



# *Global Majority E-Journal*



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# *Global Majority E-Journal*

## **About the *Global Majority E-Journal***

The *Global Majority E-Journal* is published twice a year and freely available online at: <http://www.american.edu/cas/economics/ejournal/>. The journal publishes articles that discuss critical issues for the lives of the global majority. The global majority is defined as the more than 80 percent of the world's population living in low- and middle-income countries. The topics discussed reflect some of the key issues that characterize, determine, or influence the lives of the global majority: poverty, inequality, population growth and gender issues, excluded and invisible children, unsustainable urbanization, climate change, lack of access to safe water and sanitation, and unethical trade. The articles are based on research papers written by American University (AU) undergraduate students as one of many course requirements for *Econ-110—The Global Majority*, which is an elective course within the AU Core Curriculum.

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# **Two Sides of the Same Coin: Discrimination Against Women and Exclusion of Children in Jamaica and Niger**

Caroline Jones

## **Abstract**

*This article seeks to examine key issues related to the discrimination of women and the exclusion of children in example countries Jamaica and Niger. The women and children of both countries face marginalization, though the case in Niger is more extreme. While the United Nations Convention on the Rights of the Child has been ratified in both countries, there are still significant existing infringements on children's rights. In Jamaica, women and children face violence, while in Niger, child marriage is a pervasive problem. This article finds that the discrimination women face in both countries are related to the exclusion that children face. Thus, this article argues that women's and children's issues should be examined together for policy interventions to have the utmost positive impact on the issues plaguing women and children in developing countries.*

## **I. Introduction**

Women and children in developing countries often face infringements of their rights that inhibit development, such as discrimination and exclusion. The United Nations Convention on the Rights of the Child (CRC) has been introduced in many countries to set a standard of wellbeing for children. Despite its introduction, many countries that have ratified it have not been able to uphold it. This leaves children in oftentimes dangerous places.

This article examines key issues related to women and children in Jamaica and Niger, both of which have ratified and struggled to uphold the CRC. Jamaican women and children face violence, and in Niger, child marriage has been deemed a health crisis. In both countries, the issues that affect women and children are highly correlated.

This article is structured into six sections. After the introduction, section II is a brief literature review, that provides an overview of both women's discrimination and children's exclusion in Jamaica and Niger. Section III is a socioeconomic background, which provides details on the GDP per capita, life expectancy and literacy of each country. Then, section IV is an analysis of facts that examines key data related to the issues of both women and children. Section V is an ethical analysis that explains the current ethical frameworks for the key issues and argues for new ethical

frameworks to be used in future interventions for women and children. Finally, section VI is the conclusion.

## II. Literature Review

There is much literature related to women's discrimination and children's exclusion in both Jamaica and Niger. These two issues are highly related to one another, and, thus, the literature often discusses both. All of the research and reports in this review are from the last two decades. De Groot (2021) and Henry-Lee (2008) focus on Jamaica, while the International Monetary Fund (2017) and Crawford (2022) focus on Niger.

- De Groot (2021) is a United Nations (UN) press release that discusses Gender Based Violence (GBV) in Jamaica. The author reported that the Jamaican Economy Panel (JEP) published a sixth round of discussion, which focused on violence against women and children. Referring to some UN statistics, De Groot reports that 28 percent of Jamaican women have suffered intimate partner violence (IPV), and 23 percent have suffered sexual violence from someone other than their partner. De Groot also suggests that the COVID-19 pandemic likely increased these rates. The discussion among the JEP centered around both women and children. De Groot also refers to a report by the United Nations Children's Fund (UNICEF), which states that up to 85 percent of Jamaican children have been subjected to violent discipline. De Groot also draws on research stating that exposure to violent discipline can promote violence in the overall culture. The JEP discussed multiple actions forward, including stronger laws and punishment, and increased support of youth seeking help in these situations. The JEP also discussed a potential linkage between large unemployment rates for women in Jamaica and IPV, as this issue can put pressure on couples. Solutions, which the JEP discussed regarding GBV, included education on a structural level and community-based interventions.
- Henry-Lee (2008) explores the continuous critical situation of Jamaican children, despite that Jamaica ratified the CRC in 1991. The article takes a specific focus on the comparison of Jamaican boys to girls and highlights how their respective situations differ. In doing so, the article states that there is a high prevalence of children being excluded and invisible in Jamaica, despite the ratification of the CRC. For example, only 10 percent of Jamaican children who are disabled are enrolled in some form of formal education program. In addition, though the CRC states that children should be protected from economic exploitation, 16,000 Jamaican children engage in economic activity, including in child prostitution. The article also states that 9 percent of Acquired Immunodeficiency Syndrome (AIDS) cases in Jamaica are children. Furthermore, some 50 percent of young women reported having sex with partners 5 to 10 years older than them. And 20 percent of girls have been subjected to forced sex. These are some of the main ways in which Jamaica is failing at implementing the CRC, according to Henry-Lee (2008).
- A selected issues report by the International Monetary Fund (IMF) (2017) explores gender inequality in Niger. The report highlights that Niger scored 0.713 on the United Nations Development Programme (UNDP)'s Gender Inequality Index (GII), where 0 is considered complete equality between men and women, and 1 is considered complete inequality. Despite the bad score, the report notes how the situation has improved for Nigerien women since the Millennium Development Goals (MDGs) have been introduced in 2000. In Niger,

maternal mortality, female life expectancy and enrollment in primary and secondary education have all improved since then. However, considerable gender inequality still prevails in Niger.

- Crawford (2022) situates child marriage as a health issue in Niger. Early marriage is a pervasive issue for children in Niger, with some 76 percent of women who got married in Niger between 2015 and 2021 having been under the age of 18. There are several reasons for these high rates of child marriage in Niger; some include insufficient legislation, discriminatory gender norms, high levels of poverty and religious ideals. Crawford reports that Niger has ratified the CRC as well as the African Charter on the Rights and Welfare of the Child (ACRWC) and has largely approached the child marriage issue as a rights-of-women issue. However, there are many health concerns related to children getting married, such as a high risk of sexually transmitted infection and cervical cancer, a high risk of death during childbirth, and a risk of other long-term psychological problems, like anxiety and depression. Crawford reports that 35 percent of fatalities among women from the ages of 15 to 19 are due to maternal mortality. Based on this, Crawford puts forward that reframing child marriage as a health issue will result in better success in eradicating the practice.

### III. Socioeconomic Background

Figure 1 shows the evolution of GDP per capita, adjusted for purchasing power parity (PPP), for Jamaica, Niger and the world. The respective per capita GDPs of Jamaica and Niger are similar only in that they largely have not changed much during 1990–2023. In 1990, Jamaica’s GDP per capita was \$8,742, which then increased steadily until 1995, when it was \$10,099. Between 1995 and 2023, Jamaica’s GDP per capita remained relatively stable, ranging from the low \$9,000s to the mid \$10,000s. The highest point was in 2007, at \$10,458. There was a decline from \$10,216 in 2019 to \$9,178 in 2020, which is congruent with the timing of the COVID-19 pandemic. Jamaica’s economy depends on remittances and tourism, and unemployment is as high as 12.4 percent of the population.<sup>1</sup> Thus, it makes sense that the pandemic would negatively impact Jamaica’s GDP per capita.

Niger’s per capita GDP was \$1,412 in 1990 and decreased until 1997 to \$1,217. From 1997 to 2023, Niger’s GDP per capita fluctuated by relatively small amounts. It returned to the \$1,400s in 2012 and continued increasing until 2020, when it reached \$1,616. It then dipped in 2021 before experiencing an all-time high of \$1,718 in 2022, before declining marginally to \$1,703 in 2023. Niger’s low GDP per capita reflects that it has some of the highest poverty rates in the world. Niger also ranked last in the UNDP’s 2014 Human Development Index (HDI).<sup>2</sup>

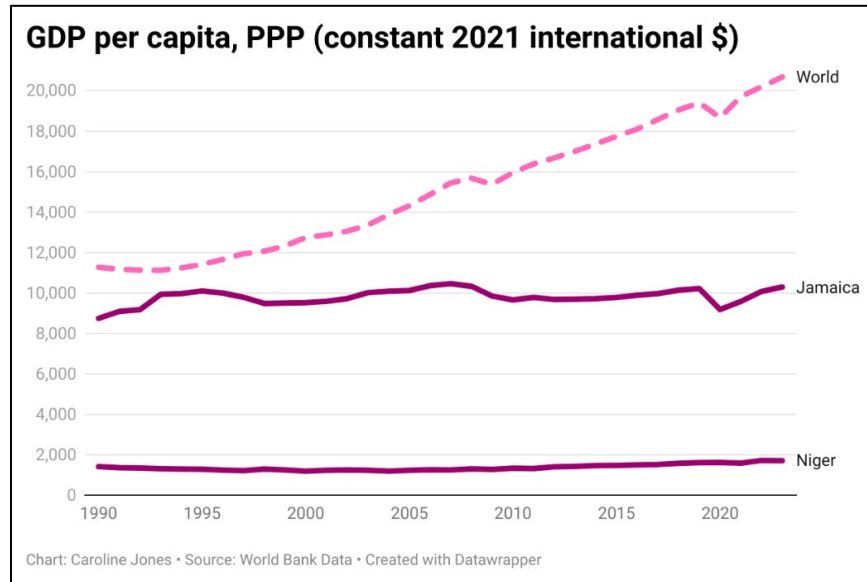
Figure 2 demonstrates the life expectancy at birth of individuals in the world, Jamaica and Niger. In 1990, the life expectancy in Jamaica was 72.3 years, similar to the world average. Since then, it has fluctuated only slightly, staying within 70 and 73 years. In Niger, life expectancy has been steadily climbing since 1990, when it was 41.8 years. In 2002, it reached 50.6 years, and in 2013 it reached 60.8 years. The most recent data is from 2022 and shows Niger’s life expectancy at 62.1 years.

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<sup>1</sup> See Henry-Lee (2008), p. 53.

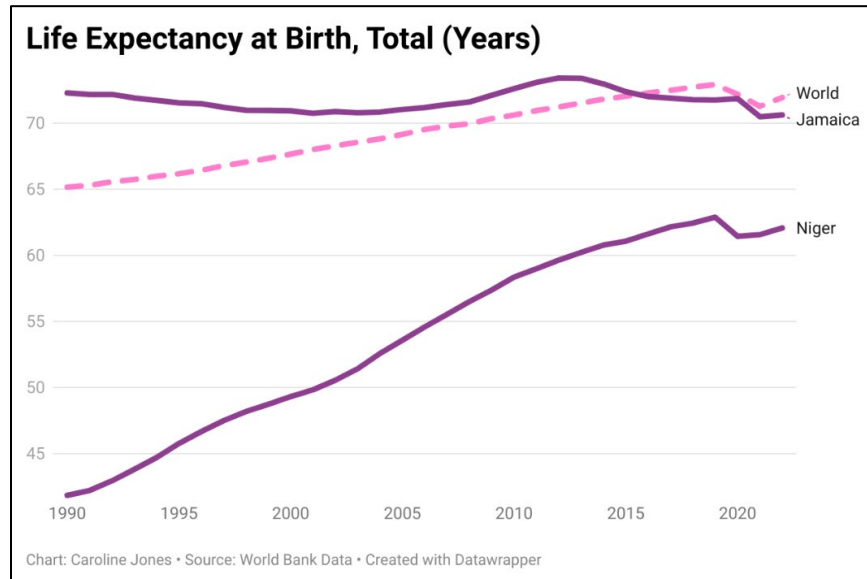
<sup>2</sup> See International Monetary Fund (2017), p. 25.

**Figure 1: GDP per capita, adjusted for PPP, 1990–2023**



Source: Created by author based on World Bank (2025).

**Figure 2: Total Life Expectancy at Birth (years), 1990–2022**



Source: Created by author based on World Bank (2025).

In 2017, the leading causes of death in Niger were malaria, diarrheal diseases and lower respiratory infections.<sup>3</sup> This reveals the lack of proper healthcare in Niger. There have been several healthcare interventions in Niger by UNICEF in recent years.<sup>4</sup> The benefits of these interventions are

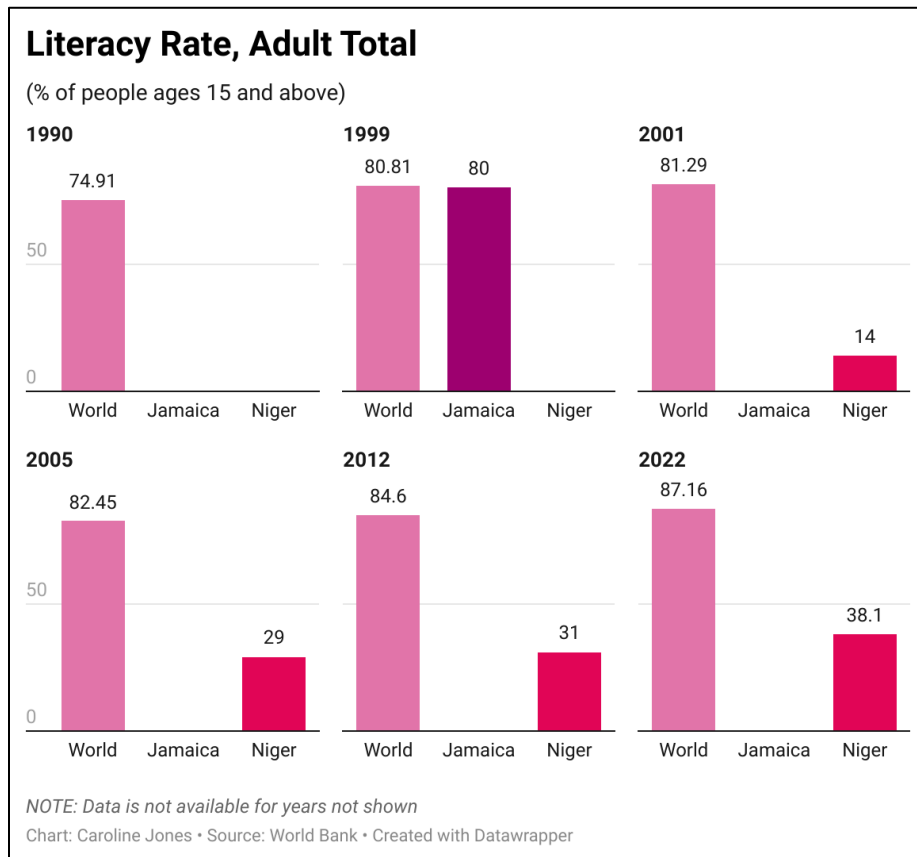
<sup>3</sup> See The Borgen Project (2019).

<sup>4</sup> See The Borgen Project (2019).

reflected in the growing life expectancy. A dip in life expectancy can be seen in the chart for Niger, Jamaica and the World around 2020; this can be attributed to the COVID-19 pandemic.

Figure 3 shows all the literacy rates for Jamaica, Niger and the world available by the World Bank (2025) since 1990. In 1999, Jamaica’s literacy rate of 80.0 percent was similar to the world’s literacy rate (80.8 percent). Since 2001, the literacy rate for the world has continued to climb, reaching 87.4 percent in 2023. In Niger, literacy rates increased across the years that data is available. In 2001, Niger’s literacy rate was 14.0 percent. By 2005, it had increased to 29.0 percent. In 2012, it was 31.0 percent. And by 2022 it was 38.1 percent. Despite the small increases, these numbers show that adult literacy has overall been getting better in Niger since 2001.

**Figure 3: Adult Literacy Rate (in percent), all available years for Jamaica and Niger**



Source: Created by author based on World Bank (2025).

Comparing the data for GDP per capita, life expectancy and literacy in the world, Jamaica and Niger shows that Niger is at the bottom for all three variables. As of the most recent data, Niger is behind Jamaica in GDP per capita by \$8,400 and in life expectancy by 8.5 years. Literacy is harder to track given the lack of data, but Niger’s literacy in 2022 was 41.9 percentage points below that of Jamaica’s in 1999. These numbers demonstrate the degree to which Niger is behind Jamaica. However, the increasing life expectancy in Niger despite its low GDP per capita growth shows that human development is getting better in the country. Additionally, Jamaica’s relatively high literacy rate of 80.0 percent in 1999, only marginally below the world average of 80.8 percent, is

noteworthy, taking into account that Jamaica's GDP per capita was 22.9 percent below the world average GDP per capita in that year.

## **IV. Analysis of Facts**

This section is composed of three subsections. Subsection IV.1 examines women's discrimination in Jamaica and Niger, while subsection IV.2 focuses on children's exclusion in Jamaica and Niger. Both subsections will review key data related to the respective issues in conversation with sources. Throughout each subsection, comparisons of the countries' specific elements and applications of the respective issues will be made. Finally, each subsection will close with a brief paragraph recounting the full picture of the findings from both the data and applications of the data. A third subsection emphasizes that the issues women and children face are interrelated—two sides of the same coin.

### **IV.1. Discrimination Against Women in Jamaica and Niger**

As already referred to in section II above, GBV is a pervasive problem in Jamaica. Furthermore, the Pan Caribbean Partnership against HIV and AIDS (PANCAP) released a policy brief in 2020 that provides a brief yet informative overview of GBV. This type of violence comes in many forms, but the most common one is IPV. Several factors can increase a woman's vulnerability to GBV, such as being younger in age, having less education, being pregnant, having experienced childhood violence, and cohabitating with a male partner at a young age.

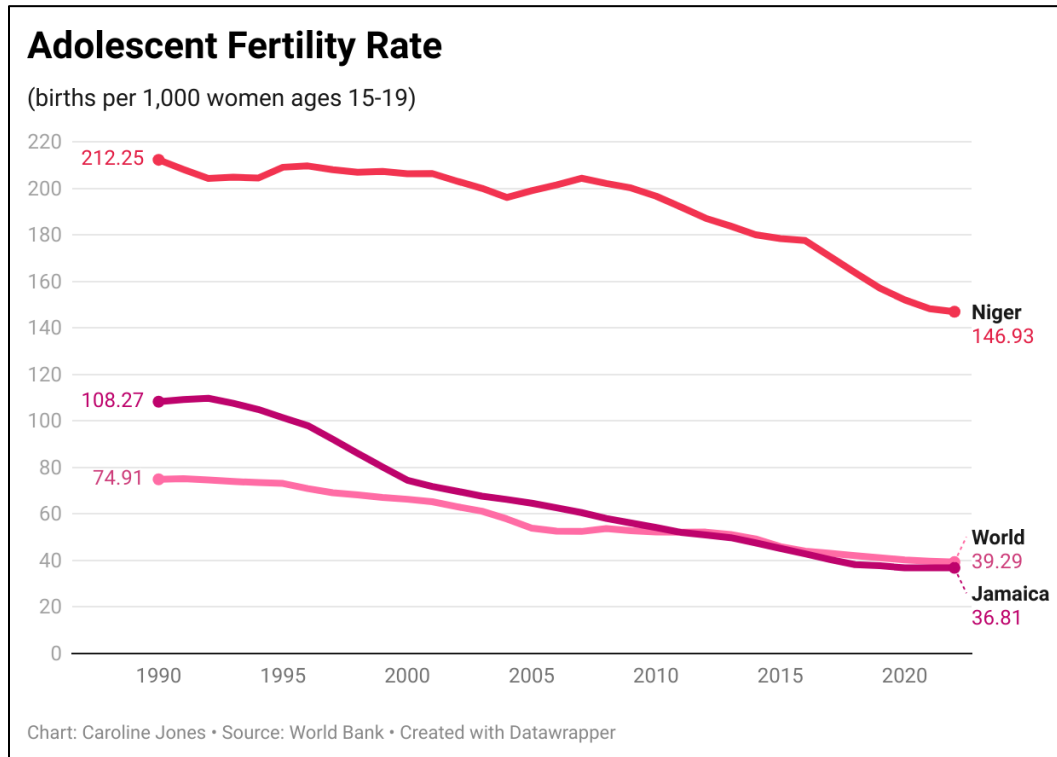
PANCAP (2020) uses data from the *Women's Health Survey 2016 Jamaica* to highlight the fact that, in Jamaica, women's experience of GBV cuts across all socioeconomic backgrounds. Thus, it is not just women in poverty experiencing GBV. Some 25 percent of women experience physical violence by a current or ex-spouse. The survey also found that younger women were disproportionately affected. In 2015, 83 percent of reported rapes were of women below 24 years old. PANCAP (2020) attributes GBV, at least in part, to the pervasive beliefs held by society, which includes that 77.4 percent of women (who were interviewed) believe that it is natural for a man to be the head of the household. And 32.2 percent of the women surveyed believe that wives should do what their husbands say even if they disagree. It is impossible to overlook these beliefs held by society when analyzing the GBV problem.

Figure 4 shows the adolescent fertility rate for Jamaica, Niger and the world. More specifically, this chart shows the number of girls aged 15-19 years old who gave birth per 1,000. Comparing this data to the world demonstrates that Jamaica's adolescent fertility rate is rather high. Jamaica's rate in 1990 shows that over 10 percent of births were to adolescent mothers, whereas across the whole world only roughly 7 percent of births were to adolescent mothers. This seems to indicate that GBV in Jamaica and the general societal views on relations between men and women in Jamaica have resulted in a higher adolescent fertility rate.

As already referred to above, Crawford (2022) describes child marriage in Niger as a construct that highly affects women. While Crawford refers to both women's and children's issues, in this section, it will be discussed as it pertains to women specifically. Crawford (2022, p. 101) stated that 76 percent of women who got married in Niger between 2015 and 2021 did so before their 18<sup>th</sup> birthday. Crawford also provided reasons for why the rate is so high. Firstly, there is insufficient legislation in Niger to prevent child marriage. In addition, marriage is viewed as a defining goal for a woman in Niger, and thus attaining it early is viewed as a success. Another

reason given to explain the high child marriage rate is related to poverty. Due to being impoverished, some families are forced into marrying off a daughter for dowry money. Crawford also considers the high adolescent fertility rate in Niger (shown in Figure 4) being the result of the high child marriage rate. over 20 percent of births were to women ages 15 to 19. Though Niger’s adolescent fertility rate decreased considerably from 212 births per 1,000 women ages 15-19 in 1990 to 147 births per 1,000 women ages 15-19, compared to the world average, adolescent fertility continues to be rather high in Niger.

**Figure 4: Adolescent Fertility Rate in the World, Jamaica and Niger, 1990–2022**

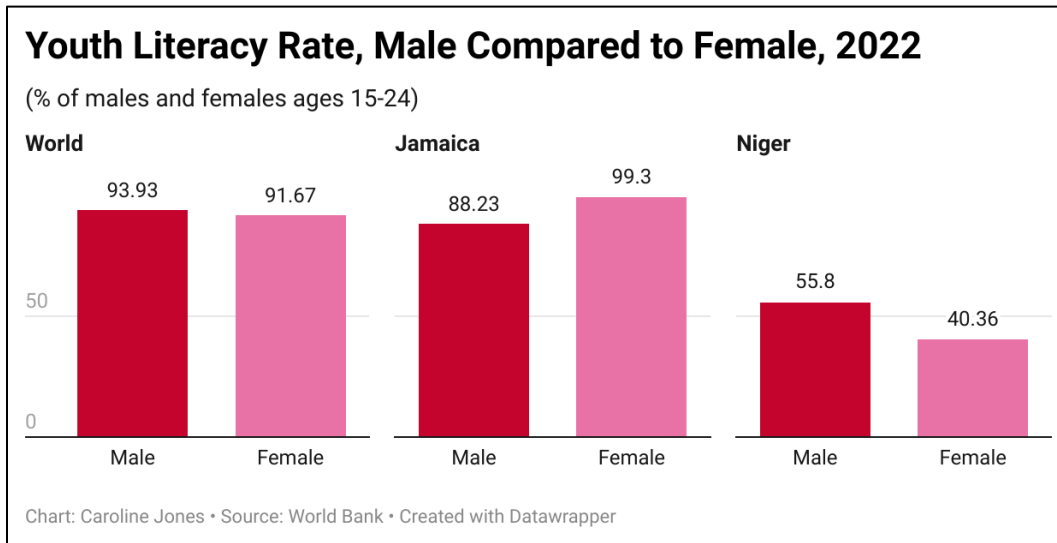


Source: Created by author based on World Bank (2025).

Also relating to gender issues in Niger, the International Monetary Fund (2017) highlights Niger’s high scores in UNDP’s GII, meaning that, in Niger, women experience a high level of inequality compared to men. The many practical applications of this can be demonstrated by World Bank data in a myriad of ways, including low literacy rates. Figure 5 shows the literacy rates for youth (defined as ages 15 to 24) in the world, Jamaica and Niger in 2022. Only 40.4 percent of female youth in Niger were literate, compared to 55.8 percent of male youth.

The IMF report (p. 27) does highlight how women’s situation in Niger has improved since the adoption of the MDGs in 2000, specifically with regards to progress made between 2000 and 2014 in terms of maternal mortality, female life expectancy, contraceptive use, primary education enrollment and secondary education enrollment. These are important indicators. However, Figure 5 still shows that female literacy is behind male literacy in Niger. Conversely, it is important to note that youth female literacy in Jamaica was higher than that of the males in 2022. This shows that, though GBV is a pervasive problem in Jamaica, it does not seem to disadvantage women over men in terms of literacy.

**Figure 5: Female and Male Adult Literacy Rates for Jamaica, Niger and the World in 2022**



Source: Created by author based on World Bank (2025).

The data explored in this section shows that women are disadvantaged compared to men in nearly every way shown in the data. This is partly because of GBV in Jamaica and child marriage in Niger. However, this data also shows a broader problem in both countries, that women are often left powerless. Due to young marriage and violence in marriage, many women are unable to contribute to society and the economy, hence the stagnating GDP per capita of both countries.

#### **IV.2. Exclusion of Children in Jamaica and Niger**

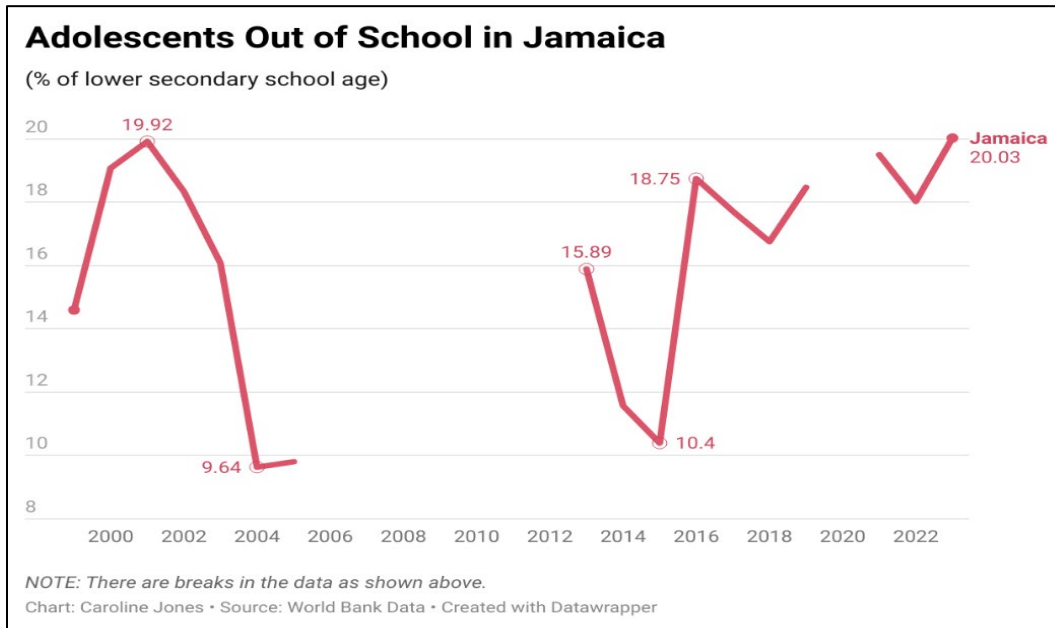
The UNICEF (2005) report on *The State of the World's Children 2006* provides information on the definition of excluded and invisible children. With regards to being excluded, it states that children in many different life situations across the world are “almost certainly excluded from essential goods and services – vaccines, micronutrients, schools, health-care facilities, water and sanitation, among others – and denied the protection from exploitation, violence, abuse and neglect, and the ability to participate fully in society, which is their right.”<sup>5</sup> The report also acknowledges the importance of the CRC for giving children rights.

Henry-Lee (2008) reviews important information for assessing the exclusion of children in Jamaica. Overall, Henry-Lee finds that Jamaica is not implementing the standards that the CRC set for children, though Jamaica ratified it in 1991. Henry-Lee (2008) holds that crime is one of Jamaica’s most pervasive social problems, which also have great impacts on children. De Groot (2021) reported that, according to UNICEF, 85 percent of Jamaican children are subjected to violent discipline, which reveals that the violence that follows women in Jamaica also follows children. Additionally, Henry-Lee (2008) reported that in Jamaica, 3.86 percent of children live with disabilities. Despite the fact that a majority of these children are of school age, only 10 percent of children with disabilities are enrolled in a formal educational institution. Henry-Lee (2008) then concludes that children with disabilities are largely excluded from educational opportunities.

<sup>5</sup> See UNICEF (2005), p. 11.

Figures 6 and 7 show data on adolescents who are not attending school (as percent of lower secondary school age) in Jamaica and Niger.<sup>6</sup> Figure 6 corroborates Henry-Lee (2008). Even though there are gaps in the data, and the data are quite volatile, it can be seen that the percentage of Jamaican adolescents who do not attend school has overall been growing from 2013 to 2023, voiding the drastic decrease from 19.9 percent in 2001 to 9.6 percent in 2004. Based on the data reported by Henry-Lee (2008), it can be concluded that many of these adolescents not attending school are disabled, and, thus, are being excluded because they are disabled.

**Figure 6: Jamaican Adolescents Not Attending School, all available years**



Source: Created by author based on World Bank (2025).

Henry-Lee (2008) reports that 9 percent of HIV and AIDS cases are children. Henry-Lee also states that AIDS is the second leading cause of death for children ages 1 to 4. There is also a high rate of early sexual activity in girls, with some 50 percent of young women having had sex with partners who were 5 to 10 years older than them, with some 20 percent of girls experiencing some form of forced sex in Jamaica.<sup>7</sup> These are all issues that culminate in the exclusion of many children, especially girls, in Jamaica.

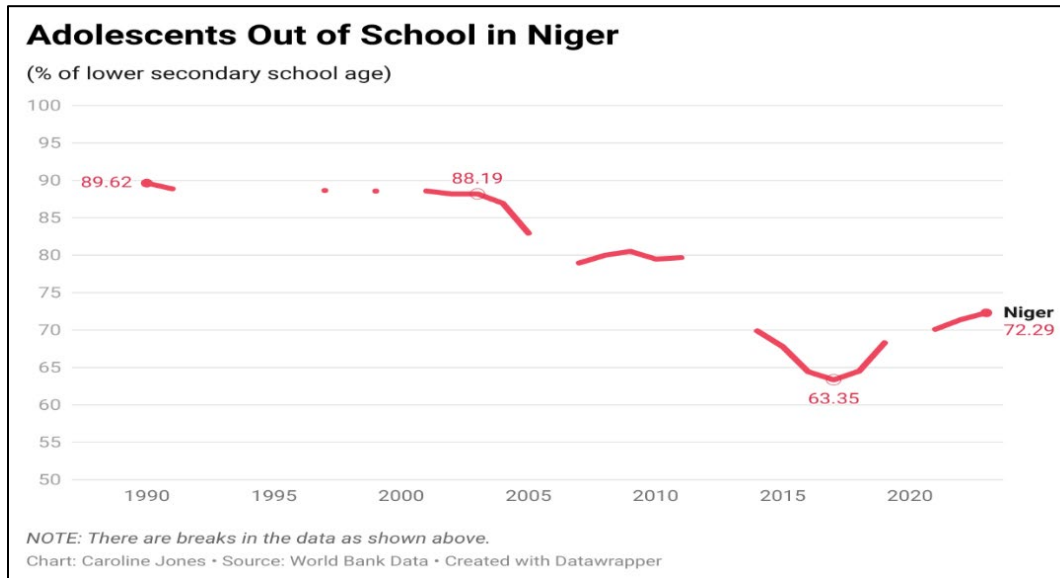
Figure 7 demonstrates the percentage of adolescents not attending school in Niger. It shows that, as of 2023, 72.3 percent of adolescents in Niger do not attend school. The World Bank also breaks down the data by gender. While the percentages are roughly equal, there is a slightly higher percentage of males attending school than females. The exact figures are as follows: 72.97 percent of female adolescents do not attend school in Niger versus 71.63 percent of male adolescents. While these numbers are only slightly different, they do indicate a disadvantage of girls that surely can be attributed partly to the high rates of both child marriage and subsequently high adolescent

<sup>6</sup> They are presented as two separate charts for visual clarity.

<sup>7</sup> Henry-Lee (2008).

fertility. Still, these numbers show that both girls and boys in Niger are being excluded from having a formal education.

**Figure 7: Nigerien Adolescents Not Attending School, all available years**



Source: Created by author based on World Bank (2025).

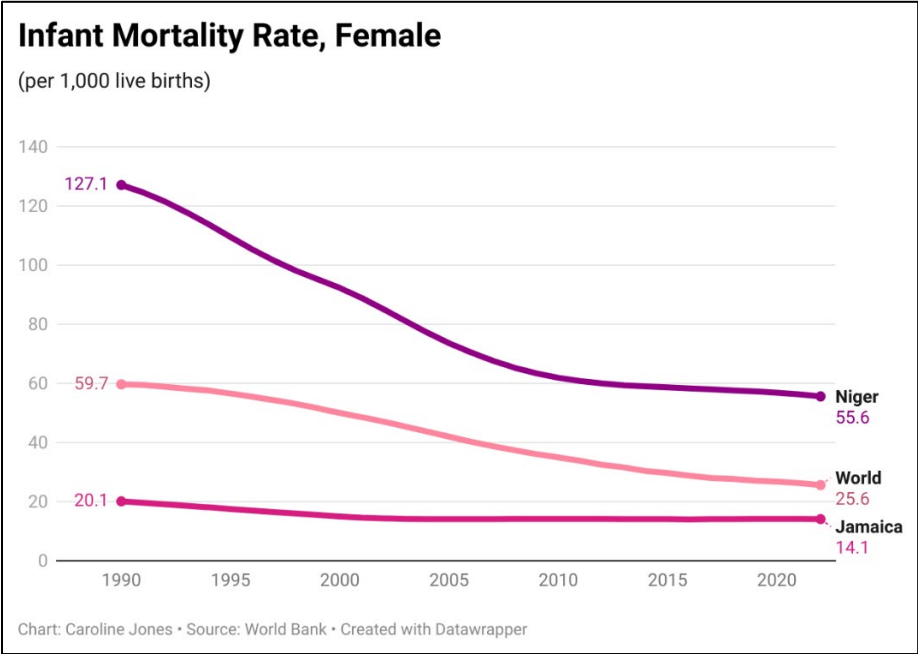
As already partly mentioned in the literature review, Crawford (2022) highlights child marriage as a major health concern for children in Niger, and on those grounds holds that Niger is not upholding the CRC, which it ratified in 1990. Crawford (2022, p. 102) summarizes child marriage as a health issue:

Relevant academic literature has identified a number of health consequences associated with child marriage, including isolation and depression, high risk of sexually transmitted infection and cervical cancer, high risk of death during labor and delivery, and other long-term gynecological and psychological problems.

Figure 4 in the above section reviewed the adolescent fertility rates, and showed that Niger's adolescent fertility rate is very high. Crawford (2022) noted that, because girls' bodies are not developed fully, pregnancy can come with additional complications and health risks, even life-threatening ones. And, early marriage can lead to early sexual activity in girls, which is what creates the high adolescent fertility rate in Niger. This is how child marriage is a major health risk for children, particularly girls, in Niger.

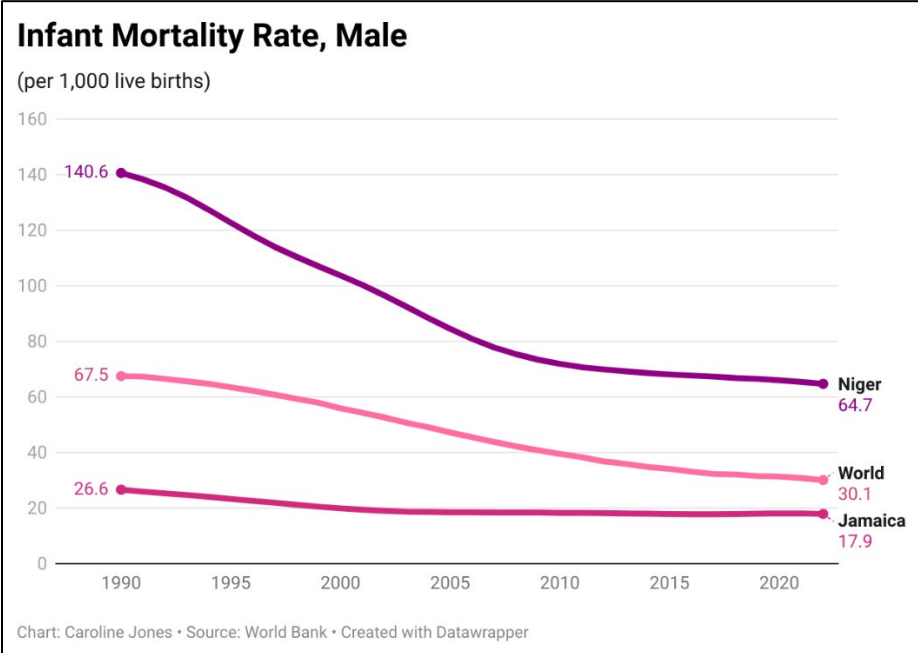
In addition, Figures 8 and 9 show, respectively, the infant mortality rate for female and male babies, from 1990 to 2022. Among Niger, Jamaica and the world, Niger's numbers are the highest. The rate was 127.1 per 1,000 female infants, and 140.6 per 1,000 for male infants in 1990. Those numbers have decreased considerably since then but remain more than double that of the world. In 2022, Niger's rate for females was 55.6 per 1,000 and for males was 64.7 per 1,000. This data shows an additional way how children are suffering in Niger, despite the considerable progress made in reducing infant mortality in Niger from 1990 to 2022.

**Figure 8: Female Infant Mortality in Jamaica, Niger and the World, 1990–2022**



Source: Created by author based on World Bank (2025).

**Figure 9: Male Infant Mortality in Jamaica, Niger and the World, 1990–2022**



Source: Created by author based on World Bank (2025)

The data explored in this section shows to what degree children are excluded and neglected in Jamaica and Niger. Neither Jamaica, nor Niger are upholding the standards set by the CRC for children's wellbeing. As of 2023, 72.3 percent of Nigerian adolescents and 20.0 percent of Jamaican adolescents do not attend school. In Niger, child marriage is a problem that leads to health concerns for children. In that way, children are often left powerless and are certainly not being protected from exclusion in these countries.

### **IV.3. Two Sides of the Same Coin**

It is important to note that in both Jamaica and Niger, the issues pertaining to women and children respectively are tied together. In Jamaica, women suffer from GBV, while 85 percent of children also suffer from a similar violence that is discipline based. In Niger, child marriage pertains to mostly to girls, which then also suffer as mothers from a variety of health issues, including maternal mortality. This shows that these two issues are highly related to each other and should be considered in conversation with one another.

## **V. Ethical Analysis**

This section is composed of three subsections. Subsection V.1. examines the existing ethical structures for children in Jamaica and Niger, focusing mostly on the CRC. Subsection V.2. applies additional ethical frameworks to Jamaica and Niger by showing a broader view of development ethics related to women. Subsection V.3. argues for a more comprehensive approach to development for women and children.

### **V.1. Ethical Framework for Children**

The Markkula Center discusses several approaches to ethical decision making that are relevant for the interventions made by Jamaica and Niger on behalf of children.<sup>8</sup> The CRC is largely based on the rights approach to ethical reasoning, which “starts from the belief that humans have a dignity based on their human nature.”<sup>9</sup> For instance, the CRC mandates that countries that ratify it uphold standards for children, mostly related to quality of life.

Both Jamaica and Niger have rightly recognized the ethical need to care for children and thus have ratified the CRC. However, as several sources have demonstrated, neither country has fully applied the CRC. In Jamaica, De Groot (2021) reported that violence is committed against children and Henry-Lee (2008) reported that many children, including disabled children are being excluded from formal education institutions. In Niger, Crawford (2022) showed that child marriage is a barrier to the wellbeing of children.

The issues for women explored in this article were often related to the issues for children explored. In Niger, for example, adult women must suffer the consequences of being barred from education and proper health in their childhood because they were married off as children. And, when women are married off young, they tend to give birth young, which has contributed to the high infant mortality rate. And the high infant mortality rate in itself is yet another example of children being excluded from a proper standard of health in Niger. This is how child marriage in Niger can be viewed as a cycle that bars generations of women and children from, for example, education and

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<sup>8</sup> See Markkula Center (2021).

<sup>9</sup> See Markkula Center (2021).

health. In Jamaica, GBV, especially IPV affects women. Household violence can trickle down to affect children, and UNICEF reports that 85 percent of Jamaican children experience discipline violence. Also, the per capita GDPs of both Jamaica and Niger are stagnating. It is no coincidence, then, that this is happening in two countries whose barriers make it difficult for women to contribute to economic prosperity for the country.

It has been the finding of both Henry-Lee (2008) and Crawford (2022) that Jamaica and Niger are both falling short of applying the CRC. In an alternate view, given the fact that children in both countries are still struggling to secure basic rights, the effectiveness of the CRC can be called into question. The rights approach was chosen as the lens to view the issues children face because children are unable to provide themselves with the kind of care they need, but are still deserving of this care, according to their rights. This is the framework that the CRC is built on. However, one potential pitfall of the rights approach is that it may constitute an overly simplistic view of uplifting children.

## **V.2. Ethical Frameworks for Women**

Providing a deeper view on the ethics of development for women, Drydyk (2013, pp. 5–6) provides seven key ethical values that need to be upheld during the development of countries, which are: people’s wellbeing, equity, empowerment, environmental sustainability, the strengthening of human rights, the reduction of social exclusion and enhancement of cultural freedom, and the lack of being carried out by corrupt means or for corrupt purposes. These seven key values relate to any development process or project, not only women’s issues. When considering how Jamaica and Niger approach development in the context of this article, these values are relevant for women and children.

Drydyk (2013) then uses an example of research done by Ester Boserup in the 1970s for how development can be unethical for women. Boserup found that the modernization of agriculture could negatively impact women’s lives in numerous ways. This shows that wellbeing is not the same for men and women. The seven values cannot be assumed to be a binary for both genders. Women can be affected differently by development than men. Drydyk (2013, p. 7) states that “the values of worthwhile development cannot be achieved by policies that are oblivious to gender. One size simply does not fit all.” The same general idea that Drydyk is invoking for women can relate to children. When it comes to development, children should be considered in relation to the seven values.

Mitchell (1994) explores the necessary ingredients for development to be ethical for women. They are as follows: the empowerment of women, the need to access strategic concerns, and gender analysis in project design. Mitchell also touches on the issue of women’s invisibility. Women’s roles, though instrumental in the running of a household or community, are often overlooked as completely unrelated to development. There is a pervasive idea that roles, like homemaking, are sacred for women and have nothing to do with development. In reality, the work that everyday women do in developing countries is essential to how households and communities can run effectively. Thus, it is counterintuitive not to consider women’s roles when designing development projects.

### V.3. A Comprehensive Approach to Development for Women and Children

The approaches to development for women and children covered in the last two subsections are highly dynamic. They view women as people, and the roles women tend to take as valuable. As many women are mothers charged with the care of children, it makes sense that interventions to empower women would also benefit many children. As children's issues often relate to women's issues, a framework that considers both issues as one may yield better outcomes, as this type of framework would honor the connected nature of these issues.

Another ethical approach discussed by the Markkula Center is the care ethics lens, which is a more holistic approach. According to the Markkula Center (2021, p. 3), "[c]are ethics is rooted in relationships and in the need to listen and respond to individuals in their specific circumstances, rather than merely following rules or calculating utility."<sup>10</sup> As care ethics is a more holistic approach, it is the argument of this article that, going forward, development ethics related to women and children be approached through a care ethics lens, and these approaches may denote better outcomes than those of the CRC, which is based mostly on the rights approach.

## VI. Conclusion

Women and children in Jamaica face violence that infringes against their rights. Similarly, women and children in Niger are up against child marriage, which has been categorized as a health crisis. Both countries ratified the CRC in the early 1990s, and despite its interventions, children are still experiencing rights violations in both countries.

Eradicating the violations of the rights of children in these countries will require a reframing of the ethical structures that the CRC is built on, because the existing structures view children's exclusion as separate from women's discrimination. In Jamaica, women face GBV and children face discipline violence. These issues need to be addressed as a united entity if they are to be eradicated. In Niger, young women are often forced into marriage which affects them negatively as they enter into adulthood. Child marriage must be addressed as both a women's and children's issue if it is to be eradicated.

In moving forward, care ethics is an ethical approach that can assist policymakers in coming up with solutions for Jamaica and Niger. Additionally, Drydyk (2013) and Mitchell (1994) place an emphasis on women being a part of the development conversation, especially when it comes to women and children. The frameworks brought about by care ethics will aid developing countries in the protection of the rights of both women and children and will uplift both groups by promoting a togetherness necessary to deal with the issues plaguing women and children.

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# **Challenges in Accessing Clean Water and Sanitation: An Analysis of Niger and Peru**

Alexi Navichoque

## **Abstract**

*This article examines the challenges in accessing clean water and sanitation services in two different parts of the world, Niger and Peru. While access to safe clean water and adequate sanitation is a fundamental human right, millions of people around the world remain deprived of these essential services. Niger and Peru, although being across the world and culturally distinct, face similar challenges in ensuring clean water and sanitation for their population. In Peru, communities located in the rural mountains/highlands struggle with insufficient infrastructure and contamination. In Niger, weak sanitation systems have made the communal waters prone to diseases causing public health challenges. Although there are organizations that are raising awareness and bringing solutions to these remote areas of the world, a lack of adequate water and sanitation has led to severe impacts.*

## **I. Introduction**

Access to clean drinking water and adequate sanitation remains one of the most pressing global development challenges of the twenty-first century. Despite decades of international initiatives, millions of people still lack reliable access to safe water sources, and more than two billion people live without basic sanitation facilities. These gaps are not merely technical or infrastructural problems—they represent urgent threats to public health, human dignity, and social and economic development. The World Health Organization consistently identifies unsafe water, poor sanitation, and inadequate hygiene as major contributors to preventable diseases and premature deaths worldwide, particularly among children under five. As climate change, population growth and rapid urbanization intensify water stress across regions, understanding how different countries confront these challenges has become increasingly important.

This article focuses on comparing access to drinking water and sanitation services in Niger and Peru. Drawing on data from the World Bank (2025) and a wide range of scholarly and institutional sources, the analysis examines national trends, rural-urban disparities, and the socioeconomic and ethical dimensions that shape water and sanitation outcomes. It evaluates how each country's historical development, demographic patterns and governance structures influence their progress toward universal access. In addition, the article explores how global principles, such as the human right to water and sanitation, inform national policies and external support efforts.

The article is organized into six sections. Following this introduction is a brief literature review that contextualizes major themes and findings related to water and sanitation challenges in both countries. Next, it presents socioeconomic background indicators to situate Niger and Peru within broader development trends. The analysis section then examines national and rural-urban data on water and sanitation access. The subsequent ethical analysis section explores how justice-based frameworks apply to each country's situation. The article concludes with a discussion of key findings, implications, and potential pathways for improving equitable access to safe water and sanitation services.

## II. Brief Literature Review

Growing global awareness of inadequate access to clean water and sanitation in Niger and Peru has led to increased research on potential solutions, external support efforts, and the impacts on local communities. The Local Burden of Disease WaSH Collaborators (2020) emphasize the importance of detailed geospatial estimates to better track and address the lack of safe water and sanitation that continues to threaten health in low- and middle-income countries. Literature from the United Nations Children's Fund (UNICEF) Niger (2024), The Borgen Project (2023), and Pinchoff, Dougherty and Dadi (2023) examines challenges in Niger, while studies by Ioris (2012), the Organisation of Economic Co-operation (OECD) (2021), Hernández-Vásquez et al. (2021) and Exum (2018) explore similar issues in Peru.

- Local Burden of Disease WaSH Collaborators (2020) examines access to safe drinking water and sanitation is essential for preventing disease, improving wellbeing and achieving global development goals. The study highlights that unsafe water and sanitation remain major causes of under-5 diarrhoeal mortality and contribute to infectious diseases, neglected tropical diseases, and negative nutrition and social outcomes. Despite international recognition of these services as human rights and progress during the Millennium Development Goals era, access remains uneven, especially in sub-Saharan Africa and parts of Asia. The study emphasizes the need for high-resolution geospatial estimates to monitor inequities and advance the Sustainable Development Goals for universal access.
- A United Nations Children's Fund (UNICEF) (2024) report examines how limited access to clean water and sanitation in Niger causes high child mortality and deepens poverty, especially in rural areas. Only 56 percent of people have drinking water and 13 percent have sanitation. To address these intertwined health, infrastructure and development concerns, UNICEF collaborates closely with the Government of Niger to guide and operationalize water, sanitation and hygiene (WASH) strategies. A targeted municipal-wide WASH approach is being piloted in Maradi, Tahoua and Zinder to improve resource management, enhance public-private partnerships, and implement digital monitoring systems for water point functionality.
- The Borgen Project focuses on how Niger's water crisis reinforces gender inequality, poverty and poor health. Most rural areas lack basic sanitation, forcing women and girls to spend hours collecting water, limiting education and income opportunities. Wells Bring Hope addresses these challenges through solar-powered wells, hygiene education, and local capacity building that promote sustainability and gender empowerment. Their programs reduce child mortality, increase school attendance, and expand women's

economic roles. This long-term, community-centered approach demonstrates how integrated water access and sanitation initiatives can drive lasting social and economic transformation across Niger's vulnerable communities.

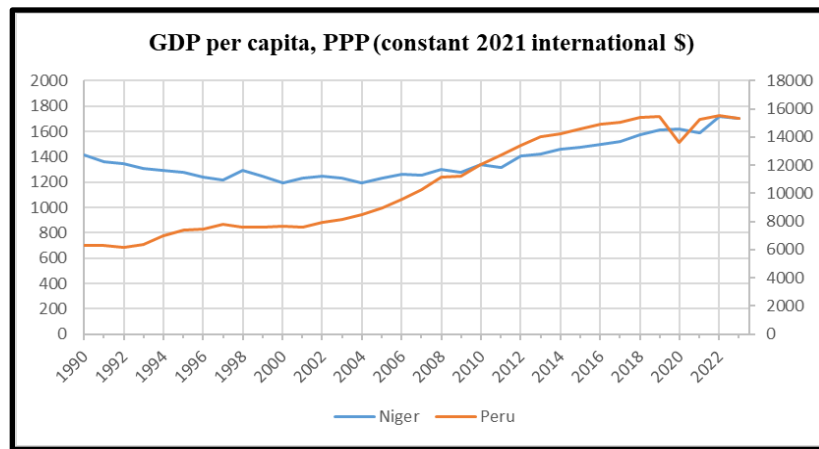
- Pinchoff, Dougherty and Dadi (2023) discuss how water scarcity and inadequate infrastructure in Niger hinder effective hygiene practices, increasing disease risk. Research from Maradi and Zinder shows that households near reliable water sources are more likely to maintain handwashing stations and apply correct hygiene behaviors. Social and behavior change initiatives further enhance these outcomes, especially among women. The findings emphasize that combining infrastructure investment with education is essential for lasting health improvements. Integrating reliable water access, hygiene promotion, and women's empowerment remains key to reducing disease and addressing inequities in Niger's WASH sector.
- Ioris (2012) describes how water scarcity in Lima, Peru is not just about a lack of water, but also about social and political issues. The article shows how government policies often treat scarcity as natural, while in reality it is made worse by poor housing, discrimination against low-income communities, and limited improvements that are often driven by political interests. New management approaches also rely heavily on technical solutions and leave out local communities from decisions. The study argues that water scarcity in Lima is the result of unequal systems and policies, not just limited water resources.
- Exum et al. (2018) examine the access to clean water and improved sanitation remains a public health challenge in many low-income urban regions of Peru, such as communities like Iquitos. Unsafe water, poor sanitation, and inadequate hygiene contribute to infections, impaired growth, and environmental enteric dysfunction (EED) in young children. Recent studies in Peru measuring biomarkers of gut inflammation and permeability show that children living with unreliable water access or nearby fecal waste exhibit higher intestinal inflammation, particularly elevated myeloperoxidase. These findings reinforce that harmful WASH conditions impact gut health early in life, potentially reducing growth and vaccine effectiveness. Improving sanitation and water reliability in vulnerable Peruvian communities is therefore critical for preventing disease, supporting healthy development, and enhancing immunization outcomes.
- A report by the Organization for Economic Co-operation and Development (OECD) (2021) highlights Peru's struggles to achieve universal access to clean water and sanitation, a challenge made more urgent by the COVID-19 pandemic. As of 2021, millions still lack basic water (9.2 percent) and sewerage services (25.2 percent), with sharp inequalities between urban and rural areas. Water access is further threatened by floods, pollution from poor waste management and economic activities, and growing pressures from climate change and population growth. The report stresses that stronger water governance, better policy coordination, and improved regulation are essential to secure safe and sustainable water for all Peruvians.
- Hernandez-Vasquez et al. (2021) analyzed household survey data (2008–2018) to track access to safe drinking water in Peru and the role of socioeconomic inequality. Overall access improved only slightly, from 47 percent to 52 percent, with significant gains in large cities but little to no progress in small cities. Inequalities widened, as wealthier households saw improvements while poorer households often experienced declining access, especially

in smaller urban areas. The findings emphasize that progress has been uneven and call for equity-focused policies and infrastructure investment to improve access in vulnerable communities.

### III. Socioeconomic Background

Figure 1 illustrates the growth of purchasing power parity (PPP)-adjusted GDP per capita in Niger and Peru from 1990 to 2022, with Niger using the left vertical axis, and Peru using the right vertical axis. In Niger, PPP-adjusted GDP per capita increased from \$1,412 in 1990 to \$1,718 in 2022. In contrast, Peru’s PPP-adjusted GDP per capita rose from \$6,318 in 1990 to \$15,549 in 2022. Keeping the two different vertical axes in mind, Figure 1 shows that Peru consistently maintained a significantly higher PPP-adjusted GDP per capita than Niger throughout the period. Niger experienced a relatively slow average annual growth rate of only 0.61 percent, compared to Peru’s average annual growth rate of 2.85 percent. Overall, Niger’s PPP-adjusted GDP per capita grew by approximately 21.7 percent between 1990 and 2022, while Peru’s increased by more than 146 percent, highlighting the substantial economic progress Peru has made over the past three decades.

**Figure 1: PPP-adjusted GDP per capita, 1990–2022**

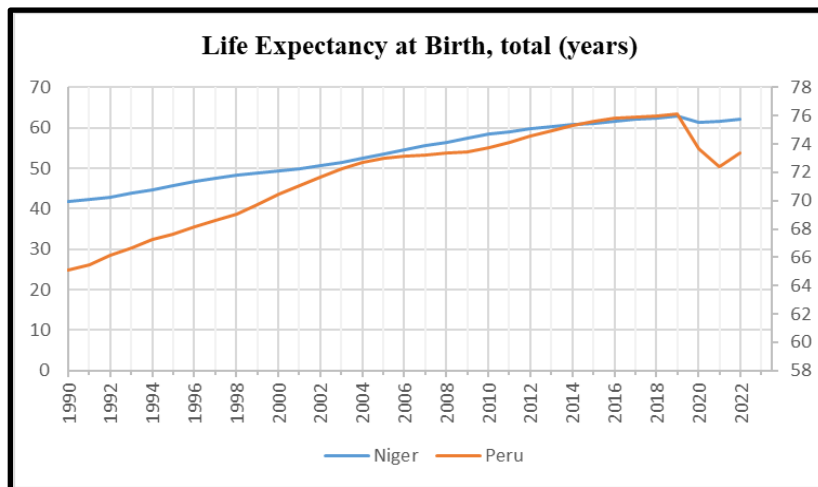


Source: Created by author based on World Bank (2025).

Figure 2 illustrates the evolution and differences in life expectancy between the two countries from 1990 to 2022. At the beginning of the 1990s, there was a noticeable gap in total life expectancy at birth, with Peru showing a higher life expectancy than Niger. Over time, however, the life expectancy of both countries gradually converged, becoming quite similar in the early 2000s, particularly around 2006 and again between 2016 and 2017 with the life expectancy rates between the two countries being less than 15 years.

Conversely, both countries experienced declines in total life expectancy at birth between 2019 and 2021 due to the COVID-19 pandemic—by 1.5 years (from 2019 to 2020) in Niger, and by 2.5 years (from 2019 to 2020) and an additional 1.3 years (from 2020 to 2021) in Peru. Post COVID-19 pandemic both countries seemed to slowly increase their total life expectancy again with Niger’s life expectancy increasing by 0.5 years (from 2021 to 2022) and Peru’s life expectancy increasing by 1 years (from 2021 to 2022).

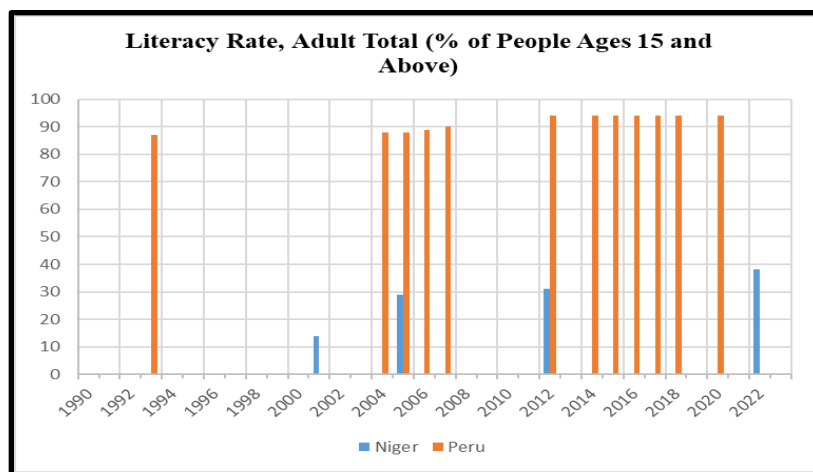
**Figure 2: Total Life Expectancy at Birth in Years, 1990–2022**



Source: Created by author based on World Bank (2025).

Figure 3 presents the available data on adult literacy rates in Niger and Peru for all years reported by the World Bank (2025). Although there are gaps in data availability that make direct comparison difficult, the evidence clearly shows that Niger’s literacy rate has increased significantly, from 14 percent in 2000 to 38 percent in 2022 (last reported year). However, this remains far below Peru’s literacy rate, which reached 94 percent in 2020. Specifically, Niger’s literacy rate rose from 14 percent in 2000 (the first year it was reported) to 38.1 percent in 2022, while Peru’s literacy rate increased from 87 percent in 1994 (its first reported year) to 94 percent in 2020 (last reported year), maintaining that level since 2012.

**Figure 3: Adult Literacy Rates (in percent), all available years**



Source: Created by author based on World Bank (2025).

When comparing all three figures, it is evident that Peru has consistently had a much higher literacy rate than Niger. Nonetheless, Niger has shown notable improvement in related indicators such as PPP-adjusted GDP per capita and life expectancy at birth. Unfortunately, its literacy rate remains relatively low, having yet to surpass the 40 percent mark.

## IV. Analysis of Facts

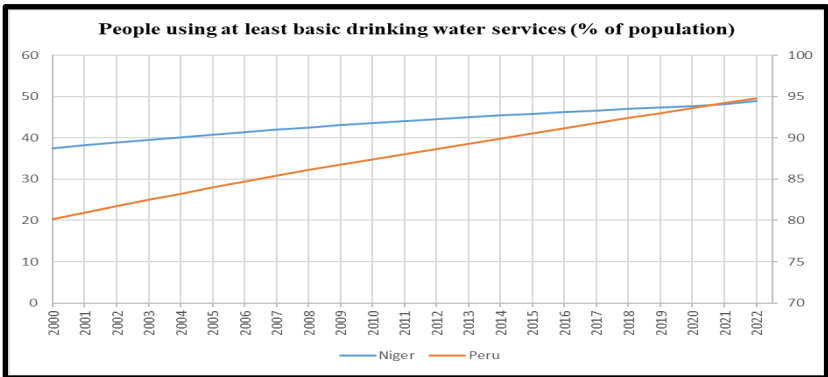
In this section of the article, two subsections are analyzed to address the issue of limited access to safe and clean drinking water and sanitation services in Niger and Peru. The first subsection presents nationwide data on access to drinking water and sanitation services in both countries, as reported by the World Bank (2025). Specifically, the data highlight the use of “basic” drinking water services, “basic” sanitation services, and “safely managed” drinking water services. During this analysis, no data were available on the percentage of people in Niger using safely managed drinking water services between 1990 and the present, which may indicate a severe lack of access to such services in the country. The second subsection examines the use of basic drinking water services, basic sanitation services, and safely managed drinking water services within both urban and rural contexts.

### IV.1. National Overview of Drinking Water and Sanitation Accessibility

Figure 4 illustrates the percentage of people using at least basic water services, including those with access to both basic and safely managed water services, for Niger (using the left vertical axis) and Peru (using the right vertical axis) from 2000 to 2022. According to the World Bank (2025), basic drinking water services are defined as the use of drinking water from an improved source, provided that the total collection time does not exceed thirty minutes for a round trip. Improved water sources include piped water, boreholes or tubewells, protected dug wells, protected springs and packaged or delivered water.

The first recorded data on the population using at least basic drinking water services dates back to the year 2000. Since then, the percentages for both Niger and Peru have steadily increased over the past twenty-two years. In 2000, 37.5 percent of Niger’s population and 80.2 percent of Peru’s population had access to at least basic drinking water services. Figure 4 shows that both countries experienced steady growth, but at opposite levels of access. Peru has shown significant improvement, with access rising from 80.2 percent in 2000 to 94.8 percent in 2022. Niger, while also showing an upward trend, continues to lag behind. At the start of the millennium, only 37.5 percent of Niger’s population had access, increasing modestly to 48.9 percent in 2022. Although progress has been made, less than half of Niger’s population currently has access to at least basic drinking water services, which remains concerning. Overall, Niger and Peru display contrasting trends in the proportion of their populations with access to at least basic drinking water services.

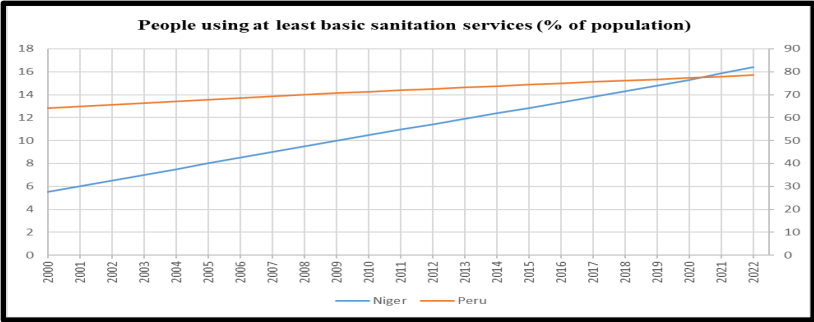
**Figure 4: People Using at Least Basic Drinking Water Services (percent), 2000–2022**



Source: Created by author based on World Bank (2025).

Figure 5 illustrates the percentage of the population with access to at least basic sanitation services in Niger (using the left vertical axis) and Peru (using the right vertical axis). Similar to Figure 4, data collection began in 2000, and the two countries display highly contrasting trends. The data show that Peru has significantly greater access to sanitation services compared to Niger. In Niger, access to basic sanitation is severely limited, increasing only from 5.5 percent in 2000 to 16.4 percent in 2022. This indicates that at the start of data collection, almost none of Niger’s population had access to basic sanitation, and even today, the majority still live without such services in unsanitary conditions. In contrast, Peru presents a different picture. The percentage of Peruvians with access to at least basic sanitation services rose from 64.1 percent in 2000 to 78.3 percent in 2022. Although more than 20 percent of the population still lacks access, Peru’s data show a steady upward trend. Overall, the two countries exhibit opposite conditions regarding sanitation access—Peru showing substantial coverage, while Niger’s persistently low percentage highlights the country’s ongoing struggle to develop and maintain adequate sanitation infrastructure.

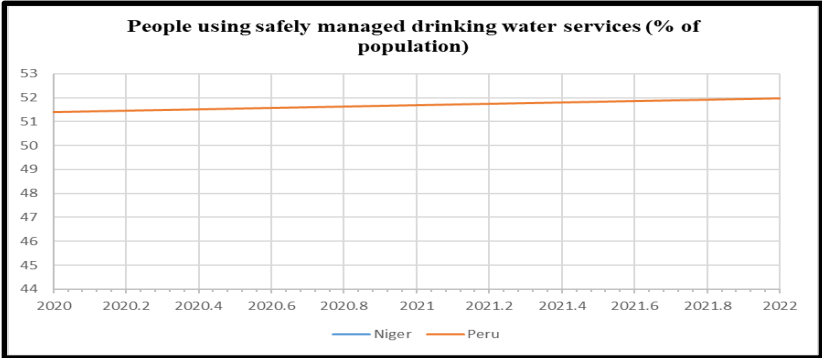
**Figure 5: People Using at Least Basic Sanitation Services (percent), 2000–2022**



Source: Created by author based on World Bank (2025).

Figure 6 illustrates the percentage of people using safely managed drinking water in Peru from 2000 to 2022, with Niger having no available data. The percentage of the Peruvian population with access to safely managed drinking water is relatively low compared to Figure 4, which showed access to at least basic drinking water services. The data indicate a slight increase from 44.9 percent of the Peruvian population in 2000 to 52.0 percent in 2022; however, this still means that nearly half of Peru’s population lacks access to safely managed drinking water.

**Figure 6: People Using Safely Managed Drinking Water Services (percent), 2000–2022**



Source: Created by author based on World Bank (2025).

This suggests that while many Peruvians may have access to water, it is not necessarily accessible on premises but may require a collection time of up to 30 minutes for a round trip. In contrast, Niger has no reported data for safely managed drinking water. However, based on Figure 4, only 16.4 percent of Niger’s population had access to basic drinking water services in 2022. Therefore, the percentage of Niger’s people with access to safely managed drinking water is even lower than 16.4 percent. This puts most of Niger’s population at risk of disease, dehydration and other health issues.

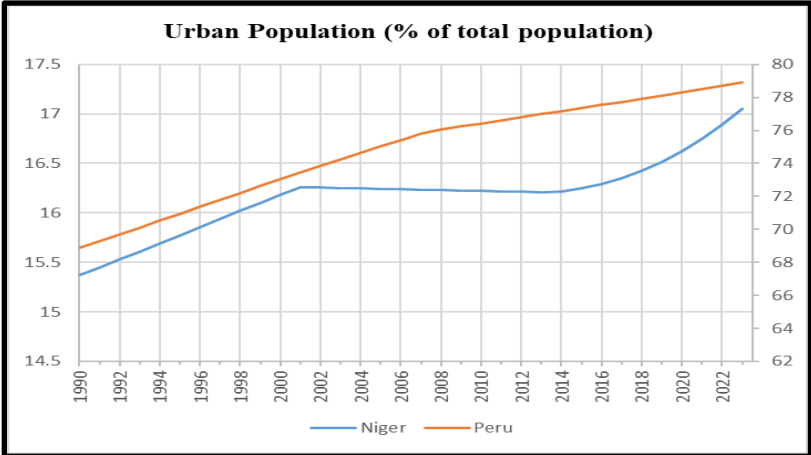
**IV.2. Differential Access to Safe Water and Sanitation: Rural vs. Urban Contexts**

In this section of the article, comparing rural and urban populations in both countries is important when comparing the access to water services and sanitation since rural and urban populations experience different lives. However, comparing the urban population in both countries is important due to the fact that one country experienced a greater rise in urbanization than the other between 1990 and 2022. Urbanization is generally defined as an increase in the share of the urban population, which typically implies the emergence and development of cities.

Figure 7 demonstrates the percentage of the total population living in an urban population in Niger and Peru from 1990 to 2022. Given the huge difference between the two countries, Niger is charted using the left vertical axis, while Peru is shown using the right vertical axis. As Figure 7 shows, the percentage of Peru’s urban population has increased in the past thirty years from 68.9 percent in 1990 to 78.7 percent in 2022. Despite that rural-urban migration is not the only reason for urbanization, these numbers still support that some of the Peruvian people are moving to cities and leaving their rural homes.

On the other hand, the share of the urban population in Niger has stayed relatively the same for the past thirty-two years, increasing from 15.4 percent of the population in 1990 to 16.9 percent of the population in 2022, reflecting a cumulative increase of only 1.5 percentage points. This demonstrates that urbanization has not taken a serious effect in Niger, which also implies that Niger has not benefitted yet from the typically positive impacts of urbanization. On the other hand, Niger still has the opportunity to benefit from the forthcoming urbanization as it can be expected to be forthcoming in the next few decades.

**Figure 7: Urban Population (in percent of total population), 1990–2022**

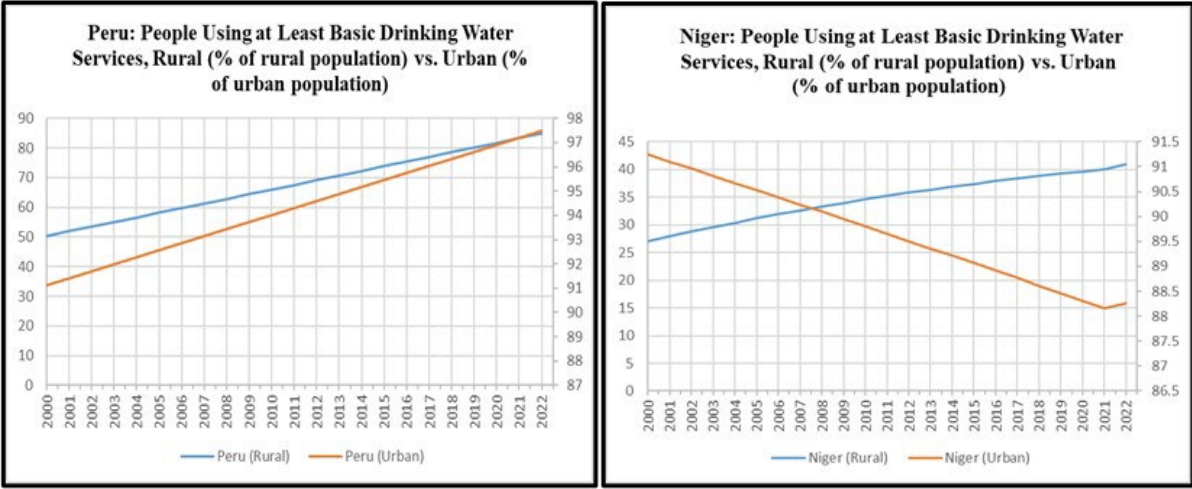


Source: Created by author based on World Bank (2025).

Figures 8 and 9 illustrate the differences in the percentage of the population in urban and rural communities in Niger and Peru with access to at least basic drinking water services between 2000 and 2022. Peru’s data (Figure 8) show a steady increase over the past twenty years in the percentage of both urban and rural populations with access to at least basic drinking water services, along with a significant reduction in the urban-rural gap. In 2000, there was a gap of over 40 percentage points, with 50.4 percent of the rural population and 91.1 percent of the urban population having access. By 2022, this gap had narrowed to less than 14 percentage points, with 84.9 percent of the rural population and 97.5 percent of the urban population having access. This trend demonstrates Peru’s efforts to improve water accessibility in rural areas while continuing to increase access in urban communities.

Niger’s data (Figure 9) show a more mixed trend. Access for the urban population slightly declined, from 91.2 percent in 2000 to 88.3 percent in 2022, which is unexpected as one might anticipate either stability or improvement over time. In contrast, the rural population experienced growth, increasing from only 27.1 percent in 2000 to 40.9 percent in 2022. While this indicates some progress in rural water accessibility, roughly 60 percent of Niger’s rural population still lacks access to basic drinking water, suggesting that many people may need to travel long distances for water or live without reliable access, which remains a serious concern.

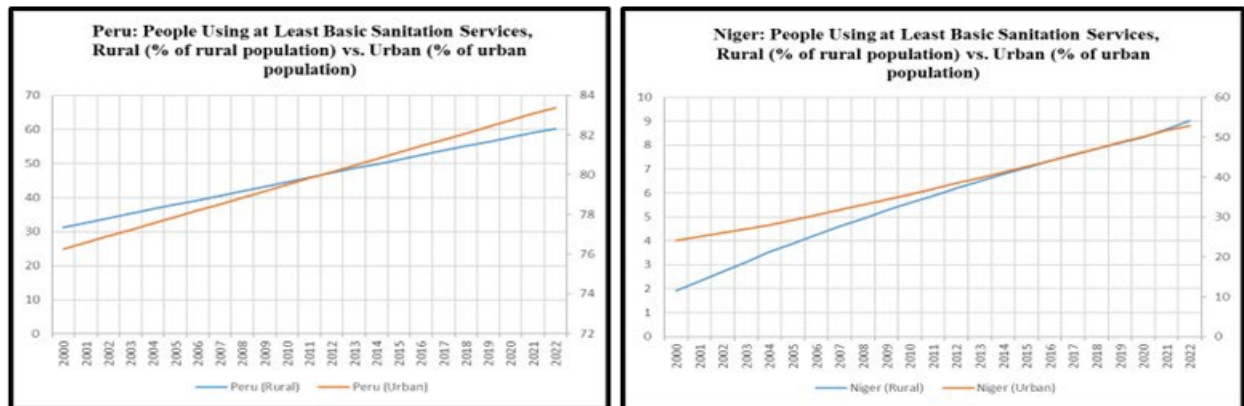
**Figure 8 and 9: People Using at Least Basic Drinking Water Services in Peru and Niger, Rural versus Urban (percent), 2000–2022**



Source: Created by author based on World Bank (2025).

Figures 10 and 11 compare the percentage of urban and rural populations using at least basic sanitation services, respectively, in Niger and Peru from 2000 to 2022. Figure 10 shows the gap between rural and urban populations in Peru. In 2000, only 31.2 percent of the rural population (shown on the left vertical axis) had access to at least basic sanitation services, compared to 76.3 percent of the urban population (shown on the right vertical axis), an almost 50-percentage-point difference. Over time, however, this divide narrowed significantly as access in rural areas increased. By 2022, 60.3 percent of the rural population and 83.4 percent of the urban population had access to basic sanitation services. This trend indicates that efforts to expand sanitation access in rural regions of Peru have been effective.

**Figure 10 and 11: People Using at Least Basic Sanitation Services in Peru and Niger, Rural versus Urban (percent), 2000–2022**

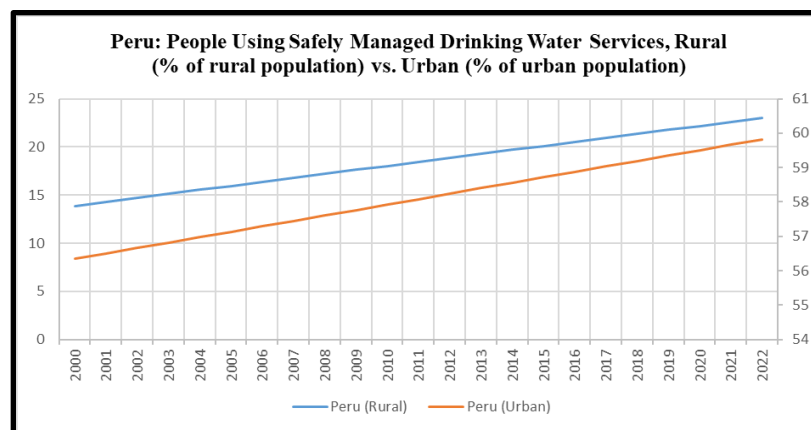


Source: Created by author based on World Bank (2025).

Figure 11 shows a much larger and more persistent divide between rural and urban populations in Niger, shown respectively on the left and right vertical axes. In 2000, only 1.9 percent of the rural population and 24.2 percent of the urban population had access to basic sanitation services. By 2022, access rose to 9.0 percent in rural areas and 52.8 percent in urban areas. While urban access has improved, the disparity remains severe, particularly for rural communities. The data suggests that Niger’s progress has been concentrated in urban areas, leaving rural regions significantly underserved and highlighting the need for greater investment in rural sanitation infrastructure.

Figure 12 illustrates the difference in the percentage of the population using safely managed drinking water services in rural and urban areas of Peru from 2000 to 2022 (there is no such data for Niger in the World Bank (2025)). Overall, the data show an upward trend in both rural and urban areas. In 2000, 13.9 percent of the rural population and 56.3 percent of the urban population had access to safely managed drinking water services. By 2022, access had increased in both settings, rising to 23.0 percent in rural areas and 59.8 percent in urban areas.

**Figure 12: People Using Safely Managed Drinking Water Services in Peru, Rural versus Urban (percent), 2000–2022**



Source: Created by author based on World Bank (2025).

Although access to basic drinking water services has improved, access to safely managed services remains limited in both communities, with fewer than 60 percent of people covered. Additionally, substantial progress is still needed in rural areas, where well under 25 percent of the population has access to safely managed drinking water services. It is concerning that no information is reported for Niger, especially because urban communities there typically show better access to basic drinking water services compared to rural areas. Without updated data, it is difficult for the population to know whether their drinking water is safe.

## **V. Ethical Analysis**

This section examines the ethical dimensions of access to water and sanitation services in Peru and Niger. The first subsection establishes why access to these services constitutes a broader ethical issue by analyzing key arguments and principles that frame water and sanitation as fundamental human needs and rights drawing on the work of Risse (2014) and United Nations Development Programme (UNDP) (2006). The second and third subsections evaluate how these ethical principles are embodied in water and sanitation initiatives carried out, respectively in Niger and Peru. In other words, the second and third subsections highlight the extent to which each country's programs promote fairness, equity and access for all.

### **V.1. Ethical Dimension of Clean Water and Sanitation**

Access to safe water and sanitation is widely recognized as a fundamental human right, formally affirmed by the United Nations General Assembly in 2010. Risse (2014) provides a strong ethical foundation for this right by arguing that water constitutes a justice issue for two central reasons. The reasons are that it is life-giving and non-substitutable, and that it is part of nature, meaning its existence is not owed to human accomplishment. Because humanity collectively owns naturally occurring resources, all individuals, as co-owners, must have equal opportunity to meet their basic needs. Risse therefore grounds the right to water and sanitation in natural, pre-institutional rights that nation states and global institutions have a duty to protect through their political and economic arrangements.

Ethical arguments surrounding sanitation, though sometimes less explicitly articulated than those for water, follow similar human rights reasoning. Poor sanitation causes illness, accelerates the spread of disease, and undermines the human right to life and dignity. The fairness and justice approach, as outlined by the Markkula Center for Applied Ethics (2021), further reinforces these ethical claims by asserting that individuals should be treated equitably. It is fundamentally unjust for some people to enjoy adequate water and sanitation while others do not. Moreover, limited access to these services often generates compounding injustices: individuals, especially women and children, may spend significant time collecting water or recovering from preventable illnesses such as diarrhea, limiting opportunities for education, income generation and social participation. Thus, inadequate access to water and sanitation is directly linked to broader ethical issues such as poverty, illness and premature death, deepening existing inequalities and perpetuating cycles of injustice.

These ethical concerns are further demonstrated by global disparities. While the average person in Europe uses more than 50 gallons of water per day and the average person in the United States uses over 100 gallons, most of the 1.1 billion people categorized as lacking access to clean water use less than 1¼ gallons daily—far below the World Health Organization's recommended minimum of 5 gallons for drinking and basic hygiene (United Nations Development Programme

(UNDP), 2006). Similarly, 2.6 billion people lack access to adequate sanitation, due to multiple barriers—including poverty, gender inequality, behavioral priorities, perceptions of sanitation as a private good, and its absence from national policy agendas—that prevent equitable access (United Nations Development Programme (UNDP), 2006). Together, these frameworks make clear that access to water and sanitation is not only a developmental concern but an ethical imperative grounded in justice, human rights, and the collective responsibility to ensure dignity and survival for all.

## **V.2. Ethical Considerations in Expanding Clean Water and Sanitation Services in Niger**

The figures in section IV demonstrate how Niger is far behind Peru’s status in terms of spreading nationwide access to clean safe drinking water and sanitation. Ethical reasoning around sanitation, though often less explicit, follows similar human rights and justice principles. Poor sanitation contributes to disease, undermines dignity, and violates the human right to life. The fairness and justice approach further illuminates how inequitable access to water and sanitation creates compounding injustices: households without safe water or sanitation spend more time collecting water, experience higher disease burdens, and suffer educational and economic disadvantages.

This burden falls disproportionately on women and children, reinforcing gender inequality and limiting opportunities for schooling, income and safety (Markkula Center for Applied Ethics, 2021). In Niger, these ethical concerns are especially acute. Despite the World Health Organization’s guidance that each person requires at least five gallons of clean water per day for consumption and basic hygiene, only 56 percent of Niger’s population has access to a source of drinking water, and just 13–14 percent has access to basic sanitation (UNICEF Niger, 2024). More than 71 percent of the population practices open defecation (World Bank, 2025), fueling disease transmission, malnutrition and preventable child mortality.

These human rights–based ethical foundations shape the existing institutional and organizational structures through which Niger and its development partners address water and sanitation challenges. The Government of Niger works closely with UNICEF through the National Water, Sanitation and Hygiene Program (PROSEHA) 2016–2030, which aims to strengthen municipal water management, expand sanitation services, reduce open defecation, and improve WASH resilience in the face of environmental stressors (UNICEF Niger, 2024). This national program reflects ethical commitments to equity, dignity, and the protection of vulnerable populations by operationalizing strategies that integrate infrastructure development with behavior change, digital monitoring, and climate resilience planning. In regions such as Maradi, Tahoua and Zinder, UNICEF supports municipal-wide WASH models that enhance public-private partnerships and strengthen governmental capacity to deliver sustainable water services, an institutional expression of states’ associative responsibilities to secure access for all (UNICEF Niger, 2024).

Non-governmental organizations also form part of Niger’s ethical response structure. The NGO Wells Bring Hope implements holistic WASH interventions that combine deep-well installation, hygiene training, sanitation infrastructure, agricultural education, and long-term maintenance planning (The Borgen Project, 2023). Their model emphasizes community ownership and women’s empowerment, addressing the gender inequalities deeply intertwined with water insecurity (The Borgen Project, 2023). By reducing water-collection burdens and increasing educational and economic opportunities for women and girls, such interventions respond directly to the ethical concerns regarding fairness, gender equity, and the right to a life of dignity (The Borgen Project, 2023).

Research in Niger highlights the ethical importance of linking infrastructure with behavior-change interventions. Studies in Maradi and Zinder show that proximity to reliable water points increases the likelihood of functional handwashing stations and improves women’s knowledge of critical hygiene practices, demonstrating that water access is foundational for enabling healthy behaviors (Curtis et al., 2019). These findings reinforce the ethical imperative to ensure not only the availability of water but also the conditions, education, resources and environmental stability that allow individuals to use water in ways that promote health and dignity.

### **V.3. Ethical Considerations in Expanding Clean Water and Sanitation Services in Peru**

The ethical foundations surrounding access to clean water and sanitation in Peru draw heavily on human-rights and justice-based frameworks. Ethical arguments related to sanitation, though historically less explicit than those for drinking water, consistently follow a human-rights approach, emphasizing that inadequate sanitation threatens the right to life by increasing exposure to disease and preventable illness. The fairness and justice approach, as outlined by the Markkula Center for Applied Ethics (2021), further underscores the inherent inequity in conditions where some communities enjoy reliable water and sanitation while others lack even basic services. This perspective illuminates how unequal access generates downstream injustices, lost educational and economic opportunities, gendered burdens of water collection, and heightened risk of sanitation-related illness, all of which compound broader ethical issues such as poverty, preventable disease and premature death.

These ethical principles are essential for understanding Peru’s contemporary challenges, where water scarcity and sanitation deficits are shaped not only by environmental conditions but also by deep social, political and economic inequalities. As Ioris (2012) argues, water scarcity in Lima is not a purely physical shortage but a socially produced condition reinforced by discriminatory housing patterns, uneven urban development and management strategies that privilege technocratic solutions over community participation. Such structural inequities create “multiple scarcities,” where low-income neighborhoods face persistent deficits in water reliability, drainage, and sanitation infrastructure, even as economic growth expands service access for wealthier districts (Ioris 2012). These inequities mirror the justice-based ethical critiques: water access is not merely uneven but is systematically distributed in ways that reinforce existing hierarchies.

Further evidence reveals how Peru’s water and sanitation challenges disproportionately burden marginalized communities. National-level analyses show that Peru remains off track for achieving SDG 6. Hernandez-Vásquez et al. (2021) found that between 2008 and 2018, access to safe drinking water increased only modestly, from 47 percent to 52 percent, and that inequalities widened substantially: wealthier households experienced the greatest improvements, while poorer households in smaller cities often saw stagnation or declines. These patterns demonstrate that Peru’s progress has not met ethical principles of equity or fairness: access is increasingly tied to socioeconomic status, city size and geographic location.

Public health research provides additional ethical concerns by documenting how inadequate water and sanitation fuel biological harm early in life. Studies in peri-urban and rural regions such as Iquitos and Cajamarca show that unsafe water, poor waste management and close proximity between children and domestic animals contribute to diarrheal disease, antimicrobial-resistant infections, and environmental enteric dysfunction (Exum et al., 2018; Larson et al., 2023). These findings reveal an ethically troubling cycle in which infrastructural deficits translate into chronic inflammation, stunting, and reduced vaccine effectiveness in young children—harms that

disproportionately affect the poorest households. This aligns with human-rights ethics: a failure to provide safe water and sanitation undermines children's right to health and future opportunity.

Peru's policy responses acknowledge many of these inequities but remain limited by governance fragmentation. The National Sanitation Policy 2017–2021 and the Water Resources Law 2009 formally recognize the human right to water and sanitation and call for integrated water-resources management. However, institutional coordination failures, political instability and insufficient financing have restricted their effectiveness. OECD assessments highlight gaps in data, regulation and multi-level governance that hinder equitable service expansion. Though Peru has introduced economic and financial instruments, such as abstraction charges and payments for ecosystem services, implementation remains uneven, with current rates insufficient to close the country's USD 46-million water-sector funding gap by 2035.

## **VI. Conclusion**

The analysis presented in this article demonstrates that access to safe drinking water and adequate sanitation remains deeply unequal between and within Niger and Peru, shaped by socioeconomic conditions, governance structures and geographic disparities. While both countries have made progress over the past two decades, the magnitude and pace of improvement differ significantly. Peru has expanded access across both urban and rural regions, gradually narrowing long-standing inequalities and increasing basic service coverage. In contrast, Niger continues to face extremely limited access, especially in rural areas where the vast majority of the population resides. The absence of reported data on safely managed drinking water in Niger highlights not only gaps in infrastructure but also systemic constraints in monitoring, regulation and institutional capacity.

Across both countries, the ethical analysis underscores that limited access to water and sanitation is not simply a developmental challenge but a direct violation of the human right to health, dignity and basic survival. Justice-based frameworks make clear that unequal access produces compounding disadvantages, burdens that disproportionately fall on marginalized groups, particularly women, children and low-income households. The cases of Niger and Peru illustrate how water scarcity, sanitation deficits and infrastructural inequities perpetuate cycles of poverty, disease and social exclusion. At the same time, the initiatives reviewed, ranging from Peru's regulatory reforms to Niger's partnerships with UNICEF and NGOs, demonstrate practical pathways through which governments and organizations can operationalize ethical commitments into policy and action.

Moving forward, both countries would benefit from strengthened governance, expanded rural investment, and improved monitoring of safely managed water. In Niger, prioritizing sanitation infrastructure and reducing open defecation remain urgent needs. In Peru, addressing persistent socioeconomic and regional inequalities will be critical to advancing toward universal coverage. Ultimately, closing these gaps requires a combination of sustained political will, community-based approaches, and long-term investment in resilient and equitable water and sanitation systems. By viewing water and sanitation not only as technical goals but as ethical imperatives, policymakers and development partners can better ensure that all individuals have the opportunity to live healthy and dignified lives.

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# **Facing a Rising Tide: Ethical and Economic Dimensions of Climate Change in the Philippines and Indonesia**

Sydnee Patak

## **Abstract**

*This article looks at the impacts of climate change on the economic and ethical landscapes of the Philippines and Indonesia. Both archipelago developing countries are vulnerable to climate change as they are more susceptible to both extreme weather and rising sea levels. Ocean warming and increased acidification threaten sea-life industries and rising waters cause displacement in both island nations from shoreline retreat, coastal flooding and freshwater contamination. As the impacts, policies and struggles of the two countries are compared, there are of course differences between the Philippines and Indonesia, but there is no question that both are being significantly compromised by global warming.*

## **I. Introduction**

Climate change has become one of the defining global challenges of the twenty-first century, reshaping economic systems, political priorities, and everyday life across the world. In recent decades, rising sea levels, increasing temperatures, and extreme weather events have intensified in both frequency and severity, with coastal and low-lying regions experiencing the greatest harm. Over the past 10 years, weather-related disasters have caused some 250 million internal displacements in the world.<sup>1</sup> As climate risks escalate, scholars and policymakers alike are increasingly focused on how environmental degradation intersects with development, inequality and moral responsibility.

This article examines these intersections by focusing on two highly climate-exposed archipelagic nations, the Philippines and Indonesia. While these countries are powerful case studies, they illuminate broader global issues surrounding climate vulnerability, economic precarity, and ethical responsibility in the Global South. Further, this article investigates how climate change has reshaped economic stability, agricultural security and patterns of natural disaster exposure in both nations, as well as how each government's policies reflect ethical frameworks and priorities. Through an approach that draws on economic data, climate science, and moral thought, the article

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<sup>1</sup> United Nations High Commissioner for Refugees (UNHCR) (2025).

seeks to analyze not only the material impacts of climate change but also the ethical tensions embedded within national and global responses.

This article is structured into six sections. Following this introduction is a literature review of a select count of sources who have done significant research in the areas of focus. Next is a socioeconomic background for both the Philippines and Indonesia. The fourth section is an analysis of existing facts and conditions concerning climate change within the two countries. The fifth section covers existing policy and an ethical analysis of the different climate strategies employed by both countries. And the final section gives insight into potential conclusions and summaries of the examined situations.

## II. Literature Review

There is a substantial amount of literature and research on the impacts of global warming in Indonesia and the Philippines, particularly concerning the rise of sea levels and the subsequent threat for food security as well as loss of certain lower-class industries. Of prominent literature covering the topic, Measey (2010), Naylor et al. (2007), Suryadi and Sugianto (2018), and Peñalba et al. (2021) examine Indonesia, while Holden and Marshall (2018) talk about impacts on the Philippines. Tolentino and Landicho (2013) in turn, study both nations together. In each case, the authors are assessing risks of climate change and how these vulnerable countries are facing a loss of agriculture, industry and, potentially, overall stability.

- Measey (2010) examines the vulnerability of Indonesia as a nation when facing climate change and all the issues that come with it, with a specific but not exclusive focus on temperature increase, rising sea level, intense rainfall and food security threat. The author discusses the focus on Indonesia being partly due to its standing as one of the top greenhouse gas emitters as well as its recent increase in natural disasters such as typhoons, forest fires, and floods. The economic costs of the environmental changes are also discussed, speaking to the fact that the poorer populations in the country are most impacted by the additional costs implemented to combat air pollution and other side effects.
- Naylor et al. (2007) focus on assessing the vulnerability of Indonesia to climate impacts but focuses explicitly on what these changes mean for Indonesian rice agriculture, a topic that is especially relevant in Indonesia which is particularly vulnerable to changes in precipitation patterns. The authors breaks down what oscillations in the El Nino weather pattern mean for the agriculture, lifestyle and food security of the populations. In the main study, an overall reduced rainfall level is seen to be the primary issue or threat to stability.
- Suryadi and Sugianto (2018) conduct a study to illustrate the ways that Indonesia's maritime continent is highly vulnerable to climate change impacts and how that vulnerability in turn becomes issues of increased infrastructure concern, ecosystem damage, health problems and overall residential discomfort. To understand these impacts there are multiple studies broken down within the document such as temperature trends and patterns, annual rainfall trends, and counts of extreme weather activity.
- Peñalba et al. (2021) focus not just on the Philippines but specifically homes in on coastal communities. To do so, information and studies were collected by three coastal towns and there were four main themes found. These themes included: vulnerability conditions, risk awareness, risk perceptions and climate change awareness. The study also delves into some

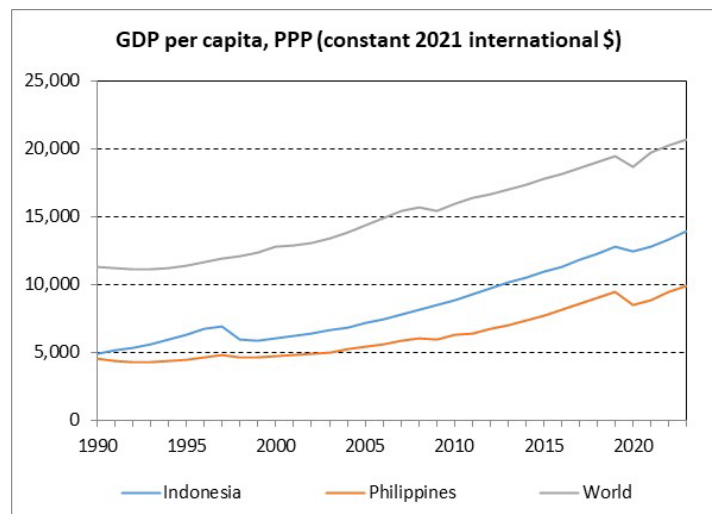
solutions reports which emphasize the importance of integrating knowledge into local communities.

- Holden and Marshall (2018) study typhoons in the Philippines and in doing so, provide evidence that the worsening of global warming has had an imminent impact on these recurring weather events within the island nation. The so-called greenhouse effect leads to warmer waters in the oceans, and then leads to stronger typhoons, moving faster and carrying more water. These heightened natural occurrences have a more powerful impact on the Philippines because of the nation's dense population and preexisting cases of environmental degradation. This initiates a discussion of climate injustice due to the fact that the Filipino people have contributed relatively little to global warming.
- Tolentino and Landicho (2013) discuss both the Philippines and Indonesia in the context of small farmers and the ways they have been impacted by climate change, and therefore impacted the economic landscape. While the two nations have faced some of the same challenges, the weather and farming conditions are not entirely the same, with the Philippines dealing with more intense rainfall and typhoons while Indonesia has more increased heat issues. Some of the observed impacts are low crop yield, delays in harvests and declining crop quality. Tolentino and Landicho (2013) also discuss the impacts of climate degradation on local institutions and education strategies.

### III. Socioeconomic Background

As shown in Figure 1, GDP per capita in constant 2021 international dollar (PPP-adjusted) has overall been increasing in the Philippines and Indonesia from 1990 to 2023, with a similar trend for the rest of the world. However, the Philippines' and Indonesia's GDPs per capita are always at a considerably lower level than the world average. In 1990, the Philippines' GDP per capita was \$4,504, Indonesia's GDP per capita was \$4,873, while the world average was \$11,263. By 2023, the Philippines's GDP per capita increased to \$9,901, Indonesia's GDPs per capita increased to \$13,890, while the world average GDP per capita increased to \$20,671.

**Figure 1: PPP-Adjusted GDP per capita, 1990-2023**

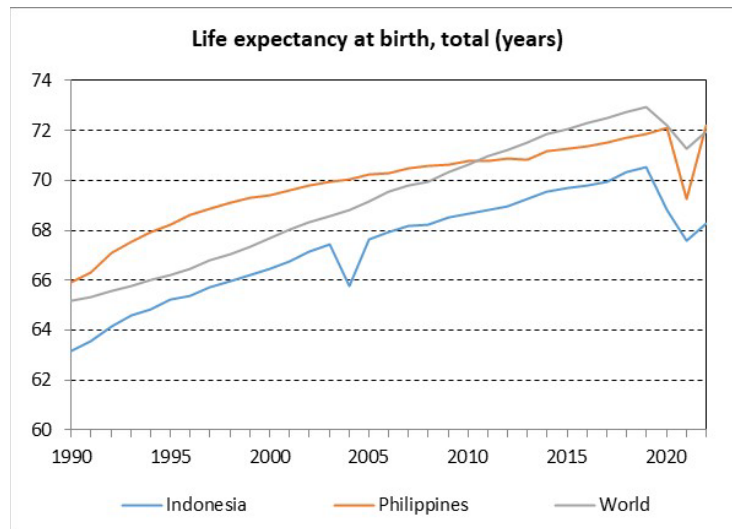


Source: Created by author based on World Bank (2025a).

While the Philippine’s gap to the world average GDP per capita increased in absolute terms from \$6,758 in 1990, to \$10,770 in 2023, the Philippines caught up a bit in relative terms: the Philippine’s GDP per capita, which was only 40.0 percent of the world average GDP per capita in 1990, increased to 47.9 percent in 2023. Similarly, while Indonesia’s gap to the world average GDP per capita increased in absolute terms from \$6,390 in 1990 to \$6,781 in 2023, Indonesia also caught up a bit in relative terms: Indonesia’s GDP per capita was 43.3 percent of the world average GDP per capita in 1990, while it was 67.2 percent in 2023.

When looking at life expectancy at birth, Figure 2 shows that in 1990 the Philippines had with 65.9 years a slightly higher life expectancy than the world average (65.2 years), while Indonesia’s life expectancy was 2.0 years below the world average. Some three decades later in 2022, the Philippines had with 72.2 years once again a slightly higher life expectancy than the world average (71.9 years), while Indonesia’s life expectancy was 3.7 years below the world average. While Indonesia’s life expectancy was always below that of the Philippines as well as below the world average, the world average life expectancy was higher than the Philippines from 2011 to 2021. Figure 2 also shows that Indonesia suffered a substantial decline in life expectancy in 2004, and that life expectancy declined for both countries and the world average during the COVID-19 pandemic.

**Figure 2: Life Expectancy at Birth (years), 1990-2022**



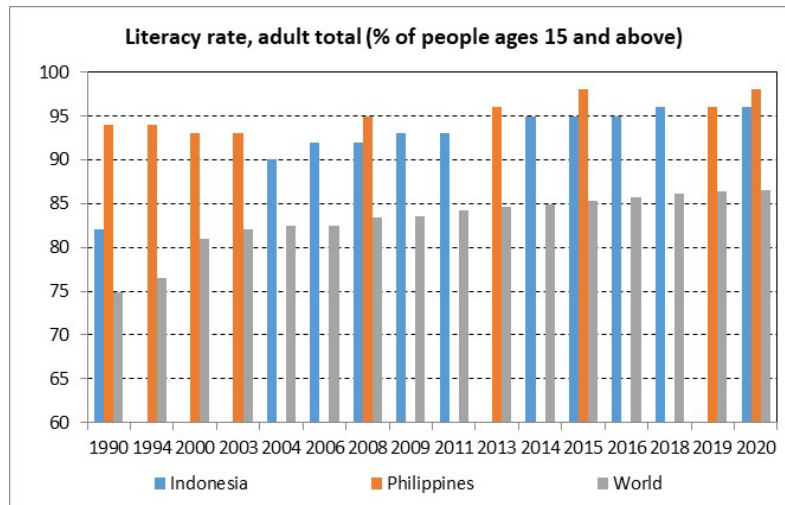
Source: Created by author based on World Bank (2025a).

As shown in Figure 3, Indonesia’s adult literacy rate increased significantly from 82 percent in 1990 to 96 percent in 2020, while the Philippines’s adult literacy rate increased only marginally from 94 percent in 1990 to 98 percent in 2020. The world average adult literacy rate increased moderately from 74.9 percent in 1990 to 86.5 percent in 2020. Hence, both countries always had a considerably higher adult literacy rate than the world average.

Chamdani, Mahmudah and Fatimah (2019) related the increase of literacy in Indonesia to explicit programs targeting illiteracy. On the other hand, despite that the Philippines have higher adult literacy rates than Indonesia and the world, elementary students in the Philippines face boundaries in receiving standards of education due to “the multilingual nature of the country, coupled with

varying cultural norms and socioeconomic inequalities.”<sup>2</sup> Further challenges are amplified in more rural areas of the Philippines with issues involving availability of teachers and materials, solidifying the disparity between urban and rural spaces in the nation.<sup>3</sup>

**Figure 3: Adult Literacy Rates (in percent), All Years with Data for at Least Indonesia or the Philippines**



Source: Created by author based on World Bank (2025a).

## IV. Analysis of Facts

This analytical section is structured into three subsections examining first the evolution of CO<sub>2</sub> emissions in Indonesia, the Philippines and the world, second, the history of natural disasters and hazards in Indonesia, the Philippines, and third, the reliance on farming and agriculture in Indonesia and the Philippines. Each subsection breaks down the degree to which the issue is present in each nation. Each is vital in understanding the vulnerability of the two nations to climate change and environmental degradation. Particularly, looking at the historical trends of natural disasters and how they have changed, as well as the reliance on the agriculture, it is necessary to frame the later ethical implications of both countries’ environmental policies.

### IV.1. Carbon Dioxide Emissions

While Indonesia and the Philippines obviously have far lower CO<sub>2</sub> emissions than the world in absolute levels, this subsection first compares the trends of total CO<sub>2</sub> emissions of these two countries relative to the world, and then examines the per capita CO<sub>2</sub> emissions for the two countries and the world.

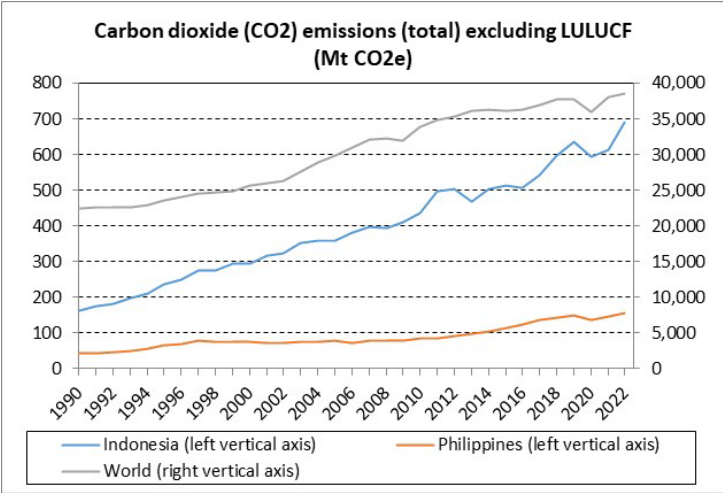
As shown in Figure 4, from 1990 to 2022, CO<sub>2</sub> emissions excluding land use, land-use change, and forestry (LULUCF) have increased from 161 million tons (Mt) to 692 Mt in Indonesia (which implies a cumulative increase of 330 percent), from 44 Mt to 155 Mt in the Philippines (which implies a cumulative increase of 257 percent), and from 22,516 Mt in 1990 to 38,522 Mt in the world (which implies a cumulative increase of 71 percent). The far higher cumulative increases of

<sup>2</sup> William et al. (2025), p.1.

<sup>3</sup> William et al. (2025).

Indonesia and the Philippines than of the world are due to the relatively low emissions of Indonesia and the Philippines in 1990.

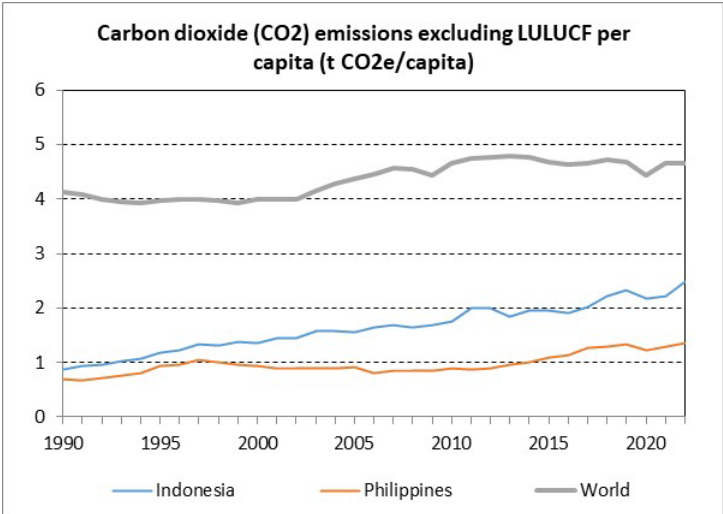
**Figure 4: Total Carbon Dioxide Emissions, 1990-2022**



Source: Created by author based on World Bank (2025a).

Correcting these numbers for differences in population size, Figure 5 shows the per capita CO<sub>2</sub> emissions excluding LULUCF. From 1990 to 2022, the per capita CO<sub>2</sub> emissions increased from 0.87 tons to 2.48 tons in Indonesia, from 0.69 tons to 1.36 tons in the Philippines, and from 4.12 tons to 4.67 tons in the world. Hence, in per capita terms, both countries’ CO<sub>2</sub> emissions are still considerably below the world average. However, they have been growing more in relative terms, with Indonesia having experienced a cumulative increase of 183.2 percent, the Philippines having experienced a cumulative increase of 96.8 percent, and the world average saw a cumulative increase of 13.2 percent.

**Figure 5: Carbon Dioxide Emissions per capita (excluding LULUCF)**



Source: Created by author based on World Bank (2025a).

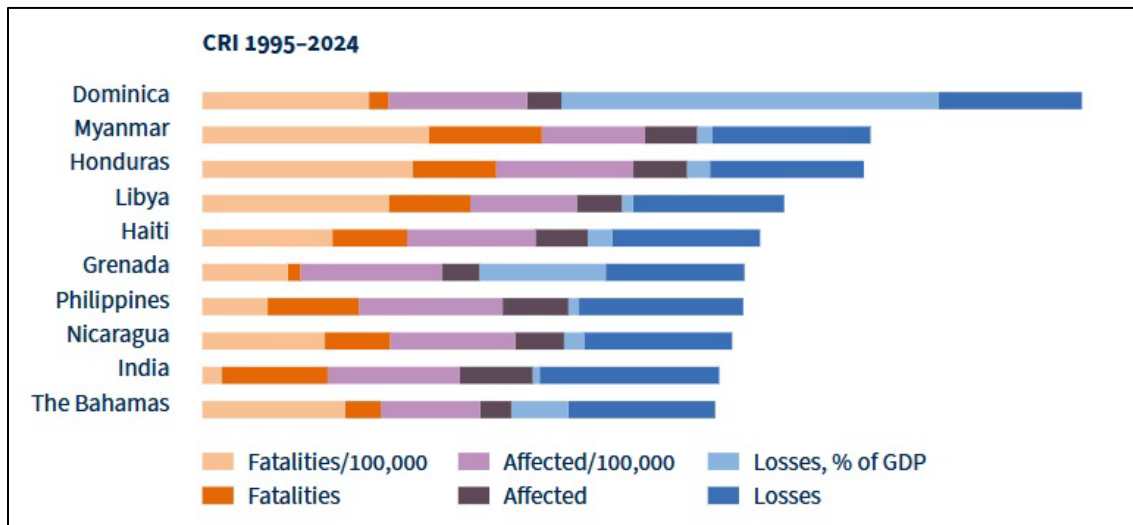
## IV.2. History of Natural Disasters and Hazards

The Philippines experiences more direct human costs, with stronger and more frequent typhoons, urban flooding and internal displacement because of those factors. Holden and Marshall (2018) note that intensifying storms, such as Typhoon Haiyan in 2013, represent a climate injustice, as communities with limited resources bear disproportionate losses. Additionally, the Emergency Events Database (EM-DAT) 2024 report points out that the Philippines had over 9 million people impacted (injured, homeless or otherwise) in Typhoon Trami, and over 6 million in Typhoon Gaemi and Prapiroon.<sup>4</sup> Rising sea levels in the Philippines, increasing 5–7 mm/year, outpace the global average sea level rise, causing more intense flooding of coastal areas, erosion, and saltwater intrusion, which threaten communities, livelihoods, and infrastructure across the archipelago.<sup>5</sup>

Meanwhile, Indonesia’s environmental strain manifests through heat, flooding and air pollution, producing health burdens in growing cities and coastal areas.<sup>6</sup> Depending on the region, Indonesia is coping with both intensified rainfall in northern areas and drought conditions in southern areas. The northern regions such as Sumatra, northern Kepulauan Riau, Kalimantan Barat, Sulawesi Tengah, and Papua are experiencing intensified flash floods and rainfall events. Simultaneously, dry seasons in southern regions like Sumatra, Java, Bali, and Nusa Tenggara have intensified.<sup>7</sup> Both issues cause disruptions to crop yield and food distribution systems.

While both nations face similar climatic pressures, their specific vulnerabilities and capacities to adapt differ somewhat. Indonesia, with a greater infrastructure investment and a more diversified economy, was able to implement national-scale adaptation efforts such as sea wall projects and relocation plans for sinking urban areas such as Jakarta. The Philippines, by contrast, has a smaller economy and denser coastal settlements, relies more heavily on community-based adaptation and foreign aid programs to respond to intensified typhoons and flooding.

**Figure 6: The Ten Most Affected Countries by Climate Change, 1995–2024**



Source: Figure 1 of Adil, Eckstein, Künzel and Schäfer (2025).

<sup>4</sup> Centre for Research on the Epidemiology of Disasters (CREED) (2024).

<sup>5</sup> Climate Tracker Asia Team (2024).

<sup>6</sup> Suryadi and Sugianto (2018).

<sup>7</sup> World Bank (2025b).

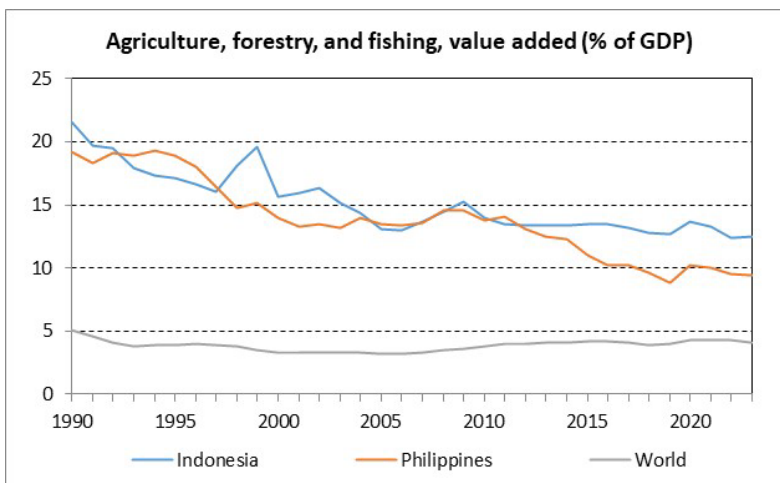
This higher relative vulnerability of the Philippines is illustrated by the Philippines ranking number 7 in the long-term Climate Risk Index (1995-2024), while Indonesia ranked number 48 in the long-term Climate Risk Index (1995–2024).<sup>8</sup> Figure 6 provides the degree of Philippine’s climate risk based on the six indicators used to calculate the Climate Risk Index: a.) fatalities per 100,000, b.) total fatalities, c.) affected per 100,000, d.) total affected, e.) losses in percent of GDP, and f.) total losses.

### IV.3. Reliance on Farming and Agriculture

One vulnerability both nations share is that agriculture remains a key climate-sensitive sector in both nations. Historically, Indonesia’s rice yields fluctuate with changing rainfall and El Nino cycles and have been shown to threaten food security.<sup>9</sup> Similarly, recent studies show that Philippine farmers face crop delays, reduced yields and declining soil quality due to more frequent typhoons and erratic rainfall.<sup>10</sup>

As shown in Figure 7, the Philippines and Indonesia are both nations whose agriculture, fishing and forestry sector contribute significantly to their GDP. In 1990, almost 25 percent of both nations’ GDPs were accounted for by agriculture, fishing and forestry. Though both countries have seen a pattern of declining shares of agriculture to GDP, both countries continue to depend on agriculture, forestry and fishing as the share of agriculture amounted in 2023 to about 9 percent of GDP in the Philippines, and to about 13 percent in Indonesia (compared to a global average near 4 percent).

**Figure 7: Agriculture, Forestry and Fishing, Value Added (percent of GDP), 1990–2023**



Source: Created by author based on World Bank (2025a).

## V. Ethical Analysis

For both Indonesia and the Philippines, climate change is not only a significant economic, technological or scientific problem, but also holds moral implications and dilemmas. It poses a challenge to how their governments and societies will react and relate to the future of the natural

<sup>8</sup> <https://www.germanwatch.org/en/cri>.

<sup>9</sup> Naylor et al. (2007).

<sup>10</sup> Tolentino and Landicho (2013).

world and the responsibility that they hold. Policy cannot be created without the consideration of morality. This ethical analysis explores first the existing climate policy structures in action (subsection V.1), and then looks at how these structures measure up to ethical lenses (subsection V.2).

### **V.1. Ethical Origins and Structures in Climate Action**

Climate change policy in both countries did not emerge overnight in response to climate change but rather evolved from deeper ethical imperatives tied to vulnerabilities, national trajectories and claims made within climate negotiations. Gardiner and Hartzell-Nichols (2012) make the argument that global climate change is not simply a scientific or economic problem, and that instead it is fundamentally an ethical one. This statement is reflected by both countries' policy evolutions, which embody differing ethical structures rooted in historical experience, social aspects and the values of development versus environmental responsibility.

The Philippines and Indonesia share a colonial history and subsequently impacted development path, leaving them with limited financial capacity and heightened exposure to climate risks. The Philippines, situated in what is called by Keller (2013) one of the most disaster-prone urban coastal regions, faces intense sea-level rise that disproportionately impacts certain settlements. Keller points out that the poorest communities in Metro Manila are already coping with regular flood, subsidence, and insufficient infrastructure, therefore framing climate action as a moral obligation to protect the people in the most jeopardy who are unable to protect themselves.

In Indonesia, early environmental concerns centered on forest loss and air quality issues. In global level discussions, Indonesia often aligned itself with what the World Meteorological Organization (2025) describes in a Pacific context as a struggle not just for the achievement of environmental stability, but for the survival of communities whose livelihoods depend on fragile ecosystems. This framing, shared among many Asia-Pacific nations, has been a major contributor to Indonesia's ethical approach which recognizes the threat of climate degradation not only to nature, but to cultural survival and sovereign control over environmental resources.

### **V.2. Ethical Concepts and Frameworks Applied to Climate Action**

The Philippines institutionalized its ethical commitments by passing the Climate Change Act of 2009 which treated protection from climate risk as a human security issue and not just a natural issue. The act also mandated all levels of government to mainstream climate change in planning. Following the act, in 2011, the National Climate Change Action Plan (NCCAP) was put together as the Philippines' long-term national strategy to address climate change impacts with a strong focus on adaptation, while also pursuing mitigation opportunities. The NCCAP placed emphasis on several key areas such as food security, water sufficiency, ecological and environmental security, climate friendly industries and services, sustainable energy and education. Across all areas, the NCCAP emphasizes gender responsiveness, technology transfer, educational research and development and capacity building. In the Philippines, both the establishment of the Climate Change Commission and the publication of the NCCAP, formalized a moral stance that climate policy should prioritize those in society who were most vulnerable.

This supported and aligned with Rotman's (2013) claim that climate change poses a moral challenge because those who are least responsible for emissions are often most affected, which has also been illustrated in Figure 4 of this article for Indonesia and the Philippines. Philippine climate

policy directly attempts to internalize this justice-based framing. The policies also directly relate to the Markkula Center's justice and rights approaches as the NCCAP's emphasis on food, water and security aligns with the idea of prioritizing each individual's rights while their focus on education and infrastructure speaks to equal treatment. Furthermore, as emphasized in Jamero et al. (2017), the small-island communities in the Philippines prefer local measures to relocation in response to sea-level rise, which can be linked to the more individual rights approach, possibly being in conflict with national solutions more reflected in the common good approach.

Meanwhile, Indonesia's commitment to ethical consideration intensified after the Kyoto and Paris Agreements. The country's consideration is shaped by a dual ethical identity that represents both a developing country with the capacity and right to grow, and as a significant emitter of GHG emissions due to forest loss. Its nationally determined contributions (NDCs) justify this tension by asserting a need to balance development aspirations with global climate responsibility. Further, Arnold (2011) emphasizes that climate ethics must account for the moral legitimacy of development rights in poorer nations, an idea that Indonesia pushes more in its climate policies than the Philippines. Indonesia emphasizes fairness in mitigation and burden-sharing especially when considering forests and natural spaces, where international support is considered an ethical necessity. Similarly, Indonesia positions forest stewardship as a long-term responsibility to future generations which is consistent with Gardiner's (2012) argument that climate change is really about what society owes to those children of the future.

When comparing both nations' policies, the Philippines' ethical structure is centered on vulnerability, justice and human security, while Indonesia's is more characterized by sovereignty, development rights and global distributive fairness. More simplistically, the Philippines' model is more people centered, while Indonesia's is more system and economy centered. However, both struggle with internal ethical contradictions such as unequal adaptation outcomes in the Philippines and conflicts between forest protection and economic growth in Indonesia.

The ethical analysis of climate change action in the Philippines and Indonesia reveals how climate ethics, as Gardiner (2012) writes, demand that we rethink conventional boundaries of responsibility, time, and justice. The Philippines embodies an ethics of vulnerability and justice rooted in immediate climatic harm. Indonesia embodies an ethics of sovereign development and global fairness rooted in historical inequity. Together, their perspectives illustrate the complex moral terrain of climate change in the Global South where countries bear the burdens of a warming world but continue to fight for an ethically just global response.

## **VI. Conclusion**

Climate change poses profound economic, social and ethical challenges. This article has shown how these pressures manifest in the Philippines and Indonesia. The analysis demonstrated that although both countries have contributed minimally to global greenhouse gas emissions, they bear disproportionate burdens through intensified typhoons, sea-level rise, changes in rainfall patterns, heat events and disruptions in agriculture. Socioeconomic indicators, including GDP growth, life expectancy and literacy indicate trajectories of development that remain deeply vulnerable to environmental shocks. This vulnerability frames the ethical dimensions of both countries' climate policies. Together, these findings reveal the complex interrelationship between climate impacts, national capacity and moral responsibility.

Yet the significance of these analyses extends beyond documentation of vulnerability. The Philippines and Indonesia offer broader insights into what equitable climate action must entail in the Global South. Solutions moving forward require not only national reforms but also structural changes in global climate governance. Domestically, both countries can expand community-based adaptation, climate-resilient agriculture, early warning systems and investments in urban resilience particularly in dense coastal areas. Strengthening local governance capacity and integrating scientific data with indigenous and community knowledge would also produce more sustainable and context-appropriate policies.

At the international level, meaningful progress requires greater financial and technological support from high-emitting nations. Instruments such as the Loss and Damage Fund, technology-transfer mechanisms, forest conservation financing and concessional adaptation loans are essential for aligning global responsibility with global impacts. Ultimately, the ethical imperatives analyzed in this article point toward a central conclusion that climate justice requires recognizing that nations like the Philippines and Indonesia stand at the frontlines of a crisis they did little to cause. Addressing this topic demands coordinated, long-term solutions that uphold human dignity, protect vulnerable ecosystems and promote sustainable development for future generations.

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# **What Makes a Family Planning Program Successful in Sub-Saharan Africa?**

Ashley Totten

## **Abstract**

*Family planning programs are an important tool in slowing population growth but also for empowering the people, especially women. This article will focus on Nigeria and Rwanda, two similar countries in terms of location and development stage, but one major difference is their family planning programs. Rwanda's contraceptive prevalence was 58.4 percent in 2020; that is higher than the world average. Nigeria's contraceptive prevalence was stagnant at around 12 percent for the last decade. These differences in contraceptive prevalence rates are largely due to differences in their family planning programs. Rwanda is much further along in family planning than Nigeria. Some reasons for this include administrative attributes, but most importantly how Rwanda sees family planning from a social and culture standpoint. Approaching the program from the ethical lenses of efficiency, equity, and empowerment, leads to more successful family planning programs.*

## **I. Introduction**

Sub-Saharan Africa (SSA) has the highest population growth rate of any region in the world;<sup>1</sup> its population growth is not sustainable if SSA countries want to move forward in economic development and human development. As a result of this, many countries including Nigeria and Rwanda have implemented family planning programs that provide sexual education and give contraceptives to those who want them. Despite their geographic closeness and demographic similarities, Nigeria and Rwanda have very different family planning programs in terms of structure, effectiveness, attitudes towards women, among other things.

This article investigates the family planning programs of Nigeria and Rwanda. Following this introduction, a brief literature review will provide an overview of family planning programs in Nigeria and Rwanda. The third section comprises some socioeconomic background, comparing some key indicators of Nigeria, Rwanda and the world. The analysis of the family planning programs in each country and their effectiveness at reducing population growth and the unmet need for contraceptives will constitute the fourth section. The fifth section examines the family planning programs through a variety of ethical lenses provided by Mitchell (1994), including the

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<sup>1</sup> World Bank (2025).

framework for if a development program is beneficial for women and the approach the country uses with the family planning programs before the last section provides the conclusion.

## II. Brief Literature Review

There is a considerable number of publications related to family planning programs in Nigeria and Rwanda. Amiesimaka and Payam (2024) focuses on Nigeria, while Hutchinson et al. (2021) focus on three states in northwestern Nigeria. Ishaku et al. (2018) examine a new option for postpartum family planning in Nigeria, Senegal, and Kenya. Rugigana et al. (2019) and Schwandt et al. (2018) focus on Rwanda's family planning program. The following summaries are presented in chronological order of publication.

- Ishaku et al. (2018) examine the insights from engagements with stakeholders after introducing the Progesterone Vaginal Ring (PVR) as a new option for postpartum family planning in Nigeria, Senegal, and Kenya. The PVR has the advantage of suppressing ovulation and extending the period where women cannot have children because they are breastfeeding. Based on the results, all three countries were optimistic about its implementation, but Ishaku et al. (2018) also address socio-cultural factors that may limit the use of it, including stigma associated with women touching their private parts and taboo of male healthcare professionals with female patients.
- Schwandt et al. (2018) review the success of Rwanda's implementation programs that increase family planning and contraceptive use. They wanted to see why the program was so successful in Rwanda compared to other countries in the region. They discuss how Rwanda's government embraced family planning as a means of empowering their people and improving their livelihoods. They also acknowledged challenges of implementing the program in rural areas and backlash from religious communities, but ultimately built one of the most successful family planning programs of any individual nation.
- Rugigana et al. (2019) focused on examining the more recent barriers to family planning in Rwanda. They refer to the 2014-15 Rwanda demographic and health survey (RDHS), which showed that there has been a slow increase (of about three percent) in the use of modern family planning methods compared to the previous five years, and that the unmet need for contraception remains unchanged at 19 percent. The 2014-15 survey also revealed that the drop-out rate of family planning users is high despite that many strategies have been put in place to speed up the uptake in family planning in order to reap the demographic dividend. Their results showed that 74.6 percent of the women who had once used family planning methods had stopped using them at some point in their lives. Through focus group discussions and key informant interviews, they identified that the key barriers for family planning were side effects/health concerns, the need to have another child, rumors in the community about contraceptives, cultural beliefs such as considering many children a sign of wealth, and religious beliefs.
- Hutchinson et al. (2021) surveyed 3,000 women aged 15 to 49 years with a child under 2 years in the states of Kebbi, Sokoto and Zamfara in northwestern Nigeria in September 2019 to find out how to better tailor the efforts of programs that focus on social and behavior change (SBC). They assess the effects of intermediate determinants of contraceptive use/uptake and by demonstrating their potential impacts on contraceptive use, interpersonal communication with partners, and contraceptive approval. They

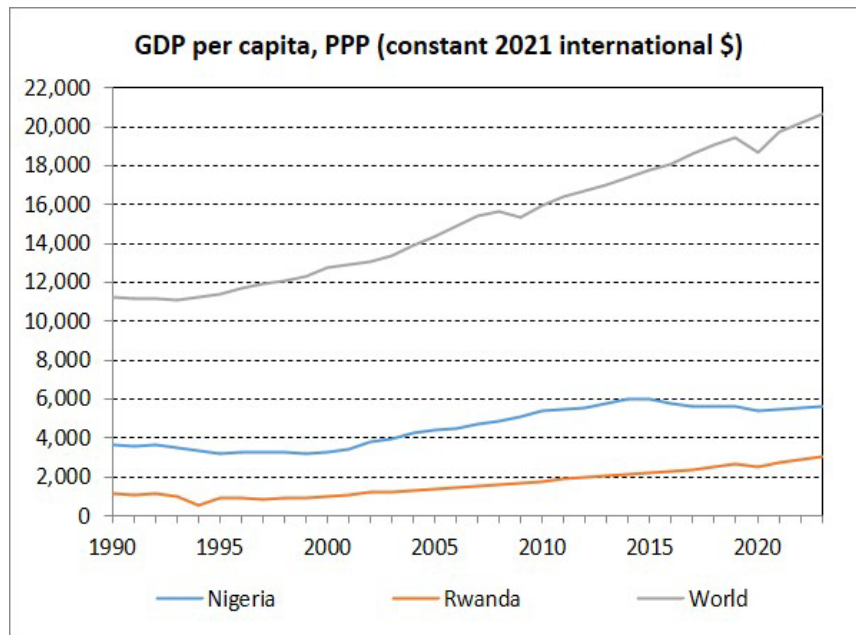
conclude that SBC programs interested in improving family planning outcomes could potentially achieve large gains in contraceptive use, even without large-scale changes in socioeconomic and health services factors, by designing and implementing effective SBC interventions that improve knowledge, encourage spousal/partner communication, and work towards increasing personal approval of family planning. Furthermore, they conclude that uncertainty about the time-order of influencers and outcomes precludes any inferences about the existence of causal relationships and the potential for impact from interventions.

- Amiesimaka and Payam (2024) examine why there is a gap in contraceptive usage despite the awareness of it. It explains that Nigeria’s patriarchal society stages men as gatekeepers of women’s reproductive health. They study the culture of family planning by analyzing documents from Nigeria’s Minister of Health and conclude that family planning is seen as a right, but something women should shoulder. They recommend that Nigeria’s policies address the gender imbalances that hamper women’s access to family planning.

### III. Socioeconomic Background

Figure 1 shows the GDP per capita adjusted for purchasing power parity in the constant international currency from 1990 to 2023. From 1990 to 2023, Nigeria’s GDP per capita increased from \$3,651 to \$5,593 (which is a cumulative increase of 53.2 percent), Rwanda’s increased from \$1,122 to \$3,060 (which is a cumulative increase of 172,7 percent), while the world average GDP per capita increased from \$11,263 to \$20,671 (which is a cumulative increase of 83.5 percent). Hence, even though Rwanda’s GDP per capita is still far below that of Nigeria, Rwanda has made much more progress in relative terms. Both countries continue to be less than one third of the world average GDP per capita.

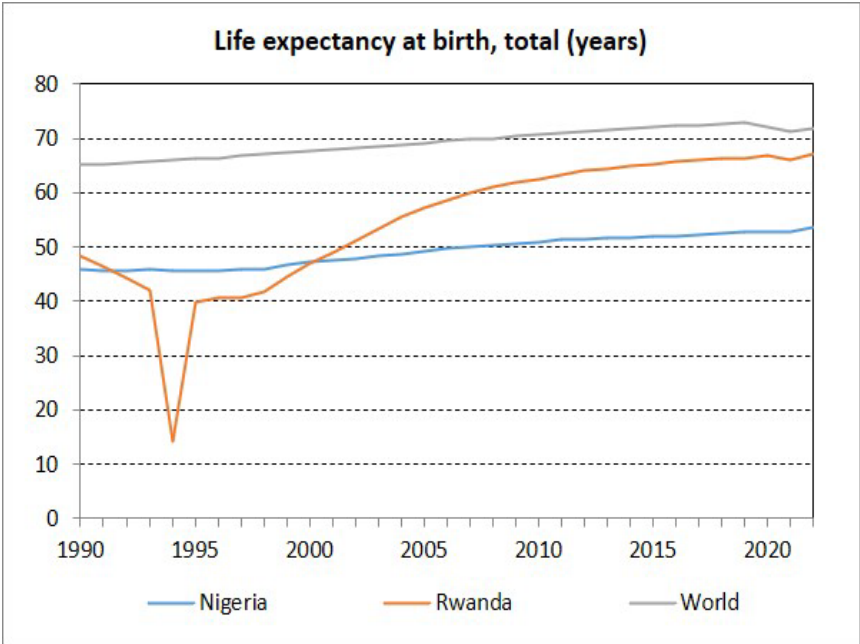
**Figure 1: PPP-adjusted GDP per capita, 1990-2023**



Source: Created by author based on World Bank (2025).

Figure 2 shows the average life expectancy of a person at birth in both countries from 1990 to 2022. In 2022, Rwanda had a life expectancy of 67.1 years, while Nigeria had a life expectancy of 53.6 years in the same year. That is, Nigeria’s life expectancy was 13.5 years below that of Rwanda, even though they had about the same life expectancy in 1990. There was a huge dip in Rwanda’s life expectancy in 1994 due to the Rwandan genocide. However, Rwanda’s life expectancy recovered within one year, and then grew strongly from 1997 to 2008, followed by more moderate growth during the subsequent 14 years. On the other hand, Nigeria’s life expectancy grew very moderately during the last three decades, increasing by only 7.6 years. Despite Rwanda’s progress, both countries continue to have life expectancies considerably below the world average, which in 2022 was roughly 72 years.

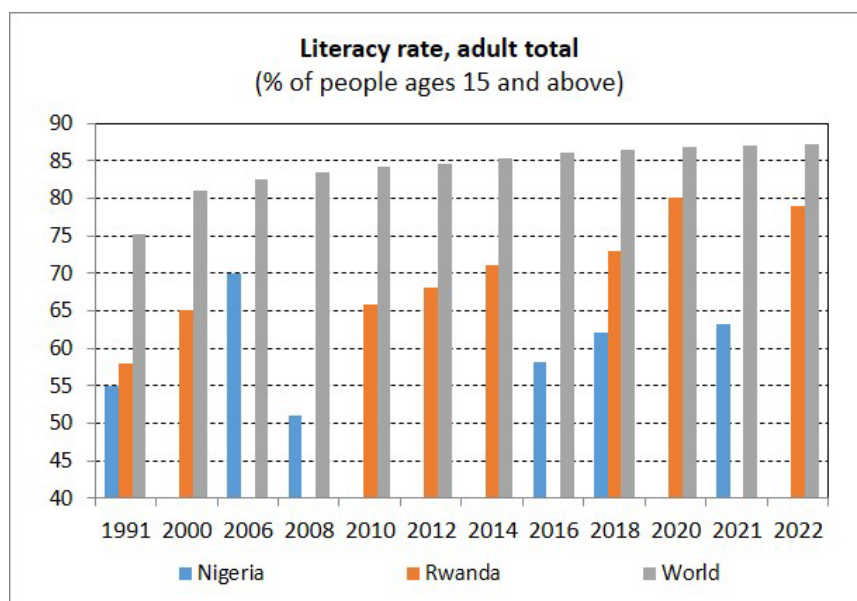
**Figure 2: Life Expectancy in Years, 1990-2022**



Source: Created by author based on World Bank (2025).

Figure 3 shows the percentage of people who are at least 15 years old and literate. A first main observation is that both Nigeria and Rwanda have literacy rates below the world average, which increased from 75.3 percent in 1991 to 87.2 percent in 2022. With exception of a marginal decrease from 2020 to 2022, Rwanda’s literacy rate also increased during the last three decades, and more strongly than the world average. On the other hand, Nigeria’s literacy rates have been highly volatile during the 1990s and 2000s, increasing relatively sharply from 55 percent in 1991 to 70 percent in 2006, to only drop to 51.1 percent two years later in 2008. Though Nigeria’s literacy rate then improves continuously, the improvements have been relatively small, and hence, Nigeria’s literacy rate are currently far below that of Rwanda.

**Figure 3: Literacy Rates Ages 15 and Above ( percent), All Years with Data for at Least Nigeria or Rwanda**



Source: Created by author based on World Bank (2025).

Comparing the two countries across the three indicators shown in Figures 1 to 3, it is interesting to point out that Rwanda has a far lower GDP per capita than Nigeria, however, Rwanda overtook Nigeria in terms of life expectancy in 2001, and with exception of 2006, Rwanda is also more literate than Nigeria. Hence, in terms of human development, Rwanda is slightly more advanced than Nigeria, which can also be seen by the difference in the United Nations Human Development Index (HDI): Nigeria currently has an HDI of 0.560, Rwanda has an HDI of 0.578.<sup>2</sup>

#### IV. Analysis of Facts

There are two subsections included in this analysis. The first subsection reviews the most recent population pyramids of Nigeria and Rwanda. While the different shapes of Nigeria’s and Rwanda’s population pyramid implicitly reflect recent demographic trends, which are influenced by family planning programs, the second subsection focuses on some key indicators directly related to family planning in Nigeria and Rwanda.

##### IV.1. Analysis of Population Pyramids

As shown in the right bottom corner of Figure 4, Nigeria has a total population of around 233 million people in 2024. This is more than 16 times the population of Rwanda (14.3 million). However, what is more important for this article is the difference in the shape of the population pyramids, even though they might appear to be relatively marginal.

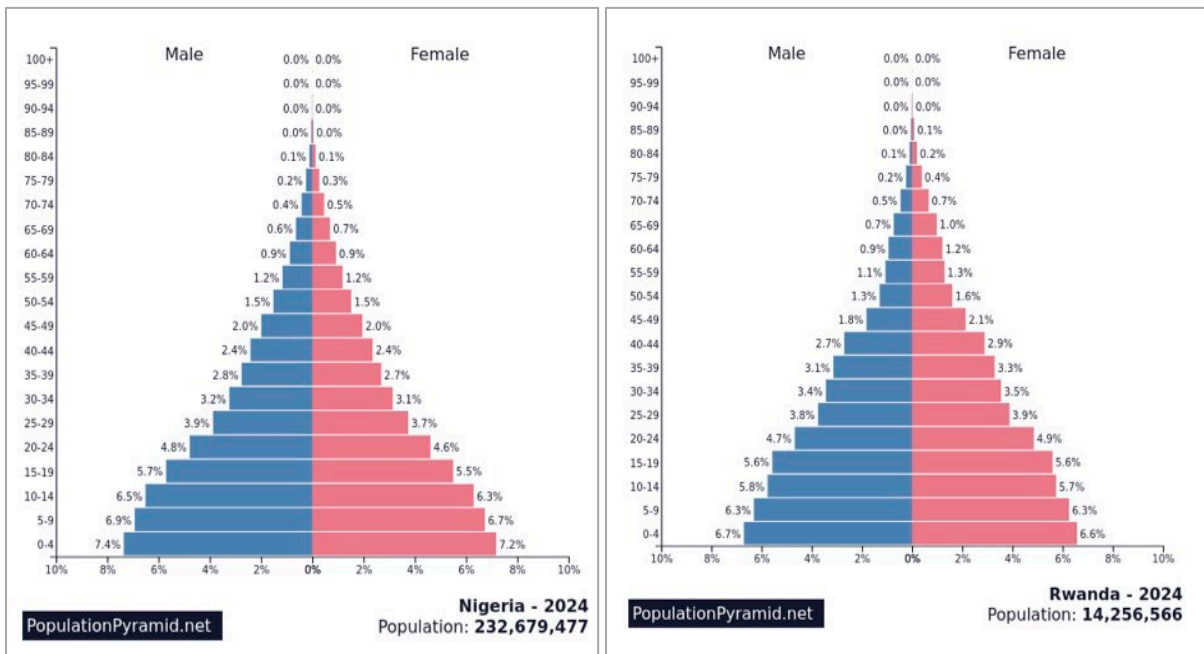
Both, Nigeria’s and Rwanda’s pyramids are the classic pyramid shape, with the youngest age group (the 0-4 year old) constituting the highest percentage of the population, followed by the subsequent age groups. However, the 0 to 4 year old constitute 14.6 percent of Nigeria’s total

<sup>2</sup> United Nations Development Programme (2023).

population, while the same age group constitute 13.3 percent of Rwanda’s population. Nigeria also has a higher percentage of its population for the next two age groups (the 5-9 year old, and the 10 to 14 year old). Hence, 41.0 percent of Nigeria’s population are below 15 years old, while 37.4 percent of Rwanda’s population are below 15 years old.

The 15 to 19 year old age group represents the same percentage (11.2 percent) of the total population in Nigeria and Rwanda, with all the subsequent age groups (including the very old) having a higher percentage in Rwanda than in Nigeria. Clearly, Rwanda has a higher percentage of its population at the working age (15 to 64 years) than Nigeria. As we will see more clearly in the next subsection, all these differences are due to Rwanda’s lower fertility rates and higher contraceptive prevalence.

**Figure 4: Population Pyramids of Nigeria (left chart) and Rwanda (right chart) in 2024**



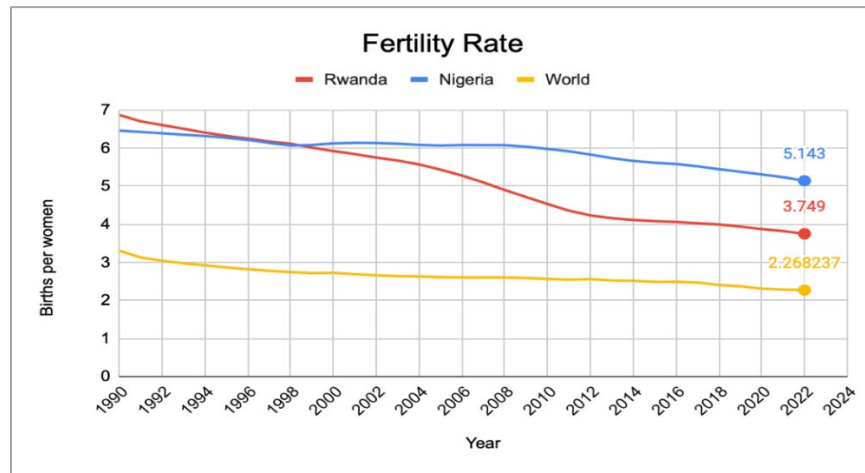
Source: PopulationPyramid.net (based on United Nations data).

**IV.2. Fertility, Contraceptive Prevalence, and Unmet Need for Contraception**

Fertility rates are defined as the number of children for each woman in each country. Typically, in countries with lower fertility rates women are more educated, have more political and social rights, and have jobs where they contribute to the economy.

Figure 5 illustrates that both Rwanda and Nigeria are above the world average in terms of fertility rates. Nigeria has a higher fertility rate than Rwanda by a significant amount. Nigeria’s fertility rate remained relatively stable for nearly two decades, and only started to decrease moderately since 2010. Rwanda’s fertility rate has been decreasing since 1990, especially from 2006 to 2013, before leveling off from 2014 to 2019, and then starting to decrease again in 2020. Rwanda’s fertility rate has decreased from 6.9 children per woman in 1990 to 3.7 children per woman in 2022. While Rwanda’s fertility rate was higher than that on Nigeria in 1990, it is now substantially below Nigeria’s fertility rate.

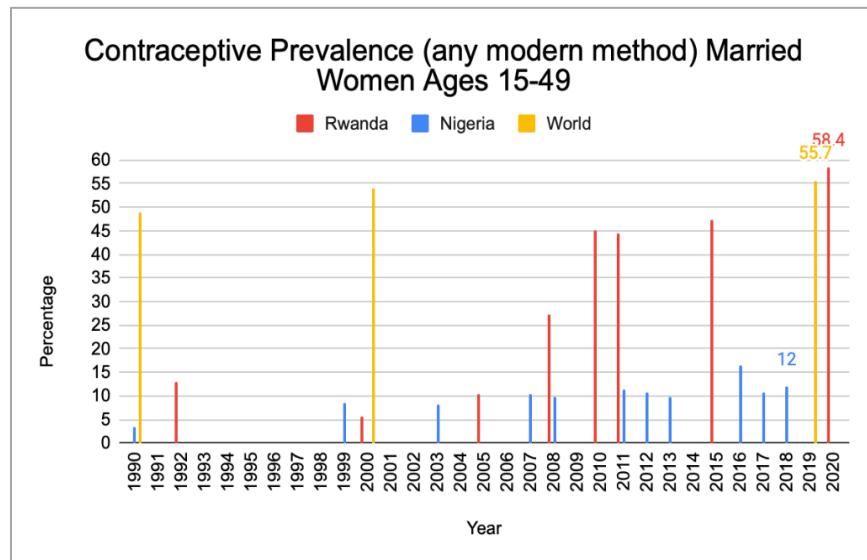
**Figure 5: Fertility Rate (births per women), 1990–2023**



Source: Created by author based on World Bank (2025).

Figure 6 shows the contraceptive prevalence of any modern method of married women ages 15 to 49 years. Nigeria did not reach their goal of reaching a contraceptive prevalence rate of 36 percent by 2018. In 2018, they actually had a contraceptive prevalence of 12 percent according to the World Bank (2025). Their contraceptive prevalence rose by roughly 7 percent since 1990. So, we can conclude that their goal of building the systems for family planning to be implemented was not as successful. On the other hand, Figure 6 shows that Rwanda had a contraceptive prevalence of 58.4 percent in 2020, which is almost 2 percent above the world average. The contraceptive prevalence rose steeply since 2005.

**Figure 6: Contraceptive Prevalence (any modern method) in Married Women Ages 15–49, all available years**

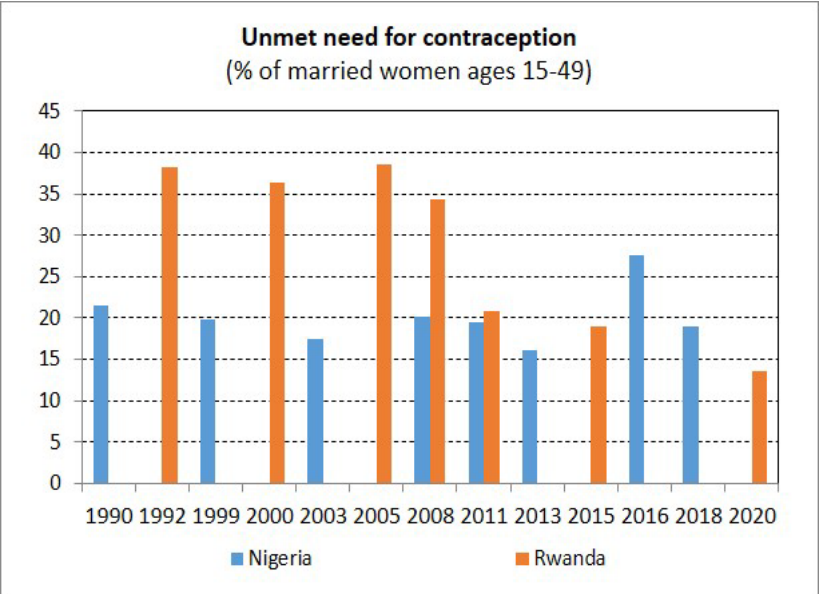


Source: Created by author based on World Bank (2025).

Our final indicator to review the effectiveness of the two countries’ family planning programs is the unmet need for contraception. Given that societal norms may lower the need for contraceptives, a lower unmet need may not necessarily imply that family planning programs are effective. However, the trends still provide some useful information. As Figure 7 shows, Nigeria has not made any progress with reducing the unmet need for contraception during the last three decades. While Nigeria’s unmet need was about 20 percent in the 1990s and 2000s, it decreased to 16.1 percent in 2013, but then increased relatively sharply to 27.6 percent in 2016. It then decreased again in 2018 to 18.9 percent, which is the last year such data is available for Nigeria.

Rwanda had a far higher unmet need for contraception than Nigeria during the 1990s and 2000s, with the unmet need being about 35 percent (nearly twice that of Nigeria). However, by 2011, Rwanda had reduced its unmet need to 20.8 percent, nearly catching up with Nigeria’s 19.4 percent for that year. But unlike Nigeria, Rwanda then continued to decrease its unmet need for contraception, reaching 18.9 percent in 2015 and 13.6 percent in 2020. Even though the World Bank (2025) has data for the world average unmet need for only one year (2000), in which it stood at 12.5 percent, comparing this with the data provided in Figure 7, it is reasonable to conclude the both Nigeria and Rwanda had and continue to have higher unmet need for contraception than the world average.

**Figure 7: Unmet Need for Contraception in Nigeria and Rwanda, all available years**



Source: Created by author based on World Bank (2025).

**V. Ethical Analysis**

The ethical analysis is divided into three subsections. The first subsection summarizes the key elements of the family planning programs in Nigeria and Rwanda. The second subsection discusses how family planning programs can be linked to Mitchell (1994)’ five approaches for women in development. The third subsection looks into applying these approaches to family planning programs of Nigeria and Rwanda.

## V.1. Key Elements of Nigeria's and Rwanda's Family Planning Programs

According to the website of the United Nations Population Fund Nigeria,<sup>3</sup> the Nigerian government committed to providing free access to family planning commodities with the goal towards achieving a contraceptive prevalence rate of 36 percent by 2018. However, as was shown above (Figure 6), the Nigerian government did not achieve this goal as the contraceptive prevalence rate was still 12 percent (one third of the goal) in 2018. The website of the United Nations Population Fund Nigeria also outlines how the Nigerian government plans to accomplish this:

- Build effective supply chain management for the supplies.
- Procure and distribute family planning supplies including commodities needed for Intrauterine devices (IUDs) and other equipment.
- Build capacity of health providers on family planning technology and client-friendly clinics.
- Support local NGOs and other organizations that demand the creation of family planning services and how to execute culturally acceptable interventions.
- Promote country engagement and promote integrated service delivery approach for Maternal Newborn and Child Health.

Nigeria's program has to do with building the foundational structures of family planning programs. However, the supply chain, obtaining the contraceptives, and building family planning facilities are both at early stages and so far, Nigeria's family planning program has not been effective. Ishaku et al. (2018) state that one key factor for Nigeria's failure with family planning is social norms and stigmas surrounding contraception and reproductive health. Ishaku et al. (2018) studied Nigeria along with Senegal and Kenya and found that while all the countries were optimistic about the implementation of their programs, there were many taboos around male healthcare providers with female patients and women touching their private parts to insert devices themselves. Both of these taboos provide barriers to communities implementing family planning programs and receiving the care they need.<sup>4</sup> Furthermore, Amiesimaka and Payam (2024) state that culture around family planning is another barrier. They find that family planning is seen as something women have to take care of themselves instead of something that should be addressed on a larger scale. These attitudes create imbalances that hamper women's access to family planning efforts.<sup>5</sup>

On the other hand, Rwanda's family planning program is considered to have been effective, as was confirmed by the analysis provided in the previous section of this article. According to the website of the United Nation Population Fund Rwanda,<sup>6</sup> Rwanda's goals for the future of its family planning program are to:

- Reduce the unmet need for family planning among all women, not just married women.
- Increase the usage of family planning among married women to 65 percent.
- Increase the percentage of women accepting family planning after delivery.
- Decrease the teenage pregnancy rate.

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<sup>3</sup> <https://nigeria.unfpa.org/en/topics/family-planning-26>.

<sup>4</sup> Ishaku et al. (2018).

<sup>5</sup> Amiesimaka and Payam (2024).

<sup>6</sup> <https://rwanda.unfpa.org/en/topics/family-planning>.

These goals show that Rwanda has a family planning program that has been succeeding for many years, at least partly due to the overall positive attitude of the Rwandan government and people towards family planning.

May (2017) states that one of the major contributors to the success of family planning programs is the structure, leadership, funding, and attitudes or culture surrounding family planning. Schwandt et. al (2018) found that when asked why Rwanda's family planning program was so successful experts credited the strong leadership of the government to implement and run the program effectively, funding from outside sources, and collaboration with local leaders. Schwandt et al. also state that the Rwandan government views family planning as an essential step to becoming more economically developed. They call Rwanda a model for family planning programs especially in SSA. Although Rwanda still has goals to further improve, many other countries could learn from Rwanda what to do for their own family planning programs.

## **V.2. Ethical Frameworks for Family Planning**

In order to properly examine the family planning programs, an ethical lens is needed. Before examining family planning related to ethical approaches to women in development outlined in Mitchell (1994), it needs to be recognized first of all that based on the Program of Action adopted by 179 governments attending the International Conference on Population and Development in 1994, family planning and reproductive rights are human rights.<sup>7</sup>

Mitchell (1994) outlined an ethical approach to studying development as it applies to women. Her three criteria for an ethical approach to development for women include the empowerment of women, the need to address strategic concerns (poverty, industrialization etc.), and a gender analysis within the design of development projects. This gives insight into whether the programs are helpful to women and whether the program is addressing women's issues in an ethical manner. She also advocated against the idealization of traditional lifestyles as being women-centered, saying that are not helping women and are not ethical.

Mitchell (1994) also refers to five approaches to women in development as attitudes programs take by attempting to enhance the development of women, which are the welfare approach, the efficiency approach, the anti-poverty approach, the equity approach, and the empowerment approach. Mitchell (1994) provides some valuable tools for evaluating the approach any program may use. The approaches could be reflective of the society's attitudes towards women and towards women's influence in the economy and development.

- The welfare approach considers women recipients of aid or charity rather than active participants in the process of development. An example of this would be directly giving cash to women. To the degree that family planning benefits women, family planning programs could be considered within the welfare approach.
- The efficiency approach is based on the economic rationalist line that investments are made in women so they will be more productive in the economy. An example of this would be introducing an employment program for women. To the degree that family planning programs allow women to contribute to the economy by working instead of taking care of children, family planning programs could be considered within the efficiency approach.

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<sup>7</sup> United Nations Population Fund (n.d.).

- The anti-poverty approach states women are the poorest of the poor and links women's poverty to unequal ownership of land and resources. An example of this would be small-scale credit programs or other economic programs for women. Though there is some agreement among development economists that high population growth and poverty constitute a vicious cycle, there is limited way to consider family planning programs within the anti-poverty approach.
- The equity approach is similar to the anti-poverty approach but goes beyond economic to political, social, and cultural changes. An example of this would be literacy training or voting registrations programs for women. While family planning programs can have broader benefits for women, social and cultural changes are typically seen as barriers to family planning.
- The empowerment approach recognizes that women need to gain power over their lives through rooting out oppressive systems. An example of this would be expanding women's lobbying groups and addressing their concerns in the government.<sup>8</sup> There is little doubt that family planning programs typically empower women, and hence, the two go hand in hand.

### **V.3. Application to Nigeria's and Rwanda's Family Planning Programs**

This subsection applies Mitchell's (1994) ethical framework for assessing gender related development programs to Nigeria's and Rwanda's family planning programs. The programs will be compared to the criteria for the ethical implications.

Nigeria's family planning program reflects the welfare approach. Nigeria's goals are to build the facilities to distribute contraceptives, not women getting involved in the economy, fighting for equality, or feeling empowered. There are no other economic or social aspects to the program at this point, they are trying to build the foundations to get the contraceptives to people who want them. Nigeria also does not meet Mitchell's criteria for an ethical family planning program. The program goals outlined by the United Nation Population Fund (see the previous subsection) did not include anything about empowering women or addressing issues that overlap with women's issues like poverty, urbanization, etc. Also, the program does not gear towards women's needs.

On the other hand, Rwanda's family planning program can be considered to be in line with Mitchell's efficiency approach. According to Schwandt et. al (2018), Rwanda views family planning through a social lens as a way to improve overall health, and through an economic lens. They write (p. 2):

The Rwandan Government maintains an aggressive approach to the stated goal of reaching middle-income country status, and views family planning as an integral part of the strategy to grow the nation's economy.

Since they are implementing the family planning program with the intention of women contributing to the economy and overall economic advancement of the country, the program can be considered to follow an efficiency lens. However, according to an undated United Nation Population Fund outline of Rwanda's family planning program, Rwanda is shifting in the direction of the equity or empowerment approaches. Some of their goals include to integrate sexual

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<sup>8</sup> Mitchell (1994).

education into schools, integrative sexual health and reproductive rights into economic initiatives to empower people to make informed decisions, and delivering reproductive health services into humanitarian settings. These initiatives go past the initial steps of distributing contraceptives and teaching people how to use them. This is integrating family planning and reproductive health as an integral part of society and culture. This provides women more equality socially and empowers them to take control of their futures by planning when they want to be mothers.

Rwanda's family planning program can also be considered to be in line with the Mitchell's empowerment approach.<sup>9</sup> The attitude and investment in family planning led to a very successful program that effectively increased their contraceptive prevalence, decreased their fertility rate, and contributed to increase in overall human development, all which empowered women. It also empowers vulnerable populations like teenagers and women in rural areas. Rwanda's family planning program is also aware on gender issues and includes women's needs in the program. They use current research for how to structure and run their program and receive significant funding from outside international organizations and NGOs to continue expanding their program.<sup>10</sup>

## VI. Conclusion

Rwanda and Nigeria are similar in being lower-middle income countries in SSA. Both are below world average in terms of human development. Despite this, one of their major differences is their family planning programs. Nigeria is in the early stages of implementing a national family planning program and has not met the ethical standards set up by Mitchell (1994). Rwanda, on the other hand, is much more advanced in their family planning, with major improvements to their contraception use and lower fertility rates over the past 20 years.

Looking forward, countries that want to implement successful family planning programs should take notes from Rwanda. They have strong networks of funding to bring the supplies in, structure to make sure people who need it receive it, and leadership to navigate the challenges of running the program. Another important aspect is the integration of family planning to the culture. If family planning is viewed as a way to improve health for everyone and a way to empower women, then it will be more successful. SSA, including Nigeria, needs to embrace family planning as a way to not only slow population growth but grow their economy, improve health standards, and empower women to make choices about their own lives and futures.

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<sup>9</sup> Schwandt et al. (2018).

<sup>10</sup> Schwandt et. al (2018).

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