

relationship with AIDS, sexually transmitted diseases (STDs) are a serious problem in themselves; prevention, diagnosis, and treatment of STDs should be associated with family planning programs.

Improvements in the quality of services, oriented to meeting clients' broader needs, has led to increased demand and continued use of family planning. There is growing evidence that population programs focusing on helping people meet their own reproductive goals, rather than on attaining national demographic targets, could be more successful than target-driven programs.

Because population growth is the cumulative result of individual reproductive choices and behaviours, it is not solely a macro-issue critical to sustainable development. It is just as critically a human rights, health and gender issue.

Both men and women have a fundamental human right to raise a family and to control their own reproductive behaviour, and services should be made available to both sexes. Changing attitudes and behaviours of men, including youths, regarding their responsibility for their sexual behaviour and its consequences for themselves, their partners and children should be part of the overall objectives of population programs. Nevertheless, the immediate costs of insufficient access to family planning and reproductive health services are still borne mainly by women. Primary and secondary education for girls is a critical factor influencing fertility behaviour, but unplanned adolescent pregnancy too often ends their education. Smaller family size and better-spaced births can make it possible for women, their families and communities to achieve higher returns from female education and employment.

CIDA's policy on Women in Development has been in place since 1984. In 1992, the Agency adopted a new Women In Development Policy Framework for the 1990s. Its goal is to strengthen the full participation of women as equal partners in the sustainable development of their societies. Its objectives closely mirror and complement those on population: to increase women's participation in economic, political and social processes; to improve women's income levels and economic conditions; to ameliorate women's access to

basic health and family-planning services; to increase women's levels of educational achievement, and to protect and promote the human rights of women.

Infant mortality levels in developing countries are still about 10 times as high as Canada's, but the comparable maternal mortality levels are dramatically worse: they can be 100 times as high. Effective family-planning and reproductive health services lower the mortality of both mothers and children by reducing high-risk births and women's recourse to unsafe abortions. Unsafe abortions not only lead to high maternal mortality, but also leave even larger groups of women with serious health problems. CIDA does not promote abortion as a method of family planning, but recognizes that women require complete access to the full range of safe reproductive health care services.

Population Co-operation Policies and Priorities

Policy Statement on Population and Sustainable Development:

In the context of its policy on population and sustainable development, CIDA's objectives are:

- to promote a better understanding of the impact of population dynamics on progress toward sustainable development;
- to support the development of policies and strategies aimed at addressing pressures of population on sustainable development;
- to support the provision of comprehensive client-oriented reproductive health care for women, men and adolescents centred on high quality family planning services that include information, education and communication components; and
- to support development programs that emphasize health, education and income generation for women, in order to foster population levels consistent with sustainable development.