

(Mehrotra 2002, 531).¹⁰⁶ Less than ten per cent of this is allocated to the social sector, which includes education, health, water and sanitation, the 'enabling conditions' of reproductive rights. The percentage of assistance to population and reproductive health services has increased, but this has provided little improvement in reproductive health services to poor women, since access of birthing women to skilled birth attendants increased only from forty to forty-two per cent while limited inroads have been made on unmet need for contraception (Mehrotra 2002, 533). Reproductive health advocates are pessimistic about campaigning for increased funding from a diminishing aid pie (Proctor 2002).

Private United States-based foundations have stepped in to partially plug the gap vacated by governments.¹⁰⁷ High profile foundations with a special interest in population and reproductive health-related issues include the Bill and Melinda Gates, Ford, Macarthur, Packard, Mellon, Rockefeller and Turner Foundations, and they have proved to be a rich source of funds to NGOs, the UN and its affiliates.¹⁰⁸ Pierce (2002), in comparing UNFPA's capacity to the private foundations which provide much of its core and project funding, noted that "The Gates people dwarf us".

Billionaires are able to pursue their special interests by granting funds to selected organisations, often cutting across the plans of multilateral institutions and raising the ire of governments.¹⁰⁹ Ted Turner, who has promised the UN \$US100 million annually over ten years, to be allocated according to his fund's priorities, has a liberal neo-Malthusian view of population and environment problems. "I see the whole field of environment and population as nothing less than the effort to ensure the survival of the human species" (Turner undated). Turner's aims incorporate the ICPD's reproductive health and rights agenda, and he has provided funds to UNIFEM for "women's needs,

¹⁰⁶ While wealthy countries endorsed the Millennium goal of bringing development assistance up to the level of 0.7% GDP by 2015, it remains to be seen whether this will occur, and what form that aid might take.

¹⁰⁷ See Knickerbocker 1999, Rembert 1999 and Rogers 1998 for more information on the kinds of projects that private philanthropists favour.

¹⁰⁸ Time Wirth, who led the United States delegation at ICPD, was appointed Director of the Turner Fund in 2002 (Imse 2002).

¹⁰⁹ An instance was the Gates Foundation's donation of \$US200 million to fight HIV/AIDS in India, raising the ire of the Indian government, which was not, at that time, prepared to admit that the disease was of problem proportions (UN 2002b).

including family planning and children's health" (Atlanta Journal 2002). The Packard Foundation, which is also a large provider of funds to population programs and advocacy groups, is much more populationist in approach, according to its web page.

Continued growth of the world's population places unprecedented demands on the earth's resources, and impacts the quality of life for both present and future generations. The mission of the Population Program is to slow the rate of growth of the world's population and to expand reproductive health options among the world's poor. (Packard Foundation, undated)

Capitalist 'philanthropy' provides funding opportunities to NGOs which might otherwise be openly critical of the inequitable global political economy. Due to their origins in capitalist enterprises, private funds will not often be allocated to projects that challenge the economic structures that have enriched their donors. There are exceptions to this, however; DAWN acknowledges on its web site that it receives support from the Macarthur Foundation.

A strong critique of trade and investment liberalisation has emerged from development organisations.¹¹⁰ The gendered impact of neoliberalism, however, has been overlooked by most critics despite the publications of Southern feminist organisations like DAWN, the International Gender and Trade Network (IGTN) and Northern feminist economists.¹¹¹ Northern feminist NGOs, despite their international focus, paid little attention to the meetings shaping the global economic architecture. Lobbying Western European and North American governments in the early to mid-1990s to take a strong stance in favour of human rights took precedence over global political economy matters. They focused on the UN conferences which placed their issues on newspapers' front pages in preference to the meetings of the Uruguay round, which were reported further back in the business pages.

A different set of government actors was involved at each set of meetings. The bureaucrats and Ministers from Departments of Trade, Finance and State Treasuries

¹¹⁰ See Kwa (2002) and Khor (1992) who represent organisations based in the South (Focus on the Global South and Third World Network respectively) which have developed a strong critique of trade liberalisation.

¹¹¹ See Acosta-Belen and Bose 1990; Afshar 1991; Bakker 1997; Buvinic 1983; Elson 1989, 1991 and 1998; Grown, Elson and Cagatay 2000; Haddad *et al* 1995; Hopkins 1996; Moghadam 1998; Palmer 1995; Sassen 1996, 1998; Sen and Correa 1999; Sparr 1994; Whitworth 1994a; and Youngs 1995 for a representative sample of the literature.

who attend trade meetings have a stronger voice in domestic political decision-making than their counterparts in ministries and departments concerned with environment, human rights and population. As Mason (2002), Director of Gender and Development at the World Bank, points out, economists and finance bureaucrats tend to speak only to each other and to favour arguments couched in the language of neoliberal economic theory. Thus, IMF and World Bank economists converse with State Ministers of Economics and Planning in Northern and Southern governments “who went to the same universities” (Mason 2002) rather than to health and education planners.

State finance ministries have avoided taking gender issues seriously in their planning, in the belief that only economic experts should be involved in financial decision-making (Gita Sen 2000a). Treasuries and finance ministries have escaped domestic and international lobbying from feminists due, Sen suggests, to the ministries’ lack of receptive structures and attitudes and most women’s organisations’ inadequate knowledge and poor capacity to effectively lobby them. Women with expertise in reproductive health and rights tend to focus on the micro perspective of women’s lives which financial planners and trade negotiators see as irrelevant to their work.

The World Bank has, since the late 1990s, begun to acknowledge the relationship between macroeconomic policy-making and social issues. The economic crises of East Asia in 1997 demonstrated that the ‘macroeconomic’ has major impacts on the ‘social’. As yet, however, there is no evidence that changes introduced by the IMF and World Bank (‘the New Washington Consensus’) will make any difference to poor women’s lives. Elson and Cagatay argue that the three major biases of mainstream macroeconomic approaches - deflationary bias, male breadwinner bias and commodification bias - combined with the IMF and World Bank’s over-riding objective to reduce government deficits “prevent the formulation of gender-equitable people-centered development” (Elson and Cagatay 2000, 1348). While the Bank has made a commitment to consult with affected communities, the IMF sees no need to take ‘participation’ beyond Ministers of Finance and Governors of Central Banks (Elson and Cagatay 2000, 1352). The World Bank and IMF have been unable to reconcile the macro with the meso level where social policy is designed. Their solutions to protect the poor are limited to the introduction of temporary social safety nets.¹¹² To

¹¹² This approach is scrutinised more closely in the section on post-crisis Indonesia later in this chapter.

do more would require fundamental institutional change which, as the discussion of the World Bank below demonstrates, would be unacceptable to their Boards.

Applying a gender perspective highlights the link between micro, meso and macro economic levels and reveals how policies applied at one level impact on all the other levels. As DAWN points out, the perspective of “poor and oppressed women” provides a “unique and powerful vantage point from which to examine the effects of development programmes and strategies” (Sen and Grown 1985, 17). Palmer argues that misconceived macroeconomic policy ‘trickles down’ to other levels of the economy.

If the assumptions made upstream are based on misconceptions, policies will fail to work downstream at the meso and micro levels. This is what is meant by linking the macro and the micro. In plain language if macroeconomic policy is to be effective it must be informed by what agents at the micro level can and wish to deliver in response to signals transmitted to them via the meso level of the market. (Palmer 1995, 1981)

Poor women are clustered at the micro economic level. The view from this location provides a different picture of the meso and macro economies to that seen by politicians, bureaucrats and other policy makers. Economic planners who wanted to benefit the poorest could be expected to seek their views. Indeed, the skills, resources and ability that would facilitate poor women’s participation in policy development are integral components of the ‘empowerment’ that the ICPD POA centralised in its transformative micro agenda. However, poor women’s views are rarely sought in the design of services directly related to their lives. As the next section explains, services for their general and reproductive health are being redesigned with little thought to women’s needs and interests.

4.4.1 Sexual and reproductive health in the context of health sector reform

Neoliberal reform of the health sector is profoundly altering health service delivery in many countries. While the governments of very poor, heavily-indebted countries have had little power to influence the direction of these reforms, civil society organisations have had less. The pattern for health service delivery is set by multilateral institutions such as the WHO, IMF and World Bank and bilateral donors.¹¹³

¹¹³ Standing (2002) provides much of the information for this section.

The World Bank Report of 1993, Investing in Health, outlines the reform agenda for countries struggling with debt and collapsed social sectors. It recommends reduced public financing of health services, increased involvement of the for-profit and not-for-profit sector, the introduction of sector mechanisms to improve cost control and increased cost recovery mechanisms (user charges, pre-payment schemes and insurance). In the early years of the reforms, which were required as part of structural adjustment programs, the increased role of the private sector and proliferation of separately funded projects resulted in a fragmented and uncoordinated health system where some localities were poorly serviced and specific health needs overlooked. More recently, sector wide approaches (SWAs) have been introduced in which governments, the 'pool' of aid donors and multilateral institutions set priorities for longer term planning. Project-based funding continues. Priorities for funding are set on evidence-based data expressed as Disability Adjusted Life Years (DALYs) "which were invented by health economists to measure years of healthy life lost due to fatal and non-fatal disease and disability" (Berer 2002, 8). Since pregnancy, menstruation and menopause are not diseases, although some girls and women experience serious health issues with them, sexual and reproductive health has fared poorly in the competition for funding. The World Health Organisation has attempted to address this problem, identifying problems with the data on which DALYs are based, which tend to concentrate on maternal mortality and morbidity, since "[o]nly the five direct obstetric complications that result in maternal death (haemorrhage, sepsis, hypertensive disorders, obstructed labour, abortion) were taken into consideration [in the World Bank's Global Burden of Disease survey of 1990 on which DALYs were based] along with estimates of the prevalence of major STDs (syphilis, gonorrhoea, chlamydia), HIV/AIDS and reproductive cancers" (WHO 1998).

Feminist health advocates, with their focus on the micro concepts of reproductive rights and health, have only recently woken up "to what has been going on around us" (Berer 2002, 7). As we have seen, the international women's health movement and family planning organisations played an important role in shaping the agenda of the ICPD and its reviews. NGOs and the UNFPA had the opportunity to make connections between the failure of the ICPD POA to gain financial support with macroeconomic trends like health sector reform. However, the focus and efforts of the NGO Forum at ICPD + 5 were on Southern governments' reluctance to take up the reproductive rights and health agenda rather than upon obstacles to their ability to do so (ICPD + 5 NGO Forum 1998;

IPPF 1998). As Chapter three shows, the international women's health movement also had to again counter the attempts by the moral right to roll back the Cairo programme. A group of parliamentarians meeting at the Hague Forum included a paragraph titled 'Economic crisis' in their Declaration.

The effects of recent economic crises have been very severe, including falling gross domestic products, soaring unemployment, rapid inflation, sharp declines in consumption levels and difficulties in servicing external repayments. The implications for health and social sectors have been particularly devastating. (UNFPA 1999d, para 28)

This paragraph links funding problems with economic crises, rather than recognising that neoliberal macroeconomic policies, through health sector reform, are supporting decisions to reduce government funding of these services, leading to a perpetual health crisis for the poor who rely upon state-funded services. This is illustrated by the Indonesian case study below.

As discussed above, feminists attempting to establish dialogue with economic and finance bureaucrats encounter differences of culture, priorities and perspective. Health reformers focus on "system level change but with no associated monitoring of outcomes for health or their impact on service delivery" (Standing 2002, 21). The rights-based Cairo and Beijing visions of women's health are invisible to those setting priorities, for five reasons. First, health economists, who speak a managerial, technocratic language and feminists, who use the language of advocacy, rarely interact at the national and international level. Second, health sector reform focuses on the macro economy and the supply side of the health equation, looking no further than financing mechanisms and human resource issues while reproductive health advocates are more interested in the micro level issues of service delivery. Third, sexual and reproductive health services are seen as the province of special interest groups who must compete for funding with other groups. Fourth, "sexual and reproductive health advocates did not sufficiently understand the importance of engaging with reforms at a systems level" (Standing 2002a, 22). Finally, the reproductive health agenda has been presented within a human rights framework whereas the WHO and Global Health Fund use a "public goods approach" which combines the language of social justice alongside enlightened self-interest of states (Standing 2002b, 9).

These are major obstacles and it is unlikely that health economists will initiate attempts to bridge them. For this reason Tom Merrick, a Program Adviser on population at the

World Bank, advises reproductive health advocates to seek every opportunity to “be at the table” when resources are allocated.

It is important that [reproductive health advocates] do not leave resource allocation decisions up to the economists and finance people. They need to be familiar with the language and analytical tools of reform... (Merrick 2002, 136)

This strategy requires that feminists increase their economic literacy and knowledge of the power structures of financial and health bureaucracies in order to raise the demand for funding of sexual and reproductive health services above “special pleading” (Merrick 2002, 135). Standing (2002) recommends using the language of the ‘public goods approach’ to convince finance departments that funding for reproductive health is a good investment. This is far from the human rights approach taken at Cairo and Beijing and shifting to the language of economic discourses will require a major reorientation of the international women’s health movement’s campaign. In this chapter I explore the usefulness of framing a rights focus in the broader right to development for the achievement of reproductive health objectives.

4.4.2 Human rights: a challenge to global economic structures?

The right to development has been enshrined as a human rights instrument since 1986. The Declaration on the Right to Development recognises the indivisibility of all human rights and attaches it to communities and to the individual (DFAT 1998).

The emphasis on the right to development reflects the conviction that a narrowly defined notion of economic development is not enough to [create the conditions necessary for the universal enjoyment of human rights]. Development that occurs without respect for human rights and the rule of law remains incomplete. Development leads to the strengthening of human rights to the same degree that the promotion and protection of human rights provide the basis for sustainable development. (Department of Public Information, UN 1998, 22-23)

At the Vienna Conference on Human Rights in 1993, the right to development was extensively discussed, and the High Commissioner took on the task of reorienting the implementation of economic, social and cultural rights by giving the right to development special attention (Department of Public Information 1998). Governments agreed to take a human rights approach to development at the World Summit on Social Development several months after the ICPD. The Human Development Report of 2000 ranks states according to their ratification of human rights instruments and proposes a framework for a rights-based approach to development (UNDP 2000). The

International Covenant on Economic, Social and Cultural Rights has potential as a tool for claiming the rights of poor women; the main problem with the instrument is that it is rarely enforced.

In strengthening the operation of the ICESCR from women's point of view it seems important to pursue both a violations approach which can focus on individual cases and a capacity building approach which can focus on the systematic design of a rights-based approach to economic policy, informed by a gender-aware understanding of how economies function. There has to be an emphasis on strengthening the property rights of poor women, not only in terms of their ownership of private property (including not only land rights, but also job rights etc), but also in terms of their rights not to be excluded from common property, both national resources and social and physical infrastructure. (Elson and Gideon 1999)

The components of Correa and Petchesky's (1994) enabling conditions for reproductive rights are encompassed in the right to development.

Human rights and human development are both about securing basic freedoms. Human rights express the bold idea that all people have claims to social arrangements that protect them from the worst abuses and deprivations - and that secure the freedom for a life of dignity.

Human development, in turn, is a process of enhancing human capabilities - to expand choices and opportunities so that each person can lead a life of respect and value. When human development and human rights advance together, they reinforce one another - expanding people's capabilities and protecting their rights and fundamental freedoms. (UNDP 2000)

Centralising a rights-based approach to development, however, requires a transformative approach to macroeconomic policy.

The fulfilment of the right to development requires a fundamental change in the way that development is perceived and a rethinking of the current tendency to measure development as economic growth, subjecting other social and political objectives to this objective. (Commonwealth Human Rights Initiative 2001, 43)

The neoliberal agenda promoted by the international financial institutions threatens to over-ride the global human rights conventions and agreements established and reaffirmed at the UN conferences of the early 1990s and their reviews. As Elson and Cagatay point out, the social justice principles established at the 1990s UN conferences "will be extremely difficult to realize in substantive ways unless macroeconomic policies are brought out from behind closed doors" (Elson and Cagatay 2000, 1361). To be useful, the International Covenant on Economic, Social and Cultural Rights needs to be used not only negatively (identifying and addressing violations) but also positively (building capacity to implement it).

In strengthening the operation of the ICESCR from women's point of view it seems important to pursue both a violations approach which can focus on individual cases and a capacity building approach which can focus on the systematic design of a rights-based approach to economic policy, informed by a gender-aware understanding of how economies function. There has to be an emphasis on strengthening the property rights of poor women, not only in terms of their ownership of private property (including not only land rights, but also job rights etc), but also in terms of their rights not to be excluded from common property, both national resources and social and physical infrastructure. (Elson and Gideon 1998)

The Beijing Women's Conference began a shift within global feminist networks from an over-riding emphasis on women's human rights towards campaigns on economic issues. By the time of the five year review in 2000, the detrimental impacts of transnational corporations and global financial institutions on poor women's livelihoods were clearly visible to feminist organisations. Riley (2001) believes that the shift in women's attention to macroeconomic issues coincided with the change in rhetoric of the UN and other development-related institutions from adding WID to mainstreaming GAD. The GAD approach "demands transformative change in gender relations from household to global politics and policy and within all the mediating institutions, such as governments, the World Bank, the IMF and the World Trade Organization" (Riley 2001). At Beijing + 5, Northern feminist networks began to combine the human rights approach fashioned through campaigns at UNCED, the UN Conference on Human Rights and ICPD with demands for economic justice (Grown, Elson and Cagatuy 2000, 1154).

In a rights-based approach to economic and development policy, access to the goods and services necessary for survival, such as sufficient nutritious food, water and adequate housing, are regarded as basic entitlements. They are the pre-requisites for what Amartya Sen terms "development as freedom" (A. Sen 1999) and provide the basis from which people can demand other freedoms and rights. These include the freedom/right for self-actualisation through education, freedom/right of movement and the freedom/right to determine one's reproductive and sexual life. Good reproductive health is a basic requirement for this last freedom/right. Sen's approach is valuable to feminist reproductive rights advocates since he offers a political, action-oriented and holistic approach rather than a technical 'add-on' to business as usual.¹¹⁴ As Sen points out, 'freedom' or 'access to the full range of human rights' is both the means and the

¹¹⁴ See Symington 2001; AWID 2002.

end of development, and thus, provides a useful framework for evaluating its impact on people.

Women's freedoms are central to a 'rights-based' approach to development.

Nothing, arguably, is as important today in the political economy of development as an adequate recognition of political, economic and social participation and leadership of women. This is indeed a crucial aspect of "development as freedom." (A. Sen 1999, 203)

They are also the prerequisite for 'solving' the 'population problem' and provide a powerful argument against coercive practices.

[T]he solution of the problem of population growth (like the solution of many other social and economic problems) can lie in expanding the freedom of the people whose interests are most directly affected by over-frequent childbearing and child rearing, viz., young women. The solution of the population problem calls for more freedom, not less. (A. Sen 1999, 226)

A rights-based approach to development and the perception of 'development as freedom' are yet to enter the lexicon of economic policy-makers. While the UN's Sub-Commission on the Promotion and Protection of Human Rights (2002) asserts that "human rights are the primary objective of trade, investment and financial policy", it also acknowledges that "international economic law and human rights law have developed as two parallel and separate regimes, with the risk that human rights principles, instruments and mechanisms will be marginalized as highlighted by the actual or potential human rights implications of World Trade Organization agreements". This has proved to be the case, since the WTO has so far refused to accept that human rights are relevant to its trade negotiations. Furthermore, the lobbying of multinational corporations has kept them immune from human rights obligations, since the guidelines for the conduct of multinational enterprises remain voluntary¹¹⁵ (OECD 2001).

While campaigns to require transnational corporations to comply with human rights charters and multilateral agreements have been unsuccessful and were further set back at the World Summit on Sustainable Development in 2002 (see Chapter five), efforts to integrate a rights-based approach in multilateral institutions may have a better future.

¹¹⁵ In the later 1990s, the OECD appeared to be moving towards the imposition of obligations on the investment of MNEs (multinational enterprises) but veered away from this towards the establishment of voluntary guidelines which companies could choose to report on, but generally do not.

Feminists have set their sights on the World Bank in particular, as it has been responsive to campaigns to improve its environmental credentials and to take a gender perspective, though its operating framework and major objectives militate against the transformative change required. In the next section, I explore the policies and practices of the World Bank presented in reports, other documents and critiques to determine its approach to the micro concepts of women's rights and reproductive health and ascertain its openness to a rights-based approach to population and development.

4.5 The World Bank in the global political economy

The World Bank plays an important role in setting the agenda for development policy in many countries of the South.¹¹⁶ It is a major lender: in the early 1990s, it distributed over \$US20 billion in loans annually (Kardam 1993, 1994) making it the South's largest creditor (Bryant and Bailey 1997, 87). Each dollar lent may raise two or three more from aid agencies, private banks and recipient governments, increasing its effect. The Bank's country and sector-strategy reports prescribe economic regimes to individual governments and influence the planning of donors, and its structural adjustment loans are conditional on governments altering their domestic spending, with far-reaching social, political and economic ramifications (Kardam 1993). "The Bank is now the largest external financing agent for health activities in low and middle income countries and exerts an enormous influence over international and national health policy" (Standing 2002b, 7).

The Bank's work has a number of indirect effects as well. It is the largest employer of economists, it performs more development-related research than any other financial institution and it commissions a large amount of research from external consultants (Reddy 2000).¹¹⁷ Its focus on specific topics in annual reports reflects its own policies, sets the terms of public discourse and influences national governments. The World Bank, however, is criticised by developing countries and NGOs for representing the

¹¹⁶ It does so with its partner Bretton Woods institution, the IMF. The World Bank was set up as the International Bank for Reconstruction and Development by the Bretton-Woods conference in 1944, along with the IMF. Although it has 150+ member countries, it is controlled by a Board of Directors which is constituted by representatives of those countries which provide the most finance. Voting is weighted according to contribution; industrial free market economies have over half the available votes.

¹¹⁷ Much of the Bank's research in the 1970s and 1980s set out to establish the determinants of fertility (O'Brien *et al* 2002).

perspective of the Western industrialised governments which dominate its Board. The United States contributes one-fifth of its funding and has equivalent influence on the Bank's board (Kardam 1993). Consequently, Bank reports cannot be regarded as an objective presentation of best development practice.

Reports published, or initiated by the World Bank ... present themselves as offering an objective view of 'development' issues, untainted by political considerations. This view draws for its authority on the strategic position of the World Bank ... as a body to define for national governments and commercial institutions the creditworthiness of indebted governments. 'Power' gives authority to 'truth' which offers legitimacy to 'power'. (Williams 1995, 174)

Through all the above, the World Bank contributes to the framework of the International Political Economy (IPE). It is a major proponent of neoliberalism and the so-called 'new Washington consensus' (Martin 2000b). Neoliberalism is forced upon developing countries through a package of policy instruments regarded by the Bank and the IMF as necessary elements of 'first stage policy reform'. Structural adjustment programs contain all these components: reduced budget deficits, elimination of subsidies and administration costs, tax reform, liberalisation of interest rates, manipulation of exchange rates to increase the range of goods and services exported, encouragement of foreign direct investment, privatisation of state enterprises, abolition of regulations which impede the entry of new firms or restrict competition, and extension of private property ownership. "The essential characteristic of the 'Washington consensus' was belief in the universal applicability in all circumstances of these abstract 'laws of economics', to the extent that all other areas of both public policy and academic discipline are subordinated or entirely squeezed out" (Martin 2000a, 2). As the list above indicates, the needs of poor women are "squeezed out" by the policy imperatives of neoliberalism.

4.5.1 The World Bank in International Population Politics

At the ICPD five year review, the World Bank claimed that it was "the single largest external financier of human development programs in developing countries also working with partners and client governments to address population issues within a broader context" (World Bank 1999a). The Bank increased loans to population programs by \$US 2 billion after 1994, claiming that they assist in poverty reduction and human development. "Even more lending has been provided through support for child survival, girls' education, and the empowerment of women, where the links to

population and reproductive health are indirect” (World Bank 1994a). I argue that this expenditure indicates concern about population growth rather than women’s welfare.

As an influential proponent of the ‘free’ market, the Bank’s position on population is an interesting anomaly. Despite its major role in forcing neoliberal economic policies on client states, the Bank is not ‘revisionist’ in its approach to population. It has advised Southern states’ governments to bring down fertility rates since the early 1980s, when the president, Robert McNamara, claimed that “population was the overriding cause of poverty in the developing world” (Finnemore 1997, 214). In most other health-related areas, the Bank was advising privatisation in the context of health sector reform, presented as a framework in its 1993 World Development Report Investing in Health.

The Bank’s progress towards becoming a major funding source for population programs has been gradual. Prior to the 1980s, it lacked staff with the expertise to formulate programs, and was geared to providing governments with technical advice about building power plants and dams which better suited its interest in moving large volumes of money. Nonetheless, the Bank responded to the Malthusian concerns of British and Indian elites and financed the setting up of a Population Project Department in 1969 (Caldwell 1998). In 1972, it initiated social sector loans to India for the First Population Project (PIRG 1996).

The 1984 annual report, published prior to the Mexico City Population Conference, signalled a change in the Bank’s overt approach to population. Published directly after the 1980-83 recession, it gives two grounds for state interference: “divergences between private and social calculus of high fertility” and “the absence of market mechanisms capable of meeting the ‘substantial unmet need’ for family planning services in many Third World Countries” (Kabeer and Humphrey 1991, 85). The fear that a Malthusian future awaited the poor countries of Africa and South Asia led to the assertion that “rapid population growth is a development problem”. Defined thus, population growth is a suitable subject for the World Bank because it reduces the quality of life for millions of people and impedes savings and investment, the engine of economic growth. The 1984 report advises governments to introduce measures to reduce population growth.

In short, policies to reduce population growth can make an important contribution to development (especially in the long run) but their beneficial effects will be greatly diminished if they are not supported by the right macroeconomic and sectoral policies. (World Bank 1984, 105)

“The right macroeconomic and sectoral policies” include “the maintenance of an open trading system” and a shift from agriculture to manufacturing exports (World Bank 1984, 41). In other words, the policies which the Bank advocates for development conveniently have the synergistic effect of slowing population growth.

The 1984 advice of the Bank has been echoed in later publications dealing with population. “Policies to reduce population growth” include encouraging breastfeeding, increasing female literacy and increasing the use of contraceptives. Prolonging girls’ school attendance is considered the single most effective way of reducing fertility and maternal and infant mortality and morbidity since it delays marriage. Entry of women into industrialised labour markets is also desirable, since “research tends to show that urban women who work full time, particularly in ‘modern’ jobs, have fewer children” (World Bank 1984, 110). Further, governments are urged to increase the status of women and bring down fertility rates by guaranteeing women’s rights within marriage, divorce and inheritance. More accessible family planning services will enlarge “the choices available to people, a central purpose of economic and social development” (World Bank 1984, 127). Family planning also “improves the health of mothers and children. Both infant and maternal mortality in developing countries could be substantially reduced if pregnancies were spaced at least two years apart, and if pregnancies among teenagers and women over forty were prevented” (1984, 127). The bulk of this advice, Rathgeber (1995) suggests, links the improved maternal health and declines in birth rates to increased economic efficiency and productivity; women’s health and well-being, while a welcome consequence, is not the primary objective.

At Mexico City the World Bank disagreed with the Reagan administration’s revisionist position on population. The Bank’s president asserted that “[t]he evidence is overwhelming that rapid population growth impedes efforts to raise living standards in most of the developing world” (Clausen 1984, 29). The World Bank committed itself to expanding family planning services in client countries and supporting research into contraceptive methods, in the belief that “we shall have taken a giant step toward more rapid economic and social development in the developing world” (Clausen 1984, 36). Bank funding in part compensated for the shrinkage of United States spending on family planning during the Reagan administration’s Global Gag rule. The Bank’s increased spending on population allowed the United States to continue indirect funding of population programs out of the sight of the moral right which prompted the

Mexico City policy. It reflected the opinions of many European delegates on the Bank's board.

The Bank developed a 'population' focus before it adopted a 'gender' focus (Kabeer and Humphrey 1991). The World Development Decade for Women, 1975 to 1985, was slow to make an impact on the Bank, although neoliberal economist, Ester Boserup (1970) pointed out the shortcomings of development policy in regard to women well before it began. Women are invisible in the Bank's 1978 report, although population is mentioned briefly.¹¹⁸

The prospect of large additions to the population, to be supported by scarce resources, underlines the urgency of strengthening family planning programs, of establishing the institutional framework for sustained improvements in agricultural productivity, especially among small farmers, and of implementing special programs for employment and the distribution of essential public services directed at the poorest sections of society. (World Bank 1978, 46)

The Bank appointed a Women in Development (WID) adviser in 1975 and in 1979 she produced a position paper making a strong case for integrating women into development. Using language that economists could understand, she argued that this would improve economic efficiency. She also pointed to women's lack of power in trade unions, their double work load and inequities within households (Kabeer & Humphrey 1991; Chowdhry 1995).¹¹⁹ In 1987, a WID Division was established, and later, WID coordinators were placed in each of the Bank's regional centres. In 1994, the Bank promised to mainstream gender concerns, claiming that it was changing its operational framework from WID to Gender and Development (GAD) (Rounag 1995, 24).¹²⁰ The Bank's increased attention to gender issues reflects the efforts of Northern and Southern feminists and the Norwegian, Netherlands and Swedish governments (Siddharth 1995, 35). The mainstreaming of gender is incomplete, however, since Country Assistance Strategies, the main documents prepared by the Bank to develop and evaluate loan programs, are not required to incorporate gender equity and human

¹¹⁸ The World Bank's 1978 prediction for world population in 2000 is 3.5 billion, a little over half the actual 2000 population of \$6 billion.

¹¹⁹ The report was titled Recognizing the "Invisible" Woman in Development (Chowdhry 1995, 31).

¹²⁰ See Moser 1998 for recommendations as to how gender can be better mainstreamed in the Bank's operations (and a damning critique of its failure to do so). See also Razavi 1998 and 1998 for an outline of difficulties feminists have encountered in engendering institutions like the Bank.

rights, and civil society is excluded from the preparation of these documents (Barroso and Jacobson 2000, 359).¹²¹

The World Bank is in a powerful position to pressure governments to introduce policies to benefit women and girls through its Country Assistance Strategies. It has tended to reflect the views of national elite women, however, due to its limited consultation mechanisms.

The World Bank acts as a custodian, it determines the concepts, methodological categories and data base used to analyse gender issues. The 'donor community' controls the institutional framework (at the country level) ... Because the World Bank constitutes the main source of funding, national women's organisations associated with the seat of political power, will often endorse the World Bank gender perspective. (Chossudovsky 1995)

As many women's organisations argue, affirmative action for women does not, by itself, challenge the multiple power relationships by which women are oppressed.¹²² Some women are better situated to benefit from the Bank's interventions in societies where injustice is systemic and experienced according to class, race, ethnicity, location and age, as well as gender. The World Bank's Charter requires it to work with governments, not civil society organisations. Consequently, government-sanctioned women's organisations have greater opportunity to influence World Bank projects and oversee the establishment of women's bureaux and programs therefore reflect their notion of women's needs and service delivery.

For example, the mechanisms for integrating gender into planning and policy are often as complex and difficult as most mainstream planning. Moser describes planning cycles, data collection, monitoring and feedback procedures that would exclude all but the most formally educated women in the South (and North). (Parpart 1995, 236)

This indicates, as I argue in the next section, that the Bank's understanding of empowerment is limited by its economistic framework.¹²³

¹²¹ See below for an outline of the recent Country Assistance Strategy for Indonesia, where the same problem arises.

¹²² See the contributions to Marchand & Parpart 1995.

¹²³ I use the word 'economistic' to define an approach that prioritises neoliberal economic considerations above all others.

4.5.2 The World Bank's notion of empowerment

The World Bank began to use the term 'women's empowerment' as an objective of development in its 1990s Reports. Its notion of empowerment is, however, generally limited to the provision of primary education for girls, increasing women's access to economic resources and increasing access to reproductive health services. The Bank's 1993 report, which has had direct impacts on poor women's health, coopts the term 'empowerment' for neoliberal economic objectives. The Bank's 'empowered' women are more successful at maintaining their own and their families' health and have fewer children (World Bank 1993 82-86). While the 1993 report prioritises women's reproductive health, it is narrowly defined. More attention is given to the reproductive health problems of the one-third of women in their reproductive years than the two-thirds who are not. Merrick, Senior Population Adviser, was less interested at that time in women's empowerment and reproductive health than in providing contraceptives to the "burgeoning" numbers of women entering their reproductive years (Merrick 1992).¹²⁴ The report is particularly concerned about the health of married women since male violence and repeated pregnancies and related ill-health reduce their ability to care for families, harming "the health of other family members, particularly young children" (World Bank 1993, 50), impacting on the economy's health.¹²⁵

The Bank's concern about girls' education is similarly instrumental in approach.

[G]overnments also need to expand basic schooling, especially for girls, because the way in which households, particularly mothers, use information and financial resources to shape their dietary, fertility, health care, and other life-style choices has a powerful influence on the health of household members. (World Bank 1993, 7)

This rationale for education treats girls as biological reproducers rather than producers. Education, it is implied, 'disciplines' girls as good mothers, responsible for the care of the rest of the household. This approach to education offers little for girls' diverse needs and ambitions.

¹²⁴ The appointment of demographer Thomas W. Merrick as Senior Population Adviser in 1992 may have given strength and commitment to the Bank's population division (see Carty 1992, Merrick 1992). Merrick had been President of the Population Reference Bureau and was a strong advocate of the 'unmet need' approach.

¹²⁵ This was the major human rights issue that feminist human rights activists campaigned around in Vienna in the same year; its mention in the report may be strategic, although its instrumentalisation would indicate otherwise.

The World Bank in the early 1990s was out of phase with the objectives of the international women's health movement, indicating a lack of consultation with stakeholders. Despite its title, Investing in Health, the 1993 report focuses on the macro issue of population rather than women's reproductive rights and health. At that time, the Bank's direct funding of population programs had increased to \$US1.3 billion (Shiva & Shiva 1994b) from \$129 million in 1986 (Sai & Chester 1990). Bank President Preston's speech and World Bank publications prepared before the ICPD focused on achieving sustainable development through reducing poverty and slowing population growth. Preston urged development planners to "ensure the effective implementation of their programs: by better targeting resources, so they reach the poor; by strengthening partnerships; and by keeping population issues at the forefront of the policy dialogue" (World Bank 1994c).

The publication of the ICPD draft POA provided a new language for the Bank and phrases like "safe and effective services that meet individual reproductive health needs" entered media releases and speeches (World Bank 1994c, 15). By contrast, the Bank's 1994 report, Infrastructure for Development, prepared before the draft was available, expanded 'women's empowerment' to encompass participation in the economic sphere but did not recommend women's empowerment as a worthwhile objective in its own right.

The 'empowerment' of girls and women is promoted in World Bank documents only where such improvements are seen to have flow-on impacts on the economy. Southern women are depicted either as vehicles for economic aims or victims of culturally-imposed ignorance. Descriptions such as " 'women in the South generally lack self-confidence, education and basic skills, even for feeding children' reinforce the construction of Third World women as a homogenous, vulnerable group in need of development by Northern experts" (Chowdhry 1995, 34). The empowerment of 'women' was to be addressed by interventions focused on women; occasionally, however, men's role was acknowledged.

Full realization of the benefits of increased female educational attainment for women's productive and reproductive roles in society ... also requires empowerment of women through better legal protection for young girls and unmarried women, improvements in reproductive health and counseling services, commitment by parents and community leaders, *and most important, changes in the attitudes and practices of men.* (World Bank 1994c, 75 - italics mine)

Generally 'gender' is a synonym for 'women' in World Bank parlance, and much is expected of them. President James Wolfensohn, appointed by the Clinton administration, put women at the forefront of the Bank's rhetorical agenda. At the 1995 Beijing Women's Conference, he delivered a speech entitled 'Women and the Transformation of the 21st Century' which centralised women in efforts towards sustainable development, economic advancement and social justice. Wolfensohn reaffirmed his "commitment to the crucial importance of harnessing their talents with equal opportunity and fairness for all".

[N]ot to empower women is a tragically missed opportunity - not only to create a more just, but also a more prosperous society. Empowering women, by the same token, means ensuring their full participation in every aspect of development. (Wolfensohn in World Bank 1995b)

Despite the escalation of economic and social benefits claimed from 'empowered' women, this is not a quantum leap for the Bank. Its notion of empowerment remains limited to girls' schooling, economic participation and extending credit to poor women for micro-enterprises, based upon the Grameen Bank model in Bangladesh. These micro economic interventions have been criticised for skipping the poorest women, who are not good credit risks. Those assisted are unlikely to move from the margins of the formal economy, where their empowerment is limited. Feminist research reveals that, unless combined with broader programs and accompanied by measures to safeguard their control over loans, micro-credit programs do not guarantee improvements in women's lives.¹²⁶ Furthermore, they reinforce, rather than destabilise the economic structures which have impoverished women in the first place.

Because the Bank focuses on education as a primary means of empowering women, it deserves close scrutiny. While feminists are unlikely to oppose an increase in girls' education, they are unlikely to endorse its instrumentality. The Bank does not propose to give girls very much education, as can be seen in Wolfensohn's comment below, or to offer a high quality curriculum which responds to their needs, or to give women access to education and training after leaving school.

¹²⁶ See Goetz and Sen Gupta 1996, Kabeer 1998, Mayoux 2002, Rozario 2000 and Samuel 1997 for examinations of the impact of microcredit programs on women.

Of these investments, female education, particularly at the primary and lower-secondary level, is the most important as it is the catalyst that increases the impact of other investments in health, family planning, agriculture, industry, and infrastructure. Women themselves are agents for change because they play a key role in shaping the welfare of future generations. (Wolfensohn in World Bank 1995b)

The literature on the links between girls' schooling and their subsequent empowerment is inconclusive. Barroso and Jacobson sum up a wide body of research and conclude that it fails to reveal a correlation between years spent at school with women's ability to control their own lives. They suspect that the Bank associates decreased fertility, which is one of few measurable outcomes related to increased years at school, with women's empowerment.

But reduced fertility *per se* is not an accurate indicator of broader changes in women's autonomy or empowerment, or the full realization of reproductive and sexual rights. (Barroso & Jacobson 2000, 353)

Jeffery and Jeffery agree that the Bank emphasises the link between schooling and lowered fertility. "[A]mong the economists of the World Bank ... female schooling and empowerment are not issues worth fighting for, unless they bring with them the promise of lower fertility" (Jeffery & Jeffery 1997, 256-7). Like Barroso and Jacobson, they refute the assumption that school attendance *per se* increases girls' empowerment or that educated women are more empowered. Their research in India suggests that attending school is not a reliable predictor of women's empowerment.

The general Cairo arguments fail to look closely at what is meant by schooling, and how its content and meaning can be dramatically different in different places at different times. ... Girls' schooling can lead to women's empowerment only when class, community and gender politics are changed to make this possible. ...

Women who have been to school will not be empowered by their schooling if they remain embedded in structures which limit their room for manoeuvre (*sic*). (Jeffery & Jeffery 1997, 255-256)

Jejeebhoy confirms this observation. She found that in settings where gender inequality is high, education may increase women's use of contraceptives and childcare but it rarely threatens traditional power structures. Nor does education, by itself, lower fertility. Bledsoe *et al* (1999, 3) confirm that "the assumption of a simple causal relationship between higher levels of female schooling and lower fertility is not universally supported by the empirical record". Jejeebhoy concludes that "such contextual factors as the overall level of socio-economic development and the extent to which the society is male-dominated can condition the effect that small amounts of

education have on women's lives, including their reproductive behaviour" (Jejeebhoy 1995, 177).

The content of education is as important as its availability. The number of girls in schools is quantifiable, but what goes on inside the school-room is variable and difficult to track. Lloyd and Mensch (1999) found that demographers tend to conclude that formal schooling is uniformly positive since it often leads women to delay marriage and childbearing and invest more in the fewer children they produce. Yet, they observe, schools often reinforce the gender inequalities of the larger society because ideologies are embedded in the content and style of education delivery. For many religious movements schooling is a political strategy, delivering different material to boys and girls or denying girls access to education altogether (Freedman 1996). In a secular society, school curricula may reinforce a market-based, consumerist approach (Williams 1999). Barroso and Jacobson suggest that education intended to reduce fertility and empower girls and women, men and boys would provide information about sexuality and human rights, but Diamond *et al* (1999) found that family planning education was by no means universal, especially in the primary education which is all that most children in poor countries receive.

The World Bank ignores these complexities and suggests that educating girls is a solution to poor countries' economic and population problems. Wolfensohn admitted in his speech to the Beijing Conference that women may be hurt by structural adjustment programs but suggests that specific interventions for social objectives, in particular, the education of girls will overcome their disadvantages.

Education for girls has a catalytic effect on *every dimension of development*: lower child and maternal mortality rates; reduced fertility rates; increased educational attainment by daughters and sons; higher productivity; and improved environmental management. Together, these can mean faster economic growth and - equally important - wider distribution of the fruits of growth. In addition, educating girls opens the door to economic and political opportunity for future generations. (Wolfensohn 1995, italics mine)

These are big claims, and pragmatic feminists who support education as a human right may temper their criticism if the rhetoric is reflected in better education for more children. The Bank's belief in education for girls, however, does not extend to making it free and universal. The Bank requires user-pays imposts on social services regardless of the prevalence of poverty in client states, thereby removing access to health services and education from those who need it most. The impacts have been profound and

counter to the Bank's stated objectives; in Ghana, seventy-seven per cent of Accra's street children dropped out of school when fees were imposed (Dunne 2000). More attention is given to the impact of user fees in relation to health, below.

The World Bank is a dispersed institution with multiple centres of power. The Bank's global public profile is established at its central office in Washington but at the periphery, where projects are conducted, practices may not reflect rhetoric. Six World Bank Poverty Assessments from four Sub-Saharan African countries indicate that GAD approaches have not trickled down (Whitehead and Lockwood 1999). No amount of gender mainstreaming will produce better outcomes for poor women when the implementing body fails to understand that poverty is experienced differently by women and men (Barroso and Jacobson 2000, 362; Donaldson 2002).

As noted earlier, education of girls is a major component in the ICPD POA's strategy for empowering women. Indeed, education is an integral component of population programs. In the following section, I investigate whether the World Bank's population programs fulfil the POA's objectives.

4.5.3 The Bank's population policies in practice

The Bank's instrumental approach to empowerment has been the subject of feminist critique, as described above. At the ICPD and the WCW, the World Bank came under fire for structural adjustment programs' impact on poor women's health and lives and for some of its population programs.¹²⁷ Although the Bank's rhetoric focuses on increasing the access of girls and women to education, critics accuse it of prioritising the diffusion of contraceptives and family planning programs in population and women's health programs. In this section, I assess the Bank's performance in the field.

The Bank has played a significant role in the establishment and maintenance of population programs. The Bank's access to officials and politicians at the highest levels has assisted in the establishment of population programs in Turkey, Jordan, Malawi,

¹²⁷ At Beijing, during the official conference, UNIFEM organised a panel on Women's Empowerment, Globalisation and Economic Restructuring. One of the panelists was Ngozi Okonjo-Iweala of the World Bank, who argued that feminists' criticisms of SAPs were based on misinformation and she 'urged her audience to inform themselves to strengthen their capacity to influence adjustment policies as a process of empowerment' (Tsikata 1995).

Indonesia and Zambia (Sai and Chester 1990). Its economic influence over governments has allowed it to insist on the introduction of population programs. The Bank's structural adjustment assistance in Bangladesh was instrumental in having voluntary sterilisation placed in its family planning program (Sai & Chester 1990, 186).¹²⁸ A 1987 evaluation of the World Bank's effectiveness in population issues declared that "[p]erhaps the single most effective element in the Bank's work on population is the policy dialogue that links population issues with other aspects of development" (Simmons & Maru 1988 cited in Sai and Chester 1990, 189).

Hartmann accuses the Bank of promoting contraceptive use and other fertility control measures at the expense of broad health interventions, especially for older women and girls. For instance, a World Bank loan to Nigeria provides family planning with considerably greater funds than the Health Ministry's budget for all recurrent expenditures (Hartmann 1995, 127). The major killers of Indian women are under-nutrition and communicable diseases; girls under the age of fifteen make up thirty per cent of women's deaths while just over two per cent of women die from pregnancy-related causes. Yet the Bank focuses on women's reproductive health (Rao 1996). The two-tiered system advocated by the Bank, which gives wealthier women access to a better-resourced private sector while the government provides essential health services for the poor, "reduces women's health care to services during childbirth. ... Government will subsidize family planning services but ... women will receive contraceptives without medical supervision" (Turshen cited in Hartmann 1995, 138).

Feminists also criticise the types of contraceptives funded by the Bank. Norplant®, Depo-Provera and other implants and injectables are provided to poor women at low or no cost. Some women may choose them because they are long-lasting and can be used without partners' knowledge. However, they have significant side-effects and under-resourced health centres are unable to monitor the health of women using them. The Bank's support of the Indian Government's reproductive health program focuses "almost exclusively on the poor, with special attention to girls, scheduled tribes and scheduled castes" according to Shiva & Shiva (1994b, 28-29). At the end of the decade, despite a 'reproductive health' approach, Indian feminists were accusing some state

¹²⁸ Hartmann (1995) accuses the Bank of offering food for 'voluntary' sterilisations during famine periods in Bangladesh.

governments of making women's access to resources contingent on accepting contraception (G.Sen 2000b). Follow-up medical care is often not available.

The World Bank promotes the Safe Motherhood Initiative, aimed at reducing maternal mortality, in a number of countries. It was a condition of economic assistance to Egypt after the introduction of 'Open-Door Economic Policies'. Morsy saw the Safe Motherhood Initiative as "the masquerading of population-control efforts as humanitarian concern" (Morsy 1995, 172) and correlates it with reduced support for the integration of women into development.

Examination of the state's current policies regarding maternal and child health brings attention to the priority of population control as imposed by international aid donors. Far from "putting the M back in Maternal and Child Health" ... the selective focus on maternal mortality appears to be a medicalized form of fertility regulation. (Morsy 1995, 163)

Although Egyptian women are susceptible to a range of illnesses, the Bank and other western donors see 'excess fertility', defined as 'unmet need' (Cochrane & Massiah undated), as the 'disease' to be controlled, while it neglects poverty-induced malnutrition and funds programs which destroy local agriculture.¹²⁹

Brunet-Jailly finds that, by its own analysis, the Bank's interventions are

most successful in focusing on capital investment needs, developing infrastructure and providing supply inputs', but that success is 'modest' in cases which concern for example targeting the specific needs of the poor. ... Only 17 per cent of projects are reported as having contributed significantly to development.... Lastly, among the 68 projects whose project completion reports were analysed, only a few 'provided objective documentation of the impact of project investments on health, fertility or nutrition outcomes' (Brunet-Jailly 1999, 353).

Lisa McGowan (1998) shows that in 1996, the Bank's private sector lending accounted for forty per cent of Bank lending, much of it accelerating the transfer of ownership of state-owned industries and services to the private sector. The Bank's privatisation policies are exempt from its guidelines for participation and the mainstreaming of gender concerns. Owoh observes that the World Bank's health strategy for Africa is narrowing health options for the poor, as governments are steered towards 'market-driven' strategies of 'user-pays' and privatisation of health services which are neither

¹²⁹ Sixty per cent of rural Egyptian women are said to have 'unmet' contraceptive needs (Cochrane & Massiah undated).

solving the debt problems they are designed to overcome nor improving services. After fees were introduced, deliveries at one maternity hospital fell by more than seventy-five per cent (Owoh 1996, 224). Fifty Years is Enough (undated) cites a 1993 UNICEF report which blames the introduction of fees in the early 1990s for the deterioration of health services in Zimbabwe. As a result, deaths of women in childbirth doubled and fewer people visited clinics and hospitals. After the introduction of fees in Northeast Zimbabwe, attendance at one clinic fell from 1200 in March 1991 to 450 in December of the same year. Attendance at Nairobi's Special Treatment Clinic for Sexually Transmitted Diseases fell by forty per cent for men and sixty-five per cent for women over a nine-month period when fees were introduced. In India, the World Bank's promotion of the private health sector leaves the poor with nowhere to go (Gupta 2000). According to these accounts, the health sector reform promoted by the Bank cause ill health.

Without adequate employment, income, food, water, sanitation and access to comprehensive primary health care - which the World Bank's larger policies in the economic sphere are themselves undermining - the reproductive health approach, however fashionable and "gender sensitive," appears equally doomed to failure. (Rao 1996, 2)

An economic rationale underlies the Bank's advocacy for population control and reproductive health programs. Investing in Health points out that "reproductive health services" are among the "best buys" in terms of health returns for dollars invested (Aitken & Reichenbach 1994, 177). As this scrutiny shows, World Bank funded population programs have tended to focus on controlling poor women's fertility rather than their reproductive health needs, far from the holistic vision called for by the ICPD POA. While there are exceptions (see Donaldson 2002) these result from the campaigns of feminist health activists rather than Bank policy. The Bank's economistic framework takes the approach that women's health is a public good, where it matters at all, for all the reasons given by Wolfensohn above. As yet, it is far from accepting that women's health is a human right, as the discussion in the following section indicates.

4.3.3 The Bank and women's human rights

This sub-section explores the Bank's approach to rights in general and reproductive rights in particular. An analysis of World Bank reports indicates that the human rights focus of the UN conferences of the 1990s is not reflected in Bank policies despite lobbying by some of its employees and outside activists for a 'rights-based' approach to

development. The Senior Population Adviser avoided mentioning rights in his observation that the ICPD POA “parallels the Bank’s own move toward greater emphasis on social development and on balancing its goals of poverty reduction and human development with more traditional concerns about public finance and macroeconomics” (Merrick in World Bank 1999a). On the one hand, this is not an accurate depiction of the POA; on the other, the statement indicates the Bank’s reluctance to use a term central to the ICPD document. Petchesky (2000a, 21) observes that the World Bank and WHO “rarely if ever cast their policies in human rights terms as opposed to economistic ‘cost-benefit’ terms”.

The Bank’s ability to incorporate human rights is limited by its Articles of Agreement which state that “only economic considerations shall be relevant” to its decisions (Gaeta and Vasilara 1998, 3). Enhanced human rights are a secondary consideration in a framework which prioritises economic growth. Often, the objectives run counter to each other as Elson & Gideon point out: “[t]he [human rights focus] treats people as ends in themselves, the [economistic framework] treats people as means for production and subjects them to a financial calculus” (Elson & Gideon 1999, 31).

In the environment of the 1990s, an institution which had been the target of civil society campaigns for several decades had to address human rights. The Bank produced a 1998 report on human rights (Gaeta and Vasilara 1998) and held an internal seminar on the relationship between its lending policies and human rights (World Bank 2002). The records of this forum provide an insight into the diversity of opinion in the Bank and some employees’ desire to incorporate civil society themes. Ian Johnson, Vice-President & Network Head, Environmentally and Socially Sustainable Development Network reflected this in his question “how do we explain ourselves and how do we make ourselves even more relevant to [the human rights] debate?” (World Bank 2002, 13).

At the seminar, Wolfensohn argued that the Bank is actively promoting human rights (World Bank 2002, 10). He told staff that the Bank enhances rights by reducing poverty and giving people the chance for a better life. Nonetheless, he expressed frustration with limits placed on the Bank’s ability to explicitly promote human rights.

But generally the best way for us to proceed has been in a sort of step-by-step way, doing it quietly, trying to assert the delivery of rights, but not necessarily couching it in the terms of human rights....

How do we express [the notion that protection of human rights is at the base of poverty alleviation] without putting ourselves out on a limb politically and setting ourselves back in the pragmatic task of trying to achieve conditions under which people enjoy certain rights, whether it be for education, or for indigenous people, or for women, or for equality, or for whatever the particular enshrined objective in United Nations agreements are? (Wolfensohn in World Bank 2002, 10-11)

The Bank, he implies, is caught between two opposing positions. On the one hand, “external critics are quite vocal in saying that the Bank is inhibiting the provision of rights, and that the conditions of Bank lending or the overhanging debt is an abomination in terms of the ability to deliver rights” (World Bank 2002, 11). On the other, many of the Bank’s Directors and client states oppose an explicit human rights approach.

Some staff at the seminar felt that the Bank should explicitly promote human rights. As a first step, some expressed concern about their own human rights. “A claim was made for greater respect of freedom of expression at the Bank, including the need for greater transparency and openness for such a dialogue within the Bank” (World Bank 2002, 8-9). Other staff members argued that the Bank’s economic framework provided sufficient scope for a rights discourse. Alfredo Sfeir-Younis, Special Representative to the WTO and UN, warned that the mainstreaming of human rights would require major changes to the Bank’s value systems, content and procedures. He saw the two discourses as separate but complementary.

[I]ssues of rights have been debated in economics for years. ... Human rights and economic approaches are, in fact, two sides of the same coin, one defining the desirable and the other the possible. Economic policies without regard for human rights are inappropriate and incomplete, and a human rights package without economics is, at worst, simply a false promise or, at best, an act that will yield only short term benefits. (Sfeir-Younis in World Bank 2002, 7)

Wolfensohn argues that the Bank “contributes directly to the fulfillment of many rights articulated in the Universal Declaration [and t]hrough its support of primary education, health care and nutrition, sanitation, housing, and the environment, the Bank has helped hundreds of millions of people attain crucial economic and social rights” (Gaeta and Vasilara 1998). These are the enabling conditions of human rights, described by Correa and Petchesky.

Despite these claims, this thesis suggests that the kind of development promoted by the Bank does not enhance women’s ability to exercise their rights, except indirectly and not as a primary objective. The imposition of user fees contradicts universal rights to

health and education and the two-tier system resulting from the privatisation of health services leaves the poor without decent health care. Southern feminist organisations oppose privatisation of public health services, claiming that it limits women's right to health care. At the Third World Women's Conference Against APEC, held in parallel to the Kuala Lumpur APEC meeting, 182 women from a range of NGOs endorsed a statement that declared: "[p]rivatisation of health care is a violation of women's basic human rights to total well-being by denying them access to safe, appropriate, affordable, high quality preventive and curative health care. It also commodifies reproductive health needs" (Third World Women's Conference Against APEC 1998).

While the Bank has adopted the terminology of women's empowerment, it has not responded to feminist demands that women's reproductive rights and health be centralised in development and population programs. Freedman and Isaacs (1993, 24) argue that the Bank should be guided by legal and ethical standards when "it engages in 'population dialogues' and approves conditional loans for population programs [and] such standards should be fashioned by the international community according to international law, including human rights law". The quality of family planning programs is crucial to their acceptance by women.

A reproductive health program based on a genuine concern for the well-being of women is important and acceptable. One based on population or demographic principles will be rejected. (Pooley 1990 in Freedman and Isaacs 1993, 24)

In contrast to its silence on human rights in general, and reproductive rights in particular, the Bank actively promotes property rights. These fit with the neoliberal economic agenda and the Bank's Charter. The 1998 report on human rights discusses 'property rights' as though they have a legitimate place amongst the human rights enshrined in UN Declarations. Land ownership is, in the Bank's view, an 'enabling condition' for participation in every other aspect of social, economic and political life.

Property is the ultimate potential asset of every poor person. It is the foundation upon which citizens participate in community and political life. When poor people own property in a secure and recognized fashion, they are more likely to attend school, seek medical care, invest in land, protect the environment, and build social harmony. (Gaeta and Vasilara, 18)

The Bank does not say that property ownership indicates the possession of sufficient wealth to "participate in community and political life". 'Property rights' are an integral component of the neoliberal agenda of placing common property resources into private

hands. Poor people, by definition, are not in a position to exercise property rights. Bryant and Bailey (1997) and Shiva (1989) argue that it is *access* to land rather than ownership that provides the basis of livelihood for poor people in many Southern countries, and that land privatisation often reduces poor peoples'. In common property regimes, access rights vary according to complex systems of "rules and conventions which establish peoples' relationships to resources, translating interests into claims, and claims into property rights" (Gibbs and Bromley 1989, 22). Common property regimes involve multiple actors and fluctuate in response to shifting relationships, environmental circumstances and social conflicts and cannot be 'fixed' as the World Bank and state and business developers would prefer. The Bank's preference for the privatisation of public resources, including land, reflects the ideology of Hardin's 'tragedy of the commons' which is, I argue in Chapter five, Malthusian in its effect on the poor.

The Bank promotes property rights as a means of empowering women: "[s]trategies that strengthen women's property rights, can enhance their economic status *and* contribute to greater economic efficiency" (World Bank 2000a, 9, italics in original). This is a false claim since poor women are among the groups most likely to be displaced by the alienation of common land resources.¹³⁰ The impacts on their livelihoods can be profound. Kabeer (1994) and Wacker (1997) provide examples which show that taking land from common property regimes, where the poor may use it, and opening it up for private ownership, where wealthier people can purchase it, reduces poor women's ability to provide food and water and their power to negotiate in families and communities.¹³¹ Poor women lack purchasing power, and the loans available to them through the micro-credit schemes the Bank promotes are too small to purchase or rent land.

Property rights fit with the World Bank's Charter, reproductive rights do not. As this examination of the Bank's approach to human rights illustrates, despite the campaigns of Northern and Southern NGOs, a 'rights-based' approach to development is not likely

¹³⁰ Shiva (1988) offers many examples of this process in India.

¹³¹ Wacker (1997) describes the effects of the introduction of private land ownership in Kenya on Kikuyu women and Kabeer 1994, 153, describes the importance of land in the gender-differentiated experience of poverty in Bangladesh.

to be adopted by the World Bank while it retains its Charter. Further, many of the states which dominate its Board have shown little interest in promoting the right to development.¹³² Consequently, the Bank cannot assist the ICPD project of ‘changing the world’ with an explicit reproductive rights agenda, although it has the ability to improve the enabling environment for the achievement of those rights.

The Bank claims that it has mainstreamed gender and developed a GAD approach. If this is so, there is potential for the Bank, which is a major actor in the macro sphere of the global economy, to facilitate the ICPD agenda, by implementing policies for the empowerment of women. In the next section of the thesis, I examine debates on the Bank’s recent moves to ‘engender’ development to assess the potential of these processes to contribute to the enabling conditions necessary to improve Southern women’s access to their reproductive rights.

4.5.5 Women’s reproductive labour in ‘engendered’ development’

I have argued that, despite the efforts of feminists inside and outside the institution, the World Bank has not advanced women’s access to their reproductive rights and that efforts to change this situation are unlikely to gain the support of its governing bodies. This argument is supported by WEDO’s findings that, in 2002, the Bank’s Board of Governors included only 5.5 per cent women while they accounted for 8.3 per cent of its Board of Directors (WEDO 2002). Karen Mason, Director of Gender and Development at the Bank, reported that her unit experiences difficulties in “infiltrating” the thinking of Bank economists who represent “the elites of the elites of the world”. Many of the Bank’s professionals come from regions where women’s status is low and reflect their countries’ cultural expectations of women (Mason 2002).

Taking these constraints into account, the mainstreaming of gender within the Bank would be a major achievement. The document Engendering Development (King and Mason 2001) is a substantial effort to provide sound economic reasons for “an institutional environment that provides equal rights and opportunities for women and men and policy measures that address persistent inequalities” (King and Mason 2001, 1).

¹³² For the reasons given in this thesis, the human rights community was sceptical when the Bank began

For these reasons, **gender equality is a core development issue—a development objective in its own right**. It strengthens countries' abilities to grow, to reduce poverty, and to govern effectively. Promoting gender equality is thus an important part of a development strategy that seeks to enable *all people*—women and men alike—to escape poverty and improve their standard of living. (King and Mason 2001, 1 - bolding and italics in original))

The document's authors relate gender inequality to economic development and present a persuasive "business case" that gender inequality has "something to do with development" (Mason 2002). Research assistants and the major authors prepared an exhaustive literature review and commissioned twenty-seven background papers, many of them based on new research. Yet even in this comprehensive document, discussion of human rights remains general and is presented in terms of equality between men and women. Reproductive rights, which by their very nature are gender-differentiated, are missing from the document's brief discussion of rights.

Ensuring equality in basic rights. Gender equality in rights is an important development goal in its own right. Legal, social, and economic rights provide an enabling environment in which women and men can participate productively in society, attain a basic quality of life, and take advantage of the new opportunities that development affords.

Greater equality in rights is also consistently and systematically associated with greater gender equality in education, health, and political participation—effects independent of income. (King and Mason 2001, 13)

The most persuasive critique of the document relates to its lack of recognition of the role of reproductive labour in sustaining the economy. This omission indicates the limits of the ability of neoliberal economic policy to improve girls' and women's lives. In the draft stage of the preparation of the document, feminists from North and South pointed this out.

The document seems to focus exclusively on the aspects of development related to productive activity; and on gender roles in production. We would suggest that such a review is incomplete and distorted if it does not give substantial consideration to the reproductive functions which have to go on in a society to ensure its continuation from generation to generation. Some of the greatest conceptual advances in the gender and development literature to date have been on the invisibility of 'reproductive' as opposed to 'productive' work, and the artificial divide often set up between these two spheres, sometimes referred to as the 'commodity economy' and the 'economy of care' respectively. The artificiality resides in the fact that the productive economy could not function without the invisible, unaccounted-for inputs made to it by the reproductive economy. Unless the latter is afforded greater value - intrinsic value, rather than solely economic value - vis-a-vis the former, and unless

its discussions on human rights. See Gorina-Ysern 1999.

efforts are made to facilitate the integration of these two economies, attempts at promoting gender equity are likely to fall short of their objectives or even obstruct them, by inadvertently and invisibly transferring costs from the commodity economy into the economy of care. (Orton & McGee 1998)

In the final document, the work that women perform in households and families is acknowledged.

In almost all societies gender norms dictate that women and girls take primary responsibility for household maintenance and care activities. In developing countries household responsibilities often require long hours of work that limit girls' ability to continue their education and constrain mothers' capacity to participate in market work. Several types of interventions can reduce the personal costs of household roles to women and girls. (King and Mason 2001, 23)

The suggested interventions do not challenge gender relations. The Bank lists actions familiar from earlier documents, with a greater focus on women's economic participation: increasing women's education, wages and labour market participation "coupled with access to reproductive health and family planning services" (King and Mason 2001, 25); public support for child care services so that women and girls can have "greater economic participation"; and the advice that "[s]elected investments in water, fuel, transport, and other timesaving infrastructure can hasten reductions in women's and girls' domestic workloads, particularly in poor, rural areas—freeing girls to attend school and women to undertake other activities, whether related to income generation or community affairs" (King and Mason 2001, 24-25). Despite recognition that women work more hours than men, there are few concessions to women's reproductive roles. Measures, such as maternity leave, which reduce women's double load are cautioned against as they "may bias hiring decisions against women" by increasing costs to employers (Mason and King 2001, 24). The costs to women are not an issue, it seems. The Bank's suggestion for reducing the reproductive work load is, that those who can afford it should contract household work and childcare out to less well-paid workers. In this way, it is implied, economic benefits will trickle down to the poorest women. This recommendation indicates that the Bank has no intention of challenging class structures or changing the relations between rich and poor women; in its desire to get women into the labour market, it entrenches class divisions.

During its navigation of World Bank processes, Engendering Development has lost any transformative potential its authors may have intended. World Bank governors, board and client states look for "the business case for gender equity, not the social justice

case” (O’Brien *et al* 2002, 45). Despite the best intentions of some in the Bank, the project of ‘engendering’ development by empowering poor women may be impossible for the Bank.

This study has shown that the World Bank has failed in two ways to advance the Cairo agenda. At the micro level, it fails to promote women’s reproductive and sexual rights, although some of its programs have led to improvements in women’s reproductive health. Without explicitly focusing on the micro issues of human rights, the World Bank cannot shift the unequal gender relations which feminists challenged at Cairo and Beijing. At the macro level, the Bank perpetuates the assumptions of the neoliberal economic paradigm by invisibilising and naturalising the reproductive work of women and girls. Within this economic framework, increasing girls’ participation in education and paid work and facilitating their access to credit are not sufficient to empower women. The global political economy that the World Bank, IMF, the WTO and other international financial institutions police has proven to be antithetical to the quantum leap envisaged by feminists in the early to mid-1990s. The economic crises of the late 1990s in south-east Asia illustrates the vulnerability of poor women. In the remainder of Chapter five, I explore the impact of the economic crisis and the World Bank’s structural adjustment programs on Indonesian women and girls, with a particular focus on their reproductive rights and health.

4.4 Economic crisis, gendered impacts in Indonesia

Indonesia has been chosen as a case study for three reasons. First, Indonesia, with the world’s fourth largest population, was proclaimed at the ICPD as a model in engineering fertility decline, due to its attainment over thirty years of an overall fertility rate of three children per couple (Johnson 1995, 23).¹³³ Second, prior to the political and economic crises of 1998, Indonesia was regarded as an example of the success of the export-led economic growth model (Cohn 2000, 336). Third, the deep involvement of the World Bank in funding Indonesia’s population program and instituting a ‘rescue’ package after the crisis, in contrast to the experiences of Malaysia and South Korea, provides an opportunity to assess the Bank’s rhetoric against its practice.

¹³³ In 1997, Indonesia’s official population figure had reached 200 million.

Stretton argues that the policies which facilitated Indonesia's economic success prior to 1997 also contributed to the crisis which occurred when Western lenders called in their loans, while "selling down" borrowers' currencies, making it impossible for Indonesia to repay its debts (Stretton 2000, 126). As a result, GDP was halved to \$US580 per capita (World Bank 2001b, 5). The Australian Government development bureau, AusAID, described Indonesia's experience as "one of the twentieth century's worst economic collapses, surpassing in severity that experienced by developed countries during the Great Depression of the 1930s" (AusAID 1999, 7). Some critics accused the 'rescue packages' imposed by the IMF and the structural adjustment loans provided by the World Bank of exacerbating the situation (Stretton 2000, 126). While it is still too early to make decisive conclusions, observed trends indicate that the crisis increased poverty and that its impacts were profoundly gendered. Thus, the Indonesian situation provides a case study for the impact of the vicissitudes of the globalised political economy, combined with domestic political factors, on women's reproductive rights and health.

Indonesia played a strong role at the Fourth Asian and Pacific Population Conference held in Denpasar in 1992. The resulting Bali Declaration called for rapid progress towards population stabilisation (Johnson 1995, 181) and lacked a critique of macroeconomic trends. Indonesia's successful population program had almost halved fertility between 1968 and 1992. At ICPD, government delegates stressed approaches which strengthened family values "in accordance with each country's own culture, tradition and religion taking into account the level of its development without ignoring their individual and community rights as well as their responsibilities" (Haryono at the ICPD, cited by Johnson 1995, 156). Although a signatory to the Women's Convention, the Indonesian government reiterated its restrictions on abortion (Johnson 1995, 108) and was unwilling to allow women the right to control their reproductive lives.

Furthermore, it is also our conviction that decisions concerning sexual and reproductive matters are family decisions and therefore are not solely the exclusive rights of an individual. (Haryono 1994, cited in Johnson 1995, 156)

Haryono's understanding of women's empowerment reflects the World Bank's although he restricts it to the framework of the family.

My delegation is of the firm belief that the empowerment of women should be done through wider provision and access to educational opportunities, skill training and employment opportunities. ... This policy in itself is providing the

basic means of empowerment in the sense of empowering women and men to enable them to live and work together in facing the challenges and opportunities based on equality, sharing and caring for each other's dignity and welfare. (Haryono 1994, cited in Johnson 1995, 147)

Indonesian feminists were not invited to participate in the preparation of the government's position for the ICPD or ICPD + 5 and thus, were denied the opportunity to challenge their government's focus on population stabilisation (Correa 2000, 229). The government measured the program's success by demographic indicators with little regard to the principles of the ICPD POA (Hull and Hull 1997). Most government officials believed that Indonesia had been on the right track since the 1970s, and that the ICPD endorsed its approach; some officials asserted that Indonesia had "gone beyond ICPD" with its reproductive health programs and income-generating schemes for women (Sadli *et al* 1999, 257-58). Yet, the involvement of Indonesia's military force, ABRI, in providing facilities and personnel for 'safaris'- rapid visits to outlying districts to sign up as many 'acceptors' as possible - indicates that women's involvement was not always voluntary. "If the target is still high and has not yet been reached, and the people are difficult to reach, the army makes them a little bit afraid so that they are willing to come together for a family planning session" (family planning fieldworker in Hull & Hull 1997, 395).

[T]his ideology was never committed to notions of individual, and especially women's, rights, and as a result the family planning 'successes' in Indonesia are not necessarily consonant with the definitions of success sought by those with other ideological assumptions, a subject much in the spotlight in the period surrounding the International Conference on Population and Development. (Hull & Hull 1997, 398)

Nonetheless, its success in achieving its targets by the early 1990s allowed some adjustment in response to women's groups' criticisms about the lack of voluntarism and the poor quality of programs. BKKBN, the government department responsible for family planning, adopted the language of 'quality of care', but as Hull (1998, 30) points out, due to concern that implementing this approach would increase expense and reduce progress in fertility reduction, there was little effective change. Similarly, Correa noted that "in the first few years after Cairo, there was reluctance from the government to talk about the rights aspect of the [Beijing] Plan of Action in related seminars or meetings in areas that were regarded as sensitive and controversial, such as abortion, adolescent sexuality and reproductive rights" (Correa 2000, 229).

Correa argues that Cairo and Beijing produced little attitudinal change in most Southeast Asian governments which considered that they had already achieved satisfactory “gender equality, women’s empowerment, social and economic equity and accessibility of health care services” (Correa 2000, 231). These governments resisted the ICPD’s emphasis on enhancing women’s human rights. While the Indonesian government claims to have adopted a reproductive rights framework, its maternal mortality rate of 450 deaths per 100,000 live births indicates inadequate health care for pregnant women (UNSFIR *et al* 2001, 31; Correa 2000, 234).¹³⁴ Indonesia’s economic situation alone cannot be blamed for these failures. Hull suggests that improving the quality of services “is more a matter of changing the attitudes and behaviour of service providers and policy makers rather than purchasing technologies and equipment” (Hull 1998, 31). A number of problems in the Indonesian population program were evident before the crisis, as the Hulls point out.¹³⁵ First, the division of responsibility and funding between BKKBN and the Department of Health, which was responsible for general health programs, has caused reproductive health issues to fall between the cracks. Second, the program’s focus on increasing contraceptive acceptors rather than delivering quality services emphasised longterm methods such as IUDs, injectables and implants. Third, lack of consultation with users and NGOs about the program’s objectives and methods forced NGOs into the role of critics rather than partners. Fourth, the armed forces’ role in program delivery led to excessive militarisation, confusing demographic targets with political and nationalist ends. Fifth, increased private sector involvement in program delivery since the early 1990s has created a two-tiered service, offering greater choice of methods to men and women who could afford them while offering reduced services to the poor.

Although the Indonesian government believed that it was already more than fulfilling the POA, after ICPD it changed its rhetoric without changing its approach. Its notion of ‘gender equality’, for instance, did not increase male involvement in family planning

¹³⁴ There is disagreement about the level of maternal mortality in Indonesia, reflecting poor statistical collection. While I use the conservative estimate of 450 deaths per 100,000 in this thesis, ARROW (Sadli *et al* 1999) uses WHO’s estimate of 650 deaths per 100,000. The Indonesian Government claims in one part of its report to ESCAP that maternal mortality has been reduced to 334 deaths per 100,000 and in another that it remains high at 390 (Republic of Indonesia 2002).

¹³⁵ This list is compiled from Hull and Hull 1997, Hull 1998, 2002 and Sadli *et al* 1999.

programs. Indonesia's family planning program has always promoted female methods of contraception and the Asian-Pacific Resource and Research Centre for Women (ARROW) study found that ninety per cent of birth control acceptors are women, since "mothers are considered to be more responsive and responsible than fathers" (Sadli 1999, 258). Hull (2002) reports that the combined reported use of male methods of condoms, vasectomy and withdrawal decreased from 3.1 per cent in 1987 to 1.9 per cent in 1997.

Leaders in the community and the family planning program became remarkably conservative about the idea of promoting male methods. Increasingly they questioned the efficacy of condoms and the acceptability of vasectomy, opting to ignore clear evidence that ordinary Indonesian men and women were quite interested in trying the male methods. ... As a result Indonesia in a time of HIV saw the steady decline in condom use for family planning and the failure of relatively inexpensive male sterilization to reach even one third of the number of female sterilizations. (Hull 2002, 5)

More than rhetoric to shift is required to shift culturally embedded discrimination against women. "Many, especially among the Muslim officials in government, feel that men and women are not equal from the start, so the question of equality should not arise" (Anwar 1999, 276). According to one NGO representative interviewed by the ARROW team, safe motherhood interventions are geared towards babies' health rather than women's. The government defines reproductive health narrowly as 'reproductive welfare', construed as "healthy reproductive functions that have an impact on the welfare of the family" (Sadli 1999, 261). "The term 'welfare' seems to accentuate the economic/material side [and] may divert the government's attention from issues of women's reproductive health and reproductive rights" (Sadli 1999, 266).

Most government agencies have not adopted the term "reproductive rights". The ARROW team found that in Southeast Asian countries "the term 'rights' is perceived as loaded with negative connotations such as free sex, homosexuality, abortion and other western values and practices regarded as unsuitable within the Asian context" (Anwar 1999, 276); this language is reminiscent of the moral right's. The ARROW team found that government officials at all levels had a poor conceptual understanding of reproductive rights and health and a selective approach to the ICPD agenda. In response to this criticism, the POA's sovereignty clause was invoked.

The Indonesian government couches discussion of individual rights within the context of women's social obligations. The ARROW report claims that, although the POA was translated into Bahasa Indonesian, poor women remain unaware of their rights to

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control their reproductive lives and to good health. Macroeconomic trends have not changed the government's approach to reproductive rights, health and women's empowerment, but fiscal contraction restricts the government's ability to continue improving and expanding services. The impacts of the crisis on the Indonesian economy were immediate and stark. After expanding at the rate of seven per cent annually, the Indonesian economy contracted by thirteen per cent in 1998 (UNSFIR 2001, 35). The number of Indonesians living in poverty increased from pre-crisis numbers to twenty-seven per cent of the population at the height of the crisis in late 1998 (World Bank 2001b, 5). The impact was felt most strongly by the poor, who had not enjoyed the benefits of earlier economic growth. Health statistics show that many children are under-nourished.¹³⁶

The impact of the crisis fell disproportionately on poor women, increasing the social reproductive work they are required to perform (Francisco and Sen 2000). This was due, first, to the immediate rise in prices of basic commodities with imported content, with food prices rising faster than non-food items. To provide food for their families, women sought work wherever it was to be found, making sacrifices in their own nutrition. The Indonesia Human Development Report 2001 stated that female labour force participation increased from forty per cent in 1995 to fifty-five per cent in 1999. This did not increase their wealth, however, since between 1997 and 1998 the number of women on wages less than the poverty line doubled from eleven per cent to twenty-two per cent, while, in 1998, women's real wages were a third lower than men's (UNSFIR 2001, 13). Women's working days lengthened and they were forced to find new sources of income. Some resorted to prostitution which, due to the poverty of their customers, was not lucrative (UNFPA 1999a).

Second, the contraction of public funding impacted strongly on the health and education sectors. Government real funding of public education halved, from 1.4 per cent of GNP in 1996/97 to 0.7 per cent in 1997/98, while expenditure on health fell nine per cent per capita in 1997/98 and a further thirteen per cent in 1998/99 (World Bank 2000b, 4). Overall numbers attending public clinics decreased by 1.8 per cent, while the number of children attending clinics dropped by six per cent. Abortion rates

¹³⁶ Indonesia's Ministry of Health reported that in 2000, 4.5 million of a total of 25 million children under five suffered from malnutrition (Anon 2002b).

are reported to have risen dramatically due to rises in the cost of contraception (Anon 2000). While free treatment at public clinics is available to the very poor, many are unaware of their eligibility and others distrust the services or fail to meet the headman's requirements (Jellinek 1991; Mukherjee *et al* 2002). Consequently, funds for the social safety net administered by the government and funded by the Asian Development Bank were underspent. The Bank attributed this to government delays in implementing the program, weak eligibility and accountability checks and vague instructions given to civil servants, compounded by poor publicity of the availability of health cards (World Bank 2001c, 70).

The World Bank has been influential in setting the fiscal responses to Indonesia's political and economic crisis. The Bank highlights failures in transparent, fair and accountable governance and the lack of 'voice' of civil society as prime causes, while paying scant attention to the macroeconomic context of the Asian crisis.¹³⁷ Despite 'mainstreaming' within the Bank, its advice to the Indonesian government gives gender issues little attention. The Bank document, The Imperative for Reform, fails to mention gender altogether, and homogenously presents "the poor" as a group to be "empowered" through more participation "at every level of decision making ... [f]rom consultation in the planning stage, to community implementation of programs, to monitoring of poverty programs" (World Bank 2001a, 4.8). Its Country Assistance Strategy for 2001-2003 (World Bank 2001b) confines gender issues to a box entitled 'Gender Inequalities Persist in Indonesian Society' which lists examples of women's inequality: literacy figures (female illiteracy at twenty per cent while male illiteracy is at nine per cent), the concentration of women in low-skilled and poorly paid employment, the paucity of women in public positions and the extent of violence against women.

But these statistics do not give the full story. The inequalities are more deeply embedded and have been institutionalized. The main issue facing women in Indonesia is one of visibility and voice. Although the Constitution gives equal rights to women, successive state policy documents have defined separate roles for men and women: men as the heads of households and women as mothers and caretakers. And there is a concern that decentralization may reverse Government's attention to gender issues. (World Bank 2001b, 7)

¹³⁷ The reports consulted for this thesis include World Bank 2000c, 2001 a, 2001b and 2001c.

One half-page box in a key document does not imbue confidence in the Bank's mainstreaming of gender. Furthermore, it bypasses the Bank's own advice that the decentralisation which was occurring at its insistence might "reverse Government's attention to gender issues". The Country Assistance Strategy is prepared as a guide to economic planners by economists who, for the reasons noted above, do not see gender issues as relevant, despite Bank guidelines.

Indonesian men and women have different concerns. A third document, the Poverty Reduction Strategy notes that women are more likely to prioritise education for children, a clean environment and adequate sanitation while men list low social status as their main concern (World Bank 2001c, 3). The Strategy notes the limitations of using the household as the main unit of analysis, since women are hidden within it.

One cannot say how many 'women' are expenditure poor - one can only say what fraction of women live in households in which each member would be poor *if resources were distributed equally among all members*. (World Bank 2001c, 3, italics in original)

The authors observe that poverty has a gender dimension "as women and girls often bear a disproportionate burden of the additional work created by a lack of infrastructure" and the welfare and education of girls is often sacrificed in poor households (World Bank 2001c, 3). The report focuses on transport and water provision, two areas where it notes that women's needs are consistently overlooked. It links women's transport needs to their reproductive, productive and community roles which are of less interest to government than men's travel to productive employment (World Bank 2001c, 125). The observation that women's burden of fetching water "takes time that might otherwise be used for income-generating economic activities" (World Bank 2001c, 129) suggests that women's productive activities are to be prioritised. The Bank's recommendation that many functions of government should be devolved to the lowest possible administrative level is accompanied by advice that, "for the community's voice to be heard, local people - especially women - must be empowered and this process will not happen by itself" (World Bank 2001c, 64). The document stresses the need for outside assistance to empower women and other marginalised groups because existing organisations do not represent them. The official voice for women, the Organisasi Pendidikan Kesejahteraan Keluarga (PKK) or Family Welfare Organisation is dominated by elite women and led by the wives of headmen, effectively marginalising poor women from decision making. Although members of the

organisation elect their leaders, this has not led to better representation of poor women's interests (World Bank 2001c, 65; Hunter 1996).

A final document prepared under the auspices of the World Bank attempts to represent regional variations in the concerns of Indonesia's poor. The authors of People, Poverty and Livelihoods: Links for Sustainable Poverty Reduction in Indonesia (Mukherjee *et al* 2002) use the sustainable livelihoods framework, finding its emphasis on participation and people-centred approaches and macro-micro links the most useful analytical tool for devising forward-looking strategies. The study team conducted in-depth consultations with the populations of hamlets in four different settings. A gender perspective informs their study design, and men and women were consulted separately. Although the team found different problems at each site, they offer some general observations. First, they note the reliance of poor people on common property resources, which are becoming less available as they are taken over by competitors with greater technological and financial resources, often in collusion with local government authorities. Second, they stress the interconnectedness of the lives of poor and wealthy people: "poverty is a dynamic condition connected to social, economic and political systems" (Mukherjee 2002, 30). Third, few poor families can afford the secondary education crucial to remove children from the cycle of poverty. Fourth, there are insufficient credit services for poor people who, in rural areas, tend to seek support first from family and community and, in urban areas where kinship links are weaker, resort to expensive money-lenders. Fifth, although poor people do not trust the village councils and headmen which administer the infrastructure and services they rely upon, they are unable to travel elsewhere. Sixth, the rural and urban poor who rely on common or public land lack secure tenure and are not consulted in negotiations over land use change. Seventh, the new technologies only wealthy people can afford marginalise the poor by destroying and degrading the environments they depend upon for their livelihoods.

Mukherjee *et al* conclude that long term solutions to poverty in Indonesia require national collective action. Their definition of 'empowerment' is broader than the Bank's, and closer to DAWN's, requiring action at the macro, as well as the micro, level. "[E]mpowerment' of Indonesia's poor is in part the process of community enablement, and in part the process of democratically deactivating powerful structures and systems that prey on the weak and powerless" (Mukherjee *et al* 2002, 72).

The emphasis on sustainability in the SL approach clearly highlights the need for long term systematic solutions to poverty which usually implies *transforming* the social, political and economic practices and power distributions that give rise to poverty, addressing its root causes. (Mukherjee *et al* 2002, 8, italics in original)

They are critical of the Indonesian Government and World Bank's micro-strategy of 'empowerment' of the poor since "the emerging popular discourse on 'empowerment' is mainly *reformist*: it seeks to adjust, rather than transform, existing social and economic systems and relations" (Mukherjee *et al* 2002, 81). Further, they condemn the Bank's macroeconomic formula.

This study has emphasised the importance of linking strategic policy decisions to practical understanding of the dynamics of how poor people manage their assets and risks to obtain their livelihoods and how they are actors and decision-makers, rather than passive recipients of programmes. While policies may appear balanced and economically convincing at the macro level (e.g. privatisation of state-owned enterprises to increase state revenue) they do not necessarily favour sustainability for poor peoples' livelihoods) e.g. when they reduce access by the poor to common property resources). (Mukherjee *et al* 2002, 85)

The study team's work at the micro level of individuals and their communities provides a picture of poor peoples' local adaptations to the macro political economy. Although these studies are cited by the Bank (2001c), the team's recommendations for change are not incorporated into the body of the Bank's document.¹³⁸ The World Bank's analysis is confined to the macro level, viewed through a neoliberal economic lens and its recommendations for devolution of power to regional and provincial level and greater voice to the poor are based on fiscal rather than social analysis. By contrast, advocates of sustainable livelihoods talk to the people who the Bank claims 'lack voice'.

Women's reproductive rights and reproductive health are given minimal attention in the Bank's Country Assistance Strategy. Mukherjee's study team found that poor Indonesian women are deeply concerned about issues related to family planning and reproductive health needs. Their findings are incorporated into the following discussion of the impact of Indonesia's economic crisis on women's reproductive health and rights.

¹³⁸ See World Bank 2001c, page 69, footnote 39.

4.6.1 The economic collapse and women's interests

The narrow emphasis of the Indonesian Government on birth control targets has led to neglect of women's interests. While "women have wanted to control their fertility for centuries ... their efforts have been blocked by factors beyond their control, such as male domination, female traditional roles and unequal access to resources" (Makabenta 1993, 17). Consequently, the impacts of Indonesia's economic crisis are considered here from two perspectives: impact on fertility rates (the macro perspective) and impact on women's reproductive rights (the micro perspective).

As noted earlier, public health expenditure was an early casualty of the crisis. Despite this, contraceptive prevalence rates remained constant at fifty-seven per cent (Wasisto 2002; Republic of Indonesia 2002). Changes in contraceptive use have occurred, however, in response to decreased availability and higher cost, with the rate of pill users declining by more than half (Republic of Indonesia 2002). Although family planning services are free to eligible poor couples, visits to *puskesmas* (community health centres) for supplies fell by a third while the proportion of injection users obtaining supplies from village midwives increased (Republic of Indonesia 2002). Decentralisation and budget cuts reduced the reliability of data gathered in the 2000 census, but demographers generally felt optimistic about population trends.

When looking forward to 2025 it is well to remember that Indonesia is well past the half-way point in the transition from high to low fertility, and there is every indication that the decline in family sizes will continue, barring the catastrophic worsening of the current political malaise such that the factors affecting the supply and demand of children are dramatically changed. (Hull 2002, 1)

According to Hull, the earlier success of efforts to reduce the numbers of births allowed post-Suharto leaders to put their priorities elsewhere, as required by the political exigencies of the period. The impact of decentralisation is uncertain, since priorities of politicians at that level may differ from national aims. Hull (2002) believes that the work of BKKBN in training volunteer and paid outreach workers has the potential to maintain services at pre-crisis levels. Adrian Hayes, a demographer working in Indonesia, is sceptical about the objectives of local officials.

But with decentralization some districts are saying they want more population to give them relatively more political clout in the country, and therefore they don't want family planning any longer. Reproductive rights and empowerment of women arguments don't cut much ice with some of these local officials ... *If population had been retained more clearly as an important macro planning variable we would have more leverage to protect the RH/FP program during*

decentralization. The issue is not population control in the sense of pressuring women to have fewer children than they want, of course (the old worry of coercion); the problem is it may be impossible to rein in some of the pronatalist development planners at the regional levels using Cairo arguments alone. Local officials rarely see health as a priority, and reproductive health is usually off the bottom of the page. I don't expect fertility to go up, because it is currently declining because women genuinely don't want more children. But the quality and availability of services, which is already too low, could suffer. (Hayes 2002, italics mine)

Hayes suggests that the change in emphasis from the macro to the micro, from population to reproductive rights, is an impediment to the implementation of the Cairo agenda in a restructured Indonesia. Indonesia's approach to population growth has Malthusian roots so arguments based on reproductive rights lack the persuasive power of population pressure. Officials treat gender equality as a low priority, as the following extract from the central government's report to ESCAP indicates.

Other constraints that are still faced to achieve gender equality and equity i.e.: the lack of the political will and commitment of sectoral ministries and community to implement the gender mainstreaming strategy in their respective policies and Programs. There is structural and socio cultural values that are still patriarchal and male dominated in some areas of the country. The lack of information on issues and disaggregated data of the situation of women and women to show the gender gap makes difficult to convince other policy makers on the issues of equality and equity. This is due to the lack of understanding and awareness of officials and planners on the implementation of gender mainstreaming in the planning and implementation. *Furthermore, women empowerment is regarded as the least priority in sectoral ministries plan.* Recently, the regional autonomy euphoria has led to misconception on gender implementation authority. All of these constraints are more becoming serious with the low level of education of most of the women. The increased of poverty is leading to various new emerging critical issues for women, especially as results of prolonged economic-crisis and disintegration. (Republic of Indonesia 2002, errors in original, italics mine)

The report confirms Hayes' observation: "[a] major obstacle to the integration of services was the perception among some family planning workers that programs should not be integrated since there is a feeling that a move to reproductive health programs might dilute family planning efforts" (Republic of Indonesia 2002). The report also notes an increase in marriages of children under seventeen years old as a response to poverty (Republic of Indonesia 2002).

Clearly, there are conflicting forces at work in post-crisis Indonesia. At the national level, the amended Constitution calls for equality of men and women and President Wahid's Minister for Women's Affairs renamed her position as Minister for Women's Empowerment and claimed the authority to oversee the BKKBN in order to bring a

gender perspective to its operations. In 2000, a Presidential Instruction on Gender Mainstreaming in National Development was issued, requiring all ministries, including the Armed Forces, Police and District Attorney, to include policies and programs for gender mainstreaming. A National Strategic Plan on Empowerment of Women was devised for 2000-2004 "to achieve gender equality and equity of men and women in the family, community and state" (Republic of Indonesia 2002). The National Strategic Plan incorporates policies on issues relevant to women and children, including policies to increase women's equality.

The political obstacles to implementation are enormous, however, and post-Suharto regimes are preoccupied by ethnic and religious violence and government corruption rather than population and reproductive health. Macro-micro links will be crucial in determining the future of fertility reduction and women's reproductive lives in Indonesia.

For most Indonesians the time horizon for thinking about the future has shrunk since 1997. Economic crisis, political turmoil, and concerns about the emergency support mechanisms available in society have come to dominate thinking. Politicians have a time horizon of 2004, the next general election. Economists focus on the IMF negotiations for the next year, and breathe hefty sighs of relief each time a positive growth estimate for the next year is released, and deep sighs of depression when they think of the national debt, the banking crisis and low foreign investment. While it is easy to dismiss these as parochial interests of men in suits, there are clear links between these myopic visions and the factors shaping the plans and aspirations of young women entering the years of potential motherhood. Each woman (*sic*) who fails to progress to higher levels of education risks having parents consider marriage as an alternative future. Each worker laid off from factory work risks finding the most feasible alternative to be the maintenance of a household. Women without education and without work find their negotiating position in the family potentially undermined. In such situations elite Indonesians fear that poor women will simply retreat to childbearing to put meaning in their lives. (Hull 2002, 9)

Wasisto (2002), Siagian (1999) and the Indonesian Government consider continued foreign aid to be essential to maintain free family planning services for Indonesia's poorest people. The decentralisation of the program, however, presents problems to donors such as the World Bank and UNFPA which must work with national governments.¹³⁹ UNFPA is committed to a human rights approach in its post-ICPD activities and to working in accordance with the principles and objectives of the ICPD

¹³⁹ Decentralisation was a condition of the Bank's own structural adjustment program.

POA (UNFPA 2000, 4). This is not always easy in Indonesia where, the Fund observes, “[d]espite the acceptance of the concept of reproductive health by the Government in the past years, the broader dimensions of reproductive health as defined in the ICPD Programme of Action have not been fully institutionalized” (UNFPA 2000, 7). In its sixth Indonesian project and program proposal, UNFPA outlines a number of objectives for its \$US28 million allocation. These include: extending services to adolescents in cooperation with NGOs; preventing the further spread of HIV/AIDS through condom distribution; supporting communication between BKKBN and the Department of Health and between these agencies and decentralised implementing bodies; reducing the number of unsafe abortions; and assisting the move towards self-sufficiency in contraceptives. The needs of poor women require considerably more resources; female participants in the Sustainable Livelihoods study reiterated many times that they found family planning services inaccessible, too expensive, or coming too late for them (Mukherjee *et al* 2002, 25).

In the West Java study area, the researchers found that the access of women with families of up to twelve children to family planning services was reduced by government spending retractions. Families eligible for free services found it difficult to pay post-crisis prices of 10,000 rupiah for ‘the injection’ (Depo Provera) or 3000 rupiah for a month’s supply of contraceptive pills.¹⁴⁰

How can we spend that much for contraception when we can’t buy enough rice to feed our children? We are seeing more births per year in the village since the last two to three years. (Survey participant in Mukherjee *et al* 2002, 35)

Poor women put access to family planning information and methods and trained midwives at local birthing clinics as their number one priority (Mukherjee *et al* 2002, 77). The Government also prioritised these objectives in its report to ESCAP (Republic of Indonesia 2002). Despite difficulties in operationalising these priorities, the congruence between government and poor women’s stated objectives indicates that the ICPD agenda has the potential, over time, of transforming Indonesia’s approach to population issues and that poor Indonesian women will benefit from that change.

¹⁴⁰ While services are free, the contraceptives are not. In the early 1990s, pills were free of charge and the injection cost 750 rupiah for a three-month dose. In 1995, the injection cost 6000 rupiah and the pills cost 1500 rupiah per month (Mukherjee *et al* 2002, 35).

The links between the macro and micro are evident in this case study of the impact of economic crisis on Indonesian women's reproductive lives. The Government recognises this.

However, implementation of the recommendations of the Programme of Action and the Bali Declaration had been hampered by a number of factors, including reducing political commitment, limited human and financial resources, and uncertainty about the effectiveness of some of the Program's recommendations. The macroeconomic and social context in which Indonesia is attempting to implement the recommendations had changed, giving rise to new challenges and opportunities, especially related to prolonged economic crisis and the impacts of political reform. (Republic of Indonesia, 2002)

At the micro level, there has been progress. In its 2002 report to ESCAP, the Indonesian government has acknowledged for the first time that the unmet need of sexually active adolescents and other unmarried people must be addressed. This is a major step towards acceptance of the ICPD agenda. Implementation of micro objectives, however, takes place against macro economic constraints and moral conservatism within government and civil society. The government relies on NGOs to deliver sexual and reproductive health services to unmarried individuals, including adolescents, and ninety per cent of the budget for these services comes from donor financial support. Wasisto (2002) reported that the Indonesian government was reluctant to add to its debt by incurring more loans from development banks for 'soft' projects like reproductive health. In 1999, BKKBN was so indebted that it could provide only sixty per cent of public demand for contraceptives; its appeals for foreign assistance in the form of grants were unsuccessful (Siagian 1999). As a result, the government told it to go 'back to basics', implying that broad welfare initiatives are optional extras to family planning. Another measure to reduce costs, 'empowering' village midwives to attend births and volunteers to provide contraceptives, causes birth complications to go unattended, since these women are not trained to deal with them. Adjustments to social policies within the framework of deleterious macro political and economic trends are inadequate to provide real progress in women's reproductive rights and health; for them the 'quantum leap' that Cairo offered has not materialised.

4.7 Conclusion

Chapter four has focused on the macro-economic constraints to the implementation of the transformative aspects of the ICPD agenda. The global political economy based on neoliberal macroeconomic policies is Malthusian in its impact on the poor, as wealthy

countries reduce their development assistance for social programs in an economic setting which places low income countries at a disadvantage. The POA failed to challenge economic trends which reduce the ability of developing countries to cater for the reproductive health needs of women. An examination of Indonesia's population program and its approach to women's reproductive and other human rights prior to and after the economic crisis of 1997 indicates that poor women's reproductive lives are at the intersection of macro and micro forces. On one hand, the social and cultural environment is still antithetical to women's full exercise of their human rights. On the other, their ability to control their reproductive lives is constrained by economic policies that increase the tendency towards early marriages and reduce their access to reproductive health services. Girls' access to education, always tenuous in poor families in many developing countries, is made more so by the need to maximise family incomes and reduce expenses. Uneducated women are at a disadvantage in the labour market, forced to work for low wages under poor conditions or to seek income in the informal economy. Rises in the costs of food, fuel and other life essentials put further pressure on women's time and energy.

The increase in women's unremunerated reproductive labour is creating a crisis in women's lives, and hence, their families', that feminist organisations like DAWN and WEDO have been campaigning, so far without success, to bring to the attention of the institutions facilitating neoliberal economic policies. The World Bank plays a key role in setting the global context for poor women's reproductive lives in many countries experiencing economic difficulties. Feminists are increasing their economic literacy in their attempts to 'engender' the Bank and to influence financial decision-makers in governments and other institutions which shape the global political economy. As noted in this and earlier chapters, however, campaigns for women's human rights and economic justice need to be linked to reflect women's realities and for greater effectiveness. A rights-based approach to development has the capacity to link the micro agenda of reproductive rights with the enabling conditions for their achievement. The Bank's limited ability and desire to implement such an approach indicates the enormity of the impediments facing those who seek to change the macro environment to one which facilitates women's ability to realise their human rights. The Bank's mission to create a 'world without poverty' will always be thwarted by its commitment to promote a neoliberal global political economy. The Bank is the world's largest source of funds for population programs. Its failure to integrate the reproductive rights

and health approach of the ICPD has led to the loss of a valuable opportunity to change the world through empowering women.

Chapter five The macro context II: The political ecology of population and reproduction

Global warming, only humans suffer. Sorry, don't care much about them till two thirds dead. Six billion is disgusting! (Frank Brown 2000)

The spin doctors are trying to divert attention from the US refusal to take serious measures to cut carbon emissions by playing up the threat of China and India's populations as future energy consumers. Better the one child family over there than a one car policy here, or raising taxes, god forbid, to finance public transport and energy conservation. (Betsy Hartmann 1999)

5.1 Overview

Chapter five continues the analysis of the macro context which, I argue, the ICPD POA failed to take into account in its ambitious agenda for women's reproductive rights and health. While Chapter four focused on reproduction and population in the global political economy, this chapter examines population and reproduction in the global political ecology. As the discussion in Chapter two on neo-Malthusianism indicates, the environment is frequently evoked in debates about population. This chapter starts from the assumption that all explanations of the relationship between humans and the environment represent political perspectives. Consequently, in this thesis I use a political ecology approach which, since it is coloured by a feminist lens, I characterise as feminist political ecology (see 5.2.5).

From this perspective, I begin the chapter by categorising approaches to the environment according to their approach to population and reproduction. This is followed by an extensive examination and critique of the term 'sustainable development', which provides the context for the ICPD POA's treatment of environmental and population relationships. To examine the resilience and usefulness of the sustainable development approach to population, reproduction and the environment, I examine two categories of documents. First, I look at UNFPA's State of World Population Reports which provide a record of 'official' thinking on these issues over the decade. Second, I examine the abundant material published for the 'Year of Six Billion campaign' of 1999 which serves as a snapshot of the politics of population and reproduction at the time of Cairo + 5. I conclude the chapter by reviewing processes and outcomes around the World Summit on Sustainable Development (WSSD) in 2002 to assess the impact of the ICPD in debates about sustainable