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## Population Matters Magazine

Issue 22 February 2013

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# The Women Are Waiting: Conservation through Reproductive Health Service Provision

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**Biodiversity is under siege from anthropogenic pressures worldwide. Bigger families mean more mouths to feed. In much of the rural developing world this leads to growing pressure on ecosystems and increased food insecurity.**

It will simply not be possible for us to achieve our conservation and sustainable development goals if we do not address the unmet need for reproductive health services. Yet the world's environmental conservation community rarely addresses this self-evident interdependence between population and environment.

We at Blue Ventures, a Madagascar-based marine conservation organisation, are tackling this 'elephant in the lagoon' through a far-sighted approach that integrates community health service provision into more conventional biodiversity conservation efforts. Coastal communities we work with in the remote southwest live on under 1.5US\$ per day, have some of the lowest education rates in the country and have negligible access to basic public health services, including reproductive health.

Having worked in this region for the past decade, we recognised in 2005 that our work would ultimately prove futile without addressing the primary driver of Madagascar's booming population. What good does encouraging sustainable fishing practices do, if the women who must feed their families and depend solely on the ocean are having seven, eight or nine children?

Conservationists promote preservation of biodiversity for future generations. However, they tend to shy away from empowering women to avoid unwanted pregnancies through contraceptive service provision. Access to reproductive health care is a human right enshrined in Millennium Development Goal 5B, and should be treated no differently than access to clean drinking water. Importantly, it must be done in a way that respects and protects human rights. Reproductive health services must be provided in a culturally and socially acceptable way that allows families to take advantage of it if and when they so desire.

We have found our approach to be highly effective because it explicitly recognises these preconditions. There was clearly an unmet demand for family planning services in this region; over a fifth of all women of reproductive age surrounding Andavadoaka, our main field site, sought contraception on the very first day we opened the doors to our initial family planning clinic. The overwhelming response by women everywhere we have offered services has remained a constant. This has led our health project to evolve rapidly in response to the needs of the communities we work with.

Today we offer a high quality family planning services to 40 villages, together with maternal, child health services and counselling as well as an ambitious water, sanitation and hygiene programme. All of this reaches over 10,000 people.

The welcome reception that our health work has enjoyed should not be surprising. The challenges facing Madagascar's coastal population are similar to those endured by millions of people living in the tropical developing world. The tropics hold most of the world's biodiversity and account for the majority of the world's population growth. These booming populations are often highly dependent on natural environments for their cultural identity, livelihoods and subsistence, yet globally they have the poorest access to family planning.

In Madagascar, up to 70% of the coastal communities we work with depend on dwindling marine resources. They increasingly recognise that their family sizes and fish stocks are inextricably linked. We have witnessed that empowering women to control their own health creates partnerships with strong female figures, who can then serve as conservation ambassadors for the health of their families, neighbours, and environment.

As well as seeing immense health and social benefits to individuals, couples and local communities, we have gathered compelling data that support our integrated approach. In five years the contraceptive prevalence rate has gone from less than 10% to over 40%, bringing about a huge reduction in the regional birth rate. By conservative estimates the population of the southwest region would be 6% higher than it is now without our health intervention. The slowing population growth rate undoubtedly means that our community based conservation and fisheries

management programmes are likely to be more effective. Furthermore, providing health services to these isolated communities has led to greater interest in wider conservation initiatives.

Conservationists may still be wary of whispering the words contraception or sexual health, but this caution is rarely warranted. Our work in Madagascar has shown positive social and environmental outcomes, and demonstrates the large degree to which communities can be receptive to this 'population, health and environment' approach. Yet, despite compelling results, only a handful of such integrated initiatives are being developed today. It is time for other organisations to face the facts, and recognise the links between population growth and biodiversity conservation.

Time is ticking, resources are dwindling and people who want the opportunity to choose their family sizes and space their children must be given the means to do so. It is imperative for the health of our human population, and for the ecosystems upon which our own survival depends, that women are empowered with the ability to plan their family sizes and futures. This is not only a fundamental human right, but also a self-evident precondition that conservation planners must ensure is addressed within human populations around areas of conservation importance. Ask any of the community health workers working with Blue Ventures - they will tell you that the women are waiting.