



# Women's Declaration on World Population Policies

## Women's Voices '94

**Preamble**  
 A just, humane and effective population policy has at its center the well-being of all people. It should therefore take into account a wide range of phenomena including access to and distribution of resources; health status; gender relations and sexuality; aging; urbanization and migration; political, racial, ethnic, religious, class and other societal factors that directly affect women's and men's ability to exercise their reproductive health and rights.

Each of these phenomena has significant gender dimensions reflecting biological differences between males and females, discrimination against women, and power imbalances between women and men. Each affects, and is affected by, the ability of governments to ensure health and education, to generate employment, and to protect basic human rights for all, all of which are jeopardized by the global economic crisis, structural adjustment programs, and trends toward privatization, among other factors.

Thus, population policies and programs must be developed and implemented as a part of broader complementary strategies to assure human well being and, in particular, to address unequal distribution of resources and power between and within countries, between racial and ethnic groups, and between women and men.

Historically, however, population policies and programs have been driven more by demographic goals than by quality of life goals, within countries and between the North, and the South. Population size and growth have often been blamed inappropriately as the exclusive or primary cause of problems such as global environmental degradation and poverty. Fertility control programs have prevailed as solutions when poverty and inequity are the root causes that need to be addressed. Population policies and programs have tended to be targeted to low income groups and countries as well as to certain racial groups, leading to

accusations of racial and class bias. Furthermore, women's fertility has been the primary object of both pro-natalist and anti-natalist population policies. Women's behaviour rather than men's has been the focus of attention, and women have been expected to carry most of the responsibility and risks of birth control, sexuality and gender-based power inequities have been largely ignored in the design of population and family planning programs.

As women involved directly in the organization of service, advocacy and research on behalf of women's reproductive health and right, we call for revised approaches to population policy that focus on the empowerment and well being of all women. Such approaches are legitimate and critically important in their own right, not merely as a means to solve

their right and responsibility. 4. Men are responsible for their own sexual behaviour and fertility and the effects of that behaviour on their partners' health and well-being.

5. Sexual and gender relationships between women and men are governed by principles of equity, non-coercion, and mutual responsibility.

6. These fundamental rights and responsibilities may not be subordinated to the interests of partners, researchers, ethnic groups, policy makers, religious institutions, health providers, family members, the state or any other actors against a woman's will.

7. Just and effective population policies and programs recognize and incorporate women who represent broad based women's groups in all

access to birth control as well as basic human rights must also be addressed.

**Minimum program requirements**  
 policy making in international and national agencies should:

- 1. Recognize sexuality and gender roles as fundamental
- 2. provide universal access to information and discussions on sexuality and gender roles in school and outside;
- 3. change sex-role and gender stereotypes in mass media and other public communications to support more egalitarian and respectful relationships;
- 4. Enact and enforce laws that protect women from sexual and gender-based violence, abuse or coercion;
- 5. make women's access to education, job-training, employment, credit, land and de-

comprehensive reproductive and sexual health services for women of all ages, including but not limited to:

- \* balanced attention to pregnancy, delivery and post-partum care; safe and legal abortion services; choices among contraceptive methods including, especially, barrier methods; STD and gynecological information and treatment;
- \* counselling for empowerment and free, fully informed choices among birth control methods as well other health services;
- \* information on sexuality, gender roles and power relationships, reproductive health and rights;
- \* management information systems that follow the women, not simply the contraceptive method or service;
- \* training to enable all staff to become gender sensitive, respectful service providers and systems to evaluate and reward performance on the basis of the quality of care provided, not simply the quantity of services;
- \* program evaluation and funding criteria that utilize the standards defined here, to eliminate unsafe, coercive or racist practice;
- \* inclusion of reproductive health as a central component of all public health programs;
- \* research into what services women want and how to promote wellness.

5. Develop and provide the widest possible range of appropriate contraceptives to meet women's multiple needs throughout their lives.

\* redress the current imbalances in contraceptive technology research, development and delivery to improve access to women-controlled methods as opposed to provider-dependent methods, with special emphasis on technologies that will protect against sexually transmitted infections as well as pregnancy;

\* ensure quality condom availability and promote universal use;

\* ensure that technology research is respectful of women's rights to full information and free choice and is not concentrated among low income or otherwise disadvantaged women, or particular ra-

*This is a reprint of the statement prepared by a group of women's health advocates from different regions of the world at a meeting in London in September 1992. They met to discuss how women's voices on reproductive health and rights might best be heard in preparations for the 1994 United Nations conference on Population and Development.*

*The Daily Star is playing a supportive role to bring these views into focus and in the process invites the readers and activists to sent their views and opinions which will be published in this page.*

population problems. They are grounded in internationally accepted ethical principles.

### Fundamental ethical standards

1. Women make responsible decisions for themselves, their families, their communities, and increasingly, the state of the world. Women are therefore the subjects not the objects of population policies.
2. Women have the right to determine when, whether, why, with whom, and how they express their sexuality; respect for their sexual and bodily integrity is imperative.
3. Women have the right and the responsibility to decide whether, how, and when to have children; they have a right to services necessary to assure the full exercise of both

aspects of decision-making including technology development and distribution, services, and information delivery.

To develop more appropriate and effective population policies and programs, at national and international levels, changes are needed in the content of reproductive health services and information; the ways in which these are provided; the technologies they promote; the biomedical and social research that is done; and the processes for involving both men and women in all levels of decision making. Sexuality and gender-based power relations, including violence and harmful practices against women (sexual repression, genital mutilation, forced birth control, restrictions on

cent incomes and priority of development and structural adjustment policies.

2. support women's organizations that represent the mass of women, especially women disadvantaged by class, race, ethnicity or other factors, to

\* participate in designing, implementing and monitoring policies and programs for comprehensive reproductive health and rights;

\* work with communities on service delivery, education and advocacy.

3. Reintroduce and expand public funding for health and establish better collaboration and coordination among UN and other agencies for reproductive health and rights.

4. Assure personally and locally appropriate, good quality,

cial groups. 6. Create wider social, political and economic conditions so that women can negotiate and manage their own sexuality and health and make their own life choices.

**Necessary conditions**  
 In order for women to control their sexuality and reproductive health, and to exercise their reproductive rights, the following actions are priorities.

**A. Women Decision Makers**  
 Under participatory processes, fill at least 50 percent of decision-making positions in all relevant agencies with women who represent other women, or who are representative of the women to be served, taking into account in-

In September 1992, a group of women's health advocates from many geographic regions met in London to discuss how women's voices on reproductive health and rights might best be heard in preparations for the 1994 UN conference on Population and Development and in the conference itself. The group suggested that a strong positive statement from women around the world could make a unique contribution to reshaping the "population" agenda and, consequently, the services and information provided to women. The achieve this, they proposed and drafted the attached statement. The statement is now being circulated to the widest possible number of women's health advocates, other women's groups and women health professionals for their views on the following points:

Do you agree it is important and appropriate to generate a statement that can be widely endorsed?  
 Do you have modifications?  
 Will you take it to wider circles for comment?  
 Do you wish to be on the mailing list for future communication?

come, ethnicity and race.

**B. Information and Services**  
 Expand the resources avail-

able and allocate at least half of them to achieve the program requirements listed here, to assure that programs and services are responsive to women's needs as defined by them.

**C. Women's Health Movement**  
 Allocate a minimum of 20 percent of available resources for women's health movement organizations to strengthen their activities and work toward the goals specified here.

**D. Accountability Mechanisms**  
 Support women's health advocacy groups and other non-governmental mechanisms, at national and international levels, mandated by and accountable to women, to:

- \* investigate and seek redress for abuses or infringements of women's (and men's) reproductive rights;
- \* analyze the allocation of resources to reproductive health and rights, and pursue revisions where necessary;
- \* identify inadequacies or gaps in policies, programs, information and services and recommend improvements; and
- \* document and publicize progress.

If these priority conditions are met they will assure women and women's health advocates that population policy makers, are committed to giving more than lip service to women's concerns. Such commitment will generate a broader base of political support for population policies and programs and will ensure that such policies are both more humane and effective.



Contraception — an imposed decision — photo by Anwar Hossain

## Public Interest Litigation and Women's Rights in Bangladesh

by Sultana Kamal

RECENTLY a village woman in one of the states in India was rapped by two men from her own village in reprisal for attempting to prevent a child marriage, which is illegal under Indian law. Different groups of concerned women's rights activists, extremely disturbed by the event, and by the way the case was being handled by the state, started a public campaign. Their view was that the question is not one that applied to this woman alone. Today, hundreds of women work as change agents in the development programme to implement policies that are promoted and sponsored by their governments—for whom the threat of sexual assault and to their lives and persons in very real. Ensuring protection for these women against such occupational hazards should therefore be the responsibility of the government. The basis for arguing the case as one for public interest litigation rests on the argument that the victims of gender violence and sexual harassment are trying to resist a social evil which affects half of society and is recognised as an illegal act under the law. It was easier for women's groups in India to project this case as a public interest litigation, as the Supreme Court of India has developed a broad and liberalised concept of locus standi (Art 226/or Art 32 of the Indian Constitution).



Equating women's rights with human rights.

In contrast, how would the state deal with a case where a woman is under threat of divorce or physical assault or harassment by her husband for exercising her reproductive rights—for example by using a temporary contraceptive device or giving birth to a girl child? Or even for attending meetings/ mass education classes which her husband or his family do not approve of? For here the woman is "guilty" of wanting to control her own sexuality, in other words not allowing her husband to have total control over her body, or of being unable to produce a son or of neglecting her assigned domestic duties.

development of public interest litigation.

We need to examine the impact this has on the status of women and the way in which the "class" interest of women affected. Then we can go on to see what needs to be done. I shall, as required, restrict myself to the Bangladesh situation.

The state of Bangladesh, like any other, is based on a judicial-legal structure which permits the different segments of society to express and pursue their interests and rights. This structure is the most fundamental of the state's

those of the weak. It is clear that the law has discriminated against one of the weaker groups in society, and they are women. (Rosa Parades, 1986).

In fact there are certain areas in which there is a complete and total denial of rights to women—in particular that of personal laws. In spite of the principles of the constitution stating that there shall be no discrimination on the basis of race, religion, ethnicity or sex, blatant discriminations against women are found in the personal law. The state's failure to

sphere for fear of repercussions in their private life. They, therefore, forgo their rights to education, to health, to work and also to economic wellbeing. Most of them are even denied effective participation in the social, developmental or political processes.

Do we identify this denial of rights to women by the state as illegal and arbitrary action by the state? Are women recognised here as "aggrieved persons"?

The two most important questions that should be raised here are:

1. What should be the nature of state intervention?
2. How do we contextualise women's rights?

In democratic societies, state intervention into the personal sphere is kept to a minimum. In undemocratic, dictatorial and illegitimate systems such intervention is dangerous. Therefore, the most pertinent point to be taken into consideration before allowing the state to intervene into and control individual family and social relationships is an analysis of the ideology of the state. We must, in order to be able to define the framework for the legal structure, look at the assumptions and the concept of the laws. The long term ordering of relationships between the state and the individual, between man and women, as well as within the family members, must be examined. The state must act as the facilitator in the process, of providing access to justice and enforcing and protecting individual, public and, above all, universally defined and acceptable human rights interests.

To us, human rights implies a free existence, freedom of choice and the right to self-determination. In speaking of universally defined and acceptable human rights interests, we mean the interests that reflect the above. And therefore, when the question of contextualisation of women's rights is raised, we need to examine and re-examine the human rights instruments generated and acceded to by the world community. This does not mean to say that we believe the human rights instruments are

totally free from the danger of perceiving women's rights as a matter of family rights only. Such documents also show a tendency to consider women as "humans" only in the context of their rights and duties and obligations in the process of preservation of the family. In the public sphere, they are considered as "special groups" and their rights are to be defined by the standards whereby they shall be able to totally fulfil their duties in the family and put in their "extra time and labour" to the public interest and therefore by definition their interest is not the public interest and also not definable and protectable by existing human rights standards.

I would like to conclude by saying that one needs to reconceptualise the notion of rights and challenge the arbitrary distinctions on separation between law and politics, between politics and development, between development and empowerment. To quote from the APWLD (Asia Pacific Forum for Women Law and Development) publication on *Women's Rights-Human Rights: Asia Pacific Reflections* I would say: Our involvement will have a political character since the alternative that we seek is the creation of a structure that will facilitate and respect women's labour and their rights as equal partners in social progress. Therefore

neither women's rights nor human rights within our definitions today would be a mere demand for sympathy, more protection and law, but a commitment to restructure the present system. This commitment will from time to time, in different situations direct the strategies for law and for safeguarding public interest which must include gender interests.

The writer is a well-known lawyer. Read in the seminar titled 'Rights in search of Remedies' on public interest litigation organised by Ain-O-Shalsh Kendra and Madaripur Legal Aid Association held on 30th & 31st October 1992.

## Diary of a Working Mother

By Shaheen Anam

I am just about to walk out of the door, it is 8 in the morning (I should reach office at 8) the cook announces that there is no bread, sugar and tea leaves! So, why didn't you tell me yesterday? Well, she says there was a little bit left yesterday and she did not want to disturb me. Never mind I said, please get some and if there is anything else let me know right now. I sit in the car, she comes running, there is no rice, onions, potatoes... I drive off leaving her looking very bewildered.

The boss is not too happy to see me walk in 15 minutes late. Just when I am settling down to a long, tiring day, the phone rings, it's my older daughter. "May I go out to dinner with my friends tonight?" No, you may not, and why didn't you ask yesterday? "Because I did not want to disturb you" I wish people were not so considerate at times. Last week my husband called at 4 pm, when I was about to leave for home and announced that he was bringing home 4 people for dinner. Why didn't you ask me yesterday? "Because I did not want to disturb you! How come no one wants to disturb me and ends up doing precisely that."

At lunch time I was chatting with one of the office secretaries who said everytime her baby was ill she had to miss coming to work which was creating a very bad impression for her at the office. She said her parents did not live in Dhaka and there was no one she could leave the child with.

The absence of affordable day care centres is fast becoming a great problem for working mothers who are joining the work force in increasing numbers. Come to think of it, office timing was definitely not planned with the working mothers in mind. Now that mothers are opting to work and it seems are here to stay, perhaps the authorities or private companies will start to give attention to this problem. In the West where this was ignored till recently, more and more private companies are providing child care centres at office premises. Contrary to criticisms that mothers will not work properly if they have their children so close, it has been found that their efficiency increased because they were assured that their children were in a safe secure place while they worked.

In the middle of drafting a letter, I suddenly remembered, the shower in my daughter's bathroom was not working and had to be fixed. The plumber had promised to come but of course had not, I thought if only I had learnt plumbing instead of getting all those academic degrees. Anyway, she will have to wait till I find one, but the thought of the fuss she would make me go out at lunch time and get the important person. The plumber course was not satisfied with fixing the faucet, he informed me that the plumbing done previously was all wrong and if I allowed him to re-do the entire bathroom he might even give a discount.

It is 4:30 pm, I am going home in a rickshaw, there are several women on the sidewalk breaking bricks. One of them is nursing a baby, and consoling the older child who is crying because another child had taken the piece of bread she was eating. I thought, she too is a working mother, so what am I complaining about.

DID YOU KNOW? Everywhere in the world, women work harder and earn less money. Family responsibilities are at the heart of much of this discrimination against women. ILO Report, 1992.