

pregnancy and thus that their sexual and reproductive expression be limited by it” (Petchesky 1980, 667). While conceding that the language of ‘rights’ has polemic power, she did not in 1984 see it as useful in a revolutionary program.

[T]he critical issue for feminists is not so much the content of women’s choices, or even the “right to choose”, as it is the social and material conditions under which choices are made. The “right to choose” means little when women are powerless. (Petchesky 1984, 11)

Here, Petchesky is grappling with a definition of reproductive rights which reflects a liberal feminist perspective. In the equality focus of liberal feminism, reproductive rights are seen as essential to the project of gaining equality with men because pregnancy, childbirth and child-rearing impede women’s ability to participate in economic and political spheres.⁷⁶ The ‘choice’ focus of reproductive rights indicated liberal feminist ownership of the term, yet socialist and radical feminists also fought hard for women’s right to abortion and against sterilisation campaigns in the United States. A North American feminist who campaigned for abortion after the Roe v. Wade case, Faye Wattleton, then president of PPFA, explained the campaign’s decision to focus on choice.

Americans aren’t stupid. They believed that in some cases [abortion] was necessary but morally wrong, but they did not want the government to make this decision. If we focused on the issue of whether abortion was moral or not, we forced people to come down on the side that it was immoral, and that was dangerous. The position that would appeal to most people was: We were really talking about a choice. (Wattleton in Munday 1999)

A focus on ‘choice’ ignores the social context of women’s reproductive lives and is too limited for socialist feminists. The desire to integrate a “revolutionary feminist and socialist politics” requires action on two fronts: women’s control over their own bodies and changes in the social relations of reproduction (Petchesky 1980 678). To achieve these aims, “reproductive freedom requires a perspective that is both Marxist and feminist” (Petchesky 1980 663).

Petchesky is not the only feminist who found the term ‘reproductive freedom’ useful. The concept was used by Pine and Law as they, like Correa and Petchesky, tried to formulate one concept which would encompass reproductive rights and the ability to exercise them.

⁷⁶ See Otto 1995 for a persuasive critique of the limitations of the equality framework of human rights.

A feminist concept of reproductive freedom has three components. The first is a formal recognition that the woman, rather than the state, has the right to make decisions that affect her reproduction (a principle of freedom from state control). The second requires state even-handedness with respect to reproductive choices (a principle of government neutrality). The third and most expansive component demands a social context that affirmatively supports and enhances human freedom to make reproductive choices (a principle of reproductive liberty. (Pine and Law 1993)

Athey, a United States feminist of colour, favours the term 'reproductive freedom' because it acknowledges the constraints that a woman's position in society - determined by race, class, age and marital status, as well as gender - places on her ability to choose. "[T]his sort of autonomy or decisionmaking ('a woman's right to decide') means little without some measure of control over the options at one's disposal, without the power to exercise control over the (legal, medical, market) systems in which the purportedly autonomous body exists" (Athey 1997, 20).⁷⁷

Radical as well as socialist feminists are concerned that reproductive rights separate women from the social, political and economic context in which they live their reproductive lives. Klein (1994; 1995), Shiva (1994) and Akhter (1996a) define reproductive rights as 'reproductive choice', which they claim can be reduced to choice between different contraceptive methods or providers, well-suited to the language of the market-place.

Northern feminists' contests over 'reproductive rights' involve Southern feminists, since moving the campaign to the global sphere changes the location of the reproductive bodies which are its focus. Klein (1994, 1995), Raymond (1993), Dumble (1994), Spivak (1994) and Mies and Shiva (1993) claim that Southern feminists support the radical feminist approach to reproductive rights. They base their critique on the writings of one Southern woman, Farida Akhter.⁷⁸ Akhter rejects reproductive rights because "discourses are produced in a definite socio-historical condition and are signs

⁷⁷ Athey (1997, 20) considers 'reproductive freedom' in the context of women of colour in the United States and concludes that for that for those communities, it "means communities of colour and women of all races must achieve not only access to 'technology' but also control of its applications and input and participation into research and design."

⁷⁸ See Akhter 1996 for a compilation of articles about population policies and reproduction written since 1981.

of the consciousness (*sic*) of that society” (Akhter 1996, 53).⁷⁹ For women of the South, she asserts, the first struggle is for a democratic society wherein women and men are free; reproductive rights is too narrow a category, and confines women to the sphere of reproduction.

Akhter sees it as a small jump from the sale of labour in the capitalist system to the sale of “our reproductive factory”. Reproductive rights, she asserts, are not confined to women’s decision to avert or stop pregnancies; as a logical consequence, they must extend to surrogate motherhood and in-vitro fertilisation (Akhter 1996, 54). This is a vexatious point which Correa and Pechesky do not address in their broad redefinition of the term.

Akhter’s critique of reproductive rights relies upon an essentialist notion of women; she considers the call for reproductive rights to be “absurd” because “women (*sic*) is *naturally* in command over her body. She is *by nature* in possession of herself” (Akhter 1996, 55, emphasis mine). Akhter characterises the western feminist focus on reproductive rights as ‘bourgeois individualism’ that fails to challenge the limits that patriarchy sets on women’s social sphere. Furthermore, she suggests, focusing on reproductive rights leaves the sphere of political and economic reform to men. Consequently, she dismisses reproductive rights as a western concept of limited usefulness to poor Southern women who face more pressing political questions “of achieving democracy in their own country” (Akhter 1996, 54-55).

Shiva (1994) was similarly critical of the international women’s health movement’s aim to make reproductive rights a dominant theme at ICPD. She defines the concept narrowly as ‘pro-choice’.

‘Pro-choice’ language reduces the larger issue of well-being of women to reproduction, and then it reduces reproduction to abortion. This reductionism has emerged from the peculiar history of reproductive politics of the United States. (Shiva 1994)

Lingam similarly argues that discussion on reproductive rights is of limited use to Southern, particularly Indian, women, first, because it reinforces the view that reproductive activity is the “special, biologically destined province of women” and

⁷⁹ Akhter refers throughout this article to ‘reproductive right’ in the singular, but in later articles, she uses the plural form of the word; for consistency, I use the plural form except in direct citations.

second, because a choice-oriented approach implicitly approves of gender biased sex selection. Further, in a choice approach to reproductive rights, new contraceptives, no matter how harmful, are, by definition, beneficial because they increase choices. She concludes by arguing that “[t]he notion of reproductive rights will have concrete meaning for women only when political, social and economic rights are ensured and exercised effectively” (Lingam 1995).

Other Southern feminists present different views. Ravindran’s work in India convinced her that “women cannot address social issues and become successful ‘social change agents’ without dealing with the lack of control we experience over our bodies and our lives” (Ravindran 1997, 21). Ravindran reports that many of her colleagues consider the concept of reproductive rights to be “suspect”. She, however, hopes for “the continuation of the synergistic relationship between my association with the international women’s health movement and work within the grassroots women’s organisation” (Ravindran 1997, 23).

Rozario (1998) argues that Akhter and FINRRAGE (Feminist International Network for Reproductive Rights and Against Genetic Engineering) do not speak for “most poor rural Bangladeshi women with three or more children [who] are desperate to have access to contraceptives so that they do not have any more children” (Rozario 1998, 6). Kabeer (1994) refutes FINRRAGE’s radical feminist assumption that all women are victims of men’s sexual control. She believes that, in telling poor women that their problem is their powerlessness to reject men’s sexual desires, rather than access to safe contraception (Kabeer 1994, 201), Akhter was ignoring their expressed needs. As Rozario observes, while social transformation may bring about a situation in which women no longer need contraception, this is of little use to women whose unplanned children are dying for lack of food.

FINRRAGE and UBINIG (Policy Research of Development Alternative) are reluctant to acknowledge that Southern women, like many Northern women, willingly participate in (hetero)sexual activity and seek the right to enjoy it without the anxieties of unplanned pregnancy and STDs.⁸⁰ Three young Indian feminists stake their claims to

⁸⁰ UBINIG is the acronym for Policy Research of Development Alternative, a privately-run research centre in Bangladesh, which also undertakes activities in sustainable agriculture, such as storing and exchanging seeds. Akhter is the main spokesperson.

birth control methods to enable them to enjoy an active sex life without fear of pregnancy.

We, as women ourselves and as users of birth control methods have to clearly state loudly and clearly that if we want any contraception it is in order to have some measure of control over our lives. We want it so that we can be free to express ourselves sexually. We need it so that we and our children are not forced upon each other. We have been using it so that our full potential as human beings can be nurtured, so that we are not completely circumscribed by our capacity to procreate. (Chayanika, Swatija and Kamaxi 1990, cited in Kabeer 1994, 202)

UBINIG's failure to incorporate the views of feminist health workers in Bangladesh who, while attempting to provide appropriate health care and family planning services, also oppose abusive population control methods, indicates that it has not taken into account the views of all Southern women. Rozario claims that the macro focus of FINRRAGE and UBINIG on global population politics blinds them to "localised structural and cultural problems ... unwittingly contributing to their causes" by strengthening traditionalist and essentialist views of women (Rozario 1998, 12). Their critique of the international women's health movement's approach at ICPD suggests that much of their campaign is directed at other feminists; their decision to remain outside formal processes and the broader international women's health movement locates them at the margins of global population politics.

At moments, FINRRAGE and UBINIG's abhorrence for many modern contraceptives has taken them disquietingly close to right wing opponents of women's reproductive rights. Akhter and Australian members of FINRRAGE advised the religious right's most outspoken Australian parliamentary spokesman, Senator Brian Harradine, in his campaign to block the use of Australian aid funds for contraception (Robinson 1995). Harradine was able to say that he had consulted with feminists, angering numerous Australian women who have long been working for reproductive rights locally and in Australia's aid program, but whose advice was discounted in this instance.⁸¹

Despite its limitations and the validity of Southern feminists' concerns, notwithstanding the foregoing critique of Akhter, the concept of reproductive rights has achieved

⁸¹ Dumble who wrote critically about feminist's reproductive rights campaign for the ICPD and praised Harradine and his wife for attending the NGO forum at Cairo and speaking with feminists (see Dumble 1994a) reassessed her attitude five years later. "Reading the below again, how naïve that I failed to recognise the right to life agenda behind Brian and Marian Harradine's interest in feminist resistance to population control eugenics back in 1994???" (Dumble 1999a).

legitimacy through its embeddedness in the internationally accepted human rights framework. 'Reproductive rights' has a place in existing international discourse, whereas 'reproductive freedom' evokes the early women's liberation focus eschewed by mainstream Northern feminism, with its public liberal feminist face (Mundy 1999).

Consequently, it was politically strategic for the international women's health movement to adopt and adapt a reproductive rights approach to ICPD.

Whatever its inherent weaknesses, the polemical power of rights language as an expression of aspirations for justice across widely different cultures and political and economic conditions cannot easily be dismissed. (Correa and Petchesky 1994, 110)

Correa and Petchesky reconstruct the concept of reproductive rights so that it "both specifies gender, class, cultural and other differences and recognizes social needs" (Correa and Petchesky 1994, 107). They include sexual rights as a necessary precondition for reproductive rights.

We define the terrain of reproductive and sexual rights in the terms of power and resources: power to make informed decisions about one's own fertility, childbirth, child rearing, gynecologic health, and sexual activity; and resources to carry out such decisions safely and effectively. This terrain necessarily involves some notion of 'bodily integrity' or 'control over one's own body'. However, it also involves one's relationships to one's children, sexual partners, family members, community caregivers, and society at large; in other words, the body exists in a socially mediated universe. (Correa and Petchesky 1994, 107)

Correa and Petchesky stress that their definition of reproductive rights is the result of collaboration between Northern and Southern feminists. Correa, a Brazilian feminist who has been active in reproductive health campaigns in her own country, writes on the topic for DAWN (Correa 1994). As Akhter's writings suggest, many Southern feminists believe that feminist campaigns around reproduction should address, in a broadened agenda, the social needs that erode sexual and reproductive choice for most poor women.

Our principal point is that sexual and reproductive (or any other) rights, understood as private "liberties" or "choices," are meaningless, especially for the poorest and most disenfranchised, without enabling conditions through which they can be realized. (Correa and Petchesky 1994, 107)

Their success in having a broadened definition of reproductive rights incorporated in the POA is assessed in the following sub-section.

3.3.2 Reproductive rights in the POA

[R]eproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. (UN 1994, 7.3)

Reproductive rights have a central place in the POA. In centralising the concept, the ICPD contextualised it within already established global agreements on human rights, as noted in Chapter two of this thesis. Anticipating opposition from the Vatican and conservative governments, feminists and reproductive rights advocates mined human rights instruments and produced detailed schedules of articles to illustrate that reproductive rights are already accepted in human rights law and therefore, were not up for negotiation at ICPD (Women's NGO Caucus 1994).⁸²

In response to the claims of the Vatican that there is no precedent for the affirmation of this Conference of the rights, and particularly the rights of women, to bodily integrity, reproductive decision-making, and access to the full range of information and services to effectuate their decisions and protect their health, this fact sheet compiles the most basic international statements to date recognizing these rights. It makes clear that the positions taken by the Vatican would turn the clock back more than 25 years. (Women's NGO Caucus, ICPD 1994)

Feminists saw the Cairo conference as part of their campaign to transform the agenda and take women from objects to subjects of population and development programs (Copelon and Petchesky 1995). In this, they were successful and the explicit application of the human rights framework to reproductive health concerns goes far beyond early formulations. While Copelon and Petchesky were critical of the ICPD's neglect of development and its failure to adopt the enlarged formulation of reproductive rights, they were confident that the human rights framework provides a basis for challenging abuses of women as objects of population programs.

The human rights framework provides concepts and strategies - formal and informal - that women can shape in light of diverse needs and contexts to challenge abuses, promote positive programs and, at the most fundamental level, empower women in their daily lives. (Copelon and Petchesky 1995, 356)

⁸² See Dixon-Mueller 1993; Cook 1994; Boland, Rao and Zeidenstein 1994; Women's NGO Caucus 1994.

Human rights are a process, not an end point (Evans 2001; Copelon and Petchesky 1995). International events like ICPD provide focal points which accelerate that evolution; this view is confirmed by the genealogy of reproductive rights prepared by the Women's NGO Caucus (1994). Copelon and Petchesky are enthusiastic about the Conference's contribution to embedding reproductive rights campaigns in the human rights framework.

The Cairo program is ... an important and potentially transformative step in a new direction [and] illustrates that new language, while insufficient in itself, is a critical step toward political and social change. (Copelon and Petchesky 1995, 366)

However, the 'enabling conditions' which Correa, Petchesky and Copelon saw as essential to the achievement of reproductive rights were not offered to conference delegates, since the POA's drafters narrowed the concept to reproductive autonomy and choice. Nor, as Chapters four and five of this thesis argue, were the social conditions of reproduction addressed in the POA's chapter on development and economic growth where they seem logically to belong. Petchesky (1995, 2000) identifies this as the major failing of ICPD and, in this thesis, I assert that it is a major reason why ICPD has not, and is unlikely to, change the world.

The lack of attention to enabling conditions at the ICPD raises the question as to whether 'reproductive rights' is the appropriate location for feminist campaigns to demand a transformative development agenda. Despite the efforts of DAWN and other activists, the moral right has successfully reduced the notion of reproductive rights to abortion and persuaded many governments that on these grounds it should be rejected (see below). The lack of consensus among feminists about the meaning, usefulness and cultural specificity of reproductive rights make it a contentious rallying point although, paradoxically, the opposition of the moral right has increased support for the concept, not only among feminist health activists but among the population establishment.

In Chapter four, I consider Amartya Sen's view of 'development as freedom', and explore the potential of a rights-based framework for articulating a notion of development which answers the needs of people and advances all their rights. Acceptance and implementation of the right to development will assist in establishing the enabling conditions for women to exercise their reproductive rights. The language of rights applied to development is widely accepted among development NGOs and

Southern governments. It is based on the economic, social and cultural rights to which all members of the UN have acceded, rhetorically at least. Assertion of these rights takes the onus for development failures from population growth and places it firmly on the need for policies to alter consumption, production and distributive practices in the North and among Southern elites, challenging Malthusian approaches. I return to this discussion later in this thesis.

‘Reproductive rights’ is an evolving concept, as this survey indicates. Through inclusion in the ICPD POA and the WCW’s Platform for Action, it now has a secure place in international discourses. As it has been defined at UN conferences, it is related closely to women’s reproductive bodies, and ignores the enabling conditions crucial to women’s ability to practice these rights. One of the reproductive rights stressed at Cairo was the right to reproductive health which is explored in the next section.

3.4 Reproductive health

The demand for reproductive health has similar roots to the demand for reproductive rights. On the one hand, it is a response to demographically driven population programs which provide contraception but fail to warn women of side effects and ignore their reproductive tract infections and sexually transmitted diseases. On the other hand, the need for a reproductive health approach arises from the failure of broad health programs to cater for women’s specific health needs. While feminists have differing priorities in reproductive health campaigns, most agree that reproductive health - usually associated with sexual health - is a holistic approach which responds to women’s needs, not donors’ requirements.

3.4.1 Reproductive health at ICPD

The organisations in and outside the Common Ground campaign agreed on a reproductive health focus for different reasons. Feminist health activists saw the ICPD as an opportunity to make family planning services more responsive to women’s needs. Family planners saw a reproductive health approach as a means of distancing their services from population control. Population controllers saw it as providing opportunities to introduce programs where none had previously existed.

The ‘quality of care’ framework developed by Judith Bruce (1990) asserts the necessity for a reproductive health approach and articulates its components. The case is

convincing. More than half a million women die of pregnancy and childbirth related causes annually; over one-fifth of these deaths are due to unsafe abortions. Morbidity rates are many times higher.⁸³ A further million deaths a year through HIV/AIDs and an unknown number due to other STDs make a reproductive health approach imperative.

Clearly, reproductive health is a central reproductive right.⁸⁴ Karen Newman of IPPF argues that “[w]ithin a human rights context, reproductive rights result when you apply existing human rights to reproductive health” (Panos 1998). The concept of reproductive health has been refined by years of discussion within the international women’s health movement and organisations like the World Health Organisation (WHO) and UNFPA, resulting in the definition adopted by the ICPD.

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. (UN 1994, 7.3)

Although this is a comprehensive description of reproductive health which incorporates issues related to sexuality for the first time, it is micro in its focus. Recommendations relate to the provision of adequate services and information for individuals and couples, without contextualising them in the ability and willingness of states to provide them and the impact of global economic trends upon states’ health budgets and priorities. The definition relies upon a number of assumptions held by some in the international health movement and family planning community. They include the following: the medical model is the appropriate approach to reproductive health issues; the reproductive body is female; women outside the reproductive years require fewer

⁸³ Aitken and Reichenbach (1994, 179) estimate that 25 million women suffer poor health after unsafe abortions, 35 million suffer ill-effects from obstetric factors and 58 million suffer anemia during and after pregnancy.

⁸⁴ See Bustelo 1995; Rahman and Pine 1995.

services; reproductive health can be treated in isolation from physical and mental health; the infertility of poor women is not a problem; and reproductive health can be achieved without attention to broader social, economic and environmental contexts. How valid are these assumptions?

The role of medicalised procedures in reproductive health services is highly contested. While Southern feminists highlight the need for more skilled health professionals and access to obstetricians for difficult births, many Northern women's health campaigns have fought for the de-medicalisation of childbirth and increased women's control over reproductive health services (Coney 1997; Norsigian 1997). Some feminists accuse the Northern dominated international women's health movement of supporting the introduction of biomedical technologies in the South and lacking interest in exploring "existing indigenous technologies such as those of traditional birth attendants" (Bolton *et al* 1989, 69). Zurayk, Younis and Khattab (1994) suggest that women gain little benefit from increases in the number of medical professionals in reproductive health services if doctors have no time to talk to patients and, more usefully, listen to them. Moreover, medical attention is directed to the treatment of disease in isolation from overall health conditions and economic and family circumstances. The medicalised approach has not improved women's reproductive health in rural Egypt: "no significant difference exists in the prevalence of disease among those who consulted and did not consult a physician" (Zurayk *et al* 1994, 431). Conditions prevalent among poor women, such as urinary tract disorders and anaemia, are neglected. Nonetheless, Petchesky (1997) suggests that 'traditional practices' are not always helpful or harmless.

Medical and traditional health systems each have much to offer women. Manorama and Shah, activists in India's women's health movement, suggest a synergy of approaches. They believe that assisting women to understand their reproductive bodies is a necessary first step in reproductive health programs. "Women are learning and teaching ways of recognising their fertile days through close observation of their bodies, an exercise which all of us have found very empowering." Education and sharing experience, based on the Freirian model, are at the basis of their work with women: "[l]istening to our bodies, listening to our own experiences and considering women to be rational human beings" (Manorama and Shah 1996, 37).

In summing up studies in seven developing countries, Petchesky and Judd (1998) conclude that “it is not a lack of will or access to methods of contraception that keeps women from preventing unwanted pregnancies successfully, but the lack of methods that meet their *social* as well as biological needs *as they define them*” (Petchesky 1998b, 300). In all seven countries, women expressed dissatisfaction with the quality, inaccessibility and high cost of hospital and clinic services. “[T]he demeaning and inhumane treatment respondents in all the countries received from health professionals” was cited as the major barrier to access (Petchesky 1998b, 314). Poor women are more likely to avoid services than to protest about clinical abuses. The solution is not to remove reproductive health services from a medical context, but to train providers “to develop understanding of their patients’ perspectives, from the standpoint of gender, age, sexual orientation, ethnicity and culture” (Petchesky 1998b, 321).

From the above, it is clear that the concept of empowerment needs to be brought to the delivery of reproductive health services, whether they are based on traditional or medicalised procedures. Women want to be treated as whole people, not just as reproductive bodies, and they require a range of information and services which meet their needs. The concept of quality of care partly satisfies these needs and involving representative women in their design links them to the communities they serve. The statement, *Women’s Voices*, prepared by feminists in the lead-up to ICPD, recognised this, and ICPD’s POA reiterated the need for women to participate in the design of reproductive health services.

The second assumption is that reproductive health is solely a women’s issue, unrelated to gender needs. Although the ICPD POA speaks of ‘people’ and ‘men and women’ in its definition of reproductive health, in every country, family planning programs focus on women as contraceptive acceptors with little attention to their sexual partners and reproductive health programs focus on women. This reinforces the perception that women are responsible for the population crisis (Humble 1992).

The reason that men are invisible is that gender-blindness pervades the research context which informs the development of reproductive health services. Most demographic studies on fertility assume that women control reproductive decision-making, as Watkins has shown in her study of the journal, Demography.

If all we knew about women was what we read in the articles on fertility, marriage, and the family, we would conclude that women are primarily producers of children and of child services; that they produce with little assistance from men; that they are socially isolated from relatives and friends; and that their commitment to the production of children and child services is expected to be rather fragile. We would learn even less about men. (Watkins 1993, 553)

Two problems arise from the failure of reproductive health programs to incorporate gender concerns. The first is that women's contraceptive use is constrained by their sexual partners, particularly if they are married to them.⁸⁵ The Women's Studies Project of Family Planning Health International found that husbands play a critical role in women's use of family planning and reproductive health services, and their opposition to their partners' use of contraception is often expressed as domestic violence (WSP 1998). This suggests that family planning/reproductive health programs should not treat women in isolation, and further, that they should actively work to increase public awareness of women's rights and the family and social benefits of healthy women. The second concern is that women bear the burden of the health effects of contraceptive use, sterilisations and vulnerability to sexually transmitted diseases where condoms are not freely available, or men avoid their use. While women always need access to safe contraceptives, efforts are required to increase men's responsibility for their reproductive health and for pregnancy and disease avoidance. Although the ICPD made recommendations to this effect, powerful barriers exist in many societies where masculinity and virility are aligned with potency. Politically, it is easier to target women, although this may lead to the neglect of men's needs. Gender relations shape the delivery of reproductive health services but gender blindness makes men's decisive role in women's and men's reproductive health invisible.

The gender bias in population and reproductive health programs is often seen to be justified by the fact that women become pregnant. This perception, however, masks the power relations at the most intimate level which shape women's reproductive lives. The gendered environment which shapes sexual relationships impedes men's and women's ability to live fulfilled lives. The ICPD POA suggests many interventions to increase men's greater responsibility in sexual relationships and childrearing, improve their

⁸⁵ See Watkins *et al* 1997 for evidence that women do not always act as demographers perceive.

access to health services and to increase equality in their relationships with women. Governments, however, have been slow to implement these recommendations.⁸⁶

The third assumption which shapes reproductive health programs is that programs are rightfully directed to women in their fertile years. This reflects the primary focus of reproductive health programs on fertility reduction. The POA recognises the neglect of older women in reproductive health programs. Even so, the ICPD itself neglected older women, as was noted in Chapter two of this thesis. Zurayk *et al* (1994, 435) found that in Egypt “the prevalence of most gynaecological and related conditions tend (*sic*) to rise with age so that women most needing attention and advice are the older women, some of them past reproduction”. Broadening reproductive health services is likely to bring great benefits to these women who are unlikely to attend narrowly focused family planning centres.

The neglect of older women in reproductive health programs reflects the family planning focus of existing reproductive health programs. The ICPD’s neglect reflects its strong focus on fertility. With demographic projections indicating that we are heading towards a greater proportion of elderly people in the South as well as the North, this is an issue which cannot be avoided at future population conferences.

Fourth, a danger in presenting reproductive health as a separate category is that other aspects of women’s health may be neglected. Separating reproductive health from the broad context of physical and mental health reflects the tendency of demographers and development officials to see women as ‘wombs on legs’.⁸⁷ Possessing “bodies that could be impregnated” presents very real anxieties and health concerns for girls and women (Ravindran 1997, 21), due as much to measures taken by authorities to prevent pregnancy as to pregnancy itself. The Indian reproductive health movement developed in opposition to the ‘population control’ approach of the Indian government. Feminists often couch reproductive health campaigns in broader demands for education, housing,

⁸⁶ See the case study of Indonesia in Chapter four for an example of government reluctance to involve men in family planning programs.

⁸⁷ I first heard this term when working on a Women in Development review for AusAID in 1990, in reference to the tendency of women’s aid programs to treat women as “wombs on legs”.

general health and nutrition, since class and gender issues underlie poor reproductive health (Guzman 1997).

That the POA focused on reproductive health is no surprise, given the conference's subject matter and UNFPA's terms of reference. But this preoccupation with women as reproductive bodies is shared by many organisations and institutions with broad economic and development objectives. Girls and women do have special needs, but viewing women primarily as fertile or pregnant bodies skews policy and funding decisions and may lead to the neglect of other health needs, particularly in poor countries. This tendency is revealed in World Bank programs, examined in detail in the next chapter.

The fifth assumption, that excess fertility is poor women's major reproductive health problem, reflects a Northern perspective. By contrast, infertility can be disastrous for poor women since the production of children is often the primary measure of their status. In many societies, the failure to produce children, especially sons, leads to ostracism, harassment, rejection and domestic violence (Humble 1995; Jejeebhoy 1997). A number of studies identify the incidence and consequences, which often include infertility, of untreated STDs, poor nutrition and complications from unassisted deliveries (Germain, Nowrojee and Pyne 1994; Garcia-Moreno and Claro 1994; Aitken and Reichenbach 1994). Poor women's infertility is around three per cent in developing countries and may be as high as seven per cent in India (Jejeebhoy 1997, 477). The Northern women's health movement and hence, the international women's health movement, has historically focused on the right to choose not to reproduce rather than on defending women's right to reproduce. Similarly, while the ICPD POA refers to the need to include infertility as a condition to be targeted by comprehensive reproductive health services, it is seen as a problem of the individual, while fertility is couched as a global problem, requiring international resources.

Finally, the POA reflects reproductive health activists' focus on the micro-components of a reproductive health program and gives little attention to the broader social, economic and environmental determinants of health. A number of feminists have drawn attention to the need to link the micro agenda of reproductive rights and health to the macro context of political economy. Petchesky sums it up: "the unbridled market (capitalism) is dangerous to women's bodies" (Petchesky 1997, 27). The macro context of reproductive health and rights is explored in Chapter four of this thesis.

Healthy bodies, reproductive and otherwise, are a good investment for any society, as well as a human right. This would seem to be an uncontroversial topic, but reproductive health was highly contested at Cairo, because the organisers decided that it would be less controversial to name abortion as a health rather than a rights issue. Indeed, a decade later, reproductive health is one of the most contentious of non-military global issues, as section 3.6 of this chapter shows.

3.5 Contested concepts: the pre-ICPD statements

A study of the statements produced by different parts of the international women's health movement in the run-up to the ICPD provides insight into some of the fault-lines within the feminist movement over the key concepts of the POA. While many within the movement would have preferred women to endorse one statement, diversity in attitudes to the ICPD and population policies made this impossible. Indeed, the term 'movement' suggests a coherence absent from the diverse individuals and organisations active on population and reproduction issues. The International Women's Health Coalition (IWHC), for instance, which began its life in the United States, has over 2000 individuals and group members in Southern countries (Garcia-Mareno and Claro 1994). While feminists agree that access to quality health care services and respect for reproductive rights is fundamental, and that this objective should not be subordinated to demographic objectives, there are debates over the meaning of reproductive rights and the extent to which the movement should work with the population establishment (Smyth 1998). These differences are clearly evident in statements produced by women's meetings prior to ICPD.

Women's Voices 1994: Women's Declaration on Population Policies was the major campaigning tool adopted by most groups in the international women's health movement. Created at a meeting convened by the IWHC, it received the greatest number of endorsements. The twenty-four women who participated in the drafting worked in development, health and rights in Asia, Africa, Latin America, the Caribbean, the United States and Western Europe.⁸⁸ Women's Voices was distributed

⁸⁸ Among the drafters were Peggy Antrobus, coordinator of DAWN; Marge Berer, now editor of Reproductive Health Matters, a journal established in 1993 as a forum for feminist debates and positions and evidence-based scholarship on reproductive and sexual health and rights. Sonia Correa, of the National Feminist Health and Reproductive Rights Network in Brazil, member of DAWN, and author of

by population control and family planning advocates and reproductive rights and health activists. It was used to lobby governments and mobilise public support, gathering over two and a half thousand signatures from individuals and groups from more than 110 countries prior to the Conference. Although feminist development activists wanted a statement encompassing macro as well as micro concerns, the Declaration retained a pragmatic, rights-based approach. More than any other statement prepared in the run-up to ICPD, its major demands are reflected in the ICPD POA.

Many feminists were critical of the statement's endorsement of population policies and the attempt to harness them to a reproductive rights and health agenda. Some felt that it did not adequately address the concerns of Southern women or highlight the development context of reproduction (Sen & Barroso 1996). The international women's health movement wanted Southern feminists' support at the ICPD's Third PrepCom, which would determine the document that would go to Cairo. Consequently, IWHC sought and received funding from the Ford Foundation to hold a conference in Rio de Janeiro in January 1994. With local co-organisers, Citizenship, Studies, Information, Action (CEPIA), IWHC brought together 215 women from seventy-nine countries to "search for and identify common ground and universalities in women's perspectives on reproductive health and justice, while recognizing and respecting the diversity that exists in the women's movement" (IWHC 1994b). IWHC had two aims for the Rio conference: to develop tools and strategies to influence the ICPD process and to strengthen the women's health movement to be a major political actor beyond 1994. Rio was chosen as a venue, not only because the organising committee wanted the conference to be in the South, but because it provided a model, since the Brazilian women's health movement had successfully worked with the national government to set up a forward-looking reproductive health program, countering the powerful influence of the Catholic Church (Garcia-Mareno and Claro 1994, 49-50).

Population and Reproductive Rights: Feminist Perspectives from the South (1994); Joan Dunlop and Adrienne Germain of IWHC; Marie Aimee Helie-Lucas of Women Living Under Muslim Laws International Solidarity Network; Noeleen Heyzer (now Executive Director of UNIFEM) of the Asia and Pacific Development Centre in Kuala Lumpur; Sandra Kabir of Bangladesh Women's Health Coalition; Loes Keyzers of Women's Global Network for Reproductive Rights (WGNRR); Rosalind Petchesky of Reproductive Rights Education Project and International Reproductive Rights Research Action Group (IRRRAG); representatives from Catholics for a Free Choice; and representatives of African, Philippine and Caribbean and Latin American health groups.

The Rio conference was an exercise in Freirian methods of empowerment (Higer 1999). The Rio Declaration which emerged from the process differed from Women's Voices in a number of respects. The Rio document put the macro agenda up-front, setting women's reproductive rights in the context of international political economy and making strong links between the 'micro' and the 'macro'. By so doing, it presented a socialist feminist perspective on reproduction and development. The Malthusian assertion that population growth causes poverty and the neo-Malthusian view that population pressure is the primary cause of environmental degradation were repudiated. The approach which was adopted reflects a political ecology formulation which I consider more fully in Chapter five: "[i]nequitable development models and strategies constitute the underlying basis of growing poverty and marginalization of women, environmental degradation, growing numbers of migrants and refugees, and the rise of fundamentalism everywhere" (IWHC 1994c).

The Rio Statement explicitly addresses the concerns of women of the South. Consensus was reached on a number of matters skirted by Women's Voices including: strongly linking reproductive health and rights and development; stressing the need for equitable development models that do not discriminate against poor women; asserting the right to safe, legal abortion as an intrinsic element of women's health and human rights; recognising the political aims underlying religious fundamentalism; redirecting military expenditures to social services; ending all forms of violence against, and exploitation of, women and children; and holding governments, donors and NGOs accountable to the women they serve. The World Bank and USAID's tendency to tie development assistance and structural adjustment programs to population control was condemned. "For women these problems (and their presumed solutions through economic programs for structural adjustment that promote export production at the expense of local needs) have particularly severe consequences" (IWHC 1994c).

The Rio Statement incorporated a number of points made at regional meetings organised by DAWN in the Pacific, Asia, Latin America, the Caribbean and Africa. Funded by the Macarthur Foundation, UNIFEM and the Jesse Smith Noyes Foundation, DAWN undertook to discover what Southern women wanted from the ICPD process. The Declaration of the Reproductive Health and Justice International Conference (the Rio Declaration discussed above) and the book, Population and Reproductive Rights: Feminist Perspectives from the South (Correa 1994), were the

visible outcomes of this process, but equally important was the provision of a platform for Southern women who otherwise lacked a voice in the ICPD process. However, as the ICPD drew near and right wing religious voices narrowly focused on abortion grew louder, reproductive rights and health advocates recognised that they would have to divert their efforts from expanding the reproductive health and rights agenda into defending the language of the draft POA. Thus the Rio Declaration's impact on the ICPD was minimal, by comparison with Women's Voices.

Consequently, as DAWN coordinator Peggy Antrobus said in her commentary on the statement produced by the workshop process.

In our address to the second day of PrepCom III, we focused on women's rights, because ... the dichotimisation which dominates events like the Cairo Conference on Population and Development means there is no chance to challenge development models. ... We remain concerned that the actual services delivered might not improve very much in the future despite this lip service. This is why the issues of accountability and empowerment are so crucial. (Antrobus 1994, 55-56)

The Rio Statement did not endorse or reject population policies *per se*, but made it clear which aspects of such policies were unacceptable.

The participants strongly voiced their opposition to population policies intended to control the fertility of women and that do not address their basic right to a secure livelihood, freedom from poverty and oppression; or don't respect their rights to free, informed choice or to adequate health care; that whether such policies are pro- or anti- natalist, they are often coercive, treat women as objects, not subjects, and that in the context of such policies, low fertility does not result in alleviation of poverty. In fact, a number of the participants opposed population policies as being inherently coercive. There was unanimous opposition to designing fertility control measures or population policies specifically targeted at Southern countries, indigenous peoples, or marginalized groups within both Southern and Northern countries, whether by race, class, ethnicity, religion or other basis. (IWHC 1994b)

Despite this attempt to represent the perspectives of those who opposed them with a strong critique of population policies, some women at Rio were not happy with this compromise. The Declaration proposed by some participants stated "We reject population policies" (IWHC 1994e). Another statement, Indigenous Women and Population Policies, asked women at Rio to understand that "indigenous women cannot isolate our struggle from a set of collective demands related to territory and language; to philosophic ideologies and cultural expressions" (IWHC 1994d).

Women's Voices and the Rio Statement reflect liberal and socialist feminist approaches to reproduction (see Smyth 1998 and Tong 1992 for an analysis of feminist approaches

to reproduction). Radical feminists produced a statement to reflect their approach at an international symposium organised by UBINIG, with support from FINRRAGE, at Comilla in Bangladesh in December 1993. The Declaration of People's Perspectives on "Population" Symposium, which was endorsed by sixty-one women from twenty-three countries, is described by its proponents as a "feminist critique of the logic of domination that underlies population control policies" (UBINIG 1996, 519).

The Comilla Declaration rejected population policies altogether and accused major donors of "attempting to set the agenda for Women's Movements and organizations by co-opting their language and individual women to legitimize population-control policies" (UBINIG 1996, 520).

Population-control programmes were devised in the early 1950s in the name of 'poverty eradication' and containment of communism. Today they are used, supposedly, to curb environmental destruction and to ensure "sustainable growth". In fact, however, over all the years these programmes have subjected women in the south to a whole range of coercive technologies and methods which have often ruined their health and their lives.

The population establishment attempts to hide these horrors by cloaking them in words hijacked from the Women's Liberation Movement, and thus try to convey the message that they fall within an ethic of care and human rights; and that they expand "reproductive choice", especially for women. (UBINIG 1996, 520)

The Comilla Declaration is a sustained attack on neoliberalism, neocolonialism, reproductive technologies and long-acting contraceptives. It presents a picture of poor women of the South as the disempowered victims of USAID, the Population Council, the Rockefeller and Ford Foundations, UNFPA and pharmaceutical companies. The ICPD is seen as an event which will "pave the way for more population control policies in the coming decade, based on the false assumption that population growth threatens the survival of the planet" (UBINIG 1996, 524). Even so, the Comilla Declaration supports most of the objectives of the broader women's health movement.

Women's basic needs of food, education, health, work, social and political participation, a life free of violence and oppression should be addressed on their own merit. Meeting women's needs should be delinked from population policy including those expressed as apparent humanitarian concerns for women. Women should have access to safe contraception and legal abortion under broader health care. (UBINIG 1996, 524)

One further statement was produced prior to the ICPD to present the perspective of feminists whose primary aim was to repudiate Malthusian and neo-Malthusian approaches to population. The statement was produced by a new coalition of feminists

from the environmental and reproductive health movements, the Committee on Women, Population and the Environment (CWPE), who were troubled by the proliferation of statements which focused on population size and growth as the primary cause of environmental degradation.

[B]laming global environmental degradation on population growth helps to lay the groundwork for the re-emergence and intensification of top-down, demographically driven population policies and programs that are deeply disrespectful of women, particularly women of color and their children. (CWPE 1999, xx)

Although this statement was produced to contribute to discussions around UNCED, it is mentioned here because the activists involved have remained engaged in discussions around reproductive rights and health and provide a critique of environmental and women's health organisations actions since the ICPD. CWPE's statement articulates a feminist political ecology approach to discussions about population which is examined further in Chapter five of the thesis.

Women's Voices and the Rio Statement signalled that their authors were prepared to work with governments and organisations in the transformation of population and development policies to achieve feminist objectives. Their aims are transformative, but their approach is reformist. CWPE and UBINIG/FINRRAGE elected to stay outside formal processes in order to avoid cooption (Klein 1994, 1995; Silliman 1999). This approach signalled the potential for future conflict, but at the time of the ICPD, the broader international women's health movement accepted the differences in approach.

While some segments of the movement recognize that women must put forward their agendas in forms that will be persuasive to governments, donors, and international agencies, some are more confrontational (Comilla Declaration 1993). For the most part, such diversity is a source of strength as the various groups and networks work in complementary ways to bring about changes. (Garcia-Moreno and Claro 1994, 55)

3.5.1 'Empowerment' in feminist statements

Since 'empowerment' is a key objective of feminist campaigns and a key point in the ICPD POA, it could be expected to feature strongly in feminist campaigns in the run-up to the conference. In fact, it was stressed as a key aim in only one of the statements prepared for ICPD. This reflects different objectives and growing cynicism about the concept's usefulness among women's organisations, despite their commitment to increasing women's power.

Women's Voices is a prescriptive document, written as a guide to policy-makers. It commences with a statement of principles, outlines the minimum program requirements and specific actions necessary to "ensure women's reproductive health and their fundamental right to decide whether, when and how many children to have. Such commitment will also ensure just, humane and effective development and population policies that will attract a broad base of political support" (concluding sentences of Women's Voices, Sen *et al* 1994, 34). The appeal to government delegations is transparent; Women's Voices is a pragmatic document designed to attract the widest possible support. It focused on micro issues and avoided explicit critique of macro-economic trends. Consequently, it was able to gain the support of liberal neo-Malthusians and their organisations and others who would not endorse a critique of neoliberal economic policies (Petchesky 2000c).

The authors of Women's Voices signalled their intention to work within the framework of population policies and adopted the assumption that women's empowerment assists in fertility reduction to argue that population policies are more likely to succeed if they empower women. It is unclear what the writers encompass in 'population policy'; nor do we gain an understanding of how they envisage 'empowerment'.

We call for a fundamental revision in the design, structure and implementation of population policies, to foster the empowerment and well-being of all women. Women's empowerment is legitimate and critically important in its own right, not merely as a means to address population issues. (Preamble, Women's Declaration on Population Policies, Sen, Germain & Chen 1994, 32)

The Declaration suggests that population and development strategies will enhance the empowerment of women if their participation is sought at all levels of decision-making and their organisations are resourced to perform a central role in achieving the reproductive rights and health agenda. If these recommendations were enacted, population policy frameworks in many countries would be greatly altered.

The empowerment of poor women is central to the Rio statement. Like Women's Voices, it advocates policies which empower women through "democratic people centered and participatory processes" (point five) and "strengthen[ing] women's participation and empowerment in political and policy-making processes and institutions with the goal of achieving gender balance in all such processes and institutions" (point eight). The Rio Declaration recognised that women's empowerment

requires change at all levels, from the personal to the international, to eliminate underlying inequities in gender relationships (IWHC 1994c).

Southern feminists had a great deal invested in the inclusion of women's empowerment in the POA. As they conceptualised it, women's empowerment requires structural change at the global level. The centrality of 'empowerment' to Gender and Development policies and within DAWN's favoured development model gave the concept transformative and practical potential which was given less priority by groups that focused on reproductive rights and health. While the Northern-based international women's health movement wanted to centralise women's reproductive rights and reproductive health in the POA, DAWN and other Southern feminist groups wanted to challenge existing development models and economic policies.

Clearly, Southern feminists support the new consensus emerging from preparations for Cairo. But women's empowerment and reproductive self-determination will not be fully achieved if global development policies remain unchallenged. Global inequalities in resource distribution and shrinking investments in social programmes have characterized 'development' in recent decades ... Throughout the South, these trends aggravate existing gender inequalities, further impoverishing women. ...

In DAWN's view, transforming the population field in order effectively to apply the reproductive health and rights framework is conditioned upon a virtual revolution in prevailing gender systems and development models. Along with their commitment to human rights, women's bodily integrity and reproductive self-determination, reproduction-related policies must be conceived and implemented as part of a renewed human development paradigm that fosters democratic institutions and, most importantly, equitable economic policies. (Correa 1994, 8-9)

The Comilla Declaration's authors, concerned about cooption of feminist concepts such as reproductive rights and empowerment by the population establishment, avoided using both terms in their Declaration. It is not the process of empowerment that FINRRAGE, UBINIG and the other groups reject; it is the coopted concept that emerges from the World Bank's documents. Women's 'empowerment' has too often compensated for gaps in social services caused by structural adjustment programs.

3.5.2 Feminist debates over 'reproductive rights' and 'reproductive health'

The concept of 'reproductive rights' provided grounds for significant disagreement among feminists in the run-up to the ICPD. The statements took divergent approaches, reflecting ideological differences and degrees of distrust of the concept. The diverse

approaches to this concept reflect sites of conflict in the international women's health movement.

Reproductive rights were the central focus of Women's Voices, which defined sexual and reproductive rights in Fundamental Ethical Principles two, three and six.

2. Women have the right to determine when, whether, why, with whom, and how to express their sexuality. Population policies must be based on the principle of respect for the sexual and bodily integrity of girls and women. ...

3. Women have the individual right and the social responsibility to decide whether, how, and when to have a child and how many to have; no woman can be compelled to bear a child or be prevented from doing so against her will. All women, regardless of age, marital status, or other social conditions have a right to information and services necessary to exercise the reproductive rights and responsibilities. ...

6. The fundamental sexual and reproductive rights of women cannot be subordinated, against a woman's will, to the interests of partners, family members, ethnic groups, religious institutions, health providers, researchers, policy makers, the state or any other actors. (IWHC 1994a)

This definition lacks the breadth of Correa and Petchesky's definition, since it is focused on reproductive autonomy. By contrast, the Rio document adopted the four ethical principles Correa and Petchesky considered as essential to the exercise of reproductive and sexual rights: bodily integrity; treating women as 'persons'; equality in relations among women and between women and men; and respect for diversity of values, culture, religion, sexual orientation and medical condition.

The Comilla Declaration made no reference to reproductive rights but demanded "respect for the integrity of women's bodies" (UBINIG 1996, 520). FINRRAGE member Renate Klein (1995) interpreted the population establishment's support for 'reproductive rights' as a trade-off for the endorsement of the international women's health movement at the ICPD. A concept endorsed by neo-Malthusians was not acceptable to FINRRAGE and UBINIG.

The statements were in general agreement on reproductive health. All agreed that access to abortion is a key component of reproductive health and rights. Reproductive health, however, became the most contested of the three terms at Cairo and has remained so since, as the following discussion indicates.

3.6 The moral right fights back

The five-year reviews of the Population and Women's conferences in 1999 and 2000 provide snapshots of the global politics of reproduction after ICPD. While differences within the feminist movement are significant, and still debated, the opposition of the moral right to the international women's health movement's program of reproductive health and rights is far more threatening. In this section, I examine media coverage, material prepared by members of the international women's health movement and reports and electronic mail bulletins from right wing organisations and individuals attending the reviews to assess their main concerns and the threat they pose to efforts to increase women's access to their human rights.

The strongest "political obstacle" to the implementation of the micro agenda of the ICPD agenda is the considerable influence of the moral right over governments, judiciaries and popular opinion in many countries (Petchesky 1998b, 5). Increasingly, these organisations are directly targeting UN conferences and meetings. These forces build their campaigns on entrenched attitudes and gender inequalities. DAWN's study for ICPD+5 found that religious groups had inordinate influence on reproductive rights and health policy in West Africa, Latin America and the Philippines (Correa 2000, 4). Thus, they deserve serious attention from defenders of human rights generally, and women's human rights in particular.

3.6.1 The 'moral right at ICPD

In Chapter two, I briefly outlined the campaign of moral conservatives at the ICPD. There, two major world religions, Catholicism and Islam, converged to oppose any advance in women's rights and publicly stole the agenda, according to newspaper headlines around the world (AP 1994). While the fight was, on the surface, about women's right to determine their sexual and reproductive lives, there was an underlying agenda of bolstering right wing influence over states and international organisations, as subsequent events indicate.

The term 'fundamentalist' is often used to describe right wing religious movements which oppose women's control over their reproductive lives.

The term is currently used to describe a range of movements and tendencies in all regions of the world which aim to impose what they define as tradition - whether religious, national, cultural or ethnic - on societies ... The 'fundamentalism' of these politically-motivated ideologies is that their

adherents seek to raise them above the political on the basis of divine sanction or by appealing to supreme authorities, moral codes or philosophies that cannot be questioned. (Berer & Ravindran 1996, 7)

Women are critical in the formulation of fundamentalist identities. They mark group boundaries and produce group differences ... [and] are seen as the cultural carriers of the collectivity (D.R. Kaufman in Berer and Ravindran 1996, 8).

In this thesis, I avoid using the term 'fundamentalism' because it obscures the diversity of players who are united by opposition to abortion.⁸⁹ Nonetheless, in the mid-1990s, the term had salience for many feminists, especially those who experienced first-hand their oppositional tactics at Cairo and Beijing (see *Women Against Fundamentalism* 1995).

At the ICPD, the Vatican led the campaign to oppose the inclusion of language which it believed endorsed abortion. In the process, it stalled the conference for several days and limited the gains possible for women. Feminists were forced to focus on lobbying governments to oppose language aimed at reducing access to abortion instead of expanding international support for a broadened definition of reproductive rights and health.

The Cairo conference provided the Pope and his representatives with a pulpit to broadcast Catholic teachings on reproductive matters to a global congregation. The spiritual authority of the Church's hierarchy was thus translated into political power, reminding Catholics worldwide of the Church's prescriptions for women's sexual and reproductive behaviour and their 'proper' roles within families. Governments were reminded of the power of the moral right within their constituencies and Southern women were warned of the consequences of extending 'western feminist' values in their own societies.

The Vatican's campaign was most intense in the five months between the release of the draft POA and the close of the ICPD. Publicly, it began with the meeting of Pope John Paul II with Nafis Sadik to put "this misled project back on track" (cited in Neale 1998, 109). Sadik reported that "the comments made by the Pope mostly focused on the definition of the family and the role of women in the context of moral and natural laws,

⁸⁹ See Klatch 1994 for a description of women of the 'new right' in the United States who see themselves as 'pro-family' rather than 'anti-abortion'.

and not so much on abortion” (Singh 1998, 50). Pope John Paul II accused the POA’s drafters of ignoring marriage “as if it were something in the past. An institution as natural, universal and fundamental as the family cannot be manipulated without causing serious damage to the fabric and stability of society” (cited in Johnson 1995, 67). After the meeting, the Pope publicly released his Message to ICPD.

In defence of the living person, the Church stands opposed to the imposition of limits on family size, and to the promotion of methods of limiting births which separate the unitive and procreative dimensions of marital intercourse, which are contrary to the moral law inscribed in the human heart, or which constitute an assault on the sacredness of life. ... Abortion, which destroys existing human life, is a heinous evil, and it is never an acceptable method of family planning, as was recognised by consensus at the Mexico City United Nations Conference on Population. (Pope Jean Paul II, extract cited by Johnson 1995, 67)

Pope John Paul II followed his statement with a letter to heads of state, pointing out the failings he perceived in the draft POA and instructing state ambassadors to the Holy City on the Church’s approach to population policy. Immediately after PrepCom III, John Paul II beatified two women, setting them on the path to sainthood. These “models of Christian perfection” provided Catholic women with examples of how the Pope wanted them to behave (Danguilan 1997).⁹⁰

In June 1994, Pope John Paul II and Islamic leaders produced a joint statement “to attack the ‘dangers’ facing society: secularism, consumerism and individualism [and] the individualistic approach toward life” of the ICPD POA (Hebblethwaite 1994). Hebblethwaite suggests that this ‘holy alliance’ has been on the papal agenda since the collapse of communism. “After communism, the next beast to be slain was ‘liberalism’, understood as individuals inventing their own morality” (Hebblethwaite 1994).

The Vatican’s short term objectives were explicit. Clinton’s reversal of the Mexico City policy was a major setback for the moral right, and United States Church functionaries used political and moral arguments to persuade the government delegation not to support the reproductive rights and health focus of the POA. Church leaders told their congregations that the United States delegation’s support for women’s reproductive

⁹⁰ The women set on the path to sainthood were martyrs to the Pope’s idea of women’s reproductive roles. Gianni Beretta was an Italian pediatrician who, during the pregnancy of her fourth child, found that she was suffering from uterine cancer. She died in 1962 after refusing an abortion which might have saved her life. The other woman was Elisabetta Canori Mora, a Roman who died 1825, after remaining in marriage to an abusive partner who finally abandoned her and her children (Danguilan 1997, 43).

rights was an endorsement of abortion. With mid-term elections in 1994 and a Presidential election two years after ICPD, political arguments had impact. A month before the ICPD, the United States Secretary of State, Timothy Wirth, attempted to clarify an earlier statement in which he had declared support for “access to safe, legal and voluntary abortion [as] a fundamental right of all women. We were talking about access and other people thought it was a capital ‘R’, a universal human right ... It was a matter of just sort of not understanding what kind of perception there would be of that language” (cited in Johnson 1995, 83). The United States administration wanted the support of the feminist lobby, but it was reluctant to alienate the vociferous opponents of abortion.

Some feminists have noted the paradox that a small group of celibate, aged men living their lives in communal isolation seeks control over the lives of millions of women (Neale 1998, 2000; Manning 1999).⁹¹ As head of the Vatican City and the Holy See and supreme spiritual authority of the diffuse and diverse Catholic Church, the Pope’s political power “defines, assigns, confines the faithful through doctrines and practices which act to discipline, punish, regulate and control” (Neale 1998, 104). The Church’s hierarchy attempts to discipline Catholic congregations through encyclicals and pastoral practices and its clerics police individuals through the confession-penitence regime. At state level the church works to have papal pronouncements enshrined in policy formulation.

That many Catholics have rejected the Vatican’s idea of women’s reproductive destiny is indicated by the below replacement birth rates of many countries where Catholicism is the dominant religion (Italy, Spain, France, Canada, Ireland and much of Central and South America). Frances Kissling (1994), president of Catholics for a Free Choice, suggests that the Vatican is becoming actively involved in international debates about family planning to counter these trends. O’Brien describes the Church’s opposition to women’s reproductive rights and health as integral to its project to halt the advance of post-enlightenment ideas since “there was no field of morals that was more significant than that of human sexuality and reproduction” (O’Brien 1995, 13).

⁹¹ Ironically, leading Catholic male spokespeople refer to the Church as ‘she’, the ‘Mother Church’. For instance: “They [details of Bucharest conference PA] are not acceptable in what concerns contraceptives,

In the Third World, birth and fertility rates among Catholics remain satisfactory from a papal point of view. ... The Pope knows that the figures reflect lack of information about, and access to, methods of contraception, rather than obedience to papal encyclicals. John Paul II, however, is prepared to settle for denial of information and access, if he cannot get obedience. To secure such denial has been the basis of Vatican policy in the field of sexual and reproductive ethics at every relevant international conference in the second half of this century. (O'Brien 1995, 15)

The ICPD provided a major milestone in this project, as a world forum dedicated to issues central to the Church and its supporting organisations. Islamist governments' willingness to separate themselves from the broader G77 in support of its historical enemy indicates that the desire to oppose the westernisation of values which accompanies globalisation, symbolised for them by "western feminism" over-rode longstanding enmity (Correa 2002). Events since 1994 indicate the fruitful nature of this alliance as a strategy to perpetuate patriarchal forms of the family and oppose the extension of women's and adolescents' rights.

3.6.2 The moral right at Cairo + 5 and Beijing + 5

The moral right demonstrated at the five year reviews of ICPD and WCW that it has learned how to exploit UN procedures to obstruct reproductive rights advocacy. Both the Beijing and Cairo reviews were held in New York, which made it easy for the United States-based international women's health movement and the moral right to attend in large numbers. While progress at the official ICPD+5 meetings was blocked by a group of conservative Catholic and Muslim states, including Libya, Senegal, Qatar, Morocco, the Sudan, Argentina and Nicaragua, pro-rights NGO meetings were disturbed by rowdy representatives of a small number of conservative NGOs. The United States and Australia, which in 1994 had supported reproductive rights, included representatives of the moral right on their delegations, leading to contests over reproductive rights within as well as between delegations. Conflict within delegations prompted some governments to reconsider including NGO delegates on future official delegations (Beaton 1999).

Harassment of youth and feminist delegates at ICPD+5 accelerated at the Beijing review where North American members of the moral right attended in greater numbers.

in regard to which the Catholic Church has already made *her* position clear..." Monsignor Henri de Reidmatten, leader of Holy See delegation to Bucharest, cited by Johnson 1994, 118, italics mine.

The United States Catholic Family and Human Rights Institute actively canvassed for right wing attendees with this invitation in a 'Friday fax'.

Five years ago radical feminists met in Beijing at the Fourth World Conference on women. Try as they might, they could not keep out pro-family forces. They will try again to keep us out, but they will fail here too. ... It was at Beijing that radical feminists attempted to make abortion an international human right. ...

At the new meeting all this will come up again. Moreover, they are taking direct aim at the traditional family. ... The stakes are incredibly high heading into this final preparatory committee meeting in New York, March 6 through March 17 ... Radical feminists will be everywhere. EVERYWHERE. They are already holding meetings all over the world.

We must rise to this challenge! You personally are needed in New York, even if you have never done this before.

We will accredit you.

We will train you.

We will give you assignments in many different areas, like directly lobbying diplomats.

This will be the experience of a lifetime.

You will work alongside Catholics, Evangelicals, Jews, Muslim, Mormons. We are the children of Abraham arising to fight for faith and family. ...

We need 300 people. ...

P.P.S. We especially want young people. They are needed to counter the radical youth that our opponents pay to come here.

Ruse 1999

Ruse claimed in another 'Friday Fax' that the moral right instigated disagreement on "sexual reproduction and the family" which caused the final preparatory committee meeting to "ground nearly to a halt" (2000a). Obstruction was not restricted to meetings. Feminists and youth delegates claimed that 'pro-lifers' noted the names of people with progressive views, spread false information, stalked them to their hotels, rang them up and intimidated individual delegates by gathering around them and obstructing their movement. Eileen Pittaway, Australian feminist observer at the PrepCom for Beijing + 5, felt that the girdle-swinging 'monks' of REAL (Realistic, Equal, Active for Life) women were not interested in the contents of the Platform for Action, but attended in large numbers to impede the "radical women who want to kill babies" (Pittaway 2000).

The moral right's intention to thwart feminists who represented 500 organisations, compared to the hundreds of right wing delegates who represented a handful of organisations, is confirmed by the statement of Peter Smith, chief UN lobbyist for International Right to Life Federation.

[T]his just shows that we on the pro-life side have been effective in our lobbying on behalf of life and the family. The other side believes the UN is their own private playground. They have never wanted us here and will do practically anything to keep us out, including using lies and physical intimidation. (Smith in Ruse 2000b)

'Pro-life' organisations claimed victory at ICPD + 5 and Beijing + 5 while reproductive rights advocates saw the ICPD + 5 outcomes as "largely progressive and forward-looking" due to the "relentless efforts" of feminist NGOs (Otto 1999, 11; Singh 1999). At Beijing + 5, however, hopes for setting targets and benchmarks for the achievement of the Platform for Action were soon dropped by feminist organisations who saw that their main task was to defend the Beijing text against renegotiation.

3.6.3 A larger agenda?

The moral right challenge to feminist objectives must be taken seriously. But is there a larger agenda than opposition to abortion, adolescents' sexuality and non-traditional, non-heterosexual forms of the family? And whose purposes are served by campaigns against women's and young people's rights? In the light of the adoption of the moral right's campaign goals by the world's most powerful government in the early twenty-first century, this question is of interest to International Relations scholars.

Is the moral right worried about foetuses, children or women? Nowhere in the material prepared by the moral right is there a serious critique of the goals of the international women's health movement or an attempt to engage with rights discourses. Feminist goals are dismissed as radical, western-oriented, anti-family, but not addressed. Stephen Mosher of the Population Research Institute provides a typical misinterpretation of the feminist agenda.

[T]he population control lobby that stormed the 1994 Cairo International Conference on Population and Development has three major global objectives:

To manipulate women into having fewer children than they want.

To convince women and adolescent girls into believing that their fertility threatens the sustainability of the world's resources.

To promote the sterility of homosexual relationships as “ecologically responsible.”

These population control “objectives” ... dovetail neatly with the three major objectives of the feminist rights agenda:

To ensure that access to abortion is a basic human right.

To “liberate” adolescent sexuality from parental supervision by “educating” adolescents in their “new” human rights to abortion without parental notification.

To assign the same rights and privileges to homosexual relationships as to traditional marriages and the founding of the family. (Population Research Institute 1999)

The newsletter of REAL women of Canada outlines its concerns about the feminist agenda and the UN’s role. The re-definition of key feminist concepts is a major tool used to ‘educate’ non-English speaking government delegates, taking advantage of confusion about terms which have no equivalent in many languages.

The easiest way for the more powerful nations to diminish the strength of these growing countries has been to destroy the very aspects that the UN was mandated to protect: sovereignty, family and cultural/religious heritage. One might wonder how importing seemingly benign, in fact “progressive” Western philosophies could lead to this mass destruction. The strategy is, in fact brilliant. By masking the ideas as part of the Universal Declaration for Human Rights, the Western nations have engineered a silent coup of the traditional family.

Through importing Western feminist views and by spreading the politically correct message of *rights* free from *responsibilities*, these more powerful countries are disrupting the delicate cultural checks and balances of the developing countries. This is done through the acceptance of euphemisms such as “**gender equity**” (furthering the feminist agenda by mandating women to work outside the home and demoralizing stay-at-home moms), “**reproductive rights**” (abortion and contraception access to anyone over 10 years of age ...without parental consent) and “**families**” instead of the family so that “alternate” family forms will be recognized [homosexual families]. ...

What is the role of pro-family NGOs at the UN? I would suggest three things. First, there are other like-minded countries that simply cannot afford to send a large contingent of delegates to the UN conferences. These delegates feel very alone and are fearful of the more dominant countries who sometimes resort to threats and ultimatums to make them sign on to treaties. One of the positive roles that we can have is simply through support and encouragement. Second, many of the countries that would speak out on these issues are unaware of what they are signing on to because of the nuances in our language. By having pro-family delegates present to translate the implied meaning of some of this language, we can help those countries to be aware of the necessary changes that are needed. Third, we are responsible to keep the delegates from our own countries accountable. Many times the delegates from Canada are perceived as some of the most radical. It is the responsibility of pro-family NGOs to ensure that these delegates know that they are being watched and that what they do and say will be reported back home. (Brown 2000, bolding in original)

Like other NGOs of the moral right, REAL Women's lens on the UN focuses only on the micro-politics of reproduction, with little interest in the economic, security and political functions of the UN. Member countries are of interest only to the extent that they may further the 'pro-life, pro-family' agenda; their broader concerns are of no interest.

Right wing campaigns affect more than women's reproductive lives. In low income countries the moral right agenda can seriously affect the ability of women and children to survive. Molyneux's work on social capital reveals that in South and Central American countries where political and religious leaders promote conservative moral agendas, women's participation in waged labour is blamed for a number of social ills.

Women's responsibilities to the family and community are held up against the 'selfish individualism' that drives them to seek self-fulfilment in work. Yet the securing of income by women is the single most powerful factor in alleviating family poverty and children's malnutrition. It is also crucial in enabling women to escape violence at the hands of husbands and other male kin. (Molyneux 2002, 184)

As Molyneux points out, while women's unpaid work is seen to contribute to social capital, their paid work is not. Similarly, their voluntary work in organisations which provide for the material needs of two-parent families and their communities is praised while their support for female-headed households, protecting women and girls against violence and advocacy for reproductive rights is condemned by the 'pro-family' lobby. The well-being of women and children is of less concern than the survival of the 'traditional' family, as the survival of the foetus is of more concern than the well-being of children already-born. A survey examining the relationship between states' abortion laws and their spending on at-risk children in the United States found that: HERE

states with strong antiabortion laws provide less funding per child for foster care, stipends for parents who adopt children with special needs, and payments for poor children with dependent children than do states with strong abortion rights laws. ... "To put it simply, pro-life states make it difficult for women to have abortions but they do not help these women provide for the children once born," [researcher] Schroedel said. (Claiborne 1999)

This link suggests that concern for children, living or 'unborn', is not at the basis of the campaign against abortion; rather, it is opposition to women moving out of the place they are assigned in a narrow, patriarchal conception of society.

Does the moral right want to destabilise the feminist movement's 'cosy' relationship with the UN? The literature reviewed above indicates that conservatives felt that the UN had been coopted by the feminist agenda and that they were helping to correct the balance. Feminists were concerned that right wing groups' disruptive activities at Beijing + 5 were aimed "to get themselves and the legitimate organizations kicked out of these proceedings" (Joan Grant-Cummings, head of Canada's National Action Committee for the Status of Women, cited in Waldie 2000). Gaining accreditation at UN meetings has become increasingly difficult since 1995 (Deen 1999) and the behaviour of the more rambunctious members of the moral right affected all NGOs since, of course, the UN could not discriminate amongst organisations, once accredited.

Is the main aim of the moral right to gain the ear of the United States? Most Christian right organisations are based in the United States or have strong links with groups there. It makes sense that they would target this country, where approaches to women's rights have a global reach. Although its influence was reduced through the Clinton era, the moral right has enjoyed good support from successive United States administrations.⁹² In recent years, anti-abortion spokespeople have been appointed to key positions on United States delegations to UN conferences where their views are presented as official United States positions.

To represent this country to the world, Bush has replaced career diplomats with career ideologues: John Klink, a former chief negotiator for the Vatican, has been on nearly every US delegation to a UN meeting, joined by Jeanne Head of the National Right to Life Committee, Janice Crouse of Concerned Women for America ... and others from the "pro-family" lobby.

Block 2003

The moral right's influence on the United States was partially responsible for the exclusion from the UN's Millennium Development Goals of ICPD's central goal: "to make accessible through the primary health care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015" (Girard 2000, 68). This omission matters, since the Millennium Goals provide framework for contemporary international discussions on development objectives and the few targets by which governments' efforts for development can be assessed.

⁹² See Goldberg 2002 for an account of the impact of the Population Research Institute upon United States policy towards the UN and the funding of family planning programs overseas.

United States funding to UNFPA was an early casualty of right wing influence on the United States Administration. Invoking the 'global gag', the United States administration withdrew \$US34 from UNFPA's funding in July 2002, 12.5% of the organisation's annual budget, creating a real danger that UNFPA will be reduced to a "boutique" fund (Pierce 2002). In her response to the United States decision, the Executive Director of UNFPA reminded the United States Government of its support for the ICPD Programme eight years earlier.

The [UNFPA] programme adheres strictly to the voluntary, human rights-based approach to reproductive health and family planning stipulated by the 1994 Cairo International Conference on Population and Development and unanimously adopted by the United Nations General Assembly. The abolition of birth quotas and family planning acceptor targets in the 32 countries was a condition of UNFPA assistance. ...

In today's complex world, population, family planning, women's empowerment and HIV prevention are issues that deserve more attention and funding, not less. (Obaid 2002)

The Bush Administration's decision confirms that the moral right's strongest power is its influence on governments with the power to stall international meetings, as the United States did in Bangkok in December 2002, and whose funding is crucial to the viability of reproductive health programs in low income countries. National electoral influence has greater impact on women's access to their reproductive rights than attempts to water down global consensus on conference outcomes. Thus, even though the POA was confirmed and, in some areas, strengthened at ICPD+5, and at the ESCAP Conference three years later, the funding decision of one government was capable of undermining it. In this instance, however, the European Union has stepped in to partially fill the funding gap and UNFPA has used the occasion to increase public support for its work (anon 2002a). However, since less than half the committed funds have been received for the Cairo program, any further loss is keenly felt.

Does the moral right support United States foreign policy objectives? Charlotte Bunch, director of the Center for Women's Global Leadership, suggests one reason why the Bush administration has adopted with such alacrity the moral right's aim of unsettling the UN.

"Their overall goal has always been to weaken the United Nations, in particular its capacity to be a constraining force on the flow of global capital and militarism. Attacking reproductive rights is convenient because it also delivers for the right wing," [said Bunch]. And it's low risk. "The Bush Administration has been able to get away with what would be appalling to most moderate Republicans," explains Jennifer Butler, the Presbyterian Church's UN

representative, who tracks the Christian right's activities at the UN. Very few people - including members of the press - pay attention to UN meetings, she observes. "Bush can throw a bone to the Christian right and score some points, and he can do that without a cost." (Bunch, cited by Block 2003)

The United States has signed few of the UN human rights conventions, including the Women's Convention. Never a strong supporter of multilateralism, it has been more outspoken in its lack of support for global conventions and international institutions, such as the International Criminal Court, since 2000. Indeed, it seems to have embarked on a course of unilateralism in order to strengthen its position as global hegemon. Its decision to mount an attack on Iraq, for instance, posed a strong challenge to the UN Security Council.

Its militaristic stance on Iraq contrasts strongly with its alliance with this government and a number of other states opposed to women's rights at the World Summit on Children in 2002. The contradictions between the United States Government's aggressive attitude to countries deemed to be sympathetic to terrorist organisations, or part of the 'axis of evil', and its alliance with them over the issue of women's and children's rights has been observed by leaders of the women's health movement.

This alliance shows the depths of perversity of the [U.S.] position. On the one hand we're presumably blaming [Sudan, Libya, Iraq and Iran] for unspeakable acts of terrorism, and at the same time we are allying ourselves with them in the oppression of women. (Adrienne Germain, president of the International Women's Health Coalition in Lynch 2002)

Opposition to the 'empowerment' of minorities - although women, who are half the world's population, are hardly a minority, feminists are treated as one - is able to transcend the realist foreign policy objectives of the Bush administration. Despite the campaign against terrorism which is distancing the United States from Islamic nations, an alliance of conservative American Christian organisations and Islamist governments has announced its intention "to halt the expansion of sexual and political rights for gays, women and children at United Nations conferences. ... The main issue that brings us all together is defending the family values, the natural family" (The Washington Post 2002). The contradictions revealed by the United States' ability to sustain enmities in the realist, macro, sphere of military security while pursuing alliances with the same governments over the micro issues of women's reproductive lives are of great interest to International Relations scholars who observe the politics which "[v]ery few people - including members of the press - pay attention to" (Butler in Block 2003, above).

The battle being waged over women's rights is the politics of the everyday. While it is currently being waged with the modern tools of the Internet and other telecommunications and played on a global stage, with the UN as facilitator, it is an old battle, as the history of feminist struggle attests. At the time of the Cairo conference, feminists were in a position of strength, due to the prominence of rights discourse and the relatively pro-feminist Clinton administration. Ten years later, the moral right has the support of the Bush administration and the United States Congress, and more organisations accredited to the UN than ever before. So far, feminists have held the line on the transformative ICPD agenda, with the support of the majority of the world's governments. The opposition of the moral right may have helped to mend some of the fault lines revealed earlier in this chapter.

3.7 Conclusion: the micro agenda needs a macro context

At the end of the decade, feminists appeared to be more united in defending the ICPD agenda than they were in 1994. Most feminists were, on the surface at least, unanimous about the importance of uniting to counter the moral right's increasing power. Lynette Dumble (1994b), who had earlier accused the ICPD agenda of being Malthusian, wrote more favourably in 1999.

In 1994, in a break with past ICPD traditions, people rather than numbers were hailed as the primary consideration. In a shift away from demographic targets, girls' education, women's reproductive rights and empowerment and the shared reproductive responsibilities of women and men became the focus of Cairo's 20-year plan of action to stabilise the world's population. (Dumble 1999b)

Mira Shiva, who in 1994 accused the POA of blaming "ethnic conflict and resource scarcity in the South on Third World women's fertility" (Shiva and Shiva 1994) was one of the authors of a 1999 document to remind the Indian government delegation of commitments it made at ICPD.

The ICPD POA approved by consensus by 179 countries at Cairo in 1994 ... landmarks a comprehensive vision of population and development. The new vision is based on ensuring human well being as the focal point of all international activities designed to address issues of economic development and balanced sustained economic growth. It emphasises the primacy of women's empowerment and individual rights as important ends in themselves but which are also strategically critical to the actualisation of a people-sensitive population and development vision. (Mukhopadhyay et al 1999)

At ICPD the international women's health movement's over-riding aim was to move the objectives of population programs from fertility control to responsiveness to women's reproductive health needs. It was able to call on an international feminist network strengthened by UN Women's Conferences and successful NGO organising for UNCED and the Vienna Conference on Human Rights. Since ICPD + 5, efforts to maintain the language of the POA have produced "immense frustration with the expensive, reified and time-consuming nature of the haggling over words" (Otto 1999, 11). Despite their victory over language, feminists are seeing reductions in resources for programs which enhance the reproductive rights and health of women and young people, and the major donor to population programs is more responsive to the demands of the moral right than to advocates of women's rights.

The concepts of empowerment, reproductive rights and reproductive health which captured the support of the international community in 1994 are less favoured in 2002. The ICPD's 'quantum leap' was contained in the POA's micro approach. While the macro political and economic environment of the decade has been a crucial factor, as I argue in the next chapter, some pertinent observations can be made about the micro agenda itself, based on the discussion in this section. First, the concept of women's empowerment, which first entered Southern feminists' writings as a transformative concept in the mid-1980s, emerged from the ICPD as a concept acceptable to governments and other institutions with little interest in advancing the liberation of poor women. Second, the concept of reproductive health, while on the surface unexceptionable, has become a field of contest because it includes safe, legal abortions. Finally, the concept of reproductive rights which went to the ICPD was focused on biological reproduction and failed to incorporate the enabling conditions which many feminists saw as crucial to their achievement. Many developing country governments were challenged by the concept of reproductive rights even in its narrow definition.⁹³ As the pre-ICPD statements indicate, the concept of 'reproductive rights' was not supported by all sections of the international women's health movement although they could agree on empowerment and reproductive health. By contrast, the Cairo definition has been endorsed by most of the international community. The 'enabling conditions' which Correa and Petchesky include in their broadened definition of reproductive

⁹³ See the case study of Indonesia, Chapter four.

rights, it is argued in the next chapter, may be more successfully incorporated into a 'rights-based approach' to development. The task for feminists is to engender these broad civil society campaigns. This is not to argue that the concepts enshrined in the ICPD POA should be discarded. Each is crucially important to the feminist project and together they hold transformative potential. This, of course, is the major reason that governments have not taken the 'quantum leap'.

The world at the turn of the century seems less favourable to the achievement of feminist objectives than it had six years earlier. The UN is a less useful forum for the international women's health movement due to the reasons discussed above. As a consequence, Otto reports:

[I]n the view of many of the participating NGOs, the time is fast approaching when the costs in human resources will outweigh the small and precarious gains that result from the endless compromises and deals over acceptable language that are struck in the corridors and back rooms of the UN. (Otto 1999, 11)

Together, these trends suggest the need for a reassessment of strategies for future global campaigns. As the next chapter shows, however, feminists are no longer so focused on the UN, as the powers they need to challenge are vested in the institutions which shape the global political economy.

Chapter four The macro-context I: The reproductive body in the global political economy

[F]rankly, in my view, the money that's being moved for women's discussion has been to get women's attention exclusively focused on reproduction again and leave the debates on economy to the men. ... So, the women's movement needs to transcend the agenda of reproductive obsession and balance attention and focus also on issues like global economy and globalization since they do affect our lives. (Vandana Shiva 1996)

4.1 Overview

Chapter four moves from the micro to the macro level in search of answers to the question 'Why didn't the ICPD change the world?' It locates the (female) reproductive body in the global political economy, beginning the examination of the macro concepts and trends which shape population and reproductive politics. Chapter five continues the discussion by looking at how the reproductive body is located in the globalised political ecology. A gender lens is applied in order to discern the gendered politics embedded in economic and ecological approaches to population and reproduction.

This thesis argues that 'macro' issues, which include the broad area of global political economy and the role played by international financial institutions in global governance of population and reproductive issues, were largely unexplored at the ICPD.⁹⁴ By contrast, when addressing the issue of population, key international actors like the World Bank tend to ignore the 'micro' issue of reproduction. The organisers of the ICPD believed that its reproductive rights and health approach was a major achievement, because "population growth problems cannot be tackled through a macro numbers approach: solutions must be found at the micro level. ... Programmes must be based on a proper understanding of people and their needs as individuals and communities, on the status of women, and must represent a genuine effort to help meet such needs in a caring and sensitive manner" (Sai 1997, 6). The corollary of the emphasis on the micro issues of individual women's rights and health was the failure to address the impact of international, macro trends on governments' ability to implement the transformative aspects of the POA. In this, the POA is typical of UN conference

⁹⁴ Chapter III of ICPD's POA which deals with these issues is examined in more detail in Chapter five of the thesis.

documents which “describe problems, but ... fail to analyze the roots of the problems, so, often the proposed solutions are either inadequate or unworkable” (Riley 2001).

In the 1990s, discussions about reproduction and population were couched in broader debates about sustainable development, a term adopted for global discourses on environment and development by the Brundtland report, Our Common Future (WCED 1987). Most feminist organisations preparing for ICPD did not tackle this concept, nor did state delegations want to reopen the topic after UNCED.⁹⁵ The contentious place of population in debates about sustainable development is explored in the next chapter of this thesis.

The POA links the micro conditions of women’s lives to the broader economic context of development with its assertion that women’s empowerment is “essential for the achievement of sustainable development” (UN 1994, 4.1). I argue here that it is women’s labour, rather than their empowerment, which underpins sustainable development.⁹⁶ In particular, the unpaid reproductive labour of women provides essential services which underpin the formal economy but is not ‘counted’ in national economic statistics.⁹⁷ Despite its centrality to sustainable development, however defined, and its integral relationship to population issues, women’s reproductive labour was not addressed at the ICPD.

The links between micro and macro issues have been established in a growing literature, with contributions from many feminist scholars. The dominance of neoliberal economic approaches is reflected in the growing influence of global economic institutions such as the World Trade Organisation (WTO) which, feminists argue, oversees a trade regime which has deleterious impacts on the lives of poor women. Concurrently, as described earlier in this thesis, the United States-based moral right movement has increased its political influence over some governments, recruiting them

⁹⁵ Harcourt (1997a) and Gita Sen (1994a, 1994b) have presented their concerns about the implications of ‘sustainable development’ for women.

⁹⁶ Here I include productive as well as reproductive labour, in the understanding that demand for women’s work is conditional upon availability of suitable men and subject to the relative price of their labour, where this is remunerated.

⁹⁷ See Waring 1988 for a detailed analysis from a feminist perspective of the calculation of national accounts.

in their campaign to restrict women's access to their rights. Since both approaches have disastrous implications for women's empowerment, reproductive health and rights, a number of feminists are engaged in exploring links between the two trends.⁹⁸

In this chapter, I explore the connections between the micro aspirations of the feminist agenda for reproductive rights and health and trends at the macro level of the global political economy in which they must be realised. To do this, it is first necessary to outline the major trends in the global political economy through the 1990s and early twenty-first century, in particular, the dominance of 'neoliberalism'. I then address the dislocation of micro and macro economic levels, and consider whether the intermediate 'meso' level provides opportunities for governments to secure the enabling conditions necessary for women's human rights. I examine feminist critiques of the way that economics is conducted in the globalised world and analyses of the difficulty of incorporating a gender perspective in the areas of government concerned with economic management. I consider Amartya Sen's concept of 'development as freedom' and the 'rights-based approach to development' (which incorporates the 'right to development') to determine whether these are useful avenues for feminist campaigns for women's empowerment with the potential to provide the enabling conditions for reproductive rights and health.

In examining institutions which shape the global economic environment I focus on the operations of the World Bank since it plays a decisive role in shaping development, provides a high proportion of funds to population programs and plays a key role in bringing developing countries into the global political economy. To show how policies shaped in boardrooms and offices impact on governments and are felt at the level of women's bodies, I look in detail at the impact of Bank and International Monetary Fund advice and conditions on one country which has been subject to their intervention. While a number of low income countries could be used to illustrate the argument of this thesis, Indonesia is chosen as a case study because it is frequently heralded for its success in lowering fertility. Adjustments made in response to the 1998 economic crisis demonstrate the impact of structural adjustment on women's reproductive health and empowerment. The country study reveals the impact of 'macro'

⁹⁸ See Sen and Correa 1999 for an argument linking campaigns for economic justice and women's rights.

development policies and political economy on the 'micro' of women's health and reproductive lives, illustrating why the ICPD POA failed to change poor women's experience of the world.

4.2 Population and the economic orthodoxy

The ICPD occurred at a time when concerted efforts were being made to transform the global political economy. The economic approach which was strengthened by these processes is labelled variously in the literature of political economy: neoliberalism (Brain 1999), orthodox liberalism (Cohn 2000), neoclassical economic theory (Stretton 1999), the rational expectations-equilibrium theory (Dornbusch and Fischer 1987) and the Washington Consensus (Martin 2000a). In this thesis, I use the term 'neoliberalism' and the term 'New Washington consensus' (Martin 2000b) to refer to later adjustments which give governments a minor role in providing 'safety nets', such as food supplements and subsidised health and education services, to assist the 'losers' in the neoliberalised global economic environment. An explanation of neoliberalism is outlined below.

Contemporary neoliberal economic theory takes the view that "[e]conomic growth is not difficult and could be largely left to markets" (Brain 1999, 5).

The balance of payments will behave itself and growth will be maximised by policies which facilitate specialisation in products in which a country has at least a comparative advantage. These products, of course, would be identified by untrammelled markets and strategies should be adopted which remove any obstacles to the workings of market forces. (Brain 1999, 62)

According to this theory, how do low income countries fare when the market determines their economy? The World Bank describes the "mechanism of mutual benefit" which includes the following processes. Macroeconomic reform to open the economy will improve "cost competitiveness" and attract capital flows which will, in turn, improve productivity and capacity in the relatively unskilled manufacturing sector. This improved competitiveness will increase poor countries' penetration into high income markets, expanding local production and increasing demand for low-skilled labour which will lead to increased wages in low income countries. Real wages will fall for low-skilled workers in high income countries, but this is compensated by cheap imports. Increased real incomes of workers in low income countries increases the demand for medium to high technology goods and services from high income

countries, which will increase demand for high-skilled workers in high income countries, leading to rises in their incomes.⁹⁹ The state's role is reduced to "applying policies and establishing collaborative, co-operative networks between businesses, and between businesses and government" (Brain 1999, 63).¹⁰⁰

Neoliberalism had been applied to 'population' before the ICPD under the label of 'revisionism'. The idea that the market should be allowed to define reproductive decisions was introduced by the United States at the 1984 Population Conference. Earlier approaches, which saw population growth as deleterious to economies, since catering for increased numbers required investments in infrastructure and services would reduce savings and restrict the ability of economies to grow, justified programs to reduce fertility. At Mexico City, the United States instituted its 'Global Gag rule' which added a moral reinforcement of its economic decision to reduce funding of population programs.

In the revisionist approach, individuals, couples and households are characterised as 'rational reproducers' whose decisions are allowed to determine macro population trends.

[C]ritical behavioral decisions regarding population and development are made at the micro level - by households, by individuals, and by other entities - given the resources under the control of the decision-makers and the market and policy environments in which those decisions are made. (Behrman 2001, 371)

As Behrman's comment indicates, households are embedded in political economies, and the 'rational reproducer' is also influenced by social and cultural factors. There is little recognition that the 'rational reproducer' is a woman whose reproductive decision making is constrained by relations of power at every level of her life, from the household to the national and global economy.

Because it has created a policy environment in which funding to population programs is reduced, revisionism is unpopular with the population establishment which prefers the earlier orthodoxy that "population growth inhibited economic development—a relationship that impelled funding for programs to reduce population growth" (Sinding

⁹⁹ This list of assumptions is adapted from Brain (1999, 62).

¹⁰⁰ See Taylor 2000 for an expanded discussion of the state and neoliberal macroeconomic policy.

2002a). UNPD's recent predictions of eventual population stabilisation and decline have taken the sharp edge from neo-Malthusian interpretations. Revisionist approaches and the reinstatement of the Mexico City policy in 2001 made the global political economy an unsympathetic environment for attracting funds to population programs and reproductive health services. For a combination of reasons discussed in this thesis, the ICPD agenda failed to gain the financial support necessary for its success.

In 1995, the bilateral donor commitment to population assistance was \$1.4 billion which was \$3.6 billion short of the total bilateral and multilateral commitments for implementing ICPD by 2000. Seventy-three per cent of this came from just four donors - the US, the UK, Germany and Japan. ... [T]he 2015 target stands little chance of being met [since] aid from international donors has declined, especially from the US. (Standing 2002b, 8)

Nafis Sadik was concerned that the shortfall in funds was because ICPD's micro approach was of less interest to governments, UN officials and international financial institutions than earlier orthodoxies which framed population as a macroeconomic problem (Sinding 2002a). As a consequence, she organised a conference in the run-up to ICPD + 5 to highlight economic and population relationships. In his foreword to the collected papers from the conference, Conway suggests that 'revisionism' was unquestioned at the ICPD and led to an underestimation of the macroeconomic rationale for concern about high population growth (Conway 2001, v). At the 1998 workshop, demographers and economists revived arguments that rapid population growth reduces economic growth in developing countries. In summary, their findings are that, first, rapid population growth exercises a quantitatively important negative impact on the pace of aggregate economic growth in developing countries. Second, rapid fertility decline makes a quantitatively relevant contribution to reducing the incidence and severity of poverty for poor families, creating a 'demographic window' of opportunity. Third, the impact of rapid demographic change on the rural sector is mixed (Birdsall and Sinding 2001, 6).

As I argue in this chapter, the neoliberal framework now forms the context in which governments make decisions about funding for health and other programs related to reproductive health. Therefore, bodies like the UNFPA have the challenging task of convincing governments that population and reproductive health are cost-effective investments. On one hand, it must convince developing countries that their growing populations are a problem and that improving women's reproductive health is a worthwhile intervention. On the other, it must convince developed countries that

investing in population and reproductive health programs in high fertility low income countries is a good investment. However, in the neoliberal economic environment, where development assistance from North to South flows at lower levels than debt repayments from South to North, it has been difficult to persuade governments concerned about their own low fertility, ageing societies that investments in population programs elsewhere will benefit them. Making a case for improving women's reproductive health is similarly difficult. Current trends at the macro level of the global political economy are inimical to the implementation of measures to improve women's access to their reproductive rights and health because women appear in economic models as ungendered beings, despite their crucial reproductive inputs in creating future workers and consumers, and despite their own roles in these processes. A gender lens shows a different picture, as explored below.

4.3 The micro, macro and meso in economics

Part of the difficulty in revealing women's essential economic contributions is the division of economic processes into 'macro' and 'micro'. These terms, which are used to describe separate branches of economic policy, are artificial divisions, but convenient labels, as Stretton (1999) points out. The microeconomy refers to component parts of the national economy, primarily households and firms, while the macroeconomy describes the system as a whole, including aggregate levels of employment and investment, total consumption and the money supply (Stretton 1999, 648; Alexander and Baden 2000, 16-17). The strict division between the specialised approaches opens a wide crack through which gender relations fall (Alexander and Baden 2000, 16).

This gap reveals an area of growing interest to feminist economists. Structural adjustment programs imposed on national economies by the International Monetary Fund (IMF) and World Bank are based on macroeconomic aggregates, which obscure impacts and issues at other levels, including elasticities of supply and demand, mobility of factors of production, transaction costs and market competence which have direct impact on women's lives (Palmer 1991). There are levels more 'micro' than microeconomic theory recognises, as Folbre's extensive work (1988, 1997) on the power relations which shape women's economic decision-making within households suggests. Furthermore, economic models fail to capture the interaction between the

micro and macro economic arenas. Feminist economist Frances Stewart identified the 'meso' level in order to make interactions between the micro and macro visible.

[Meso] refer[s] to a level of analysis between the [macroeconomic] aggregated national economy and the [microeconomic] level of individuals, firms and households to draw attention to the critical policy-making process especially with respect to public finances. Meso policies concern the distributional impact of macro policies, determining which income group, sector and gender bears the brunt of reforms. (Alexander and Baden 2000, 18)

The meso is the level where governments and institutions make interventions to correct the 'failures' which result from the market's inability to "capture the full value of women's labour" (Alexander and Baden 2000, 18). Birdsall's work suggests that changing demographic trends requires interventions in the 'meso' area.

[T]here is an important set of policies and programs implied in the analyses of economists ... that joins the macroeconomic analysis of economic consequences of aggregate demographic change with the microeconomic emphasis on maximising the well-being of individuals and families. (Birdsall 2001, 414)

Birdsall was an economist at the World Bank from the mid-1980s until the late 1990s and her approach to gender, population and development is reflected in the Bank's approach. Her work explodes revisionism's myth of the 'rational reproducer'; she stresses that the poor make their reproductive decisions without full knowledge of the market. While Birdsall supports the Bank's macroeconomic approach she advocates interventions at the meso level to compensate for the market's failure to provide the 'right signals' to poor women. These policies, which include increasing girls' education and providing reproductive health and family planning services, are the basis of the Bank's "win-win" approach to population.¹⁰¹

[C]ombined with some simple welfare economics and a bit of common sense about the goals of development, they [her examples] strengthen the argument for public support of policies and programs that improve the environment in which the poor too often make constrained decisions about childbearing. Most broad development policies, from deepening of financial markets and rationalization of labor market regimes to expansion of girls' education and of reproductive health and family planning services, meet this test. ... Moreover, to this justification for policy based on the congruence of efficiency gains along with gains in well-being, we can add the additional justification that policies to improve the environment in which the poor make fertility choices are likely also

¹⁰¹ See Birdsall 1994a for a fuller explanation of the synergistic links between poverty, development and population.

to move societies closer to the 'right' distribution of well-being. (Birdsall 2001, 416)

All three levels - micro, meso and macro - are relevant to the political economy of reproduction. ICPD's POA's recommendations are directed primarily to the meso area, since this is the area over which governments, the Programme's main audience, have most control. Interventions were also suggested for the micro level, through recommendations to change the balance of power in gender relationships and involve men more in the household's reproductive work. The area most neglected was the macro area, which was taken as a 'given', as the next chapter explores. The organisations involved in setting the agenda for ICPD failed to account for the political economy of reproduction. Their focus on the UN and the reproductive rights and health approach blinded them to international processes occurring concurrently with their own preparations.

4.4 Globalising the political economy

In this section I outline trends which were occurring in the global political economy alongside the ICPD and its preparatory meetings. This is a complex topic to deal with in a short discussion, but it is important for the purposes of this thesis to establish the ways in which these trends relate to my exploration of why the ICPD failed to change the world. The global political economy is a major force shaping the world and its impact on poor women is profound.

Of all the regional preparatory and other official preparatory meetings for ICPD, only the Latin America and Caribbean Population and Development Conference discussed macroeconomic issues. The conference concluded that "[e]xternal debt and its servicing" prevented "those countries from giving priority to social programmes aimed at raising the population's standard of living" (cited in Johnson 1995, 35). These concerns were weakly reflected in Chapter III of the POA, backgrounded by the ICPD's micro focus and proposals for government action in the meso sphere. While more attention to the macroeconomic sphere may not have produced different results - the POA is only an advisory document - global political economic trends play a major role in shaping reproductive and population politics and inhibit governments' ability to take the quantum leap offered by the ICPD POA. Consequently, in this section I bring them into debates about population and development.

While feminists were campaigning at Rio de Janeiro, Vienna, Cairo and Beijing for women's rights, a different set of global talks was taking place in other cities among different actors. These meetings were geared at setting up a global institutional architecture to accelerate governments' implementation of the neoliberal economic agenda. These discussions were greatly influenced by representatives of corporations and their lobbying bodies, and the resulting framework leans strongly in their favour.¹⁰² Human rights and social justice were not on the agenda of these talks and, as many feminist economists have argued, environment, women and the poor were afterthoughts added to appease critics of the neoliberal globalised economy.

The early machinery of the globalised economy was established as the General Agreement on Tariffs and Trade (GATT) at the Bretton Woods conference in 1944.¹⁰³ The GATT was extended by a series of multilateral trade negotiations. The last of these was the Uruguay Round which began in 1986 and concluded in 1995 with the Marrakesh Agreement that embedded the GATT in the World Trade Organisation (WTO) as the major multilateral body governing trade and investment.¹⁰⁴ WTO structures are more formal than its predecessor's, and extend beyond trade in goods to include trade in services (through the General Agreement on Trade in Services - GATS), trade-related aspects of intellectual property rights (TRIPS), and trade related investment measures (TRIMS). The WTO can enforce compliance through the trade policy review mechanism and settle disputes through its Disputes Settlement Body. Any country may seek membership of the WTO, where each has an equal vote. Nonetheless, reliance upon consensus decision-making favours the countries which act as an informal agenda-setting group, collectively known as the Quad: United States, European Union (EU), Canada and Japan.

The formation of the WTO effectively ruled out the possibility of a revival of initiatives like the G77's New International Economic Order. Many of the Southern governments seeking reform in the 1970s had experienced levels of economic growth which tended to make their governments less critical of the global order. Other governments were

¹⁰² There is a wide literature on this topic; see, for instance the contributions to the volume edited by Stubbs and Underhill (1994); Korten (1995) is a key text for proponents of this perspective.

¹⁰³ The World Bank and IMF were also products of this process.

¹⁰⁴ This discussion is based upon Cohn 2000, especially Chapter eight, Global Trade Relations.

clamouring for entry to the GATT in the hope of gaining markets for their agricultural and manufactured goods. In addition, global lending institutions were demanding, as a condition of structural adjustment programs, that indebted governments decrease spending and liberalise trade to receive the necessary IMF stamp of approval for financial assistance. The special and differential treatment that low income countries received under the GATT had been eroded, reducing their leverage in the global trade arena.¹⁰⁵

Trade in the 1990s was fundamentally different from the regime that the GATT was designed to address (Cohn 2000). One-third of trade is conducted among affiliates of international firms, and consequently, is less exposed to state regulatory policy. While neoliberal economists argue that low income countries benefit from increased involvement in the global economy, most trade and investment interactions occur between Western Europe, North American and East Asian economies (Cohn 2000, 357). The support promised to developing countries with capacity-building and gains in areas such as agricultural and textiles trade is yet to materialise.

Companies based in the quad countries are driving the trade liberalisation agenda.

As globalization as (*sic*) increased, a growing proportion of domestic firms in the advanced industrial states have become reliant on multinational operations, imports, exports, and intrafirm trade. These internationalist firms have played a major role in pressuring for trade liberalization at both the global and regional levels. (Cohn 2000, 230)

The World Bank and IMF advise low income countries to tackle poverty by increasing exports and putting more effort into attracting investment. Current evidence indicates that a very small proportion of investment flows reaches the poorest countries, with Africa receiving a mere 0.6 per cent of total world foreign direct investment flows (OECD 2002, 5). Levels of development assistance from wealthy countries are falling, especially to the poorest countries. Far from achieving the goal of 0.7 per cent of GDP agreed at the UN in 1970, the average level of aid from the developed countries of the G7 has fallen throughout the decade to a low of 0.21 per cent of GDP in 1999

¹⁰⁵ See Korten 1995 and Raghavan 1997 for critical perspectives on the WTO and other institutions of the globalised political economy.