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## **The World Program of Action: A New Paradigm for Population Policy**

*By Gita Sen*

Population policy is, and has always been, contentious. For the last two years, the debate on population related issues-both nationally and internationally-has been difficult and sometimes acrimonious. Women have sought to articulate a position that affirms their right to control fertility and to have access to health services while criticizing current population policies and programs. Emerging from this debate is a new paradigm for population policy, one that focuses not on controlling numbers but on providing broadly defined reproductive health services and on acknowledging women's reproductive rights and their need for empowerment.[1]

This new population policy is embodied in the World Program of Action (WPOA) [2] adopted last September at the International Conference on Population and Development (ICPD) in Cairo. WPOA is evidence of how effective women were in making women's rights and health the focus of an international document (see the box on page 13).

### **The Preliminary Negotiations**

WPOA is the main document emanating from ICPD. It was developed and negotiated by participating governments during three preparatory committee meetings (PrepComs) leading up to the conference and at ICPD itself, where it was adopted. It is slated for approval by the UN General Assembly during its current session.

The initial outline of WPOA, produced almost two years ago by the ICPD Secretariat under the United Nations Population Fund, was set almost entirely within the context of traditional demographic controls. But women's organizations, energized from their recent experiences at the 1992 UN Conference on Environment and Development (UNCED) in Rio de Janeiro, were fully aware of the pressures to influence the development of WPOA from both Northern environmentalist and fundamentalist lobbies and recognized the need for greater activism in promoting their agenda.

These women's organizations, in networks spanning North and South, thus began an intense international and national lobbying effort to make policymakers more aware of their concerns and to affect the development of WPOA. Many influential academics, private foundations, and key bilateral aid agencies also provided critical support for their efforts.

By PrepCom III in April 1994, the women's lobbying efforts had become sufficiently effective to be reflected in the draft WPOA, which had changed dramatically from the initial draft. This meeting also marked the first major clash between the Holy See and women, as the Holy See tried to "square bracket" [3] all language relating to reproductive rights and health. The Holy See's support for its position, at the time, came mainly from the small countries of Central America and Francophone West Africa.

Despite this clash, much was accomplished during Prep Com III-the inclusion of language on development, migration, and the needs of the young and old (that is, those outside the reproductive age groups whose needs are typically under-served by reproductive health programs). Much of the language produced by the Women's Caucus was incorporated into the draft WPOA.[4] The Women's bill even so, many women's organizations were uneasy that the population establishment-consisting of family planning organizations and their donor and agency supporters-was keeping a relatively low profile during this time; as one observer said, it was as if the women were being allowed to tire themselves out battling the Holy See so that family-planning-as-usual could ultimately prevail.

Between PrepCom III in New York and the convention in Cairo, the Holy See lobbied intensely in Islamic states, most importantly in Iran. Islamic fundamentalists in Egypt had long opposed ICPD, largely because it would enhance the Egyptian government's international prestige. This opposition, combined with the Holy See's attempts to stake a common ground with Islamic patriarchs, heightened tensions among participants in the weeks before ICPD. In addition, the media distorted the thrust of WPOA, which was fairly easy to do because the Arabic translation was of extremely, poor quality. Under intense pressure from Islamic fundamentalists, the Islamic Center for Populations [5] at Al Azhar University, issued a statement just before the conference that granted WPOA some good points but condemned it overall as promoting abortion, homosexuality, and adolescent sexual activity. Some Islamic nations, notably Saudi Arabia, withdrew from the conference, while the heads of state from Bangladesh and Turkey declined to attend.

ICPD began amid considerable nervousness even among governments supporting WPOA. At the same time, many governments also began to see very clearly what women's organizations have known all along—the extent to which fundamentalist patriarchs will go when they feel their authority to control basic aspects of women's lives is being questioned.[6] On the other Women's groups, after grappling with the Holy See during PrepCom III, had worked out strategies to guide the draft WPOA through the negotiations at Cairo in a way that would protect its core concept and language. They were confident that it would be impossible to extract key parts of the text without unraveling the whole, which would have serious political costs for the unraveller because the text was largely uncontroversial and good for health and well being. Still, the informal lobbying networks were kept busy preventing the draft from being seriously damaged.

Those who watched the events at Cairo from afar may not have appreciated the intensity of the battle being waged. Behind the struggle to achieve recognition of the realities of unsafe abortion for women worldwide stood the carefully crafted and negotiated framework of women's empowerment, gender equality, and reproductive health and rights. This framework was based on the realities facing all women, especially those in the South, and, for the first time, was worked into a major international population document.

### **Politics at ICPD**

At ICPD, political alignments formed in the Main Committee and in its working groups with the alignment between the Holy See and Islamic governments that had formed since Prep-Com III. But there were cracks in this alliance. The Holy See flatly opposed abortion under any conditions; it also objected to the entire framework for reproductive and sexual health and rights, the acknowledgment of different types of families, and sex education and reproductive health services for adolescents. Many Islamic governments, on the other hand, were less concerned about abortion than they were about women's empowerment and rights, such as the right to equal inheritance. They came together, however, in their opposition of such issues as privacy for adolescents seeking reproductive health services and counseling, support for different forms of families, sexual health, and sexual rights.[7] The political alignment finally broke up only after protracted negotiation of the language on abortion and the dropping of sexual rights from WPOA. Once the key, Islamic governments were satisfied with the compromises achieved, they, no longer supported the Holy See's opposition to "fertility regulation."

Ranged on the other side was the European Union (EU), the United States, Canada, the Nordic countries, Brazil, South Africa, and many Southern countries that were strongly pro-women on the above issues. The United States, although a strong supporter of WPOA, was reluctant to be overly vocal, largely because of domestic politics. [8] Nonetheless, in both working and informal groups, the U.S. delegation worked extremely hard to put through WPOA, and it was in this forum more progressive than some members of the EU on issues such as the right to development.

The G-77 countries-which includes most Southern countries-had agreed prior to ICPD to act as one on issues affecting North-South relations and resources but to act independently on other matters, including reproductive health and rights. [9] On the right to development, the EU spoke with one voice, but there was clearly a difference among them (for example, between the Nordic countries' progressive position and that of Germany).

### **The World Program of Action**

Why is WPOA important? Principally because it sets the tone and scope of population-related policies and programs for the next 20 years. Although North-South disagreements over the relative contribution of population growth versus unsustainable consumption to global environmental problems surfaced in a major way during the United Nations 1992 Conference on Environment and Development (UNCED) held in Rio de Janeiro. It was in Rio that the Holy See put itself forward as a champion of the South, arguing that poverty and inequality were greater problems than population growth per se. Clear even then was the effort by the Holy See to use the North-South divide to attack family planning programs and thereby the availability of both contraception and abortion in the South. The continuing and unresolved North-South struggle over global equity in trade, debt, and other economic relationships provides fertile ground for such attempts, even though there are few Southern governments at present, that agree with the Holy See's views on population.

It was during UNCED also that women's organizations, working largely in the NGO Forum and under the umbrella of the Women's Caucus, began to try to define their positions on population-related issues in a manner that articulated the interests of women and safeguarded them from becoming pawns in the power games of others. In particular, women and Northern environmentalists long debated the need to acknowledge both the rights to development and women's concerns about population policies and programs. This process of clarification and articulation has continued since

UNCED, particularly in the preparations for the International Conference on Population and Development (ICPD).

The last two years have seen much public debate at both international and, in many countries, national levels between environmentalists, the family planning establishment, and women's organizations. During the often difficult and acrimonious debate, women have tried to articulate a position affirming the right to control fertility and to have access to health while at the same time being critical of the approaches and methods of existing population policies and programs. In the process, a new paradigm for population policy has emerged that shifts the objectives of policy away from the control of numbers reproductive health services and that acknowledges women's reproductive rights as well as their need for empowerment.

### **Dilemmas and Dangers**

Women's attempts to define positions have been fraught with difficult conceptual and political choices and dilemmas. In the context of ICPD, women have had to thread their way among three sets of actors: the traditional population establishment; the fundamentalist patriarchs; and the donor community, particularly the Bretton Woods institutions (that is, the World Bank and the International Monetary Fund).

Women have long been critical of the population establishment-which has had control over resources and the direction of policies and programs, including reproductive technologies-whose approach subordinates women's reproductive health needs to the control of numbers. For more than a decade, women's organization and networks have also criticized the directions of contraceptive research and development and the abuses within family planning programs. At the same time, women's health organizations strongly affirm women's rights to control their own fertility and to have access to decent health services, including the right to secure livelihoods and productive resources. One dilemma for women's organizations has been to work out how to be effective in their criticism of existing programs without aligning themselves with the fundamentalist patriarchs who criticize family planning programs from a perspective that denies women's rights. This has been rendered difficult by the Holy See's espousal of G-77 positions in the North-South debates. While women, particularly from Southern organizations, have been critical of their own governments, they strongly affirm the right to development as a fundamental aspect of human rights without which all other rights become inaccessible to many. And they challenge the North's domination and imposition of highly inequitable international economic arrangements.

In the ICPD context, the shadowy role of the Bretton Woods and some bilateral aid institutions that increasingly speak the language of reproductive health and rights, while espousing population conditionalities in lending programs, and the attempts by some members of the European Union to tone down language on the right to development, posed a second dilemma for women: How to affirm women's reproductive rights without using the Bretton Woods definitions of development priorities and methods, and, on the other hand, how to affirm and support the right to development without re-emphasizing women's reproductive health and rights concerns, as many G-77 governments appeared happy to do?

A third hurdle for women has been the attempt by fundamentalist patriarchs to wrap themselves in the mantle of cultural sovereignty and anti-imperialism. At a conceptual and public level, this is the easiest for women to address because the fundamentalist representation of culture is unabashedly patriarchal, which became obvious during the ICPD debates. But at the national level, in many countries, it is the most dangerous and difficult force for women to contend with, as it unleashes political forces and processes that operate outside the realm of civilized discourse. For women, the extent of time and respect accorded at ICPD to very thinly disguised attempts to keep women disempowered were a sobering reminder of the road ahead.

Women's strategies for dealing with these dilemmas and dangers, which had been building during the 1980s, had become increasingly sophisticated by the start of ICPD. These strategies were divided into four categories of objectives:

- To clarify positions and bottom-line non-negotiable -to affirm reproductive health and rights in the context of equitable development strategies; to be critical of past population policies and programs, including technologies, without throwing the baby out with the bath water. Soon after UNCED, there was an early attempt by a number of women's organizations and networks to define a bottom line, which ran into criticism from a number of women as being unclear about the broader development context. A clearer statement affirming common ground across a range of women's organizations while acknowledging the existence of differences was negotiated at the "Reproductive Health and Justice: Cairo 1994" meeting that brought together members of more than 200 organizations in Rio in January 1994.
- To acknowledge the multiple roles that women's organizations have to play at this juncture. North South and ideological divisions, as well as personality clashes and ego problems, have been as present in the international women's

movement as in other social movements. Furthermore, global politics is itself in a process of flux-some of which is positive because it creates opportunities for new methods of citizen action as well as ways of linking international- and national-level politics. Women have had to learn the difficult lessons of how to negotiate with those in power, with transparency and accountability, without compromising on fundamental positions and how to remain in opposition responsibly and without holier-than-thou posturing. As a result of the Rio meeting on reproductive health and justice, which resolved many existing tensions, women were extraordinarily effective in their advocacy both during PrepCom III and under the logistically more challenging conditions of ICPD itself.

- To increase information flows, communication, and planning. Advocacy networks exchanged a great deal of information, sometimes faster than governments, during the process-leading tip to ICPD. The role of the Women's Caucus was critical in facilitating this and mobilizing women's energies during the negotiations of the draft WPOA during PrepCom III.; working together across national boundaries under pressure, negotiating and lobbying with governments and lobbying with governments and international agencies, and working inside delegations and in the corridors, women were able to significantly influence the draft, making it stronger in terms of the right to development, reproductive health and rights, and financial resources.

The sheer logistics of ICPD, however, made it difficult for the Women's Caucus to function in Cairo as it had in New York: although it continued to enhance communication and disseminate information, the actual lobbying became the task of smaller and more flexible informal networks.

- To produce carefully, researched material that could be the basis of the new paradigm. A wealth of new material has begun to be published; new research agendas are being defined: and new material for popular communication is appearing.

## **Women Empowering Women**

Women's involvement and strategies have transformed the international population debate. The World Program of Action to come out of ICPD has become a metaphor for the empowerment of women, from an initial outline that was entirely, set within the traditional demographic control mode, the transformation into a document that pays

central attention to women's rights and health has been a concrete result. The fury of the fundamentalist patriarchs is a clear sign of how profoundly threatening they find this change. Perhaps the simplest example of this was the attempt to delete the word "individuals" from the phrase "couples and individuals" in the context of the right to plan reproduction freely and responsibly. "Couples and individuals" has been accepted language in population policy documents for the last 20 years. As a woman said at the end of the conference, "The patriarchs were never bothered by individuals until they began to imagine individuals as possibly having a female gender!"

1. One concrete result of this process was the NGO treaty on population that was developed at the Forum during UNCED.
2. See, for example, the summary of the DAWN platform document, S. Correa, *Population and Reproductive Rights, Feminist Perspectives from the South* (London: Zed Press, 1994), available in English, French, Spanish, Portuguese and Arabic.

It is not binding on governments; it provides an overall perspective both to national programs and to international instance. The latter is key although donor assistance accounts at present for only 20 to 25 percent of all population expenditures, it has considerable leverage in determining the direction of national programs. WPOA opens up the possibility of monitoring donor assistance vis-à-vis stated commitments to women's empowerment and health.

WPOA is also important because it is an "enabling" document, one that gives activists a basis for moving program in particular directions. Though few government may automatically do what they have agreed in WPOA is worth doing, at least they will have to justify both action and inaction in terms of WPOA. How much happens will depend a great deal on the mechanisms for monitoring and accountability that are put in place at the national level.

In addition, WPOA is particularly important for women because it represents the first time, outside conferences specifically for women (which quickly become largely women's affairs), that the world community has made a major directional change in policy initiated and supported by women that can work in women's interests. Population policy has been the focus of a number of very active women's organizations for more than a decade, and WPOA represents the culmination of one case of women's attempts to move policy in better directions.



To understand the extent to which WPOA does this, and to examine some of the questions that were raised about the development framework and about finances, it is important to look carefully at the document itself.<sup>[11]</sup> WPOA has 16 chapters:

- Chapters 1 and 2 contain the preamble and principles, respectively, and set the Overall tone for the document.
- Chapter 3 establishes the general development context.
- Chapters 4 through 8 are the core sections dealing with the empowerment of women, families, underserved groups, and reproductive and sexual health and rights.
- Chapters 9 and 10 discuss migration.
- Chapter 11 discusses education.
- Chapter 12 deals with technology and research and development.
- Chapters 13 through 16 address national and international action, finances, and relationship to non-governmental organizations (NGOs).

### *The Tone*

The tone of a document is generally set in its initial chapters. Previous population documents usually started with demographic information as a basis for action, defined the principal objective as control of numbers, and moved to family planning programs, as the action required to meet the objective. WPOA, on the other hand, starts with very moderate language on population growth, acknowledges the problem of numbers without using scare tactics, places unsustainable production and consumption earlier in the list than population growth in terms of environmental effects, and refers to the problems caused by the unfavorable international economic environment. The preamble then gives central place to the need to empower women and to the "new comprehensive concept of reproductive health." Some governments and many women

might have preferred to drop all demographic justification and to derive reproductive health programs directly from the assessment of the health needs of individuals, especially women. But, even as it stands, the preamble, with its softening of Malthusian language, moves a long way in this direction.

The opening paragraph of chapter 2 (the chapeau), the chapter on principles, took a great deal of time to negotiate. In the end, like "couples and individuals" and "freely and responsibly" in the earlier population documents, the passage sets the framework for WPOA's principles as a careful balance between the importance of internationally recognized human rights and the sovereignty of nations as represented by national laws, as well as development priorities, various religious and ethical values, and cultural backgrounds. While supporters of reproductive health and rights lost the overriding affirmation of international human rights, opponents gave up the attempt to include traditional customs that could be used to justify the status quo for a whole range of violent and abusive practices against women and children.

The final version of the chapter also managed to foil a Holy See-led attempt to smuggle in anti-abortion language through selective use of the third article of the Universal Declaration of Human Rights, which guarantees "the right to life, liberty, and security of the person." The rest of the Principles are unexceptionable, setting a whole range of principles within a general context of international human rights, speaking out against violence and coercion, acknowledging the right to development, health, education, and the multiplicity of family forms.

### **The Enabling Environment**

During the conference, there was some complaint in the NGO Forum that development issues were being shortchanged by the battle over abortion. [12] In fact, much of chapter 3 had already been negotiated during PrepCom III and contained a good deal that was favorable to the South and to women. What was pending for ICPD was an EU-led attempt to hold favorable language on North-South relations hostage to the inclusion of some mention of the need for good governance, to reduce corruption, etc. Once compromise language was found, the chapter was over. The compromise included the development of democratic institutions and good governance but excluded mention of corruption, which many Southern governments felt was insulting and one-sided.

Chapter 3 acknowledges the right to development as a universal and inalienable right and as an integral part of fundamental human rights, argues that "structural adjustment programs.... [Be] so designed and implemented as to be responsive to social and

environmental concerns," and that the North should lead in sustainable consumption and effective waste management.[13] It speaks strongly to the problems of inequality within and between nations and to the needs of poor women everywhere. Its section on sustainability defines as its objective the need to reduce unsustainable consumption and production. It argues in favor of investment in human beings and the need to strengthen food security.

Chapters 9 and 10 on migration were generally acceptable except for a protracted North-South squabble over the "rights" of international migrants to family reunification. In fact, because international migration occurs within the South as well, there were many Southern governments that were uneasy about such a "right." This was resolved by changing "right" to "vital importance" and calling for a world conference on migration.

## **The Core**

Chapters 4 through 8 constitute the core of WPOA. Together these chapters acknowledge the realities of women's lives in terms of lack of power, economic insecurity, abuse, violence and coercion, unrecognized and unmet health needs, and poor-quality or no services. These chapters also recognize the realities of the lives of children and adolescents and their needs along with those of older, indigenous, and disabled people for quality services. How should policies address these realities? These chapters develop the concepts of the empowerment of women and of reproductive and sexual health, as well as reproductive rights to provide a frame for policies. It is the first time that an international document on population affirms the need of individuals for health and well being as its fundamental guiding principle.

Chapter 4 on women's empowerment abandons the old and neutral language of women's status for a more proactive acknowledgment of power relations. It contains strong sections on women's empowerment, including economic rights; on the girl child, including opposition to son-preference and sex-selection; against female genital mutilation, infanticide, trafficking, and child prostitution and pornography; and in favor of programs to educate men toward more responsible behavior.

Chapter 5 on the family starts by acknowledging the variety of family forms and defines the objectives as being to support families, to provide social security for child rearing, and to protect the rights of women and children within families. Recognizing the worsening conditions of poor families due to declining social expenditures (consequent on budget cuts), it argues for special support especially for single-parent households.

Chapter 6 similarly addresses the needs of the undeserved -children and youth, the elderly, indigenous people, and the disabled.

Chapter 7 on reproductive health and rights occasioned the most protracted negotiation and the strongest attempt by the Holy See to weaken the thrust of the document. Starting with World Health Organization definitions reproductive and sexual health [14] the chapter goes on to define reproduction right as the right to make reproduction decisions free of discrimination, coercion and violence. It defines government's duty to base all policies and programs-including family planning programs-on these rights and to promote equitable gender relations. The chapter states that reproductive health services (including sexual health and family planning) should be linked to the primary health care system and should include making abortion safe (where it is not against the law), treating reproductive tract infections, sexually transmitted diseases, and infertility, in addition to offering maternal and child health services and counseling men and youth for responsible sexual behavior. The chapter supports the decentralization of services and quality improvement in family planning programs, and has a strong statement against any form of coercion in family planning programs, including targets, quotas, incentives, and disincentives. It defines the role of NGOs to monitor programs and calls for putting in place systems to detect and control abuses. The chapter has a strong section on the health needs of adolescents, recognizing the realities of adolescent sexuality and reproductive behavior, sexual exploitation and vulnerability to disease, and the need for sex education, quality services, and counseling in an atmosphere of respect and privacy.

Chapter 8 on health was relatively uncontroversial, except for paragraph was considerably watered down from its initial versions generated during PrepCom III, its major accomplishment is that it acknowledges unsafe abortion as a major public health concern and states that women should have access to services to manage complications under all circumstances. It also contains an enabling statement requiring abortion to be safe in circumstances in which it is not-against the law.

Overall, this section of WPOA provides a strong framework that is in touch with reality, that acknowledges health needs and concerns, and that bases actions on strong principles of human rights. Although the Islamic countries managed to include an opening sentence to state that chapter7 is specially linked to the chapeau of chapter 2 on the principles (that is, the qualification of human rights by reference to national laws, religious and ethical values, and cultural back-system, by making a stronger budgetary commitment to primary health care, and by using external funds for innovative programs. In countries with weaker infrastructure, donor assistance will be critical. Clear signals of national political will to back WPOA will probably play a significant

role in being able to access such resources. Compared to the \$562-billion resource estimate generated by UNCED, \$17 billion is peanuts.

## **The Road Ahead**

ICPD signified the ability of women to make governments respond to them as powerful political agents, who coordinate strategic thinking, planning, and action. The next step in the agenda for the international women's movement is the implementation of WPOA. The greatest urgency in this regard lies in setting up effective and flexible structure for monitoring and accountability at the international and national levels. In doing so, national governments and bilateral and multilateral donors must work out new ways of incorporating women's organizations in the monitoring, evaluation, and planning stages.

A second critical step is to channel political energy and resources toward reviving primary health care systems. Much of WPOA is predicated on a system of primary health care, which in many, countries is practicable, nonexistent or has been seriously, eroded by reliance on bureaucratic management systems or by structural adjustment programs.

A third step is to increase pressure for more resources targeted at enhancing the socioeconomic development agenda, which includes supporting women to empower themselves.

Much of what women accomplished at ICPD could be lost if the women who ought so hard to achieve recognition for their agenda either rest on their laurels or underestimate the tactics of fundamentalist patriarchs. Of these dangers and pitfalls they must be ever mindful as they prepare for the Social Summit and the World Conference on Women to be held in Beijing.

**Chapter 12, on technology and research and development is strong from a perspective Grounds**, the chapter's contents are clear, strong, and persuasive enough to transcend this. In the end, what happens by way of action can never go against national laws; what is important is that the world community in a large majority agreed with WPOA while accepting the right of a small minority to dissent.

## **Technology**

Chapter 12, on technology and research and development, is another strong chapter from a gender perspective. It argues for adhering to international ethical standards in research and for continuous surveillance in which women's organizations should play a significant role. It calls for greater effort to develop barrier methods against sexually transmitted diseases, and methods for males.

It also calls for research to develop better indicators of the quality of care in family planning programs, and for new partnerships between governments, the private sector, and women's groups. It also calls for more research on abortion, on natural family planning methods, and on mortality and morbidity differentials, and for research that incorporates the perspectives of dimes-powered groups in society.

## **Funding WPOA's Implementation**

What are the resources required for this program of action? Initial estimates produced by the Secretariat at the start of PrepCom III only had data for family planning. General dissatisfaction among countries and strong lobbying by women led to the generation of a new set of estimates, including the broader reproductive health agenda.

The Amsterdam Declaration of 1989 estimated the family planning resource requirements for the year 2000 as \$9 billion (in 1988 dollars). In 1993 dollars, this estimate is \$10.2 billion. Reproductive health, excepting family planning, is estimated at \$5 billion, HIV/AIDS at \$1.3 billion, and research, data collection (including decennial census), and policy analysis at \$0.5 billion. Overall, about 65 percent of the total of \$17 billion would go toward the delivery system. This total would increase by the year 2015 to \$21.7 billion. The share of external finance would rise from its current figure of about 20 percent to roughly one-third of the total.

These estimates are admittedly rough and reflect more a political target than accurate data. In this sense, they are important because fully one-third of the total is for new areas or reproductive health beyond what is provided by family planning programs. This must be acknowledged and represents an important achievement for any development agenda that is responsive to women's needs.

A valid point that has been raised, however, by the United Nations International Children's Emergency Fund (UNICEF) among others is that resource needs for broad primary health care, child survival, primary education, and for other aspects of women's empowerment remain unspecified. Pressure on these fronts has to be mounted both in terms of the forth-coming Social Summit and the UN secretary-general's Agenda for Development.

Where will the money come from for WPOA?<sup>[15]</sup> In the year 2000, \$5.7 billion should come from external donors and the rest from domestic resources. In countries like India, where the bulk of current expenditures come from domestic sources, resources will have to be generated partly by improving the efficiency of the existing delivery disproportionate investments in the military and corruption, undermine fragile health, education, and other social services even as the populations in need are ever large (Antrobus 1993; Due 1991; Eison 1990; Lele 1991; Sen 1991; Weil et al. 1990). The pandemics of Human Immunodeficiency Virus (HIV), AIDS and other sexually transmitted diseases (STDs) are devastating families and communities, as well as placing over-whelming demands upon health systems. While poverty pushes more and more people onto fragile lands and into megacities without adequate shelter, clean water, sanitation, and jobs, some businesses and governments are promoting environmentally damaging approaches to development and consumption in many Northern societies is placing unsustainable demands on natural resources around the globe. At the same time that Southern governments' social-sector budgets are under severe pressure, many industrialized countries are reducing their foreign assistance budgets, shifting locations to the former USSR and Eastern Europe, and increasing disaster and emergency aid.

These trends require reassessment of both population and development policies to ensure that they create conditions in which it makes sense for people to have fewer children, the so-called demand side of the population equation. Policies should also ensure that all persons have the means to do so safely and effectively, the "supply" side. To accomplish both, it is necessary to transform population policy, until now narrowly equated with family planning services, to address development and human rights concerns and to transform "family planning" into reproductive and sexual health services that advance health and rights, not simply the achievement of demographic objectives.

In this chapter, we briefly address this need to transform population and development policies. We propose three interrelated investment strategies: women's reproductive and sexual health services, including but not limited to birth control; policies and programs to encourage men to take more responsibility for their own fertility, for

prevention of STDs, and for the health and well-being of their sexual partners and the children they father; and policies and program to address underlying issues of sexuality and gender relations, especially for children and young people.

### **Creating the Necessary Socioeconomic Conditions**

Although the importance of the demand side of population growth has long been recognized (Davis 1967; Davis and Blake 1956; Dixon Mueller 1993b), and many national population policies have been appropriately adjusted (see, for example, Ethiopia 1993), population resources have been invested primarily in family planning programs, rather than in creating the conditions that facilitate people's use of those programs. Substantially changed definitions of the problem to be addressed, along with new approaches to the solutions, are required. The well-being of both current and future generations must be at the center of such policies, which would emphasize investments in people of all ages - their health, education, livelihoods, living conditions, and human rights - *and* would prioritize gender equity and women's empowerment. Despite considerable lip service, the political will to bring about more equitable and sustainable development, especially gender equity has been sorely lacking (see Anand in this volume).

Investments in human development, including the empowerment of women and assurance of human rights are essential in their own right. They are also the most effective and humane ways to reduce the continuing demand for many children in most Southern countries. Together, they provide the "enabling conditions" essential for people to exercise their reproductive rights and choose "freely and responsibly" the number of children they have (see Correa and Petchesky in this volume). They may also go a long way to slowing down population momentum by creating conditions that foster later marriage; delay of the first birth, longer intervals between births, and demand for smaller families; more equitable relationships and decision making between women.

### **Notes**

[1]. A rapid growth of new literature reflects this. See for example, R Dixon Mueller, *Population Policy and Women's Rights: Transforming Reproductive Choice* (Westport, Conn. Praeger Publishers, 1993), G. Sen, A Germain and I. C. Chen, *Population Policies Reconsidered: Health, Empowerment and Rights* (Cambridge, Mass: Harvard University Press, 1994); S. Correa, *Population and Reproductive Rights, Feminist*



Perspective from the South (London: Zed Press, 1994); and the new journal, Reproductive Health Matters.

[2]. United Nations, World Program of Action: International Conference on Population and Development (New York: United Nations Population Fund, September 1994).

[3]. To "square bracket" language means it has not been agreed upon and must be further negotiated. The Roman Catholic Church has opted to participate in the UN as the Holy See. The Holy See is the supreme organ of government of the Catholic Church, while the Vatican City is a "vassal" territory of the Holy See. The purpose of the Vatican City is to provide a base for the central administration of the Roman Catholic Church: it is the smallest area in the world claiming to be a state, with a population of nominally 800 residents and 400 citizens, mostly church officials who are there on a temporary basis. For more details, see Church or State? The Holy See at the United Nations (New York: Center for Reproductive Law and Policy, July 1994).

[4]. The Women's Caucus is an open nongovernmental caucus supported by a number of women's organizations committed to promoting women's agendas during ICPD and its prepcoms.

[5]. Ironically, the center was set up in the mid-1970s with funding from the United Nations Population Fund and other donors to expand population research and education in the region.

[6]. On the other hand, the alliance between the Holy See and Islamic patriarchies was shaky from the start because Islam does not oppose abortion the way the Holy See does; Attitudes towards female sexuality also differ between the two. And practicing Catholic's actual behavior when it comes to contraception and abortion diverges considerably from the preaching of the church's conservative hierarchy.

[7]. Many countries argued that sexual rights imply the right to succor and support women and children in the face of widespread sexual violence and abuse rather than, as the Holy See had represented it, the right to promiscuity Nonetheless, under intense pressure from Iran and Pakistan, "sexual rights" was dropped from WPOA.

[8]. The primary responsibility for ICPD in the United States was in the hands of the U.S. Department of states, which had many disagreements with the U.S. Agency for

International Development (USAID), the main implementers of U.S. population programs. USAID is far more tied than the State Department to the old demographic control paradigm, and its future actions bear close monitoring and security.

[9]. This agreement meant that countries should have handled negotiations on WPOA's first two chapters the preamble and the principles, respectively independently, since they include much that is general to latter chapters on reproductive rights and women's empowerment. Instead Algeria (as chair of G-77) spoke for all G-77 countries during the negotiations on the first two chapters. This action was unchallenged and resulted in the G-77 "position" on chapters 1 and 2 being tilted heavily toward Islamic countries.

[10]. Germany was reluctant to acknowledge the South's "right to development" as a fundamental right, possibly because it might have implications for North-South economic relations through trade, dept. and foreign assistance.

[11]. The following discussion is based on the English version of WPOA as amended in the main committee of ICPD as accepted by consensus in the final plenary; the amendments were made possible by the Secretariat during the plenary; the version used had not been finally edited or thoroughly checked for accuracy.

[12]. In fact, the negotiations over abortion were no more protracted than the negotiations over migration, a fact not highlighted by the media. Ironically, some South-based journalists and others carved out women's health and rights from development and in during so espoused, perhaps unknowingly, the Holy See's worldview.

[13]. Chapter 3 contains much that those interested in social and economic equity can support. For instance, minority women from the United States were delighted when, as a result of informal advocacy, the United States amended paragraph 3.16, which defines the objective of raising the quality of life, to include poor women in both developed and developing countries as deserving of special attention.

[14]. The definition of "sexual health" was considerably abbreviated in the final version of WPOA to meet the objections of Iran and Pakistan.

[15]. The International Forum on Population in the 21<sup>st</sup> Century adopted the Amsterdam Declaration on a Better Life for Future Generations in 1989, which included a \$9 billion estimate of the costs of population activities (mainly family planning) in the

year 2000, based on the UN medium variant population projections. The financial estimates in WPOA use the Amsterdam estimates as a starting point and then modify and expand them. WPOA brings the base year for the estimates up to 1993; it uses "unmet need" for family planning as obtained from country-level demographic and health surveys, rather than the UN medium variant projections; and it expands the scope of the estimates to include a broader range of reproductive health services.