

Challenges After Cairo

Cairo was different. We now have a very progressive Programme of Action endorsed by countries of Asia and the Pacific, which recognises that eliminating gender inequality is the key to improving health, reducing poverty and empowering women and is the main factor influencing fertility and population growth. At the core of the development of this new thinking is the contribution of women NGOs.

It is time to take on the challenge of reorienting health, population and family planning organisations, government, NGOs and donors, by including women's and gender perspectives in their policies and programmes and implementing the recommendations of the International Conference on Population and Development (ICPD) in Cairo. Women NGOs at all levels have made a special commitment to closely monitor the extent of change after Cairo. This is because women have the greatest needs and thus the most to gain from restructuring policies and programmes which affect their health, well-being and autonomy.

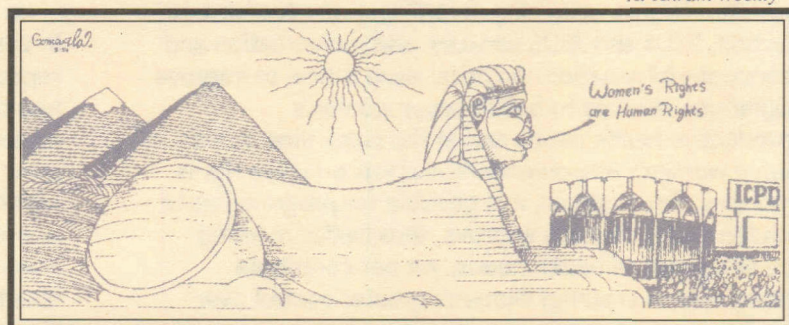
ARROWS For Change will assist in monitoring changes in policies and programmes related to women's health and reproductive health as well as in providing practical information support.

Progress towards achieving the critical changes recommended in the ICPD Programme of Action for health, population and family planning policies and programmes can be monitored at three levels - the design or conceptual framework, programme implementation and management aspects.

Conceptual Framework

Has there been any change in the basic design of policies and programmes as an outcome of a reappraisal based on reflection on the new thinking after Cairo? Change will be reflected in an expanded understanding of the needs and rights of people, especially women, and clearly articulated in the rationale, objectives and core concepts of policies and programmes. Generally, the shift of values and intentions will be away from demographic objectives and population control to improvements in the health and well-being of individuals.

Substitution of terms in the planning framework such as 'reproductive health' instead of 'family planning' or 'reproductive choice' to replace 'population control' or the inclusion of the concept of quality of care cannot be taken at face value as a significant change of understanding. Women's organisations are currently monitoring the



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various meanings of reproductive health in different countries and organisations in Asia and the Pacific. These definitions range from a narrow bio-medical focus on pregnancy, childbirth and contraception for mothers only, to progressive health-centred concepts such as those of the WHO (see page 11 for definitions).

Very few organisations have adopted the broad health and rights oriented meaning of the reproductive health concept promoted by women's health advocates and the Programme of Action. Women's organisations advocate that it is essential that reproductive health concepts are expanded to include the notion of reproductive rights. This refers to the sense of entitlement individuals have to make their own autonomous reproductive decisions and the recognition that there are necessary socio-economic conditions which enable such decisions to be made. These include education, gender equality in the family and access to health services. Without a rights component, the term 'reproductive health' may become the Emperor's new clothes as the women's global network, DAWN, cautions (Correa; Reichmann. 1994. *Population and Reproductive Rights: Feminist Perspectives from the South*).

The actual meaning of quality of care is also being closely monitored by examining the operationalisation of the concept. This is because improving the quality of care of reproductive health services can be motivated by various intentions reflecting different values. These include the objectives of increasing contraceptive usage, meeting policy and programme targets or primarily responding to the service needs and rights of users. What will clearly differentiate a gender-sensitive and women-centred quality of care concept at the planning level is thus the rationale and intention of the activity.

Programme Implementation

The main aspects which are being monitored at this level

are whether or not steps have been taken to provide a wider range of reproductive health services to women in need, including adolescents, and menopausal and post-menopausal women, and to what extent high quality comprehensive services based on women's needs and choices are being provided. Basic indicators include a wider choice of safe and effective contraceptives, absence of incentives and coercion to use contraceptives, improvement of providers' technical competence and availability of services in areas such as cancer and domestic violence screening, infertility, reproductive tract infection, STDs and AIDS services, and menstruation and menopause information. A critical issue is how to improve programme services to better cover women's reproductive health needs and at the same time include in them a women's empowerment and reproductive rights dimension. For example, it is possible for programmes to broaden and technically improve, thus better meeting women's practical health needs, yet not contribute strategically to ensuring women's greater control over their lives.

It is, therefore, very important to closely monitor the concrete meaning of the empowerment of women. Women may be very satisfied, for example with the respect and trust they are given by health providers as well as the range and technical quality of medical and educational services. In this sense, the programme is empowering in that it values the person rather than diminishes them. But indicators of empowerment in a gender context go beyond this. In order to empower women to deal more consciously and effectively in their relations with men, programmes need to provide reproductive health services which recognise the influence of gender power relationships in decision-making. An example is provision of information on contraception which includes acknowledgement and discussion of the need of many women to negotiate decisions on contraceptive use with their husbands, the state and other males in authority due to women's subordinate status in the family and the society. Another important empowerment indicator is the extent to which women are encouraged to request from service providers the kinds of health services they want and then whether or not they do articulate demands which are later met.

Indicators of programme success also have to be reviewed. Has there been any shift away from emphasis on quantitative statistics on services provided and targets met, to qualitative measures such as women's satisfaction, well-being, and increased access and control of resources in the family? This change requires programme managers to value and solicit regular feedback from women, to listen to women's perspectives and experiences and to develop suitable programme evaluation mechanisms to do this such as surveys or documented feedback.

Management

Increased commitment of top policy makers and managers to broaden policies and programmes is being monitored. Key indicators of change include

budgetary revisions allocating more resources for expanded reproductive health programmes, new institutional mechanisms to develop partnership relationships with NGOs and the initiation of gender training for personnel of all levels. Regular training opportunities in gender-awareness and gender planning in relation to women and health is essential. This will promote gender equality as well as provide skills needed for on going analysis of policies and programmes from a gender perspective.

In Asia and the Pacific, countries vary tremendously in their level of socio-economic development, reproductive health needs, resources available for health care and national policies to promote gender equality. Specific needs and priority areas for change after the ICPD have to be decided at the country level with the active participation of NGOs, especially women's health advocates. This will help ensure that a women's and gender dimension is built into country action programmes, as well as included in the eventual revision of policies and programmes and the expansion of the key concepts of reproductive health and reproductive rights, quality of care and empowerment of women.

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ARROWs For Change is a bulletin primarily for Asian-Pacific decision-makers in health, population, family planning and women's organisations, and it provides:

- Women's and gender perspectives on women and health, particularly reproductive health.
- A spotlight on innovative policy development and field programmes.
- Monitoring of country activities to implement the ICPD Programme of Action.
- A gender analysis of health data and concepts.
- Resources for action.

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- Fax # 603-292-9958
- Tel # 603-292-9913
- E-mail women@arrow.po.my

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Women's Experience of Family Planning in Two Rural Communes in Vietnam

Le Thi Nham Tuyet
Annika Johansson

Mai Huy Bich
Hoang Thi Hoa

The main objective of this study has been to find out the experience of women using contraception, as a step towards gender-sensitivity.

Demographic indicators do not necessarily reflect users realities, as shown in a study in two communes of Thai Binh Province in Vietnam. The family planning programme is deemed successful based on the contraceptive prevalence rate and birth rate decline. However, this is not without problems from the women's point of view. In order to bring to light the women's perspective, a field survey was conducted in 1993, to try to understand the ambivalence expressed towards the IUD. The researchers visited two rural communes, Dong Minh and Dong Hoang, which were chosen because they represented a typical health service situation in the province. Both are situated at some distance from the provincial and district hospitals, where access by road is difficult in the rainy season. Both communes are relatively poor, farming and fishing are the main occupations and they are exposed to frequent storms and floods. The study uncovers reasons beyond medical and services aspects of contraceptive use.

... The method of research is a combination of qualitative and quantitative approaches. The first part of the [research] report - the household and family - is based on data from a sample survey among married women in the two communes. The second part, dealing with women's experiences of family planning, is based mainly on open interviews with women of different ages, combined with some data from the sample survey. We conducted around 25 open interviews during two periods of field work, one in October 1991, followed by a period in March 1992. The interviews were carried out in the women's home by a team of researchers, usually one social scientist and one medical doctor.

... During the second period of field work we conducted a sample survey among women in the two communes. Ten per cent of all married women in reproductive age from each commune was selected at random, making up a total of 206 women from the two communes.

... There is no doubt that most women appreciated that they now have the possibility to regulate their fertility [especially with response to their socio-economic situations].

... In practice, the only contraceptive methods available were IUDs and menstrual regulation, both provided only on one specific day in the month [when the district mobile family planning team comes to visit]. ... For many women the IUD seems to be a very mixed blessing, even a heavy burden; something which is 'eating the mind' - a 'tu tuong' as the women in Don Huong called the IUD.

... One-third of the women said that they had no problems at all using the IUD. [However] almost two-thirds had experienced side-effects, described as feelings of

weakness, pains of various kinds, irregular bleeding, some leading to removal. When discussing the problems of IUD-use with the staff at the inter-communal clinic, we were told that according to their statistics, five per cent of the women from the two communes suffered from side effects from IUD-use. Their definition of side-effects was obviously different from that of the 60 per cent of women who said that they had problems using the IUD.

In this interview, a woman described her long-time struggle using the IUD and what problems she had experienced:

It didn't suit me. I had it removed. I had a headache and discharge ... very uncomfortable. Recently, my husband went to work in another place. I then had it removed again. But now he is back and I had it inserted again. The T-shaped IUD is too big ... I cannot bear it.

The IUD used in Vietnam is the Copper-TCU 380, which has replaced the previously used plastic ring-shaped IUD called Dana.

... There was a strongly held opinion among many women that the TCU-380 is 'too big' and unfit for Vietnamese women who work long hours bent in the rice fields. Many women said they preferred the Dana but had to accept the copper-T because there was nothing else. The preference for Dana was interesting. A woman recalled when the Dana was introduced in the late 1960s in Thai Binh ... [she] described a situation of free choice and decision making between herself and her husband. The medical team was described as supportive and caring. Could the preference be due to the fact that during the period Dana was used in the services, family planning was more of an individual choice than it is today?

... If a woman says that the IUD

is 'too big', this may be looked upon as unscientific and erroneous by scientists and health workers. However, in order to understand why so many women actually complain about the IUDs, why continuation rates are low and why abortion rates increase, we must take their concerns seriously and try to understand the causes. As we have seen the causes are complex; we have only been able to point at some possible explanations.

... One conclusion to be drawn is that research on fertility regulation and contraceptive use, seen from the users' perspectives, must widen its approach beyond medical and service aspects, and look at the broader socio-economic and cultural context.

... Other related questions have been touched upon in the study. For example what are the varying needs for fertility regulation during stages of the reproductive life cycle of the women? How do their working and living conditions influence access to and use of family planning services? What role do the men play in decisions and responsibility for fertility regulation? What is the influence of the older generation? What is the degree of freedom or coercion in reproductive choices and how does this

influence women's acceptance of and satisfaction with the services? How important is the availability of alternative methods, the quality of counselling and follow-up for the women's acceptance and continuation of use?

... Much is already known from international and national experiences on how to provide technically good family planning. Yet, little is known about how to apply the technology and develop services, counselling and education in response to users' needs and to the local social and cultural context. Intervention to improve family planning services should be carried out together with research, evaluating the process and the impact of the intervention. We hope that some of the experiences from this study and the issues it has raised, can be useful in developing family planning programmes with a user's perspectives.

■ This article is an excerpt from **Le Thi Nham Tuyet**, [et al]. 1994. "Women's experience of family planning in two rural communes (Thai Binh Province)". *Vietnam Social Sciences* Vol. 1, No. 39. pp. 55 -72.

Concepts

The Country-Specific Meaning of Women's Reproductive Health

Women's reproductive health is a brand new concept which has gone beyond the traditional meaning of maternal and child health care and family planning. The interpretation and understanding of this concept by scholars and officials from different countries and regions may not necessarily be the same because women from different parts of the world lead different lives in different environments and societies. We believe the definition of women's reproductive health in China is not fully understood ...

Project report, China Preventive Medical Association

China is currently exploring the concept of women's reproductive health.

In June 1994, an International Seminar on Women's Reproductive Health was held in Beijing, co-sponsored by the Ministry of Public Health, the State Family Planning Commission, the All China Women's Federation and UNFPA, and implemented by the China Preventive Medical Association.

The seminar for top level women's health and family planning personnel and programme people, reviewed experiences and achievements in China in relation to women's reproductive health. ARROW was

also invited to present global women's perspectives on reproductive health and reproductive rights including critiques of population policies and family planning programmes impact on women's lives. The seminar was seen as part of China's preparation for the 1994 ICPD conference as well as the Women's World Conference in Beijing in 1995. Participants considered a wide definition of reproductive health including the concept of reproductive rights. Follow-up activities to the seminar are being coordinated by the China Preventive Medical Association. These plans include:

- More seminars on the topics for different levels of health and family planning professionals, in particular aimed at expanding the new concept of China-specific women's reproductive health and its



Gynaecologists at the Jiaocheng County Hospital, Shanxi Province, China

relations with maternal and child health care, family planning and women's rights interests.

- Production of a television documentary to promote women's reproductive health in China with a backdrop of women's NGOs efforts internationally.
- Holding training courses in different provinces to enable the medical and family planning workers to

understand women's reproductive health.

The seminar papers were published in a bilingual report and distributed throughout the country in 1994. The seminar recommendations and discussion summary were published in a pamphlet and 15,000 copies are being distributed by the seminar's co-sponsor.



Towards Gender-Sensitivity : The Philippine POPCOM Experience

**How sensitive to gender issues are our family planning personnel ?
Marilen Dañguilan reports from the Philippines.**

Gender-awareness has caught on with a number of government agencies in the Philippines. One such agency is the Commission on Population or POPCOM, the country's policy making and coordinating body for population concerns.

In the early part of 1994, POPCOM, with the support and encouragement of the Ford Foundation, embarked on an institutional assessment project called Gender I to find out how aware and sensitive its Board of Commissioners, the staff and all the provincial and city population officers were on gender and population issues.

Gender I

The goal of Gender I is to contribute to the achievement of population goals and objectives through the development of a sound policy basis for a more holistic population programme framework that is more gender-sensitive and respectful of the reproductive rights of individuals and couples.

POPCOM set up an inter-agency advisory and consultative (IAC) body to develop the framework of the project, help develop the survey instruments, and help analyse the data. Representatives from the POPCOM, the Department of Health (DOH), the University of the Philippines Institute of Population, the National Commission on the Role of Filipino Women (NCRFW), NGOs, health policy and gender specialists composed the IAC. This group meets regularly and provides guidance to the Demographic Research and Development Foundation, particularly on the design of the questionnaires and analysing data. The assessment conducted covered the respondents' gender relations at the work place; gender, work and family responsibilities; job satisfaction; their perceptions about gender-related issues in reproductive health; personal sex attitudes; and general perceptions on gender issues. It also looked into the respondents' knowledge and perceptions on six broad issues: population growth and structure; population information generation and utilisation; quality of life; reproductive health; law, ethics and policy; and women's and men's roles.

Gender II

Having finished the institutional assessment, POPCOM has now entered the second phase of its attempts at

'gender-saturating' its organisation. In the Gender II project, POPCOM intends to strengthen the formulation, coordination, and implementation of gender-aware population and reproductive health policies and programmes. The project activities include policy review and framework development, capability building through gender and reproductive health training and information management, and special research projects. In order to provide a more comprehensive direction for project implementation, the IAC membership (Gender I) was expanded to include experts on gender and reproductive health, representatives from academe, NGOs, and government agencies such as the Department of Education, Culture and Sports, DOH, and Department of Social Welfare and Development. From among these, core groups were formed to develop the framework and operational guidelines, and to develop the gender training design for capacity building.

The gender and development team analysed the three documents, namely, the Philippine Population Policy, the Philippine Population Programme Plan 1993-1998, and the Country Report on Population, as the bases for the development of a gender-sensitive population policy framework. The others that served as foundations for the population policy framework were the DOH's women's health framework, the NCRFW's framework for women's health, and the Task Force on Social Sciences' framework.

Once approved by the POPCOM Board, the framework will serve as the basis upon which the POPCOM will design its capacity building programme for its staff and the city and provincial population officers at the local government units. The capacity building programme will focus on gender and reproductive health training and information management.

The policy framework will moreover guide selected projects in key regions to test certain approaches or mechanisms in promoting gender and reproductive health policies and programmes. . . . Apart from these, it will serve as the basis for introducing legislative reforms.

■ Marilen Dañguilan, M.D, is a freelance consultant with the Philippines POPCOM and other development organisations. She has also written books on women and health issues.

■ This article is an excerpt from an article titled **Making Women and Men Matter: The Philippine POPCOM Experience.**

What are the 'programme of action' that individual countries have carried out now that seven months have passed since Cairo? Our correspondents from the Asian-Pacific region reported that information on the ICPD Programme of Action is being disseminated. Both governments and NGOs have held meetings at various levels in order to share the experience of Cairo. In addition, translation of the Programme of Action into local languages is another step forward in the right direction.

The key word here is 'partnership'. Some governments have started to call for collaboration with NGOs and other agencies. We hope that the ties will be based on autonomous collaboration. Naturally, significant outcomes will result along the road of partnership. This section of the bulletin is committed to monitoring notable activities after ICPD undertaken by the governments and the NGOs in the region.

Philippines

■ The Commission on Population (POPCOM), the government's watchdog to oversee the operationalisation of the ICPD throughout the country, has conducted two meetings. The first meeting held on October 24, 1994, discussed ICPD implications for the Philippine Population Management programme, the Family Planning programme and the NGO programmes. It was attended by donor agencies, POPCOM staff, and other government agencies. Three vital issues were raised during the meeting:

- The need for POPCOM, the Department of Health and donor agencies to have regular consultative meetings.
- Mechanisms for both local and national consultations with women's organisations and participating agencies need strengthening so that programmes and policies will incorporate women's perspectives.
- The need to develop a responsive adolescent programme.

The second meeting, co-organised with the Asian Institute of Management (AIM) in February 1995, focussed on analysing the population policy within the context of ICPD agreements. It was attended by representatives from government organisations, NGOs, media, women's groups, and academicians.

■ AIM also organised a meeting with representatives from donor agencies and the media on the role of media in population related activities in the Philippines last November. Matters agreed upon were that media needs briefing on how to cover and write about population issues and activities; and that POPCOM should review the Medium-term Philippine Development Plan and look into the programmes of the various agencies to see if the Programme of Action principles and recommendations are integrated.

■ The NGOs have also come together for a panel

discussion on the major agreements in the ICPD's Programme of Action, which was attended by representatives from Ford Foundation and UNFPA.

Australia

■ Immigrants appear to be the only group being focussed on for post-Cairo activities. The Department of Immigration has therefore developed a document called *Australia's Response to the ICPD*, and together with the Department of Health and Foreign Affairs, they have formed an interdepartmental committee to discuss the implications of the Programme of Action. Furthermore, the Minister of Immigration and the Minister for Overseas Development have both made statements to parliament on ICPD implications.

■ On the NGOs' part, they came together in February to form an informal group to monitor the implementation of the Programme of Action.

Malaysia

■ The government's National Population and Family Planning Board (NPFPB) has conducted debriefing sessions on ICPD with the Technical Committee for ICPD which prepared the various chapters of the *National Report on Population and Development of Malaysia* for Cairo. The Board has also made a decision to develop a 'National Plan of Action for Malaysia' on population and development, as the main immediate follow-up to ICPD. The plan will follow the ICPD chapters. Issues workshops will be organised by the Technical Committee to develop inputs into the Plan.

■ The Asian-Pacific Resource and Research Centre for Women (ARROW), a regional NGO, organised 'A Forum on the Implications of ICPD' in 1994 to discuss the ICPD Programme of Action, women's reproductive health, women's rights and empowerment in Malaysia. Forty key people from donor agencies, NGOs, Ministry of Health, and the NPFPB Board attended the forum. ARROW also has initiated a dialogue with the NPFPB on the government's response to Cairo.

Vietnam

■ The government has organised several press conferences and is also involved in disseminating ICPD materials.

■ Meanwhile, to make information on ICPD more accessible, the Research Centre for Gender, Family and Environment in Development, an NGO, has translated relevant ICPD materials into Vietnamese.

Indonesia

■ Several meetings have taken place to share the outcome of Cairo. The Ministry of Population convened two large-scale meetings in October, 1994. They were

attended by representatives from donor agencies, academicians, NGOs, women's health consultants and government departments such as the Health Department, Women's Affairs Department, Religious Department and Education Department. Donor agencies like Ford Foundation were also involved in organising a meeting last November.

India

■ The government responded to the call for collaboration when it initiated a national conference 'To Explore Future Partnership Between the Government and NGOs in Addressing Population and Related Issues', held in New Delhi last December. The opportunity for interaction received positive response from NGOs. They recognised that it is easy to criticise from outside but with interaction a more constructive dialogue results.

Former Union Minister of Health and Family Welfare inaugurated the meeting which was also attended by the Minister of Health and Family Welfare, and his Deputy Minister. The Former Union Minister is of the view that population issues should now be discussed in the context of gender equality and empowerment of women vis à vis reproductive health, reproductive rights and access to family planning services. The participants recommended that partnerships between governments and NGOs need to be based on the notion of collaborative autonomy at all levels: district, state and central. Thus NGOs will be consulted and involved at the stage of designing new programmes and at the time when policy shifts occur.

Amongst the issues that were brought up was the importance of focussing not only on reproductive health but the whole health issue where women are concerned, whereby it has to be placed within the context of primary health care. On the issue of reproductive health itself, it should be clearly understood to include social violence, infertility, safe abortion, reproductive health, STDs and HIV/AIDS, RTIs, contraception, pre-natal care, delivery and postpartum. There is also a great need to reorient and sensitise on gender issues at all levels of health personnel, from policy makers right through to health workers. Therefore, target driven health and family welfare programmes must be discontinued. It needs also be recognised that the technology approach may not adequately address many mother and child health (MCH) problems. For example, anaemia is known to exist in 80 per cent of pregnant women and a review of the iron supplementation programme has shown that this programme is not very effective in reducing anaemia.

■ On a larger scale, a coalition called Healthwatch was formed when 30 organisations and individuals got together. During a meeting on April 3, the government made a progressive step by agreeing to remove the imposition of sterilisation and other targets from the family planning programme in a phased manner, district by district.

Bangladesh

■ The government stated its commitment to the Programme of Action during the visit by Dr. Nafis Sadik, the Executive Director of UNFPA, late last year. One of the steps forward was the forming of a national committee, in which various women's NGOs are represented, to oversee the implementation of the Programme of Action.

■ NGOs are also actively disseminating information and advocating for the implementation of the Programme of Action. Naripokkho, an NGO, has organised separate discussions with intergovernmental agencies and donors, middle and senior-level government personnel, and journalists; as well as meeting several donor agencies individually to discuss the shift in policy and programmes as a result of Cairo. Naripokkho is also collaborating with UNFPA to translate materials into Bangla, the national language.

Japan

■ The Women and Health Network, a prominent advocate during the Cairo conference, had achieved its primary objectives by successfully lobbying for the inclusion of a women's NGO in the government's delegation to Cairo, and to promote a campaign for women's health and rights nationwide. Sadly, however, the Network has not been able to continue its activities since then, due to financial constraints.

■ The Family Planning Federation of Japan together with women parliamentarians, former members of the Women and Health Network, and the Japan Family Planning Association are appealing for the government to take concrete actions in line with the Programme of Action. This coalition has proposed the establishment of a model reproductive health centre, licensing of the low-dose pill, incorporating women's view into the Japan's Overseas Development Assistance (ODA), abolishing the criminal law on abortion and the Eugenic Protection Law, and establishing a new legal and social system for women's reproductive rights.

National Correspondents:

- ▶ **Marilen Dañguilan**, The Philippines.
- ▶ **Jo Wainer**, HealthSharing Women, Australia.
- ▶ **Ninuk Widiantoro**, Fenomena, Indonesia.
- ▶ **Indu Capoor**, CHETNA, India.
- ▶ **Nasreen Huq**, Naripokkho, Bangladesh.
- ▶ **Yuriko Ashino**, Family Planning Federation of Japan Inc., Japan.
- ▶ **Bharati Sadasivam**, "Women Watching ICPD", Women's Environment and Development Organisation (WEDO), USA.
- ▶ **Prof. Le Thi Nham Tuyet**, Research Centre for Gender, Family and Environment in Development, Vietnam.

Balchin, Cassandra; Mumtaz, Khawar; Shaheed, Farida. 1994. *The Woman Not The Womb : Population Control versus Women's Reproductive Rights*. Pakistan : Shirkat Gah, Women's Resource Centre ; Grabels, France : Women Living Under Muslim Laws. 30 p. (Special Bulletin, March 1994).

Pakistan's population is growing annually at three per cent. Despite decades of planning and vigorous effort and high expenditure, family planning has not achieved a tangible decrease in fertility rates. While women's reproductive capacities have been the object of discussion and the target of policies, their voices, concerns, desires and priorities have never been taken into account. The authors of this paper go back into history to trace the genesis of official thinking. The paper highlights conceptual problems and shortcomings in the policies adopted, reviews women's status in Pakistan, their reproductive health and rights, and concludes with the identification of contemporary challenges and recommendations for addressing them.

■ **Source:** Shirkat Gah, Women's Resource Centre, 38/8 Sarwar Road, Lahore Cantt., Pakistan.
Copies of the above paper are available from ARROW's Documentation Centre.

Griffen, Vanessa. 1994. "The Port Vila Declaration : NGO perspectives", [Paper presented to the] *Pacific Region Non-Governmental Organisations Conference on Population and Sustainable Development*, Nadi, Fiji. 5 p.

This NGO perspective from the point of view of women's health and reproductive rights, comments on the Port Vila Declaration, a position paper of the governments of Pacific countries for the International Conference on Population and Development (ICPD) in Cairo, 1994. In the first part of the paper, the author makes some general comments on the arguments used in the Declaration as just being a revised version of the idea that increasing populations will pose problems in the future to the quality of life. In the second part, the author makes some critical comments on particular statements of the declaration. Amongst the comments are the emphasis on fertility control rather than addressing the complex relationships between development, population, distribution and the quality of life; men and youth are left out of reproductive health services; the provision of comprehensive health information should be stressed; acceptance or not of contraceptive use is a choice related to a number of economic and social conditions; a broader advice and assistance role needs to be stressed; and equality within the family must be promoted.

■ **Source:** Asian Pacific Resource and Research Centre for Women (ARROW), 2nd Floor, Block F, Anjung Felda, Jalan Maktab, 54000 Kuala Lumpur, Malaysia.

Heise, Lori L. ; Pitanguy, Jacqueline ; Germain, Adrienne. 1994. *Violence Against Women : The Hidden Health Burden*. Washington, D.C. : The World Bank. 72 p. (World Bank Discussion Papers ; 255)

Violence against women in its various forms has recently been acknowledged as a human rights concern with a profound impact on the physical and mental well-being of women, but it has received little attention as a public health issue. Much more needs to be known about the health consequences of gender violence, as well as the broader socio-economic effects on development. This paper pulls together all the information available on the scope of the problems and the lessons to be learned from developing countries regarding how violence can be addressed through programmatic interventions. It presents data on the prevalence of wife abuse in selected countries, including the Asian-Pacific region. It also examines the implications of gender violence for health and development and suggests practical steps that can be taken towards eliminating violence against women. Several usefull appendices conclude this discussion paper; among them are recommendations for government action to combat the problem, and a definition of violence against women.

■ **Source:** The World Bank , 1818 H Street, N.W., Washington, D.C. 20433, U.S.A.

Qiu, Renzong. 1994. "Reproductive health and women's rights and interests", in China Preventive Medical Association. *International Seminar on Women's Reproductive Health : Articles*. Beijing : China Preventive Medical Association. pp. 96 - 104 (Chinese translation, pp. 90 - 95).

This paper discusses the three issues of the concept of reproductive health and its implications, reproductive rights and reproductive health, and women's rights in the current context of China. The author believes that reproductive health is an important goal and is a responsibility for the government and society to pursue. The meaning of reproductive rights as a human right is outlined including the idea that in order to promote reproductive health, people, especially women, have the right to health care and information, to protect bodily integrity, and to autonomy and equality. A perspective on the controversial issue of reproductive rights and family planning in China is given. The author's view is that reproductive rights are positive rights which imply reproductive responsibility, the exercise of which is conditioned by socio-economic factors and that they are not absolute rights but can be justifiably limited in certain circumstances. In China, human rights is an old topic, although little attention was given to this after 1949. China's position document on human rights in 1994 is quoted. The paper concludes with a call for more attention to be given to women's reproductive health and

highlights barriers in exercising women's rights in China, such as discriminatory employment practices, insufficient respect for women's autonomy in decision-making and control of their body, and the need for more informed choice on health care and family planning. To achieve the equality of men and women, a preferential policy for women is required. Feminism is seen as an important contribution to the reproductive health issue and to ensuring social progress.

■ **Source:** China Preventive Medical Association, No. 11, Xin Yuan Li, Chaoyangqu, Beijing 100027, China.

United Nations. 1994. *Report of the International Conference on Population and Development, 5-13 September 1994, Cairo, Egypt.* S.I. : United Nations. 155p.

This report on the International Conference on Population and Development (ICPD) starts with the most important document of the conference, namely the "Programme of Action" (POA). The POA consists of 16 chapters: 1. Preamble, 2. Principles, 3. Interrelationships between population, sustained economic growth and sustainable development, 4. Gender equality, equity and empowerment of women, 5. The family, its role, rights, composition and structure, 6. Population growth and structure, 7. Reproductive rights and reproductive health, 8. Health, morbidity and mortality, 9. Population distribution, urbanisation and internal migration, 10. International migration, 11. Population, development and education, 12. Technology, research and development, 13. National action, 14. International cooperation, 15. Partnership with the non-governmental sector, and 16. Follow-up to the conference.

The second part of the report consists of attendance and organisation of work, which include messages from heads of state and others. This is followed by several reports by different committees, such as on the general debate and the "Adoption of the POA", which shows clearly the major reservations of country representatives.

■ **Source:** United Nations, Population Division, Department of International Economic and Social Affairs, 2 United Nations Plaza, New York, NY 10017, USA. Copies of individual chapters of the ICPD Programme of Action are available from the ARROW' Documentation Centre.

Vietnam Social Sciences. [Journal]. 1994. Vol. 1, No. 39. 140 p.

This issue of the Vietnam Social Sciences journal, published by the National Centre for Social Sciences and the Humanities, is on the theme 'population and family planning in Vietnam'. It contains many interesting articles on six broad subjects: 1. Family planning programme, 2. Family life and population education, 3. Women's experience of family planning, 4. Reproductive life of women, 5. Population and family

planning strategy, and 6. Abortions in rural communes. A document entitled *Population and Family Planning Strategy to the Year 2000* concludes this issue. The articles and surveys provide an insight into the situation of population and family planning in Vietnam, and future strategies.

■ **Source:** Vietnam Social Sciences, Tạp chí "Việt Nam - Khoa học xã hội", No. 27 Tran Xuan Soan St., Hanoi, Vietnam.

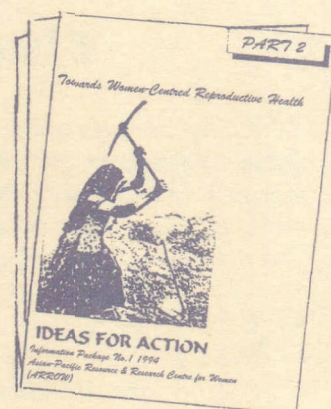
ARROW's Publications

Asian-Pacific Resource and Research Centre for Women (ARROW). 1994. *Towards Women-Centred Reproductive Health : Information Package No. 1.* Kuala Lumpur : ARROW. v.p.

What is the meaning of reproductive health and reproductive rights? Why are women critical of population and family planning programmes? What kind of reproductive health services do women want? What are the guidelines and models to follow when reorienting population and family planning policies and programmes? The

Information Package addresses these and other questions. The package comprises a folder containing three booklets : "Broadening the Concept Addressing the Needs", "Ideas for Action" and "An Annotated Bibliography". Excerpts of about 40 important articles, papers and reports written by women's health advocates, health professionals, researchers and family planning personnel have been reproduced. The bibliography reviews around 50 key monographs, articles and papers reappraising population and family planning policies and programmes. Views and experiences from Asia and Pacific are highlighted. All materials reproduced or reviewed in the package are available in ARROW's Documentation Centre.

■ **Price:** US\$ 4.00 plus US\$ 2.00 postal charges. Postal payment accepted in bank draft only.



Asian-Pacific Resource and Research Centre for Women (ARROW). 1994. *Reappraising Population Policies and Family Planning Programmes : An Annotated Bibliography.* Kuala Lumpur : ARROW. 101 p.

The first in a series, this annotated bibliography on the theme of population policies and family planning programmes is published after the 1994 International Conference on Population and Development (ICPD) in

Cairo. The publication seeks to serve as a practical resource, providing pertinent information for those who are looking for more materials and information towards reappraising population policies and family planning programmes, particularly in the Asia and Pacific region.

The bibliography is arranged in three sections of population and development, family planning programmes, and reproductive health and reproductive rights. In each of these sections, critiques are included, together with overviews of country situations, evaluations of policies and programmes in Asia and the Pacific and conceptual materials providing theoretical frameworks. The collection of materials annotated in the bibliography have been written by women's groups, health professionals and demographers, taken from books and from published and unpublished seminar papers and articles.

■ Price: US\$ 5.00 plus US\$ 2.00 postal charges.
Postal payment accepted in bank draft only.

Occasional Papers

Raj-Hashim, Rita. 1994. "Voices of the unheard women on reproductive health and rights", *Paper presented at the International Seminar on Women's Reproductive Health, Beijing, China, 23 - 25 June 1994, organised by China Preventive Medical Association.* 37p.

Rashidah, Abdullah. 1994. "Broadening family planning programmes: A women-centred reproductive health framework", *Paper presented at the Planning Meeting on Enhancing Gender-Sensitivity and Gender-Responsiveness of Family Planning and Population Programmes, Tagaytay City, Philippines, 6 - 8 October 1994, organised by The International Council on Management of Population Programmes (ICOMP).* 31 p.

The Documentation Centre

ARROW's Documentation Centre collects reports, conference papers, monographs, articles, data and statistics, newspaper cuttings, audiovisual and other materials from published and unpublished sources. The main areas of the Women and Health collection are:

- ▶ Contraception
- ▶ Population
- ▶ Reproductive Health and Rights
- ▶ Abortion
- ▶ Childbearing and Infertility
- ▶ Maternal Mortality and Morbidity
- ▶ Gynaecological Problems
- ▶ Menstruation and Menopause
- ▶ Sexuality
- ▶ RTIs and STDs
- ▶ Reproductive Technologies
- ▶ HIV/AIDS
- ▶ Occupational Health
- ▶ Violence Against Women
- ▶ Psychological Health
- ▶ Health care

There are also a number of materials on other subjects such as ■ women and environment ■ women and the media ■ gender and development ■ gender training ■ women and religion.

Services

Below are the services we offer at the Documentation Centre :

- Reference : Information requests by telephone, fax and e-mail or through visits are welcome.

- Subject bibliographic lists : Selected bibliographic lists on special topics will be put together on request. The Centre also publishes, in irregular sequence, bibliographic and annotated lists on special topics and sends them to interested individuals and organisations. Available lists are 'Gender Training' and 'Women and Islam'. A list of all new acquisitions is issued every two months.

- Copying services : Photocopies of articles are available.

- Interlibrary loan services : Users may borrow books through the Inter Library Loan (ILL) system by using the standard ILL form.

- Network searches: Databases of Women and Health resource centres are being accessed for bibliographies and actual materials. In particular, ARROW is part of the International Women's Health Documentation Network which pools information collected by the five Women's Documentation Centres which include: the Boston Women's Health Book Collective (USA), CIDHAL (Mexico), SOS Corpo (Brazil), and ISIS (Chile).

- CD-ROM searches : It is also possible to conduct database (CD-ROM) searches of Popline, the Population Information of the Johns Hopkins University, and the Boston Health Group.

Please send materials to the Documentation Centre. We welcome contributions from government health agencies, health NGOs, research and training institutes, universities and women's groups.

Reproductive Rights

... reproductive rights embrace certain human rights that are already recognised in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of 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, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.

■ ICPD Programme of Action, paragraph 7.3

Reproductive Health

Reproductive Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

■ ICPD, Programme of Action, Paragraph 7.2

Gender Perspective

A view which includes understanding or analysis of the issues and problems which are an outcome of the social relations of men and women.

Gender and Sex

Sex identifies the biological differences between men and women, whereas gender identifies the social relations between them, and is socially constructed.

Empowerment of Women

The process by which women strengthen their capacity individually and collectively to identify, understand and overcome gender discrimination, thus acting to take control of their lives.

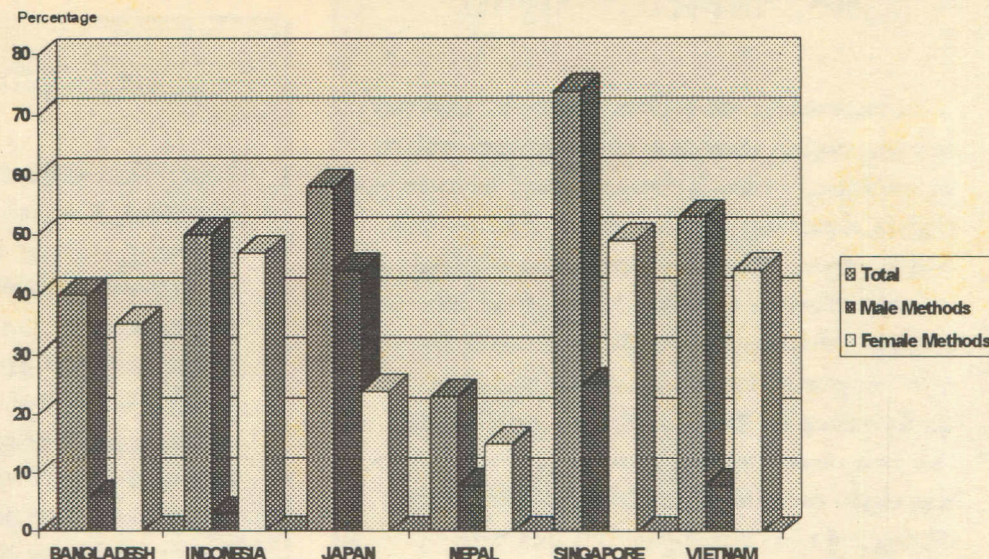
Expanding the Mailing List in Asia and Pacific

ARROW wants to reach as many interested individuals and organisations as possible through our publications and Documentation Centre services. Can you recommend people who need to be in our mailing list in your country or organisation? Our priorities are people in health, population, family planning and women's organisations at policy and management levels. Write to the Editor with details.

Contraceptive Methods Use - The Gender Difference

Male involvement in family planning programmes has been recognised as an important strategy towards shared responsibility between men and women in reproductive decisions as well as in the prevention of STDs and AIDS. Amongst the objectives of ICPD Programme of Action under the section on family planning is 'to increase the participation and sharing of responsibility of men in the actual practice of family planning (para 7.14) and to accept the major responsibility for the prevention of sexually transmitted diseases.' (para 7.8 of the Plan of Action). What does existing data indicate?

One of the achievements of Cairo was the recognition of the need to increase men's responsibility for their sexuality, child bearing and rearing roles. For the first issue of **ARROWS For Change**, the contraceptive prevalence rate, that is the percentage of married women using contraceptives, and



the difference in use of male and female contraceptive methods in selected Asian and Pacific countries are presented. It must be pointed out that the availability of data for countries is not complete or up-to-date, for example, the latest data on sterilisation was not disaggregated by gender. Data on Pacific Islands was not available by contraceptive methods used except for Fiji (1974).

As can be seen in the table, there is a high level of contraceptive use (above 70 per cent) in Hong Kong, Republic of Korea, Australia, Taiwan, Singapore, and China with low use in Pakistan and Nepal. Analysing this by the use of male and female methods, the data shows that the type of contraceptive used is very much gender biased indicating that the burden of contraceptive use is on women.

The male methods of vasectomy, condom and withdrawal, are used by fewer couples than female methods of female sterilisation, pills, injectables, IUDs, vaginal barriers and others methods, for most countries except for Japan. Here, 44 per cent of couples rely on male methods, mainly condoms (it must be pointed out that the use of pills in Japan, however, is less than one per cent). Hong Kong and Singapore also indicated higher use of condoms than other countries (about one-quarter of married couples). Male sterilisation is relatively lower than female sterilisation for all countries. The highest use is in Korea with 11 per cent of the couples having had male sterilisation, however, female sterilisation is also the highest for Korea with 37 per cent of the couples using this method. No matter what level of the socio-economic development of the country, the responsibility of regulating reproduction lies with the women. **RR**

■ **Data Source: UNFPA and The Population Council. 1993. Family Planning and Population: A Compendium of International Statistics. New York: The Population Council. p. 38 - 54. (Table 8).**

* **ESCAP. 1993. Compendium of Social Development Indicators in the ESCAP Region. [Bangkok]: United Nations. p. 22. (Table A15).**

Contraceptive Prevalence Rates by Male and Female Methods for Selected Countries

	Year	Total Methods (%)	Male Methods (%)	Female Methods (%)
Afghanistan*	1972/73	2	0	2
Australia	1986	76	16	62
Bangladesh	1991	40	6	35
China	1988	72	10	62
Fiji *	1974	41	6	35
Hong Kong	1987	80	27	54
India	1988	43	5	38 a)
Indonesia	1991	50	3	47
Iran	1992	65	7	58
Japan	1990	58	44	24
Malaysia	1984	51	14	48
Nepal	1991	23	8	15
New Zealand	1976	70	17	54
Pakistan	1990/1	12	4	8
Philippines	1988	34	7	30
Rep of Korea	1988	77	21	56
Singapore	1982	74	25	49
Sri Lanka	1987	62	10	52
Taiwan	1986	75	14	61
Thailand	1987	66	8	59
Vietnam	1988	53	8	44

a) Includes both male and female sterilisation.