Chapter 4: Historical Evolution of Women’s reproductive Rights: The Path from Cairo, Beijing to Millennium Development Goals

4.1: Introduction: Hendricks (1995) identified the 1980’s as the turning point when policy – makers, scientists and women’s rights activists started to acknowledge the intrinsic relationship between women’s health and human rights. Reproductive rights was highlighted during this period by a number of international initiatives that address vulnerabilities of women (Wang & Pilli, 2001). The empowerment model of women’s reproductive rights assumes that these rights are grounded in private and autonomous decision making (Yamin, 1996.) Women’s reproductive rights have gone a long way after that. The chapter traces the journey of evolution of the policy from Cairo conference.

4.2: Cairo Conference: The issue of reproductive health was defined in The International Conference on Population and Development, 1994 (IPCD) Conference also popularly known as the Cairo Conference where it was held. Reproductive health was defined by the Cairo Convention as a condition in which the reproductive process is accomplished in a state of complete physical, mental, and social well-being and is not merely the absence of diseases and orders. The Cairo conference re-emphasized the crucial role that universal access to sexual and reproductive health information and services must play in any long-term antipoverty campaign. The most important turning point of the Cairo Conference is the mention of sexual health of women along with reproductive health agenda. The Cairo Conference acknowledged that the right to decide freely and responsibly the number and spacing of children is unattainable without women’s empowerment and gender equality. The most important result of the Cairo Conference was the recognition that population growth being a major obstacle to development and the removal of poverty. It also highlighted the issue
of empowerment of women (Wang & Pillai, 2001). At the Rio de Janeiro “Earth Summit”, two years ago (1992), the population issue was barely mentioned. The attention was made on the issues of environment and development. The Cairo Conference made up for the lapse by emphasising that the population problem was intimately linked with environment and development. A new factor also emerged at the ICPD: the key role of women in the population debate (Singh, 1994).

“The empowerment and autonomy of women and the improvement of their political, social, economic and health status is a highly important end in itself,” reads a part of the ICPD’s programme of action. “In addition, it is essential for the achievement of sustainable development. The full participation and partnership of both women and men is required in productive and reproductive life, including shared responsibilities for the care and nurturing of children and maintenance of the household.....improving the status of women also enhances their decision-making capacity at all levels in all spheres of life. This, in turn, is essential for the long-term success of population programmes. Experience has shown that development programmes are most effective when steps have simultaneously been taken to improve the status of women”. Several barriers to improving the status of women, mostly in the developing world, were highlighted as never before at the Cairo Conference. Thus we found that the Cairo Conference said that development, environmental protection and population stabilisation were closely tied to the improvement in the status of women (Singh, 1994)

4.3: Beijing Conference: The United Nations’ Fourth World Conference on Women, held in Beijing from 4 to 15 September 1995. This adopted an action plan whereby member nations agreed to take certain steps to improve the status of women and bring about equality, development, and peace. The Conference was remarkable for the frank discussion of topics that were taboo twenty years ago, and for the acceptance of pro-equality provisions by the great majority of UN members (Roberts, 1996). The Beijing Conference paid emphasis on
sexual and reproductive health of adolescent girls and the consequences of early marriage, early childbearing and unprotected sex. Beijing Conference mentioned about sexual health, reproductive health, primary health rights of women, communicable and non-communicable diseases, mental health, right of abortion, health of older women, son preference, discrimination and gender bias, violence against women, inequality in health and development, sexual health problems of both adolescent boys and girls. The Platform for Action enumerates critical concerns and delineates the strategic actions to be taken at various levels to respond to women's needs. The atmosphere in Beijing was infused with a strong resolve not to unravel any of the ICPD agreements, particularly those pertaining to reproductive health and rights. In her speech to the Plenary, Baroness L. Chalker, Minister of Overseas Development, United Kingdom, stated, "Most of us believe that Cairo was an outstanding achievement... We committed ourselves at Cairo to the advancement and empowerment of women, the elimination of all kinds of violence against women and women's right to control their own fertility. We must endorse these commitments here at the World Conference on Women. These cannot be renegotiated now." Thus we found that the Beijing Platform for Action was an extension of the ICPD Goals. (ICPD News, 1995). The issue of women’s equality and empowerment became stronger in the Beijing Platform for Action, 1995. (See Foot Note 5)

4.4: Framework of Millennium Development Goals: The Millennium Development Goals was developed by the United Nations in 2000 which provided a framework of development. They speak directly to improve human lives. The MDGs are part of UN development agenda. (Fukuda-Parr, 2004). They provide a common framework agreed to by all governments, complete with measurable targets and indicators of progress, around which governments, UN agencies, international finance institutions and civil society alike could rally (Antrobus, 2006) Explicit mention of sexual and reproductive health and rights is missing from
the MDGs, however. In particular, no mention is made of the core goal of ICPD that focuses on meeting the sexual and reproductive health needs and rights of women, men, and young people globally. This is the only goal set forth at all of the United Nations global development conferences of the 1990s that did not become an MDG. The absence of the Cairo goal from the MDGs reinforces the reluctance of an increasing number of member states to support many activities that promote sexual and reproductive health. To achieve the Millennium Development Goals and to address the sexual and reproductive health issues the ICPD recommendations are very much essential. Three of the MDGs address health: maternal health, HIV/AIDS, and infant mortality. A fourth addresses gender equality.

4.5: Critique of MDG goal on gender equality: The third goal on gender equality explicitly refers to “gender”. However, most of the gender-based critiques emphasized that despite the growing recognition of the importance of gender, the gender dimension was not made explicit in all other goals. This omission is most obvious in the targets and indicators outlined by the UN Secretary General. (Ariffin, 2004). Gender equality should not be concentrated on MDG 3 only. To have a gender perspective of the MDGS, gender equality should be central to all the MDGs.7 Langford (2010) writes that the MDGs of ‘gender equality and the empowerment of women’ were narrowed down to gender equality in education. Specifically in regard to MDG 3, authors point out that a target of decreasing gender disparities is not the same as ending gender inequality since focus is reduced to numerical imbalances, whereas substantive asymmetries are left unaddressed (Kabeer, 2005; Subrahmanian, 2005). Mohindra and Nikiema (2010) criticise the lack of MDG objectives for gender-based violence and economic discrimination. Kristen Timothy also argues that putting a priority on women (and girls) “offers a compelling and in many cases, a win-win approach for

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7 For details, see UNIFEM : Gender Equality and the Millennium Development Goals : Progress of the World’s Women, pg. 6, New York, 2002
policy makers and planners towards implementing the MDGs” (2002 pg. 4). Persistent gender inequality is a human rights violation that must be addressed through a variety of remedies, many of which are already contained in CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women). The CEDAW have provided guidelines when considering ways to end gender inequality. These can provide useful recommendations to the more recent MDGs” (Ariffin, 2004)

4.6: Discussion: The Millennium Development Goals has lessened gender perspective than the earlier policies. Majority of the goals overlap entirely with the Cairo agenda. For proper implementation of the goals there should be increased commitment from political and financial to reproductive health care. But this has not been the case. The internal politics of organizations are cutting into the way of gender politics. The politics of the MDG process have severely compromised earlier commitments to sexual and reproductive health and rights that were essential parts of the Cairo and Beijing conferences. Most of the increase in financial and other resources has been targeted to the HIV/AIDS placing the women’s health field in ever-greater danger of being marginalized (Ethelston et al. 2004). Sinding (2005 pg.141) illustrated that beyond the impact that the absence of the core Cairo goal from the MDGs has had on funding for sexual and reproductive health, the fields of HIV/AIDS research and care and reproductive health unfortunately have grown farther and farther apart since Cairo. The establishment of a Global Fund to Fight AIDS, Tuberculosis and Malaria as separate and distinct from sexual and reproductive health has deepened the gulf, as has the World Health Organization’s decision to move responsibility for the fight against HIV/ AIDS from the sexual and re- productive health unit to the unit on communicable and infectious diseases. (Sinding,

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Matters that have an impact on, or are components of sexual and reproductive health were included – maternal and child health, HIV/AIDS, unmet need for family planning, gender equality and education but sexual and reproductive health were left out. Attempts have been made afterwards to redress this imbalance and to ensure that sexual and reproductive healthcare is there for the implementation of the Millennium Development Goals (Haslegrave, 2005)

4.7: Conclusion: The omission of the Cairo goal from the MDGs is unacceptable and costly. The goal of universal access to reproductive health services must be integrated at all levels of the MDG process. Honouring the Cairo goal would give women the right and the means to have children by choice and to protect their reproductive health, one of the most powerful ways to further gender equality and to improve health and general living conditions globally (Sinding, 2005). Similarly including the issues of women’s empowerment including sexual and reproductive freedom as mentioned in the Beijing Conference should also be honoured. The reproductive health of women is not dealt fully in the MDGs for which there is huge concern. The sexual health of adolescents and the women who are not mothers are also not mentioned in the MDGs. These are very important targets for ensuring women’s health and their empowerment and were important components of Beijing Platform of Action. MDGs have always talked about health equity, justice and empowerment of women. But how can the women become empowered if the above targets are not focused in development policies like MDGs? Sexuality of women also poses some responsibilities on their male counterparts. Young men should also be educated regarding sexual health so that the women do not experience early childbearing. The conditions of unprotected sex should also be known to both men and women to avoid sexually transmitted diseases and unsafe abortions. The question of male education was raised in the Beijing Conference because both men and women are responsible for sexual and childbearing activities (Beijing Platform for Action, 1995)
Thus it can be concluded that the Beijing Platform of Action continued with the principal concepts and actions language of the ICPD Programme of Action. But the Millennium Development Goals do not consider all the commitments that were raised in ICPD and BPA. The universal access to sexual and reproductive health should be included in the MDGs that were earlier discussed in the ICPD. Universal access to contraception, STI prevention and treatment, and safe childbirth should be actively promoted. The economic condition of the women will improve if women have reproductive freedom. A considerable unmet need exists for family planning and complications of pregnancy which should be included in the MDGs as posited in ICPD Goals. Omission of Cairo goals may be the reason for silence in policy regarding women’s reproductive rights.

The Beijing Platform of Action re-establishes the above position and is theoretically consistent. Instead of abandoning it the MDGs must consider the BPA for developing strategies for development. Work is needed to link the MDGs to the BPA in terms of targets and indicators, New targets and indicators drawn from the BPA- such as violence, gender equality in the labour force, violence against women, etc- may have to be added. BPA is a better framework for addressing all the MDGs. Therefore, instead of abandoning this policy makers should link the two development agendas for progressing towards gender equality and empowerment. (Antrobus, 2006)