

## **The International Conference on Population and Development, Cairo, 1994. Is its *Plan of Action* important, desirable and feasible?**

### **A Postscript to Our Forum of Volume 6(1):71-122**

We received two further contributions to the debate featured in the Forum in our last issue. The papers speak for themselves and I will not attempt any further synthesis, except to note that each brings up important issues not fully covered in the previous Forum.

John C. Caldwell

### **ICPD: What about men's rights and women's responsibilities?**

**Alaka Malwade Basu**

*Cornell University, Ithaca NY*

The ordinary everyday feminist is content to suggest that men and women should be equals, but the thoroughgoing feminist holds that women should have the position hitherto enjoyed by men and men should have the position hitherto endured by women. (Russell 1931)

The general tone of the ICPD document is very much that of Russell's thoroughgoing feminist even if its vocabulary makes some cursory concessions to a more ordinary feminism. Indeed, this latter factor, the plethora of concessions, is one of the major problems with the document. It plays safe by anticipating every possible criticism through the expedient of saying a little bit about everything that anyone might consider important. One must therefore judge it by its tone and not by its specific recommendations. And, while the document does often use the language of gender equality and never once explicitly recommends a complete reversal of the *status quo*, its spirit is so decisively in favour of the latter that it is being read by feminists as well as by the establishment as the landmark in the otherwise agonizingly slow progress of the women's movement.

Perhaps this heavy emphasis on women's issues in an official document is warranted for national policies to move even a little in the direction of reducing discrimination against women within and outside the household and there really is no fear that the *status quo* will ever be reversed. But the one-sided rhetoric, besides being possibly negative for strategic reasons, also has a few crucial aspects which make it particularly bad for gender equality.

The thoroughgoing feminist stand of the ICPD is most evident in the overwhelming reference throughout the document to women's rights and men's responsibilities. Whenever men are mentioned separately, as they are in a whole section in Chapter 4 for example, it is always in the context of the responsibilities that they should be more encouraged to assume. The concept of reproductive health itself starts off being defined as a human or individual right, but soon confines itself in longer discussions to the rights and needs of women. And from this near-exclusive demand for female reproductive health, the document goes on to connect every aspect of the population and development question to gender issues. Page 86,

for example, which is part of a chapter on the need for more research, has the word 'women' five times.

But what about men's rights and women's responsibilities? By representing tensions as being almost entirely gender-based, the ICPD served an important symbolic function but failed to address the larger socio-economic and cultural issues important to the population and development debate. It is no use pointing to the document's obligatory references to poverty, environmental degradation, North-South relations, and such. These are seen by readers of the document as mere sideshows to the main event. More starkly, even though *human* rights are the major issue in the deliberations, men and boys get short shrift in the conference document. Thus, the gender difference in child mortality is seen as much more crucial than the high level of child mortality, male and female, in poor societies across the world.

This overriding concern with women as a central category means that no national population and development policy is going to feel worried about international opprobrium when it fails to pay even lip service to men's issues. In fact the new draft population policy of the government of India went as far as to recommend that a new Commission on Population should present annual reports to parliament and state legislatures on Population, Gender Equality and Quality of Life Improvement.

This new bias is grossly inegalitarian. Poor, illiterate, unskilled men may exploit their women at home, but at the hands of the state, the employer, the family planning program (one has only to recall India's sterilization program during the Emergency) and society at large, their situation can be described as advantageous only in very relative terms. Indeed, gender disparities are the smallest at these lower socio-economic levels as many Third World studies indicate, and the neglect of male reproductive health, male empowerment and male autonomy can only make things worse for them in a way that even their women are not likely to laud.

The 'errant' male who gives his wife or girlfriend or commercial sex partner an STD or even HIV infection must be infected himself to be able to pass on the infection. And his infection merits identification and treatment and prevention as much as his partner's, not only because this will reduce the chances of his partner's infection, but also because his own reproductive health should matter in a truly gender-blind policy. Thus the economic, cultural and public health constraints which lead to his practice of unsafe sex need a sympathetic analysis even if it is far easier today to focus on the patriarchy that allows him greater sexual freedom. That is, there is a case for comparing men with men and dealing with intra-male differentials (whether by class, caste, region or occupation) in the same way that male-female comparisons call for greater attention to female disadvantages.

The psychological strains of impotence and infertility are similarly great among men, even when they have access to the social mores and authority to acquit themselves and heap all the blame on barren wives. In any case these social mores cannot deal with the barrenness of subsequent wives and cannot deal with the local derision that sexually or reproductively inadequate (the latter is usually taken to imply the former) men continue to face and that often leads to their abuse of women in the first place. The sexually able, fertile male is much less likely to exploit his male prerogative to abandon or ill-treat his wife, just as he is less likely to suffer general insecurity in other spheres of life.

Quite apart from ethical considerations, there are too many operational difficulties in the 'men's responsibilities and women's rights' framework. How can one make men more responsible for their own fertility if one denies them rights in reproductive decision-making, which is what ICPD's female autonomy and empowerment model in effect implies? For the moment at least, pregnancy requires the collaboration of both sexes and the fertility outcome is common to both partners. Each partner acting on his or her own in the matter of reproductive choice can only heighten the conflict and decrease the co-operation inherent in

the 'co-operative-conflict' situation that characterizes interpersonal relations to the detriment of all — men, women and children.

The language of contraceptive methods is similarly confusingly antagonistic. When male methods are called for, it is so that men can take greater responsibility for family planning instead of leaving it all to women. In the same breath, female-controlled methods are called for so that women have the freedom and the means to exercise reproductive choice and autonomy. What then is policy to do? Whom should it encourage more to take up contraception: men or women?

In any case, field data indicate that reproductive decision-making is more of a joint enterprise than the ICPD tone implies and there is little evidence that high fertility (or, for that matter, the fertility decline that several parts of the world are currently experiencing) is imposed on the unwilling woman by an overpowering male. First of all, other household members, often female, often override the views of the actual reproductive unit. Secondly, the conditions which increase the demand for children among men (such as economic insecurity, social insecurity, crisis insecurity, few alternatives to childbearing) usually go hand in hand with parallel conditions that increase the demand for children among women (such as low economic worth, low crisis security, few alternatives to childbearing); so that there is usually little theoretical or empirical justification for male-female differentials in desired family size.

As for the concept of female responsibility, the ICPD statements do not go far enough. If the conference document's censure of male irresponsibility has any basis (and I think it does), then it would appear that rights and responsibilities do not necessarily go together and that responsibility and accountability are not very much coveted attributes. In that case, there is no reason to expect that increased female autonomy and empowerment will automatically lead to increased female responsibility and the document should have made separate mention of policies designed to encourage the latter.

The cause of gender equality and human rights is better served by an ideology that acknowledges that many men and boys all over the world continue to face acute disadvantages compared to better-off males, disadvantages that may often be greater than the disparities between men and women within a group, and that these disadvantaged men deserve to be included in the ICPD kind of discourse on reproductive health and reproductive rights.

Russell, Bertrand. 1978 [1931]. Dangers of feminism. In *Mortals and Others: Bertrand Russell's American Essays 1931-1935*, ed. H. Rujia. London: George Allen and Unwin.

**ICDP *Plan of Action*: Its ideological effects****Barbara Klugman***Women's Health Project, Department of Community Health, University of the Witwatersrand*

The forum opened up a number of essential debates in the aftermath of the ICPD. First, a number of authors commented on the ideological nature of the ICPD Programme of Action, arguing that while it marks a step forward in putting women's rights and needs on the global agenda, in doing so it fails to assess, in realistic terms, the resources available for health, reproductive health, and family planning in particular.

The ideological effect of the ICPD cannot be underplayed. In the past, the overwhelming acceptance of population growth as the primary cause of poverty has allowed governments, aided and abetted by the international community, to frame their understanding of health priorities in population terms. Placing on the agenda questions of development, inequities in North-South economic relationships, and inequities in production and consumption patterns between and within countries, lays bare the underlying causes of resource shortages. In addition, placing the question of choice on the agenda, and asserting the powerful linkages on a health level between sexually transmitted diseases, family planning, maternal health, and information services, has issued a challenge. The scandal that family planning services are usually given higher priority than other services which are crucial to people's health and survival, ranging from water supply to prevention of AIDS, is highlighted. This priority is not based on an assessment of women's and men's perceptions of their needs and priorities, but on the assessment of the international community, through its funding mandates, and by and large undemocratic governments which accept this process. This challenge to the conventional wisdoms in the population field asks, were there a zero-budgeting exercise, what could be achieved? It challenges practitioners in the population field not to take the easy route, by focusing exclusively on family planning.

It cannot be denied that this challenge comes at a time of decreasing resources in the population field. But the role of an international conference of this kind is to create consensus on an international vision; something to strive for. In this, the conference was highly successful, for it put population pressures in the context of broader questions of equity and ethics, and afforded a critique of existing family planning programs, from the perspective of women, who have been at the receiving end of most of these programs, without having played a decision-making role in relation to their conceptualization, implementation or monitoring.

There is no doubt that the practical implications of the goal to shift from family planning to integrated reproductive health services, within primary health care, will be taken up more or less by different nations. The different forms of existing services, and the logistical and financial implications, are different in different countries. Those countries which are already expending resources on primary health care, and various components of reproductive health, will be in a better position to take on the challenges. If all the ICPD Programme does is cause funding agencies and governments to reflect on their options, this will have been a step forward. If it gives women's and community groups confidence to challenge unacceptable practices, this too will be significant. There are many examples where family planning programs could be improved, without any or substantial cost implications. In many cases, a useful start would be such simple interventions as an increased range of contraceptives, clear protocols to ensure that appropriate contraceptives are offered, training of health workers or

lay providers in listening skills, and clear protocols to identify sexually transmitted diseases. In the case of family planning providers, it can only be understood as outrageous that they are not in a position to advise pregnant women to go for an antenatal check-up or, better, to provide basic antenatal support in order to identify women at risk who require assistance in delivery. That in many parts of the world, delivery services are not available, does not mean that this essential goal should not be tabled, and all efforts directed towards achieving it. Already the challenges offered by the ICPD Programme have supported researchers and NGOs from such countries as India, Peru and South Africa, in working with governments to develop broader and better services. The perspective of the ICPD has facilitated the involvement of donor agencies in these processes.

Another question arising from the women-centred approach of the ICPD is the role of men. It is striking how, when for the first time in history, a population document manages to reflect the values and aspirations of women, who have been the targets of such documents, there is a backlash towards asserting men's centrality in the area of reproductive health. The fact, however, remains, that it is women's health which is most directly at risk from lack of access to contraception and maternal health services, and they are even more vulnerable in relation to HIV. It is also women who are lowest in the economic ranks, with least access to employment and other alternatives to childbearing; and women who are most vulnerable to violence and other controls which limit their ability to make or implement their own reproductive choices. For all these reasons, it is cost-efficient to focus what limited resources there are on meeting women's needs. Doing so also recognizes the unequal power relations between men and women, and seeks to bolster the power of women. Those in power, do not, after all, make a habit of giving it away. In no way does the ICPD program suggest ignoring men's needs, but these are not given equal priority.

The location of population pressure as one of many problems facing society, and the unravelling of the many and complex causes of such pressure, mark the ICPD program as a positive step forward in international thinking about global sustainability. That it cannot, of itself, alter the international order, does not negate its value in placing both equity, and women's concerns, centrally on the agenda.