




The Family and the MDGs


Using Family Capital to Achieve the 8 Millennium Development Goals





“The majority of the Millennium Development targets, especially those relating to the reduction of poverty, education of children & reduction in maternal mortality, are difficult to attain unless the strategies to achieve them focus on the family.”

Report of the Secretary-General on the
Follow-up to the tenth anniversary of the
International Year of the Family and beyond
(A/66/62-E/2011/4) – 2011



The Family & the MDGs

Using Family Capital to Achieve the
Millennium Development Goals

Susan Roylance

AND OTHER AUTHORS

Introduction by

Her Highness Sheikha Moza Bint Nasser

Family First Foundation

United Families International

Howard Center for Family, Religion and Society

Doha International Institute for Family Studies and Development

— 2012 —

The publishing of this book is made possible with a grant from the
Doha International Institute for Family Studies and Development,
Member of Qatar Foundation, Doha, Qatar.

The author of this book is fully responsible for its content which does
not necessarily reflect the views of Doha International Institute for
Family Studies and Development.

Sections of this book may be quoted or copied, as long as proper
credit is given to the publication and authors.

Doha International Institute for Family Studies and Development
PO Box 34080, Doha, Qatar
www.fsd.org.qa



معهد الدوحة الدولي للدراسات الأسرية والتنمية
DOHA INTERNATIONAL INSTITUTE
for Family Studies and Development

Member of Qatar Foundation

TABLE OF CONTENTS

Introduction, <i>Her Highness Sheikha Moza Bint Nasser</i>	i
Foreword, <i>Richard G. Wilkins, J.D.</i>	iii
Preface, <i>Susan Roylance</i>	x
What is Family Capital? <i>Susan Roylance</i>	1
The Family, <i>E. Douglas Clark, J.D.</i>	8
MDG 1 – Overcoming Poverty and Hunger,	
<i>Jastus Suchi Obadiah</i> (Kenya)	32
Cooperatives and Community Development Centers,	
<i>Robert C. Roylance</i> (Kenya, Paraguay)	54
* No More Famine, <i>Susan Roylance</i> (Kenya).....	60
* Family Preservation Program, <i>Care for Life</i> (Mozambique)	68
MDG 2 – Universal Primary Education, <i>Mary M. Harris</i>	72
* Kampuchean Action for Primary Education (Cambodia)	93
MDG 3 – Gender Equality, <i>Lynn R. Walsh</i>	96
Family and Gender Equality – A Psychological Perspective,	
<i>Salma Salahuddin, Ph.D.</i> (India)	116
* Women’s Self Help Groups (India), <i>M. K. George, Ph.D.</i>	120
MDG 4 – Child Mortality, <i>Robert B. Clark, MD, MPH</i>	124
MDG 5 – Maternal Health, <i>Renae Morgan</i>	162
A Mother’s Promise, <i>Cora Gene Anderson</i>	181
MDG 6 – Combat HIV/AIDS and Other Diseases	183
Philosophical and Practical Starting Points of Prevention,	
<i>Terrance D. Olson, Ph.D.</i>	182
Prevention of Mother-to-Child Transmission of HIV	203
AIDS Orphans Speak Out.....	206
Malaria Prevention	208
Tuberculosis Prevention.....	209
* <i>Stay Alive</i> HIV/AIDS Prevention, <i>Gaye O. Brown</i>	210
MDG 7 – Environmental Sustainability, <i>Robert C. Roylance</i>	224
* South Africa’s “Mother Earth,” <i>Mary Mostert</i>	262
* Water–Sanitation–Literacy (Guatemala)	264
MDG 8 – Global Partnerships, <i>Vincenzina Santoro</i>	268
Index	301

* = Best Practices

LIST OF ILLUSTRATIONS

(does not include photos)

The Family	
<i>Universal Declaration and Declaration of Independence</i>	27
MDG 2	
Parents' role in supporting children's education	78
Six dimensions of child-friendly schools	93
MDG 3	
Adult literacy rates by MDG region, 2008	98
Percent of families in poverty by family type	105
MDG 4	
Worldwide distribution of child deaths	126
Causes of child death	126
Deaths due to diarrhea	127
Reduction in diarrhea deaths	128
Global percentage of children younger than five years with diarrhea who received ORS	128
Estimated incidence of childhood pneumonia	131
DALY rates from measles by country	135
Key interventions in child and newborn health	139
Deaths averted by scale-up	140
Example of family and community care package	141
Child survival in India	142
Trend in decline in IMR and NMR in India	143
Reductions in mortality for proven interventions	144
Tetanus immunization coverage	152
MDG 5	
Diagram of the "community action cycle" in Bangladesh	167
MDG 6	
HIV distribution in Kenya by age and sex	210
Cognitive activities (<i>Stay Alive</i>)	218
MDG 7	
Restore soil productivity	236
Crop residue management	241
Alleviate agricultural poverty	249
MDG 8	
Family	269
Net official development assistance in 2010	275
Self giving	281
FDI inflows in billions of US\$ and %	282
External financial flows: Totals and developing countries; share in 2010 ..	284
Top 10 recipients of emigrants' remittances	285
Company winners	291
Global output, 2007-14	293
Per capita gross national income classifications	294
The least developed countries: Corruption and development	296
List of acronyms	299

∞ Introduction

Her Highness Sheikha Moza Bint Nasser

*Chairperson of Qatar Foundation for Education,
Science and Community Development*

The international community has focused significant attention on achieving the Millennium Development Goals. A unified global commitment established these goals. Achieving them is important, particularly in times of economic stress. Unfortunately, however, policy makers and members of civil society have not focused on one of the more important modalities for success: the family unit.

Significant research developed over the last four decades shows that the family is a central component of individual, social and economic development. For this reason, Qatar Foundation has focused significant resources, both regionally and internationally, on strengthening the family, recognized by the international community as the “natural and fundamental group unit of society” (Universal Declaration of Human Rights, Article 16-3).

This book, sponsored by the Doha International Institute for Family Studies and Development, is Qatar Foundation’s contribution toward the creation of a new family diplomacy. This much-needed effort can assist the international community to accomplish numerous important objectives, beginning with the Millennium Development Goals.

I am pleased to introduce this book, which explores how the substantial resources generated within the family – or family capital – can be harnessed to

achieve the well-defined and specific objectives of the MDGs. Within the pages of this book, both philosophical and practical suggestions are given to recognize and facilitate the participation of family units throughout the world in meeting the Millennium Goals.

This book begins an important dialogue with policy makers, agencies, administrators and members of civil society on strengthening society through reliance upon – and support of – society’s most fundamental unit: the family.



∞ Foreword

*Richard G. Wilkins, J.D.**

Social science data demonstrates two nearly incontestable conclusions: (1) stable families, founded upon marriage, provide significant benefits for men, women and children, while (2) the breakdown of stable marital structures imposes substantial costs upon individuals and society at large. The family, in short, plays a profoundly important social role. Absent healthy family life, individual and social development suffers.

Because of the connection between well-functioning families and well-functioning societies, this book – which examines how the family can be engaged to achieve the Millennium Development Goals (MDGs) – is a welcome contribution. Indeed, the Secretary-General (as noted on the front page) has urged governments, intergovernmental entities and civil society to “focus on the family” in developing strategies to meet the millennium development targets. The information presented in this book provides much-needed guidance for this vitally important strategic endeavor.

Governments, intergovernmental bodies and members of civil society might consider the following data, which demonstrates that healthy families benefit individual and social progress while family breakdown imposes costs. I urge all stakeholders within the international policy arena to consider what the authors of this volume now propose: that the unique contributions of the family – or “family capital” – should be recognized and utilized to achieve the Millennium Development Goals.

I. The Benefits of Stable Family Life

A growing body of research suggests that the family is indispensable to the welfare of society and to the individuals that comprise it.¹ Much recent research, in fact, shows that stable family life has significant benefits for children and their parents.

** Richard G. Wilkins is the former Executive Director of the Doha International Institute for Family Studies and Development, Member of Qatar Foundation, Doha, Qatar.*

1. Benefits flowing to children and youth

According to one scholar, marriage is “by far the most emotionally stable and economically secure arrangement for child rearing.”² Research, in fact, indicates that – for children – nothing compares to a solid, stable marriage between their biological parents.

a. Education. Studies consistently show that children in two-parent families are significantly less likely to drop out of school than children in a one-parent family.³ Some studies have found that the likelihood of dropping out more than doubles for children in single-parent households.⁴

b. Poverty reduction. Children raised outside marriage are more likely to be raised in poor economic conditions.⁵ These children suffer not only from economic deprivations, but also from a lack of parental attention and high rates of residential relocation, all of which disadvantage the child’s development.⁶

c. Crime prevention. Dual parenting plays a critical role in developing law-abiding citizens. As one researcher noted, “the single most important factor in determining if a male will end up incarcerated later in life is . . . whether or not he has a father in the home.”⁷

d. Healthy socialization. Marriage is an unequaled institution for fostering healthy socialization. “[C]hildren of divorce do not accept monitoring or supervision from live-in partners nearly as much as they do from married parents.”⁸ Young adults in single-parent households are also more likely to give birth out of wedlock and are more likely to be out of both school and the labor force.⁹

2. Benefits flowing to adults

The benefits of family life are equally significant for adults. These benefits, moreover, do not flow from some natural selection process in which healthy, strong, bright and charismatic people are the most likely to marry, and therefore the most likely to profit from the union. “Married people do not simply *appear* to be better off than unmarried people; rather, marriage changes people in ways that produce such benefits.”¹⁰

a. Physical health. There is a positive – and multi-factored – causal relationship between marriage and physical health. Married men and women live longer than non-married individuals.¹¹ These statistics are especially significant for unmarried men who “face higher risks of dying than married men, regardless of their marital history.”¹² Moreover, married persons, both men and women, are less likely to engage

in risk-taking behavior.¹³ Perhaps even more importantly, researchers believe that marriage actually encourages responsible, healthy behaviors.¹⁴ Finally, and perhaps flowing from all of the above, research indicates that married individuals suffer less from illness and disease and are better off than their never-married or divorced counterparts when they do fall ill.¹⁵

b. Mental and emotional health. “The psychological well-being of the married is substantially better than that of the unmarried.”¹⁶ “Married people have lower rates of depression and suffer significantly less from any psychiatric disorder than their divorced, never-married, or cohabitating counterparts.”¹⁷ Married individuals, furthermore, are less likely to be admitted to a public mental health institution,¹⁸ less likely to be admitted to a psychiatric clinic and more likely to cope with psychologically stressful events.¹⁹ Marriage has also been linked with reports of increased happiness, life satisfaction and overall occurrence of positive emotions.²⁰ Indeed, “no part of the unmarried population – separated, divorced, widowed, or never married – describes itself as being so happy and contented with life as the married.”²¹

“Married people do not simply appear to be better off than unmarried people; rather, marriage changes people in ways that produce such benefits.”

c. Social productivity. Marriage has a significant (but often overlooked) impact on social productivity. Marriage, to take but one example, has proven to be a positive factor in the workplace. One study, in fact, has indicated that married men logged more than double the hours of cohabiting single men.²² Yet another noted scholar has concluded that the “salutary role” of “father, mother, and their children living together and caring for their individual and collective progress” provides the essential foundation for personal liberty and an efficient market economy.²³

II. The Costs of Family Instability

Family breakdown disables future generations. It also negatively impacts society. Prime Minister David Cameron, in his remarks to the British Parliament following the August 2011 riots in London and other British cities, noted that the decline in family stability was at least one of the significant causal factors resulting in costly – and violent – social unrest.²⁴ Asking, “Where are the parents?” the Prime Minister responded: “Either there was no one at home, they didn’t much care or they’d lost control.”²⁵ Mr. Cameron noted his concern that “many of the rioters out last week have no father at home.”²⁶ He concluded, tellingly, that “families matter.”²⁷

“Research has documented that natural family structures benefit nearly every aspect of children’s well-being. This includes greater educational opportunities, better emotional and physical health, less substance abuse, and lower incidences of early sexual activity for girls, and less delinquency for boys.”²⁸ The reverse is also true: family instability endangers educational attainment, threatens emotional and physical health, promotes risk-taking and illegal behavior, and hinders economic well-being.²⁹ In the United States, 50% of children who live with a single mother live in poverty; by contrast, only 10% of children residing in two-parent homes live below the poverty level.³⁰

But even more than education, emotional health, crime and poverty are at issue: the very safety and lives of women and children depend upon marital stability. A ground-

“The family as an institution exists to give legal protection to the mother-child unit”

breaking survey of the scientific literature performed by Dr. David Popenoe and Dr. Barbara Dafoe Whitehead found that cohabiting, unmarried women “are more likely than married women to suffer physical and sexual abuse.”³¹ The consequences of cohabitation are even more serious for children. Doctors Popenoe and Whitehead conclude that:

The most unsafe of all family environments for children is that in which the mother is living with someone other than the child’s biological father. This is the environment for the majority of children in cohabiting couple households.³²

In sum, stable marital unions promote the health, safety and social progress of women, men and children. Unstable marital relations promote poverty, crime, abuse and social disintegration. These realities, moreover, are particularly acute for women and children. Society would do well to heed the fact that “the family as an institution exists to give legal protection to the mother-child unit and to ensure that adequate economic resources are passed from the parents to allow the children to grow up to be viable adults.”³³

III. A Call to Action

What is the import of the foregoing? Simply this: one of the most sure means to promote social development – and achieve the Millennium Development Goals – is to focus on policies, programs and initiatives that harness the unique strengths and contributions of the family.

The classic Taoist text, the *Chuang Tzu*, explains that familial ties are the basis of stable society because “[w]hen people are brought together by Heaven . . . when troubles come, they hold together.”³⁴

Why does a well-functioning family hold society together? Because it has extraordinary strength. Such a family is characterized by (1) a strong, committed marital relationship (2) which centers upon transmitting appropriate ethical, cultural

and religious values to children (3) in an atmosphere that emphasizes the interconnectedness, complementarity and responsibilities of family members toward each other, members of the extended family, the community and the broader family of mankind. Such a family produces capable and well-socialized women, men and children – the necessary foundation for a stable and peaceful world.

Some may object that this description is idealistic, religiously motivated and inapplicable to the complexities of the modern world. However appealing such skepticism may be to some, mounting research ratifies and confirms the importance of the well-functioning family. A treatise compiled by the United Nations University in 1995 at the conclusion of the 1994 International Year of the Family, for example, concluded that – even in situations of most dire poverty – the single most important factor influencing social outcomes for individuals is whether they are members of a strong, stable family. As the authors concluded:

Children thriving in poor communities were statistically most likely to live in families characterized by traditional fireside family values; devoted mothers and fathers, happy marriages, and warm cooperative bonds with siblings, grandparents, other relatives and the broader community.³⁵

A 1997 American Medical Association study similarly found that the factor most “significantly related” to a decrease in risky adolescent behaviors was “the presence of connected, caring parents.”³⁶ The researchers concluded that “one can only hope” that government at all levels will seek to “develop policies that support families.”³⁷

This book is an important step in the development of such policies. The chapters that follow demonstrate how the unique strengths of the family – or “family capital” – can be harnessed to achieve the Millennium Development Goals. Policies that encourage and assist fathers and mothers to work together to strengthen their families to improve the condition of their children will not only be more successful in achieving the MDGs than other possible approaches – such policies will strengthen society itself.

ENDNOTES

1. Brigitte Berger, “The Social Roots of Prosperity and Liberty,” 35 *Society* 44 (March 13, 1998, available on Westlaw at 1998 WL 11168752) (“Although of late we can witness a public re-discovery of the salutary role of the nuclear family of father, mother, and their children living together and caring for their individual and collective progress, policy elites appear neither to have fully understood that public life lies at the mercy of private life, nor do they seem to have apprehended the degree to which the *traditional* virtues and *traditional* ethos continue to be indispensable for the maintenance of both the market economy and civil society.”)
2. Berger, above note 1, at 44.

3. Linda J. Waite, "Does Marriage Matter?," 32 *Demography* 483, 494 (November 1995).
4. *Id.*
5. Waite, above note 3, at 494.
6. *Id.* (citing N.M. Astone & S.S. McLanahan, "Family Structure, Residential Mobility, and School Dropout: A Research Note," 31 *Demography* 575-84 (1994)).
7. *Michael Gurian, the Good Son: Shaping the Moral Development of Our Boys and Young Men* 182 (1999), (referring to research studies conducted by the University of Pennsylvania and Princeton University).
8. Sanford M. Dornbusch et al., "Single Parenthood," *Society* 30 (July 1, 1996, available on Westlaw at 1996 WL 9295204).
9. Waite, above note 3, at 494.
10. Steven L. Nock, *Marriage in Men's Lives* 3 (1998) (emphasis in original) (citing R.H. Coombs, "Marital Status and Personal Well-Being: A Literature Review," 40 *Family Relations* 97-102 (1991)); see also Walter R. Gove et al., "The Effect of Marriage on the Well-Being of Adults," 11 *Journal of Family Issues* 4, 25 (1990).
11. Lee A. Lillard & Linda J. Waite, 'Til Death Do Us Part: Marital Disruption and Mortality, 100 *American Journal of Sociology* 1131 (1995); see also James S. Goodwin et al., The Effect of Marital Status on Stage, Treatment, and Survival of Cancer Patients, 258 *JAMA* 3125, 3125 (1987) ("Married persons live longer, with lower mortality for almost every major cause of death, in comparison with single, separated, widowed, or divorced persons.").
12. Waite, above note 3, at 489.
13. Waite, above note 3, at 486. Risk-taking behavior was determined by looking at five factors: (1) carelessness resulting in accidents around house and workplace, (2) taking risks against one's better judgment, (3) serious arguments or fights at home, (4) serious arguments or fights outside the home, and (5) problems leading to arguments with others. See *id.* at 486-87.
14. This may be so because "marriage provides individuals with a sense of meaning in their lives and a sense of obligation to others, thus inhibiting risky behaviors and encouraging healthy ones." Waite, above note 3, at 488 (citing W. Gove, Sex, Marital Status, and Mortality, 79 *American Journal of Sociology* 45-67 (1973); D. Umberson, Family Status and Health Behaviors: Social Control as a Dimension of Social Integration, 28 *Journal of Health and Social Behavior* 206-19 (1987)).
15. L. Verbrugge, Marital Status and Health, 41 *Journal of Marriage and the Family* 267-86 (1979) (report of a comprehensive study using numerous national surveys and looking at acute and chronic conditions, conditions limiting physical and social behavior, and medical treatment).
16. Walter R. Gove et al., The Effect of Marriage on the Well-Being of Adults, 11 *Journal of Family Issues* 7 (1990).
17. Elizabeth VanDenBerghe, The Enduring, Happy Marriage: Findings and Implications from Research in *Strengthening Marriage and Family: Proclamation Principles and Scholarship* 30 (David C. Dollahite, ed., Bookcraft, Salt Lake City).
18. Gove et al., above note 16, at 5, 9, table 1.
19. *Id.* at 13 (citing L. Pearlin & J. Johnson, Marital Status, Life Strains and Depression, 42 *American Sociological Review* 704-15 (1977)).

20. Wendy Wood et al., Sex Differences in Positive Well Being: A Consideration of Emotional Style and Marital Status, 106 *Psychological Bulletin* 249, 251 (1989) (citing Walter R. Gove, The Relationship Between Sex Roles, Marital Status, and Mental Illness, 51 *Social Forces* 34 (1972)).
21. VanDenBerghe, above note 17, at 30.
22. Waite, above note 3, at 495, figure 15.
23. Berger, above note 1, at 44.
24. "PM's speech on the fightback after the riots," Aug. 15, 2011, online at <http://www.number10.gov.uk/news/pms-speech-on-the-fightback-after-the-riots>
25. *Id.*
26. *Id.*
27. *Id.*
28. Craig H. Hart, Ph.D., "Combating the Myth that Parents Don't Matter," at 3 (address delivered at the World Congress of Families II, Geneva, Switzerland) (available on-line at www.worldcongress.org).
29. *Id.*
30. *Id.*
31. David Popenoe and Barbara Dafoe Whitehead, "Should We Live Together? What Young Adults Need to Know about Cohabitation Before Marriage," at 7 (The National Marriage Project, Rutgers University 1999).
32. *Id.* at 8.
33. Dr. Maria Sophia Aguirre, "Family Economics and the Information Society: How are They Affecting Each Other?" at 12 (paper presented at the World Congress of Families II, Geneva, Switzerland) (available on-line at www.worldcongress.org).
34. The Chuang Tzu: A New Complete Translation of the Classic Taoist Text (Martin Palmer and Elizabeth Breuilly, trans. 1996).
35. Marian F. Zeitlin, Ratna Megawangi, Ellen M. Kramer, Nancy D. Colletta, E.D. Babatunde, and David Garman, Strengthening the Family: Implications for International Development (United Nations University Press 1995) at 1.
36. "Protecting adolescents from harm: findings from the National Longitudinal Study," *The Journal of the American Medical Association*, Vol. 278, No. 10 (Sept. 10, 1997) at 864.
37. *Id.*

∞ Preface

At the Millennium Summit 10-year review of the Millennium Development Goals in September 2010, I was appalled to note that the final Outcome Document did not even mention the role of the family or parents toward achieving important world goals.

I thought, “How do negotiators and world leaders think these goals will be accomplished without the important contributions of the individual family units of the world? How do they think the child mortality rate will go down, or the primary education rate will go up, without the facilitating actions of parents?”

As I talked with U.N. negotiators, who represent their countries’ leaders, I realized that many of them saw families more as receivers, or “takers,” rather than facilitators. Thus, the idea for this book was born. Having spent over four years in Africa, and visited many other developing countries, I knew from first-hand experience the relevance of the family unit – to accomplish the Millennium Development Goals (MDGs). It seemed important to share some of our experiences, and gather the experiences of others, to show how vital the family unit is – toward accomplishing these goals.

Later, I was introduced to the concept of “family capital” as a description of the resources the family unit can bring toward accomplishing important goals in society. I hoped that a book showing how family capital could contribute toward achieving the MDGs would inspire future negotiators to create family-friendly public policies and recognize the valuable role of the family.

Each of the authors in this book have considerable expertise and experience in the subject they present. This book has been a great team effort, including the wonderful support and guidance of our editing team, led by Debie Rossi. But most of all, I wish to thank my wonderful husband, Robert C. Roylance, who provided both emotional support and guidance – in addition to a potentially earth-changing chapter on Environmental Sustainability.

We are all deeply grateful to the Doha International Institute for Family Studies and Development for overseeing the creation of this book and for providing the funds to put our thoughts and suggestions into print.

Enjoy the journey!

Susan Roylance
International Policy and Social Development Coordinator
The Howard Center for Family, Religion and Society

∞ What is Family Capital?

Susan Roylance

This book is not meant to be an academic treatise on *family capital*; rather, the focus will be on practical examples that can be replicated by families throughout the world. However, this statement should not in any way reflect on the superior presentations in the various MDG chapters, many of which are highly academic and scientific – providing excellent information and examples to facilitate the use of *family capital* to achieve the Millennium Development Goals.

The following scholarly descriptions of *family capital* will be helpful in focusing on the potential of *family capital* and its associated family resources.

Greater than the sum of its parts

“*Family capital* is the result of the system principle that the whole is greater than the sum of its parts,” stated David Imig of Michigan State University – one of the earlier scholars promoting the concept. He described *family capital* as a “family-unit level attribute that emerges as a function of collective activity around household production.” He considered the development of human capital within the family unit as “instrumental in the future development of social capital in the community” (Imig, 1998).

Relationships are the foundation

Mark Belsey, department of Economic and Social Affairs of the United Nations, characterized *family capital* in terms of relationships, resources, and resilience. He added:

The relationship component represents the foundation of this concept; in its absence there is no family capital, and individuals are left to draw upon other sources of social capital or their own resources. . . .

Family capital is accumulated in both traditional and modern societies. It increases through marriage, with the birth of wanted children, and as family members are educated and acquire technical knowledge and skills. It is enhanced to the extent that the family environment is free of gender discrimination; to the degree to which family members support and facilitate the equitable development of all women and children within the family; and as the family interfaces with the rest of society.

. . . At a minimum, the network is likely to include family members such as grandparents, parents, children, and the siblings of those in each generational category, whether resident or nonresident [*emphasis added*].

Marriage, births, deaths and divorces all affect the “size and strength of the family network and therefore the amount and nature of family capital available” (Belsey, 2005).

***Family Capital* influences the future of children**

In a report on the success or failure of first-generation higher-education students, Anat Gofen (with the Institute for Research on Poverty at the University of Wisconsin) described *family capital* as the “ensemble of means, strategies, and resources embodied in the family’s way of life that influences the future of the children.” She saw the expression of *family capital* as reflected in the “behavior, emotional process and core values” of members of the family. Families with a high level of *family capital* overcome generational difficulties to accomplish a better future for their children – a higher level of education (Gofen, 2007).

***Family Capital* impacted by family structure**

Family structure, as a factor in educational outcomes, was reported by Alan Russell of the Flinders University in Australia. His version of *family capital* included: “parenting practices and styles, the provision of cultural and human resources associated with school success, and support for the child, especially support in relation to education and future plans.” Family resources could vary depending on whether the family unit was an “intact or single parent family, the family size, family mobility and to what extent the extended family was available.” Through different family structures, more or less “capital” is available to expend toward educational outcomes. Thus, higher levels of *family capital* are associated with achieving higher levels of education and greater progress toward a better future for the children (Russell, 2007).

Strong *Family Capital* contributes to strong communities

The quantity, or level, of *family capital* can exert either a positive or a negative impact on the community. Elena Cohen, Theodora Ooms and John Hutchins introduced strategies to strengthen *family capital* at a Family Impact Seminar in Washington, DC. They taught that “strong communities are dependent on strong families and vice versa,” and that “society’s primary interest in families rests on their ability to fulfill key social functions.” Families with a high quantity of *family capital* contribute toward strong communities. They listed the “primary business” of families within four categories:

1. Families provide individuals with their basic personal and social identity and capacity for love and intimacy.

2. Families are responsible for providing economic support to meet their dependents' basic needs for food, shelter and clothing.
3. Families rear and nurture the next generation to be productive and socially responsible members of society. This includes promoting and safeguarding the health, education, and safety of children and instilling moral and social values in them.
4. Families provide protective care and support for their disabled, frail, ill and vulnerable members of all ages who cannot care for themselves.

While some of the *family capital* assets of families are obvious, families often have “unrecognized resources and strengths that can be mobilized to contribute to community betterment activities.” This philosophy is at the root of a recognition that *family capital* can help achieve the Millennium Development Goals, as government leaders and NGOs recognize the resources and strengths of the individual family unit (Cohen, 1995).

Strong *Family Capital* creates a better world for all

The family, as the basic unit of society, can exist independently – on a very elementary level; however, it is beneficial to both the individual family unit and to the community-at-large to utilize *family capital* in a cooperative way. Thus, families exist in a “state of interdependence with community, societal and global socio-cultural, human-built, and physical-biological ecosystems.” Strong families, at the bottom of the pyramid, collectively produce strong communities, strong nations and a better world for all (Burbolz, 2001).

Applying the principle – to HIV/AIDS

Mark Belsey claims that the family network and family capital are major factors influencing the “capacity of families to cope” with HIV/AIDS:

HIV/AIDS is a family disease. . . . Families affected by the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) may be considered “healthy” or “unhealthy,” depending on the strength of the bonds within the family network and the effectiveness with which family capital continues to be accumulated, used and protected for the benefit of infected and uninfected family members.

Belsey encourages government and community leaders to identify and evaluate policies aimed at strengthening the capacity of families and communities to utilize *family capital* in the mobilization of the community to solve the problems created by HIV and AIDS, and “strengthen the capacity of families to function well in spite of the ongoing challenges and relentless pressures they face” (Belsey, 2005).

***Family Capital* in action**

My first experience, in a developing country, that taught me the importance of involving families to solve a serious problem, was related to AIDS orphans. I attended

a U.N. conference in Nairobi, Kenya, in February of 2001, and visited orphan and street children program. It was an overwhelming experience for me – impacting me to my very core. I wanted to do something to help – to make a real difference – not just another “Bandaïd” approach.

In April I was back in Africa – attending an International Conference on Children and AIDS in Kampala, Uganda. Several speakers referenced the importance of parents becoming more involved to help their children avoid contracting the HIV virus. I asked several speakers if they knew of a program that involved parents, and finally visited with the USAID representative at the U.S. Embassy in Kampala. I explained my concern about the AIDS orphan problems and asked if he knew of any programs that involved children and parents – educating them about the dangers of HIV and AIDS. He said, “No, there is a big glaring hole in that area of prevention.”

I returned home and contacted Wendy Sheffield, who I had worked with previously on family-strengthening manuals. We discussed the type of program that might be helpful, and she went to work! The result was the “*Stay Alive* HIV/AIDS Prevention Education Program for Children” – and parents. The most important part of the program is the involvement of parents: (1) discussing information previously presented to their child in school or church groups, then (2) helping their child follow through with their pledges. This program has had a profound impact on over two million children in eleven African countries. It is the involvement of the entire family, using *family capital*, that made all the difference!

(See *Stay Alive* article on page 210, and other “Best Practices” articles which demonstrate the use of *Family Capital* on pages 54, 93, 120, 262 and 264.)

References:

- Belsey, M. A. (2005), “AIDS and the Family: Policy Options for a Crisis in Family Capital,” *Department of Economic and Social Affairs*, United Nations: New York. <http://www.hsrc.ac.za/Document-2178.phtml>
- Bubolz, M. (2001), “Family as source, user, and builder of social capital,” *The Journal of Socio-Economics*, Volume 30, Issue 2, 4 March 2001, Pages 129-131, Elsevier. Michigan State University, East Lansing:Michigan.
- Cohen, E., T. Ooms and J. Hutchins (1995), “Comprehensive Community-Building Initiatives: A Strategy to Strengthen Family Capital,” *Policy Institute for Family Impact Seminars*, Washington:DC, http://www.familyimpactseminars.org/pf_fis38report.pdf
- Gofen, A. (2007), “Family Capital: How First-Generation Higher-Education Students Break the Intergenerational Cycle,” *Institute for Research on Poverty*, Discussion Paper no. 1322-007, University of Wisconsin, Madison:Wisconsin. <http://www.irp.wisc.edu/publications/dps/pdfs/dp132207.pdf>
- Imig, D. R., (1998), “Family Capital versus Family Social Capital, Different Boundaries, Different Processes,” *Michigan State University*, East Lansing:Michigan. <https://www.msu.edu/~imig/abstract.htm>
- Russell, A. (2007), “Kevin Marjoribanks: A life in education in context,” *International Education Journal*, 2007, 8(2), 1-15, Shannon Research Press.
-
-

Family Policy Language from International Treaties and United Nations Conference Documents

“The family is the natural and fundamental group unit of society”

Universal Declaration of Human Rights, Article 16 (3)
International Covenant on Civil and Political Rights (ICCPR), Article 23–1
International Covenant on Economic, Social and Cultural Rights (ICESCR), Article 23-1
Convention on the Rights of the Child (CRC), Preamble
World Summit for Children (Children’s Summit) Declaration, 14
Convention on the Rights of Persons with Disabilities (Disabilities), Preamble

“The family is the basic unit of society and as such should be strengthened”

International Conference on Population and Development (ICPD), Chapter II, Principle 9
World Summit for Social Development (Social Summit), 80
Fourth World Conference on Women (Beijing), 29
Second United Nations Conference on Human Settlements (Habitat II), 31
Further Initiatives for Social Development (Social Summit+5), 56
Further Actions and Initiatives to Implement the Beijing Declaration and Plan of Action (Beijing +5), 60
Declaration to Cities and Other Human Settlements in the New Millennium (Habitat+5), 30
A World Fit for Children (Children’s Summit +10), 15

Goal 1: Eradicate extreme poverty and hunger

Parents are responsible

"The parent(s) or others responsible for the child have the primary responsibility to secure, within their abilities and financial capacities, the conditions of living necessary for the child's development" (CRC, 27-2).

Impact on family

"Analysing policies and programmes, including those relating to macroeconomic stability, structural adjustment programmes, taxation, investments, employment, markets and all relevant sectors of the economy, with respect to their impact on poverty and inequality, assessing their impact on family well-being" (Social Summit, 81-a, see also Beijing, 58-b).

Financial support from parents

"Governments should take steps to ensure that children receive appropriate financial support from their parents by, among other measures, enforcing child-support laws. Governments should consider changes in law and policy to ensure men's responsibility to and financial support for their children and families" (ICPD 4.28).

Fathers' responsibility

"When formulating socio-economic development policies, special consideration should be given to increasing the earning power of all adult members of economically deprived families, including the elderly and women who work in the home, and to enabling children to be educated rather than compelled to work. Particular attention should be paid to needy single parents, especially those who are responsible wholly or in part for the support of children and other dependants, through ensuring payment of at least minimum wages and allowances, credit, education, funding for women's self-help groups and stronger legal enforcement of male parental financial responsibilities" (ICPD 5.4).

Family disintegration – Impact on poverty

“One fourth of all households world wide are headed by women and many other households are dependent on female income even where men are present. Female-maintained households are very often among the poorest because of wage discrimination, occupational segregation patterns in the labour market and other gender-based barriers. Family disintegration, population movements between urban and rural areas within countries, international migration, war and internal displacements are factors contributing to the rise of female-headed households” (Beijing 22).

Goal 2: Achieve universal primary education

Child education

“Parents have a prior right to choose the kind of education that shall be given to their children” (Universal Declaration, Article 26-3).

Incentives for families

“Access to social services for people living in poverty and vulnerable groups should be improved through: (a) Facilitating access and improving the quality of education for people living in poverty by establishing schools in unserved areas, providing social services, such as meals and health care, as incentives for families in poverty to keep children in school, and improving the quality of schools in low-income communities” (Social Summit, 37-a).

Parents’ involvement in education of children

“The States Parties to the present Covenant undertake to have respect for the liberty of parents and, when applicable, legal guardians to choose for their children schools, . . . ensure the religious and moral education of their children in conformity with their own convictions” (ICESCR, Article 13-3 and ICCPR, Article 18-4).

Goal 3: Promote gender equality and empower women

Women and the family

“Women play a critical role in the family. The family is the basic unit of society and as such should be strengthened. . . . Women make a great contribution to the welfare of the family and to the development of society, which is still not recognized or considered in its full importance. . . . Maternity, motherhood, parenting and the role of women in procreation must not be a basis for discrimination nor restrict the full participation of women in society” (Beijing 29).

Goal 4: Reduce child mortality

Pre-natal care

“We will work for a solid effort of national and international action to enhance children's health, to promote pre-natal care and to lower infant and child mortality” (Children's Summit Declaration, 20 -2).

“When mothers are better educated, their children's survival rate tends to increase. Broader access to education is also a factor in internal migration and the composition of the working population” (ICPD 11.3).

Improved nutrition

“Governments of developing countries and countries with economies in transition, with the assistance of the international community, especially donors, should: (a) Continue to support declines in infant and child mortality rates by strengthening infant and child health programmes that emphasize improved pre-natal care and nutrition, including breastfeeding, unless it is medically contraindicated, universal immunization, oral rehydration therapies, clean water sources, infectious disease prevention, reduction of exposure to toxic substances, and improvements in household sanitation; and by strengthening maternal health services, quality family-planning services to help couples time and space births, and efforts to prevent transmission of HIV/AIDS and other sexually transmitted diseases” (ICPD+5, 18-a).

Goal 5: Improve maternal health

Best chance of healthy infant

"... the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant" (ICPD 7.2; Agenda 21, 6.21; Beijing 94; Beijing 97; and Beijing+5, 72-i).

Goal 6: Combat HIV/AIDS, malaria and other diseases

Support and rehabilitation to families

"Commit ourselves also to addressing as a priority the vulnerabilities faced by children affected by and living with HIV; providing support and rehabilitation to these children and their families, women and the elderly, particularly in their role as caregivers; promoting child oriented HIV/AIDS policies and programmes and increased protection for children orphaned and affected by HIV/AIDS; ensuring access to treatment and intensifying efforts to develop new treatments for children" (HIV/AIDS 2006, 32).

Abstinence and fidelity

"... wide range of prevention programmes which take account of local circumstances, ethics and cultural values ... encouraging responsible sexual behaviour, including abstinence and fidelity" (HIV/AIDS, 52).

Goal 7: Ensure environmental sustainability

Land and sustainable agriculture

"Land degradation and soil loss threaten the livelihood of millions of people and future food security, with implications for water resources and the conservation of biodiversity. There is an urgent need to define ways to combat or reverse the worldwide accelerating trend of soil degradation, using an ecosystem approach, taking into account the needs of populations living in mountain ecosystems and recognizing the multiple functions of agriculture. The greatest challenge for humanity is to protect and sustainably manage the natural resource base on which food and fibre production depend" (Earth Summit +5, 62).

Safe freshwater supplies, sanitation, drainage and waste disposal services

"We further commit ourselves to the objectives of: Providing adequate and integrated environmental infrastructure facilities in all settlements as soon as possible with a view to improving health by ensuring access for all people to sufficient, continuous and safe freshwater supplies, sanitation, drainage and waste disposal services, with a special emphasis on providing facilities to segments of the population living in poverty" (Habitat II, 43-2).

Goal 8: Develop a global partnership for development

National laws and development priorities

"The implementation of the recommendations contained in the Programme of Action is the sovereign right of each country, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people" (ICPD Principles, 1st paragraph).

Religious and ethical values and cultural backgrounds

"To achieve these goals and targets, taking into account the best interests of the child, consistent with national laws, religious and ethical values and cultural backgrounds of its people, and in conformity with all human rights and fundamental freedoms, ... " (Children's Summit 2002, 37).



“It is no exaggeration to say that in the Universal Declaration the family is at the very center of rights. The family is fundamental because, among other things, it is the seedbed of all the other rights delineated in the Universal Declaration. To make the world new following the devastation of the most destructive war in history, the UN built its structure of universal human rights squarely on the foundation of the family.”

—E. Douglas Clark, J.D.

The author:

E. Douglas Clark is an attorney and the Director of UN Affairs for the World Congress of Families sponsored by the Howard Center for Family, Religion and Society. Since 2001, Doug has been on the forefront of defending the family at the United Nations where he has played a key role as a lobbyist and consultant, helping to formulate strategy and providing legal advice in pivotal negotiations. He earned MBA and law degrees from Brigham Young University, and his legal career has included serving as Director of Content for the original Law.com website. Doug is also an avid student of religion and history, focusing on Islamic, Judaic and Christian traditions about Abraham and retracing his route through the Middle East.

∞ The Family

E. Douglas Clark, J.D.

On the morning of September 11, 2001, I arose in my Manhattan hotel and got ready for another day of the United Nations “PrepCom” (preparatory committee meeting) negotiations for the upcoming Special Session on Children—an event touching on family issues proving to be singularly divisive. Anticipating a long day inside the UN, I relished the fresh air and crystal blue sky that greeted me as I left the hotel. Perfect fall weather on a peaceful day, I remember thinking.

Coming within sight of the UN building, I was surprised to see policemen and a large crowd gathered outside. It had been evacuated, I learned, because a jet had crashed into one of the Twin Towers of the World Trade Center, raising a security concern at the UN. The tension seemed to mount as more police arrived while we waited for word that it was safe to enter. Finally an announcement came that the building was closed for the day and we should return home as quickly as possible.

I retraced my steps but continued past my hotel to where I could look south on 2nd Avenue. The street was filled with people streaming north, many walking briskly but some running. I was stunned by their expressions of confusion and terror. The scene seemed nearly surreal, as behind them loomed a mushrooming cloud of smoke, as if an atomic bomb had just exploded.

Several weeks later when I was again in Manhattan, I went with my friend Richard Wilkins to Ground Zero. The scene of devastation, combined with the stench of decaying human flesh, was nearly overwhelming. Instinctively I reached for my cell phone and called my wife, trying to describe to her in subdued tones what I was feeling. As I spoke, I noticed that Richard also had grabbed his phone and was talking with his wife. The coincidence struck me. In times of our greatest need and deepest emotion, it is to family that we instinctively turn.

The name “Ground Zero,” as it was applied to the site of the fallen World Trade Center, is derived from the term’s definition as “the point on the surface of the ground... at which the explosion of an atom bomb occurs.” But there is another definition: “the very beginning; square one.”¹ In this sense, the family itself is our ground zero, both individually and as a civilization.

The Family in the Universal Declaration

A banner to be remembered and understood

In the years since I stood at Ground Zero, I have come to view that experience as a kind of microcosm of what had transpired decades earlier: In the wake of the global catastrophe known as World War II, as mankind contemplated the horrible destruction, they likewise turned to family—as memorialized in the *Universal Declaration of Human Rights* in 1948.

Three years earlier at the creation of the United Nations, the *UN Charter* had committed Member States to promote “universal respect for, and observance of, human rights and fundamental freedoms for all without distinction as to race, sex, language, or religion.”² But in the ensuing months as the world learned of the wartime Nazi atrocities, it became apparent that human rights needed greater definition and articulation. In the first meeting of the UN Commission on Human Rights, it was charged with the “task of...following up in the field of peace the fight which free humanity had waged in the fields of war, defending against offensive attacks the rights and dignity of man and establishing...a powerful recognition of human rights.”³ A declaration of human rights had to be created.

The drafting and negotiation process proved complex and arduous, requiring nearly a hundred official meetings (and numerous unofficial) over eighteen long months during which the delegates worked to produce a document “sufficiently definite to have real significance both as an inspiration and a guide to practice” but “sufficiently general and flexible to apply to all men, and to be capable of modification to suit people at different stages of social and political development.”⁴ The result was the *Universal Declaration of Human Rights*, adopted by the UN General Assembly in Paris on December 10, 1948. At its adoption, Eleanor Roosevelt, chair of the Commission and its Drafting Committee, told the United Nations:

We stand today at the threshold of a great event both in the life of the United Nations and in the life of mankind. This Universal Declaration of Human Rights may well become the international Magna Carta of all men everywhere.⁵

And so it has been. Recognized by the *Guinness Book of World Records* as the most translated document in history, the *Universal Declaration* has become “the most universal document in the world.”⁶ It “has been adopted in or has influenced most national constitutions since 1948. It has also served as the foundation for a growing number of national laws, international laws, and treaties, as well as regional, national, and sub-national institutions protecting and promoting human rights.”⁷

At a more practical level, notes Harvard Law Professor Mary Ann Glendon:

The most impressive advances in human rights—the fall of apartheid in South Africa and the collapse of the Eastern European totalitarian regimes—owe more to the moral beacon of the *Declaration* than to the many covenants and treaties that are now in force. Its

nonbinding principles, carried far and wide by activists and modern communications, have vaulted over the political and legal barriers that impede efforts to establish international enforcement mechanisms.⁸

Even so, continues Glendon, “time and forgetfulness are taking their toll. Even within the international human rights movement, the *Declaration* has come to be treated more like a monument to be venerated from a distance than a living document to be reappropriated by each generation. Rarely, in fact, has a text been so widely praised yet so little read or understood.”⁹

The position of family in the Universal Declaration

Family is mentioned several times throughout the *Universal Declaration*,¹⁰ and is the primary focus of Article 16, beginning in the first two paragraphs with “the right to marry and to found a family,” and the “equal rights” of the spouses. Paragraph 3 then provides a deceptively simple description of the family’s relationship to society:

The family is the natural and fundamental group unit of society and is entitled to protection by society and the State.

According to human rights scholar Manfred Nowak, the intent behind the phrase “*natural and fundamental group unit of society*” was “to emphasize that despite various traditions and social structures, a pillar of all societies is the family as the smallest group unit,” while the language “*entitled to protection by society and the State*” was meant to “shield the family as the cornerstone of the entire social order.”¹¹

This language, that became section 3 of Article 16, originated with a proposed amendment by Charles Malik, the first Lebanese ambassador to the US and the UN, and a man of tremendous talent¹² who is recognized as “the pivotal figure in the work of the commission”¹³ and was touted by his fellow delegates as the “driving force” behind much of the document.¹⁴ Malik’s proposed amendment read as follows:

The family deriving from marriage is the natural and fundamental group unit of society. It is endowed by the Creator with inalienable rights antecedent to all positive law and as such shall be protected by the State and Society.¹⁵

Malik explained his rationale. “He said that he had used the word ‘Creator’ because he believed that the family did not create itself. . . . He also contended that the family was endowed with inalienable rights, rights which had not been conferred upon it by the caprice of men.” Malik further “maintained that society was not composed of individuals, but of groups, of which the family was the first and most important unit; in the family circle the fundamental human freedoms and rights were originally nurtured.”¹⁶

Speaking later of those key groups, “this whole plenum of intermediate institutions spanning the entire chasm between the individual and the State,” Malik declared he was convinced that they are “the real sources of our freedom and our rights.”

We speak of fundamental freedoms and of human rights; but, actually, where and when are we really free and human? Is it in the street, is it in our direct relations to our State? Is it not rather the case that we enjoy our deepest and truest freedom and humanity in our family, in the church, in our intimate circle of friends, when we are immersed in the joyful ways of life of our own people, when we seek, find, see, and acknowledge the truth?¹⁷

Malik was articulating not only his personal view, but also that of the other principal framers, who, “though they differed on many points, were as one in their belief on the priority of culture.” The French delegate, René Cassin, wrote that: “In the eyes of the *Declaration’s* authors, effective respect for human rights depends primarily and above all on the mentalities of individuals and social groups.” And Eleanor Roosevelt, who had directed the drafting process, asserted: “Where, after all, do universal human rights begin? In small places, close to home.” According to Mary Ann Glendon, these, and similar statements by others, reveal something important about the *Universal Declaration*:

Those convictions of the framers undergird one of the most remarkable features of the Declaration: its attention to the “small places” where people first learn about their rights and how to exercise them responsibly—families, schools, workplaces, and religious and other associations. These little seedbeds of character and competence, together with the rule of law, political freedoms, social security, and international cooperation, are all part of the Declaration’s dynamic ecology of freedom.¹⁸

This key premise underlying the *Universal Declaration* invests its family provision with colossal significance, for of all those “small places”—or, to use Malik’s words, among the “whole plenum of intermediate institutions spanning the entire chasm between the individual and the State”—the only one mentioned in the *Universal Declaration* as having rights *per se* is the family, rights that the State itself is made expressly responsible to protect. Adding to this emphasis on family are the *Universal Declaration’s* statements that “Motherhood and childhood are entitled to special care and assistance,” and that “Parents have a prior right to choose the kind of education that shall be given to their children.”¹⁹

It is no exaggeration to say that in the *Universal Declaration* the family is at the very center of rights. The family is fundamental because, among other things, it is the seedbed of all the other rights delineated in the *Universal Declaration*. To make the world new following the devastation of the most destructive war in history, the UN built its structure of universal human rights squarely on the foundation of the family.

The flexible family provision

The portion of Malik’s proposed family language that did not pass was the reference to the Creator, deleted by vote after the Soviet delegate objected: the *Universal Declaration*, he insisted, “was meant for mankind as a whole, whether believers or unbelievers.”²⁰

Likewise in Article 1, other proposed references to deity did not make it into the final text after an appeal by the distinguished Chinese delegate, Peng-chun Chang. As summarized by one scholar, Chang explained that his country “comprised a large proportion of humanity, and its people had ideals and traditions different from those of the West.” And as he had refrained from imposing Chinese ideals, “he hoped his colleagues would show similar consideration” and not mention God. Nor would this be a great loss to believers, for “those who believed in God, he suggested, could still find the idea of God in the strong assertions that all human beings are born free and equal and endowed with reason and conscience.”²¹

Thus it happened that the *Universal Declaration* was left with no express reference to deity, a fact upon which Eleanor Roosevelt later commented:

Now, I happen to believe that we are born free and equal in dignity and rights because there is a divine Creator, and there is a divine spark in men. But, there were other people around the table who wanted it expressed in such a way that they could think in their particular way about this question, and finally, these words were agreed upon because they... left it to each of us to put in our own reason.²²

Reading one’s “own reason” into the *Universal Declaration* is easily done in the Article 16 provision calling the family “the natural and fundamental group unit of society... entitled to protection by society and State.” Although shorn of its proposed reference to a Creator, the language is, according to University of Chicago Professor Don Browning, “less than Malik wanted, but more than first meets the eye.” For “the words ‘natural,’ ‘fundamental,’ and ‘group unit’ were retained and are not meaningless. Furthermore, they point to some model of natural law.” And “since society and the state are to protect the family, it is clear that Malik’s formulation deprives society and state of the power to grant the family its basic rights. These rights are independent of these social entities.”²³

Those predisposed to believe that the rights mentioned in the *Universal Declaration* originate with a Creator can find ample support in its language echoing both the 1789 French *Declaration of the Rights of Man* (declared “in the presence and under the auspices of the Supreme Being”²⁴) and the US *Declaration of Independence* (holding that all men are “endowed by their Creator with certain unalienable Rights”).²⁵ And for the adherents of the world’s three Abrahamic religions, who believe that the Creator created the family, the *Universal Declaration* family language is flexible enough to be thus read.

But just as Eleanor Roosevelt and the other framers intended, one need not embrace any theistic paradigm to appreciate the insights provided by the *Universal Declaration* regarding the “natural” function of the family in human civilization. According to Richard Wilkins:

Article 16(3) of the Universal Declaration of Human Rights embodies fundamental truths that, for too long, have not been given their deserved attention and respect.... As reflected in the precise and elegant terms of the Universal Declaration, the family is not

merely a construct of human will or imagination. The family has a profoundly important connection to nature. This connection begins with the realities of reproduction (underscored by recent studies which demonstrate that children thrive best when raised by married biological parents) and extends to the forces that shape civilization itself. It encompasses, among other things, the positive personal, social, cultural, and economic outcomes that current research suggests flow from a man learning to live with a woman (and a woman learning to live with a man) in a committed marital relationship. The family, in short, is the “natural and fundamental group unit of society” precisely because mounting evidence attests that the survival of society depends on the positive outcomes derived from the natural union of a man and a woman.²⁶

“Distilled from the Entire Course of Human History”

The illustrious ancients

In addition, according to Wilkins, the *Universal Declaration* description of the family “expertly reflects wisdom distilled from the entire course of human history.”²⁷

From China, the oldest continuous civilization on earth, comes timeless insight on the family by Confucius, who happens to top the list of the ten all-time greatest thinkers as identified by eminent historian Will Durant. Confucius’ towering insight, says Durant, was the process by which human society can achieve maximum peace and bliss. Born in the sixth century B.C. after the ancient glory of China had declined, Confucius insisted that to restore the luster of his homeland would require a return to ancient and proven principles:

The illustrious ancients, when they wished to make clear and to propagate the highest virtues in the world, put their states in proper order. Before putting their states in proper order, they regulated their families. Before regulating their families, they cultivated their own selves.... When their selves were cultivated, their families became regulated. When their families became regulated, their states came to be put into proper order. When their states came to be put into proper order, then the whole world became peaceful and happy.²⁸

What was true in China was likewise true outside of China. For despite the inevitable iterations and variations in families across ancient civilizations,²⁹ the natural order of family and its foundational role in civilization has been remarkably constant. Surveying the earliest records of Egypt and Mesopotamia, Professor John Gee explains:

The family as we know it historically, and not as some people have recently tried to re-define it, goes back at least as far as we have human records. It has been civilization’s most fundamental and enduring institution. The basic unit of the family is unchanged.... During periods of societal breakdown... the family is the one, and sometimes the only, unit of society to survive. When the family is destroyed..., the impact on society is catastrophic: society ceases to exist as a functioning historical entity.³⁰

In ancient Judaism, and continuing down through today, family was the foundation for all human growth and progress, beginning with the divine creation of the first couple, which Judaism saw as a pattern: “The joining of Eve to Adam,” notes Harvard professor Gary Anderson, “will be a model for every subsequent human marriage.”³¹ Millennia later came Abraham and Sarah, to whom God promised abundant posterity who would bless all nations.³² Thus, “in the beginning, the concept of the Jewish family merged with the history of one family, that of Abraham, whose itinerary established modes of thought and behaviour which invested the family with a major role in relation to both the temporal dimension and the history of mankind.”³³ In a word, family is everything in Judaism.³⁴

Among the ancient Greeks, the learned Aristotle—student of Plato and tutor of Alexander the Great—“located the family between the individual and the city as a grouping necessary to the proper functioning of a political structure.”³⁵ The Roman statesman Cicero held that “the family, itself the basic natural human association in which all things are held in common, is the foundation of the city and the nursery of the state.”³⁶

For the continent of Africa, the family has always been vital. Acclaimed author Richard Dowden tells that “the self-made man does not exist in Africa.... In Zulu, there is a saying: ‘One is a person through others’.... Africans know who is family and know where they come in it, both vertically and horizontally. A man without a family is no-one. He is nothing.”³⁷ Referring to the family in sub-Saharan Africa, Mwelwa C. Musambachime, Zambia’s ambassador to the United Nations, explained:

The family is not just a social symbol or a group through which one is identified with. It is a social system that binds, protects, supports, educates and takes pride in its own members.... Individually or in groups, members of each family perform many functions: economic production sometimes divided and based on gender, education and training, religious instruction.... What one has is regarded as belonging to all members of the clan. Food, livestock or clothes are shared with as many as possible depending on need. This is reciprocal. Other members of the family do the same when they have the means, skills, time to give or share, or other comparative advantages.... [This] ensures cohesion among the members of each family and strengthens their bonds to each other.... Proverbs are used to teach the young the importance of family.³⁸

The role of the family in Britain was summarized by Sir Winston Churchill, who was most famous for his role as Prime Minister, but was also an accomplished historian. “There is no doubt,” said Churchill, “that it is around the family and the home that all the greatest virtues, the most dominating virtues of human society, are created, strengthened and maintained.”³⁹ And in the United States, the family’s central role from the beginning was emphasized by President Ronald Reagan:

The family has always been the cornerstone of American society. Our families nurture, preserve, and pass on to each succeeding generation the values we share and cherish, values that are the foundation of our freedoms.... [T]he strength of our families is vital to the strength of our Nation.⁴⁰

In sum, the sweep of history bears overwhelming witness to the indispensable and irreplaceable role of the family, as noted by world historian Will Durant:

The family has been the ultimate foundation of every civilization known to history. It was the economic and productive unit of society, tilling the land together; it was the political unit of society, with parental authority as the supporting microcosm of the State. It was the cultural unit, transmitting letters and arts, rearing and teaching the young; and it was the moral unit, inculcating through cooperative work and discipline those social dispositions which are the psychological basis and cement of civilized society. In many ways it was more essential than the State; governments might break up and order yet survive, if the family remained; whereas it seemed to sociologists that if the family should dissolve, civilization itself would disappear.⁴¹

Constitutional expressions of family

But perhaps the most telling descriptions of family are those contained in national constitutions throughout the world, those highest legal expressions of sovereign self-definition. The impressive thing is how readily and consistently those jealously sovereign nations acknowledge that the fundamental unit of society is *not* the State but rather the family—notwithstanding the vast cultural, religious and geographic differences between nations.

The constitutions of Malawi and Namibia track precisely the *Universal Declaration* language that “the family is the natural and fundamental group unit of society.” Similar language with slight variations (some prefer the words “constituent” or “element” rather than “unit”) are found in the constitutions of Burundi, Eritrea, Ethiopia, Iran, Ireland, the Kyrgyz Republic, Madagascar, Moldova, Portugal, São Tomé and Príncipe, and Seychelles.⁴²

Several other nations use similar language but with some elaboration. Cape Verde calls the family the “fundamental element and basis of all society.” Costa Rica terms it “the natural element and basis of society.” East Timor refers to it as “society’s basic unit and condition for the harmonious development of the person.” Iran designates it “the fundamental unit of society and the main centre for the growth and edification of the human being.” Ireland dubs it “the natural primary and fundamental unit group of Society, and... a moral institution possessing inalienable and imprescriptible rights, antecedent and superior to all positive law.”⁴³

Other nations employ biological imagery to assert the autonomous and indispensable nature of the family. “Families are the cells of society,” says the constitution of Viet Nam, while Burkina Faso describes the family as “the basic cell.” Cuba and Ecuador call it “the fundamental cell” of society, while Armenia terms it “the natural and fundamental cell.” Sometimes the family is described in terms emphasizing its central and controlling role. Qatar, Saudi Arabia and Yemen proclaim the family to be the “nucleus” of society. For Angola and Colombia, the family is the “basic nucleus,” and for Chile and Nicaragua it is the “fundamental nucleus.” Guatemala’s terminology is similarly evocative

of life and growth, but using a fuller description: the family is “the primary and fundamental genesis of the spiritual and moral values of the society and the State.”⁴⁴

Yet, other countries view the family as a kind of footing or support. Bahrain, Egypt, Estonia, Lithuania, Somalia, United Arab Emirates and Uruguay all recognize the family as the “basis of society.” El Salvador and Papua New Guinea classify it as the “fundamental basis of society.” Rwanda calls it the “natural basis of Rwandan society,” while the Central African Republic refers to it as “the natural and moral basis of the human community.” Chad similarly depicts it as “the natural and moral base of the society.” Estonia describes it as “fundamental for the preservation and growth of the nation, and as the basis for society.”⁴⁵

Still other constitutions prefer to speak of the family as “the foundation of society,” as do Azerbaijan, Brazil, Equatorial Guinea, Haiti, Libya, Paraguay, Tajikistan and Turkey. Andorra designates the family as “the basic foundation of society,” while Cameroon acknowledges it as “the natural foundation of human society.” The Philippines calls it “the foundation of the nation,” while Niger affirms it to be “the natural and moral foundation of the human community.”⁴⁶

Perhaps the most poignant imagery comes from nations literally built on the ageless solidarity and stability of stone. The desert nation of Kuwait describes the family as “the corner-stone of Society,” while Greece, whose ancient cities were often built on or around rocky hills which served as natural citadels, describes the family as “the cornerstone of the preservation and the advancement of the Nation.”⁴⁷

Such expressions are not empty rhetoric, but iceberg-like manifestations of deep and enduring experience. In the case of Viet Nam, for example, the constitutional provision calling families “the cells of society” reflects the underlying reality as recently described by that nation’s Permanent Representative to the United Nations:

In Viet Nam, the family has always been conceived as a cell of society, as a place where family members receive, inherit and pass on the nation’s invaluable traditional values such as patriotism, love of freedom, national pride, self-reliance, assiduity, creativity and love and care of each other. Throughout the 4,000-year history of Viet Nam, the family has played an essential role in national defense, socio-economic development and in the preservation and promotion of cultural values.⁴⁸

This chorus of constitutional statements provides a clear warning that the family is not to be subordinated to any political agenda, but should be diligently protected and empowered—as most of these same constitutions insist. Sovereign nations must at all costs preserve their most precious asset and the very basis of their society, the family.

The family in times of trouble

Sometimes the significance of family becomes most obvious in times of greatest tribulation. No continent on earth has been plagued with greater challenges to human existence than Africa. How her people have managed to survive is attested to in a remarkable declaration by the African Union:

In Africa, due to its multiple roles and functions, the centrality, uniqueness and indispensability of the family in society is unquestionable. For generations, the family has been a source of strength for guidance and support, thus providing members with a wide circle of relatives on whom they can fall back. In times of crisis, unemployment, sickness, poverty, old age, and bereavement, most people rely on the family as the main source of material, social and emotional support and social security. Therefore, the African family network is the prime mechanism for coping with social, economic and political adversity in the continent.⁴⁹

One poignant example comes from the story of Immaculée Ilibagiza, Tutsi survivor of the Rwandan holocaust. Her unforgettable chronicle demonstrates that it was from her family while growing up that she had received the inner strength needed not only to survive the horrific genocide but also eventually to forgive those who had murdered her people—including her family.⁵⁰ To her family she dedicates her book: “You make heaven a brighter place, and I will always love you.”

In such times of trouble, family can indeed be “an anchor in life, a base to which one can always return,”⁵¹ as has been the case in Poland. Several years ago I participated in the planning event in Warsaw for the upcoming World Congress of Families IV.⁵² One of the Polish leaders with whom we met was an articulate Catholic priest who spoke of the challenges his nation had endured, including, in the twentieth century, everything from Nazi occupation and decimation to Soviet tyranny. How had they weathered these terrible storms? His answer impressed us: It was the strength of Polish families that had seen them through. Poland had survived, he insisted, thanks to her strong families.

His words reminded me of something I had heard years earlier, when a colleague and I had the honor of traveling with Her Excellency Ellen Sauerbrey, US Ambassador to the Commission on the Status of Women, through Central America. In one country we were told by a courageous woman about the ordeal her family had suffered during a terrible revolution. Many had chosen to flee abroad, she explained, but she and her husband had decided that the greatest thing they could do for their country was to stay and endure—as a family. Doing so, they found that the last bastion of hope and strength was precisely their family.

On that same trip, in another country, as we sat with the nation’s president in his office surrounded by his staff, he spoke of the foundational role the family played in his country. One statement he made was particularly memorable: Every major problem his nation was facing—and the problems were legion and seemingly intractable—stemmed directly from the breakdown of the family. The importance of family had become clear only when society was literally unraveling because of the breakdown of the family.

The same phenomenon was seen more recently in the wake of the wanton destruction of property in Britain by hordes of young rioters. It was clear, responded Prime Minister David Cameron, that the riots were not about race, not about government cuts, nor even about poverty. So “the question hangs in the air: ‘Why? How could this happen on our streets and in our country?’” The answer, Cameron insisted, was that “this was about behaviour. . . , people with a complete absence of self restraint. . . . So this must

be a wake-up call for our country. Social problems that have been festering for decades have exploded in our face.” The solution, Cameron insisted, must begin at home:

The question people asked over and over again last week was “where are the parents? Why aren’t they keeping the rioting kids indoors?” Tragically that’s been followed in some cases by judges rightly lamenting: “why don’t the parents even turn up when their children are in court?”... Well, join the dots and you have a clear idea about why some of these young people were behaving so terribly. Either there was no one at home, they didn’t much care or they’d lost control... If we want to have any hope of mending our broken society, family and parenting is where we’ve got to start.⁵³

The MDGs and Family Events During the 10TH Anniversary of the International Year of the Family

The Millennium Declaration and the Millennium Development Goals

Nearly a half century after adoption of the *Universal Declaration*, as the twentieth century was drawing to a close and people were preparing for a new millennium, many paused to take stock. World population had risen from 1.6 billion in 1901 to 6.1 billion by 2000, despite the terrible toll—estimated as high as 400 million lives—taken by war, genocide and mass murder.

Contributing to that devastation was the new and brutally effective weaponry of mass destruction, while advances in science, technology and medicine had lifted much of humanity to an unprecedented standard of living and comfort. Developed countries were enjoying increased affluence, while a billion of earth’s inhabitants languished in extreme poverty, often in the squalor of nightmarish slums scattered across Africa, Asia and Latin America.

Not surprisingly, the greatest burdens fell upon women, often oppressed and marginalized. Compounding these problems was the unduly high rate of illiteracy among the world’s poor, effectively keeping them locked in their prison of poverty. Meanwhile, Africa was a special case—decimated by corruption and conflict while ravaged by famine, malaria and the alarming AIDS pandemic, which threatened entire populations and orphaned literally millions of children.

Acting to alleviate the world’s suffering, and with special focus on helping children, the United Nations convened the largest gathering of world leaders in history. Representing 189 Member States, the Millennium Summit met in September 2000 at UN headquarters in New York, and adopted the United Nations *Millennium Declaration*—a commitment to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women. Building on that declaration, those same leaders then adopted eight specific goals – the Millennium Development Goals (MDGs) – to be achieved by the year 2015.⁵⁴

This colossal commitment was grounded, as the *Millennium Declaration* expresses, in the principles of not only the *UN Charter* but also the *Universal Declaration*, which the signers resolved to “respect fully and uphold.”⁵⁵ Implicit, then, in the

achievement of the MDGs is the basic principle that the family is the natural and fundamental group unit of society, entitled to protection by society and the State. Remarkably, however, this point remained unexpressed in both the *Millennium Declaration* and the MDGs.⁵⁶

Just four years later, in 2004, powerful voices in the United Nations and around the world trumpeted the fact that any successful development effort must begin with the family. The occasion was the 10th anniversary of the International Year of the Family.

UN celebration of the 10th anniversary of the International Year of the Family

By proclamation of the General Assembly, the year 1994 was observed as the International Year of the Family, and celebrated in the United Nations with a three-day conference in December. It was further decided that the UN would commemorate the 10th anniversary. On July 23, 2004, Secretary-General Kofi Annan presented a report in which he stated:

Families have major, albeit often untapped potential to contribute to national development and to the achievement of major objectives of every society and of the United Nations, including the eradication of poverty and the creation of just, stable and secure societies.⁵⁷

Months later, during the General Assembly plenary devoted to observance of the 10th anniversary on December 6, 2004, the assembled representatives of the world's nations heard these words from Secretary-General Annan:

Concern for the wellbeing of families dates back to the earliest days of the United Nations. The *Universal Declaration of Human Rights* proclaims the family to be the "natural and fundamental group unit of society . . . entitled to protection by society and the State" (resolution 217 A (III), article 16, para. 3). Our long-standing work for children, for the advancement of women, for health, for literacy and for social integration reflects an enduring, system-wide commitment to families.

The International Year of the Family was meant to intensify this focus and to promote greater awareness of what families contribute to economic development and social progress in all societies all over the world. Indeed, the Year's most far-reaching achievement was to raise the profile of a family perspective, which had never received attention commensurate with its importance....

This anniversary is an opportunity to reaffirm the importance and centrality of the family. But it should also incite us to do more to address the challenges that families face.... In spite of strains and adversity, families are proving resilient, often in remarkable ways. They are doing their best to pull together and to continue serving as a source of strength and inspiration for their members. But they need help. Governments need to do more to help families adapt and thrive, so that they can, in turn, fulfil their social, cultural and economic roles.

One major challenge is to integrate family concerns with broader development and poverty eradication efforts. We must not forget that the family is a vital partner in efforts to achieve the Millennium Development Goals and the many other objectives set by the international community during the last decade.

Strong, healthy family structures are essential for human well-being as well. Families are often our first line of support. Policies and programmes must recognize such contributions. The United Nations, for its part, will continue to draw attention to family issues and to support Governments and civil society in their efforts to address them.⁵⁸

Another speaker was US representative Wade Horn, who focused on how the family is instrumental in human development at a personal level:

Throughout the ages, political philosophers, social historians, and civic and religious leaders have praised the family as the foundation of the social order, the bedrock of nations, and the bastion of civilization.... The fact is that family is a universal and irreplaceable community, rooted in human nature and the basis for all societies at all times. As the cradle of life and love for each new generation, the family is the primary source of personal identity, self-esteem, and support for children. It is also the first and foremost school of life, uniquely suited to teach children integrity, character, morals, responsibility, service, and wisdom.... The state's foremost obligation... is to respect, defend, and protect the family as an institution.⁵⁹

And drawing on the experience of his country, Bangladesh Ambassador Iftekhar Ahmed Chowdhury made this statement about the relationship of family to the Millennium Development Goals:

Values and cultures are not static. They change with time. They differ from place to place. They vary with ethnic origins and religious affiliations. But despite these differences, one element remains constant in all. It is the belief that the family is society's core component.... The attainment of every Millennium Development Goal must begin with the family. The family is the main instrument of societal transformation.⁶⁰

The Plan of Action on the Family in Africa

Among the major events celebrating family during the 10th anniversary were two sponsored by very different entities, the African Union and the Doha International Institute for Family Studies and Development. Notably, their conclusions about the role of family are similar.

At the Regional Conference of the Family in Africa held on July 27-28, 2004, in Cotonou, Benin, the African Union adopted the *Plan of Action on the Family in Africa*. From the multitude of factors that the African Union might have chosen as the core of its continent's desperately needed development process, it chose the family, as stated in the opening paragraph:

Recognition that the family is the basic and most fundamental unit of society, a dynamic unit engaged in an intertwined process of individual and group development, justifies the need to place the African family at the core of society which needs to be strengthened as part of Africa's development process.⁶¹

Later the document describes how the family has been Africa's means of survival throughout the continent's sundry trials:

It is the principal focus for socialization and education of children and is central to the process of human rights education. In all societies, the family is the setting for demographic reproduction and the seat of the first integration of individuals to social life. As a result, the family is at the centre of the dynamics which affect all societies. Traditionally, Africa's development has been a result of the strength of the family. Large families were a source of labour and an indication of prosperity. The extended family system ensured that the poor families were generally supported by the rich. The unity within the family ensured its survival in cases of internal conflicts, crises and adversity.⁶²

As the African *Plan of Action* looked toward the future, the family remained pivotal to progress and development:

The family continues to play a crucial role in Africa's development and development efforts that are family-centred are key to sustainable socio-economic development.... It is imperative that the African family be well positioned to play a crucial role in the implementation of the Millennium Development Goals.⁶³

The Doha Conference on the Family and the Doha Declaration

What the African Union knew to be true about the family in Africa, the Doha International Conference on the Family found to be true about the family worldwide. Organized under the patronage of the nation of Qatar, the conference included regional meetings in Mexico City, Stockholm, Geneva and Kuala Lumpur, with the final session in Doha on November 28-29, 2004. The conference "brought together a unique group of international actors from strikingly diverse cultures, political systems, and faiths," resulting in "extensive evidence" demonstrating that "all peoples and cultures of the world are united by shared understandings related to the natural family."⁶⁴

Among the participating scholars was Dr. Maria Sophia Aguirre, Associate Professor from the Department of Business and Economics of the Catholic University of America. To the question she posed at the outset—"Is the family relevant for economic development?"—she gave this answer:

Data from across countries and sciences seem to clearly suggest that the family should be the point of reference if sustainable development is to be achieved. This is not so because the family is a problem to economic development—it is the solution. It is within the family where human, moral, and social capital, all *sine qua non* conditions for an economy to develop, are either encouraged and nurtured or hampered. Children develop best within a family that is functional, i.e., with a mother and a father in a stable marriage. This means that the family is a *necessary good* for economic development, and thus it should be promoted and protected if sustainable development is to be achieved. At the same time, data across sciences also show that the breakdown of the

family damages the economy and the society since human, moral, and social capital is reduced and social costs increased.⁶⁵

Perhaps the most distinguished scholar to participate in the Doha process was University of Chicago Professor Gary S. Becker, recipient of the 1992 Nobel Prize for Economics and the US Presidential Medal of Freedom in 2007. Despite what Dr. Becker called the “revolutionary alterations” in the family over the last fifty years, it yet remains “the one institution that is ultimately crucial to the functioning of society.” Pointing to the example of Asia, Becker noted that although its nations “have not been immune” to the sweeping changes in the family, yet “they have, during the process, maintained a strong reliance on the family. I think,” continued Becker, “there is a connection there—not yet proven by economists, but I believe some day it will be proven that there is a connection—between the rapidity of the Asian economic growth and the fact that they have had this very powerful attachment to the family.”⁶⁶

The culmination of the Doha conference was the issuance of the *Doha Declaration* stating: “the academic, scientific and social findings collected for the Doha International Conference . . . collectively demonstrate that the family is not only the fundamental group unit of society but is also the fundamental agent for sustainable social, economic and cultural development.”⁶⁷ But the clearest statement of what the Doha conference demonstrated was made by the conference organizer, Her Highness Sheikha Moza Bint Nasser, Consort of His Highness The Emir of Qatar, Chairperson of Qatar Foundation for Education, Science and Community Development. Her words are also a call to action:

Safeguarding the family, as noted in Article 16(3) of the Universal Declaration of Human Rights, is a prerequisite for promoting national progress.... Accordingly, there is an urgent need for a new mentality that sees the family as part of the solution rather than part of the problem. In other words, what is required is a mentality that does not treat the family as an impediment to social progress and development, but rather as the driving force behind it. Such an approach, in my opinion, requires adoption of references and standards that will safeguard the rights of the family and ensure its integration as an effective and constructive factor in all national, regional, and international development programs.⁶⁸

Moving Forward with Family-Centered Development

Breaking the march of folly

At the outset of her acclaimed book, *The March of Folly*, noted historian Barbara Tuchman observed:

A phenomenon noticeable throughout history regardless of place or period is the pursuit by governments of policies contrary to their own interests. Mankind, it seems, makes a poorer performance of government than of almost any other human activity. In this sphere, wisdom, which may be defined as the exercise of judgment acting on experience, common sense and available information, is less operative and more frustrated than it

should be. Why do holders of high office so often act contrary to the way reason points and enlightened self-interest suggests? Why does intelligent mental process seem so often not to function? Why, to begin at the beginning, did the Trojan rulers drag that suspicious-looking wooden horse inside their walls despite every reason to suspect a Greek trick?⁶⁹

And why, it might also be asked, is there not now a conscious and ardent effort at every level to acknowledge and strengthen the family as (what Sheikha Moza Bint Nasser rightly called) the “driving force” behind all development? For example, after all that has been attested and affirmed about the family’s pivotal role in development, how is it that in the outcome document of the 2010 Summit on the Millennium Development Goals,⁷⁰ there is no mention whatsoever of the family’s role in meeting the MDGs?

In the chapters that follow in this book, the respective authors look at the connection of each MDG to the family. In addition, there are on record—including in the declarations and outcomes during the 10th anniversary of the International Year of the Family—various prescriptions of how the family can be strengthened and incorporated into development plans. Even so, the following three principles seem elementary and worth mentioning here.

First, do no harm

This famous phrase (from the Latin *primum non nocere*) is one of the principal tenets of medical ethics and a guiding principle for emergency medical services around the world. It is equally essential for policy decisions affecting the family. Over three decades ago in Minnesota, the annual conference of the Association of Family Conciliation Courts heard this statement by Ted Bowman, Family Development Coordinator of the Family and Children’s Service in Minneapolis:

If you were to ask me to focus on one issue that stands out above all others for concern relative to family life, I would quickly speak of the tension between intimacy and individualism.... From the early sixties to the present... and the end is not yet in sight... there has been movement after movement that has fostered individual rights and self-expression... While the injustices which these social movements have been addressing needed and deserved our attention and change, we have, in responding to individual needs, neglected assisting persons with another need... that for intimacy.⁷¹

Bowman astutely identified the very concept that would become a divisive reality at the international level: the troubled intersection of individual rights with the rights of the family. Richard Wilkins has pointed out the “curious new development” as the UN has, in the last two decades, concerned itself with social policy. “In order to improve the social and political standing of women—a goal that is quite laudable—international law has become unusually hostile to long-standing notions of marriage, the natural family and the rearing of children.”⁷² Muslim scholar Farooq Hassan likewise deplores the “clear tendency to sacrifice the rights of the family and much of its historically based privileged status in favor of narrow and newly developed human rights.”⁷³

This phenomenon of viewing individual rights in isolation threatens the entire structure of rights, according to Professor Mary Ann Glendon:

The [Universal] Declaration's ability to weather the turbulence ahead has been compromised by the practice of reading its integrated articles as a string of essentially separate guarantees. Nations and interest groups continue to use selected provisions as weapons or shields, wrenching them out of context and ignoring the rest . . . Forgetfulness, neglect, and opportunism have thus obscured the Declaration's message that rights have conditions—that everyone's rights are importantly dependent on respect for the rights of others, on the rule of law, and on a healthy civil society.⁷⁴

A healthy civil society rests squarely on the wellbeing of its “natural and fundamental group unit”—the family. To pursue any agenda that undercuts or undermines the family—even in the name of rights—will in the end prove a march of folly. The first principle for development must be to “do no harm” to the family.

Second, provide the widest possible protection and assistance to the family

Building on the *Universal Declaration* language that the family is “entitled to protection by society and the State,” a number of United Nations treaties and conference documents have stated that the family is entitled to “comprehensive protection and support.”⁷⁵ But the strongest language comes from the *International Covenant on Economic, Social, and Cultural Rights*: “The widest possible protection and assistance should be accorded to the family.”⁷⁶

This is surely the standard for every nation seeking to protect and assist the institution that is the very key to its development and success. The US representative to the General Assembly on the 10th anniversary of the International Year of the Family may well have been correct when he proclaimed that “the State's foremost obligation . . . is to respect, defend, and protect the family as an institution.”⁷⁷

Such support must not be an afterthought or left to chance. One example of what is possible at a national level is what President Ronald Reagan did for the United States in 1987. By executive order, he established criteria with which the formulation and implementation of all federal policies and regulations must be assessed as to their potential impact on the family.⁷⁸

Third, place the family squarely at the center of development

President Reagan further declared:

It is a time to recommit ourselves to the concept of the family—a concept that must withstand the trends of lifestyle and legislation. Let us pledge that our institutions and policies will be shaped to enhance an environment in which families can strengthen their ties and best exercise their beliefs, authority, and resourcefulness.⁷⁹

He was speaking to America but his words have universal relevance. As what historian Will Durant calls “the ultimate foundation of every civilization known to history,”⁸⁰ the family remains the very key to development.

The commitments made at Beijing and Copenhagen to enact “policies that strengthen the family and contribute to its stability,”⁸¹ and “policies and programmes to help the family . . . [in] its supporting, educating and nurturing roles,”⁸² are good as far as they go, but no development effort can fully succeed unless the family is expressly placed at the center. Secretary-General Kofi Annan stated:

We must not forget that the family is a vital partner in efforts to achieve the Millennium Development Goals and the many other objectives set by the international community during the last decade.⁸³

Vital partner, yes, and more: the *Doha Declaration* rightly refers to the family as “the fundamental agent for sustainable social, economic and cultural development.”⁸⁴ What Bangladesh Ambassador Iftekhar Chowdhury told the UN General Assembly has worldwide application: “The attainment of every Millennium Development Goal must begin with the family. The family is the main instrument of societal transformation.”⁸⁵

Worldwide, the family is indeed the starting point, the indispensable and irreplaceable foundation for all successful development. The family is ground zero for the Millennium Development Goals.

ENDNOTES

1. Philip Babcock Gove, ed. *Webster's Third New International Dictionary of the English Language Unabridged* (Springfield, Massachusetts: Merriam-Webster Inc., Publishers, 1981).
2. *Charter of the United Nations*, ch. X, art. 55(c), online at <http://www.un.org/en/documents/charter/index.shtml>.
3. Johannes Morsink, *The Universal Declaration of Human Rights: Origins, Drafting, and Intent* (Philadelphia: University of Pennsylvania Press, 1999), 36.
4. Mary Ann Glendon, *A World Made New: Eleanor Roosevelt and the Universal Declaration of Human Rights* (New York: Random House, 2001), 78.
5. Eleanor Roosevelt to the United Nations General Assembly in Paris, on the adoption of the Universal Declaration of Human Rights, December 9, 1948, online at <http://www.udhr.org/history/ergeas48.htm>.
6. “*The Universal Declaration of Human Rights* is the Most Universal Document in the World,” article on official *Universal Declaration* website at <http://www.ohchr.org/EN/UDHR/Pages/WorldRecord.aspx>.
7. “Fact Sheet No.2 (Rev.1), The International Bill of Human Rights,” online at <http://www.ohchr.org/Documents/Publications/FactSheet2Rev.1en.pdf>.
8. Glendon, 236.
9. *Ibid.*, xvii.
10. “No one shall be subjected to arbitrary interference with his privacy, family, home, or correspondence. . . . Everyone who works has the right to just and favourable remuneration ensuring for himself

and his family an existence worthy of human dignity... Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family... Motherhood and childhood are entitled to special care and assistance... Parents have a prior right to choose the kind of education that shall be given to their children.” *Universal Declaration*, articles 12, 23, 25, 26.

11. Manfred Nowak, *UN Covenant on Civil and Political Rights. CCPR Commentary* (Kehl am Rhein, Germany: N.P. Engel, 1993), 404.
12. Malik, a Greek Orthodox Arab, was not only the Commission’s Rapporteur (three years later he would succeed Eleanor Roosevelt as its chair) but also served on its Drafting Committee. During the drafting process he would also serve as president of the Economic and Social Council, and, of more direct importance to the outcome document, as chairman of the Third Committee. Having studied under Martin Heidegger in Germany and under Alfred North Whitehead at Harvard, where he earned a Ph.D., Malik had been a professor of philosophy at the American University in Beirut, and later held professorships at a number of American universities, including Harvard and Notre Dame. Malik would serve as President of the UN General Assembly, and back in his homeland as Minister of National Education and Fine Arts, and then as Minister of Foreign Affairs. Malik was also a noted theologian and prolific author, and served as Vice-President of United Bible Societies and President of the World Council on Christian Education.
13. Ali A. Allawi, *The Crisis of Islamic Civilization* (New Haven, Connecticut: Yale University Press, 2009), 188.
14. Biography on Charles Malik on the official website of the *Universal Declaration*, <http://www.udhr.org/history/Biographies/biocm.htm>.
15. Morsink, 254.
16. Morsink, 255.
17. Charles Malik, “What Are Human Rights?” first published in 1948 in *Rotarian*, also available on the *Universal Declaration* website at <http://www.udhr.org/history/whatare.htm>.
18. Glendon, 239-240.
19. *Universal Declaration*, art. 26(3).
20. Morsink, 255.
21. Glendon, 146-147; Morsink, 30.
22. Glendon, 147.
23. Don Browning, “The Meaning of Family in the Universal Declaration of Human Rights,” in A. Scott Loveless and Thomas B. Holman, eds., *The Family in the New Millennium: World Voices Supporting the Natural Clan, Volume 1: The Place of Family in Human Society*, Praeger Perspectives (Westport, Connecticut: Praeger, 2007), 39.
24. *Declaration of the Rights of Man—1789*, preamble, online at http://avalon.law.yale.edu/18th_century/rightsof.asp. The French delegate told the General Assembly that the *Universal Declaration*, like the French Declaration, “was founded upon the great principles of liberty, equality, and fraternity.” Morsink, 281.
25. Compare the following language:

Universal Declaration	Declaration of Independence
Whereas recognition of the inherent dignity and of the <i>equal</i> and <i>inalienable rights</i> of all members of the human family is the foundation of <i>freedom</i> , justice and peace in the world (Preamble)	We hold these truths to be self-evident, that all men are created <i>equal</i> , that they are endowed by their Creator with certain <i>unalienable Rights</i> , that among these are Life, <i>Liberty</i> and the pursuit of Happiness
All human beings are born <i>free</i> and <i>equal</i> in dignity and <i>rights</i> . They are <i>endowed</i> with reason and conscience (Article 1)	We hold these truths to be self-evident, that all men are created <i>equal</i> , that they are <i>endowed</i> by their Creator with certain unalienable <i>Rights</i> , that among these are Life, <i>Liberty</i> and the pursuit of Happiness
They are endowed with reason and <i>conscience</i> (Article 1)	appealing to the Supreme Judge of the world for the <i>rectitude of our intentions</i>
The family is the natural and fundamental group unit of society and is <i>entitled to protection by society and the State</i> . (Article 16(3))	That <i>to secure these rights, Governments are instituted among Men</i>

26. Richard G. Wilkins, "Preface of the NGO Working Group," in Loveless and Holman, eds., *The Family in the New Millennium*, vol. 1, xiv.
 27. *Ibid.*, xiii-xiv.
 28. Will Durant, *The Greatest Minds and Ideas of All Time* (New York: Simon & Schuster, 2002), 12.
 29. See generally André Burguière, Christiane Klapisch-Zuber, Martine Segalen, and Françoise Zonabend, eds., *A History of the Family, Volume One: Distant Worlds Ancient Worlds* (Cambridge, Mass: The Belknap Press of Harvard University Press, 1996).
 30. John Gee, "The Family in the Third (and Second) Millennium ... BC: Where We Have Been," in Loveless and Holman, eds., *The Family in the New Millennium*, vol. 1, 118.
 31. Gary A. Anderson, *The Genesis of Perfection: Adam and Eve in Jewish and Christian Imagination* (Louisville, Kentucky: Westminster John Knox Press, 2001), 19.
 32. See, e.g., Genesis 12:1-3; 22:15-18.
 33. Frank Alvarez-Pereyre and Florence Heymann, "The Desire for Transcendence: the Hebrew Family Model and Jewish Family Practices," in Burguière et al., *A History of the Family*, vol. 1, 155.
 34. "Today, as in the past, everyday life for Jewish families and their individual and collective identity are based on an effective and symbolic kind of genealogical continuity and on their reference to a primordial history—starting with the creation of man and woman and continuing through the generations to the descendants of Noah and the destiny of the Patriarchs (Abraham, Isaac and Jacob) and Matriarchs (Sarah, Rebekah, Rachel and Leah)." *Ibid.*, 156.
 35. Giulia Sissa, "The Family in Ancient Athens (Fifth-Fourth Century BC)," in Burguière et al., *A History of the Family*, vol. 1, 194.
 36. Neal Wood, *Cicero's Social and Political Thought* (Berkeley: University of California Press, 1988), 128.
 37. Richard Dowden, *Africa: Altered States, Ordinary Miracles* (New York: Public Affairs, 2009), 21.
 38. Mwelwa C. Musambachime, "The Institution of Family in Sub Saharan Africa: The Case of Zambia," address to the World Family Policy Forum at the J. Reuben Law School of Brigham Young University, Provo, Utah.
 39. James C. Humes, *The Wit and Wisdom of Winston Churchill* (New York: Harper Collins Publishers, 1994), 23.
 40. Ronald Reagan, *Proclamation 4999*, National Family Week, 1982, November 12, 1982, online at <http://www.presidency.ucsb.edu/ws/index.php?pid=41987&st=nurture&st1=preserve#axzz1UFK6CmLz>.
 41. Will Durant, *The Mansions of Philosophy: A Survey of Human Life and Destiny* (New York: Simon and Schuster, 1929), 395-396.
 42. Constitutions of: *Malawi*, ch. 4, 22 (1); *Namibia*, ch. 3, art. 14(3); *Burundi*, title 3, art. 32; *Eritrea*, ch. 3, art. 22(1); *Ethiopia*, ch. 3, pt. 2, art. 34(3); *Kyrgyz Republic*, sec. 1, ch.2, third sec., art. 26(1); *Madagascar*, title 2, subtitle 2, art. 20; *Moldova*, title 2, ch. 2, art. 48(1); *Portugal*, title 3, ch. 2, art. 67(1); *São Tomé and Príncipe*, pt. 2, title 3, art. 50(1); *Seychelles*, ch. 3, pt. 1, 32(1);
 43. Constitutions of: *Cape Verde*, title 6, art. 84; *Costa Rica*, title 5, art. 51; *East Timor*, pt. 2, title 2, art. 39(1); *Iran*, preamble; *Ireland*, art. 41, 1.1.
 44. Constitutions of: *Vietnam*, ch. 5, art. 64; *Burkina Faso*, title 1, ch. 4, art. 23; *Cuba*, ch. IV, art. 35; *Ecuador*, title 3, ch. 4, third sec., art. 37; *Armenia*, ch. 2, art. 32; *Qatar*, ch. 2, art. 21; *Saudi Arabia*, art. 9; *Yemen*, pt. 1, sec. 3, art. 26; *Angola*, pt. 2, art. 29(1); *Colombia*, title 2, ch. 2, art. 42; *Chile*, ch. 1, art. 1; *Nicaragua*, title 4, ch. IV, art. 70; *Guatemala*, preamble.
 45. Constitutions of: *Bahrain*, ch. 2, art. 5(a); *Egypt*, pt. 2, ch. 1, art. 9; *Lithuania*, ch. 3, art. 38; *Somalia*, ch. 3, sec. 3, art. 56(1); *United Arab Emirates*, ch. 2, art. 15; *Uruguay*, sec. 2, ch. II, art. 40 ("the basis of our society"); *El Salvador*, title 2, ch. 2, sec. 1, art. 32; *Papua New Guinea*, preamble (5) ("the fundamental basis of our society"); *Rwanda*, title 2, ch. 1, art. 27; *Central African Republic*, title 1, art. 6; *Chad*, title 2, ch. 1, art. 37; *Estonia*, ch. 2, art. 26.
-
-

46. Constitutions of: *Azerbaijan*, pt. 1, ch. 2, art. 17(I); *Brazil*, title 7, ch. 7, art. 226; *Equatorial Guinea*, pt. 1, art. 21; *Haiti*, title X, art. 259; *Libya*, ch. 1, art. 3; *Paraguay*, pt. I, title II, ch. IV, art. 49; *Tajikistan*, ch. 2, art. 33; *Turkey*, pt. 2, ch. 3, I, art. 41; *Andorra*, title 2, ch. 3, art. 13(2); *Cameroon*, preamble; *Philippines*, art. XV, sec. 1; *Niger*, title 2, art. 18.
47. Constitutions of: *Kuwait*, pt. 2, art. 9; *Greece*, pt. 2, art. 21(1).
48. Intervention by H.E. Ambassador Le Luong Minh, Permanent Representative of Viet Nam to the United Nations, at the 7th annual World Family Policy Forum, July 10-12, 2006, Brigham Young University, Provo, Utah.
49. *Plan of Action on the Family in Africa*, 13-14, issued by the Regional Conference of the Family in Africa held on July 27-28 in Cotonou, Benin.
50. Immaculée Ilibagiza, *Left to Tell: Discovering God Amidst the Rwandan Holocaust* (Carlsbad, California: Hay House, Inc., 2006). See especially her portrait of family life growing up (pp. 3-12) and the incident regarding accusations against her father (pp. 95-98).
51. A. Scott Loveless, "Two Competing Value Systems: Premises and Consequences; Legal and Pragmatic," in A. Scott Loveless and Thomas B. Holman, eds., *The Family in the New Millennium: World Voices Supporting the Natural Clan, Volume 3: Strengthening the Family*, Praeger Perspectives (Westport, Connecticut: Praeger Publishers, 2007), 25.
52. The World Congress of Families, online at <http://www.worldcongress.org/default.htm>, is sponsored by the Howard Center for Family, Religion and Society, and is the world's largest conference of pro-family leaders and grass-roots activists. World Congresses have convened in Prague (1997), Geneva (1999), Mexico City (2004), Warsaw (2007), and Amsterdam (2009), with the next one scheduled for Madrid (2012). There have also been nineteen regional meetings of the World Congress of Families.
53. "PM's speech on the fightback after the riots," Aug. 15, 2011, online at <http://www.number10.gov.uk/news/pms-speech-on-the-fightback-after-the-riots>.
54. See <http://www.undp.org/mdg/basics.shtml>.
55. *United Nations Millennium Declaration*, 25.
56. The only inclusion of the word "family" or "families" in the *Millennium Declaration* is in the commitment in paragraph 26 to protect "migrant workers and their families," and in the generalization in the document's last paragraph, paragraph 32, that "the United Nations is the indispensable common house of the entire human family."
57. "Preparations for and observance of the tenth anniversary of the International Year of the Family in 2004," Report of the Secretary-General, United Nations General Assembly, 59th Session, A/59/176 (July 23, 2004), par. 4.
58. United Nations General Assembly, 59th Session, 67th Plenary Meeting, Official Records, A/59/PV.67 (Dec. 6, 2004), pp. 2-3.
59. *Ibid.*, pp. 19-21.
60. *Ibid.*, pp. 24-25.
61. *Plan of Action on the Family in Africa*, 1.
62. *Ibid.*, 13-14.
63. *Ibid.*, 14, 31.
64. Richard G. Wilkins, "Preface of the NGO Working Group," in Loveless and Holman, eds., *The Family in the New Millennium*, vol. 1, xiii.
65. Maria Sophia Aguirre, "The Family and Economic Development: Socioeconomic Relevance and Policy Design," in Loveless and Holman, eds., *The Family in the New Millennium*, (2007), vol. 1, 79.
66. Gary S. Becker, "The Role of the Family in Modern Economic Life," in Loveless and Holman, eds., *The Family in the New Millennium*, vol. 1, 4. At the University of Chicago, Dr. Becker has been professor of economics and sociology, and professor in the graduate Booth School of Business. He has also been a senior fellow at Stanford University's Hoover Institution.
67. *The Doha Declaration*, preamble, online at http://www.law2.byu.edu/wfpc/intl_conf_doha.html.

68. "Preface of Her Highness Sheikha Mozah Bint Nasser," in Loveless and Holman, eds., *The Family in the New Millennium*, (2007), vol. 1, x.
69. Barbara W. Tuchman, *The March of Folly: From Troy to Vietnam* (New York: Random House, 1984), 4.
70. United Nations General Assembly, 65th Session, A/65/L.1 (Sept. 17, 2010), online at <http://www.un.org/en/mdg/summit2010/pdf/mdg%20outcome%20document.pdf>.
71. Ted Bowman, "The Changing Family," *Conciliation Courts Review* 15:2 (Dec. 1977), 16-17.
72. Richard G. Wilkins, "International Law, Social Change, and the Family," *The Federalist Society for Law and Public Policy Studies*.
73. Farooq Hassan, "Analysis of Islam and Muslim States' International Support for Family," in Loveless and Holman, eds., *The Family in the New Millennium*, vol. 3, 349.
74. Glendon, 239.
75. *International Conference on Population and Development, Program of Action*, Principle, 9; 5.1; *Beijing Plan of Action, Fourth World Conference on Women*, 29; *Copenhagen Declaration on Social Development, World Social Summit for Development*], 26-h; 80; *Istanbul Declaration on Human Settlements, United Nations Conference on Human Settlements*, Agenda, 31; *Special Session on Children*, 15.
76. *International Covenant on Economic, Social and Cultural Rights*, art. 10.1.
77. United Nations General Assembly, 59th Session, 67th Plenary Meeting, Official Records, A/59/PV.67, pp. 19-21.
78. Executive Order 12606 was signed by President Ronald Reagan on September 2, 1987 (later revoked by President Bill Clinton) and is online at <http://www.archives.gov/federal-register/codification/executive-order/12606.html>.
79. Ronald Reagan, *Proclamation 4882*, National Family Week, November 3, 1981, online at <http://www.presidency.ucsb.edu/ws/index.php?pid=43204&st=&st1=#axzz1UFK6CmLz>
80. Durant, *The Mansions of Philosophy*, 395-396.
81. *Copenhagen Declaration on Social Development, World Social Summit for Development*, 25.
82. *Beijing Plan of Action, Fourth World Conference on Women*, 285-a.
83. United Nations General Assembly, 59th Session, 67th Plenary Meeting, Official Records, A/59/PV.67 (Dec. 6, 2004), p. 3.
84. *The Doha Declaration*, preamble.
85. United Nations General Assembly, 59th Session, 67th Plenary Meeting, Official Records, A/59/PV.67 (Dec. 6, 2004), pp. 24-25.

BEST PRACTICES

THE NATURAL FAMILY

The Howard Center for Family, Religion and Society believes the natural family is the fundamental unit of society; that it is the basis of all healthy and progressive civilizations. The definition of natural family comes from a working group of the World Congress of Families, crafted in May, 1998, in a Second Century B.C. room in the ancient city of Rome. It is informed both by the *Universal Declaration of Human Rights* (1948) and by the findings of social science. This definition reads:

The natural family is the fundamental social unit, inscribed in human nature, and centered around the voluntary union of a man and a woman in a lifelong covenant of marriage, for the purposes of:

- satisfying the longings of the human heart to give and receive love;
- welcoming and ensuring the full physical and emotional development of children;
- sharing a home that serves as the center for social, educational, economic, and spiritual life;
- building strong bonds among the generations to pass on a way of life that has transcendent meaning;
- extending a hand of compassion to individuals and households whose circumstances fall short of these ideals.

Our use of the term "natural family" is significant in many respects.

- First, the term signifies a natural order to family structures that is common across cultures, historical, and overwhelmingly self-evident.
- Second, the term signifies a wholly defensible expression. "Natural" is not "nuclear," which would limit its scope, nor is it "traditional," which would burden its utility in public discourse. It is what it is, a totally self-evident expression.
- Third, the term "natural" precludes incompatible constructs of the family as well as incompatible behaviors among its members.
- Fourth, the "natural family" is a positive expression. It does not require a discussion of negative incompatibilities to define itself.

The Howard Center for Family, Religion and Society
http://www.profam.org/THC/xthc_tnf.htm

BEST PRACTICES

No More Famine 62

Family Preservation Program.....68



“Development, therefore, is empowerment: it is about local people taking control of their own lives, expressing their own concerns and finding their own solutions to their problems. As we empower families with additional resources and education to break through the poverty barrier, we lift generations to come.”

—Jastus Suchi Obadiah

The author:

Jastus Suchi Obadiah is a Luyia native of Kenya. He is currently employed as the East African Supervisor for Reach the Children and is a consultant with other NGOs on development related issues. He obtained a Bachelor of Arts degree in Community Development from Daystar University in Nairobi and specialized in Rural Development. This chapter is written by a native African, who is currently working as a director of community development projects, and has been involved in African development for eight years. (See family picture page 34.)

1 - Overcoming Poverty & Hunger

Jastus Suchi Obadiah

A traditional saying from the Luyia tribe of Kenya is: “If you want to develop, remove hunger from your house.” Eradication of poverty must begin at the family level. Although different approaches have been used to help people rise out of poverty, they all begin with the family, which is then influenced by factors such as: culture, educational background, environment, government policies and developmental strategies.

Those who experience poverty join with the rest of humanity in hoping for a better standard of living for him/her self, family, community and nation. This chapter will discuss how the most basic unit of society, the family, can help overcome poverty for individuals and families, plus how to create family and individual self-reliance in providing: water, food, income, education and good health. Measures to enhance the infrastructure and sustain the environment effectively will also be explored. It will be shown how working with the family can improve living standards and change undesired circumstances to desired conditions.

As Maslow explained in his *hierarchy of needs*, no individual or family is able to concern themselves with future growth until basic needs are satisfied. Food, shelter, clothing and education are vital keys. It is fundamental to begin with helping families so they are empowered to provide for their own basic needs – using their *family capital* by combining the efforts of all family members. Only then will families have the strength to grow out of poverty.

What exactly is poverty?

To better understand the task before us, we must first understand what poverty really is. How does it look? What happens when individuals and families are trapped in poverty, and is there really a good way out? How do we know what approach to take in attempting to eradicate poverty?

The easiest definition of poverty is formula-based. Poverty for a family usually refers to households earning less than a minimum amount of income. In high- and medium-income countries, family-poverty levels refer to incomes which fall below specific annual-income levels (or fall below 50-60% of the national median income).

In low-income countries, the standard measure involves income of \$1.25 per person per day (World Bank, 2010).

Robert McNamara, former president of the World Bank, described the poverty in Africa as “absolute poverty.” He further detailed it as: “a condition of life so characterized by malnutrition, illiteracy, disease, squalid surrounding, high infant mortality and low life expectancy as to be beneath any reasonable definition of human decency.” While this description fits many in Africa, poverty can have a variety of meanings to different people. The terminology is essentially culturally defined.

Poverty in different cultures

To clarify this point, let’s explore what poverty means in different cultures. To the Masai of Kenya, poverty is when a family lacks enough cows to sustain their needs. Among the Baganda of Uganda, poverty is lacking enough bananas trees to provide food for a year. In their culture, a family is considered rich if they have a year’s supply of bananas (matoke). Among the Luyia of Kenya, poverty simply means not enough land, because ownership of land is seen as a symbol of wealth. Finally, poverty is not limited to material possessions, but includes all aspects of life. These critical areas include spiritual and moral aspects (Jakonda, 2001). The late Mother Teresa is reputed to have said she had never seen much poverty in all her life, until she visited New York City (Miller, 1987).



Jastus Suchi Obadiah, author of this chapter, and his family.

Family-oriented anti-poverty strategies

Family-focused strategies aiming at poverty reduction often include income support policies, such as universal child allowances or child-focused earnings supplements. There is also a growing interest in specific policies in support of single-parent families through: cash allowances, tax incentives, tougher child-support enforcement or discouraging marriage dissolution. Benefits for family members caring for older persons and persons with disabilities have also been considered to help families cope with caring responsibilities and promote intergenerational support.

The importance of family-oriented strategies for poverty eradication has been increasingly gaining ground in development efforts around the world. In particular, gender and child-sensitive social protection policies addressing family poverty and reducing the vulnerability of younger and older generations have been a focus of attention in an increasing number of countries in the developed and developing world alike.

A variety of income transfer programs have also been enacted to help the poorest families. The main goals have been to address child poverty and break the intergenerational transfer of poverty and inequality. Social transfer programs in developing countries provide cash transfers to families living in poverty or at risk of poverty.

Conditional and unconditional cash transfers target families living in poverty but differ in scope and context. Initially introduced in Latin America, they are increasingly being implemented in Africa and Asia. The level of the benefit varies from 20% of mean household consumption in Mexico, 4% in Honduras, and lower amounts for similar programmes in other countries (UN, 2011).

Family-friendly public policies are crucial to the survival of the family unit. As an effective structure of development, the importance of sound, family-oriented policies cannot be overstressed (UN, 2011).

Projects that identify family as the entry point seem to have more success than those that target other social units. The photos and captions within this chapter detail many of the projects achieved with the family as the functional unit.

“Family is important in poverty eradication because it is the first school of life. It may be the only school where no one graduates. It is life-long.”

Family – the first school of life

According to International Cooperative Administration (ICA), community development is a social process in which: (1) People in a community organize themselves for planning and action, (2) People define their common and individual needs, and (3) People execute their plans with maximum reliance on their own community resources (SC Mayo, 1958).

Families are in and of themselves small communities. They follow all of the steps listed by the ICA. In a family children learn values and work ethics. They learn how to help others. Sons and daughters learn to honor their parents and each other in their unique roles. Families should be a safe place, with a one-of-a-kind opportunity for fathers and mothers to work hand-in-hand solving family-related problems. Family is important in poverty eradication because it is the basic unit of society, the first school of life. It may be the only school where no one graduates. It is life-long. Whether an individual is a parent, grandparent, aunt, uncle or child, all are contributors in a well-functioning family unit.

How the poor perceive poverty alleviation mechanisms

One common African saying in Kenya goes: “To understand women, talk to them.” Men will go to their fellow men to ask what women are thinking and feeling. To know

“Projects that identify family as the entry point seem to have more success than those that target other social units.”

what a woman is thinking, a man must ask a woman. The same principle applies when helping the poor. If you want to know what the poor think, you must ask the poor. Many developers focus on information given by others rather than information from the poor themselves.

In a self-assessment project in Makueni County, Kenya, communities were asked to evaluate ways to alleviate their own poverty.

The community proposed the following: (1) improved infrastructure such as roads, electricity and provision of water; (2) free education, especially for primary and secondary schools (until 2003, education was not free in primary schools in Kenya – now primary education is free and secondary schools have been subsidized); (3) land policy changes so both men and women may own land and use it for agriculture. They also proposed: irrigation, machinery, subsidized inputs (fertilizer, seeds, etc.) and land to be used for public projects such as construction of a market place, etc.

In another village, people suggested food storage facilities so they could store their food longer. They also suggested credit facilities to allow local-access-capital for their businesses (AMREF, 1998).

However, in a few situations, the target group may propose things that they really do not need. Thus a comprehensive analysis needs to take place. For example, some community members proposed construction of better houses. To use an easily-understood analogy: If you help a chick break out of an egg, the chick is weakened by your help. This should not be the role of developers. It is important to only assist people to help themselves. Using another common analogy: If they need a hook for fishing, so be it. We help them get the hook, but we do not continuously give them the fish.



Grannies have a special garden where they work to provide food for their dependent grandchildren. Many women in Africa are now raising the second generation – a result of AIDS. These women also participated in planting palm oil trees and their own fruit trees. They are determined to help the rising generation, even at a time most people would consider their family duties done.

In a village at Luwero, Uganda, the Reach the Children (RTC) organization targeted older grannies with numerous grandchildren, the majority of whom were HIV/AIDS orphans. When asked what they wanted, these grannies said that they had enough food, but did not have money. They wanted commercialized agriculture so they could earn an income. Originally, RTC thought that food insecurity would be their greatest concern. However, the children looked healthy, but had no clothes. This was evidence that money was their problem – they wanted a means of earning it. It is important to identify real, actual needs, and the locals are the best source for that information.

Most of the time developers think that we already know what the people need. But when it comes to survival, the poor are very creative. They are instinctively working toward their own development. They engage in a wide range of income-generating activities which earn them something. A household survey done in 1997 in Kenya illustrated this point: It was found over 50% of the rural population in Kenya is engaged in subsistence-farming activities. In this case, small-scale businesses and petty-trade are important (AMREF, 1997).

Learning from the past

An evaluation of previous events and activities could be one approach to finding solutions for today's challenges. It is surprising to find some communities in developing countries facing food insecurity whereas a few centuries ago they had an abundance. Why? What happened? There are many factors to this, most of it being population growth, but could it be that something can be borrowed from those ancient people? This is a question a rural developer posed to a group of villagers in Western Kenya: Why do you have food insecurity today? This question allowed the villagers to go back to some traditional approaches that enabled them to produce and store enough food for their community. For example, they were able to reflect on how their ancestors preserved food: grains through drying and protecting them with cow dung ash; meat immersed in honey after being boiled; fish and meat with smoke-cures; other foods by salting or boiling. Granaries were built to stockpile enough grain for supplies throughout the year – crops such as millet, sorghum, beans, ground nuts and cowpeas were grown.

Cultural practices that hinder poverty elimination

Some cultural practices have not favored development. Gender-biased traditions prevented women from controlling resources, which inhibited their ability to make their voices heard in family decisions. Women are an important resource in realizing development in families and society as a whole. Some family members have been cursed – chased from home due to perceived disobedience.

For example, in Kenya, the *Daily Metro* reported that a family forcibly evicted their son, Kamau, and his wife, Wanjiru, from home because he failed to deliver a male heir. (Science tells us that it is the father who determines the sex of the child.) Kamau was chased away because he refused to chase his wife out or marry another woman.

There are numerous anti-development practices that affect individuals, families and communities. Some farmers in western Kenya let their fields spoil while attending an extended funeral of a neighbor or relative, and thus fail to harvest their crops to sell.

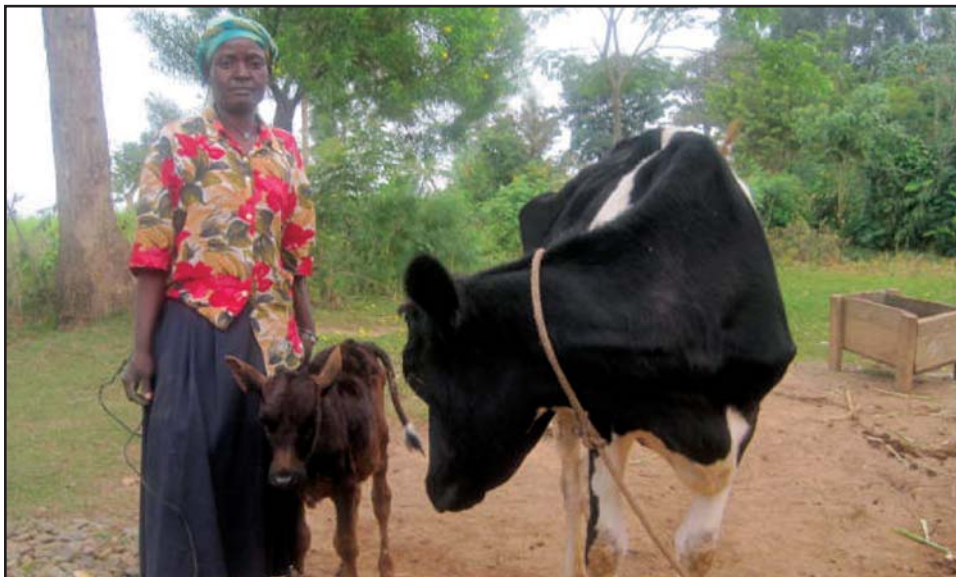
A case study from Western Kenya

Everlyne is married, with older children – all of them married. Like many other rural grandparents, her grandchildren live with her. The Reach the Children Dairy Cow Project gave her an “exotic” cow. This was great news to Everlyne, as local cows give an average of two liters of milk daily; but a well-cared-for “exotic” cow gives up to 20 liters of milk daily. As a requirement in the project, she had to seek permission from her husband, so the husband did not think the cow was his. The husband responded very well. He promised to assist her in taking care of the cow and even showed Everlyne where to grow grass and build the zero-grazing unit.

The entire family has benefited from Everlyne's cow. Milk is sold and also used by the whole family – including the wives of her sons. Remains from the feeds and ma-



An "exotic" cow almost becomes one of the family. Esther Ochero lost her husband and wondered how she and her family would survive. With the gift of a cow, she now can feed her family, sell the milk and use the manure for fertilizer on her garden. The family is now doing well.



An "exotic" cow, can give up to ten times the milk a local cow can produce. This gives the family extra milk to sell, enabling the children, or grandchildren, to attend school. The entire family is involved in the care of the cow, and each member of the family benefits from the project. The cow provides extra nutrition, and funds, for three generations.

nure are used to make very rich compost, which is used by the whole family for gardening and farming. This is the happy outcome of a family working together where the husband values his wife's contribution and they work together to face challenges. Everlyne is free to sell her milk and pocket the money. She now has an account where she saves some of her milk money for the future needs of the family.

The traditional role as nurturers and care-givers is critical in this process. According to Kwawu and Murray, women's work is generally low-paid, low-status, hazardous and only produces products for home (subsistence) consumption. Therefore it is not considered as important as paid work. Yet the woman's role in the home, with her children, is vital for the very existence of society and the socializing process of children. If we are to change society to appreciate both men and women, home is the place to make this happen. Parents should take the lead in teaching their children these important principles (Murray et al., 1993).

The dairy cow project initiated by Reach the Children is more than empowering families directly. Soon the owners of the cows discovered that they could not supply all the grass needed, so other families recognized the need and planted grass to sell to the dairy cow owners. This enabled them to earn a living, too. With over 40 cows donated in that area, locally-trained veterinary officers now have work to do, and the vet shops have a market for their products as they sell dairy medicines and animal feeds to supplement what the farmers can produce.

Another example is the SHIEBU Dairy Goat Network, a community-based organization that reaches out to both men and women. Before an animal is given to either spouse, the other spouse must agree. Both men and women are targeted for membership, but their policies are aimed at eliminating family conflict that may arise due to resource control. Nopher, one of the SHIEBU group leaders, said:

I believe our focus is on family and reaching out on individuals. Family gives them the support they require to grow and develop. We encourage self-help groups because of such support too, but nothing can replace the family's role in developing individuals.

Gender equality and men and women working together

Gender inequality continues to be a major impediment to poverty eradication. Research in developing countries indicates that the more women contribute to household needs rather than men, the more money is spent on food, childcare and overall family well-being. This finding has resulted in more emphasis on women and not men. The question must be asked, when will men learn and change? It is important to take measures to encourage men to take up a bigger share of household and childcare responsibilities within families. This can only be accomplished if developers will recognize the importance of the family as an important social institution, recognizing that anything that threatens the family unit's survival also contributes to social and economical challenges – such as poverty.

The root causes of the practices and attitudes on gender issues must be sought in order to work out solutions that will affect change. As the issues differ, so must the strategies for dealing with them. Among most African nations, the need to understand the logic of the undesired is critical for two reasons. First, the societies are undergoing very rapid change in the name of development. In many ways, African countries are in transition and “at a crossroads.” Identifying and understanding gender issues at the roots, and in the appropriate context, is crucial to influence which direction that development will effect the society. Second, these societies are largely multilingual in a very complex manner, with different traditional practices. Consequently, there are multiple operating norms, concepts, or values at the take-off point (Mbeo et al., 1989).

Both men and women play an important role in the labor force. A 1977/78 survey in Kenya urban areas showed that 68% of the men were engaged in the labor force, compared to 39% for women. However, in rural Kenya, it showed that 68% of the women were engaged in the labor force. This is an important difference to consider, since 80% of the population in Kenya lives in the rural areas.

The issues affecting women are mostly cultural and thus any methodology that will ensure gender equality must recognize the cultural aspect. The focus must be on the policies and family structures in the respective cultures. In most African countries women work the most, yet they control very little when it comes to resources. Although the focus has been on women, there is a great need to empower men and focus on gender (men and women) and development, rather than women and development.

According to Omondi, one of the greatest dilemmas hindering gender equality and development is the African male’s attitude – which tends to view the gender debate as diversionary and unimportant. Omondi used linguistic illustrations to show close interaction between language and culture, demonstrating how the former is often a subtle vehicle for cultural and attitudinal values. From this premise, she argues that because “gender and related issues are learned with language, each language becomes a source of information on the people’s thinking and their norms” (Mbeo et al., 1989).

Some women argue that the *family unit* is the only social institution where attitudes and the world view of most African men can be changed. They say that if this happens in the home, then real development will take place: a woman will have a say at home, allowed to be in control of resources and steer development to another level. Although much progress has been made in the years since the International Decade for Women in 1975, growth has been slow.

A partial list of achievements since 1975 includes: women can now control the export of their crops; policies have changed to allow women to inherit; and women can even claim properties from their parents or husbands. Another promising development is the participation of women in agricultural organizations and workers unions. This is now happening in sectors where men have dominated for years. Parents are encouraged to socialize their children at home so they grow with an appreciation for both genders. This will continue to have a positive impact on each family, and children will achieve greater self-reliance in their future family.

Infrastructure development

A good infrastructure is a key for eradicating poverty – for several reasons. Among these reasons are: (1) the need to transport farm produce to the market, and (2) the need for electricity to develop rural industries. Good health facilities (doctors' offices, clinics, hospitals) are also part of the infrastructure needed – providing easy access to health facilities. When people are healthy, they become more productive.

Infrastructure is the framework that makes it possible for all the systems within the society to function. It includes: roads, utilities such as water supplies and electricity, communication structures, etc. Without a strong infrastructure a society cannot progress. The Oxford Dictionary defines infrastructure as: “the basic physical and organizational structures and facilities (e.g., buildings, roads, and power supplies) needed for the operation of a society or enterprise” (*Oxford Online Dictionary*). Viewed functionally, infrastructure facilitates the production and distribution of goods and services. Basic social services such as schools and hospitals are included in a community's infrastructure. Just like a human skeleton, if all of the parts are not linked together, the body cannot perform all of the desirable functions. All components are necessary to help the community run smoothly.

These structures are important to eradicating poverty due to several reasons. Very basically, without roads it is difficult to transport produce to market. Some may need electricity to develop rural industries. Good infrastructure also fosters good health, as people can easily access health facilities. Again, healthy people become more productive.

A good example of how an improved infrastructure spurs growth and development is the government initiative of Kenya to electrify rural areas. With electricity available, people are able to develop commerce in rural areas. This, in turn, attracts small industries, which attract people and other facilities, such as hospitals, schools, etc.

Another good example comes from Mumias in Western Kenya. It was a very poorly developed community before the Mumias sugar factory came into existence. Since then the area has seen many developments in the infrastructure. The main roads are now tar marked, and there are numerous schools, banks, hospitals and colleges. All these have contributed a lot to the income of the local people as more people have been attracted to the town. Numerous shops in the town allow local people to engage in enterprise. Local farmers now have markets for their crops, with most of them still engaged in sugarcane planting.

Rural industrialization

Most urban-related challenges originate in rural areas. There are few industries in rural areas and thus there are limited opportunities for jobs and education. Urban areas attract a lot of rural people – as they move to “greener pastures.” This has a very negative effect on traditional African families. Although kinship in Africa is still very strong, it is being threatened by rural-to-urban migration. This separation (of mostly men

from their families) has contributed not only to the spread of the HIV virus, but economic instability and food insecurity.

Julius Kasue, a rural villager from Eastern Kenya near the Chyulu hills, complained about how villagers use their resources to educate their young ones, only to lose them when they grow up – as they all move to towns to settle there permanently. Any project that can provide job opportunities, schools, hospitals and electricity in the rural areas can reduce rural-to-urban migration. Rural industrialization offers lots of solutions that could create self-reliance for many rural families and prevent the brain-drain that is being experienced in rural communities.

These rural industries could act as markets for the agro-products produced by rural people. Many families could benefit from them as they access credit to further increase their productivity. Industries in rural areas can act as important foreign exchange earners and this may lead to subsidized funds for obtaining machinery needed to sustain other sectors, such as agriculture, etc. Rural industries act as liberating agents, as vulnerable members of the community receive opportunities to earn a living, access education and other related opportunities. Industries in rural areas also enhance urbanization because they attract development: infrastructures, schools, hospitals, roads, electricity and water. This brings towns closer to the people in a well-planned manner. Indeed, rural industrialization can be said to bridge the gap between rich and poor, allowing more people to



Through the Kenya government rural electricity program, Moses Mapesa's family was able to receive electricity in their home. This allowed him to create a welding business and his wife to open a hair-dressing salon.

access income and improve their living standard. The Kenyan government began a rural electricity program three years ago. Through this initiative, many families are improving their economic status.

Here is an example: Although Moses Mapesa's family (in Kakamega County) does not have a permanent house, he felt that having electricity in his house would allow him to do business and earn enough money to engage in other enterprises. He is now planning to engage in other income-generating activities, such as welding, and his wife is planning to open a hair-dressing salon. (*See picture on page 47.*)

Sustainable communities

In response to world challenges, developers use the term "sustainable development." This has gained considerable prominence in development debates since 1987, when the concept was broadly popularized through the efforts of the World Commission on Environment and Development. The term was coined by representatives from industrial and socialist nations. It means: development that meets the needs of today without compromising the ability of future generations to meet their own needs. In simple terms, sustainable development means continuity of things, including the human species and all the ecological factors of the planet Earth.

This goal for sustainable development demands the united front of all nations in the world, as we share the same planet. Thus, sustainable community or village development encompasses a holistic perspective in considering life (Akatch et al., 1998). In 1998 Dorset's Rural Community Council published an attractive eight-page pamphlet written by Graham Duncan, portraying a hypothetical "sustainable village" (Dorset Community Action, 1998). The main aim was to empower villagers to adopt sustainable development in their villages. Two big ideas for sustainability were to live on the earth's income, not its capital, and to reduce inputs and re-use outputs. These were targeted at individuals, families and community. They emphasized: (1) Consume local produce; (2) Share resources and build communities; (3) Reduce, re-use and recycle; and (4) Build the local economy. In discussing recycling they also proposed recycling ideas, too (Moseley, 2003).

Among the social agents used to facilitate sustainable development, the family remains the basic unit where these principles can be acquired through the process of socialization. Two others are churches and schools. The Johnson family from Texas visited Kenya in December 2005. While they were visiting Nairobi National Park, their daughter Merian asked a local tour-guide, "Where should I throw this plastic paper?" "Just throw it over there," the guide responded. "No," replied the 13-year-old girl. "I was taught that I shouldn't pollute the environment." The local guide was amazed to see the power of this young girl. This is the power of a family in action and how a family can install sustainable principles in the society.

The following examples show projects begun with families and demonstrate how families can work together for their own betterment and the improvement of their communities.



Mr. Ogotu Munyanya (Kenya) received five hens from Reach the Children, within six months he donated ten hens to two other families. He now has over 200 chickens using free-range system.

Fighting family poverty through poultry farming

Reach the Children has initiated poultry farming to empower families. Farmers were trained to raise chickens using their own traditional breed, feeding them local feeds, but using modern techniques like vaccinating the chickens against disease. Over 50 families were targeted, but only about 15 families received five hens. It was agreed that each of the initial families would contribute a rooster to the poultry farming project, and five hens from each of the first two hatches – to give to another family. Now all 50 families have chickens and a total of 100 families practice poultry.

Such an example is Mr. Ogotu Munyanya from Kenya. He received five hens from Reach the Children. He was to donate ten hens to two other families, which he completed within six months. He now has over 200 chickens scattered in his compound using a free-range system, which is local and allows chickens to look for their own food. He does provide them with some commercial feeds, also. He is currently one of the trainers in the community and trains other farmers. From this, Ogotu bought a motorbike that he uses to transport villagers and earn more money while his wife takes care of the chickens at home.



Nicholas Malika rents a motorbike from a teacher every day for a transport service. Here he is ready to take a customer to his destination. Nicholas used to use bicycles. Eventually he will be able to buy a motorbike with his earnings because he is able to make more money for his family and save. Many young men are able to begin individual businesses with just a small amount of start-up help.

Appropriate technology development

Promoting appropriate technology is another key in eradicating poverty. “Appropriate technology” is a friendly term to describe when local people utilize their own resources. If technology is appropriate, it should be both affordable and sustainable. Appropriate technology is known and used by locals – using local resources. For example, use of oxen in farming could make a difference in the lives of many rural people, instead of relying on tractors, which may be very expensive to buy or maintain. Appropriate technology not only uses local resources but promotes innovations and creativity. For example, using oxen to plow, not just as beasts of burden, is more appropriate to some rural areas.

Extension education and agro-activities in rural areas

Extension education is key to improving the lives of people because people are the greatest resource available in development (Dhama, 1965). Dhama looked at the process of development holistically. To understand how extension education helps rural farmers, the process must be understood.

According to Mildred Horton, extension education has four main points: 1)

The individual is a supreme democracy; 2) The home is the fundamental unit in civilization; 3) The family is the first training group of the human race; 4) The foundation of any permanent civilization must rest on the partnership of the man and land (Van den Ban and Hawkins, 2002). Extension services are provided in many forms. Service centers are sometimes provided, but extension services can also be more informal. The informal type of extension is one that has no syllabus and the farmer's problems and needs are the main considerations. It has no classroom; – advice is provided in the farmer's home or farm, or any convenient place. The formal type of extension is planned, has written objectives and training content. This type of extension is carried out through short courses, field visits or short-duration tours at community centers, research stations or for a longer duration of time at designated farmer-training centers (Nambiro, 2006).

In Kenya, extension services were primarily provided by the government until the 1990s. In a paper about how extension services are provided and the reasons behind these services, Nambiro, Omiti and Mugunieri say:

Through the 1990s, the established modes of delivery of extension services began to shift in favour of those that involved farmers in the design or prioritization of these services. This re-orientation of extension towards participatory processes was catalyzed by the increasing realization that effective and sustainable extension programs could only be achieved with the more active participation of the various end-users, especially farmers.



Villagers learn how to plant and care for palm oil trees from extension service officers. Palm oil trees have the annual capacity to generate up to \$200 each after maturation. Reach the Children distributed 3,500 seedlings to some 400 families. The funds earned will provide money for school fees as well as basic needs. The villagers welcome the chance to better their families' lives.

Extension services are critical in improving the lives of many Africans. Centers are used for education and also as a resource for farmers' concerns. Many people aren't able to afford to go to a college or university for the answers they need to make things work better on their rural farms. They can get the education and information they need at their local extension service.

Kelsey and Hearne explained how extension education is based on the principle of an individual's importance in progress for themselves and for the nation. They suggest that educators work with the people to help them to develop themselves. Together, the extension services and people are able to achieve superior well-being and thus support the family. Kelsey and Hearne said the extension service was designed to help people to help themselves in a participatory process, not a process of control.

Cultural and social structures

Cultural evaluation is necessary in order for a given society to deal with the demands of the modern world. For example, the traditional African family was based on an extended structure – people lived together where community values were protected and upheld. Parents, aunts, uncles, grandparents and children all lived together, teaching values to the children. Today these family structures are threatened by rapid urbanization. What does the family do when economic problems force families to live apart?



Everlyn Lubanga with her husband and three children planted seven palm oil trees which should start fruiting in 2013. They will be trained on how to extract oil manually. Selling the oil will increase their income and provide raw material for soap making, roofing their houses and improved nutrition.



Mama Hadijah, a widow, is one of the Grannies Group in Western Kenya. She was given an improved banana breed to grow on her land and seedlings of fruit crops, such as mangoes, oranges, avocados and paw paw. She says now she always has something to feed her orphaned grandchildren and they can come home from school for lunch. She was trained that she can feed them fruit salads for lunch and their typical African ugali meal in the evening.

There have been serious consequences as a result of this change in lifestyle. One result has been that due to the lack of extended-family support, there is little sex education given at the family level, which means that local values and morality are at stake. (Indeed, this is reputed to be one of the major contributions to the spread of HIV.)

Although most family social structures in developing countries have been changing due to the demands of the modern world, traditionally Africa had stronger kinship ties. Because these structures are breaking today, there needs to be an additional focus on strategies to prevent family and local structures from breaking down.

Traditionally, all members of the extended family used to live and work together, so labor and teaching were abundant and food was assured. Today, most men go to towns to look for jobs, leaving their wives in the rural areas. This has resulted in the increase of immorality and the lack of a proper family structure to ensure food security through cooperative work. This was an important structure of African family life. Today's nuclear family is on its own and thus must plan effectively. Those without actual extended-family members can still belong to Sacco's, groups or cooperatives that can help in planning and achieving goals.

The role of religious institutions in eradicating poverty

Religious institutions have been recognized for their efforts to eradicate poverty and empower families. As social agents, churches play a very important role. According to

Jaconda, religious institutions (churches) also have concerns with secular issues: social, political, economic and ecological. Jaconda is quick to say that churches in Africa have done more preaching than teaching, and argues that churches need to be more involved in development matters – holistically.

According to Islam, development embraces all aspects of life – both material and non-material. It includes social and spiritual needs and/or issues, and environmental issues—they are essentially “humane” and comprehensive in nature. Development is not only a matter of production, but also sufficiency in production, accompanied by equity in distribution of all gains and costs; targeting all mankind in accordance with the Holy Qur'an, which records that Allah “... brought you forth from the earth and hath made you husband it.” What this implies is that people are both a means and an end for development (Ibrahim). He goes further to say that a person should be developed morally and spiritually; equipped with knowledge and skills; and empowered to innovate and create; hence, to produce food for him/her self and others; to save and recover his/her assets' depreciation; and above all, to develop the earth on which he/she lives. In this sense, both wealth and mankind can simultaneously be developed in a sustainable manner. It is the moral duty of Muslims to continuously and fervently work for a more just and humane society. There are several verses in the Qur'an that encourage believers to also be the voice for the poor and marginalized (Khan, 2008).

Thus, religious institutions are key for teaching and empowering individuals and families on self-reliant matters. Religious institutions have played a very important role in contributing to the development of their believers and society as a whole. In Kenya, most public schools were started by religious missions – even hospitals, colleges and universities. Religion is a very important prerequisite for development to eradicate poverty. These institutions rely on the family as their basic working unit.

A good example of such initiative is The Church of Jesus Christ of Latter-day Saints in Kenya. They have initiated a program called the Perpetual Education Fund. Able families in the church contribute money to assist less-privileged members in developing countries gain an education. This program is active in Kenya, Nigeria, South Africa, South America, etc. Thousands of young people have received this education benefit. Over 70% of them acquired skills that helped them obtain employment. This program also involves self-employment training that empowers young people to be entrepreneurs.

People's participation

The *UN Human Development Report of 1983* examined how much people actively participate in the events and processes that shape their lives. The democratic transition in many developing countries, the collapse of many socialist regimes and the worldwide emergence of people's organizations – these are all parts of an historic change, not just isolated events. People's participation is becoming the central issue of our time. Participation is a process through which stakeholders influence and share control over development initiatives and the decisions and resources which affect them (World Bank, 1994).

The report looks at three major means of people's participation: people-friendly markets, decentralized governance and community organizations (especially non-governmental). According to Jakonda, community participation is a people-centered developmental process with empowerment through education and community organization. He stresses that participation ensures that a development program puts people as the main focus and people-centered development ensures that individuals in society are contributing to the overall development of the community (Jakonda, 2001).

The genesis of the participatory approach begins in the home – parents should teach their children the importance of appreciating each other and other people concerning issues affecting their lives.

The participatory approach offers an opportunity to overcome previously unsuccessful approaches, through its inherently decentralized approach to development. In order to ensure the success of this approach, the strategy is essential. Basic local structures must be given consideration, such as: families, religious organizations, schools and development agents (Akatch et al., 1998) to address the growing problems of joblessness. The report concludes that the five pillars of a people-centered world order must be built:

New concepts of human security;

- New strategies for sustainable human development;
- New partnerships between state and markets;
- New patterns of national and global governance; and
- New forms of international cooperation.

We affirm that nations cannot be built without the popular support and full participation of the people, nor can the economic crisis be resolved and the human and economic conditions improved, without the full and effective contribution, creativity and popular enthusiasm of the vast majority of the people (Human Development Report, 1993).

Development is empowerment: it is about local people taking control of their own lives, expressing their own needs and finding their own solutions to their problems. The examples in this chapter show projects begun with families and demonstrate how families can work together for their own betterment and the improvement of their communities.

How does a positive mindset help the family succeed?

A family unit is basic to making sure children are socialized to think positively. Positive attitudes ensure that most of an individual's energy is focused on making things happen positively, rather than focused on challenges and problems. Why not focus on what one needs or wants in life? Family is the best place to instill a desire for improvement. Homes are the most important schools in any society. All learning *begins* at home.

Practically speaking, everyone has the potential to contribute. Chambers once said, although the freedom and power of individuals vary enormously, all can do something (Chambers, 1983). This is the positive approach needed. Thus people, situations and things need to be perceived positively to cultivate their inherent potential. Viewing life positively helps individuals, families and communities as a whole. This is the way to eradi-

cate poverty: discovering the people and things that give meaning to life – to individuals and communities. Again, family is the key when reaching out to the community.

The story is told of two men driving toward work in the busy traffic of Kampala, Uganda. One sees a car with a sign, “Hunger Program,” and comments, “Why ‘Hunger’? Why not ‘Food Program?’”

This negative mindset is described by Jim Lord in his book, *What Kind of World*

do you Want? Lord said, “I still find it curious that problems are so central to our awareness” (pg. 7). He added: “Researchers...found out that 90 percent of the conversations in homes is about how bad things are, what was done wrong? Who is to blame and what not to do.” He concluded that as people become older, this “mindset is reinforced as we are swept into the intellectual climate of

“As we empower families with additional resources and education – to break through the poverty barrier – we lift generations to come.”

critique that has expanded in the last several decades” (pgs. 8-9).

Why are most of our energies focused on problems? Couldn't this energy be better used in finding solutions? Many times social science tends to minimize the scope for personal choice. Negative social science does this by either stressing how awful things are or seeking uniformity in our policies and laws (Chambers, 1983). Could funds now spent on problem analysis be used to actually bring the change we want?

Billions have been spent on problem analysis and surveys. Let's focus attention on creating things needed or wanted in life. Energy is best used on making things happen positively, rather than focusing on challenges and problems. The family is the best place to instill these values and goals. Homes are the most important schools in any society. When our energy is used to better family life, the rest of society benefits.

CONCLUSION

With proper structures in place, we will be able to quicken our pace as we strive to eliminate poverty and hunger from the people of the earth. Many programs working with families have been shown to be effective in breaking the poverty cycle. As more effort and money are used to strengthen families, communities will of necessity be improved. Society works best when individuals work to solve their own problems.

As the international community reaches a hand down to lift up the impoverished people of the world, we must not forget that achieving true human development means freeing people from obstacles that affect their ability to develop their own lives and communities. Development, therefore, is empowerment: it is about local people taking control of their own lives, expressing their own concerns and finding their own solutions to their problems. As we empower families with additional resources and education – to break through the poverty barrier – we lift generations to come.

REFERENCES

- AMREF (African Medical and Research Foundation) (1998), Participatory Poverty Assessment Report, DFID, Nairobi, Kenya.
- AMREF (African Medical and Research Foundation) (1997), Participatory Poverty Assessment Report, DFID, Nairobi, Kenya.
- Akatch, et al. (1998), Department of Urban and Regional Planning University of Nairobi, Center for Urban Research, Nairobi:Kenya.
- Chambers, R. (1983), *Rural Development: Putting the Last First*, Essex: England, Longmans Scientific and Technical Publishers.
- Family Platform. *Social Inequality and Diversity of Families*, <http://www.familyplatform.eu/en/1-major-trends/reports/7-social-inequality-and-diversity-of-families>.
- Human Development Report 1993, <http://hdr.undp.org/en/reports/global/hdr1993/>
- International Poverty Center (2008), *Cash Transfers, Lessons from Africa and Latin America, Poverty in Focus*. <http://www.ipc-undp.org/pub/IPCPovertyInFocus15.pdf>.
- Kahn, Ajaz Ahmed and Helen Mould (2008), Islamic Relief Worldwide, <http://www.islamic-relief.com/indepth/downloads/islamanddebt.pdf>.
- Opportunity NYC website, http://www.nyc.gov/html/ceo/html/programs/opportunity_nyc.shtml.
- Lord, J. and McAllister P. (2009), *What Kind of World do you want?* http://www.whatkindofworld.com/wp-hw/wp-content/uploads/2010/01/what_kind_of_world_do_you_want.pdf.
- Jakonda, Z. Sulaiman (2001), *Your kingdom come: a book on wholistic Christian development*. Jos, Nigeria, RURCON.
- Kelsey, L.D. and C.D. Hearne (1963), *Cooperative Extension Work*, Cornell University Press, New York.
- Mbeo, et al (1989), Women and Law in Kenya-Perspectives and Emerging Issues: Public Law Institute, Initiative Ltd., Nairobi:Kenya.
- Moseley, M. J. (2003), *Rural Development-Principles and Practice*: SAGE Publications, London. Thousand Oaks.
- Murray, et al (1993), *Reorienting Home Economics in Africa*, Home Economics Association for Africa (HEAA).
- Nambiro, Elizabeth, John Omiti and Lawrence Mugunieri (2006), *Decentralization and Access to Agricultural Extension Services in Kenya*. International, Association of Agricultural Economists Conference, Gold Coast:Australia, August 12-18, 2006.
- Singh, Katar (1999), *Rural Development: Principles, Policies and Management*. New Delhi: India, Sage Publications.
- United Nations (2009), *Rethinking Poverty*. Report on the World Social Situation, New York.
- United Nations (2010), *Report of the Secretary-General on the Follow-up to the tenth anniversary of the International Year of the Family and beyond*, New York.
- Waldfoegel, J. The role of family policies in antipoverty policy. *Focus*, vol. 26, No. 2, Fall 2009.
- Van den Ban, A.W. and Hawkins, H.S. (2002), *Agricultural Extension*, CBS, Publishers and Distributors, New Delhi (Refer for further details on Extension Education).
- Waldfoegel, J. (2009), The role of family policies in antipoverty policy. *Focus*, vol. 26, No. 2.
- World Bank \$1.25/day poverty measure
<http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/0,contentMDK:22510787~pagePK:64165401~piPK:64165026~theSitePK:469382,00.html>

Overcoming Poverty through Cooperatives and Community Development Centers

Robert C. Roylance

Historically, as families in many developing countries organized themselves into associations and marketing groups, they have experienced increased stability and financial success. In some countries marketing cooperatives have been very successful. However, attempts to establish marketing cooperatives in Africa have been sporadic, which is probably due to a “survival mentality.” This desperation leads to graft, corruption and jealousies. In addition, the entitlement mentality in many communities is a serious deterrent to the establishment of successful associations or community groups. In most cases, if impoverished smallholders can clearly see the benefits of working together, there is usually meaningful support and strong commitments.

The remarkable successes in China were, at least in part, due to the formation of community production and marketing groups (Wittwer, 1987). During the 1980s and 90s, it was amazing to watch China transform from a net importer of staple crops (such as small grains) to a net exporter. In addition, China started to flood the world markets in specialty crops, such as: spearmint oil, hazel nuts, tomato products, etc. Wittwer maintains this transformation was due to China’s unique organization of production and marketing groups that combined capitalism and communism (Wittwer, 1987).



These members of the Mutituni Community Development Centre are engaged in collective marketing, orphan care, GLOBALGAP compliance, microfinance, etc.



Agricultural training sessions sponsored by the local community association.

Small peasant farmers in sub-Saharan Africa usually sold their products to commercial exporting groups. This left farmers in a vulnerable position regarding the prices they received. In order to correct this problem, a number of grower associations were formed to do group marketing. This has had a positive effect on the prices they are receiving. However, in recent years the challenge to become certified for food-safety issues has made it very difficult for smallholders to meet the requirements. This has resulted in a major market-share loss for the small farmers and contributed to the further deterioration into greater poverty. Small farmer organizations, such as marketing cooperatives and community development centers (CDCs), have become more important as a result.

Concern for smallholders' market-share losses plus the need for production groups (such as cooperatives or community development centers) to assist in marketing initiatives, is expressed by Margret Will, reported in *Lessons learnt in pilot projects in Kenya, Ghana, Thailand and Macedonia*:

Even though small-scale farmers contribute major shares to fresh produce destined for export and for the local processing industry in many developing countries and even if they derive significant levels of income in return, smallholders are especially challenged with achieving GLOBALGAP certification. The main concern is that the costs of compliance render smallholder production unfeasible. As a consequence, customers who previously bought from small-scale farmers, may switch to either sourcing from larger farms or from fully-integrated own production (Will, 2010).

In addition to marketing, community development centers can be organized to handle a multitude of issues, such as: micro-credit, health care, employment services, dispensing and selling agriculture supplies, orphan services and agriculture extension training. A strong CDC can be the mechanism for improving a community as well as be a catalyst for strengthening families. This synergy can be very effective in overcoming the multitude of ills that currently exist in many developing countries.

CDCs can also be used to promote environmental sustainability. These initiatives could include: reforestation, water purification projects, capturing rainwater, developing land improvement programs and sanitation projects, etc. CDCs with GLOBALGAP certification will engage in many activities to improve environmental sustainability, as well as other MDG goals.

Community development centers can be under the control of a local board elected by its members, much like a cooperative. In some countries there may be a certain amount of governmental oversight in order to insure fairness and financial transparency. The main goal is to facilitate the development of positive community activities.

Agriculture Exports

Income-generating strategies are usually related to agriculture production because of the high percentage of the population dependent upon agriculture for their livelihood. Some exportable commodities have the potential to provide the “ideal income-generating strategy” because of the potential for high profits and also because new money is being infused into the local economy.



These Snow Peas can be picked in Kenya in the morning, packed in the afternoon, air freighted during the night to the UK and placed on grocery shelves the next day.



President Kabaki (Kenya) visits a Reach the Children operation coordinated by the community development association of families in Mutituni, Kenya. These avocados will be air freighted to the UK. (The white jackets were sewn by a sewing program for orphans.)

In order for agriculture exports to be successful, the following issues need to be considered:

1. the comparative advantage of the specific commodity,
2. potential markets,
3. transportation options,
4. packing, processing or packaging options,
5. marketing channels,
6. local production potential in volume, and
7. local labor availability.

Usually, one of the largest comparative advantage factors for most developing countries is the cost of labor. In Africa, many commodities can be packaged with two-dollars-a-day labor and sent to more lucrative European markets – with excellent profit margins. Hopefully, the hourly wages in Africa can be improved over time as economic programs prove to be successful.

Micro-credit

A primary function of the CDC can be the administration of micro-credit. When the main objective of the CDC is to support families, micro-credit loans can be provided to the family with the father as the main recipient. In the past, the typical micro-credit

administrators focused on women, but this tended to isolate men from their families. Consequently, the men often became involved in undesirable activities, which had a further negative impact on the family. By administering micro-credit through CDCs, the financial focus can be associated with some of the projects coordinated through the CDC. This brings not only continuity to the program, resulting in higher success rates, but brings family strengths into action.

Education

Community organizations can provide strong support to local education systems, which could include:

1. Facilitate in awarding scholarships to disadvantaged children.
2. Provide some vocational training for older youth. This could be in the form of sewing, mechanics, welding, carpentry, etc.
3. Provide lanterns to families – to facilitate studying after dark.
4. Facilitate the acquisition of school fees and uniforms, when needed.
5. Encourage parents to become involved in their child's education.

Family-based Orphan Care

In areas with large numbers of orphans, the CDC can establish an orphan committee to watch over local orphans and make sure they are assigned to a responsible family. Improving the family's income is important when finding families willing to help care for orphans. Some CDCs require their members to take in an orphan if their financial condition has improved because of CDC activities.



The status of orphans is tracked by this Orphan Committee under the direction of the community development center in Mutituni, Kenya.



Volunteers working with Kendu Bay (Kenya) community association receive new bicycles to help with weekly contacts to orphans living with local families. When needed, the volunteers use the bicycles to take orphans for medical care.

Agriculture Training and Support

An essential ingredient in the production of high-value crops to be sent to sophisticated markets is the role of professional crop advisors. They not only assist the farm families on the complexities of raising uniform/quality crops, but also insure that crops are certified for safe-food regulations.

Professional crop advisors usually have a degree, equivalent to a bachelor's degree, from a prominent agricultural school – in agronomy or some other agriculture-related field. Unfortunately, their pay scale is usually very low, but it is significantly higher than most other countrymen. There are usually two or three advisors per CDC, subject to the number of farmers and the level of the farmers' competency.

Marketing

Identifying vital markets is an essential element in the success of CDCs. In evaluating different marketing scenarios, it is essential to consider: (1) market reliability, (2) transportation issues, (3) long-term trends, (4) seasonal challenges, and (5) competition pressures. Each element needs to be evaluated and detailed in a business plan. The CDC can facilitate the establishment of marketing connections between local buyers and importers from other countries.

Marketing cooperatives

In some communities the preferred option may be to facilitate a marketing cooperative. These cooperatives may be subject to local cooperative laws and regulations and local conditions and customs.

Processing, packing and manufacturing

CDCs can play a major role in attracting new processing and manufacturing businesses into the community. CDCs can promote and facilitate the establishment of new businesses that will create new jobs, create markets for their agriculture produce and find outlets for existing products – such as crafts, etc.

Providing agriculture supplies

During the initial stages of CDC development, it may be necessary for the CDC to provide quality seeds and other agricultural supplies. Many CDCs are located in remote areas where agriculture supply stores are limited, so making supplies available to farmers is a valuable service. As the local farmers and CDCs stabilize, the farmers can purchase needed supplies on their own.

Safe drinking water and sanitation

CDCs can coordinate with member families to improve safe drinking water and sanitation while working with NGOs and local governments. These efforts include: (1) digging of hand-dug wells, (2) filtration systems, and (3) rainwater-collection systems.



Local board members of Chyulu's community association are standing in a field watered by a community well – made possible through combining the efforts of families in the community.

In addition, (4) long-term programs could include reforestation projects. As trees and vegetation return to their original state, rainwater will percolate into underground aquifers and activate springs. This will allow local families to draw clean water from the springs and waterways supplied by the springs.

Micro-franchise development

Micro-franchising has new potential for helping poor families in rural areas to begin businesses with proven track records. Many programs are being developed with small start-up costs, providing services needed in rural communities. Steve Hamm, a senior writer for *Bloomberg Businessweek*, noted:

Over the past 30 years, microfinance has grown to be a powerful global phenomenon. It can be even more powerful when combined with a nascent trend—the rise of microfranchising. The idea is for socially-oriented companies to do the spade work of discovering successful business models for poor people and provisioning them with the equipment they need to do business (Hamm, 2009).

This type of business arrangement could go a long way in strengthening families by assisting the father to become a legitimate breadwinner.

CONCLUSION

Community associations and CDCs provide opportunities for families to unite with other families – to increase their *family capital* to make significant contributions to their communities. Families can work together in producing crops to be sold for higher revenues; this will allow families to acquire improved education and to engage in lifestyles void of survival issues. This will also allow families to focus on important environmental issues, such as: improving local forests, improving clean water supplies, improving land resources and improving sanitary conditions. Families can also be organized to provide acts of charity to individuals struggling in their communities, such as the huge orphan population. CDCs can be a magnet for families to share their talents and to promote social progress.

REFERENCES

- Fairbourne, J. S., Gibson, S. W. & Gibb, W. (2008). *MicroFranchising: Creating Wealth at the Bottom of the Pyramid*. Edward Elgar Publishing. Northampton: Massachusetts.
- Hamm, S. (2011). The Rise of Microfranchising. *Bloomberg Businessweek*, http://www.businessweek.com/blogs/globespottin/archives/2009/10/the_rise_of_mic.html
- Will, M. (2010). “Integrating Smallholders into Global Supply Chains, GLOBALGAP Option 2.” Smallholder Group Certification Generic Manual. Federal Ministry for Economic Cooperation and Development. Germany. <http://www.gtz.de/en/dokumente/gtz2010-en-globalgap-group-certification.pdf>
- Wittwer, S, et. al. (1987). *Feeding a Billion*. Michigan State University Press. East Lansing:Michigan.

BEST PRACTICES

No More Famine

Susan Roylance

For the cost of a fancy TV in the US, a village in Kenya received the Christmas present of being able to eat and live for years to come.

My husband, Robert Roylance, and I began our African experience in a remote area west of Mtitu Andei, Kenya. The president of Reach the Children, Kevin Clawson, visited the area during a drought and determined to raise the funds to drill some wells. He requested our help, and we were soon on our way to Chyulu with enough financial donations from our friends to drill four boreholes (some call them deep wells).

After a meeting with the village leaders at Chyulu, we set up a Community Development Center (CDC) and organized a governing board. The board was made of representatives from several of the prominent families in the area. Initially, the purpose of the CDC was to establish the ground rules for drilling the wells – to make sure everyone was treated fairly. The board also helped identify the location of the wells.

The process of working with the local villagers, government agencies, hydrologists and well-drilling companies was an interesting and exhausting experience. Maneuvering our way through government red tape, so we could help the people, was not something we expected. But the families were determined and we kept moving forward toward their goal.

Eventually, early in the summer of 2003, a large drilling rig slowly climbed the rocky roads into the Chyulu Hills while residents of the area lined the roads, cheering and dancing. Water was a scarce commodity, especially during the dry season, and famine was a regular visitor to this region. Families would travel miles to gather water from shallow wells and wait hours for water to slowly seep into the well.

While domestic water was a great need, the four wells planned for the Chyulu area were also intended to provide water for growing food to both eat and sell. The first well produced water on July 24. The air filled with jubilation as sprays shot up around the drilling rig. For the villagers, the job was complete; however, it wasn't producing enough water for irrigation. The drilling was finalized in about three days and the results were discouraging – not enough water.

Geologists and drilling experts were involved in choosing the best areas to drill, and people had high hopes the next well would be in a prime location. Community leaders gathered and prayed for a "large quantity of pure water."

Everything went wrong in drilling the second well. The bit broke and a new part had to be brought in from Ghana. Day-after-day the only result was dust. Finally, after three months of drilling, it was determined this was a dry well. Some of the people in the village laughed and said the prayers were useless. (Some said a "hex" had been put on the well.) Even my husband (Bob), the project manager, was depressed. He didn't know what to do next. He called for a special meeting of community leaders and requested one of Kenya's top geologists to attend. The geologist, not wanting to be part of a failure, didn't show.

BEST PRACTICES



A meeting of the Chyulu Community Development Center (Kenya). The president, Julius Kasue, is emphasizing the need to engineer the community pipeline so that it will benefit the families on a fair and equitable basis.



Families filling their containers with water from a borehole (deep well) that was recently drilled. Normally, some of these children would walk for miles to fetch water. One of the local leaders said he used to dream of having enough water to splash in his face.

BEST PRACTICES

As leaders gathered, Julius Kasue, the community leader of the project, reported someone thought there was the sound of water in the well. Bob requested a test pump to determine the volume of water. There was so much water, a bigger pump was needed! We soon learned that the people had been fasting and praying – for two days – that the water would come into the well.

The community now calls this borehole the "Miracle Well" – it is the largest in the area, with a "large quantity of pure water."

By the time the pump was completed, the dry season had begun and a famine was imminent. We didn't expect to install the pumps and irrigation equipment until January. We needed to go home to the United States and raise \$3,500 – about the same as the cost of a large, new high-definition TV.

When we realized the seriousness of the need, we appealed to family and friends. The first \$750 arrived via Western Union the next morning, and then money continued to trickle in. The people planted and hand watered seeds in nursery beds while the irrigation system was installed. They hand ploughed the land and prepared the soil. They also installed 10 kilometers (about seven miles) of drip tape to take advantage of every precious drop of water. (See pictures on pages 62-63.)

The people of Chyulu began gathering their harvest 45 days later.

"This year they will have a wonderful Christmas, also vegetables – including tomatoes," wrote Eric Owuar in his monthly report to Reach the Children. "It will be different from the Christmases they have participated in, in the past."

"The fast harvest of vegetables, including tomatoes, has increased the hope for the future," Owuar said. "The farmers know that the project was not created for the future generations, but they realize that this project should not be taken for granted, but maintained for future generations and posterity."

I recorded the following in my journal in 2003:

Last week, as I was waiting in the car for Bob, a man came by with water cans on the back of his bike. When he saw me, he stopped and enthusiastically thanked us, in English, for helping to bring the water to the Mbukoni area, near the Chyulu Hills. Most people in this area only speak Kikambe. Sabina Kasue, Julius's wife (the community leader of the project), said that many people are learning English so they can properly thank us. It was a tender moment!

This story was also printed in the *Deseret News*, Dec. 22, 2010, "Miracle Well feeds starving Kenyan village."

<http://www.deseretnews.com/blog/54/10011091/Families-around-the-world-Miracle-Well-feeds-starving-Kenyan-village.html?pg=1>

BEST PRACTICES



Water would come spraying out of the borehole when the operators blew out the sediment. The local villagers would dance and sing because they knew that they would be getting water shortly.



The water was pouring out from the well during the test pumping phase of the drilling operation. These men were overjoyed at the sight of all this water.

BEST PRACTICES



Community members were excited to see all the water. They were anxious to prepare the fields and start planting. Experiencing a drought and starvation conditions, they were hopeful to get some vegetables so they could overcome the potential food shortages.



Fields of okra and cabbages that will be used to supplement their own food needs and also to be sold in the export market. The export market has higher prices than the local markets – so there is a real effort to produce vegetables that meet export standards.

BEST PRACTICES



Taking home the harvest – one day a week the Chyulu CDC allows widows and families caring for orphans to gather food for their families.



These members of a local community development center are sorting and packaging okra for export. (These vegetables were probably sent to the Middle East.)

BEST PRACTICES

Family Preservation Program

Care for Life (Mozambique)

What is the Family Preservation Program?

Care for Life has been implementing the Family Preservation Program in the Sofala province of Mozambique, Africa, since 2005. To date, over 14,000 people have completed or are currently participating in the program. Detailed data collection demonstrates that the program is proving to be extremely effective at improving the quality of life and longevity of participants.

The Family Preservation Program is a holistic approach to development that focuses primarily on individual families. The ongoing orphan crisis is, by definition, driven by the destruction of families through: sickness, hunger, poverty, dependency, and social and cultural mores. The Family Preservation Program works to curb the familial destruction by providing education with an emphasis on behavioral change.

1. Education

Families learn the importance of literacy, government registration and school attendance, as well as HIV/AIDS prevention education.

2. Health & Hygiene

Families learn the importance of basic health and hygiene needs. This includes: the drinking of treated water to reduce waterborne diseases, the use of mosquito nets to prevent malaria, as well as the use of good personal hygiene. In addition, families learn the importance of basic medical home care (especially for those afflicted with HIV/AIDS), including visits to the health center and receiving hospital consultations.

3. Income Generation

Families learn the importance of self-reliance by establishing their own income. Adults will develop the capacity to start their own business and qualify to receive micro-credit.

4. Food Security & Nutrition

Families learn the importance of proper nutrition as well as establishing ways to procure a variety of foods through planting a garden.

5. Psycho-social Well-being

Families learn the importance of the emotional, as well as psychological, well-being of the family. Care for Life focuses on marital fidelity, non-violence in marriage and parent/child relations, plus abstaining from the use of addictive substances.

6. Sanitation

Families learn the importance of sanitation. This includes: the proper use of a latrine and a wash-room, cleanliness of their property (including burning garbage and removing stagnant water and weeds) and the proper housing of domesticated animals.

7. Home Improvement

Families learn the importance of home improvements through the use of cement and corrugated roofs, as well as keeping the homes free of rodents.

8. Community Participation

Families learn the importance of community involvement to form unity, develop altruistic behavior toward one another and achieve communal goals.

BEST PRACTICES

The Family Preservation Program targets the poorest of communities, focusing on those with a high concentration of people living with HIV/AIDS. Care for Life leaders meet with local civic, religious and government leaders to introduce the program and determine if they are interested in participating as a community. Each participating family is assessed to provide a basis in determining the needs of that family. This also provides a baseline for future assessments, to measure progress.

Every family participating in the Family Preservation Program is assigned to a local community leader who works with a Care for Life Field Officer (staff). Leaders meet with families on a regular basis to discuss ways to improve their current situations and provide necessary training. Care for Life staff, along with the elected community leaders, meet with the families to establish ten goals in the eight areas of emphasis. These goals are the driving force in the progress of each individual family. Some examples are as follows: attend literacy and HIV/AIDS prevention classes, receive HIV tests and counseling, plant a family garden, dig a latrine and use it regularly, learn to treat drinking water, repair leaking roof, solidify the walls of the house, register children with the government and have them attend school.

For meeting a pre-determined percentage (usually 80%) of the goals set during a six-month period, families receive rewards decided at the time the goals were set. Samples of family rewards are: garden supplies, mosquito nets, home improvement materials, etc. At the end of the goal cycle families are re-assessed and new goals are set. The goal and reward cycle is then repeated.

On a regular basis, Care for Life and community leaders instruct families in the eight areas of emphasis. In addition, community-wide classes are offered. Some of them include, but are not limited to: adult literacy, children's clubs, family garden training, HIV testing, drinking safe water, malaria prevention, home-based care, etc.

Example: Constantino Manuel

Constantino Manuel had been drinking and smoking for over thirty years. His rationale was that he started to drink and smoke while in the military in order to have courage. He regretfully realizes now, however, that it was not courage, but rather cowardice and laziness that developed from his poor habits. He laments the time he wasted as an absent and/or drunken father to his five children.

Still receiving benefits from his previous military service, Constantino spent most of it on cigarettes and his drinking habit. He acknowledges that he should have been supporting his family and watching his children grow, but instead went out drinking at night and slept five to six times a day.

During his conscious hours he understood that he must quit his destructive habits, but he lacked the will-power and the knowledge to stop. At one point he decided to try – he went two weeks without drinking. He thought to himself, "Well, if I can do two weeks, maybe I can do three." During this time, Care for Life started its Family Preservation Program in his village and gave him both knowledge and motivation, and then helped the family earn resources to reach their goals.

BEST PRACTICES

Along with his family, Constantino set goals to: build a latrine, treat their drinking water daily, prepare land for a garden, find a plot to grow rice, plaster and renovate his hut, build a kitchen and a washroom hut, have mosquito nets for himself and his family and most importantly – to stop drinking and smoking. He now understands and relishes his responsibility as a husband and father. Instead of sleeping all day, he wakes up early and cuts rice in their rice field, works in the garden and is able to come home and spend quality time with his family.

Constantino is currently working on building a permanent latrine to replace the temporary bamboo one. Because of the goals he has completed up to this point, he has earned two bags of cement to make the bricks for his latrine. He's on track to earn the two to three more bags of cement needed to finish. He has been saving because he feels that a latrine is an important investment for the health of his family.

With tears in his eyes, he expresses his gratitude to the Family Preservation Program for entering his life at a very difficult time and for challenging him to become better. He sees the positive effects on his family and believes that his children know he is a good father now. "We have food, my kids go to school, we are healthy and life is good." Constantino sees the changes as long-lasting and believes that future generations will benefit as well – because his sons now have an example of a good father and husband who can provide for and love his family.



Constantino is showing the early work on the construction of his latrine. One of his goals is to build a latrine so his family can avoid diseases such as cholera and diarrhea. These diseases are often water-borne when contamination from feces occurs, mixing into their drinking water.

BEST PRACTICES



Constantino shows the new kitchen that he built. Mozambicans are used to cooking inside their homes, which is very unhealthy for their eyes and lungs because the smoke lingers for a long time. Separate kitchens is one of the goals established with Care for Life.



Constantino shows the many bricks he burnt – a technique he learned from Care for Life. He can use them for his own purposes and also sell them to others – to generate some income for his family.

BEST PRACTICES

Kampuchean Primary Education (Cambodia)...93



“There is no substitute for the participation and support of families in the education of children. No government agency, no children’s advocacy group and no body of educators can take the place of a supportive family environment and proactive parental and familial caregiver participation in the educational welfare of a child.”

—Mary M. Harris

School children in Chyulu Hills of Kenya

The authors:

Mary M. Harris: Executive Director of Reach the Children, Inc. and Bountiful Resources Foundation – two sister organizations dedicated to helping underprivileged children. Reach the Children has facilitated numerous education programs and projects since its beginnings in 1998. Mary utilized the input from five African associates in writing this chapter. They are:

Lilian Odiero: Administrative Director for Inside Out Learning Education Program Kenya;

Evelyn Jepkemei: Senior Assistant Director, Research, Monitoring and Evaluation Division, Kenya Institute of Education; **Eric Onyango:** RTC Project Reporter; **Frederick Ashira:** RTC Project Reporter; **Moses Musasia:** RTC Project Reporter.

Note: Although much of the information in this chapter demonstrates how Reach the Children is helping parents and caregivers provide an education for their children, stories like these can be told by hundreds of other organizations around the world—who are doing the same.

2 - Universal Primary Education

Mary M. Harris

The target has been formalized: Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling. The experts in government and education have been meeting together, developing strategies, making proposals and implementing their plans. The facts are in:

- Enrollment in primary education in developing regions reached 89% in 2008, up from 83% in 2000.
- The current pace of progress is insufficient to meet the target by 2015.
- About 69 million school-age children are not in school. Almost half of them (31 million) are in sub-Saharan Africa, and more than a quarter (18 million) are in Southern Asia.¹

A valiant effort for sure, but something more must be done. A clear understanding is needed for the focus to shift to something better than, and beyond, government programs and UN mandates. The power of the *family* must be recognized and properly utilized if MDG 2 is to be realized by 2015.

The importance of the family's role in a child's education cannot be overestimated. The only way that the world will see the successful achievement of "a primary education for every child as a minimum for all countries," is when parents and families participate fully to support their children's education and when governments and educators support the family unit. There is no substitute for the participation and support of families in the education of children. No government agency, no children's advocacy group and no body of educators can take the place of a supportive family environment and proactive parental and familial caregiver participation in the educational welfare of a child.

When parents and other familial caregivers are involved in children's education in meaningful ways there is a positive influence on academic performance.² Students whose families are actively involved achieve higher grades, have better school attendance, complete more homework, are better motivated and are less likely to be cited for disciplinary action.³ Students of involved families are more ready and able to learn and more likely to stay in school and benefit from high-quality learning experiences.

The regional Millennium Development Goals Report (MDGR) by the Economic Commission for Latin America and the Caribbean (ECLAC) states:

Education is more than a right associated with full personal development. It is also a key factor in determining the opportunities and quality of life accessible to individuals, families and communities. There is a wealth of evidence which demonstrates that education has a positive impact on income and health, family structure . . . the promotion of democratic values and civilized co-existence and the autonomous and responsible pursuits of individuals.⁴

Achievement of universal primary education is one of the most recognized foundations of developing human capital. The priorities envisioned by the MDGs are all-inclusive and reciprocally reinforcing. Emphasis is laid on education, and while enhancing education is a development goal by itself, it is generally also accepted to be the instrument of upward social and economic mobility. Primary education for all children is possible in the world only when the family unit is at the center of planning and implementation. Parents and families all over the world ARE providing the support necessary for their children to receive, at least, a primary education. Many are making it possible for their children go to secondary classes and even a university. All parents and family units must be provided the opportunities to do the same for their own children.

The greatest deficit in a primary education for every child seems to lie in Southern Asia and sub-Saharan Africa. Despite slow progress there is hope, even confidence, that MDG 2 will be realized in Africa. Kenya, for instance, has seen a surge of approximately 2.3 million children admitted into primary schools and an additional half-million into secondary schools. With regard to access in some areas in Africa, enrollment rates in primary school are currently at an impressive 88% and the transition rate into secondary school is approaching 70%. Considerable efforts have also been made concerning early childhood care and education goals in terms of enrollment rates and improved child nutrition. This trend is due, in part, to Kenya providing free primary education for their children.⁵

The objective of achieving universal primary education, as for the entire *Millennium Declaration*, is a product of the international consensus of world leaders, which establishes priorities for the different countries of the world. Primary education is regarded as a universal minimum for all countries to guarantee for their children. Although the related Millennium Development Goals (MDGs) adopted by the United Nations General Assembly do not mention free education (it only commits governments to ensure that children “complete” a full course of primary schooling), commentary on it suggests that this is now a widely agreed upon part of its aim. For instance, the UN Millennium Project argues that “Eliminating school . . . fees” is the way forward to meet the goal for MDG 2.⁶

Although providing free tuition for primary school is a great “first step” in many countries, free tuition does not mean free uniforms, free food or free books and materials. Parents and families must provide for these additional costs in order for their

children to stay in school. The challenge to many families in providing an education for their children is still huge. Fathers, mothers and familial caregivers everywhere are still the mainstay in providing a child's education. Involvement of parents particularly is indicated to be critical in the success of improving access and quality of education in Africa. Research shows that the earlier a parent is involved in a child's educational process, the more powerful the effects. William J. Doherty, PhD., of the Family Social Science Department of the University of Minnesota, said:

Spend as much solo time with your children as you can, starting from the day they're born. Being alone with children not only strengthens your bond with them, it also helps you develop your own personal and problem solving skills.⁷

From the outset, parents are important in the attainment of educational goals for their children. Parents are crucial in defining the identity of the child through ensuring that the child develops values and attitudes that are important for the family and the wider society. Traditional societies in sub-Saharan Africa had appropriate educational structures in place – developed to ensure youngsters grew as responsible, dynamic and productive members of the community. Cultural norms and morals were adequately addressed within the family unit, which was the primary source of socialization properly sustained. Parents taught these norms by engaging their children in historical narratives of their values as a family and society. Obviously, it is from home that a child gains a particular view of the world, the value of learning and self-identity. The most effective forms of parental involvement include working directly with their children on learning activities at home. According to a study conducted by Uwezo-Kenya (2011), parents are significant in providing a safe environment that is conducive to learning. In households where electricity is not available, parents seek to provide ways of providing lighting in the home to enable the children to do their homework in a safe environment.

The 21st century environment has introduced changes in the kind of skills that need to be acquired for one to be functional in society. These skills are mostly acquired through formal education. This is the thrust of emphasis on education, as MDG 2 requires skills that are received through a formal setting. In the new environment the teacher is not necessarily a parent or a member of one's immediate community. However, the role of parents in educating their children is still just as important as ever. Families are most successful when parents engage with their children in learning and establish family practices such as: provide time and a quiet place to study, assign responsibility for household chores, are firm about bedtime and having dinner together. This is particularly important in areas where girls are expected to do most chores after school. For example, in areas where the main economic activity is pastoral (raising of livestock), boys are expected to stay out late taking care of animals while girls carry out domestic chores. Efforts to sensitize parents to these needs have been the main thrust of adult education programs. The report also argues that the more educated parents are, the more likely they are to be involved in the education of their children.⁹

In informal education the role of families is still an extension of the traditional responsibility of ensuring that children gain skills necessary to be functional in society. Children were taught how to become farmers in the farming communities and pastoralists in pastoral communities. (See *Picture 1.*) Although methods of teaching were informal, the net result was education and acquisition of skills. However, due to cultural, economic and chronological dynamic shifts in the society, traditional family and community structures have largely been broken down – thereby leaving young people not only much more vulnerable, but also less adequately prepared to face the challenges of the 21st Century.

Many young people are bombarded with cynicism and often resign themselves to an unknown fate that is significantly encumbered by: a lack of mentors, the HIV and AIDS pandemic, high levels of poverty, broken homes, neglected parental roles, environments whose social and moral fabric have been destroyed and an education system that has encouraged competition and a rote system of learning– which places strong emphasis on teaching methods applied with very strict discipline, convergent thinking and memorization of facts – its only focus being “teaching to the tests.” The result is ongoing generations of individuals who lack critical thinking and problem-solving skills and who will come away from their school experience with very little to contribute to achieving the Millennium Development Goals.

Meanwhile, there has been an upsurge of interest in sub-Saharan Africa from the international community, which has prompted numerous humanitarian efforts that continue to distribute billions of shillings in anticipation of: the prevalent unemployment, bad politics, poor leadership, poverty, ignorance and diseases facing its population. Lots of dollars have been spent in identifying problems that continue to make



Picture 1: Parents and their children working together in domestic duties.

sub-Saharan Africa lag behind in its developmental goals. However, little-to-no notice is taken of the huge discrepancy between the myriad problems facing Africa and Africa's richness in natural resources: the existence of strong family ties and the value-laden cultural orientation. If tapped adequately, these resources will influence upcoming generations not only in achieving the Millennium Development Goals, but also in developing local and world leaders; whose individual potential and possibilities are made possible through the existence of a support system that comes in the form of competent teachers and involved, concerned parents.

Most of Africa's challenges are potentially worsened by the lack of meaningful, value-based educational approaches designed to lift and support not only the role of schools, but also to "raise the bar" for parental involvement in a youngster's preparation to achieve the Millennium Development Goals. As William J. Bennett, the author of *The Book of Virtues* has rightfully stated, "Teaching values begins where it must – in the home with parents, but while inculcating values should begin at home, schools must also help."⁹ President Charles William Eliot of Harvard University stressed: "In the campaign of character, no auxiliaries are to be refused."¹⁰

While a large amount of government and non-government funding is needed to truly resolve all the challenges affecting schools in sub-Saharan Africa, it is equally important to explore all other available auxiliaries in overcoming these challenges. Special attention needs to be given to auxiliaries whose dynamics and complexities are not the same as those observed in schools. The time has come to take the slogan, "Charity begins at home," more seriously. To do so, family, as a primary unit for socialization, has to be considered at the forefront of this movement to provide a better education for Africa's children.

Parental involvement at a glance

In Kenya, for instance, under the Free Primary Education programme, parents are involved in providing necessary materials, such as buildings and other forms of infrastructure, and decision making in utilization of school funds.

In a study carried out by Kenya Institute of Education (KIE) in 2008,¹¹ it was evident that parents supported the Free Primary Education (FPE) and sent their children to school, participated in school management committees and contributed the required levies. In this study, although parents did not play a major role in financing education owing to FPE, parents supported education of their children through provision of uniforms and food as well as the expenses not included in the free education program, as illustrated in Table 1.¹²

Parents, caregivers and community work together for the good of the children

Lufumbo is a school in the western part of Kenya, with 704 students. Joining Hearts and Hands, in partnership with Reach the Children, provided the funds and oversight for the construction of this school.

Table 1: Parents' role in supporting their children's education (KIE, 2008)¹³

Role	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
Providing money for extra tuition	5	23	3	31	38
Money for examinations	12	50	1	12	8
Development of buildings and other structures	20	7	1	37	37
Payment of allowances for support staff	12	6	1	34	44
Paying for extra teachers	6	29	0	31	33
Providing labour for school projects	4	28	2	33	33
Purchase of supplementary curriculum support materials	1	18	1	38	42
Providing school uniform and food	32	56	2	7	2
Working with children on their homework	15	46	7	12	28

The school has had a growing enrollment because of free and compulsory primary education, initiated by the government in the early years of the current decade. This swelling population made it necessary for the school plan to have more classrooms. The school management committee, which is made up of school officials, local leaders and parents, had an idea to start a girls' secondary school and the classrooms will serve as part of that plan. The library will provide learners with extensive reading materials and a place to study. Other schools could also benefit from books in the library. Adequately equipped libraries are not commonly found in most African primary schools. Books for the school are currently stored in a congested office. Completion of the library will provide the school with a safe and spacious place to house books. (See *Picture 6*.)

The project has had a number of successes, according to the chairperson of the school management committee, Mr. Manyasi. The work being carried out is supervised by the community. A duty roster has been put in place, making it easier to have work done by family members, other volunteers and paid community members. Positive community response toward work done on the project has made the project succeed. This project has also enabled skilled members of the community to earn income working on the project. Some of the skilled members are parents of students at the school. This helps parents pay for school fees and uniform costs from the money



Picture 2: Parents help with Lufumbo school construction.

earned on the project. There is also strict monitoring of the work by Joining Hearts and Hands and RTC workers; who ensure that the work is done according to code. This project is a great example of how parents, families and care-givers are getting involved to provide the necessary decision-making and infrastructure (buildings, material and labor) to enable their children to go to, and stay in, school. (See *Picture 2.*)

More education for parents

Throughout Africa the literacy rates for adults are relatively low. This is an obstacle for parental engagement in the actual content of education for their children. It is obvious from Table 1 that parents basically create the framework for educational work. According to Uwezo (2011), the more literate the parent the higher the chances of the child performing well in school. The difference in grade average might be as high as 70%.

Mothers are the frontline of defense when it comes to life-saving and life-altering practices in their own home. They are also an ongoing influence on their children after they have left home. Well-educated mothers are more likely to have the skills necessary to help prevent germ and parasite infections, reduce the risk in a difficult childbirth, alleviate gender-bias attitudes within the family and stop the abuse of children and especially girls. As mothers educate themselves, they generally provide a safer and more stress-free environment in which their children can learn and grow.

It is important that fathers are the main providers for their families, when

possible. When a father is educated, he is better prepared with the skills necessary to feed, clothe and educate his children. Fathers often sacrifice comfort in order to help their children be better prepared for the world ahead of them. Good fathers also protect their children and set an example of hard work and integrity. A father's role is one that cannot be replaced by any other. An educated father is a better protector and provider of necessities for his children. (See Picture 3.)

The goal with regard to the lifelong-learning needs of youth and adults and adult literacy has, in a real sense, received great attention. There are encouraging trends of adults showing the desire to access education. There are adults who have literally decided to sit in class with their children or grandchildren in order to learn. The world's oldest pupil, Kimani Maruge, is an excellent example. Many others have followed in his footsteps. (See Picture 4.)

An educated parent not only provides more income for his/her family, but also sets an example of industry, responsibility and self-sustainability.



Picture 3: Improved literacy levels for adults will improve their level of participation in their children's education.

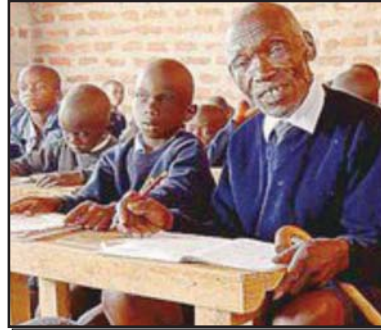
Creating a stress-free learning environment

Parents can also support the achievement of MDG 2 by providing an environment in which children can learn. According to the Michigan Department of Education, parents can establish a daily family routine that expresses the value of education. For example, they can set aside time and provide a quiet place for their children to study. They can also assign family chores to the children while taking into consideration the need to do homework. They can do all things in their power to provide a safe and stress-free environment in which children can function and learn.¹⁴ One of the principles of child-centered learning, as stated by Aletha Solter, PhD:

Children are better learners when their lives are stress free. Distressing experiences can interfere with the learning process because painful feelings can lead to confusion, anxiety, lack of self confidence, and an inability to concentrate.¹⁵

Each day brings the reality that most African children, and many others, are exposed to a myriad of potential stressors. To name a few: the lack of food and clean water, the lack of proper medical care, the lack of hygiene and sanitation units, the myths associated with the girl child, the myths surrounding the HIV and AIDS pandemic . . . and the list goes on and on. These are issues parents should consider seriously because they are major inhibitors to learning.

Some may then ask: What can be done to help children bounce back from circumstances that might blight their emotional equilibrium and affect the potential of the moment to learn? There is much that can be done. Next are some examples showing what parents and other familial care-givers in sub-Saharan Africa are doing so that their children can feel less stressed, more supported and ready to learn.



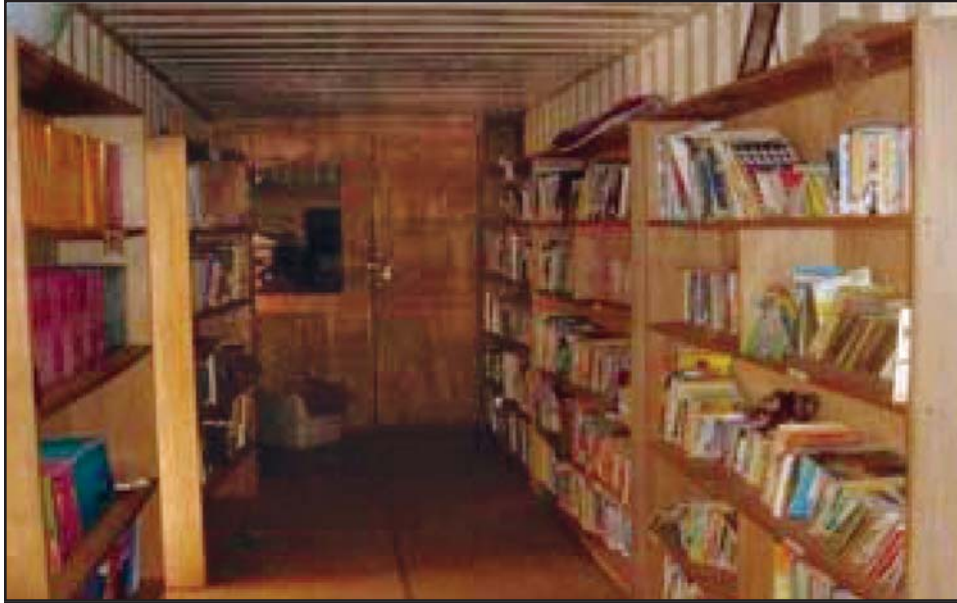
Picture 4: Kimani Maruge, the world's oldest schoolboy.

Storytelling and reading to children

Parents recognize the power in storytelling and reading to their children. Storytelling is therapeutic and has a powerful influence in bringing an individual's focus to the present moment, thus stimulating readiness to learn and to make learning



Picture 5: Students get new books in school.



Picture 6: A community library

more memorable and meaningful. Traditional family stories are naturally powerful and have a significant effect on emotions, thoughts and behavior. They are powerful not only because they are a communication tool but because they:

- Create and reveal strong emotions.
- Are memorable and are used to teach morals and values.
- Provide a greater context and understanding of a situation.
- Are significant in alleviating stress and building learning interest.
- Motivate the right attitude for language and moral development.
- Create a strong bond between children and their parents, children and their teachers.

The Nobel Prize winner Professor Wangari Mathai in her book, *Unbowed*, states:

When I went to school I was exposed to books, all of which told different stories than the ones I had heard around the fire. I read Cinderella, Little Red Riding Hood, Sleeping Beauty – stories that westerners told their children for their moral development, but which did not mean as much to me as the stories I was told around the fire at my home. The Kikuyu stories reflected my environment and the values of my people; they were preparing me for a life in my community We found it impossible to doze when a story was being told. Sometimes we were scared and sometimes we laughed, but we were always entertained. We would ask to hear stories again and again because we loved them so much. When the story was over, we were encouraged to tell our own, but we preferred it when the adults told them.¹⁶

In an effort to simulate the parental storytelling experience for children in Ghana and to provide access to traditional stories for teachers and children in school, RTC partnered with Books for Change, Inc., from New York, USA, in order to provide almost 600 culturally appropriate books that were written by Ghanaians, for 30 schools in the Lekma and Dangme West districts of Ghana. Now the beloved stories, old and new, are available in the classrooms and in community center libraries. Parents and teachers can use them to read to children and children can access them also. “Children whose parents read to them tend to become better readers and perform better in school.”¹⁷

Keeping girls in school

Education plays a particularly important role as a foundation for girls’ development toward productive and fulfilling adult lives. It is also an intrinsic part of any strategy to address the gender inequalities that remain prevalent in many African countries. The achievement of a girls’ right to education can address some of society’s deeply rooted inequalities that disadvantage and expose girls to vulnerability. Basic education for girls leads directly to better reproductive health and improved family health, as well as lower rates of child mortality and malnutrition and is also a major key in the fight against the spread of HIV and AIDS. In addition, it has been proven that educating girls and women is an important step in overcoming global poverty. Girls’ education and the promotion of gender equality in education thus become vital tools for accelerating rural development. Reproductive health challenges impact much more heavily on girls than on boys. The puberty stage of development, if not properly managed, can have severe negative effects on a girl’s performance and attendance in education.



Picture 7: Sewing reusable sanitary pads

The beauty of teaching or training the female members of families in any area is that the lessons learned are carried down through many generations. These girls will not only use their skills to keep themselves in class, but they will also share the skills with their peers, younger siblings (especially sisters) and even their own families after they finish school.

In most of the communities in Africa, girls are less likely to go to school, stay in school and do well academically. Once young girls in school begin their menstruation, many drop out due to lack of access to sanitary pads and the availability of adequate school sanitation and hygiene facilities to meet their needs. The attitudes and behavior surrounding menstruation are: shame, neglect, poor self-image, ignorance, and perpetual infection of the bladder, kidneys and reproductive organs. These difficulties largely contribute to the lowered status of girls, women and mothers worldwide. The United Nations Children's Fund (UNICEF) estimates that one in 10 school-age African girls do not attend school during their menstruation. Withdrawal from school is often followed by a variety of tragedies ranging from: early marriage, contraction of HIV and difficult/life-threatening childbirths. Research has demonstrated that by preventing withdrawal from school, many of these negative outcomes affecting young woman can be eliminated.^{18, 19}

The Reach the Children humanitarian organization has assisted many mothers and daughters in Kenya with the much needed knowledge and resources for understanding the nature of their own bodies and for making reusable sanitary pads to help them through this monthly time. RTC expedition groups have donated sewing machines and materials. They then taught the girls and their mothers how to use the sewing machines to make the reusable sanitary pads. (See *Picture 7*.)

All of the mothers and daughters were very happy to receive the training and to be given the resources to begin to help themselves in this area. Many girls expressed their happiness at being able to stay in school and become doctors and nurses and teachers so they will be able to better help their people and their country and most importantly, their own future families. Teachers, too, were excited about this long-term solution to the problem of girls dropping out of school due to something as natural as becoming a woman. Educated women will change the future of Africa and the world.

Feeding children helps them to learn

A starving child is not concerned with learning and will spend his/her day trying to find something to eat rather than attend school. Many children in Africa go without the nutrition necessary to allow them to learn. Parents and families spend a great deal of their waking hours trying to feed themselves. Many children are relegated to “work the streets” in order to survive. For families in sub-Saharan Africa having enough to eat is a daily concern.

More often than not the solution to persistent hunger lies not in the acquisition of more money, but rather, in the acquisition of more/better skills and knowledge. As the old Chinese proverb states, “Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime.”

Most families served by RTC projects have learned the skills of family gardening in one form or another, in order to provide their children with a more balanced diet so they have a greater prospect of learning in school. The projects were started in the schools and communities to empower parents and children with the knowledge and ability to plant vegetables to provide food for themselves. One of the gardening methods only occupies a small space and therefore those families with small pieces of land benefit greatly from using this method. A variety of vegetables can be grown in a small space if proper methods are used. This exponentially increases a family's ability to provide for their children. Families work together toward a common goal and children acquire valuable management and work skills. A family garden provides foodstuffs for the children to take to school for lunch. It also helps mothers and fathers to provide a balanced diet for their families. Each family member can actually choose the kind of vegetable they wish to have on a given day. It becomes easier and far less expensive for them to get vegetables without going to the market. The extra vegetables grown generate income that assists to sustain the project and pay for the children's school fees and other family needs. Many families use some of those funds to buy a few chickens; which add to their ability to eat better and provide more necessities for their children.

Making micro-enterprise work to educate children

It is very difficult for a family in poverty to educate their children. Often families live in a cycle of poverty because they lack the "hand up" that allows them to move from that cycle. Free education does not include uniforms, books and school lunches. Families are still responsible to supply these things for their children to attend school.

RTC partners with local Community Based Organizations (CBOs) in an effort to build upon what Africans are already doing for themselves. One of these organizations is the SHIEBU group of Western Kenya.

In an effort to help members of SHIEBU lift themselves from poverty, provide the needful things for their families and educate their children, an innovative micro-enterprise project was developed wherein families were given a cow instead of cash and...not only has this program dramatically affected the Obukana family, but because of the Reach the Children sustainability program, which takes the first two heifer calves of each cow to help two other families, two other families are directly benefited and can also become self-reliant, thus providing the funds needed to educate their children. Then these two families give their first two heifer calves to two more families, and two more, and two more, etc.

In order for a family to receive a cow they must meet certain "readiness" criteria. The two organizations provided training and oversight and verified that the Obukana family was ready for the responsibility of caring for a cow.

In this situation an "exotic" (imported) cow was given to the family. The family named the cow Webo. The purchase of an exotic breed of cow guarantees that a much larger volume of milk is produced. Webo gave enough milk to provide much needed



Picture 8: Webo the cow



Picture 9: New chicks

nutrition for the family and extra milk to sell for cash. The family was now able to begin the climb out of poverty.

With careful management of their resources the family was soon able to buy five chickens. In no time at all, these hens laid eggs and hatched 50 chicks. As these chicks grew, they began to increase the number of laying chickens. Their eggs supplemented the family diet with protein. In addition, all of the extra eggs were sold for more cash.

This enabled the Obukana family to pay for their younger children's school fees and uniforms, so they could all attend primary school. It also enabled the oldest daughter, Josephine, to attend secondary school and she is now two years away from high school graduation (which was not even expected before the gift of Webo the cow). Josephine is so grateful to be able to go to secondary school – because 80% of the girls in Kenya are never able to complete secondary school.



Picture 10: Huge family garden



Picture 11: Tilapia pond

Webo, the cow, also produces a lot of manure; the family puts the manure on their kitchen garden and their fields of maize corn, ground nuts (peanuts) and fruit trees. The manure enhances the fertility of the soil and increases the production of their crops. Now the family has fresh fruits and vegetables to add to their diet, and the extra produce is sold for...you guessed it...still more cash. With the additional cash they can buy clothing, shoes and medicine – and all the children can get an education.

The story just gets better and better. The cash from the sale of milk, chickens, eggs and produce has provided the funds to start a commercial fish farm where the Obukana family is now growing 600 tilapia fish, which they will sell to restaurants and local markets, thus improving the community.

The Obukana family is just one example of many families that now know what it feels like to drink a glass of fresh milk, eat fresh meat, vegetables and eggs and put on a pair of real shoes to cover their feet from the dust and stones in the road. They are just one family involved in this micro-credit venture who are now able to provide their children with a much desired education; an education that will virtually guarantee that future generations of the Obukana family will not have to suffer the extremes of poverty faced by their ancestors. They are just one family, but they represent the many families participating in micro-projects to improve the lives of family members.

Quenching a child's thirst for education

Clean Water: Many organizations in African countries are working to provide access to clean drinking water, water harvesting and hand-washing stations – to make sure children have access to these facilities. Not only does it greatly reduce the time needed for water collection (which allows children the time to go to school), but it greatly enhances personal hygiene and reduces the incidence of water-borne illnesses.

Few schools in developing countries have adequate sanitation or hand-washing facilities for girls or boys. For girls, communal toilet facilities are not suitable for changing sanitary pads due to the lack of water and a sanitary-pads disposal system. However, humanitarian organizations are working with parents in the communities to construct new toilet facilities and provide hand-washing stations so children can help prevent the spread of disease and stay in school.

A healthy child can learn

The World Health Measles Immunization Campaign is coordinating with churches and NGOs to encourage communities to have their children immunized. Family volunteers (mothers and fathers, brothers and sisters) pass out flyers to their friends and neighbors and help during the immunization events with registration, crowd control and other needed tasks.²¹

Many organizations also provide medical and dental clinics – to ensure the health of children so they can concentrate on learning and studying. These clinics provide les-



Picture 12: New toilets at school



Picture 13: Four spigots for washing hands

sons in personal and dental hygiene, in addition to facilitating: first-aid, general health-care, emergency surgeries and referrals for additional medical attention. Parent volunteers are used to help in the clinics and also help teach the children, other parents and family members. Parents are learning ways to take better care of their children's health so they can stay in school.

HIV and AIDS prevention is of major concern in sub-Saharan Africa as well as other places around the globe. So many children live with the devastating effects of this deadly disease; either as innocent victims, unwitting participants in the causes of AIDS or as AIDS orphans who have lost one or more parents. Reach the Children is the implementing organization for the life-saving HIV and AIDS prevention education program known as *Stay Alive*. The *Stay Alive* program, initially conceptualized and developed in Africa by Susan Roylance, as written and copyrighted by Wendy W. Sheffield, LCSW, was originally developed in partnership with United Families International.

This program is unique from other AIDS prevention programs in that one of the key elements is parental participation. Students from ages 9 to 14 are taught consequential thinking skills in order to make decisions that will help keep them AIDS free and allow them better opportunities to live a long life with a loving family. Parents step forward to learn more about AIDS themselves in order to discuss these hard subjects with their children. They are recognizing the overpowering need to change the habits and taboos of the past generations in order to help their children stay healthy, happy and AIDS free. Some parents are attending classes and workshops, volunteering to help with school projects or are sponsoring Saturday activities and clubs in order to help their children understand more about the AIDS pandemic and how best to avoid its devastating grip.

Parents are working harder to take the burden of everyday existence out of the hands of their children so their children can stay off of the streets and in the classroom. Extended families are pulling together, helping each other and cooperating more in the day-to-day tasks of life so the children can stay in school and get an education. Parents, care-givers and teachers are working together to break the myths and misunderstandings surrounding the AIDS disease so that children can know the truth and make better choices for their future. (See page 210 for the *Stay Alive* program.)

How can schools help parents become engaged in their children's education?

A close-working relationship between the school and home helps parents to keep abreast with issues of their children's education. School-initiated activities to help parents change the home environment can have a strong influence on children's school performance. School officials who better understand their students' family situations are better able to assist in each child's best learning experience.

Epstein's Six Types of Parental Involvement (to be encouraged by the schools)

Research on parental involvement in education consistently underpins the perception that the degree to which parents are involved in their children's lives has a profound impact on their academic performance and thus quality education at macro level. Schools have a responsibility to actively engage parents and the community in the curriculum-implementation process.²² Epstein's "Six Types of Involvement" provide a framework for schools to utilize in optimizing student performance, increasing parent involvement and encouraging community support. They are:

Parenting

Help all families establish home environments to support children as students.

Communicating

Design effective forms of school-to-home and home-to-school communications about school programs and their children's progress.

Volunteering

Recruit and organize parent help and support.

Learning at home

Provide information and ideas to families about how to help students at home with homework and other curriculum-related activities, decisions and planning.

Decision making

Include parents in school decisions, developing parent leaders as representatives.

Collaborating with the community

Identify and integrate resources and services from the community to strengthen school programs, family practices and student learning and development.²³



Picture 14: Happy, healthy children: ready to learn

CONCLUSION

The models discussed in this chapter depict a near-perfect concept of parental involvement in education. In the United States, according to the Michigan Education Department, 86% of the general public believes support from parents is the most important way to improve the schools. The 2011 Uwezo National Assessment of Kenya Children concurs with this assertion and adds that appropriate parental involvement has a calculable positive influence on children's education – that limited parental involvement is the biggest problem facing schools and accounts for most of the poor achievement levels. This conclusion is a result of researchers interviewing almost 8,000 pupils in 328 primary schools in 76 districts.²⁴

As stated earlier in this chapter, the challenge of illiteracy among adults in Africa still persists; however, publishers and other players in education are keen to help parents make things better. New, culturally-appropriate and stimulating reading materials are making it possible for parents to share reading moments with their children. Annual reading tents are set up in various parts of the continent and both parents and their children read story books of their choice. Parents who read to their children, have books available and provide storytelling and stimulating conversation experiences, contribute to student achievement and a love for reading and learning.

Stakeholders at every level are offering help for parents to participate in their children's schooling in a sustained way: in advocacy, decision-making and oversight roles; as fundraisers and boosters; as volunteers and paraprofessionals and most importantly, as "home" teachers.

The family unit is the center of a child's education, for good or for ill. The positive efforts of families everywhere, and especially in sub-Saharan Africa and Southern Asia, must be recognized, supported and lauded – if every child in the world is going to receive a primary education. Parents in Africa are contributing to the successful achievement of a good education for their children as never before. The examples provided are just the beginning of what parents can do, and are doing, for their children in Africa and around the world. The powerful influence of the positive and supportive parental role in a child's education cannot be substituted by any other offering.

Contributing Authors

Mary M. Harris – Executive Director, Reach the Children, Inc.; Executive Director, Bountiful Resources Foundation

Lilian Odiero – Administrative Director for the Inside Out Learning Education Program, Kenya.

Evelyn Jepkemei – Senior Assistant Director, Research, Monitoring and Evaluation Division, Kenya Institute of Education

Eric Onyango – Project Reporter, Reach the Children

Frederick Ashira – Project Reporter, Reach the Children

Moses Musasia – Project Reporter, Reach the Children

ENDNOTES:

1. United Nations Summit MDG 2; Target 2:A Fact Sheet (2110).
2. Watson, T., M. Brown, et al. (1983). "The relationship of parent's support to children's school achievement." *Child Welfare* 62: 175-180, Griffith, J. (1986). "Relation of parent involvement, empowerment, and school traits to student academic performance." *Journal of Education Research* 90: 33-41, Paulson, S. E. (1994). "Relations of parenting style and parental involvement with ninth-grade students' achievement." *Journal of Early Adolescence* 14: 250-267, Henderson, A. T. and N. Berla, Eds. (1995). "A new generation of evidence: the family is critical to student achievement." Washington DC, *Center for Law and Education*, Levine, D. U. and L. W. Lezotte (1995). *Effective schools research. Handbook of research on multicultural education*. J. A. Banks and C. A. M. Banks. New York, Macmillan: 525-547, Yap, K. O. and D. Y. Enoki (1995). "In search of the elusive magic bullet: Parental involvement and student outcomes." *School Community Journal* 5: 97-106, Keith, T. Z., P. B. Keith, et al. (1996). "Effects of parental involvement on achievement for students who attend school in rural America." *Journal of Research on Rural Education* 12: 55-67 Cotton, K. (2000). "The schooling practices that matter most." Portland, Northwest Regional Educational Laboratory.
3. Henderson, A. T. and N. Berla, Eds. (1995). "A new generation of evidence: the family is critical to student achievement." Washington DC, *Center for Law and Education*.
4. MDGR by ECLAC, 2005 a: 82.
5. Government of Kenya. (2007). *Kenya Vision 2030*. Nairobi.

6. United Nations General Assembly, 2001, Goal 2, Target 1.
7. William J. Doherty PhD, Professor and Director of the Marriage and Family Therapy Program in the Department of Family Social Science, College of Education and Human Development, at the University of Minnesota, also an adjunct Professor in the Department of Family Medicine and Community Health.
8. Uwezo. (2011). "Are our Children Learning?" *Annual Assessment Report Kenya*. Nairobi: uwezo.net.
9. William J. Bennett, (1993), *The Book of Virtues*, Simon and Schuster.
10. Charles William Elliot, President Harvard University (1869).
11. Kenya Institute of Education. (2008). *Analysis of Curriculum Implementation in the Context of FPE*. Nairobi: KIE.
12. Tooley, J., Dixon, P., & Stanfield, J. (2008). Impact of Free Primary Education in Kenya : A Case Study of Private Schools in Kibera. *Education management Administration and Leadership*, 449-471.
13. Table 2: Parents Role in supporting their Children's Education (KIE, 2008).
14. Michigan Department of Education. (2008). *What Research Says About Parent Involvement in Children's Education*. Michigan, USA.
15. Aletha Solter, PhD. (1992), *Aware Parenting Principles of Learning*.
16. Mathai, W., *Unbowed* (2006), Random Houss, Borzoi Book, pg 48.
17. U.S. Department of Education, National Center for Education Statistics. (2006). *The Condition of Education 2006*, NCES 2006-071, Washington, DC: U.S. Government Printing Office.
18. UNICEF, (2009), *Soap, toilets and taps*,
http://www.unicef.org/wash/files/FINAL_Soap_Toilets_Taps.pdf
19. World Bank (2005), *Toolkit on Hygiene, sanitation and water in schools*, (the toolkit is part of the FRESH (Focus Resources on Effective School Health) initiative, a framework developed through a partnership of UNESCO, UNICEF, WHO, and the World Bank, and launched at the World Education Forum in April 2000).
<http://www.schoolsanitation.org/BasicPrinciples/GenderRoles.html>
20. Patrick Reese, Church of Jesus Christ of Latter-day Saints, "LDS Charities."
21. Ibid.
22. Hall, E., Wall, K., Higgins, S., Stephens, L., Pooley, I., & Welham, J. (2005). Learning to Learn with parents: lessons from two research projects. *Improving Schools*, 8:179-183.
<http://imp.sagepub.com/content/8/2/179>
23. Epstein, J. L. (1990), "School and family connections: Theory, research, and implications for integrating sociologies of education and family." *Marriage and Family* , 99-126.
24. *Uwezo National Assessment of Kenya*, op. cit.

BEST PRACTICES

Kampuchean Action for Primary Education (KAPE)

Cambodia

Information provided by Ms. Hem Mary and Ouk Sothira

Families have a significant ability to impact the future. This is never seen more clearly than in families working to produce first-generation educated students – students that break the intergenerational cycle of no education or poverty. These students will succeed because of their families, not despite their families.

The Hour Cheb family is such a family. (*See picture on next page.*) They are farmers who live in a small wooden house with a thatched roof, located in the Kompong Cham province of Cambodia. The parents and their five children work together to earn just enough to live from day-to-day. As the children grew, only two had the chance to attend school and one of them had dropped out of school, to work, because there wasn't enough money for him to attend school and still have enough money for the family's basic needs.

When the opportunity presented itself, the family was eager to earn extra income by raising chickens. The Commune-Level Education for All Committee (CEFAC) members and the staff of Kampuchean Action for Primary Education (KAPE) saw in the Hour Cheb family the qualities and dedication needed to implement their life-skill project.

The family was taught how to raise chickens, and was helped to obtain the baby chickens to start a small flock. They worked hard to implement the steps explained and taught to them by CEFAC members. Their chicken compound was very clean with good sanitation, so their chickens were healthy. The birds benefitted from the family's hard work and the flock multiplied. In Cambodia, the price for chicken is better than for other birds, so it was a good product for the market.

As a result of the extra family income, the Hour Chebs were able to send the son back to school. The family continues to raise chickens, gradually increasing the number of chickens they raise, in order to both support the family and send the children to school. The Hour Chebs are an example of how families with limited resources can use good habits, discipline, work ethic and a deep belief in education – and in their children's abilities – to create a better future.

Six Dimensions of Child-Friendly Schools:

- 1. Access:** Improved access, attendance and retention in Primary School
- 2. Educational Quality:** Through appropriate teacher training and availability of learning materials
- 3. Health Awareness:** Including personal hygiene and sanitation
- 4. Gender:** Improved awareness of the issues of gender balance and equality
- 5. Community Engagement:** Increased involvement of children, parents and community members in school activities
- 6. School Governance and Enabling Environment:** Improved and Supportive management capacity

– KAPE –

BEST PRACTICES



The Hour Cheb family, sitting in their home – next to the chicken yard.



The Hour Cheb family, after their work in the rice fields, watch their chickens running and eating food.

BEST PRACTICES



The Thy family provides food to their chickens.



A fish pond provides income for families so children can attend school.

BEST PRACTICES

Women's Self-Help Groups (India)...120



When we recognize the importance of family for society's survival and well-being, we gain perspective and appreciation for the gender differences and the essential, unique capacities women have as mothers and wives. Research repeatedly confirms that a married partnership of complementarity between mothers and fathers is best for women and children. . . . Male-female complementarity within the family is the model for the world and teaches all humanity the value of each gender.” —Lynn R. Walsh, MSW

Photo credit: Vivek R Nair

The author:

Lynn R. Walsh, MSW, MDiv., teaches gender role dynamics, the family in transition, marriage education training and other courses on parenting, marriage and family as an adjunct faculty member at both the University of Bridgeport and Mercy College (New York). She is the director of the Marriage and Family Peace Initiative for the Universal Peace Federation International, and she is on the Executive Board for the NGO Committee on the Family at the UN in New York City.

3 - Gender Equality

Lynn R. Walsh, MSW

The third Millennium Development Goal is to *Promote Gender Equality and Empower Women*. Since the year 2000 earnest effort has been made by UN Member States, NGOs and the private sector to fulfill the Millennium Development Goals, and in terms of the third MDG, some progress has been made. For example, it is not uncommon to find women holding positions as presidents or prime ministers of nations. Starting in 1960 with Prime Minister Sirimavo Bandaranaike in Sri Lanka, we have seen female heads of state around the world; naming only a few: Janet Jagan in Guyana, Luisa Diogo in Mozambique, Ellen Johnson Sirleaf in Liberia, Laura Chinchilla in Costa Rica and Portia Simpson Miller in Jamaica.

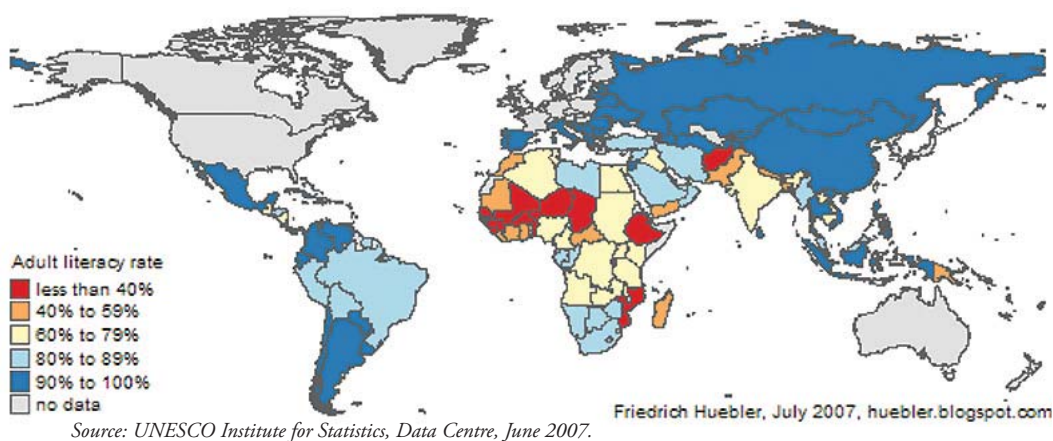
MDG Targets: education, literacy, leadership and employment

In terms of the first indicator of MDG 3, *parity between girls and boys education*, we have made some headway. In some of the poorest areas, such as Yemen, Ethiopia, Liberia and Nepal, the gaps at the primary level have been significantly filled. However, there are still almost 37 million girls around the world not attending primary schools – especially in Oceania, sub-Saharan Africa and Western Asia. On the college level there remains much disparity, with 67 and 76 girls to 100 boys in sub-Saharan and South Asia, respectively.¹

As for the second indicator of MDG 3, *literacy of women*, there has been some progress. UNESCO predicts that, considering population growth, by 2015 the absolute number of illiterate adults (+15-years-old) will fall from 774 million to 706 million. However, from a gender perspective, “two-thirds of the youth and adults without literacy skills are female. In some countries, this proportion reaches 80 percent.”²

Table 1 shows the countries with the greatest need.

Addressing the target of *increasing employment opportunities for women*: There has been some improvement as 41% of women are engaged in wage employment in

**Table 1. Adult literacy rate by MDG region, 2008**

MDG region	Adult literacy rate (%)				Number of adults unable to read and write (000s)			
	Total	Male	Female	GPI	Total	Male	Female	% F
Developed regions	99.0	99.2	98.9	1.00	8,358	3,438	4,921	58.9
Commonwealth of Independent States (CIS)	99.5	99.7	99.4	1.00	1,061	311	750	70.7
Northern Africa	67.3	76.7	58.1	0.76	36,290	12,882	23,408	64.5
Sub-Saharan Africa	62.5	71.6	53.6	0.75	175,871	65,748	110,123	62.6
Latin America and the Caribbean	91.0	91.9	90.3	0.98	36,056	15,945	20,111	55.8
Eastern Asia	93.8	96.8	90.7	0.94	70,233	18,656	51,577	73.4
Southern Asia	61.9	73.2	50.9	0.70	412,432	150,668	261,764	63.5
Southeastern Asia	91.9	94.5	89.5	0.95	32,782	11,097	21,685	66.1
Western Asia	84.5	91.5	76.9	0.84	21,332	6,061	15,271	71.6
Oceania	66.4	70.2	62.6	0.89	1,750	783	967	55.3
World	83.4	88.2	78.9	0.90	796,165	285,588	510,577	64.1

Source: UNESCO Institute for Statistics, Data Centre, stats.uis.unesco.org

the non-agricultural areas worldwide. However, the percentage is only 20% for women in Southern Asia, Western Asia and Western Africa.

In terms of a fourth indicator of *increasing the proportion of women in the parliament*, there has been some increase yet it remains at a low percentage – 19% of parliamentary positions worldwide were held by women in 2010.³

Examine the basic assumptions

Despite much effort, vast numbers of women live under conditions of poverty, powerlessness and illiteracy. Those of us who are serious about fulfilling the third MDG are naturally disappointed and know that much more needs to be done. In particular, we must examine some of our basic assumptions about women and the concept

of gender equality, and even empowerment. For this reason, in this chapter I will focus on areas that have not been adequately emphasized in efforts to achieve the third MDG: marriage, family and the “powers” or strengths that are unique to women. If we are serious about gender equality and empowerment of women, we must fully appreciate the unique qualities and strengths of women in general. Furthermore, we must recognize and affirm the value of traditional marriage, rooted in the biological and psychological complementarity of men and women.

The natural capacities of women

Some of the strengths that are unique to women include capacities for nurturing, reconciliation and relationship-building. These are not merely private virtues, but capacities necessary for creating the kind of world wherein men and women and children can flourish. We will be able to empower and value women only by recognizing their natural capacities and encouraging the fulfillment of their potential. Gender differences are more than mere social constructs, and it is important that we understand the science that describes these natural differences. To move forward effectively toward achieving MDG 3, and even to fulfill the broader Millennium Development Goals, we must understand and appreciate these basic gender differences.

Ending discrimination and abuse

The concern that all women share – to work toward an end to discriminatory laws, policies, attitudes and behaviors that encourage abuse, discrimination and the violation of human rights – does not require that we deny the unique capacities of women, nor the value of traditional marriage and family. Failure to respect both the value and the rights of each and every human being is wrong. Such violations have their roots in corruption of the human mind and the human heart. As the saying goes, *“The heart of the human problem is the human heart.”*

How can we change the human heart or the attitudes and behaviors we have toward each other? We begin with the family—where fundamental character and attitudes are formed. It is within the family that we will finally replace discrimination and mistreatment with loving recognition of our equal value as human beings and unique qualities as a girl or boy, woman or man.

The U.N. World Summit on Children (para. 18) defined the role of the family:

The family has the primary responsibility for the nurturing and protection of children from infancy to adolescence. Introduction of children to the culture, values and norms of their society begins in the family. For the full and harmonious development of their personality, children should grow up in a family environment, in an atmosphere of happiness, love and understanding. Accordingly, all institutions of society should respect and support the efforts of parents and other care-givers to nurture and care for children in a family environment.

The family as an agent of change

The well-functioning family, founded upon the marriage of a man and a woman who enjoy an equal partnership with their natural complementary differences, is the best place to start the change. Within such a family children will not know gender discrimination; every boy and girl will learn to value and respect themselves and each other. A thriving marriage can exemplify to the world the great benefit of a mutually respectful, loving and complementary relationship between naturally different genders. As Dr. Salma Salahuddin said (see page 116):

According to H. B. Danesh, family is the best and most effective institution to teach the concept of the oneness of humanity and to raise our capacities to live a life of unity and to become “unifiers“ in all dimensions of our lives. The family is the building block of the society and the workshop of civilization through its role as the primary educator of each new generation.

We need to address the great gender imbalances in education, employment and political power in every way possible, but we cannot exclude the family as a powerful *agent of change*.

Obviously, most marriages and families are far from ideal today. Marriages that are based on male domination are a serious source of gender inequality and abuse. Society needs to put much effort into improving marriage as a unity between genders. If marriage is not strengthened, and we instead retreat from the institution as many Western cultures are doing, what are the consequences? The question must be asked, what type of relationship best facilitates gender equality and empowerment of women, and best affords those opportunities to advance and improve their quality of life? And what are these gender differences that appear regardless of socialization? Although there are exceptions, these general differences seem robust. Are they part of the solution?

Exploring General Gender Differences

Empowering requires recognizing potential and purpose

Males and females clearly have more in common than differences. This is a critical point to note. Every human being must be respected, valued and given equal rights and opportunities. Socialization has been, always will be, and should be, a major factor in shaping our identities and roles. With that said, the biological factors of anatomy, brain function, hormones and reproductive functions cannot be denied: males and females are not the same. In examining some biological indicators of female tendencies and capacities as compared to male capacities, we are better equipped to understand the feminine potential.

Male and female brains

Even before a baby has been socialized, gender differences have been observed. Hormonal differences at six weeks in the womb start to shape male and female brains. These hormones continue throughout our lives to play a role in who we are and how we relate. Girl infants gaze longer at faces while baby boys gaze longer at objects. Baby boys are more active and fidget more when stressed while baby girls will whimper or cry more.⁴ Brain scans show gender differences in some brain functions and structures. These differences have been correlated to cognitive, emotive and behavioral differences between males and females. Females have larger areas in the brain relating to auditory and language while males have larger areas relating to visual and visuo-spatial functions in the brain.⁵

Scans of adult brains show that males use a smaller, more focused area of their brain. A female uses more diffuse areas from more parts of her brain. Females have 15% more blood flow and activity in their brain than males. Female brains are denser, with more closely packed neurons, especially in the language area compared to the male brain. The female brain has more interconnections between the two hemispheres. Females tend to work both sides of their cerebral hemispheres and in several areas simultaneously, compared to males. This explains partly why males tend to be more single-task in focus and are less distractible while females can multitask and are more distractible. This also explains why women can, and generally want to, express feelings as women have more access to the emotional center on the right side of their brains and simultaneous access to the language part that is mainly in the left side. A male generally will access one side at a time, working the right side alone or the left side alone, making it less natural to need to talk about emotions than females.⁶

Male and female strengths

Dr. Deborah Tannen notes that as females relate through finding commonality and empathy, males relate more through hierarchy, competitiveness and tend to ask, “Who knows the most?” or “Who does what task the best?” In her words, males connect differently, through “asymmetry,” or relating according to order, position or capabilities for accomplishing a task. Tannen stresses that both genders seek connection but in different ways; neither is better nor worse than the other. These abilities or tendencies just serve different functions within families and society.⁷ It has been noted that similar gender tendencies are seen in management styles in running a family business. Female management is generally based on personal connection and family history, with strong concern for people and a democratic decision-making process. The masculine management style emphasizes strategy, competition, hierarchy, authoritative-centralized decision making and separation between the boss and the workers with less of a concern for people.⁸ As there are strengths and weaknesses from both styles, it is likely that a combination of both would be most productive and satisfying.

Complementary gender characteristics

Complementary gender characteristics have the potential to enhance the relationship when each individual's contribution is valued. In no way does this mean that women should not be doctors, lawyers, engineers or presidents: or that men should not be teachers, nurses or office workers. Quite the contrary! It means that as individuals seek their unique places in society, all benefit from their "hard-wiring."⁹

As women take on these roles, long considered non-traditional for women, society will benefit because of the natural strengths they bring with them. As Dr. Steven Rhoads of the University of Virginia said:

Women have a different understanding of power than men. Men see a competition everywhere. Women ultimately really don't care, on the average. Women have the power that creates relationships, that binds families and builds societies. Women are better at making things work, being peace-makers, relationally.¹⁰

Surely we need women in the parliaments of leading nations as conflicts around the world increase and the impact of advanced weaponry threatens devastation. We must start utilizing the power of empathy for all our fellow human beings in order to address conflict and this is more likely to come from the feminine drive for human-to-human connection.

A better world for all

In order to have more empowered women and women leaders, they must become educated and receive family support for their advancement. Women leaders also need supportive husbands and families so they can carry out responsibilities in the family and at work. The powerful prime minister of England, Margaret Thatcher, credits not only her family and her education but also her supportive husband, Denis Thatcher, in saying, "Being prime minister is a lonely job. In a sense, it ought to be: you cannot lead from the crowd. But with Denis there I was never alone. What a man. What a husband. What a friend."¹¹

As we welcome the feminine attributes of empathy, reconciliation and relationship building into every area of our personal lives, of marital love, parenting the next lineage and public leadership, we are creating a culture that no longer stifles, but seeks female relationship-building and leadership, for healing a sick and torn world.

We must protect feminine strengths by promoting and improving the social institution of marriage between a man and a woman that best nurtures and multiplies gender reciprocity and provides the best environment for our most dependent of all citizens, our children. By strengthening marriage and family, and by offering a deepened and enriched understanding of both gender complementarity and the unique powers of women, we stand a much better chance of achieving MDG 3, and making a better world for women, together with the whole human family.

Relationships which promote women's equality, empowerment and well-being

Clearly a marriage of equal partners committed to working and loving together, each contributing their unique capabilities and strengths, is the best for women, men and their children. However, not for a second is this to be demeaning of women who find themselves in less-than-ideal situations: no one gets enough support in figuring out relationships, no one gets married to be divorced, no single mom wished to end up by herself without a father for her child and just because women are married does not mean they are treated equally or happy. The point is to explore what works best, ask why and then make it even better.

What does marriage have to do with it?

Why does marriage make a difference? As many say, isn't it "just a piece of paper"? A major factor is the marital decision to invest into the relationship and strive to be a better person.

A public marriage ceremony instills the seriousness of one's personal decision by publicly pledging a commitment to remain faithful in this sexually and emotionally exclusive relationship. For men in particular, one's marital behavior becomes a matter of self-respect and honor, and the clarity of boundaries and purpose help channel their behavior. From his research on commitment in marriages vs. cohabiting, Scott Stanley, relationship researcher, notes that making the conscious decision that "you are the one for me" predicts the willingness to make sacrifices, particularly for husbands. The conscious and spoken decision to choose "you and only you" creates a critical dedication, emotional security and sense of "us" for the long run. This motivates personal investment into the relationship and to improve one self, and promotes the behaviors necessary in facing the inevitable challenges and disappointments.¹² Such resiliency deepens the couple's understanding that "loving someone" takes conscious self-control and is the greatest path toward establishing gender equality.

Men and familial responsibilities

Historically, across all cultures and religious traditions, marriage has helped men accept their familial responsibilities. Marriage serves an important function, bonding the father to the mother and to his children. Men function best with clarity of purpose, structure and roles, as it fits their hard-wiring. When men marry, their role and responsibility become clearer, and the well-being of his family becomes part of his sense of pride, accomplishment and responsibility.

Disadvantaged women benefit financially from stable marriages. US studies found married mothers with low academic abilities experienced an increase in their standard of living. The differences were high: the income increase for these women was approximately 65% higher than single mothers living with no other adult, over 50%

higher than single mothers living with another adult and 20% higher than mothers that were cohabitating.¹³ A study on African-American women found 35% of disadvantaged African-American mothers who had non-marital first births were below the poverty line, compared to 17% of the mothers who had their first children within a marriage.¹⁴

Equality in the home

Marriage can help decrease female poverty but as a UNESCO report indicated, these marriages need to be of equal respect and shared decision-making. According to a survey of 30 countries, UNICEF summarized: “Inequality at home between men and women leads to poorer health for the children and greater poverty for the family,” and conversely, “equality between men and women is essential to lowering poverty and improving health, especially of children, in developing countries.”¹⁵ Marital partnerships are more likely to be economically efficient, promote saving, wise spending and better work habits – giving both parents, especially fathers, further motivation to earn and provide for the family. Economically stable marriages give mothers more of an opportunity to stay home to care for their child if they wish, or at least provide children with more parental care. As Mary Harris mentions in the previous chapter, intact families can be involved in their children’s education and decrease the demands on girls’ chores, such as water fetching (see page 104). These are factors that predict girls’ educational success and prevent the cycle of poverty for the next generation.

Education of mothers and daughters

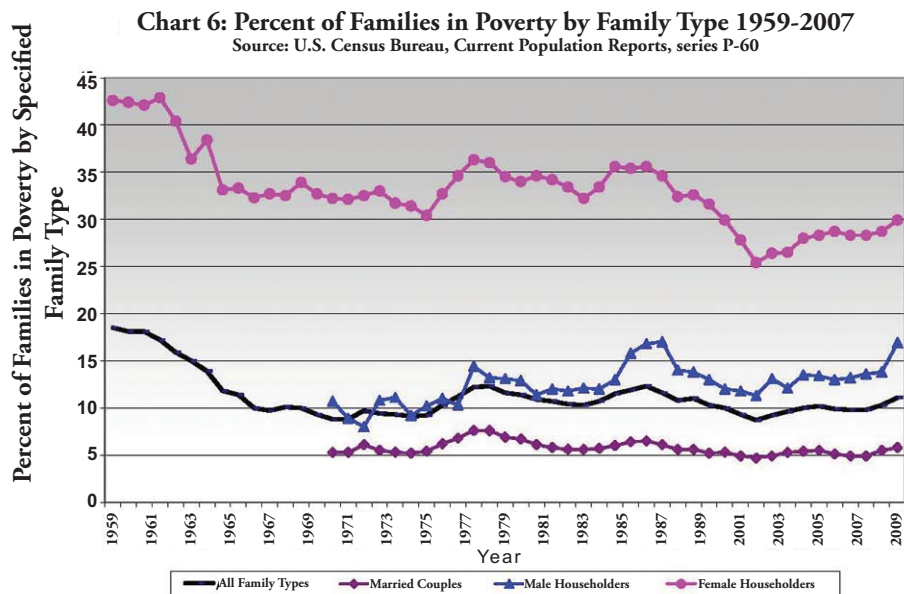
Where do we break the chain of females’ lack of education? Women with supportive husbands will have a greater chance to improve their education. Families that give their daughters and sons equal value are more likely to do all they can to facilitate their daughters’ school attendance. The best place to break the chain of inequality is within a loving, supportive family that can manage as a team to remove any barriers to schooling. Governments may make the laws and even build the school buildings, but it is the family that struggles and sacrifices in order to get their children to school. An educated woman has much more to offer, on an equal level as a wife and partner to her husband, and is a wiser, more effective contributor to the family. It cannot be overstated – the impact of children having an educated mother as a role model, an impact that multiplies in neighborhoods and communities. Martin N. Ngobo stated:

It should also be recalled that the education of mothers is a vital factor in ensuring the education of their children. Evidence shows that an educated girl is the best guarantor that her children will attend school, thereby ending the inter-generational transmission of poverty (UNDP and UNICEF, 2002). The third MDG – eliminating gender disparities – thus takes on added significance when its benefits for future generations are considered.¹⁶

Feminization of poverty

The UN estimates 70% of the one billion people in extreme poverty are women. According to statistics, women earn only one-tenth of the world's income and own less than 1% of property.¹⁷ Increasing job accessibility and educating women is critical to decreasing female poverty; there is no question. However, the impact of marriage needs to be stressed also. Statistics show when comparing equally educated populations, marriage reduces poverty as much as adding five to six years to a parent's level of education. As it has been coined, "A good marriage can be a powerful weapon in fighting female poverty." There has been far too little attention addressed to a prime cause: the absent, unmarried father.¹⁸ Fathers contribute the majority of the family income worldwide¹⁹ and therefore, their presence is one of the best preventions for female poverty.²⁰

According to a UNESCO report the first two contributing factors for "feminization of poverty" around the world that have not been emphasized are "(1) the growth of female-headed households, (2) intra-household inequalities and bias against women and girls." In other words, to lift women out of the plight of poverty we need to promote their marriages to respecting, supportive and committed men. Both unmarried childbearing and divorce increase the vulnerability to financial distress, social exclusion and poverty for women and children. Children raised by never-married mothers are seven times more likely to live in poverty than children raised by their biological parents in intact marriages. Overall, about 80% of long-term child poverty in the US occurs among children from broken or never-formed families, with by far the majority of parenting being done by the mother.²¹



From "Marriage and Economic Well-Being" by Fagan, Kidd and Potrykus

One of the most common difficulties for women after divorce is financial. Women are left caring for the children alone and incur new child-care costs. A woman may have to go to work without skills or education, earning less than they need to cover for the increase in expenses. While doing this, they are frequently balancing career and parenting, often on their own. Many report no longer having time for social contact and feeling more isolated. Studies show that women experiencing divorce face roughly a 30% decline in the standard of living they enjoyed while married and men show only a 10% decline.²²

Education and divorce

The world is witnessing increasing divorce rates.²³ There are some that attribute this to the education of women. It is worth noting that there is some correlation between an increase in education of women and the increase of divorce.²⁴ It is understandable that greater confidence, financial independence, understanding of the world and a stronger sense of individualism would give rise to women ending marriages that are oppressive. It is critical that women become educated worldwide, but does this doom marriage?

Both Europe and the United States experienced an initial surge of divorces in the 70s and 80s, but then a decrease that has continued.²⁵ Although decreased marriage rates are a factor, the divorce rate of the general US population has declined to 37% in the first ten years of marriage. It is worth noting the most dramatic decline in US divorce is with the college-educated, with 11% divorce after ten years. College-educated couples not only stay together but they also report being the happiest in their marriages.²⁶ Certainly education increases a couple's income, which decreases much stress on marriage. However, it could be that couples with education are better able to negotiate as equal partners, bringing more satisfaction to the relationship. Can the rest of the world avoid an increase in divorce and benefit from seeing marriages improve as these trends may indicate?

Each society is unique and at a different stage of development. There are multiple reasons for divorce, but we cannot say that women's education is the cause of divorce. At the very least, an educated woman makes a better partner, improving the level of shared decision-making and compatibility, creating a happier and more stable marriage. For many societies normal support, such as parental involvement, has weakened and the culture itself no longer conveys the benefits of marriage. Therefore, it is imperative we educate youth about marriage: its purpose, benefits and value to women, men, children and society, and that the culture supports the importance of marriage and family.

Marriage: Reducing domestic violence and improving mental health

The fundamental cause of domestic violence in marriage or any living arrangement is gender inequality and male domination. This needs to be confronted and stopped in

every way possible. But there is good reason to be concerned about a retreat from marriage as statistics show cohabitation is more dangerous for women and their children. One study found that cohabitants were three times as likely as spouses to report that arguments became physical over the last year, or 13% compared to 4%.²⁷ Another reported domestic violence to unmarried women to be twice as much as married women. More alarming, domestic homicide is the highest for single mothers living with boyfriends.²⁸

All human beings need a haven for support and understanding. It is tragic when the environment that should provide that emotional safety and protection is sometimes where women and children (and men) are hurt emotionally and physically the most. Of all the things in life that bring mental stability and happiness, nothing is as important as a healthy, stable, mutually-respectful relationship. The human capital that a healthy world needs is created in the family. Our family capital is healthy, loving families. It is understandable that married women, feeling more secure in the durability of their relationship, would suffer from less depression than single mothers who have the burden of parenting alone or cohabiters who may feel uncertainty or a lack of commitment in their relationship. Compared with married peers of the same age and race, individuals who were cohabiting reported depression levels that were almost three times higher.²⁹ The impact of depression on divorced women hits hard – with twice the attempted suicide rate of married women.³⁰

Single mothers also suffer a higher rate of depression. One study of 2,300 urban adult parents of preschoolers found that depression rates were substantially higher for unmarried mothers than married mothers. Maternal depression is a further concern for single mothers because it has more negative impact on the child's well-being. As already discussed, not only is the mother not as emotionally available, but the child has less support and less access to the father as well.³¹

Substance abuse is another consequence of relationship instability and unhappiness. Cohabiters reported nearly three times more alcohol problems than married respondents and about 25% more problems than their non-cohabiting single peers. Cohabiting men reported more alcohol problems than both married and single men, and cohabiting women reported more alcohol problems than married women.³² It is clear when men and women are supported by stable, committed relationships, people are better able to deal with the trials in life positively.

Education: Reducing HIV/AIDS and unwanted pregnancies, and improving relationships

Education is also important because as sexual freedom increases it becomes critical that girls have the right information with which to make healthy choices. Nearly a third of all adults living with HIV or AIDS are under the age of 25 and almost two-thirds of these people are women. In some countries in sub-Saharan Africa and the Caribbean, HIV prevalence among teenage girls is five times higher than among teenage boys. In

sub-Saharan Africa, 58% of those infected are women. Women, particularly the young, poor and uneducated, are the most vulnerable and suffer the most from irresponsible sexual behavior.³³ (See *Stay Alive* HIV/AIDS Prevention program on page 210.)

Young girls are also vulnerable to unwanted pregnancy and the spiraling consequential risks. Approximately 16 million adolescent girls (ages 15-19) give birth annually. This accounts for more than 10% of all births worldwide. As 95% of these births are in developing countries, the young teenagers are at higher risk of complications in pregnancy and childbirth, which can lead to death.³⁴ With statistics such as these, it is critical that young women get education to help lift them out of poverty. However, young women must also receive an education that helps them avoid unhealthy sexual relationships, unwanted pregnancy and early marriage. As Mary Harris points out in the previous chapter, these factors prevent girls from getting an education. This is observed throughout the world, from Africa to the United States. Girls need to learn attitudes and skills that help them build healthy relationships – especially with the opposite sex.

Much is being said about women gaining equality with their sexual freedom. While it is good that couples can be much more open in their sexuality, there is much evidence that women, in gaining their sexual freedom, are not always getting what they thought or what they really wanted. Surprisingly, this is true on US college campuses. Donna Freitas found in her recent study of college students and sexuality that a large number of students are “tired of the hook up culture on their campus. At the very least, they’ve identified the need for sexual activity to be more meaningful. They’ve begun to look to the spiritual as a potential resource to make meaning of sexuality despite their immersion in a culture of sexual excess...they long for meaningful sex, not random encounters.”³⁵ It seems that after the “big experiment” with sexual freedom on campus, young women are beginning to listen to a desire deeper within their feminine heart and are looking for genuine meaningful connection.

A large study at the University of North Carolina at Chapel Hill replicated five other studies in finding “conclusively that sex and drug behavior predicted an increased likelihood of depression, but depression did not predict behavior.” Girls reported experiencing a higher degree of depression that was disruptive of their normal lives after being sexually active. In contrast, only 4% of students who abstained from drugs and sex had depressed or suicidal feelings.³⁶ Another recent study on the correlation between girls’ sexual involvement, as it contributes to suicide and drug abuse, raises enough concern to recommend psychiatric evaluation. The study’s summary states adolescent “involvement in any sex or drug use is cause for concern, and should be a clinical indication for mental health screening for girls.”³⁷ In other words, medical professionals recognize casual sex for girls as so emotionally detrimental that they recommend mental health evaluations for sexually-active girls.

As we strive for feminine empowerment we need to make every effort to save girls from having emotionally damaging relationships. We need to help them set goals for the highest achievement in their education and career, and include their dreams for lasting love in a strong family. The obvious and most effective way to protect young women and support their feminine desires for healthy and meaningful relationships is through the experience of healthy relationships with their parents.

Educating adolescent feminine power

Girls need parents to affirm their natural desires for love and to connect this to their: pubescent changes, transforming bodies, awakening sexuality and ability to procreate. A girl's heart needs tender care and nurturing so her innate feminine sensitivities for love can mature into a powerful and clear feminine sense of self, value and purpose, including the value and purpose of marriage. The best of health and sex education cannot provide girls the sensitive, understanding and value-based education about love, sex and marriage that parents can provide. Parents care most about their children and their future. They most effectively teach their daughters about the highest quality of love by modeling in their own marriage and in their roles of mother and father. Children need to hear and see the invaluable rewards of motherhood and fatherhood. Parents protect their daughters by helping them understand the kind of loving relationship they deserve, which involves commitment, valuing her feminine character and seeing her as an equal partner. Parents that value their marital relationship will be able to naturally validate her feminine intuition; that her sexuality has great power and purpose in creating life; that her innate longing for love is best expressed and fulfilled in a sexuality shared in committed love that welcomes new life that could come with it.

With this family nurturing a young woman is empowered; her intelligence, heart and spiritual senses are affirmed; with firmness and clarity she can accomplish any role in society – knowing she has much to contribute because she is a woman. She will make decisions about her sexuality, love, marriage and parenting that come from honoring the highest goals she knows she can attain.

Teaching adolescents often feels like an uphill battle because sexual messages and images saturate the culture, all of which can numb and confuse the feminine desire for genuine love. Parents, thinking they are old fashioned and in the minority, can lose their will. But parents should never give up; they must listen to their parental hearts. In fact, parents' best hopes are almost universal. A Zogby International poll reported that 91% of parents want teens to be taught that the best choice is for sexual intercourse to be linked to love, intimacy and commitment.³⁸

It is the parents' greatest responsibility to protect and prepare their children emotionally, relationally and spiritually, so as to ensure the best for their children and future generations. No government agency, public policy or school system can do or accomplish what parents can. As MDG 3 appropriately states, girls need education for their success. However, the family is the school of love. The family provides the most fundamental education as a foundation for everything else to be accomplished in life. Parents that model loving gender-reciprocity in their marriage, raise women and men who embody compassion and value toward each gender and all people, produce the greatest assets to world peace and human development. The goal of female empowerment will be further accomplished as parents fulfill their essential role as primary educators.

Motherhood

As parenting is critical for humankind's development, it is important to note that women have the strongest initial parental sense. It is not that males don't understand the importance of childbearing and creating a family, but women feel it sooner and hear it louder from within.

Mothers have a hormonal advantage in preparing for birth and attaching to their infants. With this force of feminine nature, it is also understandable that so many mothers speak of the transforming power of motherhood. Feminist Naomi Wolf admitted her shock as to how much pregnancy changed her perspective by saying, "The ways in which the hormones of pregnancy affected me called into question my entire belief system about the 'social construction of gender'." Wolf continued that she felt a "surge of need for repetitive, utterly simple affirmations that I was – that we, the baby and I, were – not going to be abandoned."³⁹ This feminist's sentiments reflect a summary from 8,282 European mothers:

The birth of the first child constitutes a major and irreversible change in focus, priorities, and life-course. A mother never sees life as she did before becoming a mother. The responsibility of motherhood is supremely challenging, highly demanding, and worth everything it costs....No other experience is like it in the world and no greater accomplishment, degree or career can outweigh that love.⁴⁰

These powerful maternal impulses are responsible for creating the critical emotional foundation of the next generation.

Mothers are equipped with sensitivity and awareness for this primary mother-child relationship. A mother's unique capabilities establish the foundation for her child to develop a healthy sense of self, cognitive abilities and IQ, for becoming an emotionally healthy human being who connects and cares about others

Child psychiatrist Selma Fraiberg expressed deep concern about children whose emotional needs are not met in this first-love relationship. In her book, *Every Child's Birthright: In Defense of Mothering*, she wrote:

We know now that those qualities that we call "human" – the capacity for enduring love and the exercise of conscience – are not given in human biology; they are the achievement of the earliest human partnership, that between a child and his parents. . . . And we now know that a child who is deprived of human partners in the early life, or who has known shifting or unstable partnerships in the formative period of personality, may suffer permanent impairment in his capacity to learn, to judge, and to abide by laws of the human community. This child, in effect, has been deprived of his humanity.⁴¹

It is critically important for the mental health and stability of children and society that mothers are ready to mother and have the support they need, especially in the early stages. The unique and important qualities that a father offers to his children are also apparent. During the critical time of infancy, what helps mothers most in

successfully providing care for their child? Studies show that maternal sensitivity, mental stability and satisfaction increase most with the presence, support and positive emotional connection to the father. Mothers can do their job best in caring for infants when fathers contribute and support.⁴²

Studies affirm that married women are more likely to get the emotional support women need. This is evidenced by studies of maternal depression; married mothers suffer post-partum depression significantly less than single mothers.⁴³ More alarming is the indication that single mothers have almost a 70% higher risk of death from suicide, violence and alcohol-related mortality than mothers with a spouse.⁴⁴ Clearly, a new mother needs substantial support to manage the physical and emotional demands of motherhood. The very best provider of such support is a present, involved and loving husband.

Most mothers today are conflicted by the need to work and the desire to care for their children. Many mothers, once they have given birth, find they are surprised by the deep desire to care for their child and decide that they want to be home more with their children. It can be very draining and depressing for mothers who are conflicted by having to work while they worry about their children. In a large survey of European mothers, a majority were quite impassioned in stating they wished there were policies to let mothers “mother” – because they felt it was so important for their children. From a survey of European mothers, 89% reported that caring for their families was a high priority; 63% wanted part-time employment or to be home full-time, especially if they had younger children.⁴⁵

Women that want to mother are better mothers when educated. However, if we push women to focus solely on education and employment we are doing them, and the world, a great disservice by denying the incalculable value of each mother and their impact on children and society. We must recognize the valuable contribution of mothers to the world.

Research confirms that mothers generally provide the best care for their babies. It should not take research to tell us that mothers care most about their children as they are the most attached, familiar with and love their offspring. Children that spend more than 20 hours a week away from a parent’s care often do not do as well socially and psychologically. There is concern that too much time separated leads to some breakdown in the level of attachment and mutual reciprocity between mother and child.⁴⁶ Even in Sweden, where childcare is very accessible by generous government policies, there is some evidence that children cared for away from home full-time (after 18 months) have a higher rate of depression and disruptiveness in the classroom in middle school compared to children who were predominantly cared for at home.⁴⁷ Admittedly, as many women need to work to provide even basic sustenance of their children, this is not an easy issue to remedy. However, we should not err by taking lightly the detriment of long hours of parent-child separation. An intact family, where both mother and father contribute time and energy in parenting, is best positioned to decrease this risk.

Family capital multiplies family capital

Children of happily-married parents will gain immensely from seeing how a man and woman express their individuality, negotiate their differences and handle conflict as a natural practice of love. They probably will learn that humor and openness are keys for building bridges when dealing with the differences. Children seeing such parenting will know men and women are different and equally valuable. These children will naturally treat the other gender with respect and have self-respect as a male or female. They will value marriage and parenting. From a foundation built on such a firm sense of being loved and valued, they are far less likely to look for empty love in premature sexual relationships. These children will have a sense of their value, goals and purpose. They can explore the qualities of friendship as preparation for getting married. Families that achieve gender unity will produce for the world its greatest resource: responsible, compassionate human beings who refuse to treat others as any less valuable than themselves.

CONCLUSION

Men and women clearly have equal value as human beings and deserve equal respect and opportunities such as targeted in MDG 3 with education, literacy, political voice and employment. These efforts are essential. Women's empowerment is facilitating women's potential. Men and women have some naturally different capacities and qualities and therefore have differences in their potential. Throughout much of male-dominated history women's potential has been denied, but it seems now, more than ever, we need to recognize and utilize the feminine powers of empathy, nurturing, relationship building and reconciliation in the world and in our families.

Focusing on the family helps us to achieve gender equality and women's empowerment. When we recognize the importance of family for society's survival and well-being, we gain perspective and appreciation for the gender differences and the essential, unique capacities women have as mothers and wives. Research repeatedly confirms that married partnerships of complementarity between mothers and fathers is best for women and children. Such a union of reciprocating respect creates the healthiest and happiest marriages. Within such a marriage women are more likely to fulfill their potential as relationship builders and nurturers – as wives and mothers – deeply enriching the whole family. Male-female complementarity within the family is the model for the world and teaches all humanity the value of each gender.

It is within the family that we see the benefit of educating women because when educated, they become better as wives, mothers and income earners. With the support of family, including husbands, women can choose many non-traditional roles and even become community or world leaders. As we address gender equality and women's empowerment, families are the agents of change to resolve and end discrimination, encourage girls' education and accomplishments, shine light on the unique feminine gifts

and model the gender complementarity that this world needs. Focusing on the family as the model and the means to achieve MDG 3 will help us build a better world for all, as one global family.

ENDNOTES

1. *The millennium development goals 2010*. (2010). United Nations: New York. 22-23.
2. *The global literacy challenge*. (2008). United Nations Educational Scientific and Cultural Organization. 36.
3. *Summit millennium development goals fact sheet*. (September 2010) United Nations Department of Public Information. 1-2.
4. Infant and Child Development, *Infant Child Development*. 8: 1–17 (1999). *Sex Differences in the Activity Level of Infants*, Darren W. Campbell and Warren O. Eaton. Also Brizendine, L. (2006). *The female brain*. New York: Morgan Road Books. 18.
5. Brun, et al., (2009). Sex differences in brain structure in auditory and cingulate regions. *Neuroreport* 20 (10): 930–935.
6. Brizendine, L. (2006). *The female brain*. New York: Morgan Road Books. 13-26. Also McGlone, J. & Fox, A.J. (1980). Sex differences in human brain asymmetry: A critical survey. *Behavioral and Brain Sciences* 3, 215-263. Also Kimura, D. (2007, April 25). Sex differences in the brain. *Scientific American*, <http://www.sciam.com/article.cfm?articleID=00018E9D-879D-1D06-8E49809EC588EEDF> also Barron-Cohen, S. (2003). *The essential difference: the truth about the male and female brain*. Basic Books: New York, 98-113.
7. Tannen, D. (1990). *You Just Don't Understand*. Virago: Great Britain, 24-30, 49-71.
8. Daynes, S.M., K. Stafford, G. Haynes & S.S. Amarpurkar (2009), Family capital of family firms: Bridging human, social, and financial capital. *Family Business Review*, 22(3), 199-215. <http://fbr.sagepub.com/content/22/3/199.full.pdf+html>
9. Rhoads, S. (2004). *Taking sex differences seriously*. Encounter Books: San Francisco. 22-34.
10. Rhoads, S., "Taking sex differences seriously." *The Love & Fidelity Network*. Retrieved March 19, 2011. <http://www.loveandfidelity.org/blog/index.php/2011/03/19/taking-sex-differences-seriously/>
11. Thatcher, M. (1993). *The Downing Years*. Harper Collins: London. 23.
12. Stanley, S.M. (2002). *What is it with men and commitment, anyway?* Keynote address to the sixth annual Smart Marriages Conference. Washington, D.C. also Goodwin, P.Y., W.D. Mosher & A. Chandra (2010). Marriage and cohabitation in the United States: A statistical portrait based on Cycle 6 (2002) of the National Survey of Family Growth. National Center for Health Statistics. *Vital Health Statistics*. 23(28).
13. Lerman, R. (2002). Married and unmarried parenthood and economic well-being – dynamic analysis of a recent cohort. *Urban Institute*. Washington, DC.
14. Lichter, D., D.R. Graefe, and J. B. Brown (2003). Is marriage a panacea? Union formation among economically disadvantaged unwed mothers, *Social Problems* 50: 60 -86. also Bianchi, S. (1999). The gender gap in the economic well-being of nonresident fathers and custodial mothers. *Demography* 36: 195- 203.
15. BBD News. (December 11, 2006). Gender bias increases poverty from UNICEF State of World's Children 2007. Retrieved from <http://news.bbc.co.uk/2/hi/6162959.stm>
16. Nwonwu, F. (2008). Is gender equity on track in sub-saharan africa? *The Millennium Development Goals, achievements and prospects of meeting the targets in Africa*. African Institute of South Africa. Pretoria: South Africa. 91.
17. United Nations International Day for the Eradication of Poverty. *A United Nations Objective*. Published by the United Nations Department of Public Information – DPI/1933, November 1997. Also United Nations End poverty by 2015 gender equity. (September 22, 2010) Retrieved 813/11

- from <http://www.endpoverty2015.org/goals/gender-equity>
18. Rector, R., (2010). Marriage: america's greatest weapon against poverty, *Heritage Backgrounder no. 2465*, Heritage Foundation.
 19. United Nations Economic and Social Affairs (2011). *Men in families and family policy in a changing world*. United Nations: New York. 56.
 20. Fagan, P., Kidd, A., and H. Potrykus (May 2011). Marriage and economic well-being: the economy of the family rises or falls with marriage. *Family Research Council*. 19.
 21. Moghadam, V. M. (July 2005). The "feminization of poverty" and women's human rights. *Gender Equality and Development Section, Division of Human Rights, Social and Human Sciences Sector*. UNESCO:Paris. 4. from www.unesco.org/shs/gender
 22. Waite, L.J. & M. Gallagher (2000). *The case for marriage*. Broadway Books:New York. 110-11 3 and 118-120. Also Smock, P.J. (1993). The economic costs of marital disruption for young women over the past two decades. *Demography* 30, 353-371.
 23. Healthy Marriage Resource Center. (n.d.) *National marriage trends in western culture: fact sheet*. Retrieved August 8, 2011, from <http://www.healthymarriageinfo.org/docs/MarriageTrendsInWesternCulture.pdf>. Also Healthy Marriage Resource Center. (n.d.) *National marriage trends in eastern culture: fact sheet*. Retrieved August 8, 2011, from <http://www.healthymarriageinfo.org/docs/MarriageTrendsInEasternCulture.pdf>
 24. Lyngstad, T. (April 2004). The impact of parents' and spouses' education on divorce rates in Norway. *Demographic Research*. vol. 10. 121-142. Germany.
 25. Dronkers, J., M. Kalmijn, and M. Wagner (August 4, 2011). Causes and consequences of divorce: cross-national and cohort differences, an introduction to this special issue. *Oxford Journals Social Sciences & European Sociological Review*. Volume 22, Issue 5. 479-481. Also Drummond, J. (March 28 2011). Rising divorce rate prompts soul-searching. *Financial Times*, Retrieved 8/9/11 from <http://www.ft.com/intl/cms/s/0/6e0cf4f8-595c-11e0-bc39-00144feab49a.html#axzz1V1rxK8fK>
 26. Wilcox, B and Marquardt. (December 2010). *When marriage disappears*. National Marriage Project. University of Virginia.
 27. Brown, Susan L. and Jennifer Roebuck Bulanda. (2008). Relationship Violence in Young Adulthood: A comparison of daters, cohabiters, and marrieds. *Social Science Research*, vol. 37, 2008. Pp. 73-87.
 28. Weitoft, G., A. Hjern, B. Haglund, & M. Rosén (2003, January 25). Mortality, severe morbidity, and injury in children living with single parents in Sweden: A population-based study. *The Lancet*, 361, 289-295.
 29. Brown, S.L. (2000, September). The effect of union type on psychological wellbeing: Depression among cohabiters versus marrieds. *Journal of Health and Social Behavior*, 41, 241-255.
 30. Kessler, R.C., et al. (1999). Prevalence of and risk factors for lifetime suicide attempts in the national comorbidity survey. *Archives of General Psychiatry*, 56, 617- 626. Also Waite, L., Browning, D., Doherty, W., Gallagher, M., Luo, Y. & Stanley, S. (2002). *Does divorce make people happy? Findings from a study of unhappy marriages*. Institute for American Values: New York. 148- 149.
 31. Goodman S., et al. (1993). Social and emotional competence in children of depressed mothers. *Child Development*, 64, 516-531.
 32. Horwitz, A.V. & White, H.R. (1998, May). The relationship of cohabitation and mental health: A study of a young adult cohort. *Journal of Marriage and Family*, 60, 505-514.
 33. UNICEF in Action, HIV/AIDS the facts. (August 4, 2011). UNICEF. Retrieved 8/5/11 from http://www.unicef.org/programme/youth_day/adol_hiv/facts.htm.
 34. UNFPA Fact Sheet (2009). as prepared by UNFPA, the United Nations Population Fund. Also Adolescence: The big picture. (2009). updated 19 March 2009, UNICEF. Retrieved from http://www.unicef.org/adolescence/index_bigpicture.html.
 35. Freitas, D. (2008). Sex and the soul. New York: Oxford University Press, p. 222.
 36. Hallfors, D., Waller, M., Bauer, D., Ford, C., and Halpren, C. (2005). Which comes first in ado-

- lescence – sex and drugs or depression? *American Journal of Preventive Medicine*, 29(3), 163-170.
37. Adolescent depression and suicide risk: Association with sex and drug behavior. (October, 2004). *American Journal of Preventive Medicine*, 27 (3), 224-231.
38. Rector, R.E., Pardue, M.G. & Martin, S. (2004, Jan. 28). What do parents want taught in sex education programs? *The Heritage Foundation*, 1722.
39. Wolf, N. (2002). *Misconceptions*. New York: Doubleday. 115-16.
40. Survey of mothers in Europe, 2011. Results. Mouvement Mondial des Meres-Europe.
41. Fraiberg, S. (1977). *Every child's birthright: In defense of mothering*. New York: Basic Books. 51-53, 63.
42. Barber, B.K. & D.L. Thomas (1986) Dimensions of fathers' and mothers' supportive behavior: The case for physical affection. *Journal of Marriage and the Family*, 48, 783-794.
43. Smith, L. (2007, April 30). Postnatal depression affects one in five mothers. *The Times, London*. Also Beck, C.T. (2001, September/October). Predictors of postpartum depression: An update. *Nursing Research*, 5, 275-285.
44. Weitoft, G.R., Haglund B. & Rosén, M. (2000, April 8). Mortality among lone mothers in Sweden: A population study. *The Lancet*, 355 (9211), 1215-1219.
45. Stevens, J., de Bergeyck, J., and de Liedekerke, A., (2011). Realities of mothers in Europe. *Family Platform*.
46. Fagan, P. (2009, August). The effects of child care (day care) on the social and psychological development of children. lecture at World Congress of Families V, Amsterdam, Holland. Retrieved from http://www.nkmr.org/english/the_effects_of_child_care.htm
47. Himmelstrand, J. (2011, April 26). Universal daycare leaves Sweden's children less educated. *National Post*, Canada.



Dr. Salma Salahuddin

Family and Gender Equality – A Psychological Perspective

Dr. Salma Salahuddin
Principal (retired)
Justice Basheer Ahmed College
for Women, Chennai, India

Progress and evolution of society depends on two basic factors:

1. Proper human relationships, and
2. Interconnections of rights and duties.

Oppression, exploitation and injustice are detrimental to a progressive society. In a just and balanced society, it is necessary that both men and women work together for the betterment and uplift of society – that they work in coherence, and complimenting each other. Without this concept of humanity, one cannot do justice to his fellow beings nor can he build his moral character on the right basis, as the ideas of humanity, justice and moral character are correlated with one another.

The family as the building block of society

According to H. B. Danesh, family is the best and most effective institution to teach the concept of the oneness of humanity and to raise our capacities to live a life of unity and to become “unifiers” in all dimensions of our lives. The family is the building block of society and the workshop of civilization through its role as the primary educator of each new generation.

Family is the first group where the child gets its membership. According to Freud, the first few formative years are crucial for the development of an individual’s personality. The training and values parents inculcate in their children exert a very profound influence on an individual’s attitude – his thinking, feeling and the way he behaves.

Root out suspicion and prejudice

Parents have a tremendous responsibility to root out suspicion and prejudice about other religious groups and communities, and foster the growth of positive elements of gender equality in all spheres of life. They should also propagate the principles of tolerance and harmony, good virtues, beliefs, ideals and help children learn that they should treat all human beings as individuals and not the representative of any specific

group. Parents should be educated against imposing the superiority of the male amongst the family members.

Basic needs of family members

Families need to provide for basic physical, social, psychological and spiritual needs of individuals in order to make gender discrimination less likely. The family plays a critical role in providing for basic individual needs such as: security, positive identity, sense of effectiveness, positive connections to others and a sense of spirituality.

The family's ability to meet these needs underlies the development of children who turn into peace-loving and understanding adults, devoid of any superiority or inferiority complexes. Such families demonstrate warmth and affection, are role models of tolerance and accept differences of others, extending their care outside their immediate family while expressing moral courage in the face of opposition and disapproval.

Male supremacy and female dependency

Patriarchal families have so deeply internalized the ideas of male supremacy and female dependency that the notion of girls and boys having equal rights seems to be a concept only to be read about in books and practiced by a handful of educated elite. In such families, the childhood and adolescence of girls is marked by neglect, discrimination, lack of opportunities and limited employment options.

Sex-determination tests a moral shame

The widespread use of sex-determination tests to detect unwanted female fetuses is one of the greatest cultural and moral shames in any society.

Educated mothers

Educated mothers are best for educating daughters and sons. The values of democracy and equality are values which are best promoted and taught at the family level.

Mahatma Gandhi said "there is no school equal to a decent home, no teachers equal to honest virtuous parents."

Democracy really begins at home when the members of a family share rights and responsibilities with equal access to resources regardless of age or gender.

Fundamental reasons for gender inequality

According to Dr. Danesh, two fundamental reasons for gender inequality are: unmet human needs and the violation of human rights in the context of family and society.

According to Maslow, first the basic physiological needs – fundamental human needs – must be satisfied before an individual can think about higher psychological needs. The fundamental human needs are most important during childhood. Families living in poverty are those who experience severe deprivations of the material, spiritual and emotional resources needed to survive, develop and thrive – leaving them unable to enjoy the right to achieve their full potential or participate as equal members of society.

Most often hunger and poverty in families hinders access to education; likewise causing strained relations between spouses that can block the ways to good nurturing and effective parenting. Thus it becomes imperative to focus on eliminating poverty, without which a family cannot promote gender equality.

The family as an agent of change

The family as an agent of change can bring changes in the attitudes of men and women in curbing gender inequalities through the promotion of human capabilities such as: life, health, dignity, associational liberties, emotional health and opportunities to form meaningful relations with other people, including the ability to hold property and work outside the home, and independent thinking.

Compared to power-based families, unity-based families are capable of ensuring the operation of the principles of equality, justice, personal development and family cohesion; factors which are absent in coercive, authoritarian families.

Dr. Danesh emphasized the need for the spiritual enlightenment of humanity. It is only through unity in human relationships that justice and gender equality can be achieved.

How can the mind-set of people be programmed toward seeking gender equality?

The starting point is the family – where a new generation arises. Adults need to impart character education to their children that emphasizes human values such as: kindness, integrity transparency, empathy and generosity. These virtues should be acted upon by adults so they become powerful role models for their children to identify with. It's not just through moral stories, but through moral behavior that parents teach their children all about treating others in just and non-discriminative ways.

SOLUTIONS

1. Socialization: Families can empower women through socialization, enabling their members to realize their full potential and identity in all walks of life.

2. Self-awareness: Through the process of self-awareness, a family can adopt a

method for developing interpersonal and intra-personal power, thus enabling members to achieve a greater measure of control over their lives.

3. Physical empowerment: Apart from economic and intellectual empowerment, families should encourage women to be aware of their legal rights, as well as protect themselves from any physical harm through basic training in martial arts that can be taught from the high school itself.

4. Self-reliance: Families should encourage self-reliant behavior in girls that can further prevent dependency on anyone in their future lives. Parents should also invest in providing a sound education, while encouraging girls to pursue their goals without fear of any kind – such as gender discrimination at the work place or in any educational setting. They need to build the basics of confidence throughout childhood in girls – which eventually becomes a habit in their adult lives.

5. Child-rearing practices: Families need to adopt those practices that are desirable and not too conservative or discriminatory, avoiding those that can have a negative impact on growing girls, which in turn can thwart the development of healthy personalities. Families should sanction, defend and promote conditions of equality between men and women – giving equal privileges and freedom to both the sexes.

6. Teaching respect: Families can train members to grant basic respect and dignity to each other through role play, where each member is respected for the varied significant roles they play, so that they can perceive themselves and others as capable of respect and are both willing and able to take ownership for their choices, decisions and actions.

REFERENCES

1. Danesh H.B. (1986), *Unity: The creative foundation of peace*. Baha’I studies publication, Ottawa/Fitzhenry.
2. Shah Anup, (2005), *Causes of Poverty*, www.globalissues.org
3. G.Thilakavathi, Tamil Nadu police (2003), *Gender Sensitization*.

We acknowledge SERFAC (Service and Research Foundation of Asia on Family and Culture) of Chennai, India, for coordinating the inclusion of this article.

BEST PRACTICES



Mrs. Ramamani, Mrs. Sindhu, Mrs. Radhika, Mrs. Ramani

Photo by Vivek Nair

Women's Self-Help Groups in Kerala (South India)

By M. K. George, S.J., Ph.D.

Director, Indian Social Institute, Bangalore, India
and Anu . A., Loyola College of Social Sciences, Trivandrum

The movement of women's self-help groups in Kerala has become something of a miracle story. It is the story of about 10-20 women coming together, forming a group, educating themselves, starting thrift collections, initiating micro enterprises, improving their families and finally becoming a change agent in the development scenario of the State.

Launched by the Government of Kerala in 1998 to wipe out absolute poverty through concerted community action under the leadership of local self governments, Kudumbashree is today one of the largest women-empowering projects in the country. The programme has 37 lakh members and covers more than 50% of the households in Kerala. Built around three critical components: micro-credit, entrepreneurship and empowerment, the Kudumbashree initiative has succeeded in addressing the basic needs of the less-privileged women, thus providing them a more dignified life and a better future. The literal meaning of Kudumbashree is prosperity (shree) of family (Kudumbam). It is the story of women, it is the story of their families and it is the story of the survival of families (Gov't. of Kerala).

BEST PRACTICES

The State of Kerala

The state of Kerala, India, is well known in development circles as a “Development Model,” or a different “Experience of Development,” as Amartya Sen said. It is a model in the sense that with low economic development, the state has achieved socio-economic development indicators on par with the developed world.

While having a relatively low GNP, Kerala has achieved life expectancies comparable to industrialized countries. From a gender perspective, women in Kerala have made impressive gains in health and education, particularly when compared to other parts of the country. The female-to-male ratio is 1,058 per 1,000 compared with all of India, which is only 934 females per 1000 males (GOI, 2001).

Impact of self-help groups

The state had a backlog of underdevelopment and poverty, especially among the indigenous tribal people and the fisherfolk. It is here that the movement of self-help groups for women and their families made a huge impact – not only on the economic front but also on the social front, making family lives more qualitative. Alcoholic and wayward husbands were brought back to normalcy, children who were not studying or had to drop out are now back in schools, and most importantly, women who had no self-respect have now acquired a new dignity and self worth.

Some success stories

The report on the Self-Help Groups in Kerala, Mohindra K.S., narrates the following:

SHG meetings open up a space for women to not only engage in financial activities, but also as a place of discussion. Through regular meetings, women become more comfortable in sharing their ideas, and learn to speak up for themselves and for each other. In turn, they begin to increase their voice outside of SHGs, in private and public domains creating a political autonomy for themselves. This voice may be used both within the household, to have more control over household decisions, positively impacting on the health of the family, or by participating in public debates and forums, potentially impacting on the formation of public health programs, services, and policies.

SHGs bring together groups of unrelated women, thereby expanding their social networks outside of the family. This may lead to social support as well as enlarging their range of coping strategies. Women share their prob-

BEST PRACTICES

lems within group meetings, which are often related to family problems they are unable to discuss within the home. They may also approach members outside of meetings, as they have established various levels of rapport and trust with members. The poor are often limited in the range of coping strategies when faced with a crisis or shock in the family, such as an illness or death of a family member.

A network of women opens up new possibilities, which are accessible to women. That SHGs are exclusively women creates potential solidarity among women, which is one of the main routes towards decreasing male control and patriarchal attitudes in society.

**Beyond individual women to family:
Story of Ramani, Rema and Sindhu**

These are women aged 52, 47 and 35. One's husband is a heart patient, another's husband is a leprosy patient and the other husband is a driver. One lady has no children and one lady's daughter is a widow. And they have an almost uniform story to tell. They now run the Canteen of one of the colleges in the city of Trivandrum, Kerala.

Their entry into the world of micro-enterprise, like the canteen, began with their exposure to the self-help groups. When the offer came to run a canteen for

BEST PRACTICES

the college, they were eager – but their husbands were not. Partly due to their persuasion and, partly due to the credibility of the institution, the husbands finally gave them “permission” to start the business. The husbands accompanied the wives initially to ensure their “safety.” Eventually the accompaniment became one of collaboration. When the women needed an extra hand, their husbands came in. Other relatives were brought in. Without them knowing it, the family was coming together to strengthen the running of the canteen and make it more profitable.

Today, all three women have a sense of satisfaction that they are equal partners in running the home. If they are now eating nutritious food regularly, if they are educating their children (one of them is completing her nursing degree), if their medical expenses are taken care of and if they are free from moneylenders, the only reason is the micro-enterprise and the strengthening of the family through working together. No longer are the men the only bread winners, nor the women doing “additional work.” The whole family is working together, maintaining a quality of life hitherto unknown to them.

This is an example of the family at work in achieving the goals of poverty reduction (MDG-1) and gender equality (MDG-3).

REFERENCES

1. Kudumbasree website. Govt. of Kerala. <http://www.kudumbashree.org/?q=home>
2. K.S. Mohindra (2003) A report on women Self-Help Groups (SHGs) in Kerala state, India: a public health perspective. Université de Montréal Département de médecine sociale et prévention. http://www.cacis.umontreal.ca/Katia_rapport_final.pdf

We acknowledge SERFAC (Service and Research Foundation of Asia on Family and Culture) of Chennai, India, for coordinating the participation of this Best Practices example.



“The most successful strategies for improving child and newborn health outcomes focus on the family, leveraging the resources already extant. Family-focused healthcare leads to sustainable improvements in health outcomes. The purpose of this chapter is to illustrate some of the successful approaches to reducing child and newborn mortality and morbidity, including family-centered approaches.”

—Robert B. Clark, MD, MPH

The authors:

Robert Clark is a family physician in Payson, Utah. As a volunteer with LDS Charities, the American Academy of Pediatrics, and other organizations, he has organized maternal and newborn training programs in Asia. His primary focus for the past 20 years has been scaling-up neonatal resuscitation training in China and south Asia.

Kathryn H. Clark is a Master of Public Health candidate at the University of Michigan.

4 - Child Mortality

Robert B. Clark, MD, MPH

Kathryn H. Clark, MPH(c)

The Role of the Family in Improving Child and Newborn Health

Children are the most vulnerable members of society, subject to disparities in health, education, economics and opportunity.¹ Healthcare disparities are the greatest among children, as manifested by a child mortality rate of 6 per 1,000 in urban Utah^{2,3} versus 191 children (under-5 years of age) per 1,000 in rural Nigeria.⁴ The goal of MDG 4 is to reduce this disparity by improving⁵ child (1-5 years old) and newborn (birth to one month old) survival, the two distinct “child” populations.

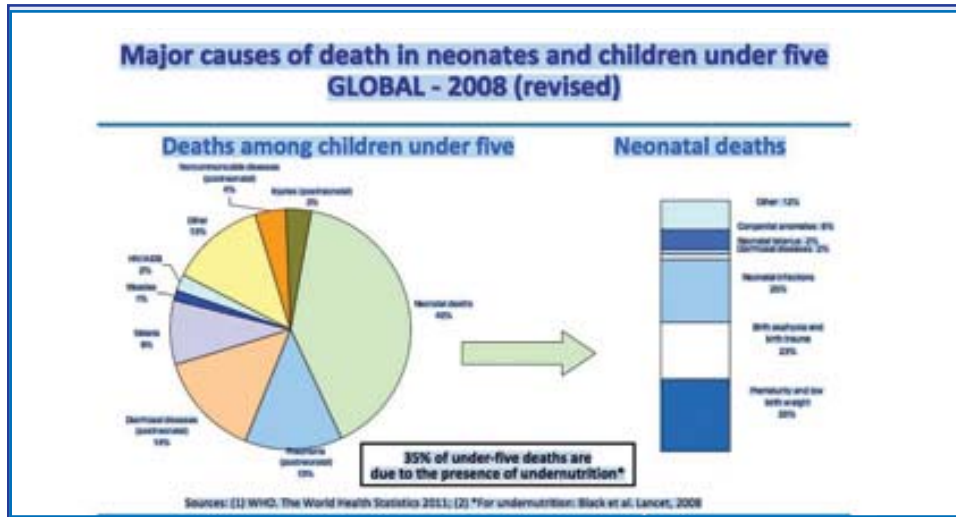
Children are always part of a social unit and are primarily cared for in family units that include mothers and fathers. The most successful strategies for improving child and newborn health outcomes focus on the family, leveraging the resources already extant.⁶ Family-focused healthcare leads to sustainable improvements in health outcomes.⁷ The purpose of this chapter is to illustrate some of the successful approaches to reducing child and newborn mortality and morbidity, including family-centered approaches.

Beyond child survival

In 2003, a landmark scientific series was published in *The Lancet*, called the *Child Survival Series*. Based on extensive research and analysis in developing countries, this series defined the scope of child mortality, including the countries with the greatest numbers and highest percentages of child deaths.⁸ Figure 1 summarizes the worldwide distribution of child mortality.⁹

In 2003, annual child deaths exceeded 10 million. Ninety percent (90%) of these deaths, along with the disabilities of tens of millions of additional children, were caused by just a handful of diseases, depicted in Figure 2.¹⁰

Figure 1: Worldwide distribution of child deaths. (Each dot represents 5,000 deaths.)



The Lancet Child Survival Series, and numerous additional research publications over the past eight years, has identified many proven interventions that address these specific causes of child death and illness.¹¹ MDG 4 progress is directly related to reducing death and disability from these conditions. This chapter will review the causes and proven solutions.

Interventions that focus on the family's role in child survival will also be featured in this chapter. While many of the proven interventions include the family, others

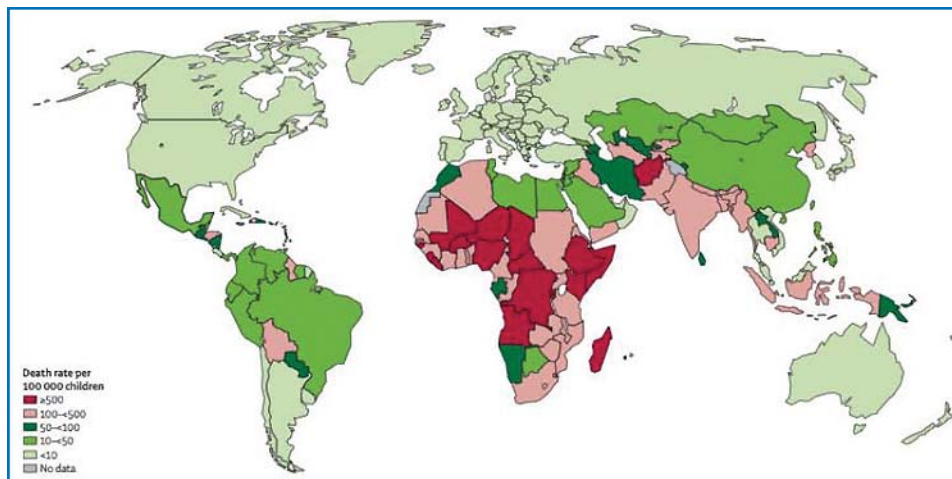
seemingly bypass the family unit as a tool for health improvement. In order to go beyond child survival to ensuring healthy, productive lives, the family must be included and empowered in all child-health interventions.¹²

CHILD HEALTH

Reducing child death and illness from diarrhea

For decades, diarrheal diseases have been recognized as the leading cause of death for children under-5.¹³ The most accurate statistics available reveal 1.3 million children under-5 die each year from dehydration caused by diarrhea.¹⁴ Most of the children who die from diarrhea live in south Asia and in Africa, as shown in Figure 3.¹⁵ Appropriate action within the family unit is the key to reducing the number of diarrhea deaths.¹⁶

Figure 3: Deaths due to diarrhea per 100,000 children younger than five years.



While the etiologies of diarrhea are varied, dehydration is the cause of death in nearly all fatal childhood diarrhea cases.¹⁷ Children can be successfully rehydrated with oral rehydration solutions, which were developed and popularized 30 years ago.¹⁸ Oral rehydration solutions (ORS) can prevent more than 90% of the cases of dehydration, making it the mainstay of treatment recommended by WHO, and one of the most important medical advances of the 20th century.¹⁹ In the last decade, zinc therapy has been shown to further decrease the duration and severity of diarrheal illness, and should always be provided along with oral rehydration solution.

Over the last three decades tens of millions of dollars have been spent to control diarrhea, including: national programs in over 100 countries, medical provider training, educational campaigns, mass media campaigns and widespread local production of solutions.^{20, 21} These efforts have proven highly successful in

saving children's lives. For example, Egypt lowered its infant diarrheal death rate from 35.7 to 9.3 per 1000 births during the 1980s.²² Similarly, Brazil reduced infant diarrheal deaths by 67% during the same time period.²³

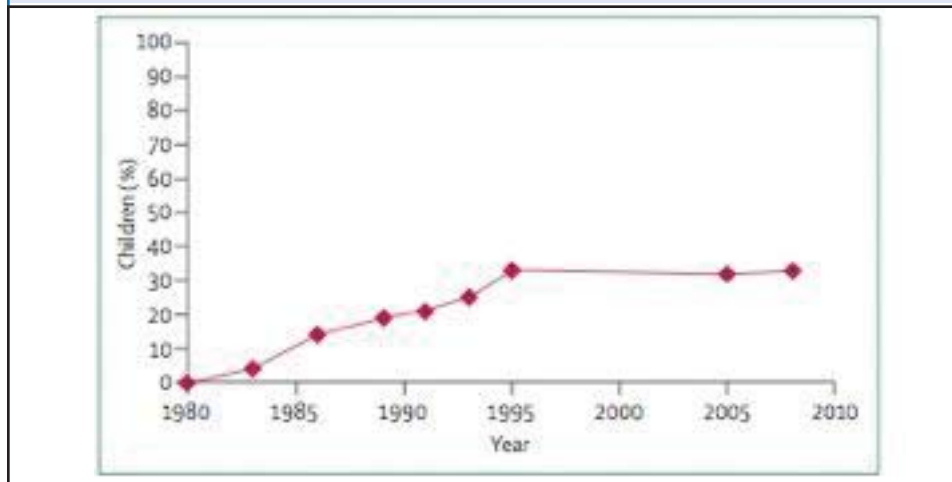
Worldwide, the progress of the last three decades has been enormous. The reduction in the estimated number of child deaths from diarrhea is shown in Table 1.²⁴

Table 1: Reduction in diarrhea deaths, 1980 – 2008

Year	Worldwide child deaths due to diarrhea
1980	4.6 million
1990	3.3 million
2004	1.8 million
2008	1.3 million

Unfortunately, the use of oral rehydration solutions has leveled off in most countries since 1995, as illustrated in Figure 4. A number of barriers to ORS use have been identified, including program downsizing, shifting disease priorities, confusion regarding solutions/zinc and urban vs. rural dissemination differences.²⁵

Figure 4: Global percentage of children younger than five years with diarrhea who received ORS



In particular, the benefits of prescribing zinc in combination with oral solutions are still not widely known and zinc is not given in most cases of diarrhea. Ironically, supply chain issues with zinc have now largely been resolved in most developing countries.^{26, 27} Despite improved access to zinc, without education and behavior change efforts among health professionals, the combination of ORS and zinc to treat diarrhea

is less likely to become mainstream therapy on a global basis. Furthermore, the role of the family, while often overlooked in these interventions, must be more fully incorporated, as discussed in the examples below.

With nearly 1.3 million deaths per year, additional reductions in child mortality due to diarrhea are urgently needed. Given the success of programs and efforts to promote oral rehydration in the 1980s and 1990s, coupled with the plateau in rehydration use in recent years, a rejuvenation of major efforts to promote the use of ORS should be the mainstay of diarrhea control. Rehydration solutions should be coupled with prescriptions for zinc therapy in all patients.

Renewed emphasis on hydration and zinc should target families, including the distinct role of both mothers and fathers. Mothers are most commonly the caregivers for sick children and the ones most likely to administer the oral rehydration solutions and zinc. Programs and messages promoting hydration and zinc need to specifically empower poor and illiterate mothers in the immediate use of these two therapies, in order to overcome the disparities in diarrheal outcomes.

An intervention conducted in Mali by the Bloomberg School of Public Health recognized and incorporated the role of mothers into the reduction of diarrhea among their sons and daughters.²⁸ Community Health Workers (CHWs) were trained to teach and encourage mothers to integrate zinc into the previously established treatment of diarrhea with ORS. The study reports that, “in some cases, mothers even reported that the CHWs prepared solutions for them when they indicated that they could not afford to purchase ORS.” The information dissemination model will teach parents and other caregivers about oral rehydration solution in conjunction with zinc supplementation.

In a similar investigation conducted in Mali, many of the same authors looked specifically at the effectiveness of home-care methods for diarrhea.²⁹ While mothers are often the ones providing care for sick children, the authors learned it is important to educate other family members, especially fathers, about the effectiveness of diarrhea treatments in order to produce the most successful health outcomes. The integration of fathers into childhood diarrhea reduction efforts is largely based on their control of family resources. The “messages must...target and convince them [fathers] of both the medicinal as well as financial value of a joint zinc and ORS treatment.” In particular, if the mother had not received permission to purchase zinc, the Community Health Worker would give the resources to the mother for free. Subsequently, the CHW would seek out the father, explain the value of the treatment and then receive payment for the resources. This observed pattern illustrates that fathers will respond to counsel when they are included as a target audience for health messages.

In addition to rehydration and zinc, several other proven methods of reducing diarrheal mortality and morbidity should be implemented on a broad scale. Safe water, adequate sanitation and proper hygiene are essential for prevention and may reduce diarrhea cases by up to 40%.³⁰ Unfortunately, WHO data suggests that in 2006 at least 2.5 billion people were still lacking adequate sanitation, among other health concerns.³¹ These interventions are discussed in detail under MDG 7: Environmental Sustainability.

Breastfeeding exclusively for the first six months of life is essential in preventing diarrhea in newborns and may confer benefits for up to two years.³² This will be discussed later in the chapter, along with nutrition and Vitamin A supplementation for pregnant and lactating mothers.

Immunization against rotavirus is the remaining major tool for combating diarrhea deaths. Rotavirus is responsible for approximately 600,000 annual deaths in children, with the large majority of these deaths in children under-5. Rotavirus is thus the largest single infectious cause of worldwide diarrheal deaths.³³ Antibiotics are ineffective against rotavirus, and infection is common even in areas with clean water and good hygiene. This leaves vaccination as the best option for preventing severe disease. As a result, UNICEF and WHO strongly recommend vaccination, especially in sub-Saharan Africa and Southeast Asia.³⁴

According to a 2009 UNICEF/WHO publication, while major progress has been made, there is still much to be done in efforts to reduce global childhood diarrheal morbidity and mortality.³⁵ In order to direct and organize health professionals in their future global health initiatives, UNICEF and WHO outlined a 7-Point Plan for Comprehensive Diarrhoea Control, all of which are referenced in this section (refer to the full report for details of all seven points).³⁶ Most importantly, while providing direction for health professionals, this report integrates instruction for all parties involved in the reduction of childhood diarrhea. Families and communities, including “everyone from adolescents and school teachers to religious leaders and local business people,” are told to prioritize breastfeeding, hand washing and household water sanitation in their social units and daily practices.³⁷

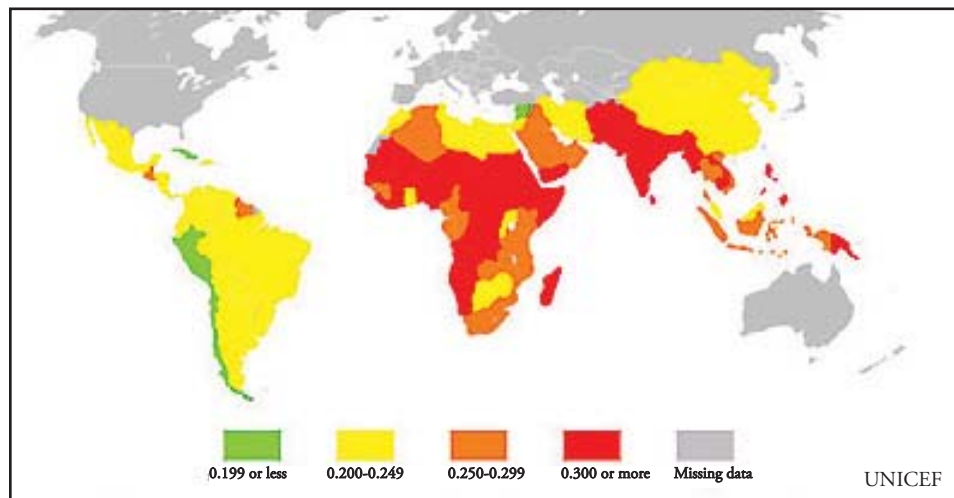
The public sector is instructed to support prevention and treatment efforts at all levels through various agencies and councils. In conjunction with the public sector, the private sector is encouraged to provide support through facilitating the supply and delivery of interventions.³⁸ Government leaders should be working to raise awareness of the solutions to diarrheal health concerns, thereby reducing confusion and lack of education among families. Finally, global partnerships and networks are asked to form new partnerships, within and across their individual initiatives, to reduce the risk of contending activities, thereby creating stronger advocacy efforts and reducing resource competition.³⁹

Clearly, a multi-pronged approach is needed to combat childhood diarrhea deaths worldwide. While successful outcomes will require a coordinated effort from the various parties discussed above, the family unit is essential to the success of any prevention or treatment initiative. For example, rather than relying solely on Community Health Workers (CHWs) to monitor all diarrhea cases in an area, prevention and treatment initiatives should incorporate families in a proactive role. Providing mothers, fathers and other influential caregivers with information and education regarding diarrhea prevention and treatment will create a more sustainable program, as the understanding and implementation of best practices will remain with the family.

The continuous threat of pneumonia

Four infectious diseases: pneumonia, diarrhea, malaria and AIDS, were responsible for 43% of all global under-5 child deaths in 2008. Diarrhea and pneumonia each caused about 1.3 million deaths, or 15% each, of the worldwide deaths of children. Unfortunately, most of these lives could have been saved with low-cost prevention and treatment measures.⁴⁰ Figure 5 shows the high-risk countries for pneumonia in terms of the number of pneumonia episodes per child per year.⁴¹

Figure 5: Estimated incidence of childhood pneumonia worldwide, 2004



Pneumonia is caused by a variety of viral and bacterial infections, leading to compromised respiratory function and multiple systemic effects. Children at highest risk are those compromised by: poor immune systems, inadequate nutrition, concurrent infections and environmental conditions. Treatment for pneumonia not only includes antimicrobial agents or antibiotics, but hydration, fever control, oxygen, nutrition and other supportive measures.⁴²

Multiple vaccines are successful in the prevention of pneumonia, although these are often not available in developing countries. Three vaccines specifically help reduce pneumonia deaths – measles, Haemophilus influenza type b (Hib) and pneumococcal vaccines. Properly immunizing children with these three vaccines is a cornerstone of any pneumonia prevention program.⁴³

Sanitation, hygiene and reducing environmental factors (such as indoor air pollution) are relatively low-cost, education-based strategies that also prevent pneumonia deaths. Undernourished children are at much higher risk. Poor nutrition contributes to more than one-half of the child deaths in developing countries.⁴⁴

Breastfeeding exclusively for the first six months of life has been shown to reduce infections, including pneumonia, in infants. But only about one-third of infants are exclusively breastfed for this long. Infants under six months who are not breastfed

have five times the risk of dying, and infants 6 -11 months who are not breastfed during the first six months are also at increased risk of pneumonia and death.⁴⁵

Zinc deficiency has also been linked to decreased pneumonia survival. Zinc intake helps prevent pneumonia and reduces its severity if acquired. As discussed in the section about diarrhea, zinc should supplement children's diets on a routine basis and be administered when pneumonia is acquired.⁴⁶

A randomized control trial conducted in Bangladesh analyzed the impact of zinc supplementation in children younger than two years of age.⁴⁷ Zinc significantly reduced the development and progress of pneumonia in young children. The emphasis on young children in this study highlights the importance of including the family unit in zinc supplementation efforts. Vegetarian and cereal-based diets with poor intake of animal source foods are common throughout southern Asia and substantial dietary changes are both economically and culturally impractical. Thus food fortification and supplements at time of illness are the mainstays of intervention.⁴⁸ Family leaders must be aware of the benefits of zinc supplementation and have access to zinc, both financially and geographically, in order to ensure that zinc supplementation is given to young children at risk of developing pneumonia.

Treatment of pneumonia is usually effective and is based on a full course of appropriate antibiotics, given according to standard guidelines. Treatment guidelines are affordable and straightforward.⁴⁹ Unfortunately, there are numerous barriers to obtaining standard treatment in a timely fashion, beginning with recognizing that a child is sick.

Difficulty breathing and fast breathing are the two key danger signs that family members need to recognize. In one large study, only 21% and 17%, respectively, of mothers and fathers, realized these two signs indicated a need for action.⁵⁰ The second step in treatment is for parents or caregivers to seek timely, appropriate care. Not surprisingly, parents who are in rural areas, less educated, or poor, seek care less often. Further, children may be taken first to an inappropriate care source, such as a traditional healer or herbalist. As a result, only about 50% of children in developing countries receive appropriate care.⁵¹

An analysis conducted in Western Uganda revealed that the ability of mothers to comprehend pneumonia symptoms in infants and children was greater than expected.⁵² When the sample of mothers was surveyed regarding symptoms of breathing problems and pneumonia, the groups were able to identify the main symptoms. The investigators of the study noted that while the women were able to identify symptoms, their terminology was different. This finding suggests the importance of learning and incorporating local language and customs when implementing pneumonia education interventions and campaigns.⁵³

Other barriers to optimal pneumonia treatment are summarized in a joint WHO/UNICEF guide, "Management of Pneumonia in Community Settings."⁵⁴ Obstacles to antibiotic utilization include overall availability, supply-chain issues and antibiotic resistance. In spite of progress in identifying prevention and treatment for pneumonia, developing countries still suffer high childhood morbidity and mortality rates due to pneumonia, necessitating continued work to overcome such challenges.⁵⁵

As the Western Uganda data illustrates, family members will recognize and

respond appropriately to pneumonia warning signs if educated and enabled. In addition to treatment interventions, the family unit should be the focus of prevention efforts. Empowering families to provide better nutrition, sanitation, hygiene and home air quality will reduce pneumonia deaths. To sustainably reduce pneumonia deaths through the family unit, families require access to the resources needed to overcome traditional barriers, such as: antibiotics, vaccines, nutritious foods and supplements, hygiene aids such as cleansers and stoves instead of open fires. Only then will efforts to change behavior be successful.

Injuries in young children

Childhood injuries are a leading cause of death in those under-5 years of age, accounting for about 300,000 global deaths in 2008. Millions more receive injuries severe enough to be hospitalized each year. Most of these injuries are unintentional and occur in low- and middle-income countries.⁵⁶

Drowning is the leading cause of injury-related deaths. Children ages 1-4 are at the greatest risk and this risk also varies greatly according to geographic location. Those who survive drowning are at risk for long-term neurologic complications.⁵⁷

Road traffic accidents are the second leading cause of injury-related deaths. Death and disability from traffic accidents appear to be increasing over time. For multiple reasons, children are particularly vulnerable to injury, either as pedestrians or occupants of vehicles.⁵⁸

Burns are the third leading cause of injury-related deaths. Open fires and hot liquids are the most common cause of burns. Burns are further complicated by poor access to medical care, inadequate treatment and secondary infections. Disability from burns, including scarring and contractures, is common.⁵⁹

Other common injuries leading to death or disability include falls, poisoning and violence. The consequences of injury include not only death, but hospitalization, missed school, long-term disability and emotional impairment. The burden of disability as measured by DALYs (disability-adjusted life years) is substantial. Further, deaths and disabilities from injuries occur primarily in the low- and middle-income countries, with the greatest burden felt among low-income families.⁶⁰

While there are many socioeconomic factors associated with injury risk, the family unit has proven an effective target for injury prevention through education, policy change and regulation.⁶¹ For example, in developed countries, implementing policies for smoke detectors in homes, bike helmet mandates and water temperature regulation have helped to prevent childhood injuries from occurring in homes.⁶² In global settings, preventive interventions, such as education targeted specifically at parents or other family leaders, may also reduce childhood injuries. Specifically, studies have shown the value of parental education in reducing drowning.⁶³

Injuries are typically categorized as intentional or unintentional, with the previously discussed injuries all falling into the “unintentional injury” category. Within the “intentional injury” category, one of the major areas of focus is violence.

In response to issues associated with violence on a global scale, the Secretary-General of the United Nations conducted a study titled, *Violence Against Children*.⁶⁴ In a review of the study, UNICEF states: “The family has the greatest potential to protect children and provide for their physical and emotional safety.”⁶⁵

While parent-education programs targeting violence may be more commonly seen in developed countries, low- and middle-income countries are also instigating and benefitting from these programs.⁶⁶ In developed nations, violence-related cases are typically dealt with by social workers in a home-visit setting.⁶⁷ However, internationally, countries are structuring prevention efforts around community-based parents’ centers to accommodate cultural needs and preferences.⁶⁸ These culturally-tailored and appropriate violence-prevention interventions are essential, due to the enduring influence of the family on the safety of children.

Both benefits and challenges are associated with various types of family-based interventions. While policy or regulatory interventions can be implemented and enforced on a broad scale and to a greater audience more effectively, behavior-change interventions can be tailored to specific cultural practices and beliefs more easily. In an analysis of safety records conducted by WHO, it was apparent that the most effective approaches to childhood injury prevention and reduction are both widespread and multisectoral.⁶⁹ Thus the combination of policy interventions and behavior change/education strategies would likely be the most effective among families on a global scale.

Measles still kills children

Measles caused one million deaths worldwide in 2000 and continues to be a leading cause of death in children, particularly in sub-Saharan Africa.⁷⁰ Measles is the single largest contributor to “vaccine preventable deaths,” which totaled 1.4 million deaths in 2002, or 14% of the mortality of children under-5 years of age.⁷¹ Ironically, measles continues to be a substantial threat to children in spite of a safe, effective and inexpensive vaccine that has been available for nearly 50 years.

The high burden of measles death and disability, combined with the importance of vaccine programs and progress, prompted WHO to designate measles as one of the primary benchmarks for MDG 4 progress. In each country, the proportion of one-year-old children who have been immunized against measles is one of the three MDG 4 indicators⁷² (the other two are the overall mortality rates for children and for infants). Measles is the only specific childhood disease that is a Millennium Goal benchmark.

Measles is a highly contagious virus, usually spread through the air by the cough or sneezing of an infected child. When a child has measles, 90% of those in close contact will become infected if they are not already immune. Immunity is conferred by being vaccinated or by previously contracting the disease. Symptoms include a high fever, severe skin rash and cough. The treatment is supportive, since there is no specific medicine or antibiotic that kills the virus.^{73, 74}

In developing countries, approximately 30% of measles cases have complications.⁷⁵ Measles can cause complications in almost every organ system, resulting in

pneumonia, croup, encephalitis and blindness. The complication rates are significantly increased by: malnutrition, a compromised immune system, vitamin A deficiency, intense exposure and socioeconomic status.⁷⁶ As a result, death and disability from measles is much greater in developing countries than in developed countries.

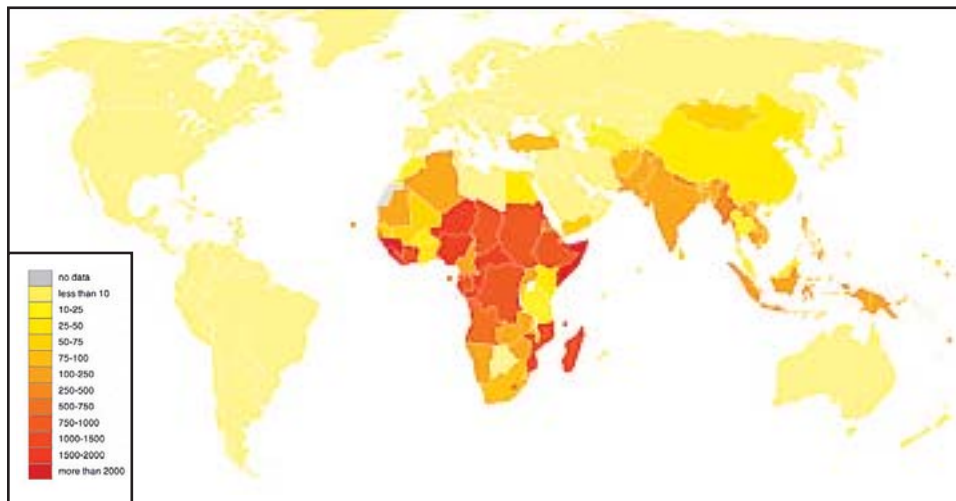
Pneumonia is the most common fatal complication of measles, with at least 50% of the pneumonias due to bacterial super-infections.⁷⁷ Malnutrition is both a complication of measles and a contributor to the severity of measles.⁷⁸ Measles blindness is the single leading cause of blindness among children in low-income countries, accounting for about 15,000 cases of blindness per year. Malnutrition and vitamin A deficiency both play a role in measles-associated blindness, and vitamin A supplementation during measles can help prevent the corneal scarring that leads to blindness.⁷⁹

Sadly, measles is an excellent example of the high rates of disability associated with severe disease. In 2000 there were one million child deaths due to measles. In addition to the high mortality burden, measles affects approximately 30 million additional children per year.⁸⁰ The impact of the high disability rates is felt by both the affected individual and the family unit as a whole. The disability impact is much greater than the mortality impact.

In terms of the affected children, the impact of disability is measured by DALYs, or disability-adjusted life years. DALY is the sum of years of potential life lost due to premature mortality and the years of productive life lost due to disability.⁸¹ When children are disabled by disease the years of productive life lost are much greater than when adults become disabled.

DALY “rates” are the number of disability adjusted life-years lost per 100,000 inhabitants. For measles, the DALY rates in developing countries can be greater than 2,000 life-years lost per 100,000, compared to less than 10 life-years for much of the developed world. This phenomenal disability burden is illustrated in Figure 6.⁸²

Figure 6: DALY rates from measles by country (per 100,000 inhabitants)



Another under-reported and underestimated consequence of measles is the impact on families. Due to the highly contagious nature of measles, families with multiple children living in close quarters are at higher risk of losing more than one child or young family member to the virus.⁸³ The group most susceptible to contracting measles is young children that have not been vaccinated.⁸⁴ Familial socioeconomic status and cultural beliefs are major determinants of whether or not children receive the vaccine and must be considered in vaccination initiatives on a local level.

Measles is an entirely preventable disease, even though it is an endemic disease in every country. Vaccine coverage interrupts the naturally occurring transmission of the virus. While a high level of vaccine coverage (95% of the population) is needed to completely eliminate measles, there are significant benefits to countries that simply improve their coverage, such as lower complication and fatality rates and longer times between epidemics.^{85, 86}

The major global force in measles reduction is the Measles Initiative. It is a collaborative effort of WHO, UNICEF, the American Red Cross, the U.S. Centers for Disease Control (CDC), the UN Foundation and other public and private partners. The Measles Initiative global strategy includes:

- 1. Strong routine immunization for children by their first birthday.**
- 2. A “second opportunity” for measles immunization through mass vaccination campaigns to ensure all children receive at least one dose.**
- 3. Effective surveillance in all countries to quickly recognize and respond to measles outbreaks.**
- 4. Better treatment of measles cases, to include vitamin A supplements, antibiotics if needed and supportive care that prevents complications.^{87, 88, 89}**

The Measles Initiative began in high-risk African countries, sponsoring mass immunization campaigns and working to strengthen routine immunization programs. In the last decade more than 700 million have received a measles vaccination as a result of the initiative. Global deaths due to measles decreased by 78% between 2000 and 2008, to a level of less than 200,000 deaths in 2008. This has resulted in the prevention of 4.3 million deaths.⁹⁰ The gains in Africa have been even higher, with a 92% reduction in deaths by 2009.⁹¹

One example of the many public-private partnerships forged to prevent measles is the UNICEF–American Red Cross–Centers for Disease Control and Prevention–LDS Charities partnership in Africa. The initial goal of this partnership was to reduce the mortality from measles by 90% (based on the levels in 1999 and 2010) in select countries.⁹² This coalition decided to pursue prevention through a vaccination campaign, which began in 2001. LDS Charities, a faith-based NGO, contributed to the initiative through substantial monetary donations and by providing volunteers and resources for social mobilization efforts and vaccine promotion opportunities.⁹³

Measles immunization programs are highly cost-effective. The Measles Initiative has invested US \$670 million thus far in measles control activities, saving 4.3 million

lives. The estimated treatment cost for 4.3 million cases is over US \$4 billion.⁹⁴ or a savings of US \$1000 for each life saved. In terms of disability, researchers estimate the eradication of measles by 2020 would save an additional 346 million disability-adjusted life years (DALYs).⁹⁵

Ongoing efforts must continue to sustain the progress of the past decade. Vaccination campaigns need to be offered every two- to four-years until the routine immunization system is capable of reaching all children with two doses of vaccine. The gap between mass campaigns and routine immunization of all children is an opportunity for family-centered action and initiatives.

These family-centered initiatives are crucial because parental attitudes regarding measles vaccination are a major predictor of whether or not children will receive the vaccine. A study conducted in Laos found the education level of fathers was a predictor of vaccination in the child.⁹⁶ Specifically, a low level of formal education in the father was associated with a decreased likelihood of their children receiving the vaccine.

A study conducted in Pakistan also found that unique family dynamics and education need to be taken into consideration when implementing an educational campaign.⁹⁷ Informal education of mothers was a predictor of the likelihood of a child receiving the measles vaccine. Mothers that received measles vaccine education through Lay Health Workers (a type of CHW) were more likely to support vaccinating their sons and daughters. Further, the act of discussing the vaccination information within the family unit made a child more likely to receive the measles vaccine.⁹⁸ Thus, higher levels of either formal or informal education increase the likelihood of vaccination.

Vaccination advocates have measured the effectiveness of reminders and prompts for parents to take their children to obtain the measles vaccine. While some computer-generated and other automatic reminder systems can be effective, they have largely been tested in developed nations with well-established insurance structures.^{99, 100} There are many concerns when implementing a reminder system in low-/middle-income countries, such as: the reliability of the postal service, access to computers, availability and consistency of medical records for families. These issues must be considered and addressed in any reminder tool or system implemented in that environment.¹⁰¹

Mass media vaccination campaigns have also been attempted to prompt and encourage families to seek immunization services for their children. In Tehran, Iran, television and other media were used to spread information about the vaccination campaign in 2003.¹⁰² The campaign was able to raise community awareness of vaccination options in the area by 20% in a three-week period.

Measles prevention interventions are optimized by focus on the family unit. The vaccine is highly effective in preventing disease when a high level of herd immunity is achieved (95%). However, the beliefs and socioeconomic indicators of the family have proven to be some of the greatest barriers to childhood immunization. As the initiatives in Laos, Pakistan and Iran have demonstrated, the role of the family in vaccination efforts is central in vaccine acceptance and can be effectively influenced through new media and community-based tools.

Other causes of childhood death and illness

Malaria is the third biggest killer of children, after diarrhea and pneumonia. Of the ten million child deaths in 2000, 9% (or 915,000) of the deaths were attributed to malaria.¹⁰³ Steady progress has been made in the last decade, especially in Africa, where 70% of the malaria deaths occur. As a result of markedly increased advocacy and major international funding (by the end of 2009, the Global Fund to Fight AIDS, Tuberculosis and Malaria had approved \$5.3 billion for 191 malaria grants in 82 countries) malaria deaths have been substantially reduced in the last decade.¹⁰⁴

Primary interventions for fighting malaria include: the use of insecticide-treated bednets, indoor residual house spraying, treatment of malaria during pregnancy, preventive treatment for mothers and children, improved diagnostic tests and use of artemisinin-based combination therapy instead of older single-drug regimens (see Table 2). Scaling-up these proven interventions has already been highly successful in some areas of Africa and has given renewed hope to the fight against malaria across the continent.¹⁰⁵ Malaria is of sufficient importance as a cause of mortality and morbidity that it is a specific target of MDG 6: “Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases” (Target 6.C).¹⁰⁶ (*Additional discussion of malaria is found under MDG 6 – see Mayo Clinic Prevention suggestions, page 206.*)

HIV and AIDS are also the focus of MDG 6, with targets to halt and reverse the spread of HIV/AIDS and achieve universal access to treatment. These targets are particularly important to children, who suffer both from their own morbidity and mortality, and from the morbidity and mortality of their parents. In 2000, 3% (or 312,000) of the annual child deaths were from HIV/AIDS.¹⁰⁷ Similar to malaria, progress has been significant during the past decade, with continued efforts sorely needed. This topic is also covered in greater detail under MDG 6.

According to WHO, “90% of children living with HIV are infected through mother-to-child transmission during pregnancy, around the time of birth or through breastfeeding.” Due to the role of mothers in transmission, including the family (and especially the mother) in prevention efforts is very important to the reduction of childhood HIV. WHO recommends four methods of including the mother in prevention efforts: preventing HIV infection among women, preventing unintended pregnancies, preventing vertical transmission and providing support to mothers and families living with HIV.¹⁰⁸

Key interventions and their applications

A systematic review of the evidence performed in 2008 identified 37 key promotional, preventive and treatment interventions for improving maternal, child and newborn health. Of the 37 evidence-based key interventions, some are delivered through community mechanisms, while others were accessed through first-level facilities, such as health centers.¹⁰⁹

Table 2: Key interventions in child and newborn health.		
Maternal Care		
	Prevention	Health promotion (nutrition, prevent infections, STDs, etc.)
		Birth spacing
	Treatment	Low-dose aspirin in pregnancy for at-risk women
		Calcium supplementation for PIH
Interventions for prevention of post-partum hemorrhage and use of oxytocic agents		
		Antenatal steroids in preterm labor
Child and Newborn Care		
Infection	Prevention	Antibiotics for preterm rupture of membranes
		Cord care and clean delivery kits
		Antiretrovirals in HIV-infected individuals and PMTCT
		Expanded program for immunizations (including additional new vaccines; Hib, pneumococcal and rotavirus vaccines)
		Insecticide-treated bed nets for the family
	IPT (Intermittent Preventive Treatment) for prevention of malaria in pregnancy and children	
Treatment	Improved diarrhea management (zinc plus ORS)	
	Community detection and management of pneumonia with short-course amoxicillin	
	Improved case management of malaria including ACTs	
Nutrition	Prevention	Iron, folate or multiple micronutrient supplementation during pregnancy
		Balanced protein-energy supplements during pregnancy in food-insecure populations
		Vitamin A supplementation in children
		Preventive zinc supplementation/fortification for children
	Treatment	Exclusive breastfeeding advice and support
		Recognition, triage and treatment of severe acute malnutrition in affected children in community settings
Asphyxia	Prevention	Promotion of appropriate care seeking and antenatal care during pregnancy
		Promotion of skilled care for childbirth
	Treatment	Promotion and use of skilled birth attendants in first-level and second-level facilities
		Basic newborn resuscitation with self-inflatable bag and mask

Since maternal outcomes heavily influence neonatal outcomes, all of the promotional, preventive and treatment interventions listed in Table 2¹¹⁰ pertain to child and newborn survival. The majority of these key interventions focus on the specific child and newborn conditions described in this chapter.

These evidenced-based interventions should be integrated into maternal, newborn and child health (MNCH) programs in low- and middle-income countries. Case studies from Uganda demonstrate dramatic results when these interventions are scaled-up across communities and the healthcare systems. With only a partial percentage increase in coverage levels,* approximately 20% of newborn deaths and 29-40% of all

post-neonatal child deaths would be averted. Many more lives are saved when the scale-up (99%) is complete – as shown in Table 3.^{111, 112}

The *Lancet* evidence review also guides policy makers regarding successful delivery strategies or platforms. The potential strategies or platforms for intervention delivery include:

- (a) Mass media (including social marketing strategies, health days, etc.)
- (b) Facilitated community support and advocacy groups
- (c) Community health workers with limited training
- (d) Trained community health workers (outreach workers)
- (e) Community-based trained midwives
- (f) Other cadres of health workers (EPI vaccinators, dispensers)
- (g) Medical or nursing staff in first-level facilities¹¹³

The role of family as health-care guardian and promoter can be influenced at all seven levels, but is perhaps best amplified by facilitated community support and advocacy groups.

One example of facilitated community support is “Positive Deviance.” This is a method used to promote positive behavior change by utilizing locally sustainable, accessible and effective approaches to healthy outcomes already present in the community. The behaviors necessary for the improved health of certain individuals are identified. Interventions are then designed to promote the adoption of these behaviors throughout the entire community.¹¹⁴ In Egypt, parents of well-nourished children were found to include eggs, beans and green vegetables in their children’s diet, contrary to cultural norms. This practice, along with hand washing and hygienic food preparation, was established as the basis of a community-wide child nutrition program, which resulted in overall improved child growth.¹¹⁵

Table 3: Deaths averted by scale-up

	Proportion of death by cause	Deaths averted	
		Death averted at pragmatic coverage	Death averted at 99% coverage
Neonatal deaths			
Preterm	25.0%	23%	61.5%
Asphyxia	26.0%	16%	54.5%
Sepsis	10.3%	47%	65.2%
Pneumonia	20.7%	18%	29%
Diarrhoea	2.0%	14%	17.9%
Congenital	7.0%	2%	7.9%
Tetanus	2.0%	55%	78.8%
Others	7.0%	0%	0%
Total		20.0%	45.0%
Post neonatal child deaths			
Pneumonia	27.6%	45%	78%
Malaria	30.3%	46%	89%
Diarrhoea	22.4%	41%	84%
HIV	10.5%	25%	74%
Measles	3.9%	64%	81%
Injury	2.6%	3%	10%
Others	2.6%	0%	0%
Total	27.6%	40%	79%

Table 10: Cause-specific neonatal and child deaths in Uganda prevented with PHC Interventions at pragmatic and 99% target coverage.

*“A pragmatic scale-up of interventions to levels thought feasible within primary healthcare in the short term is calculated as follows: targeting 30% coverage where current coverage of interventions is up to 15%, 50% where current coverage is 16–30%, and 70% from current coverage rates of 30–50%.”

USAID implemented a positive-deviance program related to nutrition in Nigeria, demonstrating the impact of community support and advocacy.¹¹⁶ This intervention focused on introducing available and affordable ingredients for healthier meal options. While the participants enrolled in the observational study did have healthier weight gain in their children, the parents were hesitant to become fully invested in the project, which was attributed to the lack of initial community advocacy. Therefore, despite the beneficence of any intervention, without the support of families, projects and programs are less likely to be accepted or supported long-term.

Evidence-based key interventions are best provided through focused health service packages. Analyses of healthcare improvement have clearly demonstrated the superiority of integrated packages of healthcare interventions over single-intervention programs. Further, evidence of benefit has now accumulated for approximately 180 specific maternal and child health interventions, making single-intervention programs impractical.^{117, 118}

The definition of a health package is broad and may include interventions to address specific populations (a child-survival package), specific diseases (immunization packages) or specific health behaviors (family nutrition behaviors). An example of an evidence-based, family-oriented newborn and childcare package is the following:¹¹⁹

Family and community care

While the content of family-oriented newborn and childcare packages may vary from region to region, packages can leverage the simultaneous implementation of multiple

Table 4: Example of family and community care package based on proven interventions

Pregnancy	Healthy home behaviors: reduction of workload, recognition of danger signs, emergency preparedness
	Community behaviors: emergency transport and funding schemes
Birth	Skilled birth attendants if available
	If skilled care is not available: education about clean delivery, newborn warmth and initiating breastfeeding
Newborn	Healthy home behaviors, including: exclusive breastfeeding, hygienic care of cord and skin, extra care for preterm babies
	Water, sanitation and good hygiene
	Promotion of demand for quality skilled-care, recognition of danger signs, and care-seeking
	Case management of diarrhea with ORS, pneumonia, severe malnutrition, neonatal sepsis and malaria

interventions using multiple platforms. As packages are scaled-up, child deaths and disability will decrease.¹²⁰

The major causes of child death (1 month to 5 years) and disability are well-defined and documented. On a global basis, the majority of children die from acute infectious diseases, often superimposed on poor nutrition. The vast majority of these deaths are amenable to numerous proven interventions. The delivery of preventive and curative interventions should be family-focused, with the father, mother and other family members acting in concert with other components of the healthcare system. Community-based health packages, containing multiple strategies and platforms, should target the family unit in the design, implementation and monitoring of interventions in order to achieve sustainability. As family-specific packages empower parents, the fundamental nature of the family will then create healthcare practices that become deeply engrained in individual societies.

NEWBORN HEALTH

The second distinct “child” population is the newborn, defined as birth to one month of age. Survival of very young children is described by two measures – the Infant Mortality Rate (IMR) and Neonatal Mortality Rate (NMR).

The IMR is defined as the number of infants (birth to one year) who die per 1,000 live births. The IMR comprises about two-thirds of all under-5 years of age (U-5) deaths.

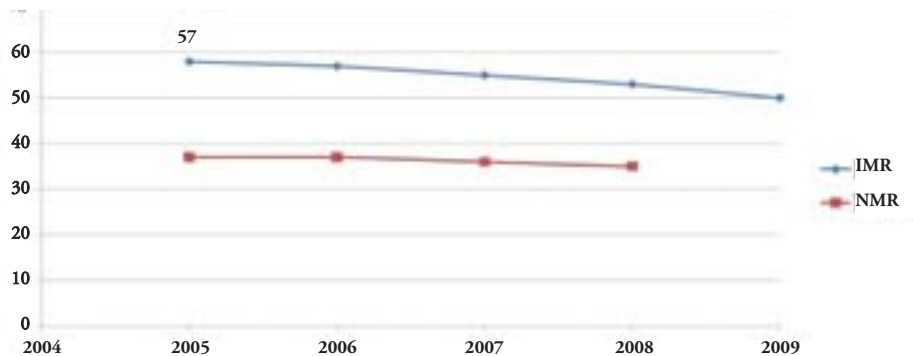
The NMR is defined as the number of neonates (birth to 28 days) who die per 1,000 live births. The NMR comprises about two-thirds of all infant deaths and is further described by the Early NMR (birth to seven days). The relationship of the U-5, IMR, NMR and Early NMR is shown in these data from India:¹²¹

As this table demonstrates, newborns (less than one month of age) account for one-half of all child deaths in India. Since the majority of these newborn deaths occur in the first week of life, birth is both the most perilous time of childhood and the greatest opportunity for intervention.

While child deaths have been steadily decreasing over the last decade, newborn

Table 5: Child survival in India (rate per 1000 live births)

Indicators	Rate	Estimated number of deaths
Early NMR (Deaths within 1 week)	29	750,000
Neonatal Mortality Rate (Deaths within 1 month)	36	750,000 + 190,000 = 940,000
Infant Mortality Rate (Deaths within 1 year)	53	940,000 + 440,000 = 1,380,000
Under-5 Mortality (U-5) (Deaths below 5 years)	69	1,380,000 + 450,000 = 1,830,000

Figure 7: Trend of decline in IMR and NMR in India

deaths have been static in many developing nations. This trend has been demonstrated in many countries, including India (see Figure 7). In addition, as gains in child health are made, the proportionate number of deaths due to neonatal conditions has increased. For example, neonatal deaths now constitute 55% of the child deaths in India.¹²² As a result, the last few years have brought renewed global focus and funding to the plight of newborns and interventions to improve newborn survival, as seen in Figure 7.^{123, 124}

In 2005, a landmark scientific series was published in the journal, *The Lancet Neonatal Survival Series*, which provides insight regarding where and why newborns are dying. As with child mortality, the majority of the deaths and disabilities occur in Africa and Southeast Asia. The causes of both child and neonatal mortality are described in Figure 2 (see page 126).¹²⁵

As we consider these major categories of neonatal death and illness, seven newborn interventions have been proven to be highly effective for improving survival. Unlike child illness and interventions, the seven newborn interventions are generally not disease-specific, but exert a major impact on survival by impacting multiple risk factors. The seven newborn interventions, which were well-documented in 2005 by *The Lancet Neonatal Survival Series*, are listed in Table 6 (see page 144).¹²⁶

These seven highly-effective newborn interventions lead a growing list of proven strategies to decrease the death and disability of newborns. Ideally, these interventions will be adopted by health-system planners in developing countries and scaled-up across each country. Scale-up often begins with pilot projects, then a focus on high-mortality areas, then entire countries.

To assist Ministry of Health officials and other health planners in choosing the best interventions for their conditions, a tool has been developed that includes the “top seven” and many other documented strategies. Planners provide specific input that is used to help select life-saving, evidenced-based interventions that can be inserted into national or regional maternal, newborn and child health programs.¹²⁷ The broad implementation of the seven key interventions would dramatically reduce newborn deaths in any developing country, but requires significant infrastructure and support strategies, such as:

Table 6: Reductions in mortality for proven interventions

Intervention	Reduction in Mortality
Resuscitation of newborn baby	6-42%
Breastfeeding	55-87%
Prevention and management of hypothermia	18-42%
Kangaroo Mother Care (low-birthweight infants in health facilities)	Incidence of infections: 51% (7-75%)
Corticosteroids for preterm labor	40% (25-52%)
Tetanus immunization	33-58%
	Incidence of neonatal tetanus: 88-100%
Community-based pneumonia case management	27% (18-35%)

increasing provider capacity, community engagement, supply chain improvement, facility improvement, mass media communication, and perhaps most importantly, a change in health priorities and political will.

Resuscitation – A healthy start



Baby resuscitation demonstration

The need for newborn resuscitation is illustrated by the following story about Samuel Daku and his wife. After more than five years of a childless marriage, they had a child. In his words:

After months of waiting, my wife, Vivian, was pregnant. Our joy knew no bounds as we waited eagerly to welcome our baby.

But that was not to be as on the day of delivery, my wife went through labour safely and I was anxiously waiting for the cry of the baby. I listened eagerly, but noticed the midwives patting the baby when I peeped. I screamed, "Nurse, what are you doing to my baby?" She replied, "The baby is not crying, we have to make him cry." I watched her turn the baby's head downwards and shook the baby thoroughly, but all that was in vain. In less than 10 minutes I was told that my child was not breathing, hence was dead.

I could not believe what I was hearing. I pushed the nurse aside and went in to see things for myself. My child lay on the bed, blue and lifeless. My hope of holding my own child after several years of waiting was dashed. I looked at my wife as she wept uncontrollably.¹²⁸

Samuel's baby was one out of the 700 sons and daughters that die daily in Nigeria – within 24 hours of birth. In addition, each year approximately 241,000 additional Nigerian babies die within their first month. Nigeria ranks first in the number of newborn deaths in Africa, and is the second highest in the world (India is first).¹²⁹

In another high neonatal mortality country, the Democratic Republic of Congo, a similar birth had a better outcome. Shortly after training in resuscitation was provided by LDS Charities, a faith-based NGO, a baby was born and was not breathing. Resuscitation was provided, and the baby was discharged healthy and normal. In reference to this event, a leader from the Church of Jesus Christ of Latter-day Saints (the sponsor of LDS Charities and supporter of worldwide resuscitation training) stated: "but for the neonatal training our people had just provided, there would have been one more baby that was just another statistic. And the difference was, six months earlier, they wouldn't have known anything to do."¹³⁰

Each year there are approximately 60 million births globally. Of these, about 10 million babies do not breathe immediately at birth and 6 million need assistance to breathe.¹³¹ These 6 million babies either already have, or are at high risk for, asphyxia.

Asphyxia is a severe deficiency of oxygen in the newborn, causing hypoxia (low oxygen), which damages tissues and organs. Asphyxia in the newly-born results from complications of pregnancy and labor, and must be quickly reversed to avoid or minimize irreparable damage or death.¹³² Asphyxia is not a specific disease but the end result of multiple newborn stressors, including: intrapartum distress, absence of respirations at birth, labored breathing from prematurity, or stress from hypothermia, hypoglycemia and sepsis.

The techniques of identifying and reversing asphyxia in the newly-born are referred to as neonatal resuscitation. Training health workers in neonatal resuscitation has been recognized as a proven therapy for increasing newborn survival and has been estimated to avert up to 42% of newborn deaths.¹³³

The implementation of neonatal resuscitation has been shown to reduce both mortality and morbidity from asphyxia.^{134, 135} Resuscitation is an effective intervention for both asphyxia and for preterm delivery, with the potential to save hundreds of thousands of newborn lives each year.¹³⁶

While many organizations teach neonatal resuscitation, the most commonly accepted protocol for resuscitation is the Neonatal Resuscitation Program (NRP) produced by the American Academy of Pediatrics. This evidence-based, regularly-updated curriculum reflects both current scientific advances and international consensus in its guidelines.¹³⁷ As such, NRP is the “gold standard,” and other resuscitation training programs are usually derived from NRP.

Resuscitation training is a low-tech and low-cost strategy for improving newborn outcomes.^{138, 139} The equipment needed is minimal and training can often be completed in a single day. Resuscitation techniques are not complex and include newborn care basics such as: assessment, warming and drying the baby, removing secretions and assisting breathing with a bag and mask device. These devices are inexpensive, as are the other materials needed to properly provide basic resuscitation.¹⁴⁰

Unfortunately, the majority of infants born in developing countries do not have access to a provider trained or equipped for resuscitation. Developing and scaling-up resuscitation training programs has become a priority for many low- and middle-income countries. Resuscitation training is often incorporated into a country’s “Essential Newborn Care”^{*} ¹⁴¹ teaching program, or it can be taught as a stand-alone course.

One example is the state of Bihar in India. 2010 was declared the “Year of the Newborn” to help focus attention on the annual 90,000 newborns who die in Bihar. Neonatal resuscitation training was expanded throughout the state and designated a priority activity, in conjunction with the Essential Newborn Care teaching program for healthcare providers. This was supported by establishing “newborn corners” in all health centers, even the smallest, where deliveries occur. The “newborn corner” is a table or countertop with simple equipment, designated for the care of distressed newborns. In larger facilities, the effort is further supported by “Special Care Newborn Units” to provide care for sick newborns.¹⁴²

While these facility-based training and resource programs are sorely needed, more than half of the newborn babies who die do so at home. The number of home deliveries varies by country and by region within countries. In Northern Ghana, for example, only 13% of neonatal deaths are in a hospital.¹⁴³ Resuscitation training is therefore needed both at the facility level and at the community level. The community level may include either skilled-birth attendants, with some degree of formal training, lay midwives or community health workers (linked to the government system but without formal clinical training).

* The vast majority of developing countries utilize an Essential Newborn Care (ENC) program to train front-line health workers in the basics of Newborn Care. Patterned after the WHO training materials, these ENC programs focus on the midwives, nurses and physicians that staff health centers and district hospitals in both urban and rural areas. The Essential Newborn Care Course may be retrieved online (WHO, Dept. of Making Pregnancy Safer, 2010).

Indonesia is an excellent example of progress, following the mass training of community midwives in resuscitation.¹⁴⁴ In that country, community midwives are organized and receive formal training in delivery and newborn care. Field evaluations of the instruction conducted in 2006 demonstrated a 47% decrease in the neonatal mortality rate due to asphyxia. The overall neonatal mortality rate decreased by 31%.¹⁴⁵

Traditional birth attendants in Zambia, often illiterate and without formal training, have successfully learned the skills of neonatal resuscitation and applied them to home deliveries. Following the training of traditional birth attendants in the Lufwanyama district, deaths due to birth asphyxia were reduced by 70% and the overall 28-day mortality (IMR) was reduced by 45%. This remarkable reduction in the IMR, which was nearly cut in half, was largely attributed to the resuscitation component of the training.¹⁴⁶

Resuscitation training has a major effect on the stillborn rate in developing countries. Research has clearly demonstrated a reduction in stillborn rates when resuscitation training has been scaled-up.^{147, 148} One reason for the dramatic improvements is the resuscitation of babies who were not breathing and therefore considered “dead” at the time of birth.¹⁴⁹ In the largest study of resuscitation yet performed, the stillbirth rate in communities (home deliveries) decreased to the same level as the rate reported for physicians in medical facilities. Further, there was a decrease in abnormal neurologic findings



Resuscitation training in India

at seven-day follow-up assessments, showing decreased overall morbidity as well.¹⁵⁰

To assist developing countries with the immense task of scaling-up resuscitation training, the *Helping Babies Breathe*[™] curriculum was launched in 2010. Produced by the American Academy of Pediatrics, this resuscitation-training curriculum specifically targets healthcare providers in developing countries with a combination of best practices and improved teaching techniques.¹⁵¹ *Helping Babies Breathe*[™] is currently being implemented in a number of countries by a broad-based partnership including AAP, USAID, Save the Children, NICHD, LDS Charities and others.

Resuscitation training session with healthcare professionals

One of the earliest countries to adopt *Helping Babies Breathe*[™] was Cambodia. Even though resuscitation training of healthcare providers has been on-going for several years in Cambodia, integrating a new training curriculum into existing programs, scaling-up its use and sustaining the implementation still presents challenges. Full integration of resuscitation into the fabric of the healthcare system requires multiple steps, including: Ministry of Health support, adoption into existing ENC programs, pre-service training such as mid-wife schools, stand-alone training for those not included in ENC coverage, integration into Safe Motherhood programs, incorporation into national guidelines, refresher courses, on-going supervision, monitoring and evaluation, the development of implementation tools such as checklists and the dissemination of materials.^{152, 153}

In summary, resuscitation training is one of the most effective modalities available for the reduction of neonatal mortality. Asphyxia is the “final common pathway” of a number of neonatal conditions. Resuscitation is the best initial treatment for asphyxia and has been clearly documented to reduce stillbirth rates, increase neonatal survival and decrease neurologic morbidity. The *Helping Babies Breathe*[™] curriculum can be integrated into current programs and training systems to improve resuscitation skills.

Breastfeeding – Averting newborn disease

Just as neonatal resuscitation is invaluable in treating a number of major newborn conditions, breastfeeding is critical in preventing mortality and morbidity from: sepsis, diarrhea, hypoglycemia, under-nutrition and various communicable diseases.

Exclusive breastfeeding for the first six months of life has been shown to be the single best tool for improving infant survival (birth to one year).¹⁵⁴ In absolute numbers, if 90% of the world’s mothers practiced exclusive breastfeeding, 1.3 million more children would survive each year.¹⁵⁵ Exclusive breastfeeding is defined as a newborn diet of breast milk only, without any other liquids, including water, formula or solid foods.

In 2011, the U.S. Surgeon General, Regina M. Benjamin, issued a formal call to action for the support of breastfeeding.¹⁵⁶ In this call she stated, “The health effects of breastfeeding are well recognized and apply to mothers and children in developed nations such as the United States as well as to those in developing countries.” This call to

action also draws on a review conducted by the Agency for Healthcare Research and Quality (AHRQ). Nine-thousand abstracts, forty-three primary studies and twenty-nine systematic reviews were reviewed by AHRQ.¹⁵⁷ It was concluded that breastfeeding is associated with reduced risk of gastrointestinal and lower respiratory infections, asthma, obesity, diabetes and SIDS. Based on this information, the Surgeon General affirmed that, “breast milk is uniquely suited to the human infant’s nutritional needs.”¹⁵⁸

WHO has stated, “While breastfeeding is a natural act, it is also a learned behavior...mothers and other caregivers require active support for establishing and sustaining appropriate breastfeeding practices.”¹⁵⁹ A review of breastfeeding support interventions from the *Journal of Clinical Nursing* demonstrates the need for effective breastfeeding support programs.¹⁶⁰ First, the programs should be sensitive to individual, cultural and familial needs.¹⁶¹

Second, it is helpful to include peer support in the intervention or program.¹⁶² This may be especially important in less-developed nations where clinical access and support is more likely to be limited. Including and encouraging the use of culturally appropriate breastfeeding mentors to teach and support the new mother in her breastfeeding efforts will promote maternal self-efficacy and determination to continue breastfeeding and engage in exclusive breastfeeding for at least six months.

Alive & Thrive is a breastfeeding program that has been launched and supported in Viet Nam, Bangladesh and Ethiopia.¹⁶³ This campaign incorporates best practices from the review of breastfeeding support interventions. The messages are tailored to local customs and practices. The campaign encourages local health workers to initiate and maintain breastfeeding support groups, teaching mothers about the benefits of breastfeeding and helping them to overcome challenges they face.

The nutritional benefits of breast milk are limited by the quality of mothers’ dietary intake. Improving the nutritional status of women and families brings benefits during pregnancy, while breastfeeding and when infants begin solid foods. In developed nations, fortification of cereals and other grains is common practice. These supplementation efforts help to prevent birth defects, vitamin or mineral deficiencies and improve the nutrition of lactating mothers.

In Egypt, a fortification effort was initiated by the grassroots advocacy group ONE. Bread is fortified with folic acid and iron to prevent birth defects, miscarriages and anemia within families. An Egyptian nutritional expert noted that even if families are not financially able to purchase anything else, almost everyone could afford to buy this fortified bread.¹⁶⁴ Similar programs can help meet the nutritional needs of family health during the prenatal time period, lactation and childhood.

Vitamin A is a specific nutrient needed by lactating mothers, and levels are often deficient in developing countries. Vitamin A supplementation of newborns during the first six months of life has been demonstrated to reduce all-cause mortality.¹⁶⁵ In the long-term, diversification of local diets with increased animal source foods, leafy vegetables and fruits is highly desirable. But diversification efforts are insufficient in the

short-term in vulnerable populations, and difficult to achieve.¹⁶⁶ Thus, supplemental Vitamin A may be provided either to mothers or to infants and should be included in nutritional support or food fortification programs.

Breastfeeding provides the most beneficial and appropriate nutrition for infants, according to WHO.¹⁶⁷ Breast milk also contains antibodies that help protect infants from infections and illnesses such as diarrhea and pneumonia.¹⁶⁸ Exclusive breastfeeding for six months provides a combination of the best nutrition, antibodies, bonding, and eliminates contaminants and suboptimal food sources. Mothers and families need support and education regarding exclusive breastfeeding to succeed. Lactating mothers also need nutritional support to produce high-quality breast milk. Exclusive breastfeeding is the single most important intervention for infants, and it is free.

Kangaroo Mother Care – keeping babies warm and safe

Each year approximately 20 million babies are born with low-birthweight due to either poor nutrition during pregnancy or preterm birth (before 37 weeks gestation), or both. One million of these babies die due to the complications of prematurity. Millions more are sick or disabled due to low birthweight.¹⁶⁹

Low-birthweight babies are particularly susceptible to stress from cold temperatures and need external temperature stabilization to thrive. Low-birthweight babies are also more susceptible to infection in developed countries. Monitoring and single-infant incubators provide warmth, prevent the spread of infection and identify hypoglycemia. The lack of adequate facilities, equipment, supplies, incubators and overcrowding in developing countries leads to high rates of death and disability for low-birthweight babies.

Kangaroo Mother Care (KMC) was developed in Columbia in the 1970s to address these issues. It consists of thermal support by skin-to-skin contact between baby and mother, support for early breastfeeding and the early recognition of complications. Skin-to-skin contact (putting the baby on mother's chest, underneath clothing or a blanket) can be started as soon as the baby is stable after delivery – often within the first few minutes of birth. Skin-to-skin contact facilitates breastfeeding, which should be initiated within one hour of birth whenever possible. KMC can be continued in the hospital and at home until the baby establishes consistent weight gain and development.^{170, 171}

KMC has been demonstrated to prevent the complications of prematurity and to decrease neonatal infections. Specifically, scientific studies have shown a remarkable decrease in mortality, cutting the death rate from infections in half. In both low-birthweight and normal-birthweight babies there are fewer severe infections or cases of sepsis and less respiratory disease. KMC has also been shown to increase infant weight, improve breastfeeding, and enhance maternal-infant attachment and home environment.¹⁷²

KMC is a prime example of family-oriented solutions to newborn illness. Like other family-oriented interventions, KMC is effective only if it is promoted, taught, and practiced both in the hospital and in the home. The grassroots advocacy group ONE is

one of many organizations working to prevent the death of preterm infants in the first month of life, with emphasis on KMC. ONE has been teaching mothers Kangaroo Mother Care, with a focus on temperature control, breastfeeding and maternal-infant bonding.¹⁷³ This approach has been extremely beneficial for mothers delivering in targeted communities or in collaborating hospitals, resulting in improved newborn outcomes.

KMC effectiveness can be leveraged and maximized by incorporation into existing health systems and child health programs.¹⁷⁴ Through complete integration with existing systems and health professionals, Kangaroo Care could be established quickly after the infant is delivered, regardless of the delivery location. WHO guidelines for the systematic implementation and standardization of KMC care in facilities and in homes are available to aid this global effort.¹⁷⁵

KMC is a cost-effective intervention and important to maternal and child health. It protects babies from hypothermia, promotes breastfeeding, prevents hypoglycemia and reduces exposure to infection. It is particularly useful with low-birth-weight babies and reduces death and disease. It will be most effective when scaled-up by incorporation into existing health systems and child health programs.

Corticosteroids – preventing the complications of preterm birth

A major cause of low-birthweight babies is preterm birth, or birth before 37 weeks gestation. Preterm birth is a leading contributor to neonatal mortality and morbidity due to numerous complications, including: asphyxia, infection, respiratory disease, hypothermia and hypoglycemia.

While prevention of preterm birth is often not possible, even in developed countries, avoidance of many of the complications of prematurity is very feasible with a simple, low-cost intervention. Corticosteroids have been successfully used for many years to improve lung function in babies born early. When given before birth, either during preterm labor or when at risk for preterm labor, corticosteroids help the lungs to mature more rapidly. This treatment has not only been shown to decrease lung disease, such as respiratory distress syndrome, but it also reduces other complications of prematurity such as brain bleeding and bowel necrosis. Long-term outcomes for babies are improved.^{176, 177, 178}

Despite the usefulness and effectiveness of antenatal steroids, they are often overlooked during times of crisis.¹⁷⁹ Due to the high morbidity and mortality associated with preterm birth, it is critical for the mother and the healthcare providers to work together to ensure the best possible outcome. Good outcomes begin with the education and preparation for mothers, incorporated into cultural norms and local traditions.

One example of a family intervention is from Malawi, where the “Agogo” (grandparent) program uses village elders to educate and influence pregnant mothers. The grandparents teach about the importance of going to the hospital for antenatal (or prenatal) care, for delivery and for infant check-ups. To date, 4,000 agogos have been trained in Malawi, and local hospitals have experienced up to a 60% increase in antenatal care. This program can help identify mothers and babies who

should receive corticosteroids and other treatments related to preterm birth. The use of both traditional and formal methods of teaching and community mobilization has resulted in decreased infection and death among infants.¹⁸⁰

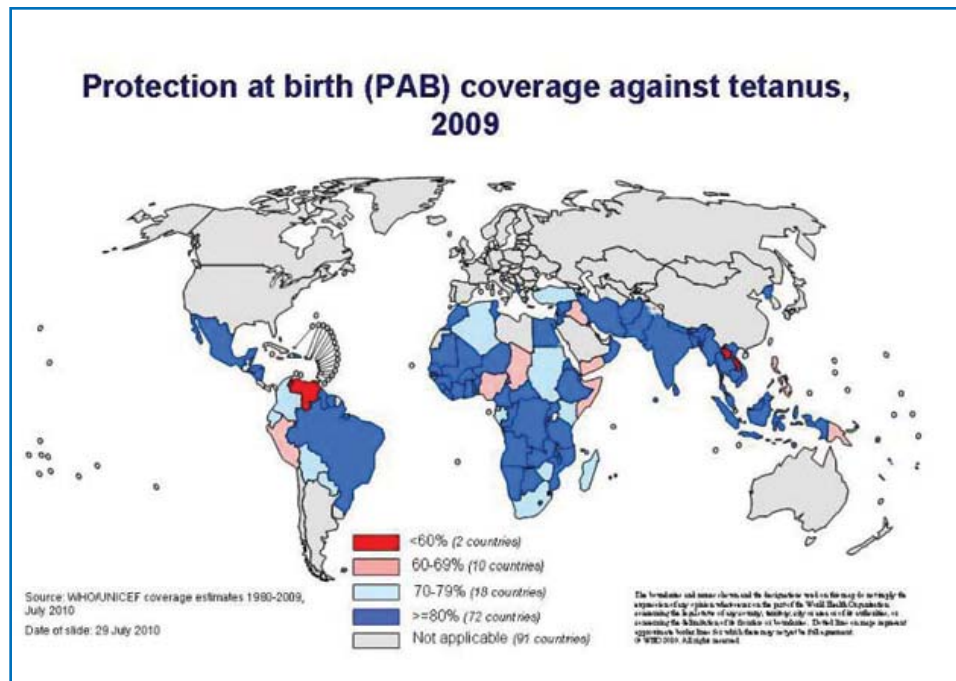
The use of antenatal corticosteroids to decrease neonatal mortality illustrates the binary relationship between antenatal or intrapartum conditions and newborn outcomes. Improved newborn outcomes are directly correlated to appropriate and timely maternal care. Table 3 (page 140) illustrates this principle, as several of the proven strategies for reducing under-5 mortality pertain to the antenatal or intranatal periods. (*Improving maternal health outcomes will be discussed in detail in the chapter on MDG 5.*)

Antenatal steroids are a proven method of reducing death and disability due to preterm birth. Scale-up of this inexpensive intervention in developing countries involves: family education, improved antenatal care, identification of high-risk mothers and awareness among healthcare providers. Scale-up of this intervention will save lives, spare family resources and reduce family stress.

Immunization of mothers – building newborn resistance

On a global basis, tetanus has been the single-largest infectious killer of newborns. Due to concerted efforts by governments, organizations and families, the threat of tetanus has substantially decreased since 2000.¹⁸¹ (See Figure 8, page 151.)

Figure 8: Tetanus immunization coverage



Tetanus is still a threat in many developing countries due to unhygienic practices during delivery and umbilical cord care. When tetanus does develop in a newborn, mortality rates are very high, since treatment is difficult and expensive. Yet tetanus deaths can be easily prevented with a three-fold approach: clean delivery, appropriate cord care and immunizing mothers. The WHO Maternal Neonatal Elimination Initiative was launched in 1991 to help accomplish these three goals. By 2008 a 92% reduction in neonatal tetanus was achieved.¹⁸²

While the elimination of neonatal tetanus has been particularly problematic in Africa, steady progress continues. In July 2011 Uganda became the 20th country since 2000 to announce it had eliminated maternal and neonatal tetanus. The Ugandan government, UNICEF and others partnered to focus on 25 high-risk districts, including the immunization of two-million women with three doses of tetanus vaccine.¹⁸³ As a result of similar efforts, worldwide neonatal tetanus deaths have fallen from 160,000 to just 60,000 in 2009, saving over 1 million lives (Figure 8).¹⁸⁴ Continued education and immunization efforts are still needed in many developing countries.

Newborn pneumonia – utilizing community resources

In Bangladesh, a three-year community-based intervention package was implemented through a government-NGO partnership in 2003. Known as the Projahmo Study, an overall reduction of neonatal mortality of 34% was attained in the villages receiving a package of home-care interventions.¹⁸⁵

Community-health workers were trained to visit pregnant mothers and infants during the first 28 days after birth, providing education and nutritional supplements and facilitating referrals. All sick infants, such as those with respiratory infections, were first given parenteral (intravenous) antibiotics in the home and then directed to a healthcare facility. The demonstrated improvement in neonatal mortality was largely due to the prevention or treatment of infectious diseases such as pneumonia and sepsis.¹⁸⁶ These findings were consistent with other major studies, all showing that home visits by community-health workers can improve maternal and neonatal outcomes.^{187, 188}

In addition to the role of home visits by community-health workers, WHO and UNICEF recommend a number of strategies for reducing pneumonia mortality and morbidity. The interventions that are relevant to neonates include: exclusive breastfeeding, case management with the healthcare system, improvement of poor nutrition and low birth weight, thermal regulation, home hygiene, zinc supplements and the prevention of HIV infection.¹⁸⁹ These same strategies also apply to the prevention of sepsis, with additional details in the child-health section of this article.

Neonatal HIV infection is a significant predisposing factor for newborn infections of any type, including pneumonia and sepsis, as well as a cause of neonatal mortality. A major goal of the Joint United Nations Programme on HIV/AIDS is the elimination of vertical transmission (mother-to-child) of HIV by 2015. Improved treatment of mothers and the scaling-up of steps to prevent transmission after birth has resulted in a 26% decline of infection rates over the past decade.¹⁹⁰

Neonatal infections cause one-fourth of the deaths during the first month of life. Multiple causes of infection are included in this category, including pneumonia and sepsis. Prevention and treatment of pneumonia and sepsis are critical in reducing death and disability from neonatal infections. Community and family approaches, such as described above, need to be scaled-up across developing countries. In addition to specific pneumonia and sepsis strategies, breastfeeding, KMC, immunization, nutrition, birth hygiene and steroids each play a role in preventing death and disability from infection.

SUMMARY: Child and Newborn Survival

Improving child and newborn survival begins with improving maternal outcomes and decreasing the complications of childbirth. Prevention of low-birthweight, corticosteroids for prematurity and the reduction of infections all begin during antepartum care, intrapartum care, or at time of birth.

At least one-third of the deaths and disabilities that affect children under-5 years of age occur during the first 28 days of life, making improved neonatal survival the key to an overall decrease in child death and injury. The highest-impact strategies for newborns and children involve the prevention or treatment of three categories of illness:

1. Asphyxia
2. Poor nutrition
3. Infections

For each of these conditions there are proven, successful strategies for child and newborn survival. Many of these strategies rely on the family unit as the resource or delivery system for health practices. Our challenge is not to search for a new cure. Instead, our challenge is to implement and scale-up the many “cures” that already exist, using the family as a focal point for change.

ENDNOTES:

1. Acevedo-Garcia, D., Osypuk, T.L., McArdle, N., Williams, D.R. (2008). Toward a Policy-Relevant Analysis of Geographic and Racial/Ethnic Disparities in Child Health. *Health Affairs*. 27, 321-333.
2. Utah Department of Health: Center for Health Data. (2009). “Mortality by Cause, Sex, Age and Autopsy.” http://health.utah.gov/vitalrecords/pub_vs/ia09/09xWeb_03032011.pdf.
3. Utah Department of Health: Center for Health Data. (2009). Births and Deaths. http://health.utah.gov/vitalrecords/pub_vs/ia09/Erra09bx_05102011.pdf.
4. UNICEF (2007). *The State of the World's Children 2008*. http://www.unicef.org/health/files/The_State_of_the_Worlds_Children_2008.pdf.
5. United Nations. (2010). Millennium Development Goals. <http://www.un.org/millenniumgoals/childhealth.shtml>.

6. World Health Organization. (2004). "Family and Community Practices that Promote Child Survival, Growth and Development."
7. Gruber, K.J., & Haldeman, L.A. (2009). Using the family to combat childhood and adult obesity. *Preventing Chronic Disease*, 6, 3.
8. Black, R.E., Morris, S.S., & Bryce, J. (2003). Where and why are 10 million children dying every year? *The Lancet*, 361.
9. Child Survival Series. (2003). *The Lancet*.
10. WHO: The World Health Statistics 2011. (2008).
11. Jones, G., Steketee R.W., Black R.E., Bhutta, Z.A., Morris, S.S., & The Bellagio Child Survival Study Group. (2003). How many child deaths can we prevent this year? *The Lancet*, 362.
12. Christensen, P. (2004). The health-promoting family: a conceptual framework for future research. *Social Science & Medicine*, 59, 377-387.
13. Black R.E., Cousens S., Johnson H.L., Lawn, J.E., Rudan, I., Bassani, ... for the Child Health Epidemiology Reference Group of WHO and UNICEF. (2010). Global, regional, and national causes of child mortality in 2008: a systematic analysis. *The Lancet*, 375, 1969-87.
14. Santosham, M., Chandran, A., Fitzwater, S. Fischer-Walker, C. Baqui, A.H., Black, R. (2010). Progress and barriers for the control of diarrhoeal disease. *The Lancet*, 376, 63-67.
15. Ibid.
16. Black R.E., op. cit.
17. Kosek, M., Bern, C., & Guerrant, R.L. (2003). The global burden of diarrhoeal disease, as estimated from studies published between 1992 and 2000. *Bulletin of the World Health Organization*, 81, 197-204.
18. Nalin, D.R. (1978). A spoonful of sugar. *The Lancet*, 2, 264.
19. Claeson, M., & Merson, M.H. (1990). Global progress in the control of diarrheal diseases. *Pediatric Infectious Disease Journal*, 9, 345-55.
20. Forsberg, B.C., Petzold, M.G., Tomsona, G., & Allebeck, P. (2007). Diarrhoea case management in low- and middle-income countries—an unfinished agenda. *Bulletin of the World Health Organization*, 85, 42-48.
21. Victora, C.G., Bryce, J., Fontaine, O., Monasch, R. (2000). Reducing deaths from diarrhoea through oral rehydration therapy. *Bulletin of the World Health Organization*. 78: 1246-55.
22. Miller, P., & Hirschhorn, N. (1995). The effect of a national control of diarrheal diseases program on mortality: the case of Egypt. *Social Science Medicine*, 40, S1-30.
23. Victora, C.G., Olinto, M.T., Barros, F.C., & Nobre, L.C. (1996). Falling diarrhoea mortality in Northeastern Brazil: did ORT play a role? *Health Policy Plan*, 11, 132-41.
24. Darmstadt, G.L., Bhutta, Z.A., Cousens, S., Adam, T., Walker, N., de Bernis, L., & for The Lancet Neonatal Survival Steering Team. (2005). Evidence-based, cost-effective interventions: how many newborn babies can we save? *The Lancet*, 365, 977-88.
25. WHO. (2003). *The analytic review of the integrated management of childhood illness strategy: final report*. Geneva: World Health Organization/United Nations Children's Fund/Department For International Development/United States Agency for International Development.
26. Fischer-Walker, C.L., Fontaine, O., Young, M.W., & Black, R.E. (2009). Zinc and low osmolarity oral rehydration salts for diarrhoea: a renewed call to action. *Bulletin of the World Health Organization*, 87, 780-86.
27. Santosham, op. cit.
28. Winch, P. Gilroy, K.E. Doumbia, S. Patterson, A.E. Daou, Z. Diawara, A., ... Fontaine, O. (2008). Operational Issues and Trends Associated with the Pilot Introduction of Zinc for Childhood Diarrhoea in Bougouni District, Mali. *Journal of Health, Population, and Nutrition*, 26, 151 - 163.
29. Ellis, A.A., Winch, P., Daou, Z., Gilroy, K.E., & Swedberg, E. (2006). Home management for childhood diarrhoea in southern Mali – Implications for the introduction of zinc treatment. *Social Science & Medicine*, 64, 701-712.
30. Diarrhoea: Why children are still dying and what can be done. (2009).

31. UNICEF/WHO. (2009). Diarrhoea: why children are still dying and what can be done.
32. Diarrhoea: Why children are still dying and what can be done. (2009).
33. Rehydration Project. (2011). Rotavirus Disease and Vaccines On-line Resources.
34. UNICEF/WHO. (2009).Diarrhoea: op. cit.
35. Ibid.
36. Ibid.
37. Ibid.
38. Ibid.
39. Ibid.
40. <http://www.un.org/millenniumgoals/pdf/MDG%20Report%202010%20En%20r15%20-low%20res%2020100615%20-.pdf>
41. UNICEF/WHO, Pneumonia: The forgotten killer of children, 2006, page 13.
42. Ibid.
43. Ibid.
44. Fishman, S.M. et al. (2004). Comparative Quantification of Health Risks: the Global and Regional Burden of Disease Attributable to Selected Major Risk Factors. World Health Organization, Geneva.
45. Black, R.E., Morris, S.S., & Bryce, J. (2003). Where and why are 10 million children dying every year? *The Lancet*, 361.
46. Brooks, A. et al. (2005). Effect of Weekly Zinc Supplements on Incidence of Pneumonia and Diarrhoea in Children Younger than 2 Years in an Urban, Low-Income Population in Bangladesh: Randomised Controlled trial. *The Lancet*, 366, 999-1003.
47. Brooks, W.A., Santosham, M., Naheed, A., Goswami, D., Wahed, M.A., Diner-West, M., ... Black, R.E. (2005). Effect of weekly zinc supplements on incidence of pneumonia and diarrhoea in children younger than 2 years in an urban, low-income population in Bangladesh: randomized control trial. *The Lancet*, 366.
48. Osei, A.K., Hamer, D.H., Zinc Nutrition and Tribal health in India, Health and Nutritional Problems of Indigenous Populations. KR Enterprises. 2008.
49. UNICEF/WHO, Pneumonia: The forgotten killer of children – pages 9 – 11.
50. Ibid.
51. Ibid. Figure 9
52. Kallander, K., Tomson, G., Nsabagasani, X., Sabiiti, J.N., Pariyo, G., & Peterson, S. (2006). Can community health workers and caretakers recognize pneumonia in children? Experiences from western Uganda. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 100, 956-963.
53. Ibid.
54. UNICEF/WHO. (2004). Management of Pneumonia in Community Settings.
55. Rudan, I., Boschi-Pinto, C., Biloglav, Z., Mulholland, K., & Campbell, H. (2008). Epidemiology and etiology of childhood pneumonia. *Bulletin of the World Health Organization*, 86, 5.
56. Global Health Council: Causes of Child Death.
http://www.globalhealth.org/child_health/child_mortality/causes_death/.
57. Ibid.
58. Ed: Peden, M., Scurfield, R., Sleet, D., Mohan, D., Hyder, A., Jarawan, E., & Mathers, C. (2004). World report on road traffic injury prevention. World Health Organization Report.
59. Global Health Council: Causes of Child Death. op. cit.
60. Ed: Peden, M., Scurfield, R., Sleet, D., Mohan, D., Hyder, A.A., Jarawan, E., Mathers, C. (2008).World report on child injury prevention. World Health Organization Report.
61. Ibid.
62. Ibid.
63. Ibid.
64. United Nations: General Assembly. (2006). Promotion and Protection of the Rights of Children.

65. UNICEF. (2006). United Nation's Secretary-General's Study: Violence Against Children.
66. Ibid.
67. Ibid.
68. bid.
69. UNICEF/WHO. 2008. World Report on Child Injury Prevention.
70. Lawn, J.E., Cousens, S., Zupan, J., & for The Lancet Neonatal Survival Steering Team. (2005). 4 million neonatal deaths: When? Where? Why? *The Lancet*, 365, 891-900.
71. Immunization surveillance, assessment and monitoring: vaccine-preventable diseases. (2011). http://www.who.int/immunization_monitoring/diseases/en/.
72. Millennium Project 2002-2006. <http://www.unmillenniumproject.org/goals/gti.htm#goal4>.
73. Measles Initiative. op. cit.
74. World Health Organization: Media Center: Measles. <http://www.who.int/mediacentre/factsheets/fs286/en/index.html>.
75. Measles Initiative. op. cit.
76. Perry, R.T., & Halsey, N.A. (2004). The clinical significance of measles: a review. *Journal of Infectious Disease*, 189, S4-16.
77. Lawn, op. cit.
78. Bhaskaram, P. Measles & Malnutrition. (1995). *Indian Journal of Medical Research*. 102, 195-9.
79. Semba, R.D., & Bloem, M.W. (2004). Measles blindness. *Survey Ophthalmology*. 49(2):243-55.
80. Ibid.
81. World Health Organization: Mental Health: DALYs/YLDs Definition. http://www.who.int/mental_health/management/depression/daly/en/.
82. Graph retrieved from http://en.wikipedia.org/wiki/File:Measles_world_map_-_DALY_-_WHO2002.svg. Data retrieved from Mortality and Burden of Disease estimates for WHO Member States in 2002.
83. The World Health Organization: Measles Key Facts. (2011).
84. Ibid.
85. Lawn, op.cit.
86. Duke, T., & Mgone, C.S. (2003). Measles: not just another viral exanthem. *The Lancet*, 361, 763-773.
87. Measles Initiative. op.cit.
88. The American National Red Cross. Global elimination of measles: report by the secretariat.
89. World Health Organization: Media Center: Measles. <http://www.who.int/mediacentre/factsheets/fs286/en/index.html>.
90. Measles Initiative. op. cit.
91. Measles Initiative. Ibid.
92. The Church of Jesus Christ of Latter-day Saints. (2011). Measles. <http://lds.org/library/page/display/0,7098,6210-1-3218-1,00.html>.
93. Ibid.
94. Measles Initiative. op. cit.
95. Levin, A., Burgess, C., Garrison, L.P., Bauch, C., Babigumira, J., Simons, E., & Dabbagh, A. (2011). Global eradication of measles: an epidemiologic and economic evaluation. *Journal of Infectious Disease*, 204, S98-S106.
96. Phimmasane, M., Douangmala, S., Koffi, P., Reinharz, D., & Buisson, Y. (2010). Factors affecting compliance with measles vaccination in Lao PDR. *Vaccine*, 28, 6723-6729.
97. Cockcroft, A., Andersson, N., Omer, K., Ansari, N.M., Khan, A., Chaudhry, U.U., & Ansari, U. (2009). One size does not fit all: local determinants of measles vaccination in four districts of Pakistan. *BMC International Health and Human Rights*.
98. Ibid.

-
-
99. Lieu, T., Black, S., Ray, P., Schwalbe, J.A., Lewis, E.M., Lavetter, A., ... Shinefield, H. (1997). Computer-generated recall letters for underimmunized children: how cost-effective? *Pediatric Infectious Disease Journal*, 16, 28-33.
 100. Roberts, J.D., Poffenroth, L.A., Roos, L.L., Bebhuk, J.D., & Carter, A.O. (1994). Monitoring Childhood Immunizations: A Canadian Approach. *American Journal of Public Health*, 84.
 101. Abramson, J.S., O'Shea, M., Ratledge, D.L., Lawless, M.R., & Givner, L.B. (1995). Development of a vaccine tracking system to improve the rate of age-appropriate primary immunization in children of lower socioeconomic status. *The Journal of Pediatrics*, 126.
 102. Majdzadeh, R., Moradi, A., Sepanlou, S.G., Zamani, G., Zeraati, H., & Zonobi, V. (2008). Evaluation of the Measles-Rubella mass vaccination campaign in the population covered by Tehran University of Medical Sciences. *Eastern Mediterranean Health Journal*, 14.
 103. Black, R.E., Morris, S.S., & Bryce, J. (2003). Where and why are 10 million children dying every year? *The Lancet*, 361.
 104. Snow, R.W. and Marsh, K. (2010). Malaria in Africa: progress and prospects in the decade since the Abuja Declaration. *The Lancet*, 376.
 105. Ibid.
 106. United Nations. (2010). Millennium Development Goals. <http://www.un.org/millenniumgoals/aids.shtml>.
 107. Jones, G., Steketee R.W., Black R.E., Bhutta, Z.A., Morris, S.S., & The Bellagio Child Survival Study Group. (2003). How many child deaths can we prevent this year? *The Lancet*, 362.
 108. WHO, UNAIDS, UNICEF. (2010). Towards universal access: Scaling up priority HIV/AIDS interventions in the health sector.
 109. Bhutta, Z.A., Ali, S., Cousens, S., Ali, T.M., Haider, B.A., Rizvi, A., ... Black, R.E. (2008). Alma-Ata: Rebirth and Revision. Interventions to address maternal, newborn, and child survival: what difference can integrated primary care strategies make? *The Lancet*, 372, 972-89.
 110. Ibid.
 111. Prabhakar, P.K. (2011). Presentation: An Overview of Facility-based Newborn Care in India.
 112. Bhutta, op. Cit.
 113. Deb, S. (2011). Presentation: Child Health Programme in India: Overview. MOHFW. National Workshop.
 114. Marsh, D.R., Schroeder, D.G., Dearden, K.A., Sternin, J., & Sternin, M. (2004). The power of positive deviance. *British Medical Journal*, 329, 1177-1179.
 115. Ibid.
 116. USAID/BASICS. (2006). Improving Child Health in Nigeria.
 117. Haws, R.A., Thomas, A.L., Bhutta, Z.A., & Darmstadt, G.L. (2007). Impact of packaged interventions on neonatal health: a review of the evidence. *Health Policy Planning*, 22, 193-215.
 118. Pan American Health Organization. (2007). Beyond Survival: Integrated delivery care practices for long-term maternal and infant nutrition, health and development.
 119. Kerber, K.J., op. cit.
 120. Ibid.
 121. Bhutta, op. cit.
 122. Deb, S. (2011). Presentation: Child Health Programme in India: Overview. MOHFW. National Workshop.
 123. The Lancet Neonatal Survival Series. (2005).
 124. Sample Registration System of Registrar General of India. (2011). Retrieved from http://www.censusindia.gov.in/vital_statistics/SRS_Bulletins/SRS%20Bulletin%20-%20January%202011.pdf.
 125. Lawn, J.E., op. cit.
-
-

-
-
126. Darmstadt, G.L., Bhutta, Z.A., Cousens, S., Adam, T., Walker, N., de Bernis, L., & for *The Lancet* Neonatal Survival Steering Team. (2005). Evidence-based, cost-effective interventions: how many newborn babies can we save? *The Lancet*, 365, 977-88.
127. <http://www.jhsph.edu/dept/ih/IIP/list/index.html>
128. Awom, V. (2011). Nigeria: reducing country's soaring newborn deaths. *Daily Trust*.
129. Ibid.
130. Church welfare: a personal touch. <http://lds.org/study/prophets-speak-today/unto-all-the-world/a-great-undertaking-the-welfare-program?lang=eng&query=neonatal+resuscitation>.
131. Wall, op. cit.
132. Asphyxia definition. <http://en.wikipedia.org/wiki/Asphyxia>.
133. Darmstadt, op. cit.
134. Lawn, J.E., Kerber, K., Enweronu-Laryea, C., & Batemana, O.M. (2009). Newborn survival in low resource settings – are we delivering? *British Journal of Obstetrics & Gynaecology*.
135. Wall, S.N., Lee, A.C.C., Niermeyer, S., English, M., Keenan, W.J., Carlo, W., ... Lawn, J.E. (2009). Neonatal resuscitation in low-resource settings: what, who, and how to overcome challenges to scale up? *International Journal of Gynecology and Obstetrics*, 107, S47-S64.
136. Bhutta, Z.A., Ahmed, T., Black, R.E., Cousens, S., Dewey, K., & Giugliani, E. (2008). What works? Interventions for maternal and child undernutrition and survival. *The Lancet*, 371, 417-40.
137. American Academy of Pediatrics and the American Heart Association. (2011). Textbook of Neonatal Resuscitation 6th ed.
138. Clark, D.C., & Clark, R.B. (2006). Abstract: Evaluation of Neonatal Resuscitation Training in Lao P.D.R. American Public Health Association.
139. Singhal, N., & Bhutta, Z.A. (2008). Newborn resuscitation in resource-limited settings. *Neonatal Medicine*.
140. American Academy of Pediatrics and the American Heart Association. (2011). Textbook of Neonatal Resuscitation 6th ed.
141. The Essential Newborn Care Course retrieved from http://www.who.int/making_pregnancy_safer/documents/newborncare_course/en/index.html. (WHO, Dept. of Making Pregnancy Safer, 2010).
142. State Health Society, Bihar. 2010 Year of the Newborn. <http://statehealthsocietybihar.org/pip2010-11/districthealthactionplan/gaya.pdf>.
143. World Health Organization. (2005). Pocket Book of Hospital Care for Children: Guidelines for the Management of Common Illnesses with Limited Resources.
144. Wall, S.N., Lee, A.C.C., Niermeyer, S., English, M., Keenan, W., Carlo, W.A., ... Lawn, J.E. (2009). Neonatal resuscitation in low-resource settings: What, who, and how to overcome challenges to scale up? *An International Journal of Obstetrics & Gynaecology*. 1–18.
145. Ariawan, I., Agustini, M., Seamans, Y. Tsu, V., Litch, J.T., & Kosim, M.S. (2006). Managing Birth Asphyxia in Home Based Deliveries: The Impact of Village Midwives Training and Supervision on Newborn Resuscitation in Cirebon, Indonesia. Report produced by PATH.
146. Gill, C.J., Phiri-Mazala, G., Guerina, N.G., Kasimba, J., et. al., Effect of training traditional birth attendants on neonatal mortality (Lufwanyama Neonatal Survival Project): randomised controlled study. *British Medical Journal* 2011;342;d346.
147. Carlo, W.A., Goudar, S.S., Jehan, I., Chomba, E., Tshetu, A., Garces, A., ... the First Breath Study Group. (2010). Newborn-Care Training and Perinatal Mortality in Developing Countries. *New England Journal of Medicine*, 362, 7.
148. Jakooob, M.Y., Ali, M.A., Ali, M.U., Imdad, A., Lawn, J.E., Van Den Broek, N., & Bhutta, Z.A. (2011). The effect of providing skilled birth attendance and emergency obstetric care in preventing stillbirths. *BMC Public Health*, 3, S7.
-
-

-
-
149. J.M. Spector & Dagab, S. (2008). Preventing those so-called stillbirths. (2008). *Bulletin of the World Health Organization*.
150. Carlo, W.A., Goudar, S.S., Jehan, I., Chomba, E., Tshetu, A., Garces, A., ... the First Breath Study Group. (2010). Newborn-Care Training and Perinatal Mortality in Developing Countries. *New England Journal of Medicine*, 362, 7.
151. Helping Babies Breathe: the Golden Minute.
152. R. Clark, personal communication, RACHA. 2011.
153. Niermeyer, S., & Keenan, W. (2010). Abstract: Freedom of Breath, Fountain of Life in China. American Academy of Pediatrics.
154. Darmstadt, op. cit.
155. Piwoz, E. (2011). Breastfeeding: the most effective way to save a baby's life. Bill and Melinda Gates Foundation.
156. U.S. Department of Health and Human Services. (2011). The surgeon general's call to action to support breastfeeding. U.S. Public Health Service: Office of the Surgeon General.
157. Ip, S., Chung, M., Raman, G., Chew, P., Magula, N., DeVine, D., ... Lau, J. (2007). Breastfeeding and maternal and infant health outcomes in developed countries: evidence report. Agency for Healthcare Research and Quality.
158. U.S. Department of Health and Human Services. (2011). The surgeon general's call to action to support breastfeeding. U.S. Public Health Service: Office of the Surgeon General.
159. World Health Organization.
http://www.who.int/child_adolescent_health/topics/prevention_care/child/nutrition/breastfeeding/en/index.html.
160. Hannula, L., Kaunonen, M., & Tarkka, M.T. (2008). A systematic review of professional support interventions for breastfeeding. *Journal of Clinical Nursing*, 17, 9. Page 1142.
161. Ibid.
162. Ibid.
163. Piwoz, E. (2011). Breastfeeding: the most effective way to save a baby's life. Bill and Melinda Gates Foundation.
164. ONE. <http://one.org/livingproof/en/story/their-daily-bread/>.
165. Klemm, R.D.W., Labrique, A.B., Christian, P., Rashid, M., et. al., Newborn vitamin A supplementation reduced infant mortality in rural Bangladesh. *Pediatrics* 2008;122:e242-e250.
166. Reddy, V., Vitamin A programme in india – Why the Controversy? Sight & Life Newsletter. India. 2002.
167. WHO. 10 Facts on Breastfeeding.
168. Ibid.
169. Kerber, K, & Lawn J. (2009). Kangaroo Care. Retrieved from
<http://onlinelibrary.wiley.com/doi/10.1111/j.1471-0528.2009.02325.x/pdf>.
170. Ibid.
171. Conde-Agudelo, A., Belizán, J.M., & Diaz-Rossello, J. (2011). Kangaroo mother care to reduce morbidity and mortality in low birthweight infants. *Cochrane Database of Systematic Reviews*.
172. Ibid.
173. ONE. <http://one.org/livingproof/en/story/the-simplest-solution/>.
174. Baqui, A.H., El-Arifeen, S., Darmstadt, G.L., Ahmed, S., Williams, E.K., Seraji, H.R., ... Black, R.E. (2008). Effect of community-based newborn-care intervention package implemented through two service-delivery strategies in Sylhet district, Bangladesh: a cluster-randomized controlled trial. *The Lancet*, 371, 1936-44.
175. World Health Organization. Kangaroo mother care: a practical guide. World Health Organization 2003.
176. Roberts, D., & Dalziel, S.R. (2006). Antenatal corticosteroids for accelerating fetal lung maturation for women at risk of preterm birth. *Cochrane Database of Systematic Reviews*.
-
-

-
-
177. Hofmeyr, G.J. (2009). Antenatal corticosteroids for women at risk of preterm birth: RHL commentary. *The WHO Reproductive Health Library*; Geneva: World Health Organization.
 178. Been, J.V., Kramer, B.W., & Zimmermann, L. J. I. (2009). Correspondence. *The Lancet*, 373.
 179. Tita, A.T.N., Selwy, B.J., Waller, D.K., Kapadia, A.S., & Dongmo, S. (2005). Evidence-based reproductive healthcare in Cameroon: population-based study of awareness, use and barriers. *The World Health Organization Bulletin*.
 180. <http://one.org/livingproof/en/story/malawi-grandparents>.
 181. http://www.who.int/immunization_monitoring/diseases/tetanus/en/index.html
 182. http://www.who.int/immunization_monitoring/diseases/MNTE_initiative/en/index.html
 183. Uganda announces elimination of Maternal and Neonatal Tetanus. http://www.unicef.org/media/media_59210.html
 184. http://www.who.int/immunization_monitoring/diseases/tetanus/en/index.html
 185. Baqui, A.H., El-Arifeen, S., Darmstadt, G.L., Ahmed, S., Williams, E.K., Seraji, H.R., ... Black, R.E. For the Projahm. (2008). Effect of community-based newborn-care intervention package implemented through two service-delivery strategies in Sylhet district, Bangladesh: a cluster-randomised controlled trial. *The Lancet*.
 186. Ibid.
 187. Lewin, S.A., Dick, J., & Pond, P. (2005). Lay health workers in primary and community health-care. Cochrane Database of Systematic Reviews.
 188. Haines, A., Sanders, D., & Lehmann, U. (2007). Achieving child survival goals: potential contribution of community health workers. *The Lancet*. 369, 2121–31.
 189. WHO. Report: Development of a global action plan for the prevention and control of pneumonia (GAPP). Report of an informal consultation, Chavannes de Bogis, Switzerland, 25-27 February 2008.
 190. United Nations. 2011. UNAIDS. <http://www.unaids.org/en/strategygoalsby2015/verticaltransmissionandmaternalmortality/>



“From becoming better informed about maternal health in general, to literal assistance to a woman who is hemorrhaging after giving birth, there is a human resource that this chapter asserts is not being adequately utilized, that can dramatically change the life or death outcomes of a childbearing woman: the family.” —Renae Morgan

Photo: Care for Life (Mozambique)

The author:

Renae Morgan is a Masters of Public Health student at Brigham Young University. She is studying Maternal and Child Health, particularly nutrition and its importance for healthy pregnancy and delivery. Renae received her Bachelor of Science degree from New York University and has worked the past three years at Latter-day Saint Humanitarian Services with their Neonatal Resuscitation Program.

5 - Maternal Health

Renae Morgan, MPH(c)

MDG 5 Targets:

- 5-A. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio**
- 5-B. Achieve, by 2015, universal access to reproductive health**

“Maternal health refers to the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death” (WHO).¹

MDG 5 states that the maternal mortality ratio in 2015 should be reduced by 75% from statistics in 1990. These statistics indicate that over half a million women were dying due to complications from childbirth. For the first decade after the Millennium Development Goals were agreed upon, little progress seemed to be made on this particular goal. However, in June 2010, *The Lancet* reported that after a thorough evaluation and data collection process, they now estimate that maternal mortality has been reduced to about 342,900 deaths per year.² This is an encouraging number and shows that many programs have been making positive steps forward to achieve MDG 5. Nevertheless, there is still much left to do in order to achieve the goal on time.

Recently published, *The State of the World's Midwifery* introduction beautifully states:

Nowhere is this [hope for greater progress] more urgently needed than in preventing one of the greatest tragedies of our time: the needless death and injury each year of millions of poor and marginalized women and children worldwide. Of the eight MDGs, the two specifically concerned with improving the health of women and children are the furthest from being achieved.

This is not a matter of statistics. The woman who perishes from hemorrhaging during childbirth or the infant who dies during a complicated birth each has a name and a family who love and cherish them. Beyond individual tragedy, these losses carry untold social and economic repercussions for society.³



Photo: Care for Life (Mozambique)

UNICEF supports this view and publishes on their website:

At least 20% of the burden of disease in children below the age of 5 is related to poor maternal health and nutrition, as well as quality of care at delivery and during the newborn period. And yearly 8 million babies die before or during delivery or in the first week of life. Further, many children are tragically left motherless each year. These children are 10 times more likely to die within two years of their mothers' death.⁴

This is an illustration of the impact that MDG 5 has on achieving MDG 4, which is to reduce infant mortality by two-thirds by 2015.

So far, many noble efforts have addressed the lack in medical training and equipment for those who are attending and assisting in childbirth. Much training is going on around the world that is better preparing doctors, nurses and midwives to competently deliver a child and attend to the baby's needs, as well as ensure the health and life of the mother. This is a great way to empower the medical professionals who deliver those who come to the hospitals, health clinics, or even request a medical presence at a home delivery. This is a very progressive step forward as we seek to reduce maternal and infant mortality. Yet there is still more that can be done outside the clinical education sphere to further advance the progress being made. One such way is to better involve the family.

Impact of the family

This chapter is designed to explore the impact that the *family* can have in decreasing the percentage of maternal mortality in an impactful way. From becoming better informed about maternal health in general, to literal assistance to a woman who is hemorrhaging after giving birth, there is a human resource that this chapter asserts is not being adequately utilized, that can dramatically change the life or death outcomes of a childbearing woman: the family. This is an invitation for political figures, donors and others who are invested in the cause of saving women's lives, to come together and promote programs that educate and empower the family to make a difference in reducing maternal mortality and achieving MDG 5 as designed.

Building Upon a Strong Foundation

There are examples of successful programs around the world that are involving the family in achieving their objectives of collecting data, education and getting women to health centers for regular check ups and delivery.

Maternal mortality data collection

Let's look at some examples of programs that are currently making a difference while also including the family in their efforts to achieve improved care for childbearing women.

The American Academy of Pediatrics has developed a simplified Neonatal Resuscitation Program called *Helping Babies Breathe*[™] (HBB). The materials used are primarily pictorial, with limited verbiage, designed to adequately instruct even limitedly-literate midwives and skilled birthing attendants to resuscitate an infant born with breathing difficulties. Contained in the study material, participants in this training review the following in the training manual's, "Prepare for birth," instructions: "Identify a helper and review the emergency plan.... Prepare the birth companion or another skilled helper to assist if the baby does not breathe.... A birth companion can help the mother and call for another helper."⁵

Oft times, a midwife does not have an assistant present at the birth of a child. If there is any type of complication, this becomes extremely taxing for one pair of hands to handle. Simply the presence of a family member as a "birthing companion" can make a large enough difference that the AAP has determined to state it in a curriculum with limited written instruction. This concept of preparing and utilizing an untrained family member in a complicated birthing situation is taught in each HBB course.

An extensive, collaborative report led by WHO, UNICEF, UNFPA and the World Bank titled, *Trends in Maternal Mortality: 1990 to 2008*, defines pregnancy-related death as, "any death during pregnancy, childbirth, or the postpartum period even if it is due to accidental or incidental causes" (p.4).



Guatemalan women and baby.

Photo: © By Intellectual Reserve, Inc.

With this definition in place, they set about tracking maternal mortality rates. They utilized various evaluation techniques to acquire the most accurate maternal mortality rate for 2008 and then compared it to previous years to determine how effective different efforts have been in reducing maternal mortality.

Two of the evaluative tools, reproductive-age mortality studies (RAMOS) and verbal autopsy surveys, included family members to achieve their results. The RAMOS approach involves “identifying and investigating the causes of all deaths of women of reproductive age in a defined area/population by using multiple sources of data (e.g. interviews of family members, vital registrations, health facility records, burial records, traditional birth attendants).”

Interviews with family members helped in classifying whether the deaths were maternal in nature or not. The verbal autopsy approach relies on interviews with *family members* and the community to identify the maternal and/or pregnancy status of the deceased woman (p.8). Though results vary depending on the extent of family members’ knowledge of the events leading to the death, these surveys recognize the family as a human resource that can help deduce the cause of death and its maternal nature.⁶

Establishing women’s groups

Two separate studies involving women’s groups in Nepal and India both yielded improved results when trying to reduce infant mortality. The study used a low-cost, community-based, participatory approach. “Participatory women’s groups reduced

neonatal mortality by 30% in Nepal over years 2 and 3 and by 32% in rural India over the 3-year study period.”

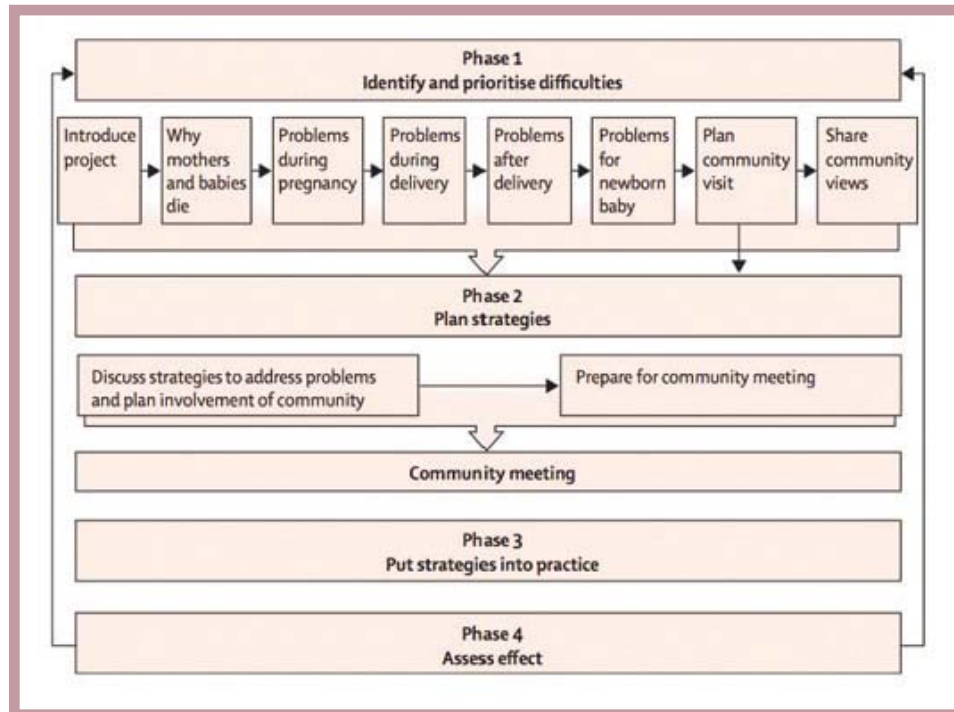
A third study was done in Bangladesh that also included a measurement tool for assessing improvement in maternal mortality rates. In addition to the added evaluative content, the size of the study was scaled-up from 2-5 times the size of the original studies, depending upon the size of each formed cluster. It is believed that because of the large scale-up, a less dramatic reduction in maternal and infant mortality was achieved. However, the researchers maintain that if adequate personnel and smaller group sizes were implemented, the same noticeable changes in percentage would be achieved with improvement in maternal mortality rates.

Another similar study with these new parameters has already begun. This is a strong example of fitting large-scale efforts to the needs of the community to produce actual improvement.⁷

Recognizing family culture

The culture of various different countries – not to mention individual communities – often seems to become a large obstacle in development. It is daunting at first and takes time to truly understand the foundations behind why people in a community

A diagram of the “community action cycle” used for the Bangladesh trial



or country do things a particular way. Because it takes extra time, consideration of cultural barriers tend to be swept under the rug while programs blaze ahead, hoping a difference can still be made despite this underlying difficulty. Yet, once the time is invested in better understanding the culture of those you are working with, it changes from being a hindrance to a help. When people know that you are suggesting health improvements with their culture in mind, they are much more open to helping achieve the improvements necessary. They frequently come up with solutions that are more productive and sustainable than anything the developing organization would suggest.

In San José de Secce, Peru, it was noticed that there was a very high maternal mortality rate, due to 94% of women choosing to give birth at home instead of in a health center. Upon further investigation, it was discovered that there was doubt among residents about the capability of the local medical professionals. They considered giving birth in the clinic just as dangerous as delivering at home. This perception alone was the leading cause for the high mortality rate of women in this community. In response, a culturally-sensitive project was developed to break down the barriers and in the end, reduce the maternal death rate. Paul Hunt and Judith Bueno De Mesquita from the Human Rights Centre at the University of Essex published:

The project promoted communication between health professionals and the community, user participation, and a closer relationship between traditional midwives and health personnel. In health centers, the environment of the delivery room and care given during prenatal checkups, delivery and the postnatal period were adapted to make them culturally sensitive. These measures included creating a private environment, with curtains to keep out draughts and anyone not associated with the birth, as well as the provision of a bed and a sturdy rope, so that women could give birth in an upright position, or squatting and gripping the rope, as they wished. The protocol for care also stipulated, among others, that the person attending the birth should speak Quechua and preferably be female. *In addition, in accordance with the beliefs of the communities, the protocol included the requirement to deliver the placenta to the family member present so that it could be buried, and the opportunity for the user to remain in the health facility for up to eight days.* According to an assessment, after the project was implemented, there was a great increase of deliveries at health centers.⁸

Holding family responsible – Iran

Iran reports that after introducing its national maternal mortality surveillance system in 2001 they have noticed remarkable steps forward in family awareness of potential complications arising from pregnancy and childbirth, amongst other improvements.⁹ By holding family responsible for reporting maternal mortality for this surveillance system, more individuals became educated about it; with this new knowledge maternal mortality numbers were noticeably reduced. Giving family members a responsibility over the health of the pregnant individual gives them a sense of ownership and involvement that produces positive outcomes.

Health center delivery incentives

The Mayange Health Center in Rwanda has seen an increase of mothers giving birth at the clinic with a reduction of maternal mortality by 25%. This is a result of many improvements: First, the number of trained nurses has gone from 3 to 18 (six times the original amount!); Second, women are being educated about the importance of staying in the health center for an extended amount of time after giving birth.

Theophile Ndabereye, who works at the clinic, states, “Even if mothers are in a hurry to go back to their home after they give birth, we show and explain to them why it is very important that they stay with us for three days, and they understand and they stay, for the sake of their new babies.”

Third, improvements to the available health insurance have motivated more people to deliver in the health center.

The women and their families in Mayange can trace many of these changes to the government’s health insurance programme, *Mutuelles de santé*, which is run by community representatives and local health providers. Access to the programme increased from 7 per cent to 85 per cent of the population between 2002 and 2008. Those enrolled pay an annual premium equivalent to US\$2. Women who attend four appointments during a pregnancy deliver at no cost.¹⁰

A combination of these different incentives has led to a large reduction percentage in maternal deaths. It must be noted that in order to achieve such dramatic results, these incentives must be extended to the poorest of the poor, for therein lies the largest number of women perishing from pregnancy and childbirth-related complications. Failing to fully incorporate the poorest demographic of women neglects to use available resources to improve maternal mortality rates in the areas where they will make the most impact. Similar efforts have been made in other countries, but in failing to focus on the poorest areas, did not end with as favorable of an improvement as was seen in this effort in Rwanda.

Main problems of maternal mortality

The four predominantly preventable complications in pregnancy and childbirth are: hemorrhaging, infection, high blood pressure and obstructed labor. Each of these conditions presents symptoms that can be recognized by family members. With instruction, there are simple practices that family members can do to help prevent an unnecessary death from these ailments.

1. Hemorrhaging is a sudden issue of heavy bleeding. This can occur any time from directly after birth to days after, when the patient is no longer under supervision of a hospital, health clinic or midwife. Midwife Kerriane Gifford has written some basic

instructions for what a hemorrhaging woman, as well as a birthing companion, can do to reduce the amount of bleeding. She said:

... mother tries, if conscious, to massage her uterus herself to the point that it feels very firm and rounded, bleeding will sometimes stop instantly. If she has help, then there is a technique called bi-manual compression. In the absence of immediate midwifery help it would be worth anyone trying it if the woman is bleeding catastrophically with a post-partum hemorrhage. It means someone having to continually compress the uterus externally and internally until help arrives.¹¹

The helper can also ensure that the mother has urinated, which enhances the chances for the compression on the uterus to be successful.

In the American Academy of Pediatrics' *Helping Babies Breathe*[™] program, the text encourages early breastfeeding after delivery.¹² This not only benefits the infant, but according to some research, is also a method to help reduce/prevent hemorrhaging. If a woman begins hemorrhaging when no medical assistance is readily available, the family member can encourage the child to suckle. Breastfeeding prompts a woman's body to release natural oxytocin, which redirects the blood flow from the uterus to the woman's nursing breast. This oxytocin release also causes the uterus walls to contract and helps stop hemorrhaging.

Oxytocin has been the favored solution to hemorrhaging, but it requires refrigeration, which is not available at all locations where it could be beneficial. In January 2010, *The Lancet* published the findings of a trial, comparing the outcomes of administering oxytocin versus a sublingual misoprostol which does not require intravenous injection, nor refrigeration. Misoprostol proved to be clinically equivalent to the oxytocin and thus is a very good alternative option for health centers without refrigeration amenities. This creates a better storage option for this medication, which then reduces the shortages in this treatment that often occur in such rural clinics.¹³

Another contributor to fatal hemorrhaging is anemia, which is common in pregnant women, but even more prevalent and life-threatening in those living in developing countries due to nutritional deficiencies. Women and other members of the family can be educated about the importance of giving a woman proper nutrition, as well as added nutrients such as folic acid, to help reduce the number of anemic women and anemia-related hemorrhaging.

In situations where the bleeding cannot be stopped or reduced with an at-home remedy, a plan for how to transport the mother to a medical clinic could be created as part of the birthing plan. Mothers- and fathers-to-be can work together to figure out how they would get proper medical assistance should hemorrhaging occur after the skilled birthing attendant has left. Couples may ask family members to assist in transporting the vulnerable woman, a neighbor may be asked to go retrieve a medical professional, a clinical vehicle may be alerted to come pick up the hemorrhaging woman and transport her back to the health center or hospital.



Bicycle Ambulance (Mozambique)

Photo: Care for Life

2. Infections can be contracted during pregnancy and/or childbirth and may manifest themselves immediately upon labour or not until days or even weeks after the mother has returned home. Symptoms can range from a fever and chills to redness, swelling and intense pain. Family members who are in regular contact with the newly delivered woman should be educated to identify signs of infection so they can get the individual to a medical professional who can prescribe an oral antibiotic to fight the infection. Family members can also be included to insure the patient takes the entire prescription of the antibiotics. Oftentimes, the medication makes the symptoms go away and the individual starts feeling better so they will stop taking the medicine prematurely. With support from relatives the individual will take the entire prescription, thereby preventing the likelihood of the infection returning.

Relatives also need to understand the importance of rest and proper hydration for the woman's health. This requires a mental and cultural shift in some communities, as a lot of expectations are placed on the woman to run the household and gather water. Engaging and educating the family about the importance of allowing a woman to heal after delivery is crucial to her being able to return to these responsibilities in full health.

The cultural practice of female genital mutilation/cutting (FGM/C) is still a common practice in parts of Africa, as well as some Asian and Middle Eastern countries. Cultural beliefs promote this practice, but inhabitants of these areas do not realize that FGM/C “poses serious physical and mental health risks for young girls and women, especially for those who undergo extreme forms of the procedure. It is linked to increased complications in childbirth and even maternal deaths – due to blood loss and infections.”¹⁴

3. High blood pressure is a common malady amongst pregnant women. It is hard to detect high blood pressure unless tested by a healthcare professional. With the blood pressure cuff and a trained professional, high blood pressure can be quickly identified and treated. When high blood pressure is life threatening, symptoms appear of: headache, dizziness, blurred vision, chest pain, shortness of breath and/or nausea/vomiting. In the developed world, medications are easily accessible to help minimize high blood pressure and reduce risk. These medications are not as readily available in the developing world.

However, there are still strategies that can be employed by the pregnant woman and her family to reduce this threat. Her family must first try to ensure that the pregnant woman gets to the health clinic several times in her pregnancy to be checked for high blood pressure. In order to help motivate them to take the time and effort to do this, they must first be properly educated on how dangerous high blood pressure can be for both the mother and child. Bed rest is essential to lower a high-risk mother’s blood pressure down to a non-threatening level. Family members can assume household responsibilities to allow the woman to stay reclined as much as possible prior to the delivery.

Supporters can make certain she is positioned on her left side (left lateral recumbent) which will allow her body to relax and the blood to circulate in the most effective manner. Women with high blood pressure during pregnancy are considered high-risk pregnancies and need constant observation.

Eclampsia is known to be related to high blood pressure. Eclampsia is the term given to the severe effects of hypertension, such as seizure or going into a coma. It has been noted that the largest percentage of mortality due to this is found amongst women either in their teen years or above the age of 35 who are delivering their first child or multiples. “While many different drug regimens historically have been used to treat this serious maternal condition – eclampsia in most countries remains one of the 5 most common causes of maternal death – the drug of choice today is magnesium sulfate, MgSO₄.” Magnesium sulfate is the safest, most efficient and lowest-cost treatment available to treat eclampsia.¹⁵ Like the related problem of high blood pressure, eclampsia can occur without any indicative symptoms. Families need to be better informed of the importance of a woman having her blood pressure checked at regular intervals within her pregnancy. They should also look for the following symptoms that can forewarn of pre-eclampsia and eclampsia. (Again, these may not be present in all women, but are signs that can be watched for.)

- **Severe or persistent headache**
- **Double vision or seeing spots**
- **Unusual bleeding or bruising**
- **Excessive weight gain**
- **Extreme swelling**
- **Powerful pain in the middle or right side of belly**
- **The baby has slowed its movement**
- **Reduced or no output of urine**
- **Nausea and/or vomiting**

4. Obstructed labour is primarily caused by a woman's body being underdeveloped and incapable of properly delivering a newborn. This can be due to age of the mother, malnutrition or infections. Justin C Konje and Oladapo A Ladipo wrote in the *American Journal of Clinical Nutrition*:

Obstructed labor can also occur in subsequent pregnancies in which maternal nutrient deprivation may result in a distorted pelvis, or in women prone to pelvic fractures and other acquired pelvic deformities. Nutrient deficiencies such as calcium, vitamin D, folic acid, iron, and zinc deficiencies interact in combination with various biological and biosocial factors to determine the prevalence of obstructed labor Efforts must be made to increase the awareness of the importance of good health, especially during the adolescent period, including the need for a balanced diet and the elimination of infections in early childhood that commonly exist in malnourished children. Such infections potentiate the effects of nutrient deprivation on growth.¹⁶

There are cultures where it is believed that as soon as a girl begins menstruating, she is suitable for marriage. Child marriages are common in these communities and as a result, many girls become pregnant in their young teen years. This causes substantial problems, as the child's body has not yet achieved its full stature, again resulting in obstructed labour due to an insufficiently-sized pelvis. Konje and Ladipo suggested:

Policies that encourage formal education of young women, delay the age of marriage, and promote family planning and contraceptive use may result in the age of first pregnancy being delayed and, therefore, increase the chance of girls completing adolescent growth.¹⁷

Hemorrhaging, infections, high blood pressure and obstructed labour are the four biggest contributors to maternal mortality, all of which are preventable. With better educational programs, plans for transportation and getting the family involved, the likelihood of a woman getting regular check ups during pregnancy improves. Family members can help detect symptoms of possible problems and get the woman proper treatment before losing her, and possibly the baby.

According to UNICEF, it is also important to remember that “for every woman who dies from these complications, approximately 30 more suffer from injuries, infections and disabilities which are usually untreated, and are often humiliating and painful, debilitating and lifelong.”¹⁸ Stephanie Urdang adds:

For many, this brings an end to their mothering and caring roles, and can lead to removal from their families in disgrace. For example, fistula, a condition unknown in the industrialized world that can result from prolonged and obstructed labour and leaves survivors incontinent, frequently isolates women from their families and communities.¹⁹

I met Danuwa* (name changed) while studying abroad in Spain. Danuwa is a displaced Nigerian woman who was exiled from her community for marrying a man from another tribe. Together, she and her husband traveled to Spain in hopes of a better life together. When I met her, she and her husband lived in a two-bedroom apartment with two other families. Another couple lived in the room next to theirs, and a family of four shared the living room, which was sectioned off by sheets attached to the walls and ceiling. All of the residents shared the laundry, cooking and restroom facilities contained in the apartment.

In one of my meetings with Danuwa, she expressed that she was in pain. When I inquired further, I found out that she had been pregnant in the past year and had miscarried. She didn't know exactly what was wrong, but ever since her miscarriage she had been living with constant discomfort. She also was subject to regular inflammation in the lower abdominal region which promoted rude comments from her husband about her inability to have a child as well as accusations that she was “getting too fat.” I remember expressing extreme concern to a mutual friend about the situation, wishing there was something I could do to help. Her response was simply that there was nothing we could do either medically or relationally to help Danuwa with these difficulties. With our limited medical, world and life experience at that time, there really was nothing we could have done. The last time I saw Danuwa was three months after my study abroad, when I returned for a visit. Despite her efforts, she had still not been able to conceive and lived with daily abdominal discomfort. She and her husband were still saving up so she could go to the doctor, but didn't know when they would have enough money to actually go.

How many sisters, friends, fathers, grandparents, cousins and other relatives of women with complications similar to Danuwa's are in the same position now, as I was then? How many of our friends and family are experiencing such pain, and we don't know how to help them?

A UNICEF brochure states:

To improve maternal health, UNICEF supports women-friendly health care programs to increase the number of births attended by skilled medical staff; expand access and upgrade services for prenatal and obstetrical care; strengthen midwifery practice through training of traditional birth attendants; and improve access to prenatal and postnatal care and counseling for pregnant women, their families and communities so they are able to recognize warning signs that require immediate assistance.²⁰

Notice that “women, their families and communities” are all involved in UNICEF’s efforts to improve maternal health. How can we better involve all three of these units in our efforts to reduce maternal mortality? Is it possible for us, our friends and family to be better aware of medical assistance available to vulnerable women? Endowed with such knowledge, we can overcome the feelings of helplessness when we encounter those who are suffering from pains incurred during pregnancy or childbirth.

Equality and education

Much emphasis in reducing maternal mortality is being placed upon adequately training medical professionals to better administer the care needed by high-risk pregnancies. Many solid training programs are bringing about positive results in these efforts. Yet, there is more still to address and overcome to help accomplish the decrease needed in the annual percentage rate for maternal mortality. Inequality between men and women in the developing world is hindering understanding and support to the extent some pregnant women still face the possibility of death during childbirth. UN Secretary-General Ban Ki-moon said of this:

But much more can be done.... Address inequities in accessing care, and ensure that funding for women’s and children’s health is available and smoothly disbursed throughout the country.... I urge you, too, to work towards equal participation of women and men in public life. This will go a long way to improving women’s and children’s health.²¹

The United Nations outcome document of the five-year review of the Copenhagen Social Summit encouraged us to:

Recognize that the family is the basic unit of society and that it plays a key role in social development and is a strong force of social cohesion and integration. In different cultural, political and social systems, various forms of the family exist. Further recognize that equality and equity between women and men and respect for the rights of all family members are essential for family well-being and for society at large, and promote appropriate actions to meet the needs of families and their individual members, particularly in the areas of economic support and provision of social services. Greater attention should be paid to helping the family in its supporting, educating and nurturing roles, to the causes and consequences of family disintegration, and to the adoption of measures to reconcile work and family life for women and men.²²

Education has a powerful pull in creating better understanding between men and women, thus promoting parity. Education is not an unfamiliar strategy for rising above poverty. Results have already shown that in educating a woman, it has only positive repercussions on her entire sphere of influence. We assert that maximizing upon the education of young boys, as well as grown men, can also have positive repercussions for the health of family and community. UNICEF published:

The lives of girls and boys are deeply entwined, and so must be the solutions to their problems. For the rights of girls and women to be fulfilled, boys and men must be educated – in schools, health clinics, youth clubs, religious institutions, businesses, the military and police – to “unlearn” negative patterns of behavior and learn positive new behaviors based on tolerance and equality.²³

Educating boys – fathers

In May 2011, the *Maternal and Child Health Journal* published an article focusing upon the importance of paternal involvement in reducing infant mortality rates, which directly relates to his interactions with the mother during her pregnancy. The article notes the deficiency in incorporating men in the family planning, prenatal support and after birth details.

Maternal and child health (MCH) programs aim to address some of the more important social determinants of infant mortality at the family and community level, but a significant gap has been the lack of incorporation of the father. Research suggests that paternal involvement, which has been recognized as contributing to child development and health for many decades, is likely to affect infant mortality through the mother's well-being, primarily her access to resources and support. In spite of that, more systemic social barriers faced by fathers and the influence on their involvement in the pregnancy have received little attention.

This article continues to outline significant benefits of paternal involvement in pregnancy. Fathers can provide emotional and financial support, so the mother is less stressed. With the presence of a paternal partner, women are more likely to make it to prenatal appointments and maintain other healthy lifestyle practices, which benefit the baby in utero.²⁴

In addition, a Swedish study showed that “fathers who were not supportive of women during early pregnancy were still uninvolved and unsupportive a year after the infant was born. The findings indicate that fathers' early involvement during pregnancy might prevent a lack of support to mother and baby after birth.”²⁵ **The research results show that there is a positive reaction by women when the paternal guardian (father) of the unborn child remains engaged and involved.** Using this data to strengthen the focus of education courses about healthy pregnancy, for boys as well as girls, can truly make a difference.

Educating the family

There are situations, however, where the child's father cannot be as involved in supporting the pregnant woman as is the ideal. He may have died due to other causes, be physically distant or disinterested in involvement with the mother and child. The pregnant girl still need not be left to try to maintain a healthy pregnancy on her own.



Photo: Care for Life (Mozambique)

Extended family can step in and lend the physical, emotional and financial support required to improve the chances that their relative will have a safe delivery. The problem, once again, is educating family members on how a woman needs to be cared for during and after her pregnancy. Many family members are willing, but are not able to help due to lack of knowledge.

It is the obligation of family members to become educated as to how to support a pregnancy-aged woman, but they cannot live up to this assignment when they do not know it is theirs to begin with. We know there is a lack of familiarity within the general populace on issues of gender equality, proper medical care and reproductive health education, but there are not yet tools for overcoming these things. The ignorant are powerless to act and find local mechanisms for bringing about innovative solutions to the maternal health dilemma. Educate and empower women to know what they can do to heighten their chances of a safe delivery. Educate and empower the family with the resources for supporting their pregnant wives and daughters. This is a powerful way to help bring about the needed change for reaching the targets for MDG 5.

Utilize Currently Available Human Resources

Zulfiqar A. Bhutta and Zohra S. Lassi, in an article in *The Lancet* (April 2010), state:

Although improved maternal emergency obstetric care and health-system interventions to improve access and quality of care remain crucial to improving maternal survival, future strategies to improve maternal and newborn survival need to integrate community-based strategies and facility-based care. The deployment of women's groups or community-support groups through trained community health workers offers a cost-effective mechanism for reaching populations at risk and linking appropriate domiciliary and care-seeking practices. These strategies also offer a unique opportunity to move beyond survival.²⁶

Volunteers from all around the world currently travel to developing countries to teach principles meant to improve understanding, change behaviors and ultimately help

A Mother's Promise

Cora Gene Anderson

**Little one – we made it,
And you are here—
You've emerged, safely,
And you are mine.**

**As I cradle you
softly in my arms,
I give thanks to those
who have helped me
through the travail.**

**Now we will go on,
together, and meet
each new challenge,
Together,
Until you are grown
And on your own.**

**Baby mine,
My love is yours,
today and forever!**



Guatemalan mother and baby

Photo: © By Intellectual Reserve, Inc.

a person or community to rise out of poverty. Many smaller NGOs organize volunteers for trips (lasting from days to even years) to help implement various programs they believe will better a particular community or society. The Peace Corps is a well-known example of a program that recruits skilled volunteers, puts them through a training program, then sends them to different locations around the world to work with local communities to find original ways to improve their standard of living. Let's empower such volunteers to teach the various facts addressed in this chapter related to safe childbearing, to the families and communities where maternal mortality rates are high. The human resource is already in place, but can still be better focused to help achieve these important objectives.

Governments and families working together

Ministries of Health, local governing officials, advocacy groups and communities could strive to partner with organizations in enhancing current programs to better incorporate the basic family unit to more efficiently prevent maternal mortality. When the added weight of those with decision-making power and influence is aligned with an effort to improve maternal mortality rates, change has a higher likelihood of coming about. With the opportunity to address their citizens, they are able to inspire them to seek better health care and take a more active role in achieving the Millennium Development Goals that most directly affect themselves and their loved ones. The surveillance system put in place by Iranian government officials, cited earlier, is a perfect example of involving the government to recognize the importance of involving the family in achieving progressive results.

Local governments in the developing world deserve recognition and praise for all of the support they have given thus far in implementing trainings for midwives and the progress we are seeing in these efforts. The maternal health programs that have been instated in each country are taking off and making a difference. Now it is time to widen the scope of development solutions and promote programs that train family members, as well as utilize them as a vital resource that will further build upon the successes we have already achieved.

Mobilize communities and expand their participation in the planning and management of health services to improve women's nutrition, general health and birth preparedness, to ensure timely and safe deliveries . . . Encourage husbands, parents, in-laws, families and neighbours to become active partners in supporting women to make choices that will improve their lives and health.²⁷

It was the governing bodies of each country of the world at the United Nations that unified their voices to conclude that change needed to be made to improve the state of health for the world's poor. We know that the local governing bodies can now unify their voices with the communities, families and individuals they represent – to bring about the actual change that is needed. This chapter has given examples of sustained and successful programs that unite government and citizens – imploring them to realize their responsibility in bringing about change for the betterment of their society.

Continued and increased success in reducing maternal mortality required

Dr. Jemilah Mahmood, Chief of UNFPA's Humanitarian Response Branch, declared the following:

We are observing a shift in pattern in emergencies from the acute and sudden onset to a more complex situation of recurrent and protracted crises. Humanitarian response that follows also needs to shift its focus increasingly on achieving longer-term objectives that allow for more sustainable action . . .²⁸

CONCLUSION

The family is the key to achieving the longer-term objectives that Dr. Mahmood speaks of. For so long, we have seen the family, or individual members of it, as victims of sudden crises. We proclaim that they need not remain victims who are powerless to help themselves. Rather, they are a powerful solution in assisting those trying to help, as they work together to rise above the crises, to rise above poverty and to continue raising the standard of care for women. Let us find ways to empower and incorporate the family into the current efforts we are making – then we will see even more improved statistics in the battle to reduce maternal mortality worldwide.

ENDNOTES

1. World Health Organization. *Maternal Health*. http://www.who.int/topics/maternal_health/en/.
2. Margaret C. Hogan, et al. (2010), "Maternal mortality for 181 countries, 1980-2008: a systematic analysis of progress towards Millennium Development Goal 5," *The Lancet*, Volume 375, Issue 9726, 8 May 2010, Page 1609.
3. United Nations Population Fund (UNFPA) (2011), "The State of the World's Midwifery," 2011, *Delivering Health, Saving Lives*. accessed, June. http://www.unfpa.org/sowmy/resources/docs/main_report/en_SOWMR_Full.pdf.
4. UNICEF, (2011), *Healthy children need healthy mothers*, August. http://www.unicef.org/mdg/index_maternalhealth.htm.
5. Errol R. Alden, et al. (2010), *Helping Babies Breathe SM: Learner Workbook*. p. 6.
6. Estimates developed by WHO, UNICEF, UNFPA and The World Bank. *Trends in Maternal Mortality: 1990 to 2008*. http://whqlibdoc.who.int/publications/2010/9789241500265_eng.pdf. p. 4, 8.
7. Kishwar Azad, et al. (2010), "Effect of scaling up women's groups on birth outcomes in three rural districts in Bangladesh: a cluster-randomised controlled trial," *The Lancet*, Vol 375, 3 April 2010, Pp. 1193-1194, 1200-1201.
8. Paul Hunt, Judith Bueno de Mesquita. *Reducing Maternal Mortality – The contribution of the right to the highest attainable standard of health*. Human Rights Centre. University of Essex. p. 7.
9. Sarah Barclay. (2010), "The Department of Making Pregnancy Safer Regional Highlights," World Health Organization, p. 28.

10. Stephanie Urdang, (2010), "New drive to save the lives of mothers, infants: Commitment, money and innovation can reduce high mortality rates," *Africa Renewal*, January 2010, p. 6.
11. Angela Horn, "What if you have a post-partum haemorrhage after a home birth? What if the midwife isn't there?" <http://www.homebirth.org.uk/pph.htm>.
12. Errol R. Alden, et al. (2010), *Helping Babies Breathe SM: Learner Workbook*. p. 12.
13. Jennifer Blum, et al. (2010), "Treatment of post-partum haemorrhage with sublingual misoprostol versus oxytocin in women receiving prophylactic oxytocin: a double-blind, randomised, non-inferiority trial," *The Lancet*, Volume 375, Issue 9710, Pages 217-223, January.
14. Nafissatou Diop, (2011), "Abandoning Female Genital Mutilation/Cutting: Key steps to bring the practice to a quicker end," *Monday Developments Magazine*, July, p. 19.
15. Liljestrand J., Rathavy T., Moore J., Savy B., "Critical components of birthing care in Cambodian health facilities: the quality of Active management of third stage of labor (AMTSL) and of eclampsia management." *ACCESS*, Phnom Penh, p. 11.
16. Justin C. Konje and Oladapo A. Ladipo (2000), "Nutrition and obstructed labor," *American Journal of Clinical Nutrition*, Vol. 72, No. 1, 291S-297S, July, American Society for Clinical Nutrition.
17. Justin C. Konje and Oladapo A. Ladipo (2000), "Nutrition and obstructed labor," *American Journal of Clinical Nutrition*, Vol. 72, No. 1, 291S-297S, July, American Society for Clinical Nutrition.
18. UNICEF (2000), *Equality, development and peace*, May, p. 19.
19. Stephanie Urdang (2010), "New drive to save the lives of mothers, infants: Commitment, money and innovation can reduce high mortality rates," *Africa Renewal*, January, p.6.
20. UNICEF (2000), *Equality, development and peace*, May, p. 23.
21. "In Africa, UN chief spotlights progress in improving women's and children's health," 25 May 2011, <http://www.un.org/apps/news/story.asp?NewsID=38503&Cr=maternal&Cr1=> .
22. *Further Initiatives for Social Development*, (Social Summit +5), 1 July 2000, paragraph 56, United Nations:New York.
23. UNICEF (2000), *Equality, development and peace*. May, p. 5.
24. Amina P. Alio, et al. "Addressing Policy Barriers to Paternal Involvement During Pregnancy," *Maternal and Child Health Journal*.
25. Kerstin Erlandsson and Elisabet Häggström-Nordin (2010), "Prenatal Parental Education From the Perspective of Fathers With Experience as Primary Caregiver Immediately Following Birth: A Phenomenographic Study." *The Journal of Perinatal Education*. Winter, Volume 19, Number 1. pp.19-20.
26. Zulfiqar A Bhutta, Zohra S Lassi, (2010), "Empowering communities for maternal and child health," *The Lancet*, Volume 375, Pages 1142-1144, April.
27. UNICEF (2000), *Equality, development and peace*, May, p.23.
28. "UN forum on reproductive health in protracted crises kicks off in Spain," September 2009. <http://www.un.org/apps/news/story.asp?NewsID=32306&Cr=reproductive+health&Cr1=>.



“Those who take family life seriously are our greatest allies in the fight against AIDS.... Those voluntary organizations, including religious ones, who teach abstinence and family commitment, should be encouraged, not criticized.... Moral commitments to family life are fundamental.”
—Terrance D. Olson, Ph.D.

Photo: Students with Stay Alive program – Reach the Children, Inc.

MDG 6 – Contents

HIV/AIDS & Other STDs: Philosophical and practical starting points of prevention (by Terrance D. Olson, Ph.D.)	184
Prevention of Mother-to-Child Transmission.....	203
Malaria Prevention (Mayo Clinic).....	206
Tuberculosis Prevention (Mayo Clinic)	207
AIDS Orphans Speak Out.....	208
<i>Stay Alive</i> HIV/AIDS Prevention Education Program for Children	210

The author:

Terrance D. Olson earned his Ph.D. at Florida State University’s Interdivisional Program in Marriage and Family, emphasizing Theory, Therapy and Family Life Education. His work on moral agency, drawing on the work of Levinas and Warner, is applied to issues of adolescent sexuality, AIDS, marital interaction, parenting, adoption, the moral dimension of short story and film writing, and family life education. He was recently named Co-Family Life Educator of the Year by the National Council on Family Relations.

6 - HIV/AIDS & Other Diseases

United Nations Fact Sheet – MDG 6

Targets:

1. Halt and begin to reverse, by 2015, the spread of HIV/AIDS
2. Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
3. Halt and begin to reverse, by 2015, the incidence of malaria and other major diseases

Quick Facts:*

- Every day over 7,400 people are infected with HIV and 5,500 die from AIDS-related illnesses. HIV remains the leading cause of death among reproductive-age women worldwide.
- An estimated 33.4 million people were living with HIV in 2008, two-thirds of them in sub-Saharan Africa.
- Access to HIV treatment in low- and middle-income countries increased ten-fold over a span of just five years.
- Malaria kills a child in the world every 45 seconds. Close to 90% of malaria deaths occur in Africa, where it accounts for a fifth of childhood mortality.
- 1.8 million people died from tuberculosis in 2008, about 500,000 of whom were HIV-positive.

Where do we stand?

The global response to AIDS has demonstrated tangible progress toward the achievement of MDG 6. The number of new HIV infections fell steadily from a peak of 3.5 million in 1996 to 2.7 million in 2008. Deaths from AIDS-related illnesses also dropped from 2.2 million in 2004 to two million in 2008.

Although the epidemic appears to have stabilized in most regions, new HIV infections are on the rise in Eastern Europe and Central Asia. Globally, the number of people living with HIV is continuing to increase because of the combined effect of new HIV infections and the beneficial impact of antiretroviral therapy.

There are 17.5 million children who have lost one or both parents to AIDS. More than 80% of them (14.1 million) are in sub-Saharan Africa.

UN Department of Public Information – DPI/2650 F/Rev.1 - September 2010

HIV/AIDS & Other STDs:
Philosophical and practical starting points of prevention*
Terrance D. Olson, Ph.D.

**AIDS Prevention:
No Philosophy-free Interventions are Possible**

While billions of dollars have been expended in the fight against AIDS, the pursuit of a cure, or even of mere prevention, has proceeded generally within a curious philosophy. Kurt Back, almost 40 years ago, pointed out how a philosophy can either enhance or retard efforts at prevention. In the context of adolescent pregnancy prevention, he noted the obvious two sources of the problem—increased sexual activity among adolescents and insufficient contraception. These empirical facts seem to suggest a two-fold approach to be logically legitimate. Yet, Back notes, “We are struck by the preponderance of research and application on the second factor—the use of contraceptives, to the virtual exclusion of the first, the increase of teenage, non-marital intercourse” (Back, 1983, p. 2).

Such a focus on only one of the two sources of the problem suggests that interveners believe in the effectiveness of what they are doing, including that it is realistic to convince sexually-involved teens to use contraception consistently. The general neglect of efforts to alter sexual behavior in a more fundamental way—through sexual abstinence prior to marriage—seems not to be seen as a viable option. I draw this conclusion because of two additional factors common in discussions of adolescent pregnancy prevention: 1) the rejection, generally, of abstinence educators’ attempts to show why refraining from sexual involvement is a legitimate prevention strategy; 2) the invocation of empirical results to show the futility of an abstinence approach, while ignoring empirical results that show value in such an approach (See Kirby, 2001; Weed, 2008, 2009).

More recently, some authors have noted that what I will call a “one-eyed philosophy” persists in current massive AIDS prevention efforts. Hanley has indicated, “A handful of African countries have actually forced down the AIDS rates, each of them by changing behavior—particularly reducing sexual partnerships—not through the heavily promoted risk reduction measures” (M. Hanley, 2010). This is an echo of Back decades ago; risk-reduction efforts (keep your sexual practices, but use contraceptives) do not seem empirically to reduce the risks.

Arguments pro and con on adolescent-pregnancy research mirror arguments over AIDS prevention studies. Although those arguments typically consist of picking

*This chapter is a revised, expanded and updated version of an oral presentation by Terrance D. Olson & Richard G. Wilkins scheduled for presentation in Tunisia in 2001, but later published as Olson, T. D. & Wilkins, R. G., “The Family, Youth and AIDS.” In Morisky, Jacob, Nsubuga & Hite (2006) *Overcoming AIDS: Lessons learned from Uganda*. Greenwich CT: Information Age Publishing, pp. 225-247.

apart the methodology of the various studies cited, the root of the debate, practically, is philosophical.

Philosophers of science have shown that both theoretical and empirical activity spring from assumptions which are accepted on other than empirical grounds (See Kuhn, 1970, pp. 1-22; Hazelrigg, 1989, pp. 47-101; Polkinghorne, 1983, pp.1-32, 93-116; Polanyi, 1946, pp. 10-41). These authors have shown that interpretations of the empirical results of intervention efforts rest on philosophical-theoretical assumptions, as well as on the validity of the research methods used in the assessments. In other words, science invokes an ideology that conforms to certain values and assumptions, and operates as do other belief systems.

For example, regarding AIDS and sexual behavior, the generally accepted ideology is that sexual involvement with multiple partners is inevitable, so the most legitimate prevention efforts are those which seek to change the conditions under which sexual involvement takes place. This response excludes as unrealistic

any attempts to reduce promiscuous sexual involvement, promote fidelity in marriage or encourage abstinence in the young, unmarried generation. Ironically, the fidelity-abstinence approaches are often criticized as unrealistic precisely because they are ideological (rather than scientific), while the interventions that are promoted (such as mandatory condom use or "education") are falsely (illogically) assumed to be free of ideology. In fact, there is no ideology-free intervention.

In brief, whether the decision is to deliver a "comprehensive" sex education program (commonly understood to include the biology of human reproduction as well as contraceptive information and abstinence options) or an abstinence-based program (including the biology of human reproduction and the pre-eminence of abstinence as a solution), a distinct philosophy guides the content of the intervention, the research questions asked and the meanings derived from the results.

Thus, for example, a family-based approach to AIDS prevention cannot be dismissed by critics merely on the grounds that it is based on a philosophy, unless the critics wish to dismiss all prevention efforts (including their own). Given that all intervention efforts are expressions of some philosophical assumptions, the war against AIDS might be modified or tweaked or enhanced if the assumptions guiding empirical and practical efforts were stated explicitly. If we are willing to grant that every prevention program proceeds on both philosophical and empirical grounds, then perhaps there is a starting point to examine and to be more open to numerous approaches that have been either neglected or dismissed prematurely as sources of solutions so desperately needed. A philosophy that addresses the quality of family commitments and its relationship to sexuality is as legitimate an intervention tool as any other philosophy. Perhaps it is more fundamental to the quality of lived-experience possible in families,

"No physical consequences from voluntary behavior are more deadly than those related to AIDS."

where individuals seek to not put each other at risk for any reason. Alternative approaches, grounded in alternative philosophies, must be granted as practically defensible. As Green and Ruark (2011) lament:

Future historians will look back on the first quarter century of AIDS prevention and marvel how so little attention should have been given to primary prevention, to developing risk elimination strategies that address the underlying behavior itself rather than only reduce the risk (p. 252).

If the reader grants the logical defensibility of this initial commentary, then it will be no surprise that we will offer philosophical grounds for success and a modest commentary on the logical reasons so many intervention efforts both succeed and fail—including efforts within the philosophy we promote. Yet we hope our approach will give interveners more reasons to hope. We will begin by considering the philosophies of the audiences whose behavior and beliefs we are seeking to change. Everyday people are guided by (often unspoken) philosophical assumptions as much as are researchers or scholars.

The Values, Beliefs and Philosophies that Surround Sexual Practices

A given philosophy about sexuality and relationships can either be part of the problem or part of the solution to the spread of AIDS. We propose that the reason attempts to combat AIDS are almost universally failing is that few programs address the values, beliefs and philosophies that surround sexual practices. It is unclear that philosophies that facilitate the spread of AIDS can be altered in every segment of a population. Yet to assume that no segment of the population—no individuals at risk for AIDS—is willing to change (to re-examine their beliefs regarding sexual behavior) is to abandon them in advance to a kind of victimhood and helplessness. To see people as unwilling or unable to change their sexual behavior abandons them to their habits. Yet we then try to insist that they can continue to engage in at-risk behavior if they will merely reduce the likelihood of certain consequences.

The philosophy underlying the social and contextual factors related to sexual relationships in Africa is formidable. If, as has been noted by many, Africa's unique explosion of AIDS among generally innocent women and children is due to cultural and social practices, a quick and ready solution to the problem is unlikely. When one studies the means of infection in African nations, a recurring theme is the vulnerability of women to the advances of men. This includes young girls being subject to the intimidations and invitations of teachers (McGeary, 2001, p.41). For example, the All Africa News Agency asserts that 31% of students in Kabale, Uganda, were forced or coerced into sex (All Africa, 1999). The vulnerability of women is also increased by sexually promiscuous husbands who refuse to use condoms for various reasons related to cultural attitudes (philosophies), habits and practices. If these practices continue to be as unresponsive to education or behavioral programs as they have been so far, the future for the next generation in Africa is grim indeed.

Caldwell, describing factors in Africa related to the general failure to curb the spread of AIDS, echoes the view that merely providing knowledge will not stem the crisis when the real issue is changing behavior. Yet, Caldwell notes, major obstacles to changing behavior are the cultural beliefs about sexual practices. They are so pervasive that behavioral approaches alone, such as the encouragement of condom use, have failed (2000). These cultural beliefs include attitudes against the use of condoms, an expectation of sexual promiscuity by men, an emphasis on fertility as a defense against a high mortality rate, the prevalence of polygyny, employment of husbands in distant locations, and beliefs about pre-destination and death. Thus, cultural beliefs—and the practices which spring from them—seem to be more fundamental than behavioral approaches that seek to change behavior based on knowledge alone. Caldwell even notes that educational programs, though "successful" in providing knowledge, fail because the cultural beliefs about sexuality undermine the "facts" presented. Behavioral approaches not closely tied to stable and deeply held belief systems have little chance of success.

For example, in a study from Thailand, Hanenberg, et al. noted that when commercial sexual establishments were forced by the government to require condom use, levels of STDs "fell steeply among prostitutes, and HIV prevalence among army recruits declined by two-thirds" (1994—as quoted in Caldwell, 2000, p.119). But this success was dependent on close governmental monitoring. Moreover, data in Thailand since the study are not encouraging. According to the UNAIDS/WHO Epidemiological Fact Sheet—2000 Update for Thailand, the percent of AIDS infection for sex workers from 1991-1997 was, consecutively, 7.4%, 17.82%, 8.59%, 13%, 9.61%, 6.89%, 13.02%. This is not a heartening fluctuation. It indicates that a program supposedly successful with a relatively small target audience was successful only temporarily. Furthermore, the current data demonstrate that the study's limited "success" is not likely to reach the total population, even if the government could mount the aggressive monitoring procedures it applied to visible and targeted sexual establishments.

These conclusions are sustained by Richens, Imrie & Copas (2000), who point out that condom distribution is often related to increases in non-marital sexual behavior, and thus, to a greater percentage of the population being at risk when condoms fail or are not used. This, of course, is not counting the spread of less lethal STDs that are not restrained by condom use. Practical experience, as well as documented research, shows the inadequacy of sexual education and condom distribution programs to halt the AIDS crisis. Even if "graphic demonstrations" of condom use are given, studies demonstrate that the pregnancy and sexual activity rates among

“Condom distribution is often related to increases in non-marital sexual behavior, and thus, to a greater percentage of the population being at risk when condoms fail or are not used.”

youth continue to increase (Kirby, et al., 1989). In other words, in spite of acquiring knowledge and behavioral rehearsal, the risk abatement is minimal.

Efforts to reduce AIDS infection rates through intensive counseling and condom use have proved uniformly unsuccessful, even when the persons being counseled are adult females very strongly motivated to avoid pregnancy (see summary in Hartigan, 1997). In one study, 404 uninfected adult European women with HIV positive partners received intensive counseling. Despite the training—and the high motivation to use condoms to avoid infection from their partners—only 49 of these women used

“There is no logical, scientific, or moral/ethical justification for overlooking risk elimination approaches.”

condoms all or most of the time. Of these 49, six still became infected (European Study Group, 1992). Moreover, during AIDS projects in Thailand, studies of young men showed 1.04 new cases of HIV per 100 people not visiting sex workers, while 3.47 cases per 100 people developed among those visiting sex workers – even though the men visiting sex workers always used condoms (Richens, 2001); again

demonstrating that addressing only sexual behavior (not information regarding, or use of, condoms) is key to reducing AIDS infection rates.

The foregoing context can be described as “value-free knowledge and behavioral intervention.” Such efforts stand in contrast to what some have referred to as “risk-elimination” programs, where the target is to reduce more fundamentally the behavior that continually puts individuals at risk.

Green and Ruark (2011) suggest a philosophical assumption that may explain why a certain style of behavioral intervention may fail:

There is no logical, scientific, or moral/ethical justification for overlooking risk elimination approaches based on the ideas that because not everyone can change certain behaviors, no one should be expected to change any behaviors, and that everyone has a right to engage in whatever behaviors he or she wishes, no matter how risky (p. 251).

That is, approaches that seek to reduce the negative consequences of at-risk behaviors may fail because they do not grant the possibility of promoting non-risky behaviors altogether. Instead of assuming that nobody can or will change their sexual activity to living risk-free, or that a program is worthless if it only changes the behavior of some, restricts the multiple approaches that could be adopted in truly “comprehensive” prevention efforts.

In an example of a program that included both information and behavioral monitoring, a well-designed study in the U.S. by Polit and Kahn (1985) placed disadvantaged pregnant teens in two separate groups. One group was nurtured in contraceptive practices, the other was not. Interviewed 12 months into the program, the repeat pregnancy rate of the contraceptive-educated group was significantly lower than the comparison group (14 pregnancies compared to 22). But at 24 months, one year after the end of the

educational program, the repeat pregnancy rate of the educated group had jumped back up to that of the comparison group and rates of contraceptive use by the two groups was virtually the same (p. 152). Most tellingly, numerous condom advocacy programs show not only that greater numbers of adolescents participate sexually when such programs are in place in U.S. schools, but virtually no population of the sexually-active adolescents in those programs ever uses condoms 100% of the time (see Kirby, et al., 1989, 1991). So at best, short-term behavioral programs seem to produce short-term results, and long-term results may require long-term programs. These three studies may be prototypical of what happens when the AIDS epidemics are addressed by behavioral or government-monitored programs. We will not change at-risk practices by knowledge alone. And, we will not reach a substantial portion of the most at-risk populations at all.

The foregoing demonstrates an often overlooked reality: First, the cultural values and beliefs that contribute to the spread of AIDS are fundamental components of the AIDS crisis itself. Second, behavioral monitoring programs, in the long run, will be unable to counter the influence of those cultural values and beliefs. As a result, when a problem has become culture wide, and when cultural beliefs do not inhibit but instead accelerate the problem, no solution will be found. Accordingly, interventions based on merely changing behavior or requiring government coercion will inevitably fail. In short, the ideologies of purportedly "scientific" interventions—which limit their focus to providing knowledge and offering behavioral interventions and government control or monitoring—are inadequate as prevention philosophy and practice. To continue in that path would be like trying to overtake a cheetah in the bush with an elephant. The next generation will be lost, in large part, because—by focusing our intervention efforts on knowledge or behavioral change alone—we have failed to take seriously (or be realistic about) the fact that beliefs predict behavior better than either knowledge or external behavioral controls.

“Beliefs predict behavior better than either knowledge or external behavioral controls.”

Addressing Values and Beliefs in Prevention

Values and beliefs are relevant to behavior, but in matters of solving the problems associated with sexual behavior with multiple partners, there seems to be a hesitation among professionals to address the issue, on the grounds that it would be “imposing” a value system. That argument is undermined by the fact that trying to change contraceptive behavior is itself an imposition of a value system. The other argument against addressing value systems is a pragmatic one: The proposition is that you really cannot expect to change an individual’s sexual behavior. Sex being what it is, how could we expect anyone to abstain or limit sexual behavior to one partner? This is a philosophical position as much as it is a pragmatic one, and unless the effort is made to change both values and behavior, proposed solutions to problems that address both will continue to fail.

“Fragile family structure in southern Africa . . . has been implicated in the spread of AIDS.”

Once we grant that value-free intervention is a logical impossibility, both the sources of the problem and the starting points for the eradication of AIDS in Africa can be seen as symptoms of moral and ethical approaches to life and relationships. Programs simply cannot proceed under the illusion that just educational or informational content is sufficient. The AIDS crisis is as much an issue of citizenship, of being responsible and rejecting even self-destructive cultural norms, if the next generation is to survive. Solutions include living by philosophies and beliefs regarding human sexuality that are non-destructive to ourselves and to the next generation.

So it is imperative that risky AIDS-promoting human behavior must change (see Hanley, 2010). But changing behavior requires a fundamental change in values and beliefs—not mere distribution of knowledge. Why? Because belief systems—especially cultural belief systems—are the most robust predictor of actual behavior.

The Family as Indispensable Ally

The familial dimension is not irrelevant to the task of teaching and modeling ethical, responsible beliefs and behaviors that do not put ourselves or others at risk. As Green and Ruark note:

As one example of a cultural factor that seems to be deeply enmeshed in the spread of AIDS but is rarely explored by AIDS programs, let us consider family structure. Anthropologists have much to offer in contributing to greater understanding of family structure, including changes over time and links to risky behavior and AIDS. Fragile family structure in southern Africa, particularly patterns of partner change among parents, and children growing up without one or both parents at home, has been implicated in the spread of AIDS (2011, p. 249).

Cultural beliefs and behavior begin in marriage and family relationships, and the more enduring those relationships are, the more valid their influence regarding attitudes and behavior. Studies show that belief systems are a better predictor of behavior than knowledge—and this is particularly true regarding sexual behavior (Miller, McCoy, Olson & Wallace, 1985a). Parent child interaction is an enduring influence—for good or ill—precisely because family interaction immerses us in articulating and living values and beliefs. One of the strongest predictors of adolescent sexual attitudes and behavior (in a U.S. sample) is the marital status of the parents (Miller, Higginson, Olson & Wallace, 1985). Also, adolescents reporting parental interest and involvement in their lives, including monitoring their school and personal achievements, are about twice as likely to report sexual abstinence as those students who say parents do not feel grades or achievements are important (Miller & Olson, 1985). Even disciplinary practices in the

home—or the lack thereof—are correlated with sexual involvement among secondary school students, with teens reporting a “moderate amount” of rules and strictness the ones most likely to be sexually abstinent (Miller, McCoy, Olson & Wallace, 1985b). The adolescents reporting their parents as “not strict at all,” were the most likely to be sexually involved, followed by those students who reported their parents as “extremely strict.”

An additional contextual factor was early dating: the earlier the dating, the more likely the sexual involvement (Miller, McCoy, Olson & Wallace, 1985b). Even students who report some kind of educational plans after high school are more likely to report abstinence than those who report “no plans” or “don’t know” (Miller & Olson, 1985). These outcomes regarding abstinence among high school students do not address the issue of AIDS prevention directly, but they do suggest why research in Uganda has shown that the greatest sources of the reduction in HIV and AIDS infections has come from a reduction in the number of sexual partners and fidelity among the married (Green, 2003).

Interestingly, even parents whose attitudes include a “liberal” attitude toward sexual involvement by adolescents, nevertheless seem to influence their own children toward “responsible” sexual behavior by having discussions about values, beliefs, responsibility and risk. Perhaps parents are more powerful in their influence than professionals. This could be, in part, because the context of parent-child interaction is over the long term and holistic, rather than symptom, problem or specific behavior centered.

To borrow again from adolescent-pregnancy research and philosophies, in a sample of 10,000 15-year-old females in the United States, Hanson, Myers and Ginsburg (1987) found knowledge of human sexuality and birth control practices had no effect on the chances that a black or white female will experience an out-of-wedlock birth as a teenager. However, when adolescents and their parents hold values that stress responsibility, the adolescents' chances of experiencing an out-of-wedlock childbirth are significantly reduced (p. 241). In this study it was shown that unless knowledge and information are linked to beliefs and values—to a philosophy relevant to the knowledge—providing knowledge and information alone is a very weak intervention tool. Moreover, instead of using intervention efforts that typically cut adolescents off from parental influence and consider parents intruders on the “autonomy” of a child, parental influence should be encouraged. Discussions (with parents) of values and beliefs seem to enhance student responsiveness to prevention efforts (see Hanson, Myers & Ginsburg, 1987; Miller & Olson, 1988; Olson, Wallace & Miller, 1984.)

“Adolescents reporting parental interest and involvement in their lives . . . are about twice as likely to report sexual abstinence.”

Reconsidering and Broadening Our Philosophy of Prevention

It is time, therefore, for the world community to consider an alternative intervention ideology—just as empirically valid as the so-far inadequate behavioral ideology. This

intervention ideology would emphasize sexual chastity prior to marriage and sexual fidelity within marriage. In making this proposal, we are not so naive as to believe that such an approach will halt the AIDS crisis overnight. But such an approach offers far more hope for certain target populations who are most likely to adopt beliefs that protect the rising generation. To succeed with some populations is essential for the economic and cultural survival of the infected countries of Africa (and the world).

To many, this proposal may seem like Don Quixote tilting at a windmill. Given that behavioral approaches have failed, given that providing knowledge and even practice in contraceptive use has proven ineffective, how can one possibly think society can do what has only rarely been done in the history of the world, namely, change the fundamental beliefs of a whole culture? But, if we are, in fact, wrong in the starting points we propose, then in the absence of some medical breakthrough, we must be honest enough to admit, no matter what our ideology and in spite of our science, there may not be any practical, realistic solution to the problem. We cannot continue to reduce our prevention efforts to political battles which are merely conflicts of ideologies, while the people we wish to help, and even the next generation, are sick and dying.

A values-based intervention program based in research shows the powerful link between people's beliefs, values, commitments and their behavior. This research shows that while behavioral approaches rarely change underlying beliefs, a change in values and beliefs can and does change behavior. We recognize it is unlikely that a whole culture will respond to values-based efforts, any more than a whole culture will respond to government coercion promoting condom use. But those who do respond and who do change their beliefs, are likely to be those who will preserve the culture and give the next generation—or the generation after that—the chance to be free of AIDS. The group most likely to respond to this call are parents who understand what it means to act in behalf of the next generation and who are committed to the

“The group most likely to respond to this call are parents who understand what it means to act in behalf of the next generation and who are committed to the well-being of the next generation.”

well-being of the next generation – not just during some intervention program, but across time. A philosophy that addresses the quality of family commitments and its relationship to sexuality not only is as legitimate of an intervention tool as any other philosophy, it targets the group most likely to have a long-term commitment to those at risk in their circle of influence. Perhaps it is more likely in family relationships to seek not to put each other at risk for any reason.

Restoring and Strengthening Family Influence

Given that virtually all cultures function in family units—however battered, imper-

fect or even dysfunctional they sometimes may be—to address the family unit is to go to the heart of the problems that produce AIDS. AIDS is not the consequence of an act in isolation from culture or context. It is a consequence of abandoning all that makes individuals citizens—even humans.

Without family connectedness, the future of any individual is void of any other human being who, across time and across generations, is interested in their well-being. Perhaps the second tragedy of AIDS orphans who die from neglect or from contracting the disease from their parents, is that there are few relatives to mourn their passing.

When we undercut the familial network that would otherwise be available to nurture and rear children conceived by people who are thinking of the well-being of the next generation (not to mention their own well-being), we undermine prevention efforts in advance. It is as if we think we can generate solutions to problems that require a familial infrastructure, in contexts where the boundaries that make that structure functional have already been abandoned. Perhaps this is in part because so many prevention efforts invoke a focus on the act without attention to the relationship. When sexual behavior is seen as a recreational activity (as an act with no relational, social, emotional, familial or generational consequences), it can hardly be said to be a human activity at all. It seems to be more relevant to the behavior of mere animals.

“To address the family unit is to go to the heart of the problems that produce AIDS.”

The family unit offers a distinct style of sexual involvement. Sexual involvement is a significant mode of engagement with another that either acknowledges their humanity—their personhood—or sees others as things to be used. Granting personhood includes meaningful interaction across time. Things using things seems inherently self-centered and temporary. Nobody has to stick around for the consequences. How upside-down is the world when sexual involvement is an interaction of things to be used rather than an expression of mutual commitment to another’s best interests? When the consequences of things using each other (or being subject to being used) can include debilitating disease and death, perhaps AIDS prevention efforts should include a consideration of philosophies of human being and of quality human relationships. Remember, the issue here is that the idea of a value-free, philosophy-free, contextually irrelevant setting for understanding sexual involvement is logically impossible. The only decision to be pondered by professional or parental AIDS preventers is, “What philosophy will we base our efforts in?”

Practically speaking, observers note that the necessity of a husband-father having to seek employment in another country while leaving his family behind in their village is a source of AIDS infection, given the father’s immersion in sexual activity while away from his family. So when a country figures out how to help families survive economically without having to be geographically separated, it would eliminate one factor in the continued expansion of AIDS infections. But geography is not the real root

of causing a husband-father to be sexually promiscuous while away from a spouse. It is a cultural belief about what it means to be married, to be a man, a woman and so on. Unless solutions include (or are preceded by) a father's commitment to fidelity, then whether at home or abroad, he may continue to place himself and family members at risk. His geography may be a factor in the problem, but until values, beliefs and commitments to the well-being of his family are lived, not even geographic prox-

“Unless solutions include a father’s commitment to fidelity, then whether at home or abroad, he may continue to place himself and family members at risk.”

imity will be an ultimate solution. Being away from home may be essential to the economic survival of the family. It is ironic that in the midst of being away from home to achieve the economic survival of the family, the father engages in voluntary behavior that can have deadly consequences to the very family he is working to preserve. *The two overwhelmingly predominant factors in the spread of the AIDS infection—sexual practices and il-*

legal drug use—are the results of voluntary behavior. No physical consequences from voluntary behavior are more deadly than those related to AIDS. Yet we seem to ignore the beliefs that spawn behaviors putting individuals at risk for all sorts of STDs.

Reconsidering Ontology: Agency and Individual Responsibility

What would an approach that sees humans as agents of their own future (and not just the blind victims of behavior they can't help) look like? An example of this alternative approach to prevention includes being explicit about philosophical assumptions and how they ground the content of intervention efforts:

1. Show Meaning. An idea is meaningful when it makes a significant difference (constructively or destructively) in the quality of our lives. Rather than just giving facts, place a priority on examining how ideas have consequences. This is especially relevant for ideas and assumptions we make when we explain ourselves: our attitudes, our behaviors and our ethical beliefs. This includes seeing how we link various views of human being with attitudes and behavior. This is more than simply teaching family members to consider the consequences of their behavior, because even the most knowledgeable among us cannot foresee all consequences. Moreover, if it is possible for a person to be self-deceived about a situation, that person will see consequences that justify irresponsible or self-destructive behavior. Thus, the first question of meaning to be addressed in AIDS prevention efforts is: “What does it mean to be human?”

2. Show a “moral way of being” as fundamental to human experience. Authentic thinking about human behavior is not concerned just with the use of

tools, skills or rules to analyze a situation. Authenticity includes examining where the moral or ethical domain “fits” in human experience. If the moral is made fundamental to human being, it changes the way we understand thoughts, feelings, attitudes and actions. That is, the starting point for understanding the ethical is in who we are. Our thoughts and emotions are symptoms of a given way of being in the world. To think that we live in some morally objective or neutral world may be both a logical and a practical illusion. We draw upon beliefs about compassion, responsibility, justice or wisdom to fully understand the human condition. It is logically possible that “human being” equals moral being, equals being human. A practical question to assess how quality living and quality relationships are possible might be, “How can I act simultaneously in my own and the other person’s best interests?” This question begins a discussion about what is “best” in all contexts of human experience: financial, familial, educational, relational, sexual, parental and so on.

3. Construct agentive possibilities. Beginning with the presupposition that humans are capable of initiating their own attitudes and actions, invite individuals to consider the (morally) qualitative difference between responsible and irresponsible ways of being. If, for example, humans are moral agents (in contrast to conditioned organisms), they can live true or false (humanely or inhumanely) to their moral sensibility. Human hates, resentments and prejudices may be expressions (symptoms) of having repudiated one’s own humanity. Furthermore, it may be that no injustice can overturn an individual’s capacity to act responsibly (be moral). Thus, we would undermine both the fourth grader who says, to justify himself in the quarrel with his sibling, “She started it!” as well as the physically abusive husband or wife who says, “If you weren’t so irritating, I wouldn’t have to hit you.” Some attempted rationales for our actions are no more than rationalizations of moral or ethical wrongdoing we perpetrate on others—in both attitudes and actions.

4. Teach principles more than rules or facts. Have students discuss the principles they believe in and by which they would want to be treated. Principles underpinning an individual’s best interests, quality family relationships, the relationship of justice and compassion, and the operation of self-deception in human experience can be discussed.

5. Consider the possibility that we are relational beings. If this is so, then questions of morality and ethics do center on how we treat others. Acknowledge that link between individual identity and the family across generations. Our commitment to people (or not) is equally relevant to understanding sexuality, AIDS, abandoned pregnant women and the context of our conduct in any arena of human interaction.

Starting Points of Relational Intervention

It may be we have artificially separated human sexuality from other dimensions of human being and tried to understand it in ways disconnected from the wholeness of human experience. Sexuality is relational, contextual, familial, social, emotional, physical, spiritual—in other words, a central feature of human experience. But it obviously can be used and misused. Every misuse is a misuse of our relational, contextual, familial, social, emotional and physical being. Perhaps our first mistake is to assume that, while our sexual feelings are relatively strong and constant, we are thus helpless victims of those feelings and cannot live in ways where we honor our own and others' best interests in all matters, including the sexual domain.

A relational approach to AIDS prevention would include a focus on both intentions and behavior, and offer an analysis of how moral agents can act in support of, or to subvert, one another's best interests. One starting point could be to restore or renew the idea of the generational family. It would foster the idea that parents, at their best, act in behalf of the next generation—including not placing children (and the women who bear them) at risk through no fault of their own. By appealing to beliefs about family, we address how to preserve a culture. We address that women, when seen as mere vehicles of pleasure, are at great risk because they

“Foster the idea that parents, at their best, act in behalf of the next generation.”

are treated as things rather than as valuable persons, and are subjected to destructive practices. Some would consider challenging this value as unrealistic, because a given culture might disdain the value of women so fundamentally as to be resistant to change. Exactly. But those who focus on “the act” and, for example, promote only condom use, may not follow through for exactly the same reasons—the culture doesn't sustain a concern for the personhood (or future) of another. Specifically, how might we transform the starting point of existing programs to one grounded in relational, ethical ways of being?

First, as pointed out in the first section of this chapter, no education curriculum or prevention program can be delivered merely descriptively, without invoking value or moral implications, because the very decision regarding what to teach does not take place in a moral or value vacuum. Rather, curriculum writers and professionals bring a philosophy of what kind of knowledge is most valuable, needed or necessary, to affect the quality of life for the intended audience. If sex education is intended to assist the audience live a quality life, then the content of the curriculum is based on judgments about what a quality life is. To make this judgment of quality is to declare what is beneficial and what is destructive in terms of attitudes and behaviors. Judging what behaviors are related to the quality of life is a moral judgment. Thus all curricula are essentially prescriptive, simply by what they choose to present or

avoid. They are illustrations of differing—and sometimes incompatible—views of what is moral. However, prescriptive curricula need not be dictatorial. The philosophical stances of curricula are revealed through answers to the following questions:

- a. What does it mean to be human?**
- b. What is the purpose of sexual involvement/interaction?**
- c. How are decisions made regarding the legitimate contexts for sexual involvement?**
- d. What criteria are used to determine the difference between constructive and destructive contexts of sexual participation?**

Examples of philosophical decisions regarding curriculum content include curricula that focus extensively on “the act” and some that focus extensively on the context. Some view sexuality as very individualistic and relativistic, and some view sexuality as contextual and relational. An ethically-defensible curriculum would invite the audience to consider for themselves the value of individualism and relativism, in contrast to relational and contextual realities that contribute to the quality of life. Obviously, the language introducing and explaining those differences must take into account the educational level of the audience who may be ignorant of such ideas, but are not stupid.

One criterion of how to decide on positive values is to seek content in a curriculum that aligns the best interests of three groups (AANCHOR, 1984):

- **The individual**
- **The family**
- **The community**

To focus on best interests avoids the unsolvable debate created by trying to have each entity merely legitimize their self-interests. Such a stance calls into question the notion of cohesion or of community. It requires debate and discussion over what is “best.” This also would require a dialogue regarding the moral dimension of human sexuality, since such a discussion would be necessary to determine what is best.

We could be direct and bold in pointing out that human sexual expression is both personal and public. That is, our beliefs, including family values and religious teachings and traditions, are relevant to the decisions we make about sexual expression. It is up to us whether we live according to those beliefs. However, because the consequences of sexual involvement impact more than our personal quality of life—because those consequences also have an impact on the family and the community—our decisions include obligations to the well-being of others and to the quality of life in a community. We are not teaching this human sexuality curriculum just because we are interested in making the kinds of decisions that will help us have a quality future. We are interested in becoming the kind of citizens that foster the well-being of others and the cohesiveness of a community. Our life is not merely our own. By the decisions we make—educationally, financially, in relationships and in sexual expression—we are either fostering or undermining our own and others’ chances for a quality future.

Sex education is grounded in some philosophy of human sexuality, in a view of what makes humans human, and in assumptions about how the family, the school system or the government can promote attitudes and behaviors that are not destructive of the quality future of an adolescent, a married couple or any adult seeking to live relationally. Sex education should have the same philosophical purpose as curricula in science, math, languages, drama and all educational endeavors. We seek for students to have access to a richer life because they have been educated.

The least-likely populations to respond to our efforts (or even to efforts by those encouraging lower-risk sexual behaviors) are those who are self-centered, narcissistic, and though knowledgeable, ignore the risk to which their behavior places themselves and others—especially those they claim to love. This invitation to transform values and beliefs in order to preserve others will include offering knowledge. The knowledge offered will be exact and pointed: all those who are at risk for AIDS, educated and uneducated, can be offered a moral call to act in behalf of the next generation. Such a moral call must address the specific values and beliefs that fuel the on-going AIDS crisis. The moral call, for example, must point out with great clarity that sexual promiscuity places both men and women at great risk. Sexual promiscuity is bad citizenship. It undermines cohesion in families and therefore, in society. Most grievously, it winks

“All of us are persons of value; are persons worthy of being treated with sexual fidelity.”

at such behavior as the misuse of women and children. In Kenya, “. . . 22% of 19-year-old girls in the general population were already infected with HIV, compared with just 4% of boys of the same age” (UNAIDS, 2000b). Such a disparity in infection rates is just one indicator that women may be unable to escape sexual coercion in cultures where sexual

promiscuity has become a prominent feature of cultural life. Commitment to the well-being or value of other persons is a starting point to abandoning self-centered, mutually-destructive behaviors.

All of us are persons of value; are persons worthy of being treated with sexual fidelity.

We cannot halt the spread of AIDS while continuing to see women as secondary to the cohesion and strength of a community and society. Also, children infected at birth become painful evidence that the destructive consequences of some parental acts cannot be easily contained. Infected children are the ultimate evidence that the heart of solving the AIDS epidemic lies in believing and living by relational ethics, where the consequences of our acts are seen as having familial and cultural consequences. Janet Museveni, the First Lady of Uganda, understands this. She is making a family life of fidelity the hallmark of her crusade to preserve the life and health of the next generation. Her task is daunting. Evidently, “sexual initiation for girls has already dropped to 15 years” (All Africa, 1999). Nevertheless, the First Lady is eloquent in her call:

AIDS is a loud and urgent symptom of a malady which has pervaded the whole human condition. It is a physical manifestation – like environmental degradation, violence, and corruption in high office – of a deep-seated disorder in the spirit of man. . . . People have used sex in all sorts of ways that it was not meant for. It has taken AIDS for us to know what we've been doing with our bodies and to learn that we're really responsible for our lives. We never really talk about our ethics, our morals, but I feel very strongly that this is the only answer. Ours is a spiritually illiterate generation. The whole problem is tied in with the breakdown of morals in the world. AIDS is not the problem of Africa alone. It's a human problem, and we have to treat it as such (Media House International, 2001).

In this invitation to consider a relational philosophy, we are issuing a moral call, not a religious one. We wish to promote those practices that place the next generation at the least possible risk, and to do so, our beliefs must be more fundamental than, and be consistent with, our behavior. Given that many religious groups seem to be able to dramatically reduce in their congregations – including their young people – AIDS-at-risk behaviors (Garner, 2000), we are mystified that many who hope to reduce the spread of AIDS spurn or even ridicule such efforts. It is another sign that ideology is embedded in our current "received views" of how to attack the spread of the disease.

Values-based Programs

Despite the embedded ideology that education regarding sexual "facts" and condom distribution are the only methods of attacking the AIDS epidemic, there is evidence that values-based programs do work. The Report of the Secretary-General to the Special Session on HIV/AIDS notes "well-documented evidence of success . . . particularly among young people" (A/55/779 at par. 55). This success comes from values-based programs in Zambia, Uganda and Tanzania that encourage chastity and sexual abstinence. According to the UN Secretary-General's report, these programs have "resulted in less premarital sex, increased male sexual abstinence, and less frequent casual sex" (A/55/779 at par. 55).

The Secretary-General's report demonstrates that changing beliefs can change sexual behavior in ways that halt the spread of the crisis. If the beliefs of a group reduce the likelihood that their members will take sexual risks, why not sustain and support their efforts? The world community should strengthen, for example, the efforts of religious communities who encourage their populations to abstain from AIDS-risk lifestyles. The Report of the Secretary-General notes that the predominantly Islamic nations of North Africa and the Middle East "have so far been the least affected by the epidemic" (A/55/779 at par. 55). Why not strengthen, rather than deride, cultural norms that halt or avoid the crisis altogether?

If, then, sexual promiscuity is bad citizenship, and if drug use similarly places individual well-being at risk, society must call upon people to be good citizens by not placing themselves, others and their own culture, at risk. The success of such a call will not be great if only a change in behavior is sought. But if a change in philosophy,

commitments and beliefs about how to treat each other, about how to behave in behalf of the members of our family and for the next generation, takes place, those individuals are more likely to forgo risky behaviors altogether.

Summary: Affirming the Relevance of Beliefs and Family in Prevention

The reason families are the hub of our prevention efforts regarding beliefs and values is because parents are the adults most likely to be committed to the long-term well-being of their children. After government policies have been installed, after educational programs have been delivered, after medical treatments have been obtained, it is parents who

“Families are on the scene after programs and policies have faded. Parents are the ones who transmit values and beliefs.”

are in the lives of their children for the long run. Families are on the scene after programs and policies have faded. Parents are the ones who transmit values and beliefs (Dittus, Jacard, & Gordon, 1999; Hanson, Myers & Ginsburg, 1987; Lees & Tinsley, 2000). Families deserve to be supported in examining how to transform a culture—or more properly, restore a culture—to the beliefs and practices that are family, child and next-generation friendly.

Professional interventions might be enhanced by seeking ways to transform beliefs that counter at-risk attitudes and behavior. Features for transforming beliefs might include:

1. Restoring the idea that abstinence prior to marriage and fidelity afterward—even in polygynous societies—is evidence that marriage, family and sexual matters are neither causal nor inconsequential.
2. Rejecting the idea that men have the right or the need to pursue sex wherever it is available. This does suggest that men may be something other than mere animals.
3. Revising business and economic practices which require men to be employed in cities or countries other than where it is possible to locate their families.
4. Protecting refugees from predatory sexual behavior and seeking ways to restore them to homes and homelands.
5. Seeking economic support for infrastructures that minimize the need for migration.

If a society places philosophy and beliefs that nourish, encourage and reward commitment to family and to the next generation at the heart of its culture, it has a base from which to attack a disease that is spread primarily through voluntary behavior and ignorance. If, as we now know, providing knowledge is not enough, behavioral monitoring

is insufficient, and cultural beliefs about sex, women, marriage and family are among the factors which contribute to the AIDS crisis, surely it is time to marshal beliefs which help one generation to preserve the next, and those of the next generation to preserve themselves. Such beliefs are most likely moral beliefs that sustain familial, generational commitments. Those who take family life seriously are our greatest allies in the fight against AIDS. Those who undermine family commitments invoke an ideology which threatens the greatest resource available for scientists, governments, the medical profession and religious groups to use in acting in behalf of the next generation: the family (Fagan, P., 1999, 2000). Those voluntary organizations, including religious ones, who teach abstinence and family commitment, should be encouraged, not criticized. Then our attempts to protect refugees, to reduce the necessity of migration, to keep families together by strengthening local economies, to treat women as persons of value—all are more likely to succeed. Moral commitments to family life are fundamental.

This is a philosophical position as much as it is a pragmatic one, and unless the effort is made to change both values and behavior, proposed solutions to problems that do not address both will continue to fail.

ENDNOTES

- All African News Agency (1999). Uganda's First Lady on a crusade of peace, morality. <http://allafrica.com/stories/199906040097.html>, June 4.
- Back, K. W. (1983). "Teenage pregnancy: Science and ideology in applied social psychology." In R. F. Kidd & M. J. Saks (Eds.), *Advances in applied social psychology* (pp.1-17) Hillsdale, NJ: Lawrence Erlbaum.
- Caldwell, J. C. (2000). *Rethinking the African AIDS epidemic*. Population Development Review, 26 (1) March 117-135.
- Dittus, P. J., Jaccard, J. & Gordon, V. V. (1999). "Direct and nondirect communication of maternal beliefs to adolescents: Adolescent motivations for premarital sexual activity." *Journal of applied social psychology*, 29, (9), 1927-1963.
- Fagan, P. (2001). "How U.N. conventions on women's and children's rights undermine family, religion and sovereignty." *The Heritage Foundation: Background No. 1407*. (February).
- Fagan, P. (1999). "How broken families rob children of their chances for future prosperity." *The Heritage Foundation: Background No. 1283*. (June).
- Garner, R. C. (2000). "Safe sects? Dynamic religion and AIDS in South Africa." *The Journal of Modern African Studies*, 38, (1) 41-69.
- Green, E. C. (2003). *Rethinking AIDS prevention: Learning from successes in developing countries*. Connecticut: Praeger.
- Green, E. C. & Ruark, A. H. (2011). *AIDS, behavior and culture: Understanding evidence based prevention*. Walnut Creek CA: Left Coast Press.
- Hananberg, R. S., Rojanapithayakorn, W., Kunasol, P., & Sokal, D. (1994). "The impact of Thailand's HIV-centered programme as indicated by the decline of sexually transmitted diseases." *The Lancet*, 344(8917), 243-245.
- Hanley, M. (2010). "Reducing Risk, Increasing AIDS." *First Things*, On The Square, June 23.
- Hanson, S. L., Myers, D. E. & Ginsburg, A. L. (1987). "The role of responsibility and knowledge in reducing teenage out-of-wedlock childbearing." *Journal of Marriage and the Family*, 49, (2) 241-256.

- Hartigan, J. D. (1997). "The disastrous results of condom distribution programs." *In Focus*, Family Research Council. <http://www.frc.org/papers/infocus/index.cfm?get=IF97K1&arc=yes>
- Kirby, D. (2001.) *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2001.
- Kirby, et al. (1989). "An assessment of six school-based clinics: Services, impact and potential." *Center for Population Options*, 32-65 (as quoted in Hartigan).
- Kirby, et al. (1991). "Six school-based clinics: Their reproductive health services and impact on sexual behavior." *Family Planning Perspectives*, January-February, 6-16 (as quoted in Hartigan).
- Lees, N. B. & Tinsley, B. J. (2000). "Maternal socialization of children's preventive health behavior: The role of maternal affect and teaching strategies." *Merrill-Palmer Quarterly*, 46, (4), 632-651.
- McGeary, J. (2001). "Death stalks a continent." *Time*, February 12, 36-45. Media House International, (2001). "Uganda's First Lady: AIDS a moral problem." *The Forerunner International*, http://fore-runner.com/forerunner/X0852_Ugandas_First_Lady_o.html
- Miller, B. C. & Olson, T. D. (1988). "Sexual attitudes and behavior of high school students in relation to background and contextual factors." *Journal of Sex Research*, 24, 194-200.
- Miller, B. C., Christensen, R. and Olson, T. D. (1987). "Self-esteem in relation to adolescent sexual attitudes and behavior." *Youth and Society*, 19, 93-111.
- Miller, B. C., McCoy, J. K. & Olson, T. D. (1986). "Dating age and stage as correlates of adolescent sexual attitudes and behavior." *Journal of Adolescent Research*, 1, 361-371.
- Miller, B. C. McCoy, J. K., Olson, T. D. and Wallace, C. M. (1986). "Parental discipline and control attempts in relation to adolescent sexual attitudes and behavior." *Journal of Marriage and the Family*, 48, (August), p. 503-512.
- National Campaign to prevent teen pregnancy (2001). *Halfway there: A prescription for continued progress in preventing teen pregnancy*. Washington, D C: Author.
- Olson, T. D., Wallace, C. M. and Miller, B. C. (1984). "Primary prevention of adolescent pregnancy: Promoting family involvement through a school curriculum." *Journal of Primary Prevention*, 5 (2), Winter.
- Olson, T. D. (1999). "Addressing parent-adolescent conflicts: Moral agency as a starting point." *Proceedings, Seventh Australasian Conference on Child Abuse and Neglect*, Perth, Western Australia October 17-20, 849-859.
- Polit, D. F. & Kahn, J. R. (1985). "Project redirection: Evaluation of a comprehensive program for disadvantaged teenage mothers." *Family Planning Perspectives*, 17, (4), August, 150-155.
- Richens, J., Imrie, J. & Copas, A. (2000). "Condoms and seat belts: The parallels and the lessons." *The Lancet*, 355:400-403.
- Schaeffer, K. W., Nottebaum, L., Smith, P., Dech, K. & Krawczyk, J. (1999). "Religiously motivated sexual orientation change: A follow-up study." *Journal of Psychology and Theology*, 27, (4), 329-337. UN-AIDS/WHO (2000a). "HIV sentinel surveillance. Epidemiological Fact Sheet," Thailand, 4, 6.
- UNAIDS (2000b). *Epidemiology*. Fact Sheet on differences in HIV spread in African cities, <http://www.unaids.org/publications/documents/epidemiology/determinants/saepap98.html>. *Report of the Secretary-General, Special Session of the General Assembly on HIV/AIDS*, A/55/779.
- United States Congress. (1981). Adolescent Family Life Act, Title XX.
- Weed, S. E. (2009). "Another Look at the Evidence: Abstinence and Comprehensive Sex Education in Our Schools." *The Institute for Research and Evaluation*, Salt Lake City, UT (revised October 16, 2009). Press Release (5/13/09)
- Weed, S. E., I. H. Ericksen, A. Lewis, G. E. Grant, and K. H. Wibberly. (2008). "An Abstinence Program's Impact on Cognitive Mediators and Sexual Initiation." *American Journal of Health Behavior*. 32(1):60-73.
- Wallace, C. M. & Olson, T. D. (1984). *AANCHOR: An alternative national curriculum on responsibility*. Provo UT: BYU School of Family .

Prevention of Mother-to-Child Transmission of HIV

*The following information was extracted from the January 2010:
Prevention of Mother-to-Child Transmission of HIV: Expert Panel Report and
Recommendations to the U.S. Congress and U.S. Global AIDS Coordinator
<http://www.pepfar.gov/documents/organization/135465.pdf>*

- In 2008, an estimated 1.4 million pregnant women living with HIV in low- and middle-income countries gave birth, 91% of whom reside in sub-Saharan Africa (UNAIDS, 2009).
- Without intervention, 25-40% of infants born to HIV-positive mothers will become infected.
- With current interventions, this risk can be reduced to less than 5%. Therefore, **transmission of HIV from a pregnant woman to her infant is preventable.**

“As pregnancy is only for a limited time, urgent intervention to provide treatment or prophylaxis as quickly as possible is essential, or the window of opportunity to prevent HIV infection in the infant may close.”

Effective provision of Prevention of Mother-to-Child Transmission of HIV (PMTCT) interventions improves maternal health and infant HIV-free survival. PMTCT is a key component of overall HIV prevention efforts and represents a critical opportunity for stemming the tide of the HIV epidemic.

Comprehensive PMTCT consists of a 4-pronged approach:

- Prong 1: Prevention of HIV infection among women of childbearing age
- Prong 2: Prevention of unintended pregnancies among women living with HIV
- Prong 3: Prevention of transmission of HIV from mothers living with HIV to their infants
- Prong 4: Treatment, care and support for mothers living with HIV and their children and families

For HIV-positive women who become pregnant, access to and follow through on effective interventions to prevent transmission to the infant and to provide treatment

for the woman herself and her child if infected must be provided to maximize maternal health and infant HIV-free survival. This continuum of services is often referred to as the PMTCT cascade and includes:

1. **Antenatal care attendance;**
2. **HIV counseling and testing with same day return of results to the woman;**
3. **Determination of eligibility for HIV treatment through CD4 count assessment (or less optimally, through clinical staging) with rapid return of results to the woman and her provider;**
4. **Provision of antiretroviral therapy for women who require therapy for their own health and antiretroviral prophylaxis to prevent mother-to-child transmission to women who do not yet require therapy;**
5. **Adherence to HIV treatment or prophylactic regimens as medically appropriate;**
6. **Safe labor and delivery services;**
7. **Timely provision of HIV prophylactic regimens and cotrimoxazole for the infant;**
8. **Safe feeding practices for the infant;**
9. **Early follow-up HIV testing for the infant with rapid initiation of antiretroviral treatment for those who are infected, and testing to determine final HIV status in breastfed infants;**
10. **Ongoing, clinical, psychological and social care, support and monitoring for the mother, infant and family.**

For optimal results, these services should be embedded within high-quality general maternal, newborn, infant and child health services and supported by national and local government commitment and funding, community sensitization and mobilization, male partner and other family involvement, strengthening of health systems to promote comprehensive care and treatment, accurate data collection, monitoring and evaluation, reliable supply of necessary equipment and supplies and well-trained, patient-friendly health care workers.

Breastfeeding

Moreover, risk of mother-to-child transmission of HIV does not end at birth but continues for as long as the infant is breastfeeding. Women may not be able to reliably access appropriate infant formula or the clean water needed to prepare it. Even if this can be accomplished, breastfeeding is often the cultural norm, and formula feeding may draw scrutiny from friends and family, potentially exposing the woman to stigma and discrimination, and leading to formula feeding in private and breastfeeding in public. This 'mixed' feeding of part breast milk and part formula has been shown to present

the greatest risk for HIV transmission. Additionally, if formula feeding is interrupted due to inadequate supply of formula or compromised by use of unsafe water for preparation, infants are at extremely high risk for morbidity and mortality from other causes, such as diarrhea and malnutrition, thus defeating the ultimate goal of HIV-free infant survival.

For these reasons, WHO infant feeding guidelines for HIV-positive women have recommended exclusive breastfeeding for all women unless specific criteria for formula feeding can be met – specifically formula feeding must be ‘AFASS’ (affordable, feasible, acceptable, safe and sustainable). This conditional approach has been extremely difficult to implement and has resulted in tremendous confusion among health care workers and mothers and likely contributed to ongoing transmission during breastfeeding.

Given recent clinical trial results demonstrating that provision of antiretroviral drugs to the breastfeeding infant or lactating mother can significantly decrease breast milk transmission, WHO now recommends that countries develop a national plan for feeding guidance for all infants of HIV-positive women that should include a comprehensive approach to health care access. If breastfeeding is chosen for national guidelines, exclusive breastfeeding for 6 months followed by continued breastfeeding with appropriate complementary feeding through age 12 months, accompanied by antiretroviral prophylaxis of the infant or mother to prevent breast milk HIV transmission, is recommended.

“When the husband is engaged in the health care needs of mother and child... many markers of improved health are achieved.”

Integration of Services

One means of streamlining patient time is to integrate the PMTCT treatment access interface into the larger public health structure that targets women’s health and health needs and the health needs of their babies. Bundling services into a mother-child friendly environment that provides a one-stop-shop for immunization of their child (and a chance for dry blood spot PCR-based pediatric diagnosis), nutritional interventions, acute care needs (e.g. malaria treatment), and HIV care and treatment services, improves efficiency for the program and for clients (regardless of HIV serostatus) and helps to reduce stigma. Such an approach has been suggested in a “family-centered” public health clinic approach that has been implemented successfully in some locales (Arrive, 2007). An added benefit is the observation that when the husband is engaged in the health care needs of mother and child, many markers of improved health are achieved and as is often the case; the husband can access his HIV care needs as well.

AIDS Orphans Speak Out

The following was provided by Sharon Slater, president of Family Watch International. It includes excerpts from speeches delivered at the 2011 United Nations Commission on Population and Development by her two adopted children, Luis and Amelia Belchior – orphans from Mozambique.

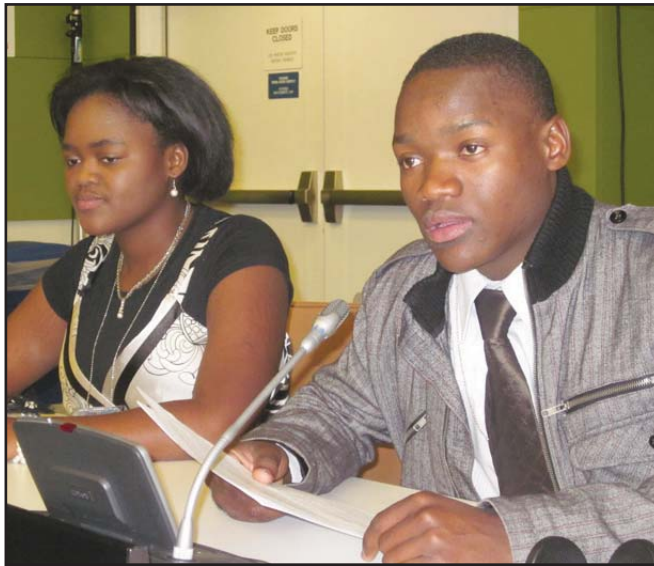
Testimony of Luis Belchior, orphaned by AIDS at age 11 (now 19):

Mr. Chair, distinguished delegates, it is an honor and a privilege to be here. I would like to speak in behalf of some of the 14 million children in sub-Saharan Africa who, like me and my brother and sister, were orphaned by AIDS.

My parents did not have to die. AIDS is a 100% preventable disease. We know how to stop it and it is quite easy to do. People just need to channel sexual activity into a faithful life-time union in marriage. It is that simple. My parents died because our culture taught them that they did not need to be faithful to each other in marriage.

In my country you can see buses with a picture of a soccer ball with the words, “Play safe, use a condom,” as if sex were a game like soccer. Let me tell you that in Africa, at least in Mozambique, sex is no game – it can end in death!

I lost my brother to AIDS as well. My guess is, most of you have never had to watch a parent or a sibling die a slow painful death due to HIV and AIDS. If you had, you might get a different perspective about how we ought to solve the AIDS pandemic.



My sister and brother and I have been in the U.S. now for three years and this is my second time at the UN and I am very worried about the policies being negotiated here regarding human sexuality, youth, and HIV and AIDS. I have sat through negotiations where I have witnessed the develop[ed] countries trying to force a “sexual rights” agenda on the African countries.

I have watched as delegates have been fighting to remove language promoting “comprehensive education on human sexuality.” And it makes me really angry to see what they are doing because I have learned that this kind of “sexuality” education that is being pushed actually encourages youth to experiment with their sexuality and to engage in promiscuous behavior. I hope you are concerned that many developed countries are trying to tell the African countries that youth have a “right” to this kind of education.

Now does that make sense to you? – To encourage youth to have sex, especially in countries experiencing AIDS pandemics? It sounds like a death sentence to me and it was a death sentence for three of my family members.

Testimony of Amelia Belchior– orphaned by AIDS at age 9 (now 17):

Did you know that last year, at the Commission on the Status of Women, a booklet published by International Planned Parenthood Federation and directed toward youth living with HIV and AIDS was distributed to youth?

Did you know that this booklet claimed to teach youth about their “sexual and reproductive rights” and claimed these “rights” are recognized by the world as “human rights?”

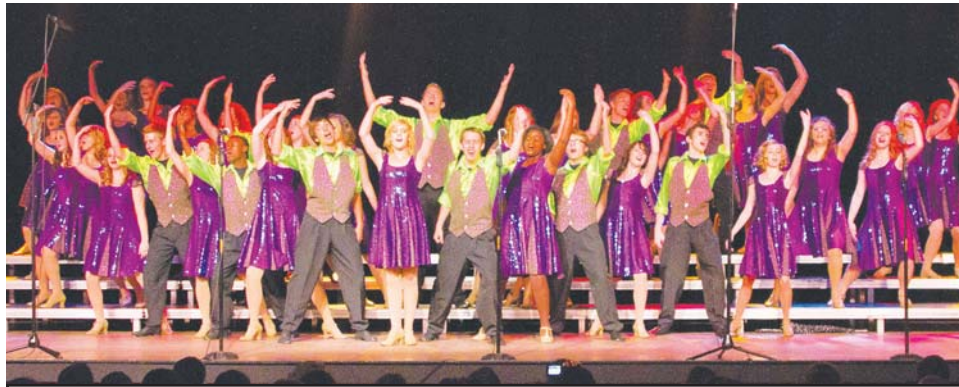
It states that the booklet is “here to support your sexual pleasure.” It tells HIV-infected youth they can have sex in numerous ways too graphic to repeat in a forum such as this. And if it is too graphic to be repeated here, why was this distributed at the UN?

You see this booklet, entitled “Healthy, Happy, and Hot,” promotes sexual pleasure through masturbation, with people of the same sex and even while intoxicated with alcohol.

But what upsets me the most is that this booklet actually tells HIV-infected youth that laws requiring them to disclose their status with their sexual partners violate their human rights.

It is outrageous that this “Healthy, Happy, and Hot” booklet was distributed to youth at the United Nations. It is wrong for UN agencies to promote sexuality education programs that encourage youth to prematurely engage in sexual activity to obtain sexual pleasure, but it is unconscionable that HIV-infected youth are being encouraged to have sex with anyone they want, any way they want, without disclosing their status. What are we doing here?

My brother Luis and I belong to a show choir called Light Entertainment Company. We have about 60 youth from 13 different schools. We sing and dance, and just came back from a tour. **All of the youth involved have chosen to delay sexual activity until marriage. . . .**



The Light Entertainment Company – Youth in Arizona

We call upon UN Member States, UN agencies, NGOs and all entities within the UN system to respect the rights, religions and cultural values of all UN Member States in their work at the United Nations and to cease the promotion of abortion, sexual rights and comprehensive education on human sexuality instead of basic sex education. Thank you.

Malaria Prevention

Printed by permission from the Mayo Clinic.

Further information can be obtained on the following web site:

<http://www.mayoclinic.com/health/malaria/DS00475/DSECTION=prevention>

If you're going to be traveling to a location where malaria is common, talk to your doctor a few months ahead of time about drugs you can take — before, during and after your trip — that can help protect you from malaria parasites.

In general, the drugs taken to prevent malaria are the same drugs used to treat the disease. Your doctor needs to know where you'll be traveling so that he or she can prescribe the drug that will work best on the type of malaria parasite most commonly found in that region.

No vaccine yet

Scientists around the world are trying to develop a safe and effective vaccine for malaria. As of yet, however, there is still no malaria vaccine approved for human use.

Reducing exposure to mosquitoes

In countries where malaria is common, prevention also involves keeping mosquitoes away from humans. Strategies include:

- ***Spraying your home.*** Treating your home's walls with insecticide can help kill adult mosquitoes that come inside.
- ***Sleeping under a net.*** Bed nets, particularly those treated with insecticide, are especially recommended for pregnant women and young children.
- ***Covering your skin.*** During active mosquito times, usually from dusk to dawn, wear pants and long-sleeved shirts.
- ***Spraying clothing and skin.*** Sprays containing permethrin are safe to use on clothing, while sprays containing DEET can be used on skin.

Tuberculosis Prevention

Printed by permission from the Mayo Clinic.

Further information can be obtained on the following web site:

<http://www.mayoclinic.com/health/tuberculosis/DS00372/DSECTION=prevention>

If you test positive for latent TB infection, your doctor may advise you to take medications to reduce your risk of developing active tuberculosis. The only type of tuberculosis that is contagious is the active variety, when it affects the lungs. So if you can prevent your latent tuberculosis from becoming active, you won't transmit tuberculosis to anyone else.

Protect your family and friends

If you have active TB, keep your germs to yourself. It generally takes a few weeks of treatment with TB medications before you're not contagious anymore. Follow these tips to help keep your friends and family from getting sick:

- **Stay home.** Don't go to work or school or sleep in a room with other people during the first few weeks of treatment for active tuberculosis.
- **Ventilate the room.** Tuberculosis germs spread more easily in small closed spaces where air doesn't move. If it's not too cold outdoors, open the windows and use a fan to blow indoor air outside.
- **Cover your mouth.** Use a tissue to cover your mouth anytime you laugh, sneeze or cough. Put the dirty tissue in a bag, seal it and throw it away.
- **Wear a mask.** Wearing a surgical mask when you're around other people during the first three weeks of treatment may help lessen the risk of transmission.

Finish your entire course of medication

This is the most important step you can take to protect yourself and others from tuberculosis. When you stop treatment early or skip doses, TB bacteria have a chance to develop mutations that allow them to survive the most potent TB drugs. The resulting drug-resistant strains are much more deadly and difficult to treat.

Vaccinations

In countries where tuberculosis is more common, infants are vaccinated with bacillus Calmette-Guerin (BCG) vaccine because it can prevent severe tuberculosis in children. The BCG vaccine isn't recommended for general use in the United States because it isn't very effective in adults and it causes a false-positive result on a TB skin test. Researchers are working on developing a more effective TB vaccine.

BEST PRACTICES

The Stay Alive HIV/AIDS Prevention Education Program for Children in Africa

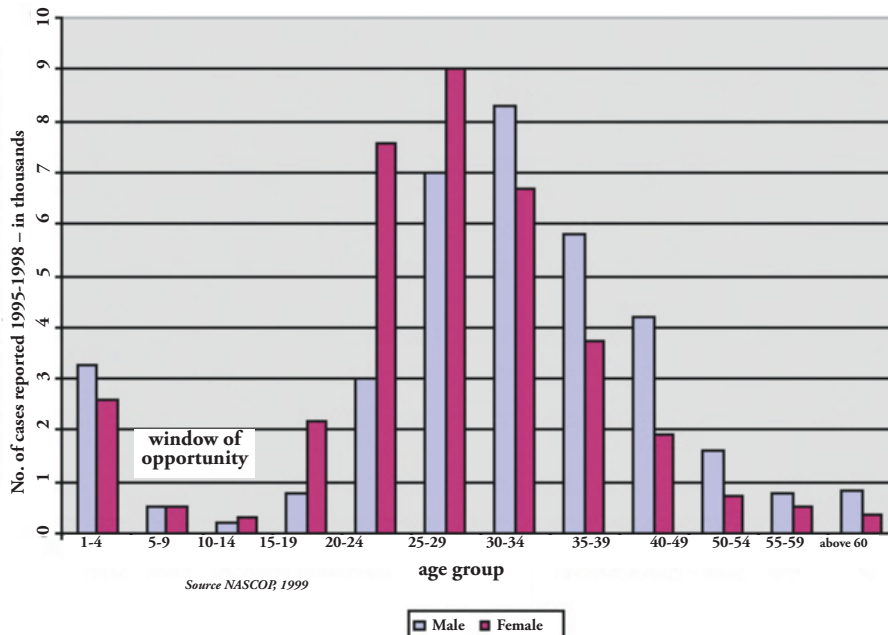
by Gaye Ottley Brown

The *Stay Alive* HIV/AIDS Prevention Education Program for Children (hereafter referred to as *Stay Alive*), implemented by Reach the Children in Africa, is based on the concept that the most effective way to remain HIV and AIDS disease-free is by practicing abstinence before marriage and total fidelity within marriage. The program revolves around the family. It focuses on the part each child and youth play in their current family and the family they will create in the future. It helps children and youth understand that personal happiness can come from happy, healthy families.

The *Stay Alive* program targets children from 9 to 14 years of age. Children in this age group are statistically the least infected by HIV, as shown in the following chart. They represent a “window of opportunity” to control the spread of HIV infection in the population in the long term.

The original goal of the *Stay Alive* program was to develop an intervention that changed the cultural scripts leading to self-destructive sexual behaviors as youth mature. This goal is consistent with the philosophy of UNAIDS, which states:

HIV Distribution in Kenya by Age and Sex



BEST PRACTICES

The future of the HIV epidemic lies in the hands of young people. The behaviors they adopt now and those they maintain throughout their sexual lives will determine the course of the epidemic for decades to come.¹

Since 2001 the *Stay Alive* program has been taught in eleven African countries, to over two million children, teachers and their families. Within Kenya alone, over 350,000 people have been taught using the program in schools, community organizations, religious organizations and individual families.

The *Stay Alive* program, written by Wendy W. Sheffield, LCSW, consists of five modules (eight lessons each), which focus on developing consequential thinking skills, engendering hope and building empowerment. The primary aims of the program are to:

- **Teach consequential thinking skills**, responsible decision-making skills and the skills needed to withstand negative influences – that will empower and enable them to remain HIV and AIDS disease-free.
- **Build and strengthen families**, especially family communication regarding values, healthy relationships and appropriate sexual behavior.
- **Help children and their families recognize and appreciate the critical role that abstinence and fidelity play** in HIV and AIDS prevention.
- **Engender hope, individual worth and empowerment** within African children.

The program is described as a holistic, developmental approach to HIV and AIDS prevention education. It provides training in the biological, psychological and sociological factors that contribute to HIV and AIDS infection.

Training in *biological factors* includes: the medical facts related to opportunistic viruses and infections, age-appropriate abstinence and self-empowerment-focused prevention practices and health promotion practices. The curriculum deals with *psychological issues* such as helping students develop their learning and reasoning capabilities – primarily through the development of cognitive-behavioral skill sets. *Sociological factors* discussed include the reinforcement of major age-appropriate developmental social milestones, which include: strengthening hope, reinforcing the value of life, solidifying a sense of individual worth within the family and/or community and discovering personal empowerment to advance personal and general welfare.

BEST PRACTICES

Students learn the value of family, its crucial role in society and their own personal happiness

One lesson entitled, "A Healthy Family Brings Happiness," helps students re-frame those around them as "family" (whether they have parents, whether they are orphans, or even if they are wards of the state) by giving service, showing kindness and pledging commitment. They learn about their own personal power in that family and how they can contribute to bringing happiness into their family and thus into their own lives. With their expanded understanding, they are each better prepared to create and protect their own future family. Students are empowered. "I can create my own future. I can create my own happy family! I can stay alive."

Parent-child interaction

Stay Alive program leaders meet with parents/guardians to explain the program and the roles of teachers and parents/guardians. Examples of parent-child interaction and discussions are demonstrated. Parents commit to spending an hour a week to sit down and discuss with their children their current and future lives and the *Stay Alive* lessons. Concerns are addressed. The issue of children with no parents or guardians is raised and ideas of how to support these children are brainstormed.

For generations, the Ugandan culture has inhibited discussion between parent and child about sensitive issues such as sexuality. The *Stay Alive* program advocates open discourse on the subject, as it relates to choices: family, love, kindness, sacrifice, self-respect, happiness and freedom. The ripple effect of this project will mean a better life for hundreds of children and countless others as they work together to stop the spread of HIV and AIDS.

Notes from the Reach the Children *Stay Alive* Director in Uganda, Ms. Madinah Kakyama, include this comment:

Several of the parent meetings were well attended, making the potential for a connection in the daily lives of the children much more likely. Parents were introduced to culturally-appropriate ways of addressing these sensitive issues with their children. Because a critical piece of the effectiveness of the *Stay Alive* program rests with the parent-child interaction, Reach the Children trainers were pleased with the participation.

The trainers acknowledged some obstacles in relationship to this piece of the program, such as: 1) parents often tried to protect their daughters, but felt that their sons could learn about sex on their own, 2) the children needed to make decisions regarding sex for themselves (not use excuses like, "My parents told me to wait until I'm married..."), and 3) children look to their parents as role models and therefore the parents have a responsibility to lead by example.

BEST PRACTICES

The trainers encouraged the parents to not just lecture their children, but to take time with them and discuss the issues. Talking about issues such as sexuality with children, before they become sexually active, provides accurate information and opens the door for continued communication as questions arise throughout puberty. The parents agreed that they needed to be approachable, should be kind and understanding, be truthful, be willing to listen and reinforce responsible behavior with personal stories. Above all, the parents agreed that now is the time to talk about sex, instead of waiting until the window of opportunity has passed.

Evaluation of *Stay Alive* in Kenya

In 2007, Ms. Lilian Odiero evaluated the effects of the *Stay Alive* program in Kenya. The results of the evaluation are reported below.

When asked whether *Stay Alive* had a positive change in the lives of their children, all respondents said "yes" in the affirmative. Observable behaviors reported to indicate those changes include:

- **Communication between parents and their children** has been facilitated.
- **Children have acquired some life skills.** They think before they act.
- **Mode of dress has drastically changed**, eliminating inappropriate clothing which includes tight and translucent clothes that mostly have sexual connotations.
- **Pupils are aware of basic facts** about prevention and transmission of HIV and AIDS.
- **Increased participation has been observed in classrooms.** Children are asking questions openly and those who are shy to do so are including their questions in a question box.
- **Self-discipline levels have gone up** and tremendous improvement observed.
- **Increased understanding of reproductive health.**
- **Truancy and pregnancy rates have reduced** significantly. Most reported that no pregnancies have been reported since the program began in their schools and a general respect for life has been maintained.
- **Parents have had a positive change** and are now more receptive of children's concerns and supportive of their children.
- **Respect is observable** in children and most of them have developed a desire to do correct and safe things.
- **Children are also watching over one another** to support each other in their moral decisions at home and at school.

BEST PRACTICES

Jane Agolo, a *Stay Alive* worker in Kaberamaido, Uganda, submitted this photo and reports the views of Alima, a student of *Stay Alive*:

It has helped me protect my happiness, by making good choices and living in a society free of HIV and AIDS. It has taught me to respect my parents, teachers and fellow pupils. Through self-respect, one can live a long, loving life. Through abstinence, and avoiding getting married at a young age, we can remain HIV and AIDS free. Also, through *Stay Alive* we have learnt what it means to genuinely care for one another and how we can build and maintain emotionally healthy relationships throughout our life. *Stay Alive's* program should be taught in all schools in Uganda, because it's a program that makes us, the youth, live happily among ourselves, avoiding the deadly HIV and AIDS disease, making good choices in life, which leads us to a long, happy, loving life.



Alima (Uganda)

Martin Obeng (Ghana), RTC *Stay Alive* West Africa Master Trainer, reports:

This is the family of Nixon Ohemeng Agyare. The two older girls, their mother and father took part in the *Stay Alive* program. They believe that a strong, healthy family can add to each other's happiness. They are to show love towards one another.



Nixon Ohemeng Agyare Family

BEST PRACTICES



The Brown Dodoo family

This is the Brown Dodoo family. Four of the children participated in the *Stay Alive* program. There are nine members in the Brown Dodoo family. Their home is in the thick of the Nungua township. The father, Edward Brown Dodoo, is a shuttle driver in the Western region of Ghana. His wife is Leticia. Mrs. Dodoo was a *Stay Alive* teacher until her last delivery. Now she prepares kenkey for sale. The children are as follows: Mercy (16), Elliot (13), Agape (11), Gorgeous (9), Emmanuel (6) and two-week-old twins. Although they discussed the program on Saturday evenings when their father was at home, she always used the principles and concepts to correct the children. Obeng says;

Mercy was a clever thief but has since stopped because her mother used the “choices and the consequences” to always remind Mercy of her actions. Mercy came to confide in me that she had put a stop to stealing so her mother should not confront her again. Now they could leave their money and other valuables anywhere in the house and it would be safe.

The attitude and behavior of the rest of the children have changed. Everyone does his or her house chores without been instructed or asked to do so. There is peace and cordiality at home. Their school work has also improved and teachers in school were asking if they have someone who teaches them at home. They replied that they now take their studies seriously and do not play most of the time as they used to.

BEST PRACTICES

Obeng explained that the Dodoo parents had learned a lot, too. Previously there had been strife between them. He happily reported:

The parents, who were always at loggerheads with each other, have – through the program – come together to the extent of bringing forth twins. They said they will name them Millicent and Martina after myself and my wife! They are grateful for the program and the support it gives the family.

Other parents whose children have taken the *Stay Alive* lessons gave these responses:

The program is a great help here in our area. It educates parents and the community as a whole on the danger of HIV and AIDS as well as how to take care for those infected. ***Stay Alive* gave the parents a way of communicating** with their children, making the children more free with them. We thank you.

Charles Mutungwa, Kenya

The *Stay Alive* program has really responded well to children. It has enlightened their lives. I know this by the way they were reasoning before the lessons and the way they are reasoning now. This comes especially on the knowledge of the deadly disease HIV and AIDS and, as the lessons continued, they touched on one's character and the strength of the family also. It has also uplifted the children's education aspect as some of the answers lie on putting effort in learning in schools. As a parent, it has given me a good reflection of my character. If anything, I now have a different understanding of the HIV and AIDS disease. The trainers tell me to be a good example and ***Stay Alive* has helped build the child, as well as me as the parent.**

Winifred Nduku Wambua, Kenya

You find that before now Africans would prefer that somebody else talk to my child, but not me talking to the child. **But this *Stay Alive* program will help the parents because they have the material, when they have been trained.** I have the material to talk to my child. I didn't have much to have to talk to my child, but with the *Stay Alive* program it is inside me. I have to pass it to my child. So you use it often and the relationship is advanced, is developed. It is helping the families grow strong, because we have told them, "You have to be an example to your children, so if you are fighting at home – that is not a good choice. It is not an example to your child." We have to show them as they grow up that a family is good and they wish to have one and even one child was saying, "I didn't know that I would have a family. I didn't have a vision. So this time I have a vision that one day I will have a good family."

Winifred Wambua, Parent and Stay Alive Team Leader, Kenya

Valuable feedback from Africans about the existing *Stay Alive* program was given in the early years of implementation, indicating that additional activities and resources would enhance the basic program.

BEST PRACTICES

Lilian Odiero, Evaluation Supervisor for Reach the Children (Kenya), said supplemental activities would:

1. Give the children exercises to gauge whether they have understood the lesson or not.
2. Help cultivate children's changing attitudes.
3. Give children and illiterate parents time to understand new concepts.

As a result of evaluations and input from parents/guardians and teachers, Wendy Sheffield (author of the *Stay Alive* program) developed *Cognitive and Creative Activities* and added *Behavioral Rehearsals* to accompany each lesson. These activities require minimal resources, can be easily adapted to local cultures and promote discussion between parent/guardian and children regarding the lesson concepts. Supplemental activities/materials include:

Stay Alive Notebook

A *Stay Alive* Notebook is provided for each student for use during *Stay Alive* lessons. In the notebook students explore their thoughts and ideas about the principles being taught and record their pledges. Teachers do not need to correct or judge the work in these notebooks. They are a tool for the students to use in their learning, and when taken home after the *Stay Alive* lesson is completed, will stimulate family discussion and serve as a reminder of the commitments they have made.

Behavioral Rehearsals

Each *Stay Alive* lesson contains behavioral rehearsals, which are the first activity in the Practice section of each *Stay Alive* Lesson. Each behavioral rehearsal/small-group activity has a leader (older student, parent or adult volunteer) who is: (1) familiar with the situations or behavioral concepts as discussed in the lesson, (2) familiar and comfortable with the role-play process, and (3) aware of a variety of role-play activities that support the application of the lesson's objectives.

An example from Module 1, Lesson 1: **“I Choose to be Happy!”**

Have the children discuss at least ten different choices they make, or will have to make, and the resulting consequences that come from those choices. Divide the children into small groups and have them role-play the situations which were discussed in the lesson. Make sure each child practices in making the decision on at least one of the ten role-play decisions. In addition, include each child as a participant in evaluating how they will recognize or live with the consequences of each decision made by other students during the role-play activity.

BEST PRACTICES

Cognitive Activities

The following activities and discussion questions are taken from Module 1, Lesson 1:

A choice that I make every day is:	The consequence of the choice is:	If I want the consequence to be:	Then I would have to change my choice to be:

1. Instruct each child to copy and complete the above chart in their *Stay Alive* exercise books.
2. Instruct each child to share and discuss their charts with the class.
3. Instruct each child to write an essay entitled, “The Choices I Make Every Day.”
4. Instruct each child to write an essay entitled, “My Choices Bring Me Either Happiness or Sadness.”

Creative Activities

5. Instruct each child to write a poem entitled, “Choices.”
6. Instruct the students to write and present skits that show the consequences that come from making different choices.
7. Instruct each child to identify a local proverb that discusses choice and consequences.
8. Instruct each child to write a story that tells about the consequences that come to a child as a result of his/her choices.
9. Create a meaningful practice activity of your own that will help each child integrate and practice the principles and skills taught in the lesson.

A Pledge

Each child is instructed to copy and complete the pledge in their *Stay Alive* exercise notebook.

An example from Module 1, Lesson 1:

I, _____, pledge that this week I will choose to:

_____.

Parent/Guardian Discussion Questions

The students are asked to copy a list of questions in their notebooks to discuss with their parent/guardian pertaining to the lesson concepts. After the home discussion, the parent/guardian is asked to sign the student notebook.

Additional supplemental activity suggestions include: games, plays, puzzles, analogies, fingerplays, arts and crafts activities, charts and songs that help to reinforce the *Stay Alive* lessons and bring families together to discuss these essential, life-saving concepts.

BEST PRACTICES



Each student receiving the *Stay Alive* lessons is provided a student journal to write a pledge at the end of each lesson. They take the journal home and discuss the lesson materials and pledge with their parents/guardians. The guardians sign their notebook to show the teacher that they have discussed the lesson with their child.



Parents meeting in Ghana where they learn about their responsibilities to discuss the *Stay Alive* lessons their children have learned at school and to sign in the student notebook where their children have written their PLEDGE after each lesson.

BEST PRACTICES

Evaluation Results

The following evaluation results were presented at the International Conference for Social Development (ICSD) in Bangladesh, January of 2011. Panos, Panos, & Cox Research Findings (2007-2009) showed results demonstrating growth by implementing the *Stay Alive* prevention program. Common beliefs concerning how HIV and AIDS is caused and how to avoid developing the disease changed drastically as can be seen in the information presented below. Data from before training and after training are given.

Information as understood by the children prior to participating in *Stay Alive* HIV/AIDS Prevention Program for Children (2008, Panos, Panos, & Cox):

Myths about HIV and AIDS Transmission (*initial pre-test findings*)

- Causes: God punishes naughty children or adults who break taboos, such as a failure to use Stay Free™ (hygiene) pads, failure to wash sheets, or “It is God’s will.”
- Remediation: Sleeping with a virgin, visitation from the spirits of the repentant deceased.

Prime Evaluative Indicators (*assessing the current status of the child*)

- Basic knowledge about HIV and AIDS, including how HIV and AIDS are transmitted;
- Level of consequential thinking skills;
- Understanding of sexual abstinence and fidelity within marriage;
- Value placed on having a healthy family system;
- Knowledge and skills leading to personal empowerment, including individual worth;
- Level of hope for a long, loving life; and
- Occurrence of risky sexual behaviors.

Pre-training Evaluation Findings (*before participation in the Stay Alive program*):

- Most Kenyan children (8-12 years-olds) understood that HIV and AIDS correlates with DEATH;
- Due to personal experience;
- Almost all are extremely fearful of contracting HIV and AIDS;
- Kenyan children have little understanding how their personal actions determine whether they will contract HIV and AIDS;
- “Bad manners” was the most common response (the term used by Kenyan children and youth when referring to sexual activity);
- Children understood sex could lead to AIDS, but they had little understanding about their choices regarding sexual behavior;
- They saw life from a fatalistic perspective.

BEST PRACTICES

- Consequential thinking (“My actions determine outcome”) was typically absent in pre-testing responses.
- Fidelity within marriage was not cited as a protective factor against HIV and AIDS.
- Initially, the evaluative team recommended not using the word “consequences,” but reconsidered after input from an adult focus group, who argued for its continued use, stating it provided the vocabulary base for an important concept.

Outcome Data:

- After participating in the *Stay Alive* program, pregnancy rates dropped by two-thirds among participants, while remaining the same for the control group.
- After participating in the *Stay Alive* program, children could understand and articulate the consequences of their behavior ($p < .001$).
- After participating in the *Stay Alive* program, children who previously viewed any sexual relations as a death sentence were able to describe sexual relations within a faithful marital relationship as potentially positive.
- After participating in the *Stay Alive* program, children demonstrated an increase in self-efficacy in regard to their ability to avoid contracting HIV and AIDS ($p < .001$).

CONCLUSION

The *Stay Alive* program is a positive, proactive program that not only educates children regarding HIV and AIDS, but also empowers them with the attitudes and skills they need to remain HIV and AIDS disease-free (Panos, Panos & Cox, 2009).

If we expect to really make a difference in the fight against AIDS, we must involve the family unit, whether it be the natural family or an adopted family. Any AIDS prevention program will only be sustainable if it becomes a part of everyday life.²

REFERENCES

1. AIDS Epidemic Update: December 1998. UNAIDS: Geneva, p. 9. data.unaids.org/publications/irc-pub06/epiupdate98_en.pdf
2. Peter Piot, UNAIDS Executive Director, Opening Remarks, XIV International Conference on HIV/AIDS, Barcelona: 7-12 July 2002.

BEST PRACTICES



Teachers who have been trained to teach the *Stay Alive* program demonstrate the *Stay Alive* play using puppets – Essam, Ghana.



Students performing the *Stay Alive* play at a school in Ghana.

BEST PRACTICES



Photo: Reach the Children (Aly Johnson photographer)



Students performing the *Stay Alive* play at a school in Ghana.

BEST PRACTICES

Julia Mavimbela (South Africa)	262
Seamay, Guatemala	264



“Families preserve and pass on to each succeeding generation the standards that are the foundation for the future. When parents teach their children to be responsible in taking care of the environment, the family can make a considerable contribution to the well-being of their community, nation and world.”

—Robert C. Roylance

The author:

Robert C. Roylance: As General Manager for Farm Management Company, Robert managed numerous corporate farms in over a dozen states and assisted other general managers in the UK, Mexico and Canada. After retirement he and his wife, Susan, spent eight months of the year, for four years, in Kenya and Uganda, targeting poverty alleviation, orphan care and HIV/AIDS prevention. These targets included the organization of community associations, export and local marketing, drilling boreholes (deep wells), laying pipelines, hand digging shallow wells, advising farmers on crop production, micro-credit, building schools, establishing a home-based community orphan program and the development of the *Stay Alive* HIV/AIDS prevention education program for children. He also provided agriculture consultations for farms in Egypt, Paraguay, Guatemala and Haiti. His focus was: crop production improvement, marketing, irrigation development and manpower development.

7 - Environmental Sustainability

Robert C. Roylance

Most of the MDGs are somewhat interdependent for their individual and collective successes; however, establishing environmental sustainability is essential to establish meaningful progress in developing nations. Productive lands and abundant supplies of clean water are vital in the establishment of financial stability. Essentially, every country that has overcome abject poverty has targeted land and water resources as a means of bringing prosperity to their country. In order to address these challenges, the following targets were established – in an attempt to reverse the general degradation of environmental resources.

Targets

- 1. Integrate the principles of sustainable development into country policies and programmes; reverse the loss of environmental resources**
- 2. Reduce biodiversity loss, achieving a significant reduction in the rate of loss**
- 3. Reduce by half the proportion of people without sustainable access to safe drinking water and basic sanitation**
- 4. Achieve significant improvement in lives of at least 100 million slum dwellers, by 2020**

The following paragraphs explain the progress made in the last ten years and the critical need for land and water improvements, including possible solutions in economic stability and environmental progress.

Broadly speaking, the prospects of meeting environmental sustainability in sub-Saharan Africa is under serious threat as most countries have fared poorly on environmental issues. Yet, environmental sustainability must be seen in the context of the complex links between the environment, development and poverty. From the outset we can point out

that the challenges of meeting the targets of MDG 7 are likely to be most severe in Africa because of slow economic growth, the rising toll of HIV/AIDS, and brutal conflict (Mabugu, 2008).

The Earth Institute at Columbia University, following a study focusing on East and South Africa, published a report stating:

Environmental sustainability, MDG 7, is the only one of the eight goals that is largely qualitative rather than quantitative. It calls for the integration of the principles of sustainable development into country policies and programs and for reversing the loss of environmental resources. This has led to confusion on how progress should be measured. MDG 7 is also the only goal where the overall situation is getting worse rather than better. This is the case across a wide range of ecosystems, particularly forests, freshwater sources, fish stocks and climate regulation (Earth Institute, 2007).

The Earth Institute team defined the main environmental challenges in Ethiopia, Kenya, Malawi, Rwanda, Tanzania and Uganda as:

“Hungry and desperate people cannot and do not . . . sustainably manage natural resources and ecosystems.”

- Land degradation
- Deforestation
- Declining fisheries and fish stocks
- Reducing biodiversity
- Insufficient access to safe and clean drinking water
- Declining total water resources
- Insufficient access to sanitation
- Growing urban slums
- Increasing energy demands
- Climate change

A more in-depth analysis of these targets will be featured later in this chapter, but it must be said that in Africa the last ten years of efforts to achieve these goals have resulted in a general monumental failure. So it would behoove us to consider a fresh approach. We should note the examples of some communities in Africa which have shown an ability to overcome a number of these problems and have started the spiral upward.

In considering the general reasons for environmental failures in Africa, Rattan Lal, professor at Ohio State from the School of Environmental & Natural Resources, made the following observation:

Hungry and desperate people cannot and do not spend emotional and philosophical capital on their responsibility and an ethic as to how best to sustainably manage natural resources and ecosystems. To curtail soil and land degradation under the juggernaut of poverty, ignorance, and desperation requires the building of social capital, measured in “currencies” of political stability, building institutions to serve society, education, population control, and other attributes. To attempt technical “fixes” for controlling

soil and land degradation without deflecting or slowing this aforementioned juggernaut is simply an exercise in futility (Lal, 1998).

Even simple environmental issues become overwhelming to societies in survival mode. As countries advance with economic stability and higher education levels, more complex environmental issues can come into play.



Picture 1: This is a typical, unsanitary condition in Africa. Frequently people and cattle use the same water source to supply their needs.

The family plays a critical role in any effort to solve the economic and environmental problems of communities and countries. Alberto Alesina of Harvard University's Department of Economics reported:

The structure of family relationships influences economic behavior and attitudes. We define our measure of family ties using individual responses from the World Value Survey regarding the role of the family and the love and respect that children need to have for their parents for over 70 countries. We show that strong family ties imply more reliance on the family as an economic unit which provides goods and services and less on the market and on the government for social insurance. With strong family ties home production is higher, labor force participation of women and youngsters, and geographical mobility, lower.... Our results overall indicate a significant influence of the strength of family ties on economic outcomes (Alesina & Giuliano, 2007).

A strong family structure can assist in the preservation of natural resources because of their collective and united ability to perform beneficial activities to help their local en-

vironment. Families in many places around the world are involved in reforestation projects, constructing water development programs that will provide clean drinking water for their family, engaging in farmland improvement programs, establishing stricter family hygiene standards and working in support of one another to secure a better education.

Reverse the Loss of Environmental Resources

According to the UN End Poverty Millennium Campaign:

Reducing poverty and achieving continued development must be done in conjunction with a healthy planet. The Millennium Goals recognize that environmental sustainability is part of global economic and social well-being. Unfortunately exploitation of natural resources such as forests, land, water, and fisheries have caused alarming changes in our natural world in recent decades, often harming the most vulnerable people in the world who depend on natural resources for their livelihood (Millennium Campaign, 2010).

Reversing the degradation of farmlands

Land and water being utilized by peasant farmers are key resources in overcoming poverty. The treatment of the land is such a critical matter because it will indirectly impact many aspects of the community and the local environment. With healthy soils



Picture 2: Terraced fields in China -- to prevent erosion of soil.



Picture 3: Gardens in a Burmese refugee camp in Thailand provide vegetables for the families.

the family farm will be more profitable and provide the funds to make it possible for the children to attend good schools. This will, in turn, prepare the next generation to become contributing members of society – to help break the poverty cycle.

In addition, highly productive soils will improve the overall output of food with more food grown on fewer acres. This will reduce the need for the destruction of forests to create more farmland. High-producing soils also reduce the amount of soil erosion because the loose-mellow soil structure will readily absorb rainwater. When soil absorbs all or most of the rainwater, it recharges the aquifers and springs and increases the clean water supplies; otherwise silt-filled water will run off the land into waterways and contaminate drinking-water sources.

Therefore, farm soils have a positive or negative impact on most of the targets for MDG 7, depending on how they are managed. It would be helpful if the farmland in sub-Saharan Africa was being managed properly and enjoying all the benefits of a healthy soil; but with only a few exceptions, the exact opposite is happening. The land is being abused at an accelerated pace because of the increased demand for food, cattle feed, cattle bedding and fuel, etc.

Julio Henao and Carlos Baanante of the non-profit International Centre for Soil Fertility and Agricultural Development in Muscle Shoals, Alabama, found that bad farming practices between 1980 and 2004 have damaged soil health on the African continent. Furthermore, the fertility of Africa's soil is being depleted at a rate that threatens to undermine the continent's attempts at eradicating hunger with sustainable agricultural development. They report:

The very resources on which African farmers and their families depend for welfare and survival are being undermined by soil degradation caused by nutrient mining and associated factors, such as deforestation, use of marginal lands and poor agricultural practices (Connor, 2006).

The World Bank encourages policymakers to “confront the twin challenges of desertification and land degradation that are silently robbing the continent of its soil fertility and ecosystem services” in their efforts to attain economic growth across Africa (World Bank, 2011).

This crisis is further clarified by Professor Lal:

Decline in soil quality can set in motion the derivative trends that lead to reduction in agricultural production, decrease in industrial (agri-based industries) output, increase in rural and urban unemployment, and reduction in GAP and GDP. What begins as soil degradation eventually translates into environmental degradation and political instability. . . . Soil degradation influences water balance, biomass production and the vegetation cover, and the microclimate. Soil degradation leads to desertification (Lal, 1998).

Therefore, restoring and maintaining high soil quality is a principle strategy for attaining economic progress and improving environmental quality.

This dire situation was further clarified when the key indicators of various countries were evaluated in the UN Report titled, “The Economic Importance of Agriculture for Poverty Reduction.” The report concludes that agriculture was a major factor in poverty reduction in the majority of countries studied. One interesting aspect of this study was the determination that China’s progress was due to industrialization and not agriculture (Cervantes-Goday, 2010).

However, an earlier study completed by Sylvan Wittwer, indicated otherwise. His book, *Feeding a Billion*, stated: “. . . the Chinese experience in food producing systems should be of great significance to the rest of the world” (Wittwer, 1987).

It is true that China’s progress in the last ten to twenty years has been a function of improvements in their industrial sector, but in the years preceding the industrial revolution the strides in economic expansion were in the agriculture sector.

It is very difficult for a country to pull out of economic stagnation without a vibrant agriculture sector. China and other Asian countries are an example, as they are also models in environmental sustainability when it comes to care of the land and other environmental targets.

In addition, Wittwer provided the following observation regarding China:

Historically, famines have ravaged and floods have devastated China’s food producing systems. Untold millions have starved. Yet China, today, is the hallmark of success in food production and agricultural reform. Within an eight-year period (1978-1986), it has gone from a state controlled economy to a market-driven one, coupled with economic incentives and personal initiatives that together have achieved over a 10% annual increase in the total agriculture output between 1981 and 1985. Never before has

such a remarkable record for a nation of such size been achieved. China is a living world example that farmers respond positively to increasing production when given incentives, resource inputs and the technology to do so (Wittwer, 1987).

This is such a major issue in relation to achieving the Millennium Goals due to the fact that most people in sub-Saharan Africa are associated with agriculture. According to the CIA, most countries in sub-Saharan Africa have at least 80% of the population associated with agriculture and in some countries it is in excess of 90%. This is compared to 0.7% in the United States (CIA, 2011). These percentages reveal the necessity of focusing on the huge agriculture sector as the prime driver of financial stability. This can only happen with the production of crops from soils with high fertility. It is essential that marketing and other considerations also play an important role in economic recovery, but if the soil is left to continued degradation, these other considerations will not matter.

“Agriculture was a major factor in poverty reduction in the majority of countries studied.”

The U.S. Department of Agriculture (USDA) reported:

Borlaug and Dowswell (1994) state that agriculture in Sub-Saharan Africa, more than in any other part of the world, is in crisis. The low-input low-output systems of agriculture which maintained Africa at subsistence levels is no longer able to feed the people. In addition, there are the associated problems of land degradation accelerated by low-input systems which in some instances has exceeded the resilience threshold of soils. Naturally low quality and human-induced low quality soils now characterize much of the African landscape; however there are areas where high levels of productivity are still possible (Eswaran et al., 1997).

Hari Eswaran, International Programs director for USDA, expressed concern over the “low-input agriculture practiced by many of the farmers” in Africa, and that the “absence of replenishment of mineral nutrients is slowly reducing many of the soils to almost inert systems.” Recognizing the low resilience of many of the soils, he warned, “future corrective measures may be exorbitantly expensive” (Eswaran et al., 1997).

The following list of critical action items will help restore the productivity of the land:

1. Implement a soil-fertility management program

Many fields in Africa have been depleted of soil nutrients as well as soil humus and organic matter. This leaves fields with little or no ability to produce crops that are sustainable. Therefore, it is essential for soil fertility management programs to be implemented. ISFM (Integrated Soil Fertility Management) is a program that could be of



Picture 4: Small farmer productive french bean field in Kenya.

great benefit to farmers and should be considered by governments to help in poverty-stricken regions dependant on agriculture. It includes a comprehensive evaluation of the soil through prescribed testing procedures. This program is currently being used by progressive farmers in Africa and could be utilized to a greater extent by common farmers, if they had the proper assistance. One of the problems with soil testing in Africa is the ability to get accurate and timely information – because of the limited number of soil laboratories. Normally, the only soils labs available are run by the universities. ISFM principles include a real concern for the environment, encourage the judicious use of chemical fertilizers and promote the use of organic fertilizers (Sanginga, 2009).

A difficult aspect of ISFM is the ability to determine the nutrient levels in the existing fields. This is due to the high cost of lab testing. It is prohibitive for small farmers to incur this expense on their own; therefore, the communities need to have general soil-testing programs so the small farmers will have an idea of where they stand. Community associations, such as community development centers (CDCs), could provide the needed support. (*See Community Development Centers on page 54.*)

Families can provide the extra labor needed to insure a successful organic fertility program that includes the management and application of livestock manures. They can also make it possible to utilize labor-intensive, crop-residue management systems.

2. Implement pest-management program

Families can be a great resource in pulling weeds, scaring off destructive birds, picking off insects and trapping rodents (and scaring away elephants – which they do). However, there are times when diseases and certain insects require a more sophisticated approach. Then the careful use of Integrated Pest Management (IPM) can be used and would still be able to meet most environmental standards. IPM evaluates the basic threat of a specific pest and then considers the most prudent way forward. When evaluating insects, it is important to also consider the number of beneficial insects that are present. They may provide a more effective control than other alternatives (Neuenschwander, 2003).

3. Implement an effective residue-management system

The application of crop residues and other organic materials to the soils will greatly enhance the soils' ability to accept and retain water, provide good aeration to the root systems, encourage the development of beneficial microorganisms and improve the availability of soil nutrients. These translate into higher crop-production levels and lower unit-production costs. (*See residue management section on page 235*).

4. Improve water resources

Water is a very scarce resource in many parts of Africa; however, there are many opportunities to enhance the availability of water. These opportunities include: the development of deep boreholes, hand-dug wells, pipelines, reservoir systems and pumping systems from lakes and rivers. It is not unusual to see family members taking turns



Picture 5: This is a highly-trained chemical applicator who understands how to apply chemicals properly. Before a decision is made to apply the chemical, the applicator must be trained in Integrated Pest Management (IPM).



Picture 6: A familiar scene in Africa – children fetching water for their families. There are times when children walk over five miles to the water supply.



Picture 7: his well is currently being slowly excavated by two men. In many places in Kenya this construction takes months, if not years. When they are finished the seeping water is usually very low.



Picture 8: These families are collecting water from a borehole (deep well) that was recently drilled. Previously, these communities were extremely dry and experienced seasons of starvation.

running simple treadle pumps to transfer water from shallow, hand-dug wells to their fields. These pumps can also be used to transfer water from nearby waterways. This is a first step in using simple irrigation equipment. It could lead to more advanced irrigation systems that could bring more prosperity.

5. Improve irrigation systems

Crops raised under efficient irrigation systems will not only be more likely to be profitable, but will also generate additional amounts of crop residues that can be used to build the soils. In many parts of Africa water is in short supply, so it is essential to use efficient irrigation systems such as surface drip, sub-surface drip or effective-level basin systems. Traditional hand-watering systems are usually family projects and are a reasonably efficient watering system.

Crucial Crop Residue Management Systems

Crop residue management is an important consideration in the establishment of high-producing soils and other environmental considerations. Therefore, it is essen-

tial that steps be taken to promote and implement agriculture practices that include principles of crop residue management. It is not simply a matter of holding training sessions with the farmers and expecting them to understand the complexities of this process. It requires an exerted effort on the part of those agencies serious about assisting small-holders in almost every facet of the program. One of the biggest chal-

lenges is to help farmers understand the long-term benefits and then motivate them to adhere to a residue-management system for the long term. In addition to training programs, the solution to this challenge will need to be multifaceted, including all the stake holders (UN agencies, governments, NGOs, etc.).

One of the most difficult issues with soil degradation is the fact that it is a very slow process – almost imperceptible to the untrained eye. The losses in soil productivity continue today and are the product of centuries of neglect and abuse.

An example of the crop residue problem is U.S. farmers converting crop residues into ethanol for financial gain. These residues were

previously incorporated back into the soil in an effort to build up the soil's productivity and fertility. Currently, U.S. soil scientists are greatly concerned about this new development (NRCS, 2006).

In many parts of the world, especially in developing countries, farmers use the age-old practice of burning off crop residues before replanting. There are times in Guatemala when the air in the entire region is filled with smoke from all the fires. Unfortunately, by doing this the following crop actually gets an appreciable short-term boost in crop yields. This short-term benefit is deceptive. Long-term use of this practice will result in unproductive soils: low in fertility, shedding rainwater, susceptible to erosion and inefficient in the utilization of water, etc.

Unless one is trained in soil science, it is difficult to understand the magnitude of the losses of this vital resource. Unlike desertification, where an untrained eye can readily see the devastation, the damage that is being done to cropping soils requires professional analysis to understand the complete impact.

In contrast to the soil degradation processes occurring in Africa and other developing countries, remarkable progress is being achieved in other parts of the world in soil productivity and increases in crop yields. It is truly disheartening to witness the diverging paths that are being taken by these different societies.

One example of soil productivity enhancement is occurring in the U.S. Pacific Northwest, where current highly-productive lands were considered non-arable just a

Restore Soil Productivity

Solutions:

1. **Implement a soil-fertility management program**
2. **Implement a pest-management program**
3. **Implement an effective residue-management system**
4. **Improve water resources**
5. **Improve irrigation systems**



Picture 9: An African farmer has imported corn stalks to the fields where he is growing bananas and papayas. This will greatly enhance the soil's ability to improve crop production in the future.



Picture 10: Crop residues decompose in a compost bin for the farmer to use as fertilizer on his crops.

few decades ago. Previously the soil was mostly blowing sand, but now these farms are producing world-record yields of various commodities. A major reason for this remarkable achievement is the crop residue-management system. Every two-out-of-three years, large quantities of corn stalks were incorporated back into the soil. This continuous practice has turned questionable land into some of the best farmland in the world. It is important to point out that the key to producing massive amounts of residue is the scientific and appropriate use of chemical fertilizers and pesticides.

Another example is some of the prime agriculture areas of the United Kingdom. Some of this land has been farmed since medieval times, yet the land continues to improve with each passing year. As the result of a cool maritime climate combined with high-tech farming practices, a number of crops are making extraordinary yields. Over one-hundred-sixty bushels to the acre of wheat, without irrigation, is not that uncommon. Along with this high yield of grain, there are very large yields of straw. This straw is then incorporated back into the soil right after the grain has been harvested. Because it is very difficult to mix the plant residue into the soil, it requires large, heavy equipment with power tillers.

Growers in some parts of the world are turning to a sustainable approach known as “no-till,” to minimize soil disturbance (Huggins, 2008). This practice is also effective for farmers with little or no equipment, when they have a cropping plan that includes permanent or semi-permanent crops (orchards, etc.). This is accomplished by simply importing stalks and straw from other fields and spreading them between the trees or vines and allowing them to decompose. “A joint Agricultural Research Service (ARS) multi-university study across the central Great Plains, on the effects of more than 19 years of various tillage practices, shows that no-till makes soil much more stable than plowed soil” (Comis, 2010).



Picture 11: A family works together using livestock manures to improve their soils.



Picture 12: Tithonia – leguminous plants. These plants, and effective residue management systems, will increase soil fertility.

The results of no-till soils management systems are remarkable. The soil is teaming with all sorts of biological life that is of great value to crop production. In addition, the soil is loose and friable and will allow the roots to have more access to the air. The high levels of residue will continue to breakdown into organic matter (a good source of nitrogen and other nutrients), and the soil will soak up rainwater, making moisture readily available to plants (Sullivan, 2003).

A major dilemma for farmers in developing countries is the need to purchase commercial fertilizers. However, most small farmers cannot afford the added expense. In order to partially mitigate this problem, these farmers can begin the practice of planting leguminous (nitrogen producing) plants, such as tithonia. By growing these plants and using effective residue-management systems, these farmers can establish programs that will improve their crop production and increase their financial stability. This will give them the resources to begin using commercial fertilizers. As farmers continue to progress, they can also focus on important environmental sustainability measures (Sanchez and Jama, 2002).

Another concern regarding the long-term production potential of soils is a negative attitude regarding the use of chemical fertilizers. This attitude has been prevalent in Uganda and several other countries; however, countries such as Kenya are comfortable with the prudent use of chemical fertilizers. Because of Uganda's reluctance to use fertilizer in the past, the nutrition levels are trending downward to the point where Uganda may lose its prominent banana industry. The lack of potassium (needed to raise the banana crop) has weakened the plants and they are susceptible to a number of diseases. This lack of nutrients has greatly reduced the production of bananas in Uganda. Tamara Kummer, with the World Food Programme, reported the following success story for no-till:

The poor, cracked soils and frequent long droughts that characterise the high plateau of Lesotho have long been the despair of farmers and advisors. But a new approach – not ploughing the soil – has yielded dramatic results. “We have some soil that has not been ploughed for 15 years,” enthuses Reverend August Basson, who has championed this no-till farming system, or conservation agriculture (CA) approach. “This is the best we have, and we have reached six tonnes of maize per hectare on one of these fields.” Coming from such depleted soils, and achieved during the worst drought in three decades, the yield is even more remarkable: proof that the no-till farming system has found a foothold in one of Africa's poorest countries (Kummer, 2008).

Typically, in many African communities the peasant farmers will (1) remove the primary crop, usually for human consumption (this can be an ear of corn, etc.) and (2) remove all the above-ground-crop remaining residue. This will go for cattle feed, cattle bedding, etc. This is mainly done so the peasant farmer can till the soil without the interference of crop residues. Commercial farmers use heavy equipment to till in the crop residues, but this is very difficult to do by hand, so it simplifies the problem to just remove it from the field. A better way of dealing with this plant residue (when there is no access to heavy equipment) is to put it into compost piles and return it to the field after it has been compost digested. (3) The third thing that happens in many communities is the removal of the roots; this is done to clear the remaining plant residue, but the roots are also collected as a source of firewood.

Residue Management – to restore soil productivity

1. Incorporate residues of the harvested crop directly into the soil

This approach will usually require the use of heavy equipment and require support from the local agriculture advisors. There should be some time elapsed between when the crop residue is mixed with the soil and when the next crop is planted. Additional nitrogen fertilizers should be applied at the time of the incorporation. Residue should be worked into the soil (preferably with heavy equipment) or farmers may use no-till technology. If these technologies are not available, digesting crop residues in a composting system and then returning the compost to the field is an excellent way to handle excess crop residues (*see also #3*).

2. Leave residues on the surface of the fields and then plant directly into the undisturbed fields

This is known as no-till or min-till. This works well with mechanization and chemical weed control, but is somewhat more challenging on smallholders' farming plots. Weed control is the biggest problem; however, this can be addressed satisfactorily if the small farmers are willing to engage in new technologies. This application has a great deal of potential, but it will require universities and agriculture extension agents to establish proven techniques. This is another situation where families can work together to manually control weeds and to carry out the no-till planting program.

3. Use composting processes for crop residues removed from the fields – then return the compost to the field

This is a fairly common practice in some areas of Africa. It could be a real solution for an effective soil-building program. (See picture on page 237.)

4. Utilize livestock manures whenever possible

Livestock manures are an excellent source of nutrients and residues and should be used whenever possible. Because of the bulky nature of livestock manure, transportation costs can be a factor.

5. Discontinue burning crops and hauling off crop residue

All farmers find it difficult to manage crop residues – there are many who resort to burning the crop aftermath. In addition to the ease of tilling the soil, crop yields on the subsequent crops usually receive a boost, so it is very appealing to burn the crop residue. There may be advantages in the short run, but the long-term results are disastrous. A continuous practice of burning will leave the soil in a very unproductive state.

6. Use discarded crop residues from the neighbors when possible

Unfortunately, many farmers throughout the world, and especially in developing countries, try to find ways to dispose of the previous crop residue. Some neighboring farmers recognize the value of crop residues and have made arrangements to import these residues to their own farms. This requires a lot of work; however, here families can be a significant force in the improvement of the soils on their farms.

Sometimes these imported residues are deposited into composting bins and allowed to decompose before spreading on the fields. Others spread the imported

Crop Residue Management

Solutions:

1. Incorporate the residues of the harvested crop directly into the soil.
2. Leave the residues on the surface of the fields and then plant directly into the undisturbed fields.
3. Use composting processes for crop residues that are removed from the fields – then return the compost to the field.
4. Utilize livestock manures whenever possible.
5. Discontinue burning crops and hauling off crop residue.
6. Use discarded crop residues from the neighbors when possible.
7. Use crop rotations that utilize plants that have high tonnages of crop residues.
8. Encourage the production of crop residues by utilizing fertilizers and pesticides.
9. Utilize effective and efficient irrigation systems.
10. Plant additional cover crops, when feasible.

residues directly on the fields, which works well on fields planted with permanent or semi-permanent crops.

7. Use crop rotations that utilize plants with high tonnages of crop residues

Every crop rotation should include at least one crop capable of producing high levels of residues. Crops such as corn (maize) and small grains are excellent soil-building crops.

8. Encourage the production of crop residues by utilizing fertilizers and pesticides

The proper use of fertilizers and pest-control measures can produce large amounts of crop residues to enhance the buildup of highly productive soils.

9. Utilize effective and efficient irrigation systems

Water applied at the right time and in the right amount can result in high levels of residue tonnages. Drip systems have the ability to apply water in small amounts, several times a day – the resulting crop growth is substantial.

10. Plant additional cover crops when feasible

In the regions of the world where the growing seasons are long, it is important to practice multiple cropping. It may be advantageous to plant cover crops such as buckwheat, vetch and other rapidly growing crops to generate additional amounts of residue.

Restore Forests and Deserts

Most all agree that deforestation and desertification are serious problems, but there is widespread disagreement on the magnitude and seriousness. Regardless of the severity of this problem, most people would agree that programs should be implemented to discourage further loss of forests and deserts. Efforts should be made to restore substantial amounts of the resources that have been lost. In quantifying these losses, it becomes clear that restoration and stabilization actions should be a high priority. Some of these losses include: (1) increases in water pollution, (2) increases in soil erosion, (3) damages to aquifers and springs, (4) reduction in precipitation, (5) loss of available firewood, (6) losses in the lumber industry with the subsequent loss of jobs, (7) reductions in biodiversity and loss of wildlife, (8) increases in reservoir and lake sedimentation, (9) increased flooding, (10) siltation of rivers and streams, and other environmental losses.

Edward Barbier, with the Department of Economics and Finance at the University of Wyoming, noted:

These losses are especially devastating in small villages where the local populations depend on the forests for their water, firewood and, in some cases, jobs. Prior to deforestation, women would spend a few hours a week collecting wood. Currently, some village women spend four to six hours a day looking for firewood (Barbier, 2004).

In most developing economies the decline in forest and woodlands is mainly the result of land conversion, in particular agricultural expansion for crop production (FAO, 1997 and 2003). Land expansion occurring in tropical regions appears to be related to structural features of the agricultural sectors of developing economies, such as low agricultural productivity and input use.

“Poor agricultural management and development contribute to the pressure to convert forests and other marginal lands to crop production. Various studies suggest that these structural conditions are influenced, both directly and indirectly, by economic policies” (Barbier, 2001; Coxhead and Jayasuriya, 2003).

Although improvements in cropping intensity and yields are expected to reduce the developing world's dependency on agricultural land expansion (over 1990-2010), about 19% of the contribution to total crop-production increases in poorer economies is likely to be derived from expansion of cultivated land (FAO, 1995). Throughout the developing world, cultivated land area is expected to increase over 47% by 2050, with about 66% of the new land coming from deforestation and wetland conversion (Fischer and Heilig, 1997).

Deforestation rates have slowed, but remain fastest in some of the world's most biologically diverse regions. Tree-planting programmes, combined with the natural expansion of forests in some regions, have added more than 7 million hectares of new forest annually. As a result, the net loss of forest area over the period 2000-2010 was reduced to 5.2 million hectares per year, down from 8.3 million hectares per year in 1990-2000. South America and Africa continue to show the largest net losses of forests (UNDP, 2010).



Picture 13: The mountains of Haiti have been stripped of vegetation and the resulting damage to the soil is depicted in this picture. Torrential rains wash rocks and sediments from the unprotected mountain sides. The rocks end up on fertile fields in the valleys, making it almost impossible to farm.

Observations in Haiti:

Large mountains in Haiti have lost forests due to a society that is unaware of the consequences of deforestation. The ravines and gorges that come down the mountain sides are enormous – because there is little or no vegetation to absorb the huge rainstorms that occur on a somewhat regular basis. The loss of vegetation is due to cattle overgrazing, continual gathering of firewood and removing trees for logging.

In addition to the irreversible damage inflicted on the mountains, there are many acres of prime farmland in the valleys that have been covered up with rocks. This is because of uncontrolled flash floods brought on by torrential rainstorms (possibly hurricanes). These floods start on the mountain sides and the debris accumulates in the rivers and ravines, with a force so great that it carries massive amounts of rocks down from the mountains and spreads them over the fields on the valley floors. (See picture #13 on previous page.)

Observations in Guatemala

In some areas of Guatemala, local springs have dried up and the only water available comes from polluted streams and rivers. This is due to the deforestation of the hills and mountains. Local villagers have many health problems caused by the polluted water. Some community leaders understand the water quality problem and they are actively trying to remedy the situation by planting trees, installing water purifiers and acquiring high-efficiency wood-burning stoves for cooking. It will take years before the



Picture 14: In Guatemala, these trees were planted by families who live nearby. The new trees will reduce soil erosion, improve the watershed, provide wood for domestic use and improve the bio-diversity.



Picture 15: This scene is typical in many parts of Africa. The animal population exceeds the land's carrying capacity. In this Kenyan community, men owning large herds of goats or cattle are revered. In some cases desertification is so severe the countryside has lost all of its vegetation and has become a dust bowl.

springs return, but the many local villagers seem committed to reversing the current trends. (See Picture 14.)

Observations in Kenya

There are several communities in Kenya where local tribes have seriously abused the grassland by overgrazing. It has turned their villages and surrounding areas into dust bowls. Most of this abuse is the result of the Masai culture – which reveres men who accumulate large herds of cattle. The Masai culture is protected by the government of Kenya, so the damage to the soils and plants continues to increase. (See Picture 15.)

Observations in the U.S.

Some cattle ranchers in the U.S. are in the process of restoring abused, overgrazed grasslands. Overgrazing is a serious problem because of its impact on watershed dynamics. If rainwater and melting snow run unimpeded, aquifers and springs dry up and rivers are polluted with silt and runoff debris. There have been some very effective techniques used by modern cattlemen to find success in restoring grasslands and forest. This is primarily a function of low, interval-limited grazing. It allows the waterways to restore their banks.

Impact of Agriculture on Deforestation

Some estimates state that agricultural expansion accounts for approximately 96% of deforestation losses. Other losses, such as the expanding need for firewood, trees for the lumber industry, etc., are also important factors to consider in the fight against deforestation, but reforming the agricultural segment has the best opportunities for success (Geist, 2002). Therefore, in order to reverse deforestation trends, the agricultural community must find ways to increase production on existing lands – to reduce the pressure to find more farmland.

To save forestlands several barriers need to be overcome, which are currently curtailing production in many countries. Some of these barriers include: (1) government policies that restrict the use of proven agriculture practices, and (2) attitudes among some peasant farmers that cause resistance to the use of modern farming techniques.

The previously-discussed problem of soil degradation, in many countries, is a major challenge to improving methods of production in order to avoid deforestation and desertification. Until this problem is solved, deforestation activities will continue.

- **Fuel for cooking fires:**

Families are traveling farther and farther to find wood for cooking. This further aggregates the deforestation problem. Due to the complete loss of vegetation on



Picture 16: Women used to spend a few hours a week collecting firewood. Now, in many developing countries, there are areas where they spend four-to-six hours per day. This means that they are stripping the forests of their trees.

hill and mountain sides in numerous countries, rainwater washes away soil on the slopes, which then ends up in streams and rivers. This adds further stress to families in securing clean water. Needless to say, many villagers around the world are becoming activists in trying to find ways to minimize the harvesting of trees.

- **Lumber for construction.**

Encourage (1) planting of tree farms to produce lumber, (2) establishing rotational harvest and re-planting of trees, and (3) using other construction materials to replace wood construction.

Solutions for restoring forests and deserts:

1. Educate local communities on the critical need to restore forests and deserts

Many communities have finally come to realize the value of forests by experiencing first-hand the problems created by losing nearby forests with their associated benefits. Most of the environmental education of families, within communities, is now related to the restoration of forests.

2. Improve crop yields of existing farms

Some have estimated that over 90% of the forest losses are due to a need to expand agricultural production. Restoring forests could make major strides if communities with marginal agriculture would adopt the practices outlined in Good Agriculture Practices (GAP).

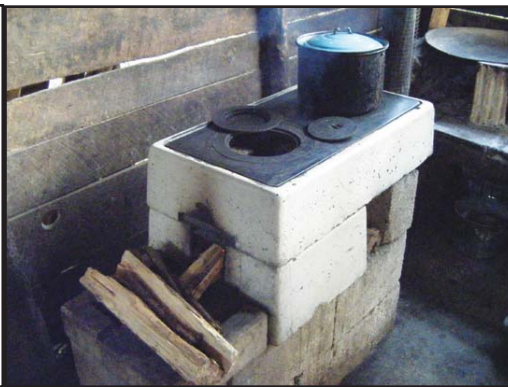
3. Aggressively promote and encourage new forestation projects

There are many agencies and organizations interested in assisting communities and families to restore their nearby forests. Family members can be an excellent source of manpower to accomplish these projects.

4. Install highly efficient wood-burning stoves or solar-cooking stoves

Many programs are available to help impoverished households obtain efficient stoves. These stoves are very effective in reducing the need to cut down trees for fuel.

Picture 17: A highly efficient wood-burning stove, made out of stones, for a family in the Guatemala highlands. It also has a pipe to vent the smoke outside of the house – to help prevent lung diseases caused from inhaling too much smoke in the kitchen when cooking over open fires.



5. Establish governmental grazing policies

Governments need to step in and establish rigid directives on overgrazing activities that are clearly out of control.

Alleviating Agricultural Poverty: a Principal Key in Environmental Sustainability

The economic stability of developing countries is an essential part of meeting the environmental sustainability goals, due to the following:

1. **Financial security improves the ability of families to provide a higher level of education so they can understand the importance of resource preservation and the actions that can be taken to improve the environment,**
2. **Farmers will then be able to afford to take measures that will improve the long-term productivity of the soil, and**
3. **The resulting higher crop yields will reduce the need to develop more land for food production, thereby reducing deforestation and maintaining or improving biodiversity.**



Picture 18: A Guatemalan family – working together to provide food for the family and increase their income.

Without financial stability families will continue to focus their time and attention on surviving while the environment will continue to deteriorate. The key to financial stability in the agriculture sector is to adhere to the principals and programs that are an integral part of GAP (Good Agricultural Practices). GAP addresses important issues such as environmental, economic and sanitary sustainability. This includes such agriculture cultural practices as: crop rotations, Integrated Pest Management, Integrated Soil Fertility Management, water management systems, tillage systems and crop-residue management systems.

From the standpoint of environmental sustainability, these practices can also: (1) improve long-term soil productivity, (2) increase crop production, thereby reducing the need for more farmland, and (3) improve the financial stability of families so they will be more inclined to participate in preserving resources and educating their children (World Bank, 2009).

In addition to soil productivity, marketing is also a very important part of the success equation. The China model is an excellent example of how important marketing can be. Wittwer describes the marketing processes that were set up in China early on in their remarkable economic successes:

Today the state [China] owns the land but the families have the responsibility of looking after it. To use land and people more efficiently (land is limited, people are surplus), China, with the state holding ownership, has returned the land to families and small groups to farm. The “responsibility production system”... is alive and thriving. Agriculture production has risen by almost 8% per year and rural incomes have more than doubled since 1981, with exports expanding from \$7 billion to \$27 billion. The proportion of rural poverty has dropped from 31% in 1979 to 6% in 1986. Hunger has essentially been banished.

It is a simple deal between government and peasant [families]. The peasant contracts to deliver a certain amount of an agricultural commodity that he produces at a fair price. In return, he is free to produce—by himself or with a group—as much more as he can and, to a certain extent, sell it for whatever price he can get.

Alleviate Agricultural Poverty

Solutions:

- 1. The formation of community associations**
- 2. The adoption of Good Agricultural Practices (GAP)**
- 3. The development of farmer-friendly GLOBALGAP programs**
- 4. Eliminate agriculture subsidies in developed countries**
- 5. Encourage the development of irrigation projects and efficient irrigation systems**
- 6. Help farmers develop good credit**
- 7. Help farmers embrace modern technology**
- 8. Reduce unreasonable import fees**

One important feature of the responsibility production system is that it allows specialized households. For example, one can concentrate on raising hogs, fish, chickens or ducks; producing peaches, grapes or melons; or growing greenhouse vegetables without having to worry about producing grain. One may also engage, for a secondary income, in other profit-making enterprises or sideline industries; this profit one keeps (Wittwer, 1987).

An interesting feature of the Chinese model is the formation of groups to promote and manage certain commodities. This system of group organizations is very common in many successful agriculture marketing schemes. This can be in the form of a cooperative or a community group, organized under the auspices of government rules and regulations, to facilitate and promote community initiatives, as well as organize commodity marketing programs.

Corruption continues to be a major deterrent in all phases of economic activity in most developing countries. World governments should require strict adherence to anti-corruption initiatives, with the expectation that corrupt governments and industries will eventually reform. Unfortunately, a considerable amount of government and humanitarian aid has been “easy pickings” with government and industry officials. Although a great deal of effort has been expended to thwart these actions, there seems to be little or no progress. Because of the pervasive nature of the problem, abject poverty will not be corrected until this problem is solved. It will take extraordinary measures to bring this problem under some semblance of control. Just one example of how corruption holds the smallholder down: In at least one country in sub-Saharan Africa, one



Picture 19: Farm families gathering at the Lita Community Development Centre in Kenya.



Picture 20: Discussing production and marketing possibilities with local families, to determine potential income opportunities.

GLOBALGAP company became qualified to certify smallholders. This company essentially had a monopoly and could charge or do anything they wanted. In addition, there was such a high level of ineptness it seemed impossible to move forward. There is no doubt about the collusion between the certifying agency and government officials. As a result, smallholder certification was grossly delayed or not completed at all.

Solutions for alleviating agricultural poverty:

1. The formation of community associations

Small peasant farmers cannot succeed by themselves. Community associations usually provide essential services that include agriculture extension and training, group marketing, low-cost supplies and administration services – these associations are usually in the form of cooperatives or Community Development Centers. (*See article on Community Development Centers on page 54.*)

2. The adoption of Good Agricultural Practices (GAP)

Several agriculture management systems can assist peasant farmers in the adoption of Good Agricultural Practices (GAP). These include GLOBALGAP (Food Safety and Good Agricultural Practices), Integrated Pest Management (IPM), Integrated Soil Fertility Management (ISFM) and others. Taken as a whole, these programs would be overwhelming to the common farmer; with the assistance of farmers associations and agriculture extension agents, these concepts can be gradually integrated into their op-

erations. In addition to providing financial security, these programs also have strong environmental protection provisions, including: soil improvement, elimination of the need to destroy forests for additional farmland, improvement of water aquifers, maintaining or improving biodiversity, etc.

3. The development of farmer-friendly GLOBALGAP programs

Developing GLOBALGAP programs will assist farmers to become certified and also help them comply with day-to-day operational requirements. GLOBALGAP requirements are very extensive – overwhelming to most farmers – especially the small peasant farmer. However, it has been proven that by using the appropriate programs and approaches, the small peasant farmer can comply. The GLOBALGAP program requires the farmer and his family to conform to the following basic requirements:

- **Follow Good Agricultural Practices (GAP)**
- **Provide traceability for agricultural produce marketed**
- **Insure strict sanitary and hygiene compliance**
- **Eliminate animal access to all fields**
- **Insure strict storage and inventory control procedures for pesticides and fertilizers**

This will require the cooperation of commercial agencies currently assisting corporate farmers in this process plus a funding agency to subsidize the development of these programs. It may also be necessary to assist in funding the initial stages of ongoing operations.

When farmers and their families participate in the sanitation and hygiene portion of these programs, they will modify their everyday lives by changing their hygiene habits.



Picture 21: This sign identifies the essential information necessary to comply with food safety standards – to meet the traceability requirements for GLOBALGAP.



Picture 22: The fence is necessary to keep animals out of the fields so the farmer can be GLOBALGAP certified. The flowering plants have long thorns to further discourage small animals. This is a very difficult requirement for most small-holder farmers.



Picture 23: Cooperative farmers in Paraguay are building this fertilizer and chemical storage shed. Built under the strict specifications of GLOBALGAP, the chemicals applied to the crops can be handled in a professional manner.



Picture 24: These men are inspecting their French Bean crop, scheduled to be exported to Europe. They are using GAP farming practices in preparation to become certified.



Picture 25: These French Beans were picked by family members in the early morning, packed in the afternoon, trucked to the airport and shipped in containers by air freight to Europe during the night. The beans are on the grocery shelves in London the next day.

4. Eliminate agriculture subsidies in developed countries

The developed countries of the world are currently subsidizing their farmers. This allows them to sell crops below their costs of production and has a negative impact on the world market. In some cases it prevents farmers from growing certain crops, such as: cotton, corn, soybeans, small grains and sugar. It is very hard to understand why developed countries of the world knowingly establish subsidies that could further destroy the livelihoods of poor peasant families. The following personal observations illustrate the problem:

1. In Kenya, a government agriculture extension agent was all excited about the truckload of cotton seed he had just received and was anxious to show me seed stored in a nearby shed. My heart sunk because I knew the low world-price of cotton would eliminate any possibility of a positive return; in fact, growing cotton would result in a very significant loss. I sat down with him and asked him to identify the costs that would go into raising the cotton crop. He would not have to consider the seed costs, because it was given to them. When he was finished, I asked him what the price of cotton was and it suddenly hit him that the seed in the shed was of no value. The previous year the U.S. had provided a major cotton subsidy to their farmers and they had planted fence-row to fence-row, driving down the world market.

2. In Pakistan, I had the opportunity of meeting with a group of farmers who hoped that I could help them with some of their agriculture issues. However, before the meeting got started, the one thing they had on their mind was how the U.S. cotton subsidies had ruined their markets. The only thing that happened that day was they were able to get their frustrations out. They said they were given no choice but to raise poppy seeds or join a terrorist camp.

3. In Uganda, we were doing a feasibility study on establishing soybean farming operations. It looked like the farming conditions would be ideal; however, while visiting local grocery outlets we found rows of soybean oil containers with the label of USAID. Prices were well below the anticipated cost of production for the Ugandan farmers. Evidently these containers of soybean oil were heavily subsidized by the U.S. government. My experience in Kenya was similar regarding the price of corn.

5. Encourage development of efficient irrigation systems

There is a great need for water in many of the communities of developing countries. By improving existing irrigations systems and developing existing water resources, a great deal of this need could be satisfied. Additional water would be beneficial toward creating financial stability and improving soils.

6. Help farmers develop good credit

Developing good credit to obtain funding for farming operations is vital; small peasant farmers have a difficult time saving enough money so they can buy the seeds and supplies to plant the next crop. Community associations and microfinance organizations can teach farmers to plan ahead. In addition, they help families set up savings accounts in local banks.

7. Help farmers embrace modern technology

Encourage countries to conform with agriculture production systems that allow them to be competitive in world markets. Current restrictions and customs are making it very difficult for farmers to compete in the world markets. Restrictions on fertilizer and pesticide usage, restricted crop varieties, etc., are putting the farmers at a real global disadvantage.

“With medium to high levels of inputs and with the associated services and facilities, Africa's food security problem could be resolved for a long period” (Eswaran, 1997).

8. Reduce unreasonable import fees

Due to graft and corruption, unreasonable import and export fees are quite common. This puts farmers at a serious disadvantage when it comes to buying the necessary imported farm equipment, farm supplies and other agricultural items. There are also additional fees connected to the exporting of agricultural commodities.



Picture 26: Families in Kenya preparing French Beans for export – that will end up on the grocery shelves of European cities. Unfortunately, this produce is not GLOBALGAP compliant. Unless they conform to the new complicated standards, their markets will be lost.

Using “Family Capital” to Achieve MDG 7

A strong family structure can assist in the preservation of natural resources, as the combined efforts of family members perform activities beneficial to the local environment. For example, families in many places around the world are involved in: reforestation projects, water-development projects to provide clean drinking water, farmland improvement programs, establishing stricter family hygiene standards and working united as a family to secure a better education for all. Higher levels of education will go a long way toward increasing understanding of the value of environmentally sustainable actions. The following is a list of activities that can be achieved by using the combined “family capital” of a strong family team:

Families can help increase safe drinking water and basic sanitation

- Dig miles-long trenches to install pipelines to good water sources – to deliver clean water to the village (*page 265*).
- Carry domestic water long distances, if necessary, for clean water (*p. 234*).
- Dig a hand-dug well to obtain clean water (*page 234*).
- Dig/build latrines for human waste disposal (*pages 70 and 88*).
- Install a water purification system (*pages 235, 244, and 257*).



Picture 27: This family purchased a simple water filter so they could consume clean water. Because of deforestation, the streams became polluted with silt and other debris. This was due to the loss of vegetation on the hillsides.

Families can help protect the environment

- Eliminate weeds manually, as a family. This will assist in reducing the need for chemical pesticides.
- Become specialized in GLOBALGAP activities by becoming a: certified pesticide applicator, certified agronomist, irrigator, inventory control specialist, sanitation specialist, fence builder, field operation specialist, marketing specialist, etc. (*pages 251-254*).

Families can help reverse loss of environmental resources (forests and soils)

- Participate in planting new trees to re-establish forests (*pages 244, 247 and 263*).
- Collect crop residue into compost bins; then spread the compost on fields after it has decomposed – to reduce soil degradation (*pages 237, and 240-242*).
- Spread animal manures on fields to improve quality of the soil (*page 238, 241*).
- Manage grazing techniques to prevent desertification (*pages 244 and 245*).

Families can help improve soil productivity

- Families working as a team can increase crop production and reduce the need to encroach on pristine forests (*pages 243-244 and 256*).
- The family can harvest, sort and package produce raised on the family farm, to reduce poverty and increase productability of the land (*page 256*).

This is only a partial list of activities families can become engaged in as they use and strengthen their “family capital.” Strong families working together will strengthen the community; however, they are still subject to the economic and social limitations prevalent in their country. Governments should recognize the valuable “family capital” of strong families and establish family-friendly policies. This will increase the “family capital” within their country – to help achieve the Millennium Development Goals.

CONCLUSION

In order to fully achieve environmental sustainability, we must consider three important areas: (1) agriculture must become financially stable, (2) a strong, educated manpower base must be established, and (3) organizing community associations will facilitate successful outcomes. If these three goals can be achieved, environmental sustainability will move forward in a positive direction. In addition, this will contribute toward achieving all the Millennium Development Goals.

The family is the cornerstone of all societies. Families preserve and pass on to each succeeding generation the standards that are the foundation for the future. When parents teach their children to be responsible in taking care of the environment, the family can make a considerable contribution to the well-being of their community, nation and world.

***“With medium to high levels of inputs
and with the associated services and facilities,
Africa's food security problem
could be resolved for a long period.”
(Eswaran, et al., 1997,
U.S. Department of Agriculture)***

REFERENCES

- Alesina, A. & G. Paola (2010), "The power of the family," *Journal of Economic Growth*, Springer, vol. 15(2), pages 93-125.
- AU/Nepad (2008), "African Action Plan," *African Partnership Forum*, Tokyo: Japan. <http://www.oecd.org/dataoecd/28/10/41084201.pdf>.
- Barbier, E. B. (2004), "Explaining Agricultural Land Expansion and Deforestation in Developing Countries," *American Journal of Agricultural Economics*, Vol 86, No. 5, Dec., 2004, 1347-1353, American Agricultural Economics Association. <http://uwacadweb.uwyo.edu/barbier/presentations/Explaining%20Agricultural%20Land%20Expansion%20and%20Deforestation.pdf>
- Barbier, E.B., and J.C.Burgess (2001), "The Economics of Tropical Deforestation." *Journal of Economic Surveys*, 15:413-432. <http://onlinelibrary.wiley.com/doi/10.1111/1467-6419.00144/abstract>
- Besley, B., and R. Burgess (2003), "Halving Global Poverty," London:U.K. <http://www.google.com/search?q=%22Halving+Global+Poverty%22+besley+Burgess&ie=utf-8&oe=utf-8&aq=t&rls=org.mozilla:en-US:official&client=firefox-a>
- BMZ (2008), "Introduction of Voluntary Social and Ecological Standards in Developing Countries," *Evaluation Reports 043*, Berlin, Germany: Federal Ministry for Economic Cooperation and Development, <http://www.google.com/search?q=BMZ+%22Introduction+of+Voluntary+Social+and+Ecological+Standards+in+Developing+Countries%22&ie=utf-8&oe=utf-8&aq=t&rls=org.mozilla:en-US:official&client=firefox-a>
- Borlaug, N. (2002), "We Can Feed the World. Here's How," *Wall Street Journal*, AgBioWorld, <http://www.agbioworld.org/biotech-info/topics/borlaug/we-can-feed-world.html>
- Braimoh, A. K. and P. L. G. Vlek (2010), *Land Use and Soil Resources*, Stockholm:Sweden, Springer.
- Cervantes-Goday, D. and J. Dewbre (2010), "Economic Importance of Agriculture for Poverty Reduction," *OECD Food, Agriculture and Fisheries Working Papers, No. 23*, OECD Publishing, <http://www.oecd.org/dataoecd/32/50/44804637.pdf>.
- CIA (2011), *The World Factbook*, Central Intelligence Agency CIA, Washington DC, <https://www.cia.gov/about-cia/index.html>
- Comis, D. (2010), "No-Till Farming Improves Soil Stability," *News & Events*, US Agricultural Research Service, 11 May 2010.
- Connor, S. (2006), "Soil crisis is holding back African recovery," *The Independent*, 31 March 2006, London.
- Coxhead, I., and S. Jayasuriya (2003), *The Open Economy and the Environment: Development, Trade and Resources in Asia*. Cheltenham: Edward Elgar, 2003.

- Earth Institute, Columbia University, Environment (2007), *The MDG Centre, East and Southern Africa*. http://mdg.ei.columbia.edu/east/?id=programmes_environment
- Eswaran, H., Almaraz, R., Reich, P. & Zdruli, P. (1997), "Soil quality and soil productivity in Africa," *Journal of Sustainable Agriculture* 10, 75–94. U.S. Department of Agriculture. <http://soils.usda.gov/use/worldsoils/papers/africa3.html>
- Evans, L.T. (1998), *Feeding the Ten Billion: Plants and Population Growth*, Cambridge, UK: Cambridge University Press.
- Fischer, G. and Heilig, G. K. (1997), "Population momentum and the demand on land and water resources," *Philosophical Transactions of the Royal Society of London*, B352, 869-889.
- Geist, H. and Lambin E. (2002), "Proximate causes and underlying driving forces of tropical deforestation," *Bioscience*; Feb 2002; 52, 2; *ProQuest Biology Journals* pg. 143 <http://www.puce.edu.ec/zoologia/vertebrados/personal/sburneo/cursos/ecologiaII/Bibliografia/2-5%20Deforestacion%20tropical.pdf>
- Huggins, D. and J. Reganold (2008), "No-Till: How Farmers Are Saving the Soil by Parking Their Plows," *Scientific American*, <http://www.scientificamerican.com/article.cfm?id=no-till>
- Humberto, Blanco, Canqui (2010), *No-Till Farming Improves Soil Stability*, Kansas State University at Hays, Kansas. <http://www.sciencedaily.com/releases/2010/05/100511112013.htm>
- Kummer, T. (2008), "No-till and raised beds boost yields," *New Agriculturist*, UK, <http://www.new-ag.info/en/focus/focusItem.php?a=485>
- Lal, R. (1998), *Soil Quality and Agricultural Sustainability*, Chelsea, MI: Ann Arbor Press.
- Legge, A. et. al. (2009), "Fresh fruit and vegetables exports from Africa to the UK," Standard bearers: Horticultural exports and private standards in Africa, *International Institute for Environment and Development*, London:UK, Earthprint. <http://www.iied.org/pubs/pdfs/16021IIED.pdf>
- Mabugu, R. (2008), "Environmental Sustainability in African Countries," *The Millennium Development Goals, Achievements and prospects of meeting the targets in Africa*, Africa Institute of South Africa. Pretoria, South Africa. pp 209-230.
- Mheen-Sluijer, J. (2010), "Ethiopian commodity exchange and contract farming arrangements," VC4PD, Netherlands' Ministry of Foreign Affairs Government and Wageningen University and Research Center, Netherlands., <http://www.dgis.wur.nl/NR/rdonlyres/B002ABCB-94CE-43C6-AD7C-94B8F7E81434/111381/Report1MheenSluijer170610.pdf>
- Millennium Campaign (2010), *End Poverty by 2015*, <http://www.endpoverty2015.org/en/global/resource/un-millennium-campaign-goal-7-environmental-sustainability>
- NRCS (2006), "Crop Residue Removal For Biomass Energy Production: Effects on Soils and Recommendations," *Soil Quality National Technology Development Team*, Greensboro, NC, http://soils.usda.gov/sqi/management/files/sq_atn_19.pdf
- Reagan, R. (1985), Address to the Nation on Tax Reform, *The American President Project*, University of California, Santa Barbara, <http://www.presidency.ucsb.edu/index.php>
- Roylance, R. C. (1995), "Population Control or Sustainable Agriculture," *The Traditional Family in Peril*, South Jordan:Utah, United Families International.
- Sanchez, P. A. and J. Jama (2002), "Soil Fertility Replenishment Takes Off in East and Southern Africa," *Integrated Plant Nutrient Management in Sub-Saharan Africa: From Concept to Practice*, CABI Publishing, Wallingford:UK.
- Shultz, T.W. (1980), "Nobel Lecture: The Economics of Being Poor," *The Journal of Political Economy*, pp. 639-651, Chicago, IL:The University of Chicago Press. <http://web.cenet.org.cn/upfile/110527.pdf>
- Sullivan, P. (2003), "Applying the Principles of Sustainable Farming," ATTRA, *National Center for Appropriate Technology*, U.S. Department of Agriculture, Fayetteville:Arkansas, <https://attra.ncat.org/fundamental.html>
- UNDP (2010), Where do we stand? Millennium Development Goal 7, United Nations. http://www.beta.undp.org/undp/en/home/mdgoverview/mdg_goals/mdg7/where_do_we_stand.html

- UN News Center (2011), "UN launches major push to improve global sanitation by 2015," 21 June 2011, United Nations, <http://www.un.org/apps/news/story.asp?NewsID=38783&Cr=sanitation&Cr1=>
- UN News Service (2011), "UN reports progress towards poverty alleviation, urges increased support for the poorest," UN Department of Economic and Social Affairs, United Nations. 7 July 2011, <http://www.un.org/apps/news/story.asp?NewsID=38965&Cr=MDGs&Cr1=>
- UN Statistics Division (2011), "Millennium Development Goals: 2011 Progress Chart," *Department of Economic and Social Affairs*, United Nations. [http://unstats.un.org/unsd/mdg/Resources/Static/Products/Progress2011/11-31330%20\(E\)%20MDG%20Report%202011_Progress%20Chart%20LR.pdf](http://unstats.un.org/unsd/mdg/Resources/Static/Products/Progress2011/11-31330%20(E)%20MDG%20Report%202011_Progress%20Chart%20LR.pdf)
- USDA (2006), "Crop Residue Removal for Biomass Energy Production: Effects on Soils and Recommendations," *Soil Quality: Agronomy Technical Note #19*, Greensboro, NC: United States Department of Agriculture. http://soils.usda.gov/sqi/management/files/sq_atn_19.pdf
- Unger, P.W. (1991), *Managing Agricultural Residues*, Boca Raton, Florida: CRC Press.
- Whitmore, T.C. and J.A. Sayer (1992), *Tropical Deforestation and Species Extinction*, London, U.K.: Chapman & Hall.
- Will, M. (2010), "Integrating Smallholders into Global Supply Chains, GLOBALGAP Option 2 Smallholder Group Certification Generic Manual," *Federal Ministry for Economic Cooperation and Development*, Germany, <http://www.gtz.de/en/dokumente/gtz2010-en-globalgap-group-certification.pdf>.
- Wittwer, S, et. al. (1987), *Feeding a Billion*, East Lansing, Michigan: Michigan State University Press.
- World Bank, "Banking on Biodiversity," *Environment Matters at the World Bank*, International Finance Corporation, World Bank Group, Washington D.C., <http://siteresources.worldbank.org/EXTEN-VMAT/Resources/3011350-1271279658247/EMatters09.pdf>

BEST PRACTICES

Julia Mavimbela, South Africa's "Mother Earth"

By Mary Mostert

Teaching and serving others defined Julia Mavimbela's life. In a 1975 women's conference in South Africa, she said, "I give thanks to God that He has made me a woman. I give thanks to my Creator that he has made me black, that He has fashioned me as I am, with hands, heart, and head to serve my people."

Teaching her people, and others willing to listen, how to garden organically by improving the barren soil so it would grow food abundantly on the limited available ground in Soweto – has literally swept across South Africa in the last years of the twentieth century and the first years of the twenty-first century.

In 1976, thousands of students rioted in Soweto – protesting a new requirement that they learn and be taught some subjects in the Afrikaans language. Hundreds of men, women and children died and more than a thousand were wounded. Many adults were out of work due to the riots.

Julia, then a widow in her late fifties, began teaching little children (4-to-10 years old) how to grow organic gardens as a means of helping families have food and keeping the youth out of the riots, while simultaneously cleaning and improving areas of Soweto. She described those efforts as follows:

I developed a plan to try and help the young people, and my plan was to try and engage the hand to engage the mind. With nothing to start with, I asked for the use of an abandoned churchyard. It was infested with rodents; it was covered with waste. I was allowed to use it. . . . I collected the little children, from four-to-ten years old, to go into that churchyard and start gardens. I have always found pleasure in a garden. At times as a mother it isn't possible to get away from the family when some annoyance comes up. But if you can go into the garden, I can assure you, brothers and sisters, it's such a beautiful place. When you break up the soil, you feel your own heart melting and by the time you have done a little work, often you forget what had disturbed you.

So I taught my little ones at that time, as we were dealing with the lumps of dirt, that these lumps could be overcome if we worked them with the knowledge that we were preparing to get something out of the soil. And when we began putting in the little plants, I would say to the children, "You see? Now the trouble you perhaps see at home, cover it with the soil, like we're doing with the plants. See what good things you can grow if you nurse this little patch." I could see us all begin to feel more peaceful, more at ease, though I, too, had been tense and frightened to speak of anything positive during the days of unrest when we were starting those gardens.

BEST PRACTICES



Julia Mavimbela, teaching the youth in Soweto, South Africa, how to plant trees

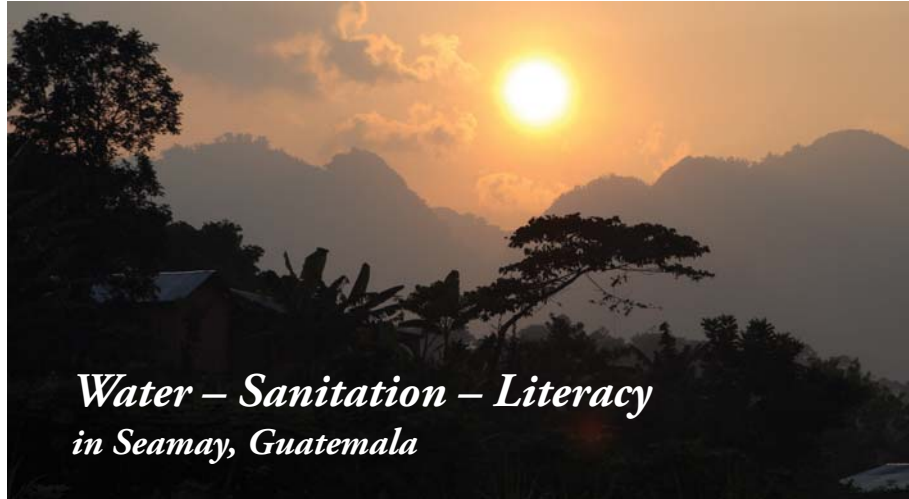
Years before, Julia had learned the basic principles of composting from a pamphlet she had acquired in Sacramento, California. She modified some of the principles for conditions in Soweto and over the years taught a nation to improve their nutrition with “door gardens.”

A “door garden” is created by marking out a space about 3 x 6 feet and digging out the soil, until the “door garden” is about 18 inches deep. In Soweto, the ground is so hard almost nothing grows. In digging, the top soil should be put on one side and the subsoil, which is lighter in color, on the other. Rocks, plastic or metal items should be removed. In the bottom of the “door garden,” put organic materials, i.e. leaves, grass, vegetable peelings, egg shells, waste paper torn into pieces and animal manure if available. The layer of organic material should be 6-9 inches deep.

Water the organic material well and then add back the subsoil, then the top soil. The “door garden” will be higher than ground level. Water again.

Hundreds of thousands of people have learned how to create a garden and grow their own vegetables by learning how to create Julia’s “door gardens.” Not only have the door gardens saved families money by not having to buy vegetables, but they also have improved family health and unity as families have worked together and eaten the food they have grown in the rich composted gardens they learned how to create from Julia.

BEST PRACTICES



*Water – Sanitation – Literacy
in Seamay, Guatemala*

The following story is an example of families combining large quantities of *family capital* to achieve a community goal. (Excerpts from story by Jesse Hyde, *Deseret News*, July 9, 2011.)

Seamay, Guatemala, sits in the highlands of northeastern Guatemala, wedged between the Polochic Valley, a humid patchwork of farmland that stretches all the way to the Caribbean, and The Peten — a vast, jungly no man's land of sweeping rain forests and ancient Mayan temples.

[Village leaders, in Seamay, Guatemala] had been trying for over 10 years to figure out a way to bring water to their village, which was really no more than a collection of shacks built on the finca, or coffee plantation. Originally, the 150 families on the plantation had been given a small plot of land to farm, enough wages to get by, and a certain ration of water. It worked this way for generations, but then the coffee market collapsed, more people moved to Seamay looking for work, and there was no longer enough water for everyone.

In 1998, Blas Cuz and the village leaders went to a nearby finca and asked the owner if they could pump water from a spring running through his property. The finca owner asked for a million quetzales, which was far more than the people of Seamay could pay, and so they went to the county government asking for help. But after years of filing paperwork and blueprints, the project had gone nowhere.

And then what could only be described as a miracle happened in the fall of 2009. The finca was sold and the new owner agreed to grant the community of Seamay access to the spring for no cost. At around the same time, Elder John Curtiss [a humanitarian missionary for the Church of Jesus Christ of Latter-day Saints] was sent to Seamay to figure out how to bring the village water.

"It really was a blessing from God," says Armalindo Pope, the vice mayor of Seamay and the leader of a local evangelical congregation.

BEST PRACTICES

Like other villages in the Alta Verapaz, the community of Seamay was tightly knit and highly organized under a tribal system that stretched back to the ancient Maya, with committees that oversaw everything from the hiring of school teachers to the maintenance of the soccer stadium. Shortly after Elder Curtiss arrived in town, the community reassembled its long-dormant water committee, installing Blas as its president.

The task was daunting. The source of the spring is high in the mountains, three miles up a narrow, slippery path that cut through thick, nearly impenetrable jungle. To get water to the village, they would first have to build a captation tank, which would essentially function like a small dam, at the source of the spring. They would then run piping down the mountain to a storage tank that hadn't yet been built, and from there, thread PVC piping into each home.

"I had several concerns," says Curtiss, who had built similar systems in the U.S. "I was concerned that the design of the water system was correct. I was concerned that it would actually physically work, that was one concern. The other concern was that the community would actually support it. Sometimes people say they'll back things and then they wear out when you get to the actual physical work."

Building a water tank at the top of a mountain in a jungle with no roads would have been difficult for a well-paid, highly trained crew from the United States. But in this case, the responsibility fell entirely to volunteers from the village with no training or experience. They also wouldn't be paid.

Because Curtiss was based in Guatemala City, he couldn't stay in Seamay to oversee the work. When he returned after several weeks, he was pleasantly surprised at what he saw.

Under the leadership of Blas Cuz's water committee, 323 families in the village had volunteered to participate in the project, donating 15 quetzales a month to a fund reserved for maintenance and upkeep. (The LDS Church paid for the materials used to build the actual water system.) Each family also agreed to take responsibility for digging 20 feet of ditch.

Curtiss watched with wonder. As he walked up the trail towards the spring, he could hear the thwack, thwack, thwack of machetes clearing vegetation to build a platform for the storage tank. Other men from the village were carrying up bags of cement and sand and gravel. Boys and girls worked beside their fathers. Women from the village brought drinks for the workers. When all was said and done, the people of Seamay had dug six miles of trenches, up hill, with pick axes and shovels through dirt and rock.

Using *Family Capital* in Seamay

323 families of the village – each donated 15 quetzales per month, and each family dug 20 feet of the six-mile-long ditch.

"Boys and girls worked beside their fathers. Women from the village brought drinks for the workers. When all was said and done, the people of Seamay had dug six miles of trenches, up hill, with pick axes and shovels through dirt and rock."

BEST PRACTICES

"Not only did they not tire but they did the project two months ahead of schedule," Curtiss says. "It was just amazing how they put their hearts into building the system."

Improved Sanitation

In the meantime, Curtiss and his wife had begun several other initiatives . . . they had begun teaching classes to the community on hygiene and sanitation. They found that most people in the village had never been taught to wash their hands after using the bathroom or preparing meals.

"We'd hold up these pictures of a mother sitting on a bed with a sick child and we'd say, 'Has this ever happened to your child?' And of course it had," Curtiss recalls. "So we taught lessons on hand washing, where to put garbage, where water comes from, how to purify dirty water."

Curtiss and his wife selected 16 women as facilitators, who then trained four group leaders, who in turn taught hygiene classes to 20 families each.

Adult Literacy

Through the hygiene classes, Curtiss and his wife learned that 80 percent of the women in the village couldn't read, and so they began an adult literacy program, stressing that children who read with their mothers were far more likely to graduate from the sixth grade. (In rural areas like Seamay, only 30 percent of children complete the third grade.)

"We really did take a holistic approach to this," Curtiss says. "You can't solve a community's problems all with a single project. You can't go in and build a school and leave



Photo: Alan Gibby, Deseret News
Clean Water from the new village water system.

BEST PRACTICES



Photo: Alan Gibby, Deseret News

Guatemalan family with new high-efficiency stone stove which cuts down on firewood consumption by one third, and vents the smoke to the outside.

town. We started with a water project and we started with hygiene classes with the women and we built from there."

[Several U.S.-based charities were also invited to come to Seamay. Each shared the central philosophy — they would help the community, but only if the community wanted it, and only if they were willing to act as full partners.

The San Mateo Foundation of Colorado agreed to pay for a new school if the people of Seamay would build it. **Mentors International**, a Utah-based micro-credit agency, sent loan officers to help villagers start new businesses, like chicken farms, which required those with savings to invest what they could. **Choice Humanitarian** helped organize the volunteers building the school, and supervise the construction. And a California-based charity called **Socorro Maya** brought high efficiency stoves to the village, selling them at a subsidized cost with the help of the **LDS Church**. The stoves cut down on firewood consumption by one third, meaning families didn't have to go out as often to gather wood to cook, or boil water.

"It's a wonderful thing to see the change that's occurred here," Curtiss says. "And the best part is that they don't think that someone came in and did this for them. With each of these projects, they did it themselves. They made all of this happen. And that builds so much dignity and hope."



“The policies, promises and pledges pursued by the United Nations have focused more on goals and targets than people, families and integral human development. Yet the family, as the basic unit of society, is key to development. Indeed, a quiet development partnership has been formed among the families of the poor.”

—Vincenzina Santoro

The author:

Vincenzina Santoro is an international economist, consultant and former Vice President of JP-Morgan and Co. She is a volunteer at the Philanthropic Advisory Service of the New York Better Business Bureau, represents the American Family Association of New York at the United Nations and writes frequently about international economic and social issues. Ms. Santoro is a native New Yorker, a graduate of Hunter College, City University of NY (BA, MA in economics) and is fluent in five languages.

8 - *Global Partnerships*

Vincenzina Santoro

The eighth Millennium Development Goal brings into play governments and the private sector – including businesses and civil society. MDG 8 is the last goal, has the longest list of targets (six) and may be the least understood. As given, the goals appear unduly amorphous: to develop partnerships to develop development in developing countries.

The focus of all the targets is to alleviate poverty through public-private partnerships, particularly in the 48 countries that have been designated as the least developed countries (LDCs). In general terms, MDG 8 rests on four pillars: (1) increasing access to developed markets, (2) reducing the external debt of developing countries, (3) providing financing for the poorest countries, and (4) realizing the benefits of new technologies and essential drugs. It is difficult to track the direct impact on the well-being of families, but with a pragmatic approach there is evidence of palpable progress.

Box 1: Family

A CEO and president of a major corporation was asked why he was in business. “To make a better world for my children,” he quickly replied. It may not be readily evident that family considerations are at the heart of business activity. Yet, it is quite common for visitors to the offices of presidents, chairmen and CEOs of major corporations, both in the United States and abroad, to note many picture frames containing photos of family members, especially children, on their walls, desks and bookcases.

Any business endeavor starts with the family in mind. First, one must provide for oneself, then for loved ones. This is not a selfish point: safety instructions given on planes always advise parents traveling with a small child to first put on and adjust their own oxygen masks and life vests before those of the child. If adults are safe, they have the ability to care adequately for the child.

Some of the newest and most successful of today’s technology corporations were started in family garages and basements, often with the financial and moral support of family members. In the remotest African village a woman with family responsibilities and an entrepreneurial spirit eagerly awaits a micro-loan to plant the first seed of economic development in her back yard. Growing family businesses around the world await transition to a listed exchange and renewed capacity to expand.

Governments and the public sector have the primary responsibility of providing for the security of their countries and the safety and well being of their citizens. This creates an atmosphere where people can pursue a dignified existence through labor and leisure and live in peace and prosperity. Enterprises exist, primarily in the private sector, to produce goods and provide services to be consumed by individuals and industries and to supply employment opportunities and a livelihood to workers and their families. Partnerships can be formed between public and private sectors, but more importantly they occur within the private sector. Successful partnerships should contribute to improved economic and social conditions of individuals and their families. Economic growth and per capita income are standard indicators to gauge progress from poverty to prosperity.

The prerequisites for economic expansion are the factors of production: land, labor and capital. Land is needed to produce food, provide space to build factories and erect places of residence. Labor is provided by men and women who establish businesses or are employed by them in a professional or manual capacity. Capital, from microloan to billion-dollar equity offering, is the lifeblood of entrepreneurship.

In the poorer countries, land and labor are usually plentiful. Capital often is inadequate – and the United Nations believes in creating new sources of finance for development that are not always consonant with market reality. Also, the United Nations, as an institution, bears considerable animosity towards markets – free markets – that hampers poverty alleviation.

Targets of MDG 8

- A. Develop further an open, rule-based, predictable, non-discriminatory trading and financial system (including a commitment to good governance, development, and poverty reduction, nationally and internationally)**
- B. Address the special needs of least developed countries (including tariff-and-quota-free access for exports of the least developed countries; enhanced debt relief for heavily indebted poor countries and cancellation of official bilateral debt; and more generous official development assistance for countries committed to reducing poverty)**
- C. Address the special needs of landlocked countries and small island developing states (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the 22nd special session of the General Assembly)**
- D. Deal comprehensively with the debt problems of developing countries through national and international measures to make debt sustainable in the long term**
- E. In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries**
- F. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications**

Before evaluating progress relating to MDG 8's implementation, it is worth stating the six targets that fall under this goal.

Trade considerations: Open markets work best

The first target is unduly nebulous. The international trading and financial system is well developed and inclusive. There are rules and regulations in place governing the operations of such financial institutions as the World Bank, a specialized agency within the United Nations system, and the various regional development banks such as the Asian Development Bank, the African Development Bank and the Inter-American Development Bank. All of these institutions contribute to development through their lending activities, often providing the key funding for major, large-scale development projects, including cross-border endeavors.

Another entity linked to the United Nations, but like the World Bank independent and responsible to its shareholders, is the International Monetary Fund (IMF). The IMF provides financial assistance to member countries experiencing large deficits in their international transactions with the rest of the world. Though often criticized as harsh, the measures proposed by the IMF are necessary to correct what sometimes are severe imbalances.

Regarding international trade of goods, no international organization has or continues to do more than the World Trade Organization (WTO). The WTO is based in Geneva and is not a part of the United Nations network. Since its original founding as the General Agreement on Tariffs and Trade (GATT) in 1947, WTO has been a force for trade liberalization that has benefited rich and poor countries alike, opening up markets for poor countries' products and contributing to the shift from agriculture to industry and greater employment opportunities for many poor countries, all results stemming from a series of long trade negotiations.

Open borders and open markets have contributed to development in a major way, enabling products from developing countries to access markets in the developed world, and vice versa. By removing tariffs and quotas on incoming goods, such as machinery and equipment, goods can be brought into a country more cheaply and put to work to build the infrastructures or factories needed for more substantive development.

Despite the severity of the last global recession, world trade rebounded sharply in 2010 according to the WTO. The value of merchandise exports rose 22% to \$15.2 trillion to set a new record. China remained the world's largest exporter, accounting for \$1.6 trillion or 10.4% of global exports with a 31% gain on the previous year. Still considered a developing country due to low per capita income, China and the other three "BRICs" (Brazil, Russia and India) were all numbered among the top 25 exporting nations. This attests not only to their success in exploiting free markets, but also to the fact that developed countries have avoided resorting to protectionist measures even though they bore the brunt of the severe global downturn.¹

While globalization has its "discontents," freer global markets have contributed to significant strides in cross-border sales for LDC exports. At the Fourth United

Nations Conference on the Least Developed Countries in May 2011, WTO Director-General Pascal Lamy stated that:

When it comes to the contribution of international trade to the performance of the LDCs, the progress is unquestionable: their average growth rate of 7% over the past decade exceeds the world average, and trade accounts for two thirds of that growth. During the same period, LDC trade grew twice as fast as world trade.

As a result, he added, “the LDCs’ share in world trade has doubled in the space of 10 years.”²

More countries could choose to join the WTO. Among the current 153 members, only 31 are LDCs.

Currently, discussions concerning the Doha Round of trade liberalization have struggled since 2001 and are stuck primarily on the thorny issue of agricultural subsidies. The United States and the European Union need to look at agricultural subsidies that protect their local farmers and thus keep out LDC farm products that could be provided more cheaply.

As an example, African cotton producers are heavily penalized by discriminatory trade practices. An opportunity exists in the clothing and textile industries to promote greater use of cotton, which would increase demand and possibly lead to a win-win situation. As the need for cotton increases, subsidies could be removed and both developed and poor countries could get a more satisfactory market-based price for their cotton.

Countless families would benefit if the international trading system were to be more open to African farmers. Egypt and at least a dozen sub-Saharan countries are cotton producers. Four West African countries (Benin, Burkina Faso, Chad, Mali) have banded together to form the “Cotton 4” coalition to seek a reduction in trade subsidies and tariffs.

In some cases the poorest countries also need to improve the quality and safety of their agricultural products. To that end, the WTO has a program, financed by developed countries’ contributions, to assist poor countries in improving their phytosanitary standards to enhance the marketability of their products in developed countries.

Some trade barriers have affected global manufacturing trends in curious ways. Textile quotas, especially imposed by the United States on China, caused opportunities to open in other Asian markets such as Vietnam, Indonesia, the Philippines and Cambodia, which received the overflow of clothing manufacture orders. Now that China has moved up the manufacturing scale, these other countries, having already proven themselves, can be recipients of even larger orders. Under the auspices of the WTO, the Agreement on Textiles and Clothing (ATC) was concluded in 1995 to phase out quotas by developed countries by the start of 2005. There are several other groups that have banded together under the WTO umbrella to negotiate more favorable entry of certain products in protected markets. All LDCs await the successful conclusion of the Doha Round.

Trade enables access to essential pharmaceuticals

The WTO has been at the forefront of helping poor countries get access to the medicines they desperately need. Most medications are researched, developed and marketed by industrial countries. What a country considers as vital medicines depends on the maladies prevalent in each. In general, the major diseases affecting a number of poor countries include malaria, tuberculosis and HIV. The WTO has encouraged the production of cheaper generics, working with pharmaceutical companies to get around considerations of intellectual property rights. A notable achievement has been the effort to reduce the price of medications and encourage the production of generics, many of which now are manufactured in China and India.

Many foreign initiatives have been implemented during the past decade to produce, purchase or provide essential medicines for the afflicted in poor countries. Considering the scourge of AIDS, President George W. Bush established the Millennium Challenge Corporation in 2004 and spearheaded PEPFAR, the President's Emergency Plan for AIDS Relief, a program to cooperate with honest governments in poor countries to provide anti-retroviral medications, especially for expectant mothers. This program has dramatically reduced mother-to-child transmission of HIV/AIDS in Africa.

On a grander international scale, the so-called GAVI Alliance has worked to provide needed vaccines and immunization against childhood diseases by bringing together United Nations agencies, such as UNICEF and WHO, to partner with private sources such as the Bill and Melinda Gates Foundation to secure funds for necessary medications. Funds are also received from the foreign aid agencies of various developed countries. The Alliance claims to have immunized 280 million children in the past decade. The present goal is to immunize another 250 million children between 2011 and 2015.³

Official development assistance: A crutch instead of a speed enhancer?

International development assistance, otherwise known as foreign aid, has received both accolades and sharp criticisms. The United Nations argues that it is essential, needs to be increased and developed countries should step up to the plate.

According to the Organization for Economic Cooperation and Development (OECD), the gatekeeper of official aid data, foreign assistance includes: humanitarian aid, bilateral development aid, debt relief, and contributions to multilateral organizations.

There are 23 developed countries, all members of the OECD, who provide Official Development Assistance (ODA) and are the largest donors to developing countries. They form the Development Assistance Committee (DAC) that has been in existence since 1950, and was formalized in 1961.

The members long ago pledged to give 0.7% of their Gross National Income (GNI) each year to developing countries. This ratio was incorporated into MDG 8. Very few are able to meet this percentage. In 2010, the overall DAC average was 0.32%.⁴

Curiously, the OECD and various United Nations bodies that champion the cause of poor countries have always promoted the targeted percentage of 0.7 and never any specific amount. Yet it is not a percentage that will solve poverty but a sufficient quantity of funds. (And private capital inflows, while not part of this target, may be more effective.)

Notwithstanding the deep recession and growing fiscal constraints, the 23 DAC countries collectively donated \$128.7 billion in 2010, an increase of 6.5% from the previous year. This record amount was more than double the 2002 outlays.

Countries that generally meet the 0.7% target are smaller, with small GNIs and consequently donate small amounts. However, they reap maximum accolades for their generosity from United Nations officials, assorted NGOs and high-profile philanthropists.

In 2010 there were only five countries that donated in excess of 0.7% of their GNI: Denmark, Norway, Sweden, Luxembourg and the Netherlands. Their combined donations totaled \$18.7 billion and accounted for 15% of total ODA, implying that those countries that did *not* meet the ODA target actually provided 85% of all ODA.

Interestingly, Luxembourg's \$399 million was lower than the \$500 million donated by financially strapped Greece that recently needed a financial bailout.

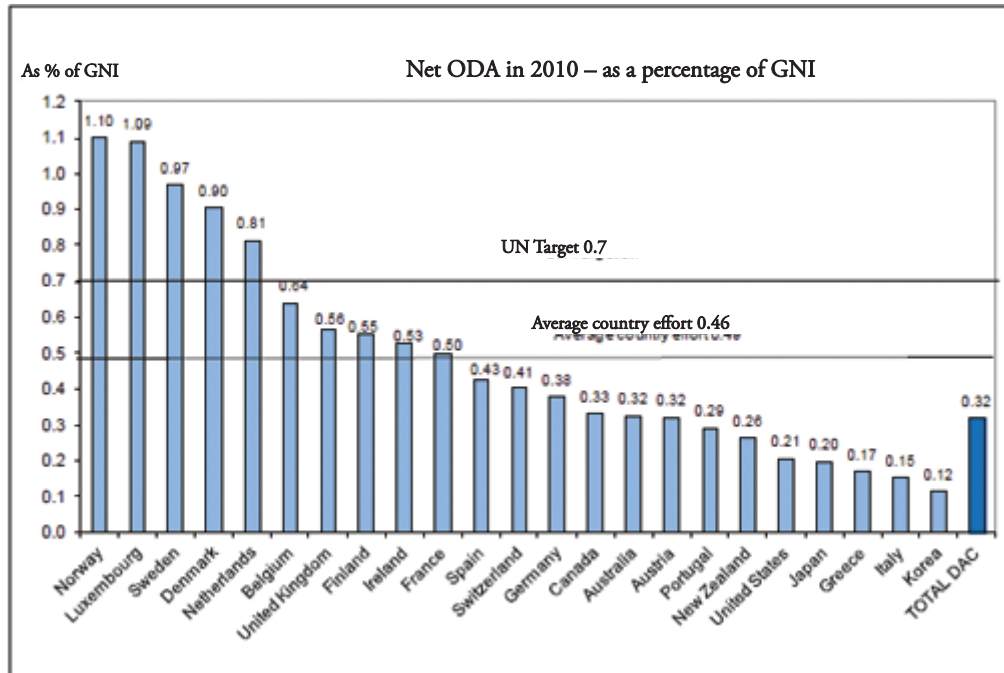
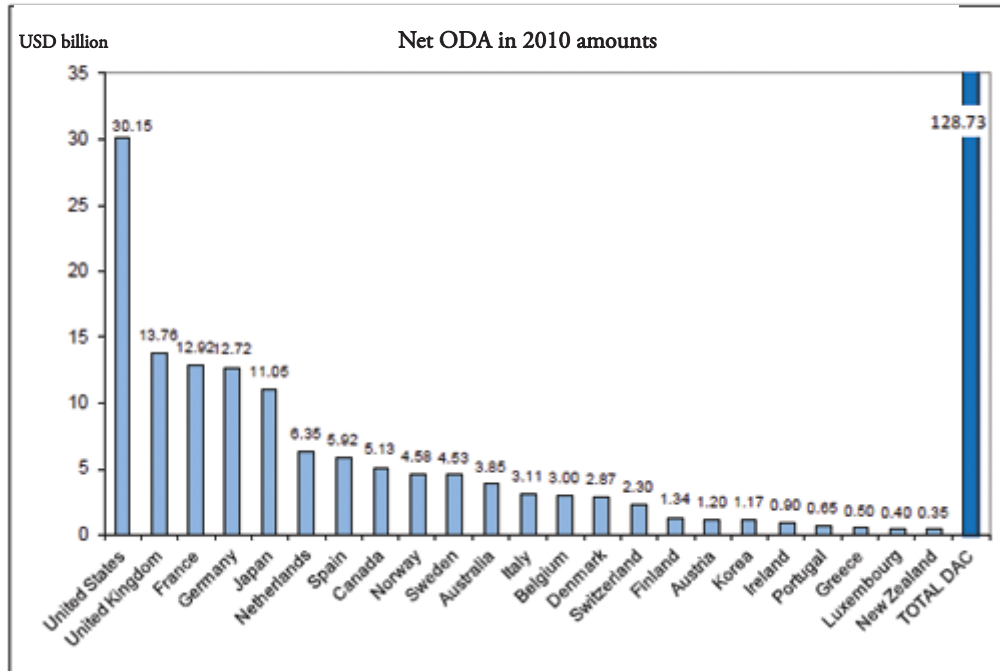
DAC members include some of today's most critically indebted countries: Greece, Portugal, Spain and Italy. Can they realistically be compelled to pony up foreign aid when they have parlous finances with fiscal deficits and high debt levels making them critically dependent on outsiders to remain engaged in their respective government bond markets?

The five largest official aid donors in absolute amount were the United States, United Kingdom, France, Germany and Japan, who together donated 63% of the total 2010 ODA amount. The United States is always the largest donor, last year accounting for \$30.2 billion, or 23%, of total ODA (*see Chart 1*).

The amount donated by the United States was more than double that of the second contributor, the United Kingdom, and over 60% higher than the combined donations of the five countries exceeding the 0.7% target. Yet the American percentage was 0.21% and the United States ranked 19th among the 23 donor countries. The United States has been pilloried for its "stinginess" – as if a percentage alone could alleviate poverty – especially in 2008 when it ranked last. Given the size of its economy, if the United States had achieved its target, it would have donated a stunning \$103 billion last year.⁵

At the annual reunion of the G-7 government heads, the leaders of the world's most developed countries often turn their thoughts to poor countries and many new pledges are proffered. The most notable was the G-7 meeting at Gleneagles, Scotland, in 2005 when world leaders, spurred by the Blair Commission Report drawn up by the British Prime Minister, pledged to double aid to Africa by 2010. The 15 DAC countries of the European Union together reached their goal. The United States promised to double aid to sub-Saharan Africa between 2004 and 2010 and achieved that goal a year in advance.

Chart 1: Net Official Development Assistance in 2010



Source: OECD, 6 April 2011

A few years ago the Hudson Institute, a think tank in Washington DC, gave a good perspective on foreign aid and the inauspicious origins of the 0.7% indicator:

The .7 percent is a totally arbitrary milestone with no economic significance.... Even the OECD, in one of its reports [in 1999], admitted that the goal was unreasonable and countries were likely not able to absorb that much aid anyway.

The real problem with the UN Millennium Development Goals approach and the Blair Commission report is that they propose statist models for development, with the bulk of funding going into public budgets so that government bureaucrats can engineer solutions for people. These approaches hold that the problems of global poverty are solved through massive foreign aid transfers, grand pronouncements, dramatic events, and top-down silver bullet solutions.

There is little recognition that aid projects have to be conducted in real countries with customs officials who want bribes, leaders who favor their own tribes or withhold food from rival tribes or religious groups, doctors who aren't paid enough by the government so they sell what should be free medicines and services, and lack of free press and elections that provide the important checks and balances on both private and government officials.⁶

As compiled by the OECD, total development aid donated by DAC members from 1950 through 2010 exceeded two trillion dollars (\$2,089,236,000,000).⁷

Where did the money go?

ODA funds are distributed widely across the poorest areas and countries. According to detailed OECD data for 2007-2009 period average, the top 10 recipient countries were: Iraq, Afghanistan, Ethiopia, Vietnam, Tanzania, the Palestinian Administered Areas, Sudan, Pakistan, India and Mozambique, which together received 27% of all official aid.

Many of the DACs seem to donate to countries where they have a vested interest or within their sphere of geographic influence. For example, the first and second recipients of aid disbursed by the United States were Afghanistan and Iraq. The United States has been engaged in belligerent activities for several years in both countries and the funds may be a way to pacify the populace, restore infrastructure destroyed by war and offer debt relief. In 2007 and 2008, a significant portion of aid consisted of debt write-off.

The top three recipients of the United Kingdom's aid were India (the largest of its former colonies), followed by Iraq and Afghanistan where British troops are active. Among the top ten recipients of Portugal's ODA were six of its former overseas territories: five in Africa and East Timor in Asia. Greece spent most of its aid in neighboring Albania, Serbia and Kosovo. Australian aid is destined primarily to Indonesia, Papua New Guinea and the Solomon Islands, all located in the same geographical area. Only Ireland and Belgium donate the highest proportion of their aid to the poorest continent, Africa. Their contributions are 81% and 74%, respectively.⁸

DAC data also show that China features among major recipients of foreign aid. Based on data from the OECD for the top ten aid recipients in Asia, China ranks eighth, having received an average of \$1.3 billion per annum over 2007-2009. From the perspective of per capita income, China's is over \$6,500, placing it among the middle income countries. China is the world's second largest economy and possesses international reserves (mostly in US dollars) in excess of \$3.2 trillion as of June 2011, which could and should be utilized for the greater welfare of the poor who form the majority of its population.

Aid data are also disaggregated to show ODA by donor and sector. The sectors include detailed breakdowns of economic and social sectors in particular. The social sector includes: education, health, population and reproductive health, water supply and sanitation, government and civil society, and other social infrastructures and services.

The social component accounted for an average of 43% of all ODA commitments in 2009. The United States was above the average with an allocation of almost 54%. What stands out among all the donors is that the United States by far allocated the highest share to population and reproductive health: 19% of all its foreign aid. Next in line was the United Kingdom. It committed 5.6% of its aid for the same purpose. Education received 4% of American aid and 9.6% of British aid.

As can be gleaned from various United Nations conferences, some countries will hold back aid funds unless the poor countries have strong provisions for family planning and reproductive "rights". Withholding funds negates the United Nations tenet that development programs should be "nationally owned." This does not hold true if foreign official donors dictate policy. Indeed, many poor countries, especially in Africa, have lost populations to: disease, droughts, disasters, conflict and emigration. They should be concentrating on "planning families" rather than "family planning."

Debt relief: Cure or worse?

Debt relief, or the forgiveness of debt previously given to one country from another or even from an international financial aid organization such as the Asian Development Bank or the World Bank, qualifies as foreign aid. Debt relief can be of some comfort to a poor country that has experienced a major natural disaster or military conflict. Large-scale debt forgiveness has come from the United States with Haiti and Iraq as major beneficiaries.

Most debt relief has come from the international institutions, particularly the World Bank and the IMF. A number of "initiatives" have been put in place in recent years. These include the Heavily Indebted Poor Countries (HIPC) program and the Multilateral Debt Relief Initiative (MDRI). To be eligible, countries have to present plans to show they can tackle basic problems that plague their economies, such as in education and health, by agreeing to a poverty reduction strategy. To have such a scheme in place may enhance development, but raises the question: Why weren't these plans in effect and executed when the countries received loans?

According to a World Bank compilation, under the HIPC initiative 36 countries were beneficiaries of \$59.2 billion under the scheme between 2000 and March 2011. Over the same period, the MDRI, which involves four multilateral development institutions, the International Development Association known as the “World Bank’s Fund for the Poorest,” the International Monetary Fund, the African Development Bank, and the Inter-American Development Bank, granted additional debt relief totaling \$30.5 billion to 32 countries.⁹

Debt forgiveness was designed to free up government resources to invest in growth and poverty reduction. In many cases governments had not exactly “set aside” funds for debt repayment. Many poor countries are corrupt, as various surveys point out, so there may be little money for new projects, let alone to repay debt. Donors, whether individual or multilateral, often do not pay sufficient attention to the finances of the countries they lend to and few are willing to acknowledge that foreign aid is likely to increase dependency and can be easily diverted to line the pockets of corrupt officials. Moreover, debt forgiveness may reduce the ability of a country to secure new financing years later.

Two observers with first-hand experience of corruption in poor countries have worked to call attention to this problem. Peter Eigen, an economist who had worked at the World Bank, left to found an organization called Transparency International, to call attention to how widespread the problem of corruption is in poor countries in particular. Dambisa Moyo, a native of Zambia who also had worked at the World Bank as well as at the investment bank Goldman Sachs, wrote a book in 2009 entitled *Dead Aid*. In *Dead Aid* she disputed the value of foreign aid and encouraged countries, both African and others, to access the international bond markets if they needed funds. In the private sector, lenders demand disclosures and assurances because they must be repaid in order to continue in business. Market demands may be more stringent but also would help keep the borrowing country on the straight and narrow. Ms. Moyo also makes a strong case for micro-lending to help individuals and families, as well as advocating for property rights. In the preface of her book she writes:

Having been raised in one of the poorest countries in the world, I feel a strong desire to help families like my own, who continue to suffer the consequences of economic failure every day of their lives.¹⁰

Not only does Ms. Moyo come from Africa, she was educated both at home and abroad where she could observe what is possible to achieve in a free and honest environment. Her book should carry much weight in economic development circles, especially given her hands-on professional work experience.

In complete contrast, outsiders also have remedies for lifting the poor out of poverty – with a completely opposite prescription. The prolix professor Jeffrey Sachs, economic adviser to United Nations Secretary-General Ban Ki-moon and a holdover from predecessor Kofi Annan, wrote a book in 2006 entitled *The End of Poverty: Economic Possibilities for Our Time*, in which he advocated doubling foreign aid to Africa.

Quick to eschew protocol at United Nations meetings, Sachs spared no occasion in the mid 2000s to openly criticize President George W. Bush by name for spending billions on military ventures and not enough on aid – a clear violation of protocol that not even a delegate from a corrupt country would engage in. Yet it was that same President Bush who created the Millennium Challenge Corporation (MCC) to help honest countries achieve the MDGs. Moreover, President Bush increased the foreign aid budget by 50% his first year in office, the largest increase since the Marshall Plan.¹¹

Despite two trillion dollars of foreign aid and significant debt relief, both topics have found favor with many NGOs who clamor for more debt forgiveness and more aid disbursements since the Monterrey (Mexico) UN conference in 2002 on “financing for development” that extracted certain “pledges” from developed countries.

The NGOs’ argument is that if poor countries don’t have to repay previously contracted loans, these countries could use the repayment funds for development. They demand forgiveness without ever raising the question of what recipient governments did with these loans, grants and other funds received. Seldom is there a reference to accountability despite entrenched corruption that is a major impediment to poverty alleviation in developing countries, and the least developed in particular, as noted later in this chapter.

They are staunch supporters and advocates of the United Nation’s efforts to devise innovative and controversial worldwide taxes to combat poverty that in essence are a form of global “taxation without representation.”

Official aid and private generosity: The case of the United States

While the United Nations focuses on the paltry percentage donated by the American government each year in foreign aid, it overlooks individual generosity. Private giving includes the donations to worthy causes, both domestic and international, given by American individuals, foundations, bequests and corporations to charities registered in the USA. Many of these funds are destined for relief and development purposes abroad and the American charities function as a conduit for these funds.

USAID, which disburses the voluminous official foreign assistance of the United States, had this to say regarding donating:

While the U.S. Government gives more aid than any other government, as a percentage of national income, it is the smallest among government assistance programs. This is misleading, however, as the true measure of American generosity is not just the aid given by the U.S. Government aid, but should also include the rising amount given by American citizens and companies.

In 1970, the U.S. Government provided 70% of American foreign assistance. Today, the government provides only 20% and citizens and companies provide 80%. When private aid is added, the U.S. is first of all countries in the amount of aid provided to countries in need.¹²

American personal generosity is second to none. Each year Americans donate close to \$300 billion to charitable causes at home and abroad, an amount that comes close to or exceeds 2% of GDP which, together with the percentage donated in foreign aid, is more than three times the percentage donated by countries that can boast of achieving their 0.7% ODA targets.

The Giving USA Foundation, affiliated with the Center on Philanthropy at Indiana University, has been gathering data on private giving since 1956. The foundation has estimated nearly two-thirds of American households support charitable causes in any given year.

Their 2010 annual survey results noted that American individuals, foundations, bequests and corporations contributed almost \$291 billion that year, an increase of 3.8% in nominal terms (and 2.1% in price adjusted terms) and was equal to 1.98% of GDP. Given the severity of the 2008-2009, recession donations had declined in those years, but as the US economy recovered so did donations, although 2007, with a total of \$314 billion, remained the peak year for private giving.¹³

By far, most private donations are made by individuals, reflecting the personal involvement of about 75 million households, i.e. mostly families. In 2010, personal giving represented nearly 73% of all private donations, followed by foundation grants with 14%. Charitable bequests accounted for another 8%.

Corporate giving (closely correlated with corporate profits) accounted for only 5% of total giving, but donations were up nearly 11% as company profitability improved in 2010. Donations included “in-kind gifts,” a practice that is especially common in the pharmaceutical sector. There are over one-million American-based corporations that claim charitable deductions.

Measured by recipients, each year the largest share of contributions usually goes to religion which accounted for 35% (\$100 billion) of the total in 2010. Such donations include faith-based charities that operate primarily abroad to alleviate poverty, hunger, deprivation and provide medical, educational and disaster relief both at home and abroad.

Among other causes, an estimated 14% went to education, 11% to foundations, and 9% went to human services which captured most of the donations made for Haitian disaster relief after the January 2010 earthquake devastated that country. The remainder included: health; public-society benefit organizations (e.g. the United Way); arts, culture and humanities; international affairs; the environment; and animal welfare.

In the United States there are currently 1.8 million tax-exempt organizations, including 1.2 million religious and charitable entities, registered with the Internal Revenue Service (IRS). Registration, which may or may not include churches because they do not have to apply for tax exemption, allows charitable organizations to solicit funds from the public.

It cannot be ascertained with any degree of confidence exactly how much American private donations are allocated on a country-by-country basis, but the groundswell of contributions to charities big, small and new to help alleviate suffering in response

to disasters such as the recent earthquakes in Haiti, Chile and Japan can raise sums that can surpass the one-billion dollar mark.

A few years ago, the Hudson Institute's Center for Global Prosperity began research to try to quantify private donations going to foreign destinations, not only for the United States but for other major countries, too. Data were difficult to come by, but estimates for 2008 identified \$10.3 billion from 13 countries, compared with \$37.5 billion (2009) for the United States alone, reflecting the involvement of multinational corporations, non-profit organizations, churches, families and individuals.

The American corporate sector is also involved in donating, often through a separate foundation created for the purpose of making grants to nonprofits. Their involvement may extend to "matching funds" programs offered as a benefit to employees.

Corporate contributions may be driven by a sense of community concern or even a desire to maintain a positive image deemed necessary for strategic growth. Corporations show a sense of social responsibility by offering funds or gifts in kind to support many causes, but in return the recipients are made more mindful that they must be held accountable for whether donations were properly and successfully utilized in fulfilling their missions.

Voluntary giving is a strong part of the American spirit of individualism that promotes grass-roots involvement – a trait uncommon to perhaps the Scandinavians who would prefer being heavily taxed, letting the government decide on giving and priding themselves on surpassing their ODA target each year.

Whether rich or not so wealthy, Americans donate to charities and other nonprofits for a host of reasons – from altruism to zeal – and some donors tithe. At the family level, parents instill in their children a sense of caring for others and donating to charity. One entrepreneurial American mother, a former banker, decided to teach her children how to handle money and charity. She invented a special piggy bank with

Box 2: Self giving

Unmentioned by the UN, there are unsung heroes dedicated to the poor. They are the men and women who dedicate their lives as missionaries in poor countries, driven by spiritual considerations that view the centrality of the human being at the heart of development. Inspired by spiritual rather than worldly considerations, they live their lives among the poor, building and running schools and hospitals, providing education and meeting health needs, assisting in community affairs, and improving the lot of families in countless ways at a grass roots level. Their contribution is overlooked yet it is real. They do not "advocate" in behalf of causes, they "participate" 24/7 by being on location at all times, ready to serve the poor, alleviate their lot in life and bring a distinct contribution to development in a very concrete manner. The dignity and value of human life demonstrated by Mother Teresa to the poorest of the poor could not be ignored even by secularists. She was awarded the Nobel Peace Prize.

four chambers, each designated for a particular purpose: saving, spending, investing and donating. Made of transparent plastic, the “Money Savvy Pig” encourages children to make a decision every time they have money that includes choosing a charitable cause and sharing with those less fortunate. Money from each chamber is accessed through the four porcine hooves.

In the United States, it is common for the president to release his income tax returns for public scrutiny, usually shortly after the tax return due date. According to press reports, President Obama and his wife earned \$1.7 million in 2010 and \$5.5 million in 2009. Their charitable contributions were reported to be \$245,075 to 36 charities last year and \$329,100 two years ago, which correspond to a very generous 14.4% and 6%, respectively, of gross income.¹⁴

It does not seem to be the practice in other industrial countries to openly disclose the voluntary donations of their government leaders.

Foreign direct investment: New opportunities for employment and growth

In any given year, foreign direct investments (FDI) account for the largest financial cross-border flows, far exceeding ODA. FDI, measured by inflows, reached a peak of just under \$2 trillion in 2007, but dropped by 40% in the next two years and rose only by 5% in 2010. Data for the last three years underscore the severity of the global recession in the developed or industrialized part of the world where FDI fell by nearly 54% over that period. As a result, developing and transition (i.e. former Soviet bloc) countries increased their share of FDI flows to slightly more than half or 51% in 2010 from 34% in 2007. In 2010, there was a stark contrast between the stagnation of flows in FDI to developed countries, due mainly to a 12% drop in inflows to the European Union, and a 12% increase in flows to the developing countries alone, although the gain was not shared by Africa.¹⁵

FDI in the developing world is dominated by the BRICs – Brazil, Russia, India and China. In 2010, the four absorbed 42% of the developing countries total FDI inflows.

Given their rapid economic growth, the BRICs have become foreign investors in

Table 1: FDI inflows in billions of US\$ and %

	<u>2007</u>	<u>%</u>	<u>2008</u>	<u>%</u>	<u>2009</u>	<u>%</u>	<u>2010</u>	<u>%</u>
World	1971	100	1744	100	1185	100	1244	100
Developed	1307	66	965	55	603	51	602	48
Developing	573	29	658	38	511	43	574	46
Africa	63	3	73	4	60	5	55	4
Transition	91	5	120	7	72	6	68	5

Source: UNCTAD, *World Investment Report 2011*

their own right and in 2010, they collectively accounted for 45% of all developing-country FDI outflows.

FDI includes cross-border equity investment, intra-company loans, reinvested earnings, and other capital employed to acquire at least 10% of a company in another country in a controlling interest capacity. Investment implies a long-term relationship. It may be a new or “greenfield” operation of any dimension or large scale undertaking involving cross-border merger and acquisition deals, many of which in the last decade or so have been in the energy and raw materials sectors.

Corporate location choices have to be win-win situations. Communities that attract new investment know that there will be: employment creation; industrial diversification; the introduction of expertise, skills or technology; and perhaps funds for projects that a country could not afford to finance itself. Companies must be convinced they can prosper and profit. Once up and running, companies and their employees will contribute tax revenues to the host government coffers.

While total amounts invested in LDCs in particular may be small by global standards, they do have a major impact in a small economy and often account for a significant portion of that country’s investment. According to a recent study by UNCTAD:¹⁶

Large-scale investments by global TNCs [Transnational Corporations] represent only a small proportion of FDI projects in most LDCs, even if they account for the bulk of foreign capital invested. In contrast, smaller-scale projects by cluster TNCs (e.g. a small Dutch company specialized in the flower business investing in Ethiopia), regional TNCs (e.g. a South African retail chain investing in Mozambique), cross-border investors (e.g. a small Kenyan company making a first foreign venture in Uganda) and entrepreneurs (e.g. a Zimbabwean farmer moving to Zambia) represent a large number of projects, even if the amounts invested can remain small.

The universe of FDI in LDCs is thus extremely diverse, from the multi-billion dollar project in mining by a global leader in the field to the entrepreneur moving with his/her family to set up a small boutique hotel with an initial investment below one hundred thousand dollars. Given their small scale and the difficulty to capture their impact from a macro-economic perspective, the latter form of foreign investors are frequently overlooked, and perhaps neglected from a policy perspective.

Emigrants’ remittances: Money for families

MDG 8 is all about partnerships. Perhaps by strict definition emigrants’ remittances do not qualify. On second thought, there is an unspoken partnership between migrants who move to foreign countries to work and their “personal foreign aid,” as it were, to their countries of origin.

Migrants leave poor countries in search of work in richer areas of the world every day. In 2010, there were an estimated 215 million international migrants worldwide, about equally divided between men and women. Slightly more than three persons out

Table 2: External financial flows: Totals and developing countries' share in 2010
In billions of US dollars

	Overall totals	Developing countries
Foreign direct investment	1244	574
Emigrants' remittances	440	325
Official development assistance	129	129

Sources: UNCTAD, World Bank and OECD

of every 100 were born in a country other than the one where they resided. The United States hosts the largest group of international migrants, estimated at 43 million (14%) of the resident population.

Unlike foreign aid or direct investment from abroad, emigrants' remittances go directly home into the hands of family members – mothers and fathers, wives and husbands, siblings and children – who then have the personal freedom to spend as they wish to improve their economic condition.

With such income, the poorest families may just buy food, others will buy clothes, some will repair their living quarters or build new houses. Parents will send their children, especially girls, to school – an investment for the future. Farmers may buy some animals or better seed. The more ambitious may start a small business. Money will be available for health care needs.

The ancillary benefits are numerous. Recipients have ownership and discretion; there is no overhead or intermediary (except for the bank or money transfer agent). Money can be sent by wire transfer, mobile phones or informally via individuals returning to the same village of origin. Remittances are the quickest, most direct and most effective way of delivering poverty reduction, bypassing bureaucracy and avoiding possible corruption at the same time.

The economic importance of remittances cannot be underestimated. According to the World Bank, recorded remittances worldwide reached \$440 billion in 2010, of which \$325 billion (nearly three-fourths of the total) were received in developing countries. Remittances to developing countries in 2010 were two and a half times the amount of foreign aid and rose 5.6% from the year before as economic conditions in richer countries improved.¹⁷

The flows to individual countries can be rather large given that the most populous countries such as China and India have large numbers of their nationals working abroad. In dollar terms, the five largest recipients in 2010 were India, China, Mexico, the Philippines and Bangladesh. While 10 countries usually receive about half of all emigrants' remittances, in some smaller countries the amounts received account for a significant share of GDP. In 2008, 15 countries had remittances that ranged from 10% to over one-third of their GDP, some of which were LDCs, which given their size and population received a small share of the total. The LDC share rose from 6% in 2007 to 8% of all remittances in 2010.¹⁸

Table 3: Top 10 recipients of emigrants' remittances

<i>In billions of US dollars, 2010</i>		<i>In percent of GDP, 2009</i>	
India	53.1	Tajikistan	35
China	51.3	Tonga	28
Mexico	22.0	Lesotho	25
Philippines	21.4	Moldova	23
Bangladesh	10.8	Nepal	23
Nigeria	10.0	Lebanon	22
Pakistan	9.7	Samoa	22
Lebanon	8.4	Honduras	19
Vietnam	8.0	Guyana	17
Egypt	7.7	El Salvador	16

Source: World Bank

In 2009, during the global recession, there was a 5.9% decline in remittances globally and 5.4% to all developing countries – but they rose 5.2% to LDCs, proving a surprising resiliency. A year later, remittances rose over 5% in all three categories, and are expected to increase somewhat faster to reach nearly \$500 billion globally by 2012 according to World Bank forecasts.¹⁹

Given that 1990 is the base year for calculating MDG progress, then it is worth recalling that emigrants' remittances to developing countries were \$50 billion that year, peaked at \$325 billion in 2010 and are projected to rise to \$375 billion in 2012.

All the above data are likely underestimated. A large but not measurable portion of remittances are believed to be forwarded through “informal channels” because the cost of money transfers can be high and banks may not be available in remote areas or families do not have bank accounts.

As the contribution of emigrants' remittances to GDP can attest, while the United Nations “hares” were adding targets to goals, migrating “tortoises” were hard at work in foreign lands “sending home the bacon” to pull their families out of poverty. The poor were helping themselves – with nary a United Nations program!

Information and communications technologies: New ways of conducting business

The information and communications technologies (ICT) have made their way into the everyday lives of people and families in developing countries in many ways that have overcome previous communications impediments, such as the lack of traditional telephone lines. The introduction of cell phones and the technologies that operate them have helped agriculture, business and personal transactions.

Small farmers who possess mobile phones can get information on weather conditions, consult other farmers in nearby villages on crop conditions and check prices for their products. This helps them to determine the most propitious time for marketing their products. ICT enables people, but especially families, to stay in touch and can be used in remote areas that previously lagged significant communications. Emigrants' remittances can be transferred home via mobile phones, too.

In 1998 a visionary entrepreneur from Sudan named Mo Ibrahim, with a PhD in engineering and employment experience at British Telecom, started a mobile phone company that had success beyond belief. He built up a company that sold cell phones all over Africa and then sold his company, Celtel, for several billions of dollars in 2005.

According to Wireless Intelligence, mobile phone use in Africa boomed from 9.8 million in 2000 to 548 million in 2010. It is estimated that mobile penetration reached 68% at the end of last year. A telecommunications company, O3B, is planning on launching satellites by 2012 to cover communication bands in Africa, Asia and Latin America.²⁰

Internet users are growing more numerous in developing countries but the gap remains wide with the developed world. Today there are over two billion Internet users worldwide but the top 20 countries accounted for three-fourths of all users. However, these users included the BRICs plus Nigeria, Indonesia and the Philippines. While 77% of the population in the United States and Canada are Internet users, the penetration rate is only 12% in Indonesia. The growth rates in the number of users in certain developing country have skyrocketed: in Nigeria, internet users grew by nearly 22,000% between 2000 and 2010, and in Indonesia and the Philippines by 1,400% over the same period.²¹

The International Telecommunications Union (ITU) as a United Nations specialized agency for ICTs, in addition to allocating global radio spectrum and satellite orbits also aims to improve access to technology globally. The ITU has adopted as an objective "to connect the unconnected by 2015" and has inaugurated several initiatives to build on existing efforts: a "Wireless Broadband Partnership" to widen broadband usage, the "Academy Partnership" to encourage and facilitate training of personnel from developing countries and "Connect a School Connect a Community" to connect communities via ICT usage in schools.²²

Landlocked and small island developing states: Why the special status?

The United Nations is always keen on grouping together countries, causes and coalitions. Thus, landlocked and small island states that are among the least developed countries fit the bill and are perceived as having "special needs." Landlocked nations have no outlet to major seas or oceans and thus require road or rail transport to and through a neighboring country (or countries) for its goods to reach a port where they can be shipped to more distant countries, or they must have sufficiently developed domestic airports capable of handling cargo planes.

Being landlocked should not be *per se* a drawback, as attested to by the landlocked countries of Europe, many of which are among the most prosperous, such as Switzerland, Austria and Luxembourg. Similarly, being a small island nation need not be a negative as the prosperity of Bermuda and Singapore illustrate.

Singapore indeed is a success story worth examining for relevant examples of how an economy can be transformed for the better. A small country containing one large and a few tiny islands, Singapore is situated at the end of the Malay Peninsula. The small city-state went from a backwater at the time of its independence in 1965 to achieve developed-nation status in less than a generation, under the policies promoted by their long-standing Prime Minister Lee Kuan Yew.

Combining western-style free-market capitalism with a dose of government direction, he exploited the entrepreneurial capabilities of nationals, starting mostly with small family enterprises that grew exponentially into world class manufacturers. The government pursued pro-business policies and welcomed investment from abroad. Exploiting one of its few resources, Singapore developed its deep water harbor into a major global shipping port – the busiest in the world in terms of shipping tonnage – capable of handling the largest cargo vessels and containers.

Poor in natural resources, Singapore today is the third largest petrochemical refiner in the world, an industry made possible by the development of its harbor complex. And it remains a major producer of electronic products, an industry carefully nurtured over time.

This small country of five-million inhabitants has a per capita income similar to that of the United States. A strong foundation has enabled the country to show resilience in the face of the recent severe global recession with a spectacular rebound in economic growth in 2010, when GDP expanded by 14.6% (after a 0.8% decline in 2009) – a larger increase than that of China.

The Singaporean model did, and still does, include a large social welfare component, a mixture of government rules and private choices. Singaporean employees and workers have a significant portion of their salaries and wages deducted and placed into “forced savings,” essentially for retirement, but from which individuals also can borrow if they wish to purchase their own home. This provides a very concrete benefit to families who can then buy homes within their means and not fall prey into the type of mortgage schemes that have affected so many Americans, victims of misguided government policies.

Singapore has not only achieved developed-country status but consistently ranks among the best and most honest places to do business according to global surveys. Singapore was ranked first among 183 countries in the 2011 edition of *Doing Business* published by the World Bank, second in the world in terms of economic freedom (for people and business) according to the 2011 *Index of Economic Freedom* published by The Heritage Foundation, and third in transparency and accountability in the 2010 edition of the *Corruption Perceptions Index* published by Transparency International.

Singapore embodies the principles of good governance: openness, accountability, coherence, transparency and effectiveness – all within a country that has chosen and pursued rational policies within a fairly democratic environment with popular elections in order to deliver a better future for its people starting with the family, promoting family enterprises and providing sensible family welfare.

All of the above contributed to a stunning economic performance for the country and personal prosperity for its citizens – a model worthy of emulation and one that illustrates how far sound and fair policies can transform a country in a relatively short time span.

Leaving the LDC group: The successful case of Cape Verde

The designation of least developed country (LDC) was conceived by an expert group at the United Nations, advised by the Department of Economic and Social Affairs (DESA) in 1971. Originally there were 25 countries, but more were added as countries either became independent (East Timor was the last to join in 2003) or experienced a setback. There are now 48 countries on the list. At the May 2011 Fourth UN Conference on the LDCs it was decided that the number should be cut in half within the next 10 years through renewed efforts at more aid, trade and debt relief.

The LDC members are subject to a triennial review to determine future status. Only three countries have “graduated” from the list: Botswana, Cape Verde and Maldives, amidst United Nations concern that there should be a “smooth transition.” Graduates are no longer eligible for concessional foreign aid. Interestingly, the first is a landlocked country and the other two are small island states.

Cape Verde graduated in 2010. The country’s experience is worth a closer look to see if there are examples to emulate by the remaining LDCs.

Cape Verde is an archipelago of 10 inhabited islands (and a few rocks) located in the Atlantic Ocean about 450 kilometers off the west coast of Africa, with a population numbering close to 500,000. Discovered in 1456 and uninhabited until 1462 when Portuguese seamen arrived and started a settlement, they soon turned the island into a slavery entrepot. Cape Verde won its independence from Portugal in 1975 but remains part of the seven-member Lusitanian community.

For many years, the main source of income for the islands came from landing fees received from South African Airways using the airport on the island of Sal as a refueling stop for flights from the North American continent to South Africa – when due to the existing policy of Apartheid it was shunned by other countries.

After independence, many natives moved to Portugal in search of work while the Portuguese discovered the magnificent beaches of Cape Verde and began constructing hotels and helping the government to develop tourism, especially the now popular eco-tourism, as a new industry – one that is labor intensive and a good source of jobs – while remaining an important transit point in the Atlantic. In a few years, emigrants’ remittances and tourism emerged as major sources of income.

As the government reaps higher revenues it is expanding its development projects to improve and build local roads and to help farmers bring goods to market and to try to improve agricultural output via the construction of small dams or reservoirs to capture the water from sporadic heavy rainfalls that previously went into runoff.

One reasonably wealthy and enterprising expatriate returned home to establish an inter-island ferry service to better integrate the 10 islands, which vary in distance from one another by 50 to 200 kilometers. As a result, fishermen and farmers can sell surplus catches and products on other islands, thus eliminating waste, increasing earnings and ameliorating family conditions. Shoppers gain access to retail establishments on other islands. Tourism benefits, too, as visitors can enhance their vacations by visiting more than one island.²³

The democratically-elected government has also benefitted from a 2005 agreement with the United States' Millennium Challenge Corporation, the American aid program spurred by the MDGs. They received a five-year \$110 million assistance package. The program achieved its designated targets of "strengthening the investment climate, reforming the financial sector, improving infrastructure increasing agricultural productivity, and achieving key policy reforms."²⁴

The country enjoys special partnership status with the European Union, receiving additional assistance with governance and efforts to further reduce poverty. Moreover, trade liberalization enabled Cape Verde to join the World Trade Organization.

Cape Verde also has received aid from the International Monetary Fund for "policy support" for a 15-month period, which was followed by a second such agreement in November 2010. The IMF's first review under this instrument gave Cape Verde high marks for executing its various policy targets, which in many cases were achieved either in advance or with better than expected results.²⁵

The *Index of Economic Freedom*, published annually by the Heritage Foundation, places Cape Verde third out of 46 sub-Saharan countries in its 2011 edition and 65th out of 179 countries covered. In the World Bank's *Doing Business* the country ranked 132 among 183 countries, indicating much more needs to be done for smoother business operations.

Focused aid from the United States and the European Union worked. Countries with democratic governments and good prospects of using aid effectively for the benefit of its people prosper. With a five-year compounded GDP annual growth rate of just over 7% and a per capita income approaching \$4,000, Cape Verdean families today are enjoying a better standard of living.

The UN, business and partnerships

In 1998 the UN Office for Partnerships was created. It was the brainchild of media mogul Ted Turner, who at the time was incensed that the United States was behind in its payments to the United Nations. He thus pledged one-billion dollars and created the United Nations Foundation. It advertises itself as seeking solutions to solve global

issues that include children's health, climate and energy, sustainable development, technology, and women and population.

On the UN Foundation website, one example is a partnership Turner created under "women and population." He mentions the "stunning achievement" of creating "rh reality check" (a strongly anti-life, anti-religious blog), as its contribution to MDG 5 on maternal health. "Experts" from the UN Foundation work closely with UN agencies such as UNFPA, as they believe in the same ideology.²⁶

Given Turner's business background, it is interesting to see a partnership involving technology, a field that is specifically mentioned in MDG 8. The UN Foundation and the Vodafone Foundation have partnered to form a Technology Partnership to benefit UN humanitarian efforts worldwide. They basically support other foundations and nonprofits in the health area and even receive in-kind donations from other telecom companies of mobile devices and components.

Another prominent partnership between philanthropy and the UN is that of the Bill and Melinda Gates Foundation. The foundation is making strides in numerous areas, particularly in helping to eradicate malaria. However, Gates, too, has a population control agenda and has donated to other nonprofits that are active in the "reproductive rights" arena, a euphemism for population control. The Gates Foundation was the recipient of the UNFPA's Annual Population Award in 2010.

In June 2011, the United Nations Human Rights Council endorsed a report dealing with human rights principles and the responsibilities of companies. The 27-page report, which took six years to prepare under the Special Representative John Ruggie of Harvard University, included the following:

While the Principles themselves are universally applicable, the means by which they are realized will reflect the fact that we live in a world of 192 United Nations Member States, 80,000 transnational enterprises, 10 times as many subsidiaries and countless millions of national firms, most of which are small and medium sized enterprises. When it comes to means for implementation, therefore, one size does not fit all.²⁷

Countless corporations among the thousands and millions mentioned in the above quote, through conscious social stewardship, have sponsored an abundance of good works, usually starting with the welfare and well being of their workers and the workers' families that pre-date the MDGs and the United Nations itself. Global business has an understanding that the fair and just treatment of labor is a *sine qua non* of operating, staying in business and prospering. American companies are at the forefront of corporate social responsibility, too. Other multinationals also have joined the efforts.

In 2011, IBM is celebrating the 100th anniversary of its founding. A pioneer in the computing field, IBM was an early proponent of social responsibility for American businesses. According to former Chairman Thomas Watson, Jr., "Corporations prosper only to the extent that they satisfy human needs."

Besides corporate involvement in sharing technology, in 2008 the company began a Corporate Service Corps, a program that deploys IBM staff members to help

Box 3: Company winners

At the initiative of the International Chamber of Commerce (ICC), a “World Business and Development Award” is given every two years to companies that contribute through partnerships to the alleviation of poverty and to raising the standard of living in numerous countries. There were 10 companies that received awards in 2010, chosen by a panel of judges. Each is worthy of mention for the diverse and innovative ways that grass-roots programs can deliver.

The ten 2010 WBDA winning initiatives (in alphabetical order) are:³⁰

Cemex offers poor communities in Mexico the opportunity to produce construction materials that can be used to build or improve their houses, their communities or be sold for additional income. This initiative, called Productive Centers for Self Employment, has benefited more than 3,500 families to date.

Eli Lilly and Company addresses the health challenges of TB and multi-drug resistant TB by successfully mobilizing over 20 partners on five continents to tackle the disease in all its forms. The Lilly partnership is providing medicines, advocacy tools and technology to focus global resources on prevention, diagnosis and treatment.

GroFin/Shell Foundation – GroFin, in partnership with the Shell Foundation, has developed a business model, successfully piloted in Africa, proven to create sustainable employment through the integrated provision of skills and finance to small and medium-sized enterprises. The partnership currently supports over 200 businesses across eight continents.

Heineken developed a sustainable local supply chain for Sierra Leone Breweries, the local subsidiary of Heineken in Sierra Leone, to help local sorghum farmers compete against imported grains. The company has adopted an Africa-wide strategy to procure at least 60% of their raw materials locally.

LifeSpring Hospitals provides low cost, high quality maternal care to low income mothers across India. LifeSpring Hospitals was started as a proof of concept in 2005, and, since then eight more hospitals have been established. It is a social enterprise, with a dual goal of fulfilling its social mission while achieving financial sustainability. As of June 2010, Lifespring has delivered more than 7,000 babies and its doctors have treated over 100,000 out-patient cases at the hospitals chain’s nine clinics.

Novartis – as of June 2010, has delivered over 340 million of its antimalarial treatments without profit, to more than 60 malaria-endemic countries for public sector use, making Novartis the leading pharmaceutical partner in the fight against malaria. Since the beginning of its Malaria Initiatives programme, Novartis has pioneered access to medicines in the developing world through an innovative not-for-profit distribution concept, coordination of best practice sharing workshops, development of new formulations and capacity building.

Nuru Energy – focusing on providing affordable, clean and safe lighting to people in Rwanda, Kenya and India without electricity, Nuru Energy also offers an income generating activity for rural entrepreneurs. Each entrepreneur sells Nuru’s LED-based portable lights and then charges the customers a small fee to recharge them. The income launches an entrepreneur out of poverty, giving them close to ten times the average income, while saving customers 90% on lighting costs.

Reuters Market Light developed a mobile phone-based, easy-to-use, professional information service specially designed for the Indian farmer community. Through sharing, it is estimated to have been used by over a million farmers in over 15,000 villages, helping them reap significant return on their investment and increase efficiency.

Royal DSM focuses on the creation of innovative and targeted solutions specifically designed to meet the nutritional requirements of those in the developing world. Its Nutrition Improvement Program concentrates on food fortification (flour, sugar, oil, rice) in order to provide the consumer with access to a low-cost alternative to food variety and better nutrition. To date, approximately 2 million people globally have been reached through this programme.

Walmart Mexico, the Company’s Indigenous Product Commercialization Program is one of the first food security programmes of its kind in Mexico geared towards impoverished families. It offers poorer producers the opportunity to sell their products in Walmart stores by providing transportation, distribution, logistical and capacity-building support.

find solutions to technological problems in developing countries. Since the program began, more than 1,000 employees have served in over 20 countries. To commemorate its centenary, the company introduced a “Celebration of Service” to encourage its 425,000 employees and also its retirees around the world to volunteer and donate time, talent and expertise to meet community needs.²⁸

Malaria is a major killer in many African nations. It is estimated that 90% of malarial deaths occur in Africa where treated bed nets can make a big difference in saving lives. In 2008, a joint venture was inaugurated between the large Japanese multinational, Sumitomo Chemical, and a local textile manufacturer, a family-founded firm called A to Z Textile Mills, to produce bed nets in Arusha, Tanzania, utilizing environmentally-sound, chemically-treated and effective materials. African production introduced a superior product that provided local employment, eliminated the distance drawback of importing nets from Vietnam (a major producer), and provided more timely delivery to local markets in East Africa where distribution typically would come to a halt during the rainy season when roads become impassable.

The new factory in Arusha gave employment to over 8,000 persons. A survey of its employees, as reported in the Financial Times, revealed that local production had many beneficial effects.

In the study, 71 per cent of the employees at the factory said their salary was helping their children go to school, while 75 per cent said it allowed them to support family and relations.

Factories such as this one also brought regular employment in a country where an estimated 90% of the labor force works in the informal economy. Despite the advantages of local procurement, the company had to lay off about 10% of its work force in early 2011 because the distributors of the nets (aid agencies and the Ministry of Health) were operating under an expiring United Nations program that created a sharp demand for bed nets in the first place.²⁹

Where is economic growth?

The MDGs, though somewhat amorphous, were formulated with the idea of alleviating poverty. Underlying all concepts to reduce poverty has to be some yardstick to measure progress. When countries are building infrastructures, producing goods and services and investing capital to develop their economies and improve the lot of their inhabitants, all this needs to be measured and quantified. Although the UN makes few references to gross domestic product (GDP), this is where development can best be observed.

All countries produce GDP data and developing countries’ data show significant progress in the last few years. The table below, taken from the IMF’s semi-annual World Economic Outlook (which compiles GDP estimates for individual countries as

Table 4: Global Output, 2007-14
Annual percent change

	2007	2008	2009	2010	estimate 2011	projections 2012-14
World Output	5.4	2.9	-0.5	5	4.4	4.6
Advanced economies	2.7	0.2	-3.4	3	2.4	2.5
Emerging and developing economies	8.8	6.1	2.7	7.3	6.5	6.6
Central and Eastern Europe	5.5	3.2	-3.6	4.2	3.7	3.9
Commonwealth of Independent States	9	5.3	-6.4	4.6	5	4.6
Developing Asia	11.4	7.7	7.2	9.5	8.4	8.5
Middle East and North Africa	6.2	5.1	1.8	3.8	4.1	4.5
Sub-Saharan Africa	7.2	5.6	2.8	5	5.5	5.7
Western Hemisphere	5.7	4.3	-1.7	6.1	4.7	4
Emerging economies	9.2	6.3	2.6	7.5	6.7	6.7
Other developing economies	7.2	6	5.2	6.2	6.1	6.4
Least developed countries (LDCs)	9	6.9	5.2	5.3	6.1	6.4

Source: IMF, World Economic Outlook, April 2011

well as for various country groupings), shows that the emerging economies, developing economies and even the least developed countries weathered well the recessionary years 2008-2009. Collectively they not only avoided negative growth but grew faster than developed countries as the global business cycle turned upwards. Recent data and near-term projections also indicate much faster growth than overall world output.³¹

As the table indicates, taking into consideration 2007 to 2014 (the period encompassing the end of the global boom, the recession, the recovery, and the near-term outlook), both results and projections indicate that developing countries and the LDCs had more rapid economic growth, avoided the harsh recession and are expected to outpace the developed world in growth in the next few years.

The World Bank also monitors the progress of nations from the perspective of their per capita gross national income. Mindful of the variance among countries, the World Bank classifies countries as low income, middle income and high income. The middle category is further split between lower-middle and upper-middle income. On July 1 each year the figures are updated and countries are reclassified if new results warrant.

As of July 1, 2011, the low-income countries were those with a per capita average income of \$1,005 or less in 2010; lower-middle-income countries were classified as having an average of \$1,006 to \$3,975; upper-middle-income countries were in the range of \$3,976 to \$12,275; and high-income countries had incomes of \$12,276 or more.³²

The new classifications showed that three Caribbean countries were in the high-income bracket (Curaçao and the two segments of the French-Dutch island of St. Martin/Sint Maarten, but only because the Netherlands Antilles, of which the first two were

Table 5: Per capita gross national income classifications
As classified by the World Bank

	2009	2010	# of countries
Low income	\$995 or less	\$1,005 or less	40
Lower middle income	\$996 - \$3,945	\$1,006 - \$3,975	56
Upper middle income	\$3,946 - \$12,195	\$3,976 - \$12,275	49
High income	\$12,196 or more	\$12,276 or more	69

a part, ceased to exist). Also, China moved up into the upper-middle-income classification along with six others: Ecuador, Jordan, Latvia, Maldives, Thailand and Tunisia.

Another six countries joined the lower-middle-income classification: Fiji, Ghana, Laos, Mauritania, Solomon Islands and Zambia.

The joyful news is that the poorer countries have made significant progress. According to the World Bank:

Developing countries have increased their share of the global economy by growing faster than rich countries, on average 6.8 percent per year compared to only 1.8 percent for high income economies over the 2000 to 2010 period. But the difference between rich and poor countries remains large. The average income of all high-income economies was \$38,658 in 2010, while that of middle-income economies was \$3,764 and of low-income economies was \$510.

The leapfrog-type progress made by China over the past decade has propelled the low- and middle-income economies as a group, so that their share of world gross national income has increased from 18% in 2000 to 30% in 2010 (in nominal terms). On a purchasing-power parity basis, the gain is even greater – with their share increasing from 34% to 45%.

Given the variance between the low-income limit and the high-income minimum (all expressed in US dollar terms), the catching-up process for the poorer countries points to a long distance to overcome: the high-income minimum is 12 times the low-income maximum in the table above.

The gap is seen by most business people as a tremendous opportunity. As incomes rise individuals are more likely to spend additional money on goods and services and thus ameliorate the standard of living at the family level while elevating their country's economic standing.

No country wants to be left behind, but laggards need a coherent strategy where partnerships can help – provided there is a win-win situation.

The corrosion of corruption: Drawback to the elimination of poverty

The detrimental effect of corruption in the form of bribery, graft, theft and other types of illicit behavior that siphon off billions of dollars from economic development is

seldom focused on at the United Nations. However, there are several organizations that examine, analyze and compare countries from the perspective of the operating environment that include: ease of doing business, degree of economic freedom, treatment of foreign investment, integrity versus corruption, ability to compete and other variables essential to conducting a productive operation via sound business practices.

Among these organizations are Transparency International (based in Berlin and founded by a former World Bank economist, which monitors integrity versus corruption on a country-by-country basis); the International Finance Corporation (IFC) and the World Bank, which examine the ease of doing business around the world; and The Heritage Foundation which measures the degree of economic freedom that people have in pursuing their economic destiny. All publish annual surveys, covering nearly all countries, to determine the best and the worst places for conducting business and enabling economic development.

Transparency International was the first organization to scrutinize the corrosive effects of corruption in its flagship publication, “Corruption Perception Index,” first published in 1995. The World Bank and IFC jointly publish *Doing Business*, analyzing all the procedures required from starting a business to closing a business in any country. The Heritage Foundation produces the *Index of Economic Freedom*, focusing more on individual freedoms – namely empowerment of the individual, nondiscrimination and open competition where individuals and their families can control their destiny in accordance with their own values. Heritage’s *Index* examines freedom considerations from the standpoint of: business, trade, taxation, government spending, monetary and financial matters, property rights, labor flexibility and freedom from corruption.

Based on survey results, countries are ranked according to their performance or score. The results for the 48 LDCs are rather dismal, as Table 6 on “The least developed countries: Corruption and development” indicates. (See page 296.)

With the exception of nine countries, the LDCs scored or ranked in the bottom half of all three surveys. In the latest Transparency International rankings for 2010, six LDCs were in the top half: Lesotho, Liberia, Malawi, Rwanda, Samoa and Vanuatu. In the *Doing Business* and the Heritage rankings, four countries were in the top half. Only two countries, Rwanda and Samoa, ranked in the top 50% in all three surveys, while Vanuatu made it into the upper half in two. Rwanda has taken some steps toward political reconciliation and economic reform. Samoa is close to graduation but its economy suffered a major blow from the 2009 tsunami.

Corruption is an impediment to economic achievement. According to Transparency International, corruption is more rampant than most might think. Their *Corruption Perceptions Index* is based on a score of 0 to 10, with the lower the score the higher the corruption. The overall findings show that three-fourths of the 178 countries covered scored below five. “These results indicate a serious corruption problem,” as the report concluded.³³

At the top of the Transparency International list of 178 countries were Denmark, New Zealand and Singapore – all three tied with a score of 9.3, closely followed by Finland and Sweden at 9.2, while Somalia was dead last with a score of only 1.1.

Table 6: The least developed countries: Corruption and development
Global rankings

LDCs	TI	DB	HF	PCY in \$
Afghanistan	176	167	n.a.	935
Angola	168	163	161	6117
Bangladesh	135	107	130	1465
Benin	110	170	117	1445
Bhutan	n.a.	142	103	5212
Burkina Faso	98	151	85	1304
Burundi	170	181	148	400
Cambodia	154	147	102	2015
Central African Rep.	155	182	152	745
Chad	171	183	165	1612
Comoros	156	159	167	1160
Dem. Rep. of Congo	164	175	172	332
Djibouti	92	158	125	2484
Equatorial Guinea	169	164	157	33,873
Eritrea	124	180	176	680
Ethiopia	116	104	144	954
Gambia	91	146	105	1438
Guinea	165	179	137	991
Guinea-Bissau	158	176	159	1068
Haiti	148	162	133	1339
Kiribati	95	93	166	6049
Laos	160	171	141	2266
Lesotho	78	138	156	1218
Liberia	87	155	160	424
Madagascar	125	140	81	932
Malawi	85	133	119	885
Mali	118	153	114	1173
Mauritania	144	165	134	2037
Mozambique	120	126	109	934
Myanmar (Burma)	177	n.a.	174	1197
Nepal	151	116	146	1205
Niger	126	173	126	719
Rwanda	66	58	75	1150
Samoa	62	61	84	5782
Sao Tome & Principe	101	178	150	1814
Senegal	105	152	121	1743
Sierra Leone	139	143	149	759
Solomon Islands	115	96	162	2819
Somalia	178	n.a.	n.a.	n.a.
Sudan	172	154	n.a.	2380
Timor-Leste	132	174	170	2522
Togo	140	160	153	826
Tuvalu	n.a.	n.a.	n.a.	n.a.
Uganda	133	122	80	1196
United Rep.of Tanzania	121	128	108	1416
Vanuatu	73	60	112	4737
Yemen	153	105	127	2458
Zambia	101	76	91	1542
# of countries covered	178	183	179	

n.a. = not available.
PCY for Equatorial Guinea reflects high oil revenues.

Sources:

TI: Transparency International, *Corruption Perceptions Index*

DB: *Doing Business* published by the World Bank

HF: The Heritage Foundation, *Index of Economic Freedom*

N.B.:

PCY refers to per capita income as determined by The Heritage Foundation

Some eligible countries declined UN designation of LDC: Ghana, Papua New Guinea and Zimbabwe.

Three countries graduated from the LDC group: Botswana, Cape Verde and Maldives South Sudan, independent as of July 2011, may be added to the list.

In the 2011 edition of *Doing Business*, among 183 countries the top five were: Singapore, Hong Kong, New Zealand, the United Kingdom, and the United States. At the very bottom was Chad.³⁴

The Heritage Foundation's results in its 2011 report showed that the "freest" among their sample of 179 countries were: Hong Kong, Singapore, Australia, New Zealand and Switzerland. In last place in the 2011 report was North Korea, "an unreformed communist state" bound in self-imposed secrecy and not included in the two other surveys.³⁵

With corruption rampant, individual freedom limited and widespread difficulties in conducting clean business operations, economic growth is restrained and poverty is difficult to surmount. As a result, per capita income data for the 48 LDCs as estimated in the Heritage Foundation's *Index*, are rather low. Where countries show a higher per capita income, it is generally the result of a large inflow of receipts from exports of natural resources. This is the case in Angola, a major oil exporter and member of OPEC.

From the corporate/business perspective of developed countries, the OECD brought on board developed countries to sign a pledge with guidelines and standards of conduct that businesses would not engage in corruptive practices. The Anti-bribery Convention and Guidelines made it clear that corruption, too, is a form of "partnership" in which corporations have to "pay to play" and corruption becomes a two-way street that benefits no one. Corruption, at least officially, is no longer just part of the cost of doing business.

Nonetheless, from a government standpoint, good governance appears to be at a premium in the LDCs as the aforementioned studies indicate. Corruption starts with a government official or petty bureaucrat demanding a bribe from the private sector operator wishing to do business. Often development aid ends up being a part of this system. No amount of official debt forgiveness can contribute to development if funds are mishandled by governments on an ongoing basis. Donors need to insist on transparency and accountability.

There is also evidence that honest businessmen, especially in Africa, are dealing in their own way to overcome corruption problems. For example, the Sudanese-born

billionaire businessman Mo Ibrahim (who, as previously noted, made his fortune by establishing a mobile telecom company, Celtel) promoted and practiced honest business dealings. After selling his business he established a foundation to grant a “leadership award” to a former African government leader who had actually done something meaningful for his country that also resulted in tangible improvement for the lives of its citizens.³⁶

The first prize, awarded in 2007, went to former Mozambican Prime Minister Joachim Chissano who, following independence and the end of a bitter internal war, was instrumental in moving away from Marxist ideology to adopt a more pragmatic mixed economy. He also worked on debt forgiveness for his country and stepped down from office after two terms in office. The next prize, granted in 2009, went to the former president of Botswana, Festus G. Mogae, who also had two terms in office starting in 1998 and who worked to eliminate corruption and secure a more professional and managerial operation of his country’s natural resources. Botswana, no longer part of the LDC group, today is ranked sub-Saharan Africa’s least corrupt country.

No other leadership prizes have been awarded.

Despite the global exhortations of the United Nations, the most successful development efforts clearly arise from grass-roots initiatives, often at the individual or family level. A Lebanese economist expressed the sentiment eloquently in an article in the *Financial Times*:³⁷

The record of development assistance leaves much to be desired. In the past six decades donors have often sought to bring about growth by funding infrastructure, agriculture and social services, with little success. Development organisations too often follow a discredited central planning model when history is testament to the way in which the grand plans of the few rarely work, while the freedom of the many succeeds in lifting one society after another from poverty to prosperity.

CONCLUSION

In tracking MDG 8 on partnerships the United Nations has paid little attention to how private sector initiatives have contributed to an atmosphere of solidarity and progress in developing countries. Corporate social responsibility has become a global phenomenon demonstrating that entrepreneurs may have a better understanding of the plight of their fellow men than government leaders.

As a sampling of country comparisons has documented, corruption in poor countries is widespread. Corruption is a supreme violation of human dignity that makes a mockery of human rights. No amount of foreign aid from rich countries or tax revenues collected from foreign corporations can solve poverty if the funds are not fully invested in the human and physical infrastructure of the receiving country.

The policies, promises and pledges pursued by the United Nations have focused more on goals and targets than people, families and integral human development. Yet the family, as the basic unit of society, is key to development. Indeed, a

quiet development partnership has been formed among the families of the poor. Through emigration individuals have sought employment opportunities abroad to better themselves and their families. Their remittances sent home – money that goes directly into the hands of the poor – are about to reach the half-trillion dollar mark. This is a development milestone worthy of celebration.

ACRONYMS

BRICs	Brazil, Russia, India and China
DESA	Department of Economic and Social Affairs (of the UN Secretariat)
FDI	Foreign Direct Investment
GNP	Gross Domestic Product
GNI	Gross National Income
ICT	Information and Communications Technologies
IDA	International Development Association
IFC	International Finance Corporation
IMF	International Monetary Fund
ITU	International Telecommunications Union
LDCs	Least Developed Countries; there are currently 48
MCC	Millennium Challenge Corporation
MDGs	Millennium Development Goals
ODA	Official Development Aid
OECD	Organization for Economic Cooperation and Development
OPEC	Organization of Petroleum Exporting Countries
UNCTAD	United Nations Conference on Trade and Development
WTO	World Trade Organization

ENDNOTES

1. World Trade Organization. *World Trade 2010, Prospects for 2011: Trade growth to ease in 2011 but despite 2010 record surge, crisis hangover persists*, Press Release/628, 7 April 2011.
2. World Trade Organization. “Global trading system must deliver more to the least-developed” Speech by Pascal Lamy, Executive Director, 9 May 2011. http://www.wto.org/english/news_e/sppl_e/sppl191_e.htm
3. GAVI Alliance, “Donors commit vaccine funding to achieve historic milestone in global health”, Press release, 13 June 2011. <http://www.gavialliance.org/library/news/press-releases/2011/donors-commit-vaccine-funding-to-achieve-historic-milestone-in-global-health/>
4. Organization for Economic Cooperation and Development (OECD). “Development aid reaches an historic high in 2010.” http://www.oecd.org/document/61/0,3746,en_2649_34447_47515235_1_1_1_1,00.html
5. Ibid
6. Hudson Institute. “Rethinking the Uses and Nature of Foreign Aid,” June 28, 2005.

7. OECD. *ODA 1950 2010*. www.oecd.org/dac/stats
8. OECD. "Development Aid at a Glance 2011- Statistics by Region" www.oecd.org/dac/stats/regioncharts
9. World Bank. *World Development Indicators 2011*. page 32.
10. Moyo, Dambisa. 2009. *Dead Aid: Why aid is not working and how there is a better way for Africa*, Farrar, Straus and Giroux.
11. Council of Economic Advisers. *Economic Report of the President*, various issues.
12. USAID. *USAID's Global Partnerships*. http://www.usaid.gov/our_work/global_partnerships/
13. Giving USA Foundation/Center on Philanthropy at Indiana University. *U.S. Charitable giving shows modest uptick in 2010 following two years of declines*. June 20, 2011. www.philanthropy.iupui.edu/news/2011/06/pr-GUSA.aspx
14. Favole, Jared A. "Obama's Federal Tax Bill: \$453,770", *Wall Street Journal*, April 19, 2011.
15. United Nations Conference on Trade and Development (UNCTAD). *World Investment Report 2011*.
16. UNCTAD, *Foreign Direct Investment in LDCs: Lessons Learned from the Decade 2001-2010 and the Way Forward*, page 23.
17. World Bank. "*Migration and Development Brief*" Number 16, May 23, 2011.
18. Ibid
19. Ibid
20. "Mobile Pioneer Sees Rich Promise in Africa" *Wall Street Journal* (WSJ.com) April 18, 2011. <http://online.wsj.com/article/SB10001424052748704495004576265421554727688.html>
21. Internet World Stats. "*Top 20 Countries with the Highest Number of Internet Users*." www.internet-worldstats.com/top20.htm
22. International Telecommunications Union. www.itu.int/en/about/Pages/default.aspx
23. "Cape Verde: Islands at the center of the world" Special Advertising Supplement, Foreign Policy, March/April 2010. http://www.foreignpolicy.com/files/fp_uploaded_images/capeverdenew.pdf
24. U.S. Department of State. "*Background Note: Cape Verde*." www.state.gov/r/pa/ei/bgn/2835.htm
25. International Monetary Fund. "*Statement at the Conclusion of an IMF mission to Cape Verde*." Press Release No.11/202, May 31, 2011.
26. United Nations Foundation. <http://www.unfoundation.org/>
27. United Nations General Assembly. Report of the Special Representative of the Secretary-General on the issue of human rights and transnational corporations and other business enterprises, John Ruggie. <http://www.ohchr.org/documents/issues/business/A.HRC.17.31.pdf>
28. IBM, "*2010 Corporate Responsibility Summary*." http://www.ibm.com/ibm/responsibility/bin/downloads/IBM_CorpResp_2010.pdf
29. Murray, Sarah. "Proximity may be the best policy." *Financial Times*, (FT Health), April 21, 2011.
30. International Chamber of Commerce, "*World Business and Development Award winners show that fighting poverty can also benefit business*." News release, 21 September 2010. www.iccwbo.org/index.html?id=39029
31. World Bank, *Global Monitoring Report 2011*.
32. World Bank. "Changes in Country Classifications." <http://data.worldbank.org/news/2010-GNI-income-classifications>
33. Transparency International. *Corruption Perceptions Index 2010*.
34. World Bank/IFC. *Doing Business 2011*.
35. The Heritage Foundation. *2011 Index of Economic Freedom*.
36. The Ibrahim Prize. <http://www.moibrahimfoundation.org/en/section/the-ibrahim-prize>
37. Ammous, Saifedean. "Too much aid will hobble the Arab spring" *Financial Times*, 8 June 2011.

INDEX

- A to Z Textile Mills, 292
 abstinence, 7, 182, 184, 185, 189-191, 199-201, 210-211, 214, 220
 adolescence and adolescent, vii, 91, 99, 108-109, 117, 130, 173, 182, 184, 189, 190-191, 198
 adolescent pregnancy, 184, 191, 213
 Afghanistan, 276, 296
 African Development Bank, 271, 278
 African Union, 17, 21-22 A
 AIDS infection, 188, 191, 193, 194, 211
 Albania, 276
 All Africa News Agency, 186
 Andorra, 17
 Angola, 17
 Annan, Kofi, 20, 26, 278
 antibiotics, 130-134, 136, 139, 153, 171
 anti-corruption, 249
 quifers, 61, 229, 242, 245, 252
 Asian Development Bank, 271, 277
 asphyxia, 139-140, 145-146, 148, 151, 154
 Australia, 2, 276, 297
 Austria, 287
 Azerbaijan, 17
 Bahrain, 17
 Ban Ki-moon, 175, 278
 Bangladesh, 21, 26, 132, 149, 153, 167, 220, 284-285, 296
 behavioral interventions (HIV/AIDS), 189
 Belgium, 276
 Benin, 21, 272, 296
 Bermuda, 287
 best interests, 7, 193, 195-197
 Bhutan, 296
 Bill and Melinda Gates Foundation, 273, 290
 birth attendant, 139, 141, 146, 166, 175
 biodiversity, 7, 225, 226, 242, 248, 252
 Blair Commission Report, 274, 276
 bore hole, 62-65, 224, 233, 235
 Botswana, 288, 297-298
 Brazil, 17, 128, 271, 282, 299
 Burkina Faso, 16, 272, 296
 Burundi, 16, 296
 Bush, President George W., 273, 279
 calcium, 139, 173
 Cambodia, 93, 148, 272, 296
 Canada, 224, 286
 canteen (India), 121-122
 Cape Verde, 16, 288-289, 297
 cash transfers, 35
 CBO (community based organization), 85
 CDC (community development center), 55-67, 136, 232, 251
 Celtel, 298
 Cemex, 291
 Center on Philanthropy, Indiana University, 280
 Central African Republic, 17, 296
 Chad, 17, 272, 296-297
 charity, 61, 66, 77, 267, 281
 child mortality, x, 7, 80, 83, 125-154
 childbirth, 7, 79, 84, 108, 139, 154, 163-166, 168-169, 171-172, 175, 191
 child-care or childcare, 40, 106, 111, 141
 child deaths, 125-128
 childhood, 12, 74, 117, 119, 127, 129, 130-134, 137-138, 142, 149, 173, 183, 273
 Chile, 16, 281
 China, 14, 60, 124, 228, 230-231, 249, 271-273, 277, 282, 284, 285, 287, 294, 299
 Chissano, Joachim, 298
 civil society, iii, 21, 25, 269, 277
 Clawson, Kevin, 62
 cohabitation, vi, 107, 113
 communicable diseases, 148
 community associations, 54-61, 249, 251, 256, 258
 community based organizations, 85
 community development centers (CDCs), 55-67, 136, 232, 251
 Comoros, 296
 composting, 40, 237, 240-241, 258
 contraception and contraceptives, 139, 173, 184-185, 188-189, 192
 cooperatives, 49, 54-55, 60, 251
 Corruption Perceptions Index, 287, 295, 297
 corruption, 19, 54, 99, 199, 250, 256, 278-279, 284, 287, 294-298
 corticosteroids, 144, 151-152, 154
 Costa Rica, 16, 97
 cow and "exotic" cow, 34, 38-40, 85-87
 crop residues, 43, 232-233, 235-242, 249, 258
 Cuba, 16
 DALY rates (disability-adjusted life years), 133, 135, 137
 Declaration of Independence, 13, 27
 Declaration of the Rights of Man, 13
 Deforestation, 226, 228, 230, 242-248
 Dem. Rep. of Congo, 144, 296
 Denmark, 274, 295
 desertification, 230, 236, 242, 245-246, 258
 developed countries, 19, 133-135, 150-151, 206, 249, 255, 269-274, 279, 282, 286-288, 293, 295-297, 299

-
-
- developing countries, 4, 6, 40, 45, 49, 56-57, 88, 104, 108, 125, 128, 131-132, 134-135, 143, 145-146, 148-50, 152-154, 170, 177, 236-237, 239, 247-249, 253, 258, 269-273, 279, 282, 284-286, 292-294, 298
- divorce, iv, v, 2, 103, 105-107
- Djibouti, 296
- Doha Declaration, 22, 23, 26
- Doha Round, 272
- Doing Business, 287, 289, 295, 297
- donors, 6, 162, 165, 273-274, 277-278, 281, 297-298
- drinking water, 60, 69-70, 87, 225-229, 257
- Eastern Europe, 10, 183, 293
- eclampsia, 172-173
- Ecuador, 16, 294
- educated parent, 75
- education, basic, 83
- education, higher, 2, 4, 227
- education, primary, x, 6, 36, 72-91, 93
- education, secondary, 36, 74, 78, 86, 191
- Egypt, 14, 17, 128, 140, 149, 224, 272, 285
- El Salvador, 17, 285
- Eli Lilly and Company, 291
- emigrants' remittances, 283-286, 288, 299
- emigration, 277, 299
- employment, 5, 7, 18, 45, 57, 76, 97, 100-112, 117, 187, 193, 230, 270-271, 282-283, 286, 291-292, 299
- empower families, 17, 32, 45, 49, 52, 127, 129, 133, 142, 162, 164-65, 177, 179
- empowerment, 32, 51-52, 99-100, 103, 108-109, 112, 119-120, 211, 220, 295
- empower parents, 85, 142
- Environmental Sustainability, 7, 57, 129, 224-261
- Equatorial Guinea, 17, 296, 297
- Eritrea, 16, 296
- Estonia, 17
- Ethiopia, 16, 97, 149, 226, 276, 283, 296
- Europe, 61, 106, 110-111, 183, 188, 254-255, 259, 287
- European Union, 272, 274, 282, 289
- exotic cow and cow, 34, 38-40, 85-87
- extension services, 47-48
- Family Preservation Program, 68-71
- family structure, vi, 2, 21, 31, 41, 48-49, 74, 190, 227, 257
- family unit, x, 1-3, 35-36, 40-41, 51, 73-75, 91, 125, 127, 130, 132-133, 135, 137, 142, 154, 179, 192, 193, 221
- fathers, iv-vii, 5, 22, 36, 38, 57, 61, 69-70, 75, 79-80, 85, 87, 96, 103-105, 107, 109-112, 125, 129-130, 132, 137, 142, 170, 174, 176, 193-194, 214-215, 265, 284
- female poverty, 104, 105
- feminization of poverty, 105
- fertilizers, 36, 39, 232, 237-242, 252-253, 256
- fidelity, 7, 68, 185, 191-192, 194, 198, 200, 210-211, 220-221
- Fiji, 294
- financial stability, 225, 231, 239, 249, 255
- Financial Times, 292, 298
- Finland, 295
- folic acid, 149, 170, 173
- Fourth United Nations Conference on the Least Developed Countries, 271
- forestation and reforestation, 56, 61, 228, 247, 257
- France, 274
- G-7, 274
- Gambia, 296
- GAVI Alliance, 273
- generosity, 118, 274, 279-280
- Germany, 274
- Ghana, 55, 62, 83, 146, 214-215, 219, 222-223, 294, 297
- Giving USA Foundation, 280
- Gleneagles, Scotland, 274
- GLOBALGAP, 55-56, 249-253, 256, 258
- Goldman Sachs, 278
- Good Agricultural Practices (GAP), 249, 251-252
- Grannies Group, 37, 49
- Greece, 17, 274, 276
- GroFin/Shell Foundation, 291
- Guinea, 296
- Guinea-Bissau, 296
- Guyana, 97, 285
- Haiti, 17, 224, 243-244, 277, 280-281, 296
- hand-dug wells, 60, 233, 235, 257
- Heavily Indebted Poor Countries (HIPC), 277-278
- Heineken, 291
- Helping Babies Breathe (HBB), 148, 165, 170
- hemorrhaging, 162-165, 169-171, 173
- Heritage Foundation, The, 287, 289, 295, 297
- high blood pressure (pregnant woman), 169-174
- Honduras, 35, 285
- Hong Kong, 297
- Hudson Institute, 276, 281
- Human Development Report, 49
- husband, 38-39, 41, 45, 50, 102-104, 112, 121-122, 179, 186-187, 284
-
-

-
-
- hypoglycemia, 145, 148, 150-151
 hypothermia, 144-145, 151 IBM, 290
 Ibrahim, Mo, 286, 298
 immigrants 283, 284-286, 288
 Index of Economic Freedom, 287, 289, 295, 297
 India, 116, 119-120, 123, 142-144, 146-147,
 167, 271, 273, 276, 280, 282, 284-285,
 291, 299
 Indonesia, 147, 272, 276, 286
 inequality, 5, 35, 38, 100, 104, 106, 117, 175
 infant mortality, 142, 164, 167, 176
 Infant Mortality Rate (IMR), 142-143, 147
 infected (HIV/AIDS), 3, 108, 134, 138-139,
 183, 188, 192, 198, 203-204, 207, 210,
 216
 infections, 80, 84, 130-131, 133, 135, 138-139,
 144, 149, 150-154, 169, 171-174
 infrastructure, 7, 33, 36, 42, 43, 77, 79, 143,
 193, 200, 271, 276-277, 289, 292, 298
 inputs (agriculture), 36, 231, 256, 259
 Integrated Pest Management (IPM), 233, 249,
 251
 Inter-American Development Bank, 271, 278
 Internal Revenue Service (IRS), 280
 International Chamber of Commerce (ICC), 291
 International Cooperative Admin. (ICA), 35
 International Monetary Fund (IMF), 271, 278,
 289, 299
 interventions, child health, 126-127, 129-130,
 132-134, 137-145, 149-153
 interventions, HIV/AIDS, 185-186, 188-192,
 194, 196, 200, 203, 205, 210
 interventions, maternal health, 177
 Iran, 16, 137, 168, 178
 Ireland, 16, 276
 irrigation, 36, 62, 64, 224, 235, 236, 238, 241,
 242, 249, 255
 ISFM (Integrated Soil Fertility Management),
 231-232, 251
 Italy, 274
 Jamaica, 97
 Japan, 274, 281, 292
 Joining Hearts and Hands, 77, 79
 Jordan, 294
 Kangaroo Mother Care (KMC), 144, 150-151
 Kenya, 4, 32-38, 40, 47, 52-59, 62-67, 72, 74-
 75, 77, 80, 84-86, 90-91, 204, 210-213,
 216, 220, 224, 226, 231, 234, 237, 244,
 246, 250, 253, 259, 283, 291
 Kerala (India), 120-123
 KIE (Kenya Institute of Education), 77
 Kiribati, 296
 Korea, 297
 Kosovo, 276
 Kuwait, 17
 Kyrgyz Republic 16
 land degradation, 7, 226-228, 232
 landlocked countries, 270, 286-288
 Laos, 137, 294, 296
 Latin America, 19, 35, 74, 98, 286
 latrines or toilets, 68-70, 87-88, 257
 Latvia, 294
 least developed countries (LDCs), 269-271, 279,
 286, 288, 293, 295-296, 299
 Lebanon, 285
 Lesotho, 240, 285, 295-296
 Liberia, 97, 295-296
 LifeSpring Hospitals, 291
 literacy, 19-20, 34, 68-69, 79-80, 90, 97-98, 112,
 264, 266
 Lithuania, 17
 livestock manure, 39, 87, 232, 238, 241, 258,
 263
 low-birthweight, 144, 150-151, 154
 Luxembourg, 274, 287
 Macedonia, 55
 machinery, 36, 43, 271
 Madagascar, 16, 296
 malaria, 7, 19, 68-69, 131, 138-141, 183, 205,
 208, 273, 290-292
 Malawi, 16, 152, 226, 295-296
 Maldives, 288, 294, 297
 Mali, 129, 272, 296
 malnutrition, 34, 83, 135, 139, 141, 157, 173,
 205
 manure, 39, 87, 232, 238, 241, 258, 263
 marriage, iii-v, vii, 1-2, 11, 15, 22, 24, 31, 35,
 37, 68, 84, 96, 99-100, 102-109, 112, 173,
 184-185, 190, 192, 200-201, 206-207, 210,
 220-221
 maternal mortality, front page, 163-169, 173,
 175, 179-180
 Mauritania, 294, 296
 measles, 87, 131, 134-137, 140
 Mesopotamia, 14
 Mexico, 22, 35, 224, 279, 284, 285, 291
 micro-credit, 56-58, 68, 87, 120, 224, 267
 midwife, 148, 163, 165, 169-170, 174
 migration, 6, 42-43, 200-201, 277, 299
 Millennium Declaration, 19-20, 74
 Millennium Project, 74
 Mogae, Festus G., 298
 Moldova, 16, 285
 Money Savvy Pig, 282
-
-

- Mother Teresa, 34, 281
 motherhood, 6, 12, 109-111, 148, 163
 mothers v-vii, 6, 22, 36, 75, 79, 84-85, 87, 96,
 103-105, 107, 109-112, 117, 125, 129-130,
 132, 137-138, 142, 144, 148-153, 163-165,
 169-174, 176, 178, 181, 203-205, 214-215,
 262, 266, 273, 281, 284, 291
 mother-to-child transmission (PMTCT), 138-
 139, 153, 203-205, 273
 Moyo, Dambisa, 278
 Mozambique, 68, 97, 206, 276, 283, 296
 Multilateral Debt Relief Initiative (MDRI), 277
 Museveni, Janet, 198
 Myanmar (Burma), 296
 Namibia, 16
 neonatal HIV infection, 153,
 Neonatal Mortality Rate (NMR), 142-143
 neonatal resuscitation, 124, 139, 144-148, 162,
 165
 neonatal tetanus, 144, 153
 Nepal, 97, 166-167, 285, 296
 Netherlands Antilles, 293
 Netherlands, 274, 293
 New Zealand, 295, 297
 newborn baby survival, 139, 143, 145, 154, 178
 newborn health, 124-125, 138-146
 Niger, 17, 296
 Nigeria, 50, 125, 141, 144, 174, 285, 286
 Non-governmental Organizations (NGOs), 3,
 32, 49, 60, 87, 96, 97, 136, 145, 153, 177,
 207, 236, 274, 279
 North Korea, 297
 Norway, 274
 no-till farming, 240
 Novartis, 291
 Nuru Energy, 291
 nutrition, 6, 39, 48, 68, 74, 83-84, 86, 130-131,
 133, 139-142, 148-150, 153-154, 162, 164,
 170, 173, 179, 205, 239, 263, 291
 Obama, President Barak, 282
 obstructed labor (childbirth), 169, 173-174
 Oceania, 97-98
 organic matter, 231-233, 239, 262-263
 orphans, 3-4, 7, 19, 37, 54, 56-59, 67-68, 88,
 182, 193, 212, 224
 Pakistan, 137, 255, 276, 285
 Papua New Guinea, 17, 276, 297
 Paraguay, 17, 224, 250
 parliament, v, 98, 102
 Peace Corp, 179
 PEPFAR, President's Emergency Plan for AIDS
 Relief, 203, 273
 Peru, 168
 Philippines, 17, 272, 284-286
 PMTCT (prevention of mother-to-child trans-
 mission), 138-139, 153, 203-205, 273
 political stability, 226
 polygyny, 187
 population growth, 38, 97
 population, rural, 37, 41, 56
 Portugal, 16, 274, 276, 288
 poverty cycle, 52, 229
 pregnancy, 7, 107-108, 110, 130, 138-139, 141,
 145-146, 149-151, 153, 162-163, 165-166,
 168-177, 184, 187-189, 191, 203, 213, 221
 preterm (babies), 139-141, 144, 146, 150-152
 prevention (HIV/AIDS), 4, 6, 7, 68, 69, 88, 108,
 153, 184-189, 191-196, 200, 203, 210-211,
 213, 220-221
 Qatar, 2, 16, 22-23
 Reach the Children, 32, 37-38, 40, 45, 47, 57,
 62-64, 72, 84-85, 88, 210, 212, 217
 reforestation, 56, 61, 228, 247, 257
 religion and religious, vii, 6-8, 10, 12-13, 15-16,
 21, 49-51, 69, 103, 116, 130, 176, 197,
 199, 201, 207, 211, 276, 280, 290
 reproductive, 7, 83, 84, 100, 139, 163, 166, 177,
 183, 207, 213, 277, 290
 resuscitation, 124, 139, 144-148, 159, 162, 165
 Reuters Market Light, 291
 risk elimination (HIV/AIDS), 186, 188
 rotavirus, 130, 139, 156
 Royal DSM, 291
 Russia, 271, 282, 299
 Rwanda, 17, 18, 169, 226, 291, 295-296
 Sachs, Jeffrey, 278-279
 Samoa, 285-296
 sanitation, 6, 7, 56, 60, 68, 81, 84, 87, 93, 129-
 131, 133, 141, 224-226, 252, 257, 264,
 266, 277
 Sao Tome & Principe, 296
 Saudi Arabia, 16
 Secretary-General, front page, 20, 26, 134, 175,
 199
 self help groups, 5, 40, 96, 120-123
 self-employment, 50, 291
 Senegal, 296
 sepsis, 140, 141, 145, 148, 150, 153, 154
 Serbia, 276
 sex education, 49, 109, 185, 196, 198, 207
 sexual behavior, 108, 184-191, 193, 198, 199-
 200, 210-211, 220
 sexual behavior, 108, 184-191, 193, 198-200,
 202, 210-211, 220

-
-
- sexual fidelity, 192, 198
 sexual partners, 184, 191, 207
 sexual practices, 184, 186-187, 194
 Seychelles, 16
 Sierra Leone, 291, 296
 Singapore, 287-288, 295, 297
 Small Island States, 286, 288
 soil degradation, 7, 225-226, 227-231, 236, 246, 258
 soil structure, 229
 Solomon Islands, 276, 294, 296
 Somalia, 17, 295-296
 South America, 50, 243
 Southeast Asia, 130, 143
 Spain, 174, 274
 Sri Lanka, 97
 Stay Alive Program, 4, 88-89, 108, 210-223
 STDs, 139, 184, 187, 194
 sub-Saharan, 15, 55, 73-77, 81, 84, 88, 91, 97-98, 107-108, 130, 134, 183, 203, 206, 225, 229, 231, 250, 272, 274, 289, 293, 298
 subsistence-farming, 37, 231
 Sudan, 276, 286, 296, 297
 Sumitomo Chemical, 292
 sustainable development, 22, 44, 225, 226, 270, 290
 Sweden, 111, 274, 295
 Switzerland, 287, 297
 Tajikistan, 17, 285
 Tanzania, United Republic of, 199, 226, 276, 292, 296
 technology, 19, 46, 231, 240, 249, 256, 269, 270, 283, 285-286, 290-292, 299
 tetanus, 140, 144, 152-153
 Thailand, 55, 187, 188, 229, 294
 Timor-Leste, 296
 tithonia, 239
 Togo, 296
 toilets or latrines, 68-70, 87-88, 257
 Tonga, 285
 trade, 271-273, 288-289, 295, 299
 Transition Countries, 6, 50, 282
 Transparency International, 278, 287, 295, 297
 tuberculosis, 138, 182-183, 209, 273
 Tunisia, 184, 294
 Tuvalu, 296
 Uganda, 4, 34, 37, 52, 132, 139-140, 153, 186, 191, 198-199, 212, 214, 224, 226, 239, 255, 283, 296
 UN General Assembly, 10, 20, 25, 26, 74, 270
 United Kingdom, 237, 274, 276-277, 297
 United Nations Foundation, 289
 United Nations Human Rights Council (UNHRC), 290
 United Nations Population Fund (UNFPA), 165, 180, 290
 United Republic of Tanzania, 199, 226, 276, 292, 296
 United States, vi, 15, 25, 64, 90, 106, 108, 148, 191, 209, 229, 265, 269, 272, 274, 276, 277, 279-282, 284, 286-287, 289, 297
 Universal Declaration of Human Rights, 5, 6, 8, 10-14, 16, 19, 20, 23, 25-27, 31
 unmarried, iv-vi, 105, 107, 185
 USAID, 4, 141, 148, 255, 279
 vaccination, 130, 134, 136-137, 140, 209
 vaccines, 131, 133-134, 136-137, 139, 153, 208-209, 273
 values, basic, vii, 2, 15, 17, 75, 77, 82, 99, 118, 185-186, 189, 190-192, 194, 196-201
 values, community, 17, 41, 48, 82, 99
 values, cultural, 7, 17, 82, 189, 207, 295
 values, democratic, 74, 117
 values, family, vii, 21, 31, 36, 52, 75, 77, 116, 194, 197, 200, 211, 295
 values, moral, 3, 17, 48-49, 82, 186
 values, religious, vii, 7, 190, 207
 values-based programs, 192, 199
 Vanuatu, 295-296
 Viet Nam, 16, 17, 149, 272, 276, 285, 292
 vitamin A, 130, 135-136, 139, 149, 150
 vitamin D, 173
 vitamin deficiency, 135, 149
 Vodaphone Foundation, 290
 Walmart Mexico, 291
 water supply, 234, 277
 well-being, v, vi, 5, 21, 27, 40, 48, 68, 96, 103, 105, 107, 112-114, 175, 192-194, 197, 199-200, 224, 228, 258
 wife/wives, 9, 38, 43-45, 49, 64, 96, 104, 112, 123, 145, 177, 195, 215, 224, 266, 282, 284
 Wireless Intelligence, 286
 World Bank, 33, 50, 165, 230, 249, 271, 277, 278, 284-285, 287, 289, 293-295, 297
 World Business and Development Award, 291
 Yemen, 16, 97, 296
 Yew, Prime Minister Lee Kwan, 287
 Zambia, 15, 147, 199, 278, 283, 294, 296
 Zimbabwe, 297
 zinc supplements, 127, 128-129, 132, 139, 153, 173
-
-

Photo Credits:

The examples and photos in this book are representative of the regions of the world where there is the greatest need to focus on achieving the Millennium Development Goals. The photos were provided by the author of each chapter or article. We are grateful to *Care for Life* for providing additional photos., as noted below each picture.

Front cover photos:

1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16

Cover photo credits:

1. Guatemala, Robert C. Roylance
2. Mozambique, *Care for Life*
3. India, Vivek R. Nair
4. Kenya, Robert C. Roylance
5. Kenya, Robert C. Roylance
6. India, Dr. Salma Salahuddin
7. Qatar, DIIFSD
8. Kenya, Susan Roylance
9. Kenya, Robert C. Roylance
10. Guatemala, Alan Gibby
11. Mozambique, *Care for Life*
12. Kenya, Susan Roylance
13. Mozambique, *Care for Life*
14. Kenya, Susan Roylance
15. Cambodia, Ms. Hem Mary, *KAPE*
16. Gaza, Palestine, DIIFSD