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Statement submitted by Population Action International, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2008/1.



Statement

Sexual and Reproductive Health in an Urban World

Today, more than half of the world's population – 3.3 billion people – live in urban areas, and one billion of these live in slums. By 2015, 3.9 billion people will live in cities. Then, as now, most of these people will live in developing countries.¹ Cities have great opportunities to provide for residents through economies of scale. Jobs, schools and health care facilities and practitioners are often concentrated in urban areas. However, the rate of urban growth often outstrips the ability of city governments to provide for all residents, especially in smaller cities (those under 500,000, where most urban dwellers reside) that lack urban planning capacity. In 1994, the Program of Action of the International Conference on Population and Development (ICPD) called for universal access to a package of basic reproductive health services, including family planning, and for specific measures to foster human development (with particular emphasis on women) by 2015. The Programme of Action addressed the prospect of an increasingly urban world (at that time 2.5 billion people lived in urban areas), by urging governments to increase the capacity of decision makers at the city level to “respond to the needs of all citizens, including urban squatters, for personal safety, basic infrastructure and services, to eliminate health and social problems... and to provide people with alternatives to living in areas prone to natural and man made disasters.”² While cities have great potential to address many development issues, from education to poverty reduction to health, urban life also imposes unique threats. A far greater commitment to ICPD principles is needed to fulfill the promise of urban life.

While many migrants move to cities from rural areas each year, most urban growth results from natural increase, or births among those already residing in cities. This occurs even though fertility and desired family size are nearly always lower in urban than rural areas.³ Furthermore, fertility rates are higher among poor urban women than wealthier women. It is therefore critical to ensure access to quality sexual and reproductive health care including family planning for *all* urban women and men, to help women meet their desire to space out and limit pregnancies, and to slow urban growth to manageable levels.

Reducing economic inequality is also a critical need in cities. The benefits of urban life are not equally distributed across income groups. While health indicators are often better for urban than rural populations, and indicators like infant mortality are often lower for the urban poor than the rural poor, the urban poor generally fare worse than their wealthier urban counterparts. In some cases the urban poor fare worse even than those in rural areas.⁴ A recent study using demographic and health survey (DHS) data to examine health disparities in Nairobi found that while the overall child mortality rate in

¹ United Nations Human Settlements Programme. 2003. *The Challenge of Slums: Global Report on Human Settlements 2003*. Nairobi, Kenya.

² United Nations. 1995. *Population and Development, vol 1: Programme of Action adopted at the International Conference on Population and Development: Cairo: 5-13 September 1994*, paragraph 9.14. New York: Department of Economic and Social Information and Policy Analysis, United Nations.

³ United Nations Human Settlements Programme. 2003. *The Challenge of Slums: Global Report on Human Settlements 2003*. Nairobi, Kenya.

⁴ Don Hinrichsen, Ruwaida Salem, and Richard Blackburn. 2002. “The Urban Poor.” *Population Reports*. Volume XXX, Series M, Number 16.

Nairobi was half the rural rate, the child mortality rate in Nairobi's slums far exceeded the rural rate, as well as the rate for the country as a whole.⁵ Similar disparities have also been observed in critical indicators of women's health such as maternal mortality, the unmet need for contraception, and attended births; far more research is needed for a clearer understanding of urban disparities in reproductive health.⁶

Young people under 25 make up half of the world's urban population. As for other groups, cities offer greater educational opportunities – school attendance is 26% higher among urban boys and 38% higher among urban girls than their rural counterparts. Yet while there are many economic opportunities in the city, unemployment is higher among young adults than in older groups, and it can be difficult for young people to find employment in the formal sector. Pervasive gender-based discrimination makes employment even more difficult for young women, for whom poverty increases the risk of sexual exploitation and violence, endangering them and their sexual and reproductive health, and increasing their risk of unintended pregnancy, STIs and HIV.⁷

The global population shift from rural to urban is not likely to be reversed, and cities offer great promise in meeting the challenges of global human development in many areas, including health and education. Ensuring that these opportunities are available to all the world's urban dwellers requires gender-sensitive city planning, and development strategies different from those used to reach the rural poor, which are the focus of poverty reduction strategies in many countries. In addition to upholding the rights of all citizens, it is important that policymakers maintain focus on issues affecting women's well being, including legal rights, education, safety from violence, access to credit, safe and legal housing, safe water and sanitation services, and critically, to sexual and reproductive health. This requires the ongoing commitment of financial resources for the ICPD goals, and investment in quality, accessible health care and health education for all urban residents, particularly the poor, new urban migrants, and women, without neglecting health services in rural areas.

⁵ Mark Montgomery and Paul Hewett. 2005. "Urban Poverty and Health in Developing Countries: Household and Neighborhood Effects." *Demography*. Vol. 42(3):397-425.

⁶ Montgomery, Mark. 2004. The Place of the Urban Poor in the Cairo Programme of Action and the Millennium Development Goals. New York: Paper Presented at the Seminar on the Relevance of Population Aspects for the Achievement of the Millennium Development Goals, New York, 17-19 November 2004.

http://www.un.org/esa/population/publications/PopAspectsMDG/23_Montgomery.pdf, last accessed January 22, 2008.

⁷ UNFPA. 2007. *Growing up Urban: State of World Population 2007 Youth Supplement*. New York NY.