

Reproductive Health Matters

An international journal on sexual and reproductive health and rights

ISSN: 0968-8080 (Print) 1460-9576 (Online) Journal homepage: <https://www.tandfonline.com/loi/zrhm20>

From population control to reproductive rights: feminist fault lines

Rosalind Pollack Petchesky

To cite this article: Rosalind Pollack Petchesky (1995) From population control to reproductive rights: feminist fault lines, *Reproductive Health Matters*, 3:6, 152-161, DOI: [10.1016/0968-8080\(95\)90172-8](https://doi.org/10.1016/0968-8080(95)90172-8)

To link to this article: [https://doi.org/10.1016/0968-8080\(95\)90172-8](https://doi.org/10.1016/0968-8080(95)90172-8)



© 1995 Taylor & Francis



Published online: 01 Nov 1995.



[Submit your article to this journal](#)



Article views: 1055



[View related articles](#)



Citing articles: 26 [View citing articles](#)

From Population Control to Reproductive Rights: Feminist Fault Lines

Rosalind Pollack Petchesky

The Programme of Action of the International Conference on Population and Development 1994 enshrines an almost-feminist vision of reproductive rights and gender equality in place of the old population control discourse but retains a mainstream model of development under which that vision cannot possibly be realised. This 'fault line' is highly dangerous for feminists, because it configures a gap between the politics of the body, sexuality and reproduction and the politics of social development and global economic transformation. An analysis that makes explicit the concrete links between macro-economic policies and the materialisation of reproductive and sexual rights for all the world's women is needed.

IN the city of Cairo in October of 1992, a surprising and unprecedented earthquake occurred, causing tragic physical damage and loss of life. Nearly two years later, another seismic event took place in Cairo, one less dramatic but potentially explosive for thousands of women from non-governmental organisations (NGOs) who participated in the International Conference on Population and Development (ICPD), its preparatory process and its aftermath. I speak not of the official conference nor the related NGO Forum themselves but the shifts in thinking they provoked.

For many of us, the contradictions contained in the deliberations and the final Programme of Action triggered a collision between two strata of thought: one saturated with concerns about women's bodies and our ability to determine our sexual and reproductive lives; the other embedded in a critical analysis of global economic structures and their material effects. Women active on issues of reproductive health and sexuality now find ourselves standing on the fault line where these two intellectual strata overlap – a dangerously challenging place, because its alignment will shape both the meanings of global feminism and its future impact on gender and economic power relations in national and world arenas.

In this paper, I argue that the ICPD Programme of Action both enshrines an almost feminist vision of reproductive rights and gender equality in place of the old population control discourse and retains a mainstream model of development under which that vision cannot possibly be realised.¹

On one level, the Cairo document (and the health section of the Beijing Platform of Action adopted in 1995, which reiterates and expands on it) represents years of concerted effort by women's health movements around the world to gain recognition of women's reproductive and sexual self-determination as a basic health need and human right.² At the same time, it reflects a defeat of Vatican and fundamentalist efforts to universalise a traditional patriarchal view of family, reproduction and sexuality; and a repudiation of neo-Malthusian views of population growth (especially excess births) as the main cause of global economic and environmental crises.

Consider: The Programme is almost completely divested of the standard language and conceptual apparatus of Malthusianism and demographic targets (even 'family planning' is relegated to a short sub-section), replacing these with the language of reproductive and sexual health and reproductive rights. Moreover, it fully integrates principles of gender equality (in-

cluding male responsibility for housework and child care) and women's empowerment into the domain of reproductive and sexual health. Finally, it recognises reproductive rights, very broadly defined and linked to primary health care, as fundamental human rights.

The political story of how this discursive transformation took place involves two strategic negotiations. First, prior to the Cairo conference, many women's NGOs concerned with reproductive and sexual issues in Asia, Africa, Latin America and the Middle East had begun shifting their discourse from a health paradigm to a human rights paradigm. This was due not only to the influence of women's human rights activists working internationally over the past several years. Even more, this shift came out of the felt need of women's movements everywhere, in the face of rising conservatism and fundamentalism, to articulate a strong, militant response. Rights language provides an effective instrument, universally recognised as political, for making group claims on governments and intergovernmental organisations. Women's movements, along with other popular movements seeking democratisation, have embraced it.

Second, population and family planning groups, whose agendas and budgets were threatened by the Vatican-fundamentalist offensive, also found themselves overshadowed by the strong women's coalition in Cairo. Fearing marginalisation, these groups allied themselves with the women's NGOs and adopted the new reproductive health and rights discourse. One can call this strategic alliance a 'consensus' while recognising that the sincerity of the populationists' conversion to feminism will vary from one agency or individual within those agencies to another. Whether sincere or merely tactical, the commitment of population and family planning agencies not only to the language but the practical implementation of the ICPD Programme will undoubtedly require continual reinforcement by attentive women's groups.

THE POSITIVE SIDE OF CAIRO

To grasp the scope of the feminist imprint on the Cairo Programme, we need to look at some of its provisions in more detail. Unlike the documents adopted in Bucharest (1974) and Mexico City (1984), the 1994 document includes a whole

chapter devoted to 'Gender Equality, Equity and Empowerment of Women.' Moreover, it deliberately rejects the view of women's equality as simply a means to the ultimate goal of fertility reduction, stating at the outset of Chapter 4:

'The empowerment and autonomy of women and the improvement of their political, social, economic and health status is a highly important end in itself... [and] essential for the achievement of sustainable development.'

Women's empowerment is linked to their enhanced 'decision-making capacity at all levels in all spheres of life' and thus with transforming existing power relations 'at many levels of society, from the most personal to the highly public' – in the realms of education, nutrition, work, politics, domestic labour, and childrearing as well as reproductive health and sexuality. Accordingly, the Programme urges governments to take measures to end rape, domestic violence, sexual exploitation and female genital mutilation, all seen as forms of violence against women that not only violate their basic human rights but adversely affect their health.

The Programme also repeatedly recognises the importance of male responsibility in many domains traditionally regarded as women's sphere: housework; care of children, the elderly and the disabled; prenatal, maternal and child health; prevention of sexually transmitted diseases, including HIV; contraception, reproductive health care and all aspects of family planning; as well as economic support and maintenance of families.

For the first time in any international document, it recognises the similar conditions 'of poor women in developed and developing countries' and identifies the elimination of all forms of discrimination against women as a 'prerequisite' to ending poverty and promoting sustainable human development. Further, the document urges governments to advance women's decision-making power not only as individuals but in organisations and movements:

'Every effort should be made to encourage the expansion and strengthening of grassroots, community-based and activist groups for women. Such groups should be the focus of national campaigns to foster women's awareness of the

full range of their legal rights, including their rights within the family, and to help women organise to achieve those rights.'

Chapter 7 integrates language from previous international instruments to define 'reproductive rights' as 'the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so'; 'the right to attain the highest standard of sexual and reproductive health'; and the 'right to make decisions concerning reproduction free of discrimination, coercion and violence.'

It adopts the World Health Organization's very broad definition of 'reproductive health' as encompassing sexual health and involving several affirmative goals: 'complete physical, mental and social well-being' with regard to all reproductive and sexual matters; 'access to safe, effective, affordable and acceptable methods of family planning of their choice'; and the ability 'to have a satisfying and safe sex life.' In other words, it replaces both anti-natalist and pro-natalist ends with those of personal well-being, pleasure and freedom.

This definition paves the way for an integrated, comprehensive model of programmes and services that includes full antenatal and obstetric care, infertility treatment, breastfeeding, prevention and treatment of gynaecological cancers, HIV and other STDs, as well as a wide range of family planning methods and counselling; and instructs governments to incorporate these services into primary health care programmes.

Conversely, it prompts a clear denunciation of the demographic, target-driven programmes that have reflected the population policies of so many countries (especially in the South), condemning incentive and disincentive schemes as well as targets and quotas. In these ways, the Cairo Programme codifies the expansive vision of reproductive health and rights for which women's health movements have campaigned and provided models throughout the past decade.

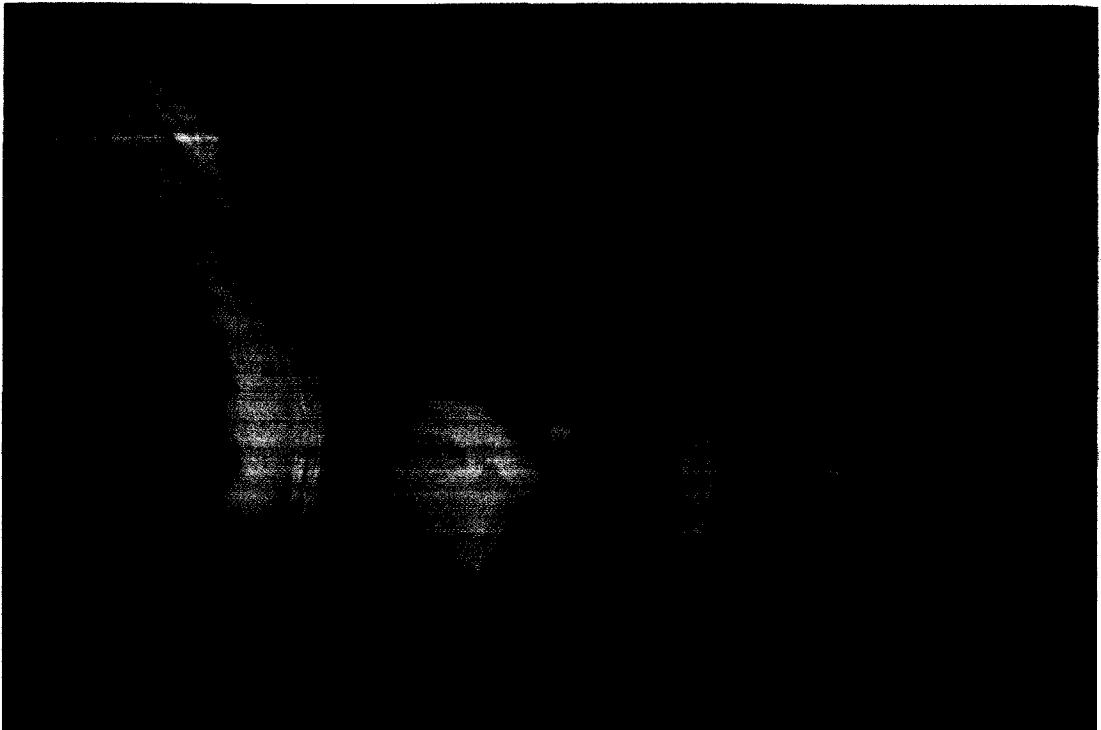
With regard to abortion, the ICPD Programme is disappointing in its failure to include access to safe, legal abortion as a necessary part of women's reproductive health and rights. Yet Chapter 8 does recognise 'unsafe abortion' as 'a

major public health concern' that contributes to high rates of preventable maternal mortality and morbidity. It urges government policies and practices that will make abortions safe wherever they occur, including 'compassionate counselling,' follow-up and 'access to quality services for the management of complications arising from abortion.'

These provisions mark a conceptual advance for women in many countries in Latin America, Africa and elsewhere where abortion remains illegal and maternal mortality rates extremely high. Moreover, if carried out, they could help to normalise abortion in clinical practice. They are an acknowledgement that mere legal prohibitions will not eliminate women's need for and recourse to abortions, however unsafe. The Beijing platform provides that governments should 'consider reviewing laws containing punitive measures against women who have undergone illegal abortions'. While couched in the weakest language, this provision does move one small step in the direction of an international norm that would decriminalise abortion.

Contrary to the insistence of the Vatican and other fundamentalists on a single, universally normative family structure (the patriarchal, conjugal, heterosexual kind), the Programme reiterates many times its recognition that 'diverse family forms' prevail in many of the world's societies and cultures. While not acknowledging freedom of sexual expression or sexual orientation as a human right, the Cairo Programme does not limit the right to 'a satisfying and safe sex life' to married people or heterosexuals. Indeed, it proposes that adolescents be given access to 'integral sexual education and services' that 'can help them understand their sexuality and protect them from unwanted pregnancies' and STDs, while making the 'distribution of high-quality condoms' an 'integral component of all reproductive health care services.'

Through several scattered but important paragraphs, the Cairo document explicitly recognises the human rights principles of respect for bodily integrity and security of the person as basic underpinnings of reproductive and sexual health and rights. Taken together, these paragraphs assure not only the obligation of individual men to respect the bodies and reproductive and sexual decisions of individual women but of governments and intergovernmental agencies to



DONNA DE CESARE / FORMAT

ICPD, Cairo, 1994

promote policies that guarantee such respect at all levels where power operates: interpersonal, clinic, community, state and international. Within the document, eliminating all forms of violence against women and girls, including sexual violence, promoting safer sex practices, and enforcing women's control over their own fertility are parts of a seamless fabric.

While the Platform of Action adopted a year later by the Fourth World Women's Conference in Beijing essentially incorporates most of the ICPD Programme intact with respect to reproductive and sexual health, in one aspect it goes further. That is the recognition that:

'The human rights of women include their right to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.'

This is the clearest assertion yet, in any international document, that women – without reference to age, marital status or sexual orientation

– have a human right to sexual freedom. Its inclusion in the Beijing document marks the culmination of a debate that began in Cairo.

It is vital that women's movements claim credit for these affirmative provisions of the 1994 ICPD Programme of Action. Every word I have just summarised was incorporated into the document as a result of a concerted drafting and lobbying campaign by hundreds of women's NGOs from all the world's regions, South as well as North. Yet not all women's health and reproductive rights activists participated in this effort or agreed with its political efficacy. A number of women's groups in the year prior to the conference, noting the persistent contamination of population programmes with racism, eugenics and the objectification of women's bodies, rejected any project of 'reforming' such programmes through 'just and humane' or 'women-centered' values as a contradiction in terms and a sure road to co-optation.

In the post-Cairo context, some women's movement voices – again, coming from both North and South – have denounced the notion of

a 'Cairo consensus' as a sham designed to replace old-style family planning rhetoric with that of reproductive health, gender equality and women's empowerment in order to legitimate business as usual, or population control with a feminist face.³ But one must ask, if the Cairo Programme represents only co-optation and a sham, why did the Vatican and its fundamentalist allies mobilise such vast energy and resources to obliterate 'Cairo language' from all subsequent international agreements, especially the Beijing Women's Platform? There must be something subversive in that language.

I would argue that the sceptics about the ICPD reveal a naive and simplistic approach to the politics of language and its place in the dynamics of resistance. It goes without saying that words, including declarations of rights, are only words without the mechanisms, resources and political will to enforce them. But without the words, there is nothing to enforce. Every political term (for example, terms like democracy, revolution, empowerment, sustainable development) is potentially co-optable. The material meanings of such terms depend on who uses them and in what context. Their practical impact awaits the active, continued mobilisation of popular movements demanding accountability and change.

In sum, I would argue that, with regard to embedding the language and conceptual framework of reproductive rights and gender equality – and to some extent sexual rights – in population and development discourse, the Cairo Programme represents a major historic achievement, won by women's hard efforts, not stolen from us through population controllers' guile. What becomes of that language, whether it is used as an educational tool in organising among women and enforced in government and UN policies, will depend on the unflagging commitment of women's movements.

Yet, with regard to global economic and political structures, implementation mechanisms, development models, and the enabling conditions necessary to realise reproductive and sexual rights, the Cairo Programme is no achievement at all. It is, in fact, a testament to the hegemony of market values in the present world and the failure of women's reproductive rights activists to push beyond the dualism in our own thinking. For if women's NGOs at Cairo deserve credit for the document's strengths, we must also

take our share of responsibility for its weaknesses. Here, then, is the feminist fault line on which we began – the commitment to women's reproductive and sexual rights, their bodily self-determination, coming up against the need for a feminist economic and social revisioning of the so-called new world order.

THE OTHER SIDE OF THE LEDGER

Criticisms of the Cairo document among some women's NGOs, especially those from Southern countries, began to emerge during the ICPD itself and continued in its aftermath. The major theme of these critical voices has been the large silences in the Programme of Action regarding urgent issues of sustainable human development, particularly the impact of structural adjustment policies (SAPs), foreign debt, trade inequities, international financial institutions (IFIs) and transnational corporations (TNCs) on women's health, poverty and social programmes. Lamenting the disproportionate time and energy devoted in the conference deliberations to debating abortion and reproductive rights as opposed to all of these crucial macro-economic and social issues, they ask rhetorically, 'Where is the D in ICPD?'⁴

A closer look at relevant chapters of the Cairo Programme, however, reveals not an absence of attention to development, but rather a failure to address the real implications of privatisation and SAPs as they are currently formulated for the ICPD's own stated objectives of empowering women and respecting their rights to reproductive and sexual health. 'Development' and 'reproductive health and rights,' far from being two separate agendas, are intimately connected. Reproductive health and rights, broadly defined and integrated into national systems of primary health care accessible to all, as the Programme advocates, are essential to women's development and therefore to sustainable development. At the same time, the practical implementation of this reproductive health and rights agenda will be impossible without the reallocation of resources globally and nationally to assure the full funding of social programmes, especially health – in other words, without radically new development alternatives.

Actually, the Cairo document begins to approach a conceptual framework of interdepen-

dence and non-linear causation that departs significantly from Malthusian thinking. Nowhere does it say that population growth is the cause of poverty or environmental destruction; rather, Principle 5 affirms that:

'...Population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of life of all people.'

Population growth, according to the document, is only one variable in a complex array of interconnected problems, including women's low status, widespread poverty, resource depletion, 'social and economic inequality,' and 'unsustainable patterns of production and consumption.' While mainly rhetorical, this shift does mark a victory of sorts for feminist and alternative development constituencies. It says that Malthusian language and ideas have been sufficiently discredited to be an embarrassment to many governments and the UNFPA.

Yet the disavowal of traditional demographic themes remains a fairly empty gesture in light of two glaring flaws in the document: its failure to challenge mainstream development and macro-economic models and its lack of any real mechanisms for enlarging resources and assuring accountability and enforcement.

Again at the level of rhetoric, the Cairo Programme does acknowledge the dire impact of 'public-sector retrenchment' and SAPs on social well-being in many countries. For example, in Chapter 13 it mentions 'poor countries that are undergoing painful structural adjustments [and] are continuing to experience recessionary trends in their economies.' In Chapter 10 it enumerates the 'root causes' of international migration that governments should address, including poverty and the need to provide 'national and household food security ...education, nutrition, health and population-relevant programmes....' Most strikingly, in a section on 'primary health care and the health-care sector' in Chapter 8 it states:

'The impact of reductions in expenditures for health and other social services which have taken place in many countries as a result of public-sector retrenchment, misallocation of available health resources, structural adjustment and the transition to market economies has pre-empted

significant changes in lifestyles, livelihoods and consumption patterns and is also a factor in increasing morbidity and mortality. Although economic reforms are essential to sustained economic growth, it is equally essential that the design and implementation of structural adjustment programmes incorporate the social dimension.'

Of course, the tension between policies that privilege 'sustained economic growth' and those emphasising 'the social dimension' is precisely the problem, one the Cairo Programme staunchly evades. While urging governments 'to address the basic needs of the most vulnerable groups of the population,' 'to ensure their access to social services,' and 'to devote an increased proportion of public sector expenditures to the social sectors,' it sets forth no specific targets. It implies criticism of SAPs, debt servicing and inequitable distribution of the world's resources. It calls on the international community to provide greater 'financial and technical resources' to reduce 'the debt burden', and suggests that donor countries meet the target of 0.7 per cent of GNP for foreign assistance. Yet it still does not provide international accountability or enforcement mechanisms to make sure any of this will happen.

Not only are the document's references to financial and enforcement arrangements weak, they also contradict the main principles and goals related to reproductive health and rights, and sustainable human development ('the social dimension'). Side by side with these economic strategies for redistribution, the Programme also aims to promote 'increased involvement of the private sector' in producing and marketing contraceptives and providing reproductive health services, as well as 'the selective use of user fees' and 'social marketing' techniques. And it encourages governments to lift regulations on the private sector and its 'efficient production of commodities for reproductive health,...family planning and...service delivery.'

In other words, the Cairo document promotes the very privatisation, commodification and deregulation of reproductive health services that, by its own admission, have led to diminished access and increasing mortality and morbidity for poor women, who constitute 'the most vulnerable groups' in both developing and developed countries.

Finally, when it comes to allocation of funds,

the Programme of Action does a complete about-face. Contrary to the comprehensive definition of reproductive and sexual health, integrated into primary health care, family planning will still get the lion's share of population budgets in terms of actual dollar resources. Everything else – 'specific social and economic sector goals,' primary health care delivery, emergency obstetrical care, treatment and prevention of HIV/AIDSs and STDs, programmes to assure women's empowerment, gender equality, and male responsibility in regard to reproductive and sexual health – all must wait for 'additional resources.' Chapter 13 estimates the costs of implementing 'the family planning component' of population programmes in developing countries over the next 20 years at US\$ 48 billion, compared with \$28 billion for all the rest of reproductive and sexual health care put together.

But if the private market is to remain the dominant mechanism for determining whether and what 'additional resources' will be allocated to the entire health care and social development sectors; if states are not required to shift budgetary priorities from militarism and debt servicing to social expenditures, particularly health; and if strong enforcement and accountability procedures representing women are not set up to assure these changes and counter abuses, then it is difficult to see how the Cairo Programme's broad vision of reproductive health and rights will ever materialise.

For that vision to become a reality would require the commitment of the United Nations, its agencies and member states to an alternative model of development, one that places the quality of life and necessary investments in social and human capital over economic growth, militarism and market incentives. 'Development' in the ICPD Programme is not absent but, rather, stuck within traditional capitalist priorities.

A RARELY NOTICED FLAW

One other flaw in the Programme, rarely noticed, is its weakness with regard to racial and ethnic conflicts as impediments to sustainable development. For all its attention to gender equality and women's particular needs, the Programme virtually ignores the divisions of race and ethnicity that fester in nearly all contemporary societies – except as regards migration (Chapter 10). But

addressing the problem of 'racism, ethnocentrism and xenophobia' as threatening only international migrants reinforces the view that the victims of these pathologies are invariably 'aliens' and ignores the endemic character of such hatreds between peoples who have lived side by side for generations or even centuries.

In Chapter 6, on the other hand, where the Programme addresses specific needs of distinct population groups – children and youth, the elderly, indigenous people(s) and people with disabilities – racial and ethnic minorities, as well as the poor, are jarringly absent. (The inclusion of 'indigenous people' here is also patronising in tone. The conference rejected the term 'peoples,' thus effacing the identity of indigenous groups as autonomous nations or anything but aggregated individuals.)

This exclusion not only represents an omission and a missed opportunity to broaden the scope of 'population policies' by acknowledging the diversity of populations. More disturbingly, it reflects a form of racism within the document, in the refusal to recognise that diverse ethnic or racial groups or classes may be the victims of particular forms of abuse or neglect, or may suffer from particular reproductive and sexual hazards (e.g. higher rates of HIV/AIDS or maternal and infant mortality) that government policies should address.

Such silences are the mirror image of the eugenic doctrines of racial inferiority and policies of racial and ethnic targeting that have encumbered population programmes throughout much of the 20th century. Moreover, they have particularly insidious implications for how gender is configured in the document, for the insertion of 'women' everywhere and of racial and ethnic groups almost nowhere suggests an image of 'women' as homogeneous and undifferentiated. In reality, ethnic minority women – especially if they are poor – are often more susceptible to involuntary sterilisation, reproductive tract infections, or lack of maternal health services than are ethnic majority women in many societies. The Cairo document's failure to recognise the divisions among women by race, ethnicity and class, along with age, thus reduces the complex meanings of reproductive and sexual health and reproductive rights.

RELINKING WOMEN'S BODIES AND THE GLOBAL ECONOMY

I have described the fault line in the ICPD Programme of Action as a highly dangerous one for feminists, especially those in the North, because it configures a gap too often present in our own thinking between the politics of the body, sexuality and reproduction on the one hand and the politics of social development and global economic transformation on the other. Bridging this gap is a major task that confronts and challenges women's movements and coalitions in the 21st century.

But the fault line is also dangerous because it demarcates the principal political divisions in the world right now. Not surprisingly, what I have identified as the weaknesses in the Cairo Programme reflect the continued dominance of Northern donor countries and institutions – particularly the USA, the European Union, the World Bank and the International Monetary Fund – over global economic policies and the distribution of both resources and people. Northern delegations were the ones in Cairo – and later at the Social Summit in Copenhagen and the Women's Conference in Beijing – most resistant to strong language condemning SAPs, privatisation, or any kind of international monitoring of IFIs and TNCs, as well as to clear goals and timetables for the reallocation of funds. They were also the ones to resist references to racial and ethnic diversity or strengthening the rights of immigrants in the official documents.

At the same time, the features I have identified as historic achievements for women in the Cairo Programme have provoked an all-out holy war by, and an unusual alliance among, the Vatican, its client states, and some Middle Eastern governments catering to fundamentalist Islamic elements at home. Under the mantle of religion, these forces claim dominant moral authority over issues concerning women's bodies, sexuality, the family and motherhood, not only in their own territories but in the world at large.

To complicate things further, these same fundamentalist forces (with the Vatican in the lead) also make a spurious claim to speak for the countries of the South in their struggle to change global economic relations and their opposition to cultural imperialism, including 'Western feminism'.⁵ In this way, moral conservatism and social and economic restructuring get oddly

lumped together, and feminists who speak out in favour of reproductive and sexual rights or women's bodily self-determination, whatever country they are from, find themselves accused of fronting for the interests of Northern governments and donor agencies.

I had a chance to see the complexity of these political divisions in action and to experience the precarious positioning of Northern feminists at the Third Preparatory Committee Meeting of the Beijing Women's Conference, held at the United Nations in New York. Having sneaked into a closed delegate session debating the section on health, I found myself sitting next to members of the Holy See caucus, including delegates from Honduras, Guatemala, Argentina, Sudan and Malta – most of them women. (Nearly all the sessions at this meeting, unlike those before and during the Cairo conference, were closed to NGOs – an ominous sign of backlash since Cairo.)

The woman most obviously directing this small group – literally feeding them their lines – was officially part of the Honduran delegation. But she also had an unmistakable midwestern-US accent, and the representative of the Holy See was also a young woman from the USA. Their stated intention in this meeting was to reverse all the Cairo language they did not accept, which included any references to reproductive rights, unsafe abortions, adolescent sexuality and even gender. They insisted time and again on inserting parental authority over adolescents. Meanwhile, timed to coincide with this meeting, the Pope released his *Evangelium Vitae* encyclical, with its implication that an ethics of reproductive and sexual rights is hedonistic, individualistic and irresponsible.

On the other side of the room, the delegate from the USA (also a woman), while attempting to preserve and broaden the Cairo language about reproductive and sexual health, services and rights for adolescents, and gender equality, took a very different stance when it came to basic economic and social conditions. In a section of the draft Platform listing actions to be taken by governments to promote health, a brief and seemingly uncontroversial provision to 'ensure access to safe drinking water and sanitation and put in place effective public distribution systems by the year 2000' raised only the US delegate's objection. Her delegation would have to insist on

bracketing the phrase 'by the year 2000,' she said (thus sabotaging one of the only clear target dates in the whole document), since this was an 'infrastructural problem' and the goal was 'unrealistic.' However, without such infrastructure no dimension of reproductive and sexual health is really possible. Try using a diaphragm or condoms, delivering babies safely or raising healthy ones without running water and sanitation. Like universal access to primary health care, such conditions are 'unrealistic' within an economic system devoted to the unfettered private market.

It is hardly unique in the history of nationalism and the dynamics of North-South divisions that 'women' and 'gender' become perceived as code words for imperialism, both cultural and economic. But insofar as feminists lack a clear vision of sustainable development models that challenge market-driven policies – as the prerequisite for achieving women's reproductive and sexual rights – we remain particularly vulnerable to such displacements.

There is a necessary interdependence between the principles of bodily integrity and personhood, which form the ethical grounds of reproductive and sexual rights, and what are often called social rights – for example, reliable transport, sanitation, income support, access to education, and primary health care of good quality.⁶ These are the enabling conditions without which personal and bodily rights are merely, at best, paper promises. It does a woman little good to have a legal 'right' to terminate or bring to term a pregnancy if she lacks the means to access decent services, or if the services do not exist or are under continual threat of retrenchment or attack by fundamentalist vigilantes.

Such enabling conditions entail correlative obligations on the part of governments and international organisations to treat basic human needs, not as market commodities but as human

rights. In turn, the realisation of these rights will require macro-economic changes on a global scale: first, the elimination of poverty, structural adjustment policies that eviscerate social programmes, trade inequities, and unsustainable consumption patterns; and second, the shifting of public, deprivatised resources toward social welfare and the quality of life rather than corporate profits and militarism.

DAWN's Agenda for Social Development has outlined additional alternatives: relieving debt burden and the unequal distribution of resources through a tax on international capital flows; bringing the IFIs into the United Nations system and making them and TNCs accountable to the international community; democratically restructuring the state and strengthening civil society; and reconceptualising productivity in terms of social and personal needs. In short, feminist activists need to rethink reproductive and sexual rights – the politics of the body – from the vantage point of a totally restructured global economy.⁷

Many women's groups, both within and outside the ICPD setting, have issued public statements endorsing these alternative scenarios for sustainable development. Indeed, the Women's Caucus at both the second and the third Preparatory Committee meetings prior to the Cairo conference, as well as in Copenhagen and Beijing, included such economic agendas in the lobbying materials they presented to delegates, urging that such global restructuring and redistribution were essential to any population policy that seeks to be 'just and humane.' But we have barely begun to develop an analysis that makes explicit the concrete links between macro-economic policies and the materialisation of reproductive and sexual rights for all the world's women. This is the lesson of Cairo that makes its outcome, although a victory, a sobering one.

References and Notes

1. This article adapts parts of Copelon R and Petchesky R, 1995. Toward an interdependent approach to reproductive and sexual rights as human rights: reflections on the ICPD and beyond. *From Basic Needs to Basic Rights*. Schuler M A (ed). Women, Law & Development International, Washington DC.
2. United Nations, Report of the International Conference on Population and Development, Cairo, Egypt, 5-13 September 1994. UJN Doc No A/CONF.171/13 (18 Oct 1994), hereafter cited as ICPD; and United Nations, Beijing Declaration and Platform for Action, adopted by the Fourth World Conference on Women:

- Action for Equality, Development and Peace, Beijing, 15 September 1995. (At this writing, only the unedited advance text was available).
3. Eg., Hartmann B, 1994. The Cairo 'consensus': women's empowerment or business as usual? *Reproductive Rights Network Newsletter*, Fall:1/4; *Women's Global Network for Reproductive Rights Newsletter*, 1994. 47(July-Sept):2-11. Articles by Dütting G, Keysers L, Boschman H, and Hartmann B. And Isis International, 1993. *Women's Perspectives on Population Issues*. Quezon City. Position papers by Third World Network, Gabriela and Antigena.
 4. Women watching ICPD: strategies suggested by the Women's Caucus Post Cairo Task Force. (leaflet distributed at NGO Forum Cairo); and Ghazi S, 1994. Cairo's silences. *Living Differently*. October:1.
 5. Bohlen C, 1995. Pope calls for an end to discrimination against women. *New York Times*. 11 July. (This call was combined with a condemnation of the Beijing draft Platform as having been 'overly influenced by Western feminist thought'); Tagliabue J, 1995. Vatican attacks US-backed draft for Women's Conference. *New York Times*, 26 August; Sovereignty begins at home – protect parental rights (leaflet distributed by NGO Coalition for Women and the Family at Beijing Conference); and Catholics for a Free Choice, 1995. *The Vatican and the Fourth World Conference on Women*, for a complete chronicle of Vatican positions regarding the Beijing conference and document.
 6. Correa S and Petchesky R, 1994. Reproductive and sexual rights: a feminist perspective. *Population Policies Reconsidered*, Sen G et al (eds). Harvard University Press, Cambridge.
 7. Development Alternatives with Women for a New Era (DAWN), 1994. Challenging the given: DAWN's perspectives on social development. Document for Second PrepCom Meeting, World Summit on Social Development, New York, Aug-Sept. See also Correa S, 1994. *Population and Reproductive Rights: Feminist Perspectives from the South*. Zed Press/DAWN, London, for an excellent model of the kind of synthesis I am advocating here.

RÉSUMÉ

L'auteur explique dans cet article que le Programme d'Action de la Conférence internationale de 1994 sur la Population et le Développement comporte une vision quasi-féministe des droits en matière de santé génésique et de l'égalité des sexes en lieu et place des vieilles théories du contrôle démographique et retient un modèle dominant de développement dans lequel une telle vision ne peut se réaliser. Cette 'ligne de faille' est extrêmement dangereuse pour les féministes, du Nord en particulier, parce qu'elle trace un fossé entre les politiques du corps, de la sexualité et de la reproduction et les politiques de développement social et de transformation économique générale. Elle marque aussi la séparation des principales divisions politiques dans le monde actuel, réfléchissant la domination continue des institutions et pays donateurs du Nord. Mais en tant qu'événement historique pour les femmes, elle a suscité l'opposition d'une alliance insolite entre le Vatican, ses états clients, et certains gouvernements du Moyen-Orient. Il serait nécessaire de procéder à une analyse explicitant les liens concrets entre les politiques macro-économiques et la matérialisation des droits sexuels et génésiques de toutes les femmes du monde.

RESUMEN

De acuerdo a este ensayo, el Programa de Acción de la Conferencia Internacional sobre Población y Desarrollo de 1994 consagra una visión cuasifeminista de los derechos reproductivos y de la igualdad entre los sexos en lugar de la antigua retórica sobre control de población, pero mantiene un modelo de desarrollo tradicional bajo el cual la realización de dicha visión resulta imposible. Dicha falla es sumamente peligrosa para las feministas, particularmente las de los países del norte, porque crea una brecha entre la política del cuerpo, la sexualidad y la reproducción y la política del desarrollo social y la transformación económica mundial. Demarca también las principales divisiones políticas en el mundo actual, reflejando el continuo dominio de los países e instituciones donantes del norte. Sin embargo, como logro histórico para la mujer, ha provocado también la oposición de una alianza poco común formada por el Vaticano, los países que suscriben la visión del mismo, y algunos gobiernos del Medio Oriente. Es necesario un análisis que explore explícitamente los vínculos concretos entre las políticas macro-económicas y la materialización de los derechos reproductivos y sexuales para las mujeres de todo el mundo.