


“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





***Introduction by: 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.

*This booklet contains excerpts from the
larger book of 320 pages.
Footnotes and source references are listed only in the larger book,
at the end of each chapter.*

The Family & the MDGs

Using Family Capital to Achieve the
Millennium Development Goals

Susan Roylance
AND OTHER AUTHORS

Foreword by Richard G. Wilkins, J.D.

Family First Foundation
United Families International
Howard Center for Family, Religion and Society
Doha International Institute for Family Studies and Development

— 2011 —

– Summary Booklet –

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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.

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.

** Richard G. Wilkins is the Executive Director of the Doha International Institute for Family Studies and Development.*

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 unequalled 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

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 groundbreaking 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.

∞ *What is Family Capital?*

Susan Roylance

Page 1 – Descriptions of *Family Capital*.

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

Page 1 – The whole is 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).

Page 1 – 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.

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

Page 2 – *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).

Page 2 – 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 taught that 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” (Cohen et al., 1995).

Page 3 – 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).

∞ *The Family*

E. Douglas Clark, J.D.

Page 12 – The family is at the very center of rights

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.

Page 23 – The family is “ultimately crucial to the functioning of society”

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:

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

Page 25 – The family is entitled to “comprehensive protection and support”

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

Page 26 – The family is a vital partner in efforts to achieve the MDGs

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

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.

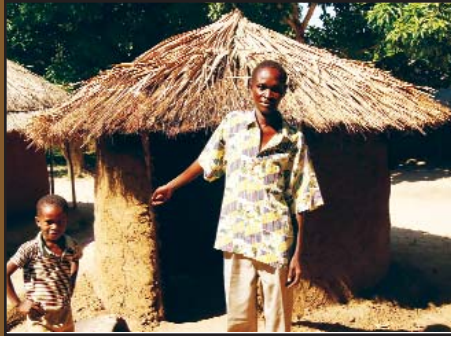


Photo: Care for Life

1 - Overcoming Poverty & Hunger

Jastus Suchi Obadiah

Page 33 – What is the role of family in poverty eradication?

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. Here 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.

Page 33 – Projects with family as entry point seem to have more success

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.

Page 41 – Infrastructure development is a key for eradicating poverty

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.

Page 42 – Rural industries increase markets for agro-products

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.

Page 52 – Development is about local people taking control of their own lives

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.**

Page 61 – Families unite with other families – to increase their *family capital*

Community associations and community development centers (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.**



2 - Universal Primary Education

Mary M. Harris

Page 73 – There is no substitute for family support in education of children

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 child’s advocate 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 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.

Page 74 – Eliminating school fees is a great “first step”

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.

Page 85 – 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.

In one example, Reach the Children (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 to: 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...because of the RTC 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.

Page 87 – 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.

Page 89 – Helping 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.



Photo by Vivek Nair

3 - Gender Equality

Lynn R. Walsh, MSW

Page 97 – 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.

Page 99 – 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.**

Page 99 – 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.

Page 100 – 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. 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*.

Page 102 – 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.

Page 104 – 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.



Photo: U.S. Center for Disease Control

4 - Child Mortality

Robert B. Clark, MD, MPH

Kathryn H. Clark, MPH(c)

Page 125 – 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.

Page 127 – 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

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.

Page 131 and 132 – 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

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. . . . 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. . . .

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 . . .

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.

Page 133 – Injuries in young children

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. . . .

Page 145 – Resuscitation – A Healthy Start

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 . . .

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

Page 150 – 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

Page 153 – 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.)

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

Page 144 – 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%)



Photo: © By Intellectual Reserve, Inc.

5 - Maternal Health

Rena Morgan, MPH(c)

Page 169 – 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.**

Page 169 – Hemorrhaging

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 Kerrienne 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.

Page 171 – Infections

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.

Page 172 – High blood pressure

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

Page 173 – Obstructed labour

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.

Page 177 – Educating the family

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.

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.



Photo: Stay Alive Program – Reach the Children, Inc.

6 - HIV/AIDS & Other Diseases

Terrance D. Olson, Ph.D.

Page 184 – 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 apart the methodology of the various studies cited, the root of the debate, practically, is philosophical.

Page 200 – 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 wellbeing 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 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, Jaccard, & 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. . . .**

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.



7 - Environmental Sustainability

Robert C. Roylance

Page 225 – Productive lands and abundant supplies of clean water are vital

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.

Page 227 – 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 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.

Page 229 – Dependence on agriculture in developing countries

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.

Page 256 – Family activities – working together – to achieve MDG 7

The following list outlines activities that can be achieved by using the combined “family capital” of a strong family team:

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 (*page 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** (*page 234, 235 and 257*).

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*).

Reverse loss of environmental resources (forests and soils)

- **Participate in planting new trees** to re-establish forests (*pages 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 241-242*).
- **Spread animal manures on fields** to improve quality of the soil (*page 238*).
- **Manage grazing techniques** to prevent desertification (*pages 244 and 245*).

Improve soil productivity

- **Families working as a team can increase crop production** and reduce the need to encroach on pristine forests (*pages 244 and 259*).
- **The family can harvest, sort and package produce** raised on the family farm, to reduce poverty and increase productability of the land (*page 259*).

Page 258 – Teaching children environmental responsibility

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.



8 - Global Partnerships

Vincenzina Santoro

Page 269 – 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.

Page 283 – 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 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 . . .

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.

Page 298 – The most successful development efforts arise from the grass-roots

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.

Page 299 – A development milestone worthy of celebration

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.
