of these are explored in the next section.

Population dynamics and economic growth

There is no doubt that the region has seen substantial economic growth during the last 20 years. Have population dynamics supported or hindered this growth? There are multiple pathways along which population dynamics can influence economic growth (and vice versa), and the relative importance of the various pathways changes as the population goes through its demographic transition. In this section, there is focus given to two pathways: population growth rate and age structure.

Declining growth rates

In the years leading up to the 1994 Conference in Cairo, the population of Asia was still growing rapidly, although at a declining rate. The average rate of growth for Asia as a whole during the period 1985-1990 was estimated to be 1.6 per cent per annum; for South-East Asia, 2.1 per cent; for South Asia, 2.3 per cent; for Western Asia, 2.4 per cent; and for Central Asia, 1.9 per cent – even Eastern Asia was still growing at 1.5 per cent per annum (United Nations, 2011).

The central question among researchers and policymakers about population and development before ICPD was the extent to which rapid
population growth might hinder economic growth and related aspects of social development. Most development economists argued that rapid population growth is on balance a hindrance to broad-based economic development, especially in the way it undermines development efforts to improve health and education and alleviate poverty. At the same time, they pointed out that the linkages involved are highly context-dependent and the negative impact is not particularly large on average. The conclusion to the influential 1986 United States National Research Council study was famously cautious: “On balance, we reach the qualitative conclusion that slower population growth would be beneficial to economic development of most developing countries” (National Research Council, 1986). Interestingly, as more cross-country data from the 1980s and 1990s became available, a stronger association between population growth and per capita income was found than in previous studies (Kelly and Schmidt, 2001).

Although population growth rates have declined in all regions of Asia and the Pacific, high population growth rates are still a major concern in high-fertility countries. In much of Asia today, however, rapid population growth is increasingly a thing of the past. According to the United Nations medium variant projection, it would seem that the growth rate would be below 1 per cent per year for all subregions, except for the Pacific, by 2030, and in East and North-East Asia, the growth rate would be negative (−0.1 per cent).

Age structure and the demographic dividend

Research on population-economy relations has shifted over the last two decades to a greater focus on the influence of specific components of population change (Birdsall, Kelley and Sinding, 2001). The same changes in mortality and fertility which were responsible for the rise in the population growth rate during the middle period of the demographic transition also brought about changes in the population’s age structure. As one author concluded, “What matters most in identifying the impact of demographic change on economic performance is the changing age structure” (Williamson, 2001).

In the first stage of the demographic transition, mortality declines, especially for infants and children, with the result that the dependency ratio of youth to the working-age population increases. This is the period of rapid population growth, when the number of births significantly exceeds the number of deaths. During the second stage, fertility begins to fall, and the ratio of the working-age population to dependent youth increases; then the dependency ratio becomes most favourable for development. Eventually, the “baby-boom generation,” born at the time of declining mortality but high fertility, passes through the working years and the population begins to age. The working-age population finally stops growing and, although the youth-dependency ratio may
remain low, the old-age-dependency ratio begins to increase. The window of opportunity to take advantage of the so-called demographic dividend – when the ratio of working-age people to dependents reaches an all-time high – closes. The East Asian “economic miracle” of the 1970s and 1980s cannot be understood without appreciating this phenomenon (Williamson, 2001).

Figure 5. Percentage of population aged 15-64 years, by ESCAP subregion, 1990-2030


Figure 5 shows the percentage of total population in the working ages (here defined as 15-64 years) for the major subregions of Asia and the Pacific. The demographic dividend has now essentially closed for East and North-East Asia, for North and Central Asia and for the Pacific, with the percentage aged 15-64 years peaking approximately in the period 2010-2015. The same statistic will peak in South-East Asia approximately in the period 2020-2025, and is expected to be still increasing in South and South-West Asia until 2030 under the medium variant projections. These two subregions need to make sure that they take maximum advantage of the dividend.

The linkages here between population and economic development are not deterministic. The fact that there is a demographic dividend associated with the demographic transition does not mean that all countries are guaranteed corresponding economic growth when they go through the transition. It is essential that sound economic and population-based policies be in place as well. The window of opportunity is associated with more workers producing more total output only if more working-age people are productively employed; it is associated with an increase in wealth only if savings accumulate and are productively invested (and not, for instance, simply spent by the elite on imported consumables); and
it is associated with a larger supply of human capital only if appropriate investments are made in the health and education of the population. In many countries in the region, the necessary investments are not being made, or are not distributed widely enough to benefit all sectors of the population.

**Rethinking old-age dependency**

Considerable attention is currently being given to population ageing in countries characterized by low and very low fertility. The unprecedentedly high old-age dependency ratios in these countries are often viewed as an economic and social burden. This is undoubtedly the case if many among the older population have no income of their own and inadequate savings, and the demographic changes in low-fertility countries make it increasingly unrealistic to expect that the grown children of older persons can furnish sufficient support – economic, social and emotional – to their aged parents. However, there are significant policy options which can ease the situation: (a) better health services to ensure that the elderly remain in good health for as long as possible and wherever possible can take care of themselves when needed; and (b) mandated insurance or superannuation schemes so that people would be able to put aside sufficient funds during their working years to ensure they would need only a minimum of financial support from public funds.

For these policies to be effective they must be put into place 20 or 30 years before the benefits are really needed. Consideration of these issues should be a priority for countries characterized by intermediate-level fertility today; if they wait until their old-age dependency ratios reach historic highs then it would already be too late. If such policies are introduced, an enormous capital fund would accrue very quickly and it could be used for investment. Some experts suggest that this opportunity should be regarded as a second demographic dividend (Mason and Kinugasa (2008). Policymakers need to help shift attitudes and cultural stereotypes regarding senior citizens and create a “fresh map of life” (Laslett, 1989).

Understanding of the way population dynamics affect economic performance has improved significantly since ICPD. The importance of age structure has been known for a long time but, as more countries in the region have completed their demographic transition, there have been greater opportunities to analyse the relationship in detail. If economic growth is to be sustained, the additional wealth due to the dividend needs to be reinvested in development, especially in human capital development and savings for a second demographic dividend. The dividend can also be spent on essential infrastructure and shifting the economy towards a green economy.
Population dynamics and social justice

Economic growth in turn influences population dynamics in many ways. In general, economic growth produces a more affluent population, and affluence on balance is associated with reduced morbidity and mortality and leads to lower fertility and smaller families. For one element of sustainable development, however, it is stressed that economic growth should be inclusive and reduce poverty. This section contains an examination of the extent to which economic growth in the region has brought about (a) a reduction in the proportion of the population living in extreme poverty and (b) an expansion in the proportion enjoying higher human capital formation.

Poverty reduction

Economic growth is a necessary but not sufficient condition for reducing poverty. Ensuring that all sectors of the population have opportunities to participate in economic growth and share in its benefits requires appropriate institutional arrangements, including free and mandatory basic education, affordable and accessible health care, secure land tenure, access to a justice system, political representation and a social safety net.

It is very difficult to get reliable data on poverty which are comparable across countries and regions. Figure 6 shows data on “extreme poverty” that were collected by the World Bank and compiled by the United Nations Statistics Division for purposes of monitoring the progress of countries in attaining the Millennium Development Goals. The data suggest that East Asia and South-East Asia have done particularly well in translating economic growth into a reduction in the prevalence of extreme poverty. The percentage of people living on less than $1.25 a day (using 2005 purchasing power parity) in East Asia is estimated to have been reduced from 60 to 16 per cent in fewer than 20 years, while the reduction in South-East Asia has been from 45 to 17 per cent. Central Asia now has the highest rate of extreme poverty, with over one third of the population in that subregion living in absolute poverty.
An expansion in human capital formation is essential for a growing economy. From an individual’s point of view, an increase in his or her human capital – especially health and education – is both a means to participating in higher-level economic activity and a measure of well-being; improvements in health and education expand people’s capabilities and contribute directly to quality of life and well-being, as well as contribute instrumentally to wealth creation (Sen, 1999). Figure 7 shows how formal education is expanding in four countries in Asia, namely China, India, Indonesia and Turkey.

The age-sex-educational attainment pyramids for China, for instance, show how the proportion of the 15-19 age cohort with only primary education (indicated by the yellow portion of the corresponding horizontal bar) has decreased from 1990 to 2010, especially for females; and the proportion for 20-24 year olds with some tertiary education (dark blue) has increased. Meanwhile, those with no education (often tagged “illiterate”) have almost disappeared among those younger than 30 years of age. These trends are expected to continue. The medium variant projections suggest that by 2030 those with no education will have virtually disappeared from the working-age group and those with only primary education will have shrunk to a small minority.
Figure 7. Educational attainment, by age and sex, selected countries, 1990, 2010 and 2030

China - 1990

China - 2010

China - 2030

India - 1990

India - 2010

India - 2030
Sustained economic growth has brought about significant benefits to many populations in the Asia-Pacific region, as indicated in this section by a reduction in the percentage living in extreme poverty and by the expansion of education for both males and females. Of course much more needs to be done, and there are other issues of equity and social justice which need to be addressed aside from poverty and education. In this section, the issue of social justice is addressed by examining just two features of population composition: poverty (an indicator of extreme disadvantage and vulnerability) and education (an indicator of human capital and capabilities).

Both poverty reduction and expansion of education, including removing gender inequalities, are central to the ICPD goals. There may be other dimensions of social equity, such as income distribution, which at the same time are getting more “unfair”, but at least there is positive news regarding poverty reduction and the expansion of opportunities for education. The successful policies involved need to be recognized, strengthened and expanded. As a general rule, countries in the Asia-Pacific region which have brought down their fertility rates sooner rather than later have found it easier to reduce poverty and increase levels of educational attainment (Birdsall, Kelly and Sinding, 2001).

Population dynamics and sustainable development

With regard to the goals of sustainable development, it is stressed that not only should sustained economic growth be inclusive and reduce poverty, but also natural resources should be used sustainably and ecological services and life-support systems not be destroyed. This section contains an examination of whether recent economic growth in the Asia-Pacific region has been consistent with these goals, and how population dynamics affect these elements of sustainable development.

Sustained economic growth produces and relies on increases in migration, urbanization and broadly distributed affluence among households. In addition, sustained economic growth over the last 20 years (and into the foreseeable future) is associated with substantial population growth, albeit due mostly to population momentum rather than high fertility. Each of these four population-based processes has major consequences for environmental protection. They represent key pathways along which sustained economic growth interacts with the environment. Each one can be influenced by policy, and how they are managed determines to a large extent whether sustained economic growth is environmentally sustainable or not. In this section the focus is on urbanization and affluence. There is consideration also about how, in turn, human-induced environmental changes have impacts on population dynamics, especially in terms of population health and migration.
Rapid urbanization

The shift to urban living in Asia and the Pacific is unprecedented in speed and scale (see figure 8). United Nations projections suggest that, in China alone, the urban population will grow by more than 340 million from 2010 to 2050, which is more than today’s total population of the United States of America and Canada combined. The population of China is about 50 per cent urban today, but by 2050 it will be more than 75 per cent urban. In most countries in the region, over the next 40 years the urban population will swell and the rural population will decline. In East and North-East Asia, the urban population will grow by more than 345 million and in South-East Asia, by about 238 million. Cities and other urban areas are important engines of economic growth, but they can – and often do – have deleterious social and environmental impacts as well.

The growing urban population of Asia and the Pacific is responsible, for example, for an increasing proportion of the region’s greenhouse gas emissions (Marcotullio and others, 2012). The efficiency of energy use in urban areas depends greatly on spatial planning and the design of urban infrastructure. If policymakers could ensure that new urban areas are designed and built to be much more energy efficient than old ones, this could contribute significantly to reducing future emissions. This can be done by enforcing new building codes; by developing more energy efficient use of space for work, living and recreation; and by providing more options for personal mobility that do not depend on private cars. The current pattern of urban sprawl around many megacities is very inefficient from the point of view of both using space and expending dirty energy.

Figure 8. Percentage of population residing in urban areas, by ESCAP subregion, 1980-2030

There are also significant co-benefits to well-being from reducing the use of fossil fuels in terms of population health, amenities and quality of life. For example, reducing emissions leads to cleaner air and less illness due to air pollution (Brunekreef and Holgate, 2012). If such reforms are not implemented as new urban areas are planned and developed, it will be far more difficult and expensive to do so later through retrofitting. The built environment is public policy set in concrete, and it is not easy to change.

**Rise of the consuming classes**

Perhaps even more impressive is the way this urban shift in Asia and the Pacific is producing huge waves of consumers with money to spend on goods and services beyond their basic necessities. It has been calculated that, when the then United Kingdom of Great Britain and Ireland began to industrialize in the eighteenth century, it took more than 150 years for GDP per capita to double; the United States and Germany achieved a similar doubling in the nineteenth century in 53 and 65 years, respectively; in the early twentieth century, Japan took 33 years to do so; and at the close of the last century, China doubled GDP per capita in just 12 years; while India, starting a little later, did it in 16 years (Dobbs and others, 2012). The population in Asia and the Pacific is becoming more urban, and at the same time this urban population is becoming increasingly dominated by rapidly growing consuming classes (Chua, 2000). How these new consuming classes spend their money will have major consequences for local and global economies, and for culture, politics and the environment. What people buy today helps determine how tomorrow’s world will look.

The metabolism of urban areas produces vast amounts of waste, much of it the result of household consumption. It has often been noted that, as countries industrialize, local pollution levels tend to follow a Kuznets curve: in the early stages of industrialization pollution increases rapidly, but once a country reaches a certain level of prosperity, citizens demand a cleaner environment and the new wealth enables the country it to put into place some environmental quality controls, with the result that pollution levels begin to come down again. Although pollution in Asian countries receives a lot of media attention, the rate of pollution in many countries is lower than it was in Western countries when they were at similar levels of industrialization. In addition, a recent study of Asian economies shows that, after controlling for level of affluence, higher levels of urbanization in an economy are actually associated with lower levels of pollution.

Lifestyles – including those aspired to, as well as those actually lived – need to change around the world. Policymakers must consider therefore how, realistically speaking, to achieve responsible consumer behaviour.
This requires urgent, and at times unpopular, policy interventions to foster environmentally friendly consumption patterns. The sheer size and growth of Asia’s consuming classes, combined with their socially transformative role, make them an important part of any global solution to environmental protection. The fact that many in these consuming classes are themselves already on steep learning curves regarding how to utilize their growing wealth provides an opportunity. Policymakers and researchers need to pay attention to how lifestyles are evolving in Asia and how these lifestyles can be made more sustainable. How the consuming classes of the region spend their money is a question of global as well as local significance.

**Environmental change and population health**

Assessments of the state of the environment in the Asia-Pacific region invariably conclude that land, air and water resources are being exploited unsustainably and that the integrity of many ecological systems that are needed to support human populations are threatened by human activities and pollution. Many of these problems transcend national borders, and the overall situation is now exacerbated by the first truly global environmental problem: anthropogenic climate change (Intergovernmental Panel on Climate Change, 2007). The deteriorating state of the environment is already having negative impacts on population dynamics and well-being.

Climate change, for example, can affect population health via multiple paths, some more direct than others (World Health Organization, 2003). Four main types of pathways can exist via: extreme weather events; effects on ecosystems; sea-level rise; or environmental degradation (McMichael, Woodruff and Hales, 2006; McMichael, 2013). Extreme weather events can have an impact on health in various ways. Heat waves can cause elderly people to die of heat stress, even in modern cities such as Chicago and Paris. They die because they are poor; they cannot afford air-conditioning; and they are afraid to leave their bedroom windows open at night when they sleep because they are afraid of crime. Floods are another example: they can contaminate drinking water and cause outbreaks of diarrhoea, cholera and other water-borne diseases. A different kind of path is where climate change leads to reorganization of species in ecosystems (Lafferty, 2009), including disease vectors, such as mosquitoes and ticks, thus causing changes in the incidence and prevalence of such vector-borne diseases as malaria and dengue fever. Climate change can also add to the environmental degradation of agricultural landscapes, raising concerns about food security and the considerable health risks associated with malnutrition, especially among infants, young children, their mothers and pregnant women.
Public health officials are already familiar with all these health risks, and considerable progress has been made over the past decades to reduce these risks and eliminate some of these diseases over vast areas where they were previously endemic. Climate change is not producing new diseases (although that is a theoretical possibility). The challenge is that climate change may produce old public health problems with new intensity and in new locations. Health systems are at risk of being overwhelmed by additional caseloads and by the geographical redistribution of some of the old infectious diseases.

Furthermore, if human populations are to adapt to climate change, individuals and communities will have to adjust their behaviour patterns over time in countless ways. People who are healthy may find this relatively easy to do; those who are ill may find they lack the necessary physical and mental strength to cope. Successful adaptation requires that a population is healthy.

Environment and migration

Throughout history, migration has been a major strategy for human populations (and other species) to adapt to environmental changes, and this will undoubtedly continue to be so in the case of climate change. Some commentators are fuelling fears that climate change could produce a tidal wave of “climate change refugees” from the developing world that could threaten to flood into developed countries. These fears are exaggerated, at least for the immediate future: experience has shown that the vast majority of people forced to move for environmental reasons choose to move short distances whenever possible. Most migration will be local, as for example can already be seen in some of the large deltas, such as that of the Mekong River where households, with government assistance, are already moving to higher (or artificially raised) ground to avoid annual floods, while remaining within the same commune.

Current responses to urban design in an era of climate change are woefully inadequate, however. Flooding, common in many Asian and Pacific cities, is symptomatic of the policy failures: how to build cities so they will not flood is already known, but policymakers have allowed cities to develop in response to other priorities. This problem could become much more serious in the near future given that so many of Asia’s megacities are located in coastal areas. Many of these megacities cities, with few notable exceptions, continue to grow and “develop” according to plans which give only low priority (at best) to environmental and climate change considerations (De Sherbinin, Schiller and Pulsipher, 2007).
Populations need to become “climate smart” and build resilience into their built environments. An approach to urban design is needed which is simultaneously both people-friendly and environment-friendly. It is necessary to think of “virtuous cycles” connecting human populations and living ecological systems, not simply of reducing mankind’s ecological footprint (Birkeland, 2008). A good way to do this is to use principles which mimic nature.

The argument is sometimes made that population is not too important for the state of the environment because poor countries with high population growth rates have low per capita impact on the environment, whereas the population of rich countries that are growing slowly (or even shrinking) have a much higher per capita impact; in other words, affluence and technology are more important than population size. That argument is not sound, first because, as has been seen, the environmental impacts of population dynamics are not just a matter of size and growth rates but also changing population structure and composition; second, the argument presupposes a false opposition among population, affluence and technology factors when all three factors make irreducible contributions to environmental impact and therefore need to be studied as a set (Keyfitz, 1994).

VII. Conclusions

There are a number of gaps and emerging issues in the implementation of the ICPD Programme of Action with regard to its stated sustainable development objectives. The emerging issues include: reducing fertility in those countries that still have high fertility; reducing poverty; improving education for children and youth and removing any remaining gender inequalities; and building towns and cities which are both people- and environment-friendly (see table 2). These issues are critical for many countries in the sense that the way society responds to them can make an enormous difference to future well-being; they are emerging to the extent that each has gained added prominence since the Programme of Action was adopted in 1994.

It is these emerging critical issues that the Sixth Asian and Pacific Population Conference and the International Conference on Population and Development beyond 2014 need to address. Regarding future actions for the further implementation of the ICPD Programme of Action, it will be necessary to recognize that the precise set of population-based challenges facing any particular country depends on that country’s unique circumstances, and the portfolio changes as the country goes through its demographic transition.
There are also gaps in the implementation of the sustainable development objectives of the ICPD Programme of Action which need to be addressed, although it is difficult to be precise since the original statement of some of these objectives is unspecific and open to interpretation. For example, the Programme of Action’s objectives regarding integrating population concerns into development strategies, planning and decision-making are necessarily left general and abstract. There is considerable ambiguity as to what they might mean in practical terms. No one has made a systematic compilation of relevant data which would facilitate an objective assessment. Evidence from the ICPD beyond 2014 Global Survey suggests, however, that integration of population dynamics into development planning by ESCAP members and associate members is minimal or patchy at best in most countries in the region.

ICPD beyond 2014 needs to address the gaps and emerging issues identified above regarding the implementation of its sustainable development objectives. In column 2 of table 2, simple labels are provided for the kinds of key actions needed to address the issues; the operational details of policy interventions obviously need to be formulated on a case-by-case basis. Column 3 provides some key references for the evidence base of the suggested key actions.

<table>
<thead>
<tr>
<th>Gaps and emerging issues</th>
<th>Key actions required</th>
<th>Evidence base</th>
</tr>
</thead>
</table>
| Integrating population dynamics into development planning     | Informative advocacy on population and sustainable development linkages | • N. Birdsall, A.C. Kelley and S. Sinding, eds., Population Matters: Demographic Change, Economic Growth, and Poverty in the Developing World (New York, Oxford University Press, 2001);  
• Adrian C. Hayes, The Role of Population and Reproductive Health Policy in Reaching the Millennium Development Goals in East and South-East Asia (Bangkok, UNFPA Country Technical Services Team for East and South-East Asia, 2005);  
<p>| Reducing fertility and high population growth (in high-fertility countries) | Improve access to family planning and reproductive health services | • John Bongaarts, John Cleland, John W. Townsend, Jane T. Bertrand and Monica Das Gupta, Family Planning Programs for the 21st Century: Rationale and Design (New York, Population Council, 2012); |</p>
<table>
<thead>
<tr>
<th>Gaps and emerging issues</th>
<th>Key actions required</th>
<th>Evidence base</th>
</tr>
</thead>
</table>
| Reducing poverty                                 | Services for the poor (health, education) and job creation; protection of environments on which the rural and urban poor depend | • Henrik Urdal, “A clash of generations? Youth bulges and political violence”, Expert Paper No. 2012/1 (New York, United Nations Department of Economic and Social Affairs, 2012);  
| Improving equitable human capital formation     | Achieving universal education (without discrimination)                                                    | • Adrian C. Hayes, “Poverty reduction and environmental management”, in Poverty, Environment and Development: Studies of Four Countries in the Asia Pacific Region, A. Hayes and M.V. Nadkarni, eds. (Bangkok, United Nations Educational, Scientific and Cultural Organization, 2001), pp. 253-270;  
• Janis Birkeland, Positive Development: From Vicious Circles to Virtuous Cycles through Built Environment Design (London, Earthscan, 2008);  
### Gaps and emerging issues

<table>
<thead>
<tr>
<th>Fostering environment-friendly consumption behaviour</th>
<th>“Responsible consumer behaviour” public awareness campaigns; and parallel regulation of production</th>
<th>Evidence base</th>
</tr>
</thead>
</table>
| Redefining old age (as countries approach low-fertility status) | Establishing anti-discrimination policies for the elderly; universal superannuation; supporting institutions so that the elderly can care for each other and themselves | • Richard Dobbs and others, *Urban World: Cities and the Rise of the Consuming Class*. McKinsey Global Institute, 2012;  
• Peter Laslett, *A Fresh Map of Life: The Emergence of the Third Age* (London, Weidenfeld and Nicolson Ltd., 1989);  
• Andrew Mason and Tomoko Kinugasa, “East Asian economic development: two demographic dividends”, *Journal of Asian Economics*, vol. 19, Nos. 5-6, pp. 389-399;  

---

If ICPD beyond 2014 is to ensure that population policy contributes more effectively to sustainable development than in the past, then it is essential that it should establish a vital role for population dynamics, in *both* their macro and micro aspects, in the global development agenda. This would require complementing the global development agenda beyond 2015, which will focus on sustainable development. While promoting human rights is absolutely fundamental and non-negotiable regarding *all* development policies and programmes, promoting human rights by itself is not enough to achieve sustainable development. The emphasis on human rights and the lives of individuals needs to be complemented by a parallel recognition of the importance of the macro aspects of population dynamics for achieving sustainable development.

The International Conference on Population and Development beyond 2014 needs a strong statement on the important linkages between population dynamics and sustainable development. The statement in chapter III of the Programme of Action is not sufficiently clear, partly because it is organized in terms of a trilogy of concepts (population, development and environment), while sustainable development is generally defined in terms of a different trilogy (economic growth, social justice and environmental protection). Environment is the common link, but ICPD was focused on population and development, not population and environment. It is necessary that for the global development agenda beyond 2015 the links between population dynamics and sustainable development be recognized in future international policy discussions aimed at achieving sustainable development.
Changes in population dynamics are not intrinsically “good” or “bad” for human well-being: it is only in specific contexts of the linkages between population dynamics and sustainable development that it can be ascertained whether they will hinder or promote well-being. What typically makes the difference is whether policymakers can adjust existing institutional arrangements in order to transform dysfunctional contradictions between population trends and development goals into productive synergies. The data on empirical interrelationships between population and sustainable development and their consequences need to be used for sound policy formulation.

ICPD beyond 2014 needs a strong statement on governance issues. The population concerns relating to human well-being and sustainable development objectives described in this paper typically cut across multiple government sectors. This poses a special challenge to integrating population concerns into development plans and programmes. New governance mechanisms may be needed if this is to be accomplished more effectively than in the past.

Population dynamics directly influence and are influenced by the elements of sustainable development – sustained economic growth, social justice and environmental protection. Managing the linkages between population dynamics and sustainable development, then, is essential to the success of any sustainable development strategy. The 20-year review of the implementation of the ICPD Programme of Action provides an opportunity for renewed commitment and action by stakeholders to address gaps and emerging issues in the linkages between population and sustainable development beyond 2014. Strong policy formulation, institutional arrangements and multisectoral cooperation are needed by countries in the region to promote sustainable development through the incorporation of population inputs. Likewise, the sustainable development focus of the discussions on the development agenda beyond 2015 is a key opportunity to emphasize the linkages between population dynamics and sustainable development and to define sustainable development objectives in a more precise manner, which would overcome two shortcomings of the ICPD Programme of Action that have served to limit its implementation as it relates to sustainable development.
References


Combined Statement by Civil Society Organizations at the Sixth Asian and Pacific Population Conference, Bangkok, 16-20 September 2013

The following statement was delivered on behalf of Civil Society Organizations* in Asia and the Pacific at the Sixth Asian and Pacific Population Conference. While acknowledging progress made, the statement points at continuing challenges, specifically related to gender equality and sexual rights. The statement calls, among other things, for a fair and transparent monitoring process of the Programme of Action of the International Conference on Population and Development (ICPD) and strengthening accountability mechanisms.

“Some 120 civil society representatives from across Asia and the Pacific met in Bangkok on September 12 and 13 prior to the Sixth Asian and Pacific Population Conference to advocate for advances, challenges and ways forward on ICPD beyond 2014. In appreciation of the continued commitment of Governments towards the ICPD Programme of Action, we would like to acknowledge that there has been considerable progress in recognition of rights at the international, regional and national levels. However, there is a need to acknowledge global changes and evolving contexts within countries and regions, therefore heralding a need to expand the scope of the Programme of Action.

* The statement was made on behalf of the following organizations: 7 Sisters, Thailand; Aahung, Pakistan; AIDS Funds, India; Aliansi Remaja Independen, Indonesia; Amnesty International, United States of America; ARROW, Malaysia; ASEAN Youth Movement, Thailand; Asia-Pacific Alliance, Malaysia; Asia Population Association, Australia; Asia Safe Abortion Partnership, India; Asian Forum of Parliamentarians on Population and Development, Thailand; Bandhu Social Welfare Society, Bangladesh; Beyond Beijing Committee, Nepal; Care of Afghan Families, Afghanistan; Care, Australia; Center for Creative Initiatives in Health and Population, Vietnam; Centre for Health Education Training and Nutrition Awareness, India; China Family Planning Association, China; China Youth Network, China; Coalition of Asia-Pacific Regional Networks on HIV/AIDS, Thailand; Coalition of Services of the Elderly, Inc., Philippines; Development Action for Women Network, Philippines; Development Action for Women Network, Thailand; Department of Youth and Sports, Bhutan; EQUAL GROUND, Sri Lanka; Equality for Peace and Democracy, Afghanistan; Fair Family Law Group, Iran; Family Planning Association of Bangladesh, Bangladesh; Family Planning Association of India, India; Family Planning Association of Nepal, Nepal; Family Planning Association of Pakistan, Pakistan; Family Planning Organization of the Philippines, Philippines; Family Planning Organization of Sri Lanka, Sri Lanka; Family Planning New Zealand, New Zealand; Federation of Reproductive Health Associations, Malaysia; Fiji Council of Social Services, Fiji; Fiji Women’s Rights Movement, Fiji; Foundation for Older Persons’ Development, Thailand; Gramin Vikas Vigyan Samity, India; HelpAge Cambodia, Cambodia; HelpAge International, Vietnam;
This diverse region is home to the world’s largest population, including the largest percentage of young people and a growing ageing population, which present unique challenges when implementing the Programme of Action, as evidenced by the findings of the Global Survey.

In many countries there is still a significant unmet need for family planning services and supplies; many have low rates of contraceptive prevalence rates and unacceptably high rates of maternal mortality and morbidity. It is equally important to acknowledge that some areas of the region are experiencing rapid economic development and that inequalities are increasing both within and between member States.

In light of the unique needs of this region, progresses achieved, and continuing challenges we urge member States to consider the following:

Universal access to comprehensive, integrated, quality sexual and reproductive health services, information and care is a human right. We recognise the need to adopt rights-based approaches to reproductive health, adolescent health and child health. Services should be delivered in a non-discriminatory manner and include access to a full range of
safe, affordable, effective and voluntary forms of modern contraception; adequate counselling, information and education, youth and adolescent friendly services; comprehensive maternity care including pre and postnatal care and safe delivery services; safe comprehensive abortion care; prevention and treatment of sexually transmitted infections (STIs), HIV and reproductive cancers; and prevention of sexual and gender-based violence (SGBV).

We reaffirm the need to prevent vulnerability, discrimination, violence and marginalization based on gender, age, race, caste, class, migrant status, marital status, indigenous status, livelihoods, disability, HIV status, sexual orientation and gender identity. This must be achieved through the removal of all discriminatory laws and policies and by addressing social and economic barriers.

Violence against women throughout the life cycle derives from patriarchy. In particular, this includes the harmful effects of certain traditional or customary practices and all acts of extremism linked to race, sex, language or religion that perpetuate the lower status accorded to women in the family, the workplace, the community and society.

Gender equality can never be fully achieved without an intersectional approach to reproductive and sexual rights, which includes the right to sexual orientation and gender identity. Sexual and reproductive rights are indivisible, inalienable, interrelated human rights, which are fundamental to achieving gender equality and human development.

We strongly endorse the promotion and implementation of policies that enable persons to exercise their sexual rights, which embrace the right to a safe and full sex life. It also includes the right to take free, informed, voluntary and responsible decisions on sexuality, sexual orientation and gender identity, without coercion, discrimination or violence, and to guarantee the right to information and the means necessary for people’s sexual and reproductive health.

We recall Human Rights Council resolution 17/19 on human rights, sexual orientation and gender identity. We express grave concerns at acts of violence and discrimination committed against individuals because of their sexual orientation and identity.

We also call on member States to reaffirm their commitment towards the full implementation of all international human rights treaties that provide the international legal framework for promotion, protection and fulfillment of human rights, especially sexual and reproductive health and rights as integral elements in implementing the Plan of Action and the goals beyond 2014.

1 A/HRC/RES/17/19.
We commend the member States for addressing concerns on migration, including both internal and international migration. However, there is a need to underscore the realities behind why people migrate beyond improving their economic livelihood, which includes conflict, disasters as well as climate change. All people should have access to services, which includes education and health, including sexual and reproductive health and comprehensive sexuality education. Measures to prevent and mitigate the effects of natural disasters and other adverse situations should address the needs of all vulnerable groups.

We urge member States to put in place rights-based and gender-responsive pre-departure, post-arrival and reintegration programmes, in order to address the economic, psycho-social and cultural needs of all migrants, including their access to health services and information. We also request the member States to remove discriminatory laws and policies that impinge on the sexual and reproductive health and rights of migrant workers, including mandatory screening for HIV/STIs and pregnancy, and the prohibition to marry and form a family, among others.

We strongly recommend member States to ensure consistent referencing to both adolescents and youth across all areas of population, development and sexual and reproductive health and rights. It is essential to acknowledge and accept the diversity of young people, as defined in the Bali Global Youth Forum outcome document.2

We recommend that comprehensive sexuality education with an emphasis on human rights and a holistic approach should be retained in both formal and non-formal settings. We urge member States to include comprehensive sexuality education in their school curricula, which should recognize the evolving capacities of the child. High-quality comprehensive sexuality education should be delivered in a youth friendly, non-discriminatory and non-judgemental environment.

We urge member States to acknowledge that respecting and enabling the political participation of adolescents and youth is critical. Member States must recognize access to quality employment for youth as key and ensure decent job creation and its sustainability.

We urge member States to address ageing as a priority issue, which should be recognized in both national and regional laws, policies and plans of action. We recommend that age-friendly environments to support active participation of older persons in community and development activities should be created and promoted.

---

2 UNFPA/WP.GTM.1.
We commend the recognition of unsafe abortion as a public health and human rights challenge and strongly urge the decriminalization of abortion and removal of barriers that prevent access to safe abortion services across the region.

We urge member States to ensure a fully transparent and inclusive monitoring process for implementation of the development agenda beyond 2015 that makes information freely available to all stakeholders at all operational levels, namely local, national, regional and global; include process indicators to improve qualitative evaluations; and guarantee the consideration of reports from beneficiaries, in particular from the most socially marginalized and vulnerable population, on how development programmes impact their lives.

We commend the call to strengthen mechanisms for accountability by member States and would also recommend that they formulate clear strategies for establishing and strengthening them.

We believe that accountability must be rooted in the principles of human rights, empowerment, participation and transparency, and that the same principles are applied in monitoring and regulating the role of private sectors in all service delivery.

We call on member States, multilateral organizations and donors to invest in the full implementation of the Programme of Action and subsequent ICDP commitments to address the unfinished agenda and the unmet needs of those in the Asia-Pacific region.

The main challenge for most Governments in the region will be to ensure a fair distribution of wealth during this period of growth and thus secure an equitable society. Poverty eradication is an indispensable requirement for sustainable development. This is a matter of basic justice and human rights. We also recommend that population policies based on incentives or disincentives should be replaced with rights-based policies.

Civil society organizations must continue to be integral to monitoring and reviewing processes on policies, programmes and the implementation of action plans.”
Youth Statement at the Sixth Asian and Pacific Population Conference, Bangkok, 16-20 September 2013

The following statement was issued on behalf of more than 50 youth organizations* in Asia and the Pacific and was delivered at the Sixth Asian and Pacific Population Conference. The statement addresses the incomplete agenda in the Programme of Action of the International Conference on Population and Development (ICPD), namely sexual and reproductive rights. The statement gives recommendations in five thematic areas that are pertinent to young people, namely education, sexual and reproductive health and rights for adolescents and young people, comprehensive sexuality education, abortion, and young people and migration.

Asia-Pacific youth and adolescent regional call for action

“The Programme of Action of the International Conference on Population and Development (ICPD) was initiated in 1994 in Cairo, where 179 countries agreed that everyone is entitled to a healthy and productive life without discrimination, including the elimination of gender disparities, while achieving the widest and earliest possible access by girls and

* This statement has been issued on behalf of the following organizations:
  Aliansa Remaja Indepen, Indonesia; Amnesty International, Indonesia; Asian-Pacific Resource and Research Centre for Women, Indonesia; Asian-Pacific Resource and Research Centre for Women, Malaysia; Asian-Pacific Resource and Research Centre for Women, Nepal; Ayal, South-East Asia, Beyond Beijing Committee, Nepal; Center for Creative Initiatives in Health and Population, Viet Nam; China Youth Network, China; Druk Adolescents’ Initiative for Sexual Awareness Network/South Asia Regional Youth Network, Bangladesh; Equality for Peace and Democracy, Afghanistan; Family Fair Law, Iran (Islamic Republic of); Family Planning Association of India — South Asia Regional Youth Network, India; Family Planning Association of Nepal, Nepal; Family Planning Association of the Philippines, Philippines; Federation of Reproductive Health Association, Malaysia; Global Youth Coalition on HIV/AIDS, India; International Planned Parenthood Federation (South Asia Region), India; International Planned Parenthood Federation, United Kingdom of Great Britain and Northern Ireland; Non-Governmental Organization Youth Theatre Light, Russian Federation; Pacific Youth Council, Fiji; People’s Health Movement, Nepal; Princess Center, Mongolia; Real People Real Vision, Georgia; Reproductive Health Association of Cambodia, Cambodia; Reproductive Health Youth Consortium, Philippines; Restless Development, India; Rural Women’s Association, Kyrgyzstan; Rutgers World Population Foundation, Pakistan; Society for Promotion of Youth and Masses, India; Society Without Violence, Armenia; South Asia Regional Youth Network — International Planned Parenthood Federation, Bangladesh; South Asia Regional Youth Network — International Planned Parenthood Federation, South Asia Regional Youth Network, Maldives; South Asia Regional Youth Network, Sri Lanka; World Youth Conference 2014, Sri Lanka; Young Women’s Christian Association, Myanmar; Young Women’s Christian Association, Sri Lanka; Youth Action, Nepal; Youth Advocacy Network, Pakistan; Youth Champions — Asia Safe Abortion Partnership, India; Youth Coalition for Sexual and Reproductive Rights, Indonesia; Youth-LEAD, Nepal; Youth-LEAD, Thailand; Youth Peer Education Network, United Nations Population Fund, Indonesia.
women to secondary education. Now, 20 years on from that momentous agreement, the agenda remains unfinished. Furthermore, young people are disproportionately affected by the incomplete agenda.

Young people under the age of 25 comprise 43 per cent of the total global population. About 16 million adolescent girls become mothers annually, and in any given year, at least 20 per cent of adolescents suffer from mental illness such as depression and anxiety. Some 40 per cent of new HIV infections are among young people aged between 15 and 24. The Asia-Pacific region is estimated to be home to approximately 750 million young people aged 15 to 24 years. These young people include girls, lesbian, gay, bisexual, transgender, queer or questioning, intersex, persons living with disabilities, indigenous people, migrants, language minorities, women, pregnant girls, people living in war and humanitarian contexts, sex workers, drug users, persons living with HIV or AIDS, dropouts and displaced persons.

Responding to the needs of the region, 50 young leaders from Asia and the Pacific gathered in Bangkok on 14 and 15 September 2013, prior to the Sixth Asian and Pacific Population Conference, and formed the regional platform to ensure that the rights of young people are met, respected and protected. The young people came up with recommendations in five thematic areas: (a) education; (b) sexual and reproductive health and rights for adolescents and young people; (c) comprehensive sexuality education; (d) abortion; and (e) migration. The recommendations for each thematic area are as follows:

Education:

(a) Ensure equality and substantive equity in universal access to education for all young people, regardless of class, gender, sexual orientation, race, religion, culture, socioeconomic background, disability and geographic location, free from stigma and discrimination, violence and coercion;

(b) Adopt school curricula that focus on personal development and the acquisition of skills along with academic achievement, so as to ensure the transition from school to a sustainable livelihood;

(c) Increase investment in non-formal education systems to address the contextual needs, such as existing unemployment, of young people who drop out, together with “differently-abled”, marginalized and underserved populations and other minorities;

(d) Invest in leadership and the meaningful participation of young people and adolescents in the planning, implementation,
monitoring and evaluation processes of national, local and community-based education programmes;

(e) Improve the infrastructure of schools so as to enhance their accessibility and utility, with special emphasis on rural and urban poor communities, and persons living with disabilities.

Sexual and reproductive health and rights for adolescents and young people:

(a) Develop and strengthen policies, laws and programmes that recognize, promote, protect and fulfil young people’s sexual and reproductive rights, including the right to express sexual orientation and gender identity, while recognizing these rights as human rights;

(b) Allocate and effectively utilize national and subnational budget dedicated to young people and adolescents’ sexual and reproductive health and rights, and ensure effective governance, transparency and accountability of policies and programmes being implemented by State and non-State stakeholders;

(c) Invest in enhancing the capacity of health service providers (nurses, skilled birth attendants, midwives, pharmacists and community health workers, among others) to ensure provision of comprehensive youth-friendly sexual and reproductive health services, and the system of referrals;

(d) Allocate financial resources exclusively for youth-led movements — both within and beyond forums and organizations — so as to be able to effectively plan, implement and monitor programmes on young people and adolescents;

(e) Eliminate all barriers, including cultural, religious, social, economic and legal practices, that have been used to impede efforts to access information and services related to sexual and reproductive health by youths and adolescents.
Comprehensive sexuality education:

(a) Provide universal access to comprehensive sexuality education that is evidence- and rights-based, non-discriminatory, non-judgemental, gender-sensitive and youth-friendly for all young people. Comprehensive sexuality education should be incorporated into the curriculum at primary, secondary and tertiary levels;

(b) Develop the capacity of peers and teachers, among others, to deliver effective comprehensive sexuality education to meet the diverse needs of young people and adolescents, while acknowledging their evolving capacities and needs;

(c) Create an enabling environment for the provision of comprehensive sexuality education by removing all religious, social, economic and cultural barriers;

(d) Urge Government to implement fully comprehensive sexuality education both in formal, non-formal and informal settings to fulfil and safeguard young people and adolescents’ human rights.

Abortion:

(a) Ensure access to safe and legal abortion that promotes young women’s right to choice, and is affordable, accessible and free from coercion, discrimination and stigma by:

(i) Eliminating restrictive and punitive laws and policies, including requirements for parental and spousal notification and/or consent, or age of consent and other barriers to comprehensive safe and legal abortion;

(ii) Developing and implementing programmes that support, promote, protect and fulfil young people’s right to make decisions about their body and reproduction that are informed and independent.
Migration:

(a) Urge Governments to harmonize local, national and international laws and policies to ensure legal recognition of different groups of young migrants, such as young workers, including domestic workers, students, internally displaced young people, young people seeking asylum, young refugees, young sex workers and young people entering into paper marriages through migration;

(b) Develop, strengthen and implement programmes in countries of origin, transit and destination that provide young migrants with access to information and health services, including sexual reproductive health services, and harm-reduction services through social protection schemes such as public insurance and legal assistance;

(c) Eliminate mandatory medical checks, especially HIV, STI and pregnancy testing, that are used as a basis for discrimination and, often, the deportation of young migrant workers. Ensure that every young migrant has the right to decent employment;

(d) Invest in development of holistic reintegration and rehabilitation systems for returnee migrants, which include social reintegration programmes and sexual and reproductive health and rights services;

(e) Invest in strengthening national and regional data collection and analysis of periodic, reliable, quantitative and qualitative, age and gender disaggregated statistics on young migrants to support evidence-based policymaking and programming.”
Editorial management

Editor-in-Chief: Srinivas Tata
Editor: Vanessa Steinmayer
Advisers: Jerrold W. Huguet,
          Bhakta Gubhaju and
          Ghazy Mujahid

EDITORIAL ADVISORY BOARD

• BENCHU YODDUMNERN-ATTIG, Associate Professor, Institute for Population and Social Research, Mahidol University, Nakorn Pathom, Thailand

• GRACE CRUZ, Director, Population Institute, University of the Philippines, Quezon City, Philippines

• JOHN KNODEL, Professor, Population Studies Center, University of Michigan, United States of America

• NIBHON DEBAVALYA, Secretary-General, Planned Parenthood Association of Thailand, Bangkok

• RABBI ROYAN, UNFPA Representative in Pakistan

• SHIREEN JEJEHBOY, Senior Programme Associate, Population Council, New Delhi

• SUREEPORN PUNPUING, Director, Institute for Population and Social Research, Mahidol University, Nakhon Pathom, Thailand, and Executive Secretary, Asian Population Association

• VIPAN PRACHUABMOH, Dean, College of Population Studies, Chulalongkorn University, Bangkok

• WASIM ZAMAN, Executive Director, International Council on Management of Population Programmes, Selangor, Malaysia
Guidelines for contributors

Original contributions are invited, especially papers by authors from or familiar with the Asian and Pacific region. Ideally, such papers would discuss the policy and/or programme implications of population issues and solutions to problems, reporting on experiences from which others could benefit.

All material submitted for the consideration of the Editorial Board should be in the English language. Manuscripts should not exceed 6,000 words, including tables, figures, references and other material. Consideration will also be given to shorter technical and policy papers and notes on areas of specific policy interest and value. Manuscripts should include a short abstract (100-200 words) of the issues addressed and the most important policy-related findings. The manuscript should be prepared in one of the major word-processing programs and be double-spaced. The margins should be at least 3 cm (roughly 1 inch) wide, preferably more for the left-hand margin. If possible, please submit the manuscript as an e-mail attachment to the address given below. If e-mail attachment is not possible, send a hard copy (a single-sided print copy on A4-sized paper), together with an e-file of the text on CD-ROM.

A complete list of references arranged alphabetically by author should also be included at the end of the manuscript together with a few keywords. Please refer to examples in any issue of the Journal or contact the Editor for a copy of the editorial guidelines. Figures and tables should be supplied separately either as e-mail attachments or in the e-file, preferably in Microsoft® Excel® or any major spreadsheet program.

Manuscripts are accepted on the understanding that they may be edited. Contributors should submit only material that has not previously been published or submitted for publication elsewhere; and they should so state in their covering letter.

A brief introduction about the author(s), including title and affiliations, should also be submitted.

All manuscripts will be submitted to double-blind peer review. The name(s) of the author(s) or other identifying information should therefore be placed only on the title page in order to preserve anonymity.

Manuscripts may be sent by e-mail to the Editor, APPJ, at escap-population@un.org; or by airmail post to: Editor, APPJ, Social Development Division, ESCAP, United Nations Building, Rajadamnern Nok Avenue, Bangkok 10200, Thailand.
ESCAP is the regional development arm of the United Nations and serves as the main economic and social development centre for the United Nations in Asia and the Pacific. Its mandate is to foster cooperation between its 53 members and 9 associate members. ESCAP provides the strategic link between global and country-level programmes and issues. It supports Governments of countries in the region in consolidating regional positions and advocates regional approaches to meeting the region’s unique socioeconomic challenges in a globalizing world. The ESCAP office is located in Bangkok. Please visit the ESCAP website at www.unescap.org for further information.

The shaded areas of the map indicate ESCAP members and associate members.
Published since 1986 by the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP), the Asia-Pacific Population Journal (APPJ) brings out high-quality, evidence-based and forward-looking articles on a wide range of population and development issues in Asia and the Pacific.

This issue of the Asia-Pacific Population Journal contains the following articles:

**Sexual and Reproductive Health and Rights in Asia and the Pacific**
By Rajat Khosla

**Population and Social Integration Policies in Asia and the Pacific**
By Ghazy Mujahid

**Population Dynamics and Sustainable Development in Asia and the Pacific**
By Adrian C. Hayes

**Statements:**

Combined Statement by Civil Society Organizations at the Sixth Asian and Pacific Population Conference, Bangkok, 16-20 September 2013

Youth Statement at the Sixth Asian and Pacific Population Conference, Bangkok, 16-20 September 2013

USD$ 30.00
ISBN 978-92-1-120665-4