

# "Ten Years of ICPD and the context of Violence of Women"

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## Introduction

Ten years have passed since the International Conference on Population and Development (ICPD) held in Cairo, Egypt. There were lots of actions undertaken by the governments, international agencies, NGOs and all other stakeholders. Again everyone is meeting to review the outcomes. This year, the World Population Day was observed commemorating the 10<sup>th</sup> anniversary of the ICPD.

### The ICPD Programme of Action: Targeting Women

A 20-year Programme of Action was adopted in the ICIID and was signed by 179 countries including Bangladesh. Now it is time to review what have we achieved and what we could not. It is also time to review whether the Programme of Action (PoA) was adequate enough to meet the needs of people. Such review would help us in developing a perspective which we can follow for the next 10 years. Twenty years is quite a long time to stick to the same policies, as the national and global situations are changing rapidly. The PoA must be able to adapt to the specific changing circumstances.

It would also be useful in this paper, to see how the Programme of Action (PoA) deals with the issues of violence. In the PoA, there are several chapters which have implications for multisectoral approach to the issue of violence. In the Preamble it says,

*The Programme of Action recommends to the international community a set of important population and development objectives, including both qualitative and quantitative goals that are mutually supportive and are of crucial importance to these objectives. Among these objectives and goals are: sustained economic growth in the context of sustainable development, education, especially for girls; gender equity and equality; infant, child and maternal mortality reduction; and the provision of universal access to reproductive health services, including family planning and sexual health.*

It is clear from this set of objectives that "women" became a target group in the PoA and the review will definitely look into indicators which reflect changes in women's condition. The same thing will be done for the Beijing +10 Plan of Action and for the Millennium Development Goals. For example in the Sustainable development section it says,

*There is general agreement that persistent widespread poverty and serious social and gender inequities have significant influences on, and are in turn influenced by, demographic factors such as population growth, structure and distribution. There is also general agreement that unsustainable consumption and production patterns are contributing to the unsustainable use of natural resources and to environmental degradation.*

If we read carefully, the issue of widespread poverty and social and gender equities are taken into consideration because it has implications for population growth. But the unsustainable consumption and production patterns not only contribute unsustainable use of natural resources but also to increase in poverty and gender violences. So the way the problems are framed with demographic goals, it cannot really go into root cause of the problems. On the contrary, poor people and particularly women in the poorer sections of the population become the target of population programmes, which was supposed to be avoided in the ICPD.

In the section on "Gender Equality, Equity and Empowerment of Women" there are three major sub-sections. These are, 1. Empowerment and status of women, 2. The girl child and 3. Male responsibilities and participation. It says (among many other points),

*A. The empowerment of women and improvement of their status are important ends in themselves and are essential for the achievement of sustainable development.*

*B. Countries should take full measures to eliminate all forms of exploitation, abuse, harassment and violence against women, adolescents and girls.*

*C. to eliminate all forms of discrimination against the girl child, to eliminate the root causes of son preference, to increase public awareness of the value of the girl child and to strengthen her self-esteem.*

*D. Governments should develop an integrated approach to the special health, education and social needs of girls and young women, and should strictly enforce laws to ensure that marriage is entered into only with the free and full consent of the intending spouses.*

*E. Governments should promote equal participation of women and men in all areas of family and household responsibilities, including, among others, responsible parenthood, sexual and reproductive behavior, prevention of sexually transmitted diseases, and shared control in and contribution to family income and children's welfare.*

These are all laudable objectives and actions which are basically a result of the participation of women's organisations in the ICPD. These involve at least several sectors to implement the policies. But since these plans and actions were limited within the ICPD, later linked to Beijing +10, these did not take an integrated shape in the country plans of actions. The PoA does not suggest a clear plan how to integrate the various sectors. It has only set nice goals of women empowerment but does not suggest an end to discrimination. How women's empowerment can be achieved without ending discrimination? The PoA has only taken few aspects of women lives which has direct link with their reproductive lives. Education, marriage and later shared decision of family are all linked to population policies. There is nothing wrong in it but the problem is that women's lives are segmented in this approach. It is not a holistic process through which the violations of women's rights can be addressed and eliminated.

The section on "Reproductive Rights and Reproductive Health" is the most talked about sections of the PoA, which is taken up by the relevant Ministries, particularly the Ministry of Health and Family Welfare. In this section the subsections are

1. Reproductive rights and reproductive health,
2. Family planning,
3. STDs and HIV prevention and
4. Human sexuality and gender relations, and
5. Adolescents.

These are all interrelated, but yet need very different perspectives and indicators for reviewing. In the implementation of the PoA "Reproductive Rights" became less important compared to the "Reproductive Health". In a way, the programme ultimately relied on Family planning to achieve the goals.

The Programme of Action of ICPD is not obligatory, but it constitutes an ethical commitment by the international community. It was opposed by some religious groups including Holy See and some Muslim clerics on the one hand and Bush administration on the other, who acted against the abortion rights of women. However, the progressive women's health groups were also critical of the PoA as it emphasized on women's empowerment and improvement of status in deceptive way to achieve demographic goals.

### **"Violence" and Violation of rights**

Violence here is discussed in the context of the violation of rights of women. In the feminist discourse, violence encompasses all kinds of violations against women's dignity including mental, social, economic, political and cultural rights. Therefore, any discussion on violence is "multisectoral" and "multi-dimensional". There is no single explanation of violence and no single solution as well. There is no universal description of violence, it has to be understood in particular context. But in the ICPD, gender based violences are only seen in the context of sexual and reproductive rights, which is only one side of it, and also is the result of the violences in other rights. The Universal Declaration of Human Rights, created 1948 as an international body of laws, was meant to protect the integrity and dignity of human beings. Those laws, together with the 1979 Convention for the Elimination of All Forms of Discrimination Against Women have been effective not only in the affirmation and implementation of human rights, but also to prove the continued existence of violations of rights in both public and private spheres. In the ICPD Programme of Action, these instruments are not used as are done in the Beijing Platform of Action.

### **Violences: Abortion and Maternal Mortality**

Globally, feminist or women's groups active on ICPD issues take on the premise of abortion, sexual rights, maternal mortality and contraceptive acceptance as the major women's issues. At the ICPD also, the governments recognized abortion related health concerns as the major public health concerns, therefore major violences against women. We all agree that "in circumstances where abortion is not against the law, it should be safe" (PoA, para 8.25).

At the 37th Session of the United Nations Commission on Population and Development, it was reported that

*"many members of the international community -- governments, civil society organizations, and international agencies -- have worked together to lay the foundation for more rapid progress in reducing the deaths and injuries caused by unsafe abortion. Contraceptive use has increased significantly in many countries, helping to prevent unintended pregnancies."*

The Secretary-General's report also stated that

*"complications related to pregnancy, and childbirth are among the leading causes of mortality for women of reproductive age in many parts of the developing world," and that "the immediate cause of pregnancy-related complications, ill health and death is inadequate care of the mother during pregnancy and delivery. " It might also be noted that out of the 529, 000 women who die every year of pregnancy, at least 13% die from unsafe abortions; this figure is much higher in some countries,, especially in Africa. Ill addition, unsafe abortions, and the deaths and injuries they cause, are almost entirely preventable. When performed by a skilled provider under safe conditions and with modern methods, the World Health Organization has affirmed that abortion is one of the safest surgical procedures.*

In the context of Bangladesh, abortions are allowed under special circumstances, although it is not legal. But abortion is done in the name of Menstrual Regulation as family planning method. Women going to the family planning centres can easily receive abortion, as they are encouraged also. Women who are desperate to have abortion also find some violations as they are given another long term contraceptive method in exchange of abortion services. These are also violation of women's rights, as poor women in the rural areas are not able to resist such pressures from the family planning centres. These are not happening only in the government clinics, many national and international NGOs are promoting contraceptive in exchange of abortion. We call it violence too.

It is also to be noted that the contraceptive acceptance has increased significantly in Bangladesh. The Contraceptive Prevalence Rate is 53.8% for any method, for the modern method CPR is 48.7% for urban women and 42.20% for rural women in the age group of 15-49 years, i.e. in the reproductive age group. The contraceptives which are promoted include Norplant (5 year method) injection ( doses of 3 to 6 months) Intra Uterine devices (2 to 3 years, kept for longer time) pills (every day) and of course sterilization (permanent method) . In a study conducted by LTIMG during 2003, it was found that all these methods have physical side effects which needed treatment. But these treatments are not provided by the family planning centres, neither the government nor the NGOs. So the women have to meet the costs themselves. In an interview of about 189 women, it was found that they spent enormous amount of money for the treatment of side effects. The cost in terms of money ranged between Tk. 3000 to Tk. 50,000 for the treatments of complications. In an already degrading social position of women, side effects of family planning methods leads to deteriorating conjugal relationship and economic conditions.

### **Infertility: A violence with business prospect**

Infertility affects both men and women of reproductive age. According to WHO, between 8 and 12% of all couples - or 50 to 80 million people world wide - experience some form of infertility during their reproductive lives. About 5% of couples are infertile because of anatomical, endocrinological, genetic or immunological factors. In more than half of the infertile couples (55% and above), infertility is the consequence of sexually transmitted diseases or infections following abortion or delivery.

When a couple cannot have children, the woman is usually blamed. However, men can be infertile, too - a situation that causes them embarrassment and disappointment. Infertility affects about 8 percent to 12 percent of the world's population and - in about half of the cases - men are either the single cause of, or contribute to, the couple's infertility. Various myths exist about causes of male infertility. A survey of 120 residents of an urban slum area of Bangladesh, for example, found that male infertility was often attributed to God's will or psychological problems.

In the population discourse, the causes of infertility are only found in the sexual behaviours of the couples and not in the environmental reasons. For example, there are well documented facts about infertility effects of the pesticides, not only among women but also among men working as workers in Pesticide industries and also among workers who are hired for pesticide spraying. However, infertility becomes a curse for the couple, more so for the women. They have to face many social problems including remarriage of husband.

And now, in a poor country like Bangladesh Test Tube babies are born. The first test-tube baby under intra-cytoplasmic sperm injection (ICSI) method in Bangladesh was born in Dhaka in the year 2003. ICSI is said to be a more advanced method bearing higher success rate compared with the traditional method of In Vitro Fertilization (IVF), but ICSI is more complicated, thus more expensive. In IVF the embryos are allowed to grow for several days in an incubator before placed in the women's uterus, while in ICSI the embryos are injected in the uterus soon after fertilization according to Harvest Infertility Care LTD. They claim the success rate of fertilization in ICSI is 90 percent and the pregnancy rate is 40 to 50 percent, while those of IVF are only 30 and 15 respectively. Most of the couples could not afford the expenses of ICSI as it cost 330,000 US dollars (20 million Taka) to 420,000 dollars (25 million Taka). There are Bangladeshi gynecologists who are now involved in "helping women with infertility" in exchange of huge amount of money spent and the few cases are having babies.

## **ICPD +10: More strong Population Control programme?**

This year on July 11, the World Population Day. 2004 commemorated the 10<sup>th</sup> anniversary of ICPD with the warning that "An alarming increase in population worldwide is not only creating new problems but also pushing society and the civilisation towards risk". (New Age, July 12, 2004). However, there is a concern that the contraceptive acceptance has high level of drop outs which has increased from 23% to 48.6% according to newspaper reports (Prothom Alom 13 July, 2004) Bangladesh government is now planning to develop a strong population control policy to curb the population growth rate. This might increase number of contraceptive acceptance but will also increase violence. Women with only two daughters will continue to want a son despite all efforts to increase girl child's education. It has been found that the rate of acceptance of contraceptive method is higher among family with one child and one daughter, but lower among only two daughters and even with only two sons. Since the women's social status is still not at par with men parents do not rely entirely on girls. But at the same time, the parents cannot rely entirely on male children in a rapidly changing society. It is only for the inheritance of property that the boys are required. The Population policies have not addressed the question of property rights of women.

Bangladesh has undertaken many legal measures to stop violences against women, such as Dowry Prohibition Act, the Cruelty to Women (deterrent punishment) Ordinance etc. It has a strong law against trafficking in women and children. But there are no laws by which women can be prevented from violations of contraceptive programmes.

In India, women's groups are resisting coercive population policy which includes two-child norm, women as targets of family welfare programme, and also against forcing the local govt. bodies to accept two-child norms.

## **Conclusions**

We need to be open in reviewing the progress in the Programme of Action of ICPD, but also review the PoA itself and revise the programmes which suits the needs of the people, particularly the women, who are the victims of violences of all forms. We should also be careful in reversing the "development" agenda to only "population" agenda by formulating strict population policies in the poorer countries. It is only the development agenda which can deal with the social and economical aspects of demographic situation. Having population control programmes without any supporting social and development programmes will bring more violence.

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