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A series of 29 booklets
documenting workshops
held at the Fifth
International Conference
on Adult Education

6c Population issues

Adult education and population issues
in the post-Cairo context



This publication has been produced by the UNESCO Institute for Education within the context of the follow-up to the Fifth International Conference on Adult Education (CONFINTEA V), held in Hamburg in 1997.

Readers are reminded that the points of view, selection of facts, and the opinions expressed in the booklets are those that were raised by panellists, speakers and participants during the workshop sessions and therefore do not necessarily coincide with official positions of the UNESCO or of the UNESCO Institute for Education Hamburg. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the UNESCO Secretariat concerning the legal status of any country or territory, or its authorities, or concerning the delimitations of the frontiers of any country or territory.

Theme 6: Adult learning in the context of environment, health and population

Booklets under this theme:

6a Adult environmental education: awareness and environmental action

6b Health promotion and health education for adults

6c Adult education and population issues in the post-Cairo context

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Foreword

In July 1997 the Fifth International Conference on Adult Education was held in Hamburg, organised by UNESCO and in particular the UNESCO Institute for Education, the agency's specialist centre on adult learning policy and research. Approximately 1500 delegates attended from all regions of the world, with representatives of 140 member states and some 400 NGOs. In addition to the work of the commissions and plenary which debated the official documents of the Conference **The Hamburg Declaration** and **The Agenda for the Future**, there were 33 workshops organised around the themes and sub-themes of the Conference.

As part of its CONFINTEA follow-up strategy, the UNESCO Institute for Education has produced this series of 29 booklets based on the presentations and discussions held during the Conference. The recordings of all the workshops were transcribed and synthesized over one year, edited, and then formatted and designed. A tremendous amount of work has gone into this process. Linda King, coordinator of the monitoring and information strategy for CONFINTEA, was responsible for overseeing the whole process. Madhu Singh, senior research specialist at UIE, undertook the mammoth task of writing almost all the booklets based on an analysis of the sessions. She was helped in the later stages by Gonzalo Retamal, Uta Papen and Linda King. Christopher McIntosh was technical editor, Matthew Partridge designed the layout and Janna Lowrey was both transcriber and translator.

The booklets are intended to draw out the central issues and concerns of each of the CONFINTEA workshops. They are the memory of an event that marked an important watershed in the field of adult learning. We hope that they will be of use both to those who were able to attend CONFINTEA V and those who were not. We look forward to your comments, feedback and continuing collaboration with the UNESCO Institute for Education.

Paul Bélanger,
Director, UNESCO Institute for Education, Hamburg
and Secretary General of CONFINTEA

Adult education and population issues in the post-Cairo context

Introduction

In the context of the workshop jointly organised by the UNESCO Institute for Education and UNFPA on Adult Education and population issues in the Post-Cairo Context, an international group debated and discussed the future directions of adult education in the field of population issues. The contributions were varied and reflected the multi-faceted nature of population education throughout the world. The chair of the session was O.J. Sikes, Chief of Education Division, UNFPA. The keynote speaker was María Josefina Bilbao, Minister for Women, Chile. Panellists at the workshop were Babatunde Osotimehin, the Social Sciences and Reproductive Health Research Network, Nigeria; Jacqueline Pitanguy, Cidadania, Estudo, Pesquisa, Informacao o Acao (CEPIA), Brazil; Wanda Nowicka (Federation for Women and Family Planning, Poland. Commentators were Ansar Ali Khan (UNESCO/Bangladesh); and Pramilla Senanyake, International Planned Parenthood Federation, London.

Particular emphasis was placed on the continuing need to interpret the post-Cairo paradigmatic shift, from a strictly demographic focus towards a new vision of development and gender rights, which was reflected at the 1994 ICPD meeting in Cairo and which had been preceded by many years of preparatory work, both at the level of international civil society represented principally by the women's movement, and at the level of the UN and national governments. The need to interpret went hand in hand with the demand for these agreements to be translated into practical policies particularly in the field of adult education. In this sense, the discussion in Hamburg was seen to be crucial for the development of adult education policy in relation to population and development.

Reproductive rights in the post-Cairo context

At the very centre of the new population discourse is the notion of reproductive rights, applying to both men and women. Reproductive rights come within the arena of human rights as a whole. They involve control and ownership of the body and focus particularly, although not exclusively, on the rights of women to make decisions about their reproductive futures. However, in order to make effective decisions regarding reproductive rights, women and men need to receive information about their options and the implications of these. This is where adult education should play a key role. If the new post-Cairo discourse is to have any meaning over and above the level of verbal exchange, people need to participate in educational processes which will empower them to make reproductive choices. Here we are dealing with the key issue of how to move from written agreements to concrete policy implementation. The role of adult education should be to provide information, promote discussion and debate on the new focus and create a context for moving from global agreements to local and people centred initiatives.

The 1994 Cairo conference brought about a paradigmatic shift in the way that we now deal with population issues, moving from a Neo-malthusian perspective, centred on population control and geared towards demographic goals, to a perspective centred on human rights, and more specifically on reproductive rights. Before the Cairo Conference the issue was seen in terms of reducing global numbers. Little attention was paid to the needs of the individual. Nevertheless some achievements from the pre-Cairo era should be emphasised. The percentage of people using contraception did go up from about 10% in the 1960s to about 50% in the 90s; child mortality was reduced from 24 million a year to about 14 million, and infant mortality was also dramatically reduced. When the focus on numbers became less important what really emerged was the individual: the need to consider the individual as a whole and his or her needs, rather than demographic targets. Cairo emphasised that society accepts that not only men but also women have the right to enjoy sex without the obligation of reproduction and that the principle of equality should underlie the relationship between the sexes. Healthy reproduction and sexuality require care from the early days of life, without sex discrimination by family, parents or health services. After Cairo, the

focus shifted to the entire life span, from the girl child or boy child through to maturity.

A tremendous change has also occurred since Cairo in terms of official UN language on population issues. Why has this change come about? Principally because of political work developed throughout the decades prior to the 1990s. A number of actors have played key roles in this shift, among which are women's movements that have been struggling to bring human rights, women's rights and reproductive rights to the fore when discussing population issues. As Jacqueline Pitanguy put it: "I think we are in a time of change. We have not yet had time to measure the concrete effects of this paradigmatic shift. We still don't know yet how to name phenomena in which we are actors and participants, but we do know that what we have to do to understand human rights is to turn to the social history of rights, the social history of education and the social history of health."

In terms of human rights language, reproductive rights occupy a later stage in the discourse together with sexual rights. The first generation of human rights had to do with civil and political rights. The second development focused on social rights. We are only just beginning to talk about reproductive rights. We are at this moment in the process of defining reproductive rights. In this sense, the WHO orientation on health as a human right helps the population field by providing a framework in which to view reproductive health as a right. The concept of health is being detached from the hospital and from the medical field which was its traditional context, and is being given a place also in the field of rights. It has also been possible to identify two main shifts in this human rights language. On the one hand, there is the inclusion of new spheres of life, which need to be protected by appropriate rights, for instance the right to freedom from domestic violence. On the other hand, new categories of people are now recognised as being entitled to the full exercise of rights. These new inclusions have involved major gains in the definition of human and reproductive rights.

The cultural context of population education

Inevitably, reproductive choices and information available will be conditioned by different cultural contexts, and in particular by different belief systems. The challenge for adult educators world-wide is to come to terms with those systems and find ways to be sensitive to and to respect those cultures on their own terms. In the case of women living under Muslim law, for example, various strategies are being employed that are effective both in achieving the goals of reproductive health education, while remaining sensitive to the prevalent cultural norms. Older women, respected in the community, have been trained to work with young girls and women, in their homes, to teach them about reproductive and sexual health. The notion that reproductive health is a monopoly of Western medicine should be challenged by the exploration of culturally appropriate models.

The example of Nigeria was presented: Nigeria is Africa's most populous nation, and it possesses a rich diversity and a rich mix of cultures. The country has 110 million inhabitants, distributed amongst 350 different peoples which represent different cultures and have distinct characteristics. The reproductive health profile of Nigeria as a nation state also presents numerous challenges to the health care industry and the social sector in general. Pre-natal mortality ranks among the highest in the world, half of which is due to abortions incurred by adolescent girls, who either are uneducated about the dangers or denied access to contraception, information and services as an effective tool. In addition, there is an unacceptably high infant mortality rate, a population growth rate of 3.2 per cent, low contraceptive acceptance rate, and very low levels of female literacy. All this becomes more significant when we realise that in Nigeria, like most African nations, most women are disempowered within the context of the family and cannot make independent choices about their reproductive and sexual health.

In the case of women who live under Muslim law, these women marry very early, some of them as early as ten or eleven years of age. They also enter the child-rearing arena quite early, and they live in a context of almost complete disempowerment. They lack access to information and education about reproductive health and sexual health, and the only information they get is through their husbands. How have these issues been addressed? In Nigeria, for example, elderly Muslim women were

employed to go in and teach the women about the basics of reproductive health. They also worked through Muslim leaders and husbands to encourage an increase in the number of years of female education in that region, in the hope that more years of formal education will empower women, expose them to information, delay marriage, and increase awareness and so improve the dignity of all women.

In this issue of culturally sensitive education, it is also vital to stress the interrelationship with pre-testing of educational demands, methods and materials. If adult education is to be culturally sensitive it needs to address issues such as sexuality by working with the community prior to the commencement of programmes to determine what its needs are and how it would like these to be addressed. An emphasis on respect for people, both individuals and larger communities, ensures in turn a positive response. It is important to regard adults as subjects of population education rather than objects. Indeed, educators can learn as much from the adults they are teaching as vice versa, therefore education should be seen as an exchange as well as a process. In addition, the language of sexuality, as distinct from the textbook descriptions of sexuality, and the way in which people express themselves regarding their sexuality and that of others must also be taken into account.

Culturally appropriate materials such as drama and song need to be made use of, too. We should not assume that messages regarding population issues can be communicated through written materials only. Finally, a considerable amount of work needs to be carried out with trainers to help them deal with issues of cultural sensitivity. One example was given of how this training can work.

"We trained some 20- to 23-year-olds to work in the community in a sexual health project in urban slums of Madras, and in rural parts of Uttar Pradesh, a few miles from Lucknow. After their training, these young people went into the community and discussed, after their training, very intimate matters on sex and sexuality with the people in the community. One thing that really shocked me, well surprised me, was that a 23-year-old unmarried Roman Catholic counsellor could sit among 45- and 50-year-old married Hindu gentlemen and talk freely about masturbation, about sex, about intercourse. And if you had told me that a woman, dressed in a sari like me, who is a 23-year-old Roman Catholic, could actually go and talk to married men, I would have been shocked. But it worked, because of the way this lady was trained. She was able to use those skills – bringing out the best from these gentlemen in discussing matters of sex and sexuality."
Pramilla Senanyake, IPPF

Sexuality and adult learning

Perhaps more than in any other area of adult learning, the subject of sexuality requires to be treated as private and confidential. This particular aspect of population education was something which was emphasised in the workshop. Participants referred to the success of hotline campaigns for young people which protected their anonymity but which nevertheless provided them with much needed information unavailable either through their parents or their schools. These campaigns which ensured confidentiality moreover were often used by parents themselves as a means of finding out information which they could then pass on to their children. They said, "We are parents, and for the first time we have now got ourselves empowered by the information that this programme provided. So we will be better informers and educators for our children. We are expected to provide sex education for our children, but we do not know ourselves, so how can we inform our children?" For, strange as it may seem, the bearing and rearing of children does not necessarily mean that parents know how their own bodies function. The non-written media were particularly important in this respect. In addition to telephone hotlines, the use of the television, particularly through soap operas, as well as popular song and drama, are very effective in combining confidentiality with up-to-date information.

Body knowledge is crucial in sexuality. In general people are aware of how the hands, feet, head, legs and arms work, but in the hidden, there is much ignorance. Body mapping of both men's and women's bodies is one educational technique that can be used. Women in particular need to become more aware of their bodies to understand them as part of their personal identity.

Another issue is that of sexuality and language. Language is often used in a different way when referring to sexuality. There is even a definite sub-culture whose manner of expression relates to sexual activity. Adult educators need to be able to understand that language in order to be aware of barriers to understanding and paths to communication.

In general it was stressed that adult educators need to work closely with youth. Often those in charge of programmes did not have direct contact with young people and often had misconceptions about young people's sexuality, believing them to fit the sexually active stereotype. What was needed was to listen to the "voice of youth" and to provide spaces in which they could express their views.

Gender relations

The relationship between men and women was another theme discussed at the workshop, and crucial in adult learning and population issues. Societies, through social dynamics and hierarchies, often prevent women from having full decision-making responsibilities. Male involvement is therefore necessary for the success and viability of reproductive health programmes. Girls and boys are all part of the human life cycle that needs to be considered in this educational process, too. In turn the issue of inter-generational communication is particularly important. Stress needs to be laid on the wisdom of older people, their acquired experience, and the respect they command in specific societies.

Women's empowerment is crucial. No population plan and no education plan can succeed without it. Empowerment is a concept developed in the Afro-American movement in the U.S. but which has now become commonplace in the women's movement. But what does the concept of empowerment precisely imply? Who is empowering whom?

In social systems where women are always given secondary roles, in life, in society, in family relations, in the education of the children, in decision-making, there is a disempowering aspect to education. Edu-

cation is part of formal power structures, which impede a woman in taking hold of her own life and destiny and exercising power in many different levels of that society. If you have relationships between women, between women and children and between women and men, which are based on hierarchies, you have in the end a disempowering system of social relations. But what is an empowering system?

The women's movement began by creating small groups, called "groups of reflection" which was a way of organising women to talk among themselves, so that they would perceive that they could and that they had something important to say. And in this building of self-esteem there was the sense that this meant being entitled to take decisions regarding their lives. And now, in many countries, there are either governmental bodies or a specific gender public policy perspective in different bodies, that will enable women to be empowered through a number of other mechanisms, education being a key one.

What is the difference between human rights and empowerment? Human rights give us a frame of reference to which we can refer our work, but the tool to have someone exercise their human rights is empowerment. You can have a very good set of laws, but if these laws are not exercised, if men and women do not feel that they are entitled to the exercise of these laws, this frame comes apart. The function of empowerment is to bring laws and the reality of life together.

AIDS education

AIDS education is closely linked to issues of reproductive rights, women's empowerment, responsible sexuality and adult learning. For many years there was a disempowerment of women in cases of sexually transmitted diseases and HIV/AIDS because AIDS had been projected by the media as a male homosexual or drug-user's condition. So women were disempowered by being led to believe they were not part of a risk group. In other words there was the perception that there was no such a thing as a risk group in itself, but only a population at risk.

AIDS education is only recently adjusting itself to the new reality of sexuality education and women's empowerment. For many years it played on peoples' fears and prejudices even promoting misinformation regarding the transmission of the disease. It has shifted from being perceived as a uniquely homosexual disease to one that affects all groups in society including children.

The whole concept of education vis-à-vis population issues has a new meaning as defined by the Minister for Women from Chile: "Education no longer means 'classroom'. Education is a permanent process in space and in time. It has a vertical dimension because the life cycle constitutes an educational object. It also has a horizontal dimension as space itself is an opportunity of education... Education on reproductive rights should start at home and in the community and continue through all the channels of formal and non-formal education. A responsible sexuality and the knowledge of each person of her or his reproductive rights require an adequate sexual education which gives both wife and husband the means to take decisions on the basis of ethical criteria corresponding to their culture and religious beliefs."

IPPF brought together a group of young people under the age of 23, and asked them to express what they felt were their basic rights in relation to reproduction and health, and the resulting code is now being used around the world. All people, regardless of sex, religion, colour, sexual orientation or mental and physical ability have the following rights as sexual beings: a right to be yourself, a right to protect yourself and be protected from unplanned pregnancy, STDs, HIV and sexual abuse, the right to have health care and the right to be involved in planning programmes. But in order for young people, or indeed for women, to exercise their rights, the providers need to know how to behave and how to provide those rights. This is another area to be developed. In sharing their views with us they let us know how they wanted us to treat them, the importance of confidentiality, their need for information services and in a language or by means that are easily understood, and in a welcoming manner. These points are important for us to realise, because although a woman does have, in most parts of the world, access to her head, to her hair, to her hands, to her arms, to her body, her feet and her legs, in some parts of the world unfortunately, that little bit in between that square does not belong to her. That's guided by certain males of the species. Moralists, politicians, lawyers, all try to tell women how best to use their anatomy, particularly the reproductive anatomy. So what we are aiming for with empowerment, with education, is to make sure that every part of a woman's anatomy belongs to her, that nobody else can take control of it and tell her how she should use it.

Conclusion

NGOs have been extremely active in the field of population education, particularly feminist NGOs focusing on women's rights and on health issues for women. The role of NGOs, however, and their relevance to government policy and adult learning needs to be explained and emphasised. In particular, many innovative approaches initiated by NGOs working with adult educators on population issues could be extended on a larger scale by working with governments. Africa, Asia and Latin America have seen a tremendous growth in NGO activities in the last decade and these NGOs will have to be substantially assisted in terms of growth and in terms of capacity building, so that they can be a vehicle for the development of not only reproductive health and reproductive rights within societies, but of civil society as a whole.

Adult education has a major role to play in communicating the population policy shifts that have taken place since the ICPD Conference in 1994. Programmes are conceived and planned in accordance with culturally appropriate models and take into consideration the new issues of human rights and sexuality, of AIDS prevention and of changing gender relations. Population education is education for life, for a better quality of life for all people.

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The CONFINTEA logo, designed by Michael Smitheram of Australia, represents the lines on the palm of a hand. These lines are universal and yet different for each subject. They celebrate cultural diversity and the joy of learning.

Theme 6

Adult learning in the context of environment, health and population

Booklets under this theme:

- a Adult environmental education: awareness and environmental action
- b Health promotion and health education for adults
- c Adult education and population issues in the post-Cairo context