

PART 3

Towards Women-centred Reproductive Health



ANNOTATED BIBLIOGRAPHY

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*Asian-Pacific Resource & Research Centre for Women
(ARROW)*

ANNOTATED BIBLIOGRAPHY

This bibliography is a selection from ARROW's first annotated bibliography (forthcoming) on the re-appraisal of population and family planning policies and programmes from a range of perspectives. In addition to the materials included in the information package on **Towards Women-Centred Reproductive Health**, the titles listed in this bibliography are relevant and important documents which are also available at ARROW's Resource Centre. The articles can be ordered from ARROW Sources for each publication where available are also noted in the annotation, and addresses are listed at the end of the bibliography.

Those interested in obtaining the forthcoming annotated bibliography and/or obtaining articles listed below should write to : **ARROW, 2nd Floor, Block F, Anjung Felda, Jalan Maktab, 54000 Kuala Lumpur, Malaysia.**

Akhtsr, Farida. 1992. "Issues of women's health and reproductive rights", in Philippines Organizing Committee. *In Search of Balanced Perspectives and Global Solidarity for Women's Health and Reproductive Rights : Proceedings of the Sixth International Women and Health Meeting, November 3 - 9 1990, Quezon City.* Quezon City : Philippines Organizing Committee. pp. 29-35.

(Source: WomanHealth Philippines, Inc.)

This speech exemplifies the radical feminist view on reproductive rights and women's health from the perspective of developing countries. The author maintains that women's health cannot be abstracted from her social being. As an example she shows how differential food habits of men and women in Asian countries lead to female malnutrition and ill health. Maternal mortality is an important cause of death among women. However, in an Indian research study it was found that maternal mortality only accounted for 11 per cent of total female death, and that infectious and parasitic diseases and accidents were the cause of two thirds of deaths in the reproductive age group. It has been proved that reduction of maternal mortality can be achieved through the improvement of economic conditions in general and the increase of health services. But these findings are systematically ignored by international aid agencies. To reduce maternal mortality, the women in developing countries are forced to accept contraceptives instead, the use of which generates various health hazards to women, particularly those of poor health. The author looks at several different angles of the idea of 'right' in the context of women and control over their own body, freedom of choice, etc., and states that for women living at the margin of life in poverty and in a political-economic system imposed on them by force, the immediate task is to achieve a democratic society where both women and men can be free. Reproductive rights would follow course. In a World Bank report, it was found that education had no effect on fertility in Bangladesh. This has led to development agencies being less interested in the provision of education for women. Education is a basic human need, and women not only have a right to it, but also need it as a tool for empowerment. To deprive them of education because it has no effect on

fertility is a breach of the human right to education. To conclude, the author traces the history of the racist and eugenic background of the birth control movement, which emphasizes the need of population control in America: the white, affluent population was to increase fertility, and the colored, poor population was to stop reproducing.

Archavanitkul, Kritaya. 1992. "Issues and problems affecting women's health and reproductive rights in South East Asia", an opening speech presented at the International Symposium on Women and Health, Hanoi, Vietnam, 13-16 April 1992 organized *by* Vietnam Women's Union in cooperation with the Royal Tropical Institute, the Netherlands. Hanoi : Vietnam Women's Union. 10 p.

(Source: Vietnam Women's Union)

The author first provides a brief overview of the primary health problems faced by women in Southeast Asia. The seven most important issues are: pregnancy care, violence against women, abortion, *n*utrition, family planning, sexually transmitted diseases including AIDS, and health problems of elderly women. Women's health is affected by the social environment: the political, economic, educational and cultural system; and by three other factors, namely: heredity, behaviour, and the availability and quality of health services. Women's subordinate status, their roles and duties as portrayed in Asian society have directly or indirectly affected the health status of Asian women. The author then proceeds to the question of women's reproductive rights. She calls to mind three concrete situations related to women's reproductive health and related issues: 1) a woman gets pregnant (wanted or unwanted, number of children, spacing, contraception); 2) a woman cannot get pregnant (reproductive technologies, costs); and 3) a woman does not want to get pregnant (sexual behaviour, contraceptive methods, family ideology, staying single). The author concludes by calling for creative ways to connect priority issues and concrete situations and to determine how women can go beyond the current situation in order to live in dignity and be free from domination and violence.

Balasubrahmanyam, Vimal. 1986. *Contraception as If Women Mattered : A Critique of Family Planning.* Bombay : Centre for Education & Documentation. 94 p.

(Source: Centre for Education & Documentation)

This book outlines a women's perspective of India's family planning programme as a necessary starting point for proper monitoring of this programme by women's and health groups in India. It starts by dissecting the ideology of population control by looking at the anatomy of India's family planning policy and the 'population problem'. The next section of this document deals with the different contraceptive methods: the IUD, sterilization, abortion, the pill, and injectables. Each method is explained in detail and complemented with true life stories. Then further issues are inspected and criticized, like: areas of neglect; sex selection; and, religion, the state and women's rights. The author maintains that most women from the better-off section of society who have access to competent medical advice are more or less able to use birth control methods of their choice. However, poor women are often misused by family planning programmes. They are not given full information about possible side-effects and long-term risks. They fail to get competent treatment when side-effects occur, and

there is no follow-up care. In the enthusiasm for achieving targets, basic safety norms are flouted. Abortion is often denied unless the women agree to sterilization or IUD insertion. The author concludes by stating that women not only want birth control, but also equality, better status, the right to work and decent **wages**, and better living standards.

Berer, Marge. 1991. "More than just saying 'no' : what would a feminist population policy be like ?" *Conscience : A Newsjournal of Prochoice Catholic Opinion* Vol. XII, No. 5, September / October. Washington, D.C. : Catholics for a Free Choice. pp. 1, 3-5.

(**Source:** Catholics for a Free Choice)

This article was originally a speech presented at the Fourth International Interdisciplinary Congress for Woman in New York City in June 1990. In the past, feminists usually rejected population control as unacceptable interference of the government regarding the right of women to make decisions about their own fertility. Because women's needs have not been taken into account, the women's health movement could not afford to step back and ask whether there is a population problem at the global level. The author maintains that it is time now for women's health activists to acknowledge that the world cannot sustain an unlimited number of people, that birth and death are out of balance, and that a way has to be found to set things right, on the basis of reproductive rights for women. Some factors to be considered are: unmet need for birth control shown in the huge number of abortions and sterilizations, social pressure on women to have children, social pressure on certain groups of women (singles, lesbians) not to have children, and, inadequate and unsafe health care as evidenced by high maternal mortality. A population policy taking these factors into consideration should be advocated and supported by feminists, based on the fundamental recognition, that as long as women live in poverty, with unequal and inadequate access to food, housing, education, a source of income and good health care, no population policy will be of any benefit to their needs. The author suggests, that feminists and women's health activists take a fresh look at all issues concerning reproductive health without compromising the reproductive rights perspective, and concludes by stating that "if women did have a real choice, there would be no population problem".

Chee, Heng Leng. 1988. "Babies to order : official population policies in Malaysia and Singapore", in Agarwal, Bina (ed.). *Structures of Patriarchy : State, Community and Household* in Modernizing Asia. New Delhi : Kali for Women. pp. 164 - 174

(**Source:** Kali for Women)

This paper critically reviews the 1980s official population policies of Malaysia and Singapore and their impact on women's roles and status in society. Malaysia's policy of 70 million people by the year 2100 policy and Singapore's 'eugenics' policy reflect a fundamental disregard for a woman's right to decide how many children she wants and her right to exercise control over her own body and life. The author first analyses Malaysia's population policy and points out the policy's statistical flaws. She also reviews the policy's impact on women and the effects on Malaysia's rural poor in

relation to economics, health and women's empowerment. On Singapore's eugenics policy, again the author critically reviews the unscientific nature of the policy as well as the serious ideological implications for the status of women and social classes in general. Both nations' population policies reflect a way in which people are being used to serve capitalism's needs.

Chung, Margaret. 1992. "Reproductive rights in the South Pacific", [paper presented at the DAWN Pacific Regional Meeting held in Suva, *Fiji*, 1 - 4 Dec., 1992]. 8, [7]p.

This paper is organised in three parts. The first part provides a background to the reasons why the issues of reproductive rights are so important to South Pacific women. The conditions of women's reproductive health vary considerably among Pacific Island countries, and also within countries, such as between urban and rural districts and between cultural or religious groups. Overall, the worst conditions are in Melanesian countries, followed by high fertility countries (among the highest in the world) in parts of Micronesia and Polynesia. Women's health topics discussed include maternal mortality and morbidity, prenatal and post-natal care, infant mortality, access to contraception and an informed choice of method, and opportunities to choose other status than motherhood. The author provides detailed data in seven pages of tables in the annex. In part two, design and content of explicit population policies in the South Pacific are discussed. The author argues that these policies emphasize recruiting new acceptors rather than reducing the drop-out rate because service providers define their main problem to be the traditional nature of their women clients rather than the gap between their client's and their own perceptions of service quality and appropriateness. Reducing fertility levels will benefit women but policies which are concerned most with contraceptive supply can not be expected to fulfill women's reproductive rights. Part three provides a summary of the policy concerns of women, like the need for better access to public services, especially for rural women, women's control over resources required to bring about fertility decline, and high fertility as a symptom of unequal access to economic opportunities. A very useful introduction to the South Pacific situation.

Claro, Amparo. 1990. "Reproductive rights and ethical issues in family planning research and **services**", [paper presented at the] *First Latin American Conference on Quality of Care in Family Planning*, Mexico, 12 - 16 August 1990, organized by Latin American and Caribbean Women's Health Network, Isis International. [15p.]

(Source: Isis International (Chile))

This paper is an attempt to provide a general global view of the elements which converge in the research and application of birth control for women from a feminist ethical focus. It proposes that every research project, every population control policy and all family planning programmes should be women-centered to assure respect for women's reproductive rights and to make women the subjects rather than the objects of both areas of work. After some background information on the cultural environment (patriarchal society), women's rights as human rights, and reproductive rights, the author concentrates on ethics and family planning. She describes first some of the problems women have in relation to population policies, misinformation about birth control, family planning services, and the ways in which these weaknesses are linked

to a patriarchal and usually authoritarian ethic, lacking sensitivity. The author quotes from many different reports on the situation of family planning programmes of countries worldwide throughout the last few decades. The author maintains that the work of women's health activists has helped to spark some changes recently in policy formulation of leading family planning organisations by providing, among other things, a tool to effectively evaluate the quality of family planning programmes from a woman's perspective.

Cleland, J. ; Robinson, W. 1992. "The use of payments and benefits to influence reproductive behaviour," in Phillips, J. F. ; Ross, J. A. (eds.). *Family Planning Programmes and Fertility*. Oxford : Clarendon Press. pp. 159-77.

(Source: Johns Hopkins University, POPLINE DOCUMENT NUMBER: PIP 077002)

Financial inducements used by states to influence reproduction and achieve fertility decline are controversial in developing countries and profoundly transforming the policies of donors. Payments vary: the Chinese monthly allowance to one-child couples, various pronatalist inducements in Europe, and fees to sterilization and IUD acceptors. The promotion of contraception and economic adjustment (sometimes penalties for large families) is the rationale of payments. Payments devised in the 1960s and 1970s did play a major role in promoting smaller families. Rather it was the success of family planning programmes in China, Indonesia and Thailand with widespread access to cheap contraceptives that turned the tide of unrestrained population growth. In India payments for sterilization in the 1960s and the 1970s did not make a major impact on higher acceptance, rather political pressure had a quantitative effect. In Sri Lanka, in the 1980s payment for vasectomy produced significant results. In Bangladesh vasectomies also increased substantially but tubectomies grew only slightly under a payment scheme introduced in 1983. Thus, payments removed or lightened the hefty material and socio-psychological costs of sterilization and induced acceptance mainly of vasectomy, but only if the desired family size had been achieved. The Bangladesh Compensation Payments Study found that the reproductive motive for sterilization was much more influenced by excessive family size than by payments. Reproductive sacrifice did not occur as young couples did not accept such payments even during economic hardships. The ethical concerns surrounding payments for irreversible methods require more examination.

Cook, Rebecca J. 1993. "International human rights and women's reproductive health". *Studies in Family Planning* Vol. 24, No. 2, March / April. New York : The Population Council. pp. 73 - 86.

(Source: The Population Council)

Neglect of women's reproductive health, perpetuated by law, is part of a larger, systematic discrimination against women. Laws obstruct women's access to reproductive health services. Laws protective of women's reproductive health are rarely or inadequately implemented. Moreover, few laws or policies facilitate women's reproductive health services. Epidemiological evidence and feminist legal methods provide insight into the law's neglect of women's reproductive health and expose long-held beliefs in the law's neutrality that harm women fundamentally. Empirical evidence

can be used to evaluate how effectively laws are implemented and whether alternative legal approaches exist that would provide greater protection of individual rights. International human rights treaties, including those discussed in this article, are being applied increasingly to expose how laws that obstruct women's access to reproductive health services violate their basic rights.

The Danish Family Planning Association - Sex and Society ; and K.U.L.U. - Women and Development. 1993. Women, Health and Family Planning in the Third World : Report of an *International* Conference held in Copenhagen, Denmark, 1991. Copenhagen : The Danish Family Planning Association - Sex and Society, and K.U.L.U. - Women and Development. 72 p.

(Source: Danish FPA or K.U.L.U.)

The key persons in the conference panel were four experts from women's organisations in Bangladesh, the Philippines, Peru and Uganda. The rest of the panel as well as participants were Scandinavian development, women's organisations and health professionals. The first paper deals with the situation of family planning policies in the Philippines and their main adversary: the Roman Catholic Church. The author's main point is that 'women's right to their health and a people's right to development must be the centerpiece of any family planning programme'. The Ugandan panelist maintained that family planning does not receive enough attention in Uganda because the health status of women is not a very important issue in the society. The Peruvian government has adopted specific population laws to accommodate demands of development aid organisations to reduce the fertility rate, and therefore family planning policies have become a public issue. The practice of population control programmes in Bangladesh is an example of various encroachments on the rights of women and the poor, and cannot be compared to family planning services. These country reports are followed by four papers on general and specific issues of family planning, excerpts from the debate, workshop reports, the concluding statements and Guidelines for the Distribution and Use of Fertility Regulating Methods.

Dixon-Mueller, Ruth. 1993. Population Policy and Women's Rights : Transforming Reproductive Choice. Westport, Connecticut : Praeger. 298 p.

(Source: Praeger)

This book covers the history and complexity of the population-control debate with a simple, forceful premise; a woman's right to reproductive choice is a human right. Through extensive literature review, interviews and data analysis, the author, a feminist demographer, encapsulates the diverse realities of women's experience in the south to which population policies and programmes must be tailored if they are to succeed. She discusses why some feminists often side with one or other extreme pro-natalist or anti-natalist positions rather than focus on the development of a truly woman-centred reproductive health agenda. This book proposes a 'feminist population policy' based on concepts of sexual and reproductive health and women's rights from Asia, Africa, and Latin America. It is a valuable resource for those who have an interest in women's rights and reproductive issues.

Eschen, Andrea ; Whittaker, Maxine. 1992. "Family planning : a base to build on for women's reproductive health services", in Koblinsky, Marge ; Timyan, Judith ; Gay, Jill (eds.). *The Health of Woman : A Global Perspective*. Boulder, Colorado : Westview Press. pp. 105 - 131.

(Source: Westview)

This article points to some of the current constraints to contraceptive use, the importance of improved and extended family planning services, and alternative strategies to deliver these services. In order for any programme to satisfy clients and care for their reproductive health needs, a chosen contraceptive method must suit a woman whether she is young or old, breast-feeding, spacing pregnancies, engaging in intercourse only occasionally, or planning to end child bearing. This chapter in a book on women's health discusses topics like: government policies promoting or hindering contraceptive use; women's health considerations in contraceptive decision making; sexuality, gender roles and contraceptive use; the cost of contraceptive use to women (monetary and non-monetary); and, strategies for comprehensive care. The article is a brief summary of the important issues concerning family planning. The authors maintain that only when a wider choice of contraceptive methods is available and services more responsive to the totality of women's reproductive health care needs and desires will family planning goals begin to be achieved.

Egero, Bertil ; Hammarskjold, Mikael (eds.). 1994. *Understanding Reproductive Change : Kenya, Tamil Nadu, Punjab, Costa Rica*. Lund, Sweden : Lund University Press. 167 p.

(Source: Lund University Press)

Almost everywhere in the south there is a trend toward smaller families. The reasons behind this fertility decline go beyond the academic interest in development policy and planning. Many questions are best studied in concrete historical contexts, for instance; What is the role of modernization? Is poverty always an impediment to fertility decline? How far can the state guide the process towards small families? What is the role of family planning? Such questions are in focus in this publication, a collection of four case studies from Sub-Saharan Africa, South Asia and Central America. Kenya is one of the few countries in Sub-Saharan Africa displaying a distinct trend to lower fertility. India, Tamil Nadu and Punjab are widely different in socio-economic development, yet both have seen significant reductions in fertility. In Costa Rica, a stable trend of fertility decline was halted with the economic stagnation around 1980, only to resume in recent years. In the introductory chapter, the country studies are analyzed against current understanding of the demographic transition as it took place in Europe, and the more recent processes in East and Southeast Asia. Conclusions are offered on implications for policy.

Estrada-Claudio, Sylvia. 1990. "In search of balanced perspectives and global solidarity for women's health and reproductive rights : keynote paper", in Philippines Organizing Committee. *In Search of Balanced Perspectives and Global Solidarity for*

Women's Health and Reproductive Rights : Proceedings of the Sixth International Women and Health Meeting, November 3 - 9 1990, Quezon City, Philippines. Quezon City : Philippines Organizing Committee. pp. 9 - 14.

(Source: WomanHealth Philippines, Inc)

This keynote address provides a wider look at the international feminist movement and the situation of women, especially in the third world. The author maintains that global solidarity for the women's movement, and, in particular, for the women's health movement can only come from a balanced perspective. This perspective should not only take the common oppression of women into account, it should also include differences and divisions among themselves. For example, there are fundamental differences in the health care systems. For the majority of women the quest for health is tied up with the struggle to end overwhelming poverty, while the experiences of women worldwide remind them that the struggle for adequate health care must be comprehensive. In many countries, women's productive and reproductive labour is exploited and compromised for economic reasons: they provide cheap and docile labour. Whether concerning women whose marriage has been arranged, who have been forced into prostitution, domestic workers, or nurses working overseas, the international economic order through banks, airlines, travel agents and the like profit from the sale of women's bodies. The issue of reproductive health and rights again demonstrates disparity between the women of the third and the first world. Third world women are still struggling for the right to autonomy over their own bodies. Environmental destruction is unjustly blamed on the fertility of women, instead of on the economic exploitation which destroys the ecological balance. New scientific methods like genetic engineering and reproductive technology further aggravate the situation of women in developing countries. The issue of sexuality and lesbianism too show big differences between the west and developing countries. And last, there is the issue of violence; violence that men do to the environment, the violence of militarism, and the violence of sexual abuse and misuse of women and children. In closing the address, the author asks for genuine global solidarity which can be gained from a dynamic interaction between first and third world perspectives on women's health and reproductive rights.

Fathalla, M. F. 1991. "Reproductive health : a global overview". *Annals of the New York Academy of Sciences* Vol. 626. pp. 1 - 10.

(Source: Johns Hopkins University, POPLINE DOCUMENT NUMBER: PIP 077002)

WHO defines reproductive health as people having the ability to reproduce, to regulate fertility, and to practice and enjoy sexual relationships. It also means safe pregnancy, child birth, contraceptives and sex. Procreation should include a successful outcome as indicated by infant and child survival, growth and healthy development. Sixty to eighty million infertile couples live in the world. Core infertility, i.e., unpreventable and untreatable infertility, ranges from 3 per cent to 5 per cent. Sexually transmitted diseases, aseptic abortion, or puerperal infection are common causes of acquired infertility. Sub-Saharan Africa has the highest prevalence of acquired infertility. In 1983, the world contraceptive use rate stood at 51 per cent with the developed countries having the highest rate (70 per cent) and Africa the lowest

rate (14 per cent). About 40 countries in Africa and Arabian Peninsula practice female circumcision. The per cent of low birth weight in infants is greater in developing countries than developed countries (17 per cent vs. 6.8 per cent). Intra-uterine growth retardation is responsible for most low birth weight infants in developing countries while in developed countries it is premature birth. About 15 million infants and children die each year. Maternal mortality risk is highest in developing countries especially those in Africa (1:21) and lowest in developed countries (1:9850). Sexually transmitted diseases continue to be a major problem in the world especially in developing countries. Chlamydia afflicts 50 million people each year. The proportion of women with AIDS is growing so that between the 1980s and 1990s it will grow between 25 per cent and 50 per cent. More available contraceptive choices enhance safe", in fertility regulation. Socio-economic conditions that determine reproductive health are poverty, literacy and women's status. Sexual behaviour, reproductive behaviour, breast feeding and smoking are life style determinants of reproductive health. Availability, utilization and efficiency of health care services and level of medical knowledge also determine women's reproductive health.

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 Sustainable Development (ICPD) in Cairo, 1994. In the first part of the paper, the author makes some general comments. The arguments used in the Vila Declaration for concerns about population and sustainable development are only a revised version of the idea that increasing populations will pose problems in the future in terms of the quality of life and development enjoyed by the world today. However, many other factors affect quality of life, like political status, gender, race, socio-economic position and work. Some of the Declaration's assumptions such as the idea that population increases will place particular demands on resources, that increased population will put a stress on services available and thus will burden governments, need to be questioned. The basis for women's advocates' rejection of the emphasis on controlling population growth which the population debates have focused on for decades, is the question of distribution of resources, the influence of international agencies on the development strategies that countries are following, and the impact of development on disadvantaged people, including women. In the second part of the NGO perspective, the author makes the following critical comments on particular statements of the Vila Declaration: economic growth can be unbalanced and does not necessarily provide a better quality of life; the Declaration emphasizes fertility control rather than addressing the complex relationships between development, population, distribution and the quality of life; the politics of sustainable development, people's relationship to the government, the decision-making process are neglected; men and youth are left out of the reproductive health services, and the provision of comprehensive health information should be stressed; distinguish between family planning and MCH, acceptance or not of contraceptive use is a choice related to a number of economic and social conditions, family planning services should not be objective driven, a broader advice and assistance role needs to be stressed; equality within the family

must be promoted; reproductive health of youth must be included in the declaration. A critical appraisal of an important position paper of Pacific countries.

Griffen, Vanessa. 1994. "Women and reproductive rights - the Pacific Region", paper prepared for DAWN Inter-Regional Meeting on Population and Reproductive Rights, Rio de Janeiro, Brazil, 76-19 January, 1994. 17 p.

This paper examines in a preliminary way, the notion of women's reproductive rights in the Pacific. After introducing the Pacific Region (including here the island states of the Pacific region, but excluding Australia and New Zealand), its diverse population and population policies, the author states that regional discussions on population issues revolve around four main points: 1) the importance of the environment and population stress on small islands; 2) problems of migration and population trends; 3) the inability of governments to provide services for a rapidly growing urban population; and 4) population growth and development. The author criticizes the fact that planners, policy and decision makers do not generally discuss reproductive health and rights in population policy formulations. It is only at the implementation stage that policies include better health and education for women as a strategy for reduction in fertility rates. Then, the author quotes from two studies to show the very different conditions and problems of island states. Tuvalu, the smallest country (population 9,000) has the highest contraceptive prevalence rate in the Pacific with 45 per cent and with Depo-Provera as the most commonly used contraceptive. In a report on Papua New Guinea the contraceptive prevalence rate is low at 2.5 per cent (1982 study), attention to the health of mothers and children is poor, maternal mortality rate is as high as 7 to 15 per 1,000 births, and over 67 per cent of rural women suffer from domestic violence. On official policies, the author states as the main problem that male control of fertility, reproduction and women continues to be ignored, and concludes the article by asking for innovations and real philosophical changes in the thinking on population, reproductive health and women's empowerment to improve the situation of women in the Pacific.

Hafidz, **Wardah** ; Taslim, Adrina ; Aripurnami, Sita. 1991. "Family planning program in Indonesia : a plight for policy reorientation", [paper] prepared for The *INGI Conference, Washington, D. C., 29 April - 2 May 1991*. 14 p.

The family planning programme in Indonesia has been hailed in a World Bank report as 'one of the most impressive demographic transitions within the developing world'. From the mid 70s until 1988, the fertility rate has declined from 5.6 to 3.4, the crude birth rate from 43 to 28 per 1,000, and the number of women using contraceptives has increased from less than 10 per cent to more than 45 per cent. However, the programme is criticized in several ways: 1) to what extent does the programme give consideration to the health of women using contraceptives, not to just recruiting them for achieving a numerical target? and 2) to what extent is the success of the programme to be attributed to coercion? The authors found that the family planning programme of the government of Indonesia is not a birth control programme, but is population control with a numerical target. A recruitment system involving government, non-government, private and community agencies as well as the military was devised to secure the numerical target achievement. Such a target-oriented policy has generated covert and overt coercive measures in implementation, and the priority

given to more long-term and permanent types of contraceptives (sterilization, Norplant) is violating women's right to have a choice over methods.

Hanhart, Jannemieke. 1993. "Women's views on Norplant : a study from Lombok, Indonesia", in Mintzes, Barbara ; Hardon, Anita and Hanhart, Jannemieke (eds.). *Norplant : Under her Skin*. Amsterdam : Women and Pharmaceuticals Project, Women's Health Action Foundation and WEMOS. pp. 27 - 45.

(Source: Women's Health Action Foundation)

This study carried out in Lombok, Indonesia, focuses on how women experience menstrual cycle disturbances caused by Norplant. These experiences are related to cultural ideas about menstruation, an authoritarian social structure and the Indonesian family planning policies. Norplant was introduced in 1981 and after several studies accepted into the national family planning programme in 1987. Long-lasting contraceptives are given priority, so the Indonesian family planning programme has become the largest distributor of Norplant with currently approximately 800,000 users. The study looks at questions like: How do women perceive and deal with changes in their menstrual cycle caused by Norplant? What do these changes mean physically and psychologically? How do they affect women's social lives and their sexual relationships? What kind of treatment do women seek, and receive? Among the findings of the study are: information given to woman on Norplant is limited, emphasizing the positive aspects only so that they are not reluctant to use Norplant; information is often given by volunteers who are not sufficiently trained to offer balanced and adequate information or advice, so women worry a lot about the side-effects; and incidence of coercive pressure used on women to use Norplant instead of other contraceptives. The study raises the need to address issues of contraceptive choice, removal on demand and appropriate information and counselling.

Hardon, Anita ; Claudio-Estrada, Sylvia. 1991. "Contraceptive technologies, family planning services and reproductive rights". *VENA Journal - Women and Health : Fertility, Reproduction and Population* Vol. 3, No. 2, November. Leiden : Leiden University, Women and Autonomy Centre. pp. 10 - 13.

(Source: VENA)

There is a gap between the ideal of women's reproductive rights and the existing reality in many developing countries. Over the past decade, women's health advocates have increasingly become concerned about the lack of recognition of women's reproductive rights. Controversies have arisen about the quality of family planning programmes, and about the nature of contraceptive technology distributed to women. The authors criticize that health care for women is structured around maternal and child health programmes and family planning services, thus leaving out a large number of women who are not in the reproductive age; and that women, who intend to control their fertility, are confronted with many power relations: those between men and women, between health professionals and clients, and between the state and its people. In the field of contraceptive technology also some problems have emerged. User-controlled technologies are still associated with a relatively high level of failure.

How can this be adequately dealt with in situations in which abortion is illegal? The authors conclude the article by stressing that women's health advocates need to encourage governments and donors of family planning programmes to put more emphasis on quality of care and to consider the fundamentals of the reproductive health approach.

Hartmann, Betsy. 1993. "Old maps and new terrain : the politics of women, population and the environment in the 1990s", paper presented at The Fifth *International Interdisciplinary Congress on Women*, San Jose, Costa Rica, February 23, 1993 ; and International Conference on 'Reinforcing Reproductive Rights', Women's Global Network for Reproductive Rights, Madras, India, May **5-8, 1993**. 39 p.

The author of this key article clarifies the stand that feminists take regarding the worldwide 'consensus' that the provision of modern contraceptives will help liberate women and concurrently reduce birth rates, thus considerably reducing pressure on the environment and economy, and ultimately improving conditions for all the people. She challenges this consensus by clarifying the underlying meaning of 'women, population and the environment'. First, she analyzes the nature of population control in the 1990s (the philosophy of population control, the economic and political context, contraception as technical fix); second, neo-Malthusian models of the interaction between people and the environment (specious views of the species, sins of omission, managing women, who is destroying the forest? simulating disaster, simulating fear); third, the engineering of consensus and the growing alliance between the population establishment and mainstream environmental organisations (engineering consensus, making waves, forging a coalition); and finally, alternative analysis and political strategies. These 'new maps' include: 1) reinterpreting the population issue; 2) separating women's rights and reproductive rights from population control; 3) putting forward new, feminist perspectives on the relationship between women and the environment; and **4)** defining 'sustainable development' to include sustaining the fight for social and economic justice. As an example of the new map, the author includes at the end of the paper a statement titled Women, Population and the Environment: Call for a New Approach which was released by the Committee on Women, Population and the Environment, a loose alliance of women activists, environmentalists, community organizers, health practitioners and scholars of diverse races, cultures and countries of origin. An important contribution towards a new approach.

Hartmann, Betsy. 1987. *Reproductive Rights and Wrongs : The Global Politics of Population Control and Contraceptive Choice.* New York : Harper and Row. 368 p.

(Source: Harper and Row)

This book provides a compelling critique of the economic, political, health, and human rights consequences of population control as practiced by the US population establishment, national governments, and international agencies. The author reveals how the narrow goal of reducing birth rates has distorted contraceptive development in the US and undermined family planning programmes in the third world. The author argues that the real solution to the population problem lies not in coercive population control programmes but in the improvement of living standards, the position of women in society, and quality of health and family planning services. The author calls for a fundamental shift in population policy toward the expansion, rather than the restriction, of individual reproductive choice. Among the topics she addresses are the evolution of the US establishment, China's one-child policy, sterilization abuse in South Asia and Latin America, the neglect of barrier contraception and its potential beneficial role in the fight against AIDS, and the impact of the reproductive rights movement on the population field.

Isis International. 1993. *Women's Perspectives on Population Issues : Information Kit.* Quezon City, Philippines : Isis International. 37 p.

(Source: Isis International (Philippines))

This information kit is a compilation of views and positions of women's groups regarding issues of population control. It includes declarations as well as responses to them. The following are included: 1) Women's Voices '94: Women's Declaration on Population Policies which was reviewed, modified and finalized by over 100 women's organisations globally; 2) The Women's Alliance and Women's Global Network for Reproductive Rights which aims to go beyond Women's Voices '94 and resists population policies; 3) A Critical Appraisal of the Women's Declaration on Population Policies signed by six women's health groups and networks in Europe and India; 4) GABRIELLA's Resolution on Women's Voices '94 which presents its stand on the Declaration and gives support to the second document; 5) Women, Population and the Environment: Call for a New Approach by the Committee on Women, Population and the Environment, an alliance of women activists, environmentalists, community organizers, health practitioners and scholars, which emphasizes that environmental degradation derives from complex causes, and that population control will not solve these problems; 6) The Population Issue: A Third World Women's Perspective, drafted by the Third World Network, which is a critique of population control and demands for the ICPD; 7) Statement on Population and the Environment prepared by concerned scholars participating in a SSRC/ISSC/DAWN workshop on Population and the Environment, 1992, Mexico; and 8) NGO Treaty on Population, Environment and Development which includes demands and commitments. A very comprehensive collection of views on population issues.

Isis International. 1993. Women and Population Policies. Santiago : Isis International, Latin American and Caribbean Women's Health Network. 136 p.

(Source: Isis International (Chile))

This publication contains various papers about the meeting of women from the Latin American and Caribbean Women's Health Network in Oaxtepec, Mexico, 5-9 July 1993, on the issue of Women and Population Policies. The publication is informative and provocative in content, providing much more than just an account of the meeting. The meeting provided a platform to discuss similarities and differences, and it helped the women to renew their determination to continue to fight for the right to abortion, reproductive health, sexual rights - essentially women's human rights. The chronicle of the meeting is followed by several papers presented in the meeting and reports: Population policies and women's movement (on relations between the women's health movement and the 'establishment', which are fraught with tension, misunderstanding and mistrust); the North-south face-off: demographic explosion vs. implosion (on differences in demographic terms between the rich countries of the north with population growth at replacement level, and poor countries of the south who have yet to lower birth rates); DAWN: researching the gender dimension (on a series of analytical studies of the gender dimensions of the development processes from the perspective of poor women in the south); Sexuality and reproduction as human rights (an exhaustive analysis of the importance that these be recognized as human rights, stressing the significance of this approach to population policy making); Challenges for the [women's health] movement (in Latin America); Crossroads: women in developing agencies (on a round table discussion attended by women employees of development agencies who work in reproductive health and population programmes); and Oaxtepec to Cairo: points of agreement along the 'Via Cruzada' (summarizes the most important outcomes, agreements, and strategies of the meeting). The appendices include Women's Voices 1994, a women's declaration on population policies, a proposed conceptual framework of the draft recommendations of the preparatory committee for the ICPD, considerations and recommendations of Latin American and Caribbean NGOs, and an overview of the ICPD and its preparatory process. An important position report.

Jamilah Ariffin. 1990. Critical Analysis of the New Population Policy. Kuala Lumpur : Population Studies Unit, Faculty of Economics and Administration, University of Malaya. 12 p.

(Source: Population Studies Unit)

This report is based on a discussion held with members of the Population Studies Unit who have done research in the related fields of demography, population studies, women and development, the elderly, and human resource development. The first part provides some evaluative comments on the 'New Population Policy' (Malaysia is targeted to have a population of 70 million by the year 2100), consisting of the following three perspectives: the evaluation of the appropriateness of the 70 million population target, the evaluation of the validity and accuracy of statistical forecasting figures, the evaluation of the content and effectiveness of the message sent out to the Malaysian public. This is followed by the analysis of the impact and implications of

the policy with reference to human resource development (ensure quality of schooling system), population and development (lack of co-ordination between planning agencies, leading to contradictory statements), quality of life (guidelines and indicators for quality of life must be established, including the environment), poverty (the implementation of population policies must not lead to widening the gap between the 'have' and the 'have nots'), and migration (more reliable data on the 'brain-drain' and influx of unskilled foreign workers are needed). In the context of world development trends, the question arises "does Malaysia need a 70 million population in an age of information technology"? Implications for women are as follows. The policy is wrongly interpreted by most Malaysians to mean that women should bear more children. Women should have children at the correct age, correctly spaced, and well-nurtured in a proper 'family development' environment. This can only be achieved by adequate protection, services and legislation provided for women. The elderly as a group will require specialized social services and health-care systems, and the young must be trained to become a highly productive workforce. In conclusion the report takes the stand that a stronger focus should be given to stabilizing the Malaysian population and improving the quality rather than emphasizing numbers.

Kabir, Sandra M. 1989. "Causes and consequences of unwanted pregnancy from Asian women's perspectives". *International Journal of Gynecology and Obstetrics*, Suppl. 3. pp. 9-14.

(Source: International Federation of Gynecology and Obstetrics)

Shortcomings of contraceptives and of family planning service delivery systems are major reasons for unwanted pregnancy and unsafe abortion in developing countries. Family planning and health programmes should provide empathetic counselling for contraceptive choices and pregnancy termination, adjust management systems and procedures to facilitate women's access to services and information, and offer comprehensive services to meet women's multiple reproductive health needs. The author addresses such questions as: Who are the women who have unwanted pregnancies and induced abortions? Why do women have unwanted pregnancies?, What do women with unwanted pregnancies experience? Why do thousands of women die, or suffer serious health consequences from induced abortions? and, What can be done? The author makes several suggestions for improving the quality of contraceptive services and providing safe abortion services. She maintains that more women should be appointed to decision-making bodies that influence reproductive health strategies, and that more resources should be allocated to women's overall health and neglected health problems like reproductive tract infections and cervical cancer, rather than only to key components such as contraception, AIDS, and 'safe motherhood'.

Kak, N. 1991. "KB Mandiri : the Indonesian approach to program sustainability", presented at the 18th *NCIH International Health Conference*, Arlington, Virginia, June 23-26, 1991. 4 p.

(Source: Johns Hopkins University, POPLINE DOCUMENT NUMBER: PIP 066955)

In order to increase the demand for family planning while operating under a constant budget, the National Family Planning Coordinating Board Of Indonesia (BKKBN) has introduced a **fee-for-service-policy**. Succeeding in reducing the total fertility rate and increasing contraceptive prevalence, family planning in Indonesia has had to rely on government support. But the growing number of couples requiring contraceptives has made it increasingly difficult for the government to sustain the programme so BKKBN has pursued a programme of self-reliance - KB Mandiri. This policy operates on three levels that reflect the socioeconomic realities of the country: 1) full KB Mandiri involves couples who pay for private family planning services and rely on commercially sold contraceptives; 2) partial KB Mandiri involves couples who can make partial payments for family planning services; and 3) government dependence, where poor couples continue to rely on the national family planning for services and contraceptives. BKKBN has tested these strategies, including establishing a community fund to cover for family planning services in several provinces. BKKBN has developed guidebooks and leaflets to promote KB Mandiri. Participating doctors and midwives receive a Blue Circle sign to indicate that contraceptives are available. BKKBN has also trained over 7,000 family planning workers on KB Mandiri, and has supported private doctors and nurses by providing initial IUD kits and new supplies of IUDs and injectables during the first year of the project. Over the last two years, KB Mandiri appears to have significantly increased the number users paying for contraceptives without adversely affecting the contraceptive prevalence rate. BKKBN is now exploring the possibility of employment-based family planning.

Karkal, Malini ; Pandey, Divya. 1989. *Studies on Women and Population : A Critique*. Bombay : The Research Centre for Women's Studies. 106 p.

(Source: The Research Centre for Women's Studies)

This book is a critical analysis of studies on the Indian population issue from a feminist perspective. It looks at the various demographic aspects of population in its totality. It also critiques the government of India's population policy which ignores the issue of women's health in the attempt to curb population growth. Improvement of women's health, changes in emphasis on marriage and child-bearing as sole causes for women's existence are the issues which require better understanding by the society. Women's rights to sexuality and fertility, rights to decision-making and getting their rightful share in development and economic progress need to become important components of population policy. The author contends this quality dimension of population issues is presently lacking and are documented in studies. Demographic transition will not be secured by revamping family planning programmes alone. Where fertility rates have started to decline, substantial progress has been made towards female education and improvement of the health status of women and children alongside population control programmes. This book attempts to use available evidence to highlight the need for

recognizing that empowering women is essential for achieving a holistic approach towards implementation of family planning programmes in India. An interesting book for researchers and other persons concerned with the Indian population situation.

Mukherjee, Vanita Nayak. 1993. *Shaping a Better Future : Women's Perspectives on Alternative Economic Framework and Population and Reproductive Rights (Report of the DAWN/APDC Regional Meeting on Population, Gender and Sustainable Development, 12- 14 April 1993, Singapore)*. Kuala Lumpur : APDC. 74 p.

(Source: APDC)

Women from Asia, the Pacific, Africa and South America met to share their experiences and perspectives of an alternative view on macro-level development strategies. The meeting discussed crucial issues that have emerged in this decade. The Earth Summit in 1990 generated a rethinking on the concept of development and the development process with an emphasis on human well-being and ecological renewability. The debt crisis and the implementation of structural adjustment programmes in many countries of the south resulted in cut-backs in social expenditures. This reiterated the need to place human-centred development on the development agenda. The nineties also witnessed a break-down of state-led economies with a growing pressure to broaden the scope of people's participation and improve government accountability. The population and development debate also brought into sharp focus the formulation of population policies and programmes which do not take basic needs issues and women's health into consideration. A platform paper by Gita Sen "The alternative economic framework" emphasized a rethinking of the development debate by feminist researchers with the emergence of the market-led strategy for growth in the countries of the south. It urges critics to address macro-development strategies to present alternatives visions. Another platform paper by Sonia Correa, "Population and reproductive rights" discussed a gender perspective on population and reproductive rights. Analyzing global population issues in the light of women's experiences from diverse economic, social, cultural and political contexts, it emphasizes the urgency to recast the discussion within a renewed, humanist framework, away from a policy approach which has as its premise that 'people can be managed'. The publication also includes country responses to the two main documents as well as international and regional strategies towards a global agenda.

Petchesky, Rosalind P. ; Weiner, Jennifer A. 1990. *Global Feminist Perspectives on Reproductive Rights and Reproductive Health : A Report on the Special Sessions Held at the Fourth International Interdisciplinary Congress on Women*. New York : Women's Studies Program, Hunter College. 55 p.

(Source: Women's Studies Program)

This report begins with eight country reports on reproductive rights (the Philippines, Egypt, Mexico, Bangladesh, Sierra Leone, Ireland, Brazil, USA). These presentations show how grassroots feminist health workers are often confronted with the same set of problems, although each country presents its own particular situation. The second session was on 'International Population and Family Planning from a Feminist

Perspective' with panelists from Peru, India, the Netherlands, and Nigeria/Uganda. There is little consensus whether or not such a thing as a 'feminist population policy' can exist, with some women saying that population control policies are absolutely necessary, while others maintain that policies empowering women have to be implemented and that improvements in the population situation cannot help but follow without any 'population policy'. The next session was on the reproductive rights of Philippine women. The report provides a graphic example of what happens when policies are not tailor-made to fit into a cultural and social context. A roundtable discussion on 'Reproductive Rights as International Human Rights' was attended by 150 women and an intense debate developed. The session demonstrated the strong desire for international solidarity among feminists in the effort to define and implement women's reproductive rights. In the session on abortion, the situation in Egypt, Israel and Ireland were presented. The report of the concluding session on the need for setting future agendas includes suggestions for strategies for collaboration and areas for further research.

Pillsbury, Barbara. 1990. "The politics of family planning : sterilization and human rights in Bangladesh", in Handwerker, W. Penn (ed.). *Births and Power: Social Change and the Politics of Reproduction*. Boulder, Colorado : **Westview Press**. pp. 165 - 196.

(Source: Westview)

In 1985, two publications had considerable impact in the USA on the policy-making process concerning US aid to Bangladesh. One was a pro-life publication 'The Deadly Neo-Colonialism' (O'Reilly), the other was the feminist study 'Food, Saris, and Sterilization' (Hartmann and Standing). The author maintains that both publications are biased. She refutes criticism voiced in these publications with her own findings which show that the Bangladesh family planning programme is not coercive, that the decision of Bangladeshis to undergo sterilization (vasectomy and tubectomy) is carefully considered and a voluntary act, that payments to clients only compensate them for costs incurred in the process of having and recovering from sterilization, that international donor agencies do not control the Bangladesh family planning programme, and that the family planning programme is just one part of a broad range of development efforts undertaken by the government of Bangladesh and donor organisations, which, along with activities in agriculture, education, health, housing and energy, include such reform-directed activities as improving the status of women and stimulation of rural industry. Bangladesh is one of the few countries in the world where the life expectancy of women (49 years) is lower than that of men. The author argues that by attacking international aid programmes, Bangladeshis might be denied other services vital for their development. This chapter is an opposing view to that of women's health advocates.

Project Group on Population Policies. 1992. *Guidelines for the Assessment of Activities Related to Family Planning*. Oegstgeest, the Netherlands : Network of Women in Developing Agencies in the Netherlands. 15 p. (Translated from the Dutch)

(Source: Vrouwenberaad Ontwikkelingssamenwerking)

These brief and useful guidelines consist of two parts. Firstly, a brief overview is given of the areas of tension in the field of family planning activities given the contradictory interests at play in relation to the population problem, to birth control practices and to women's self-determination. The second part consists of a questionnaire which can be used as an instrument for the assessment of activities in projects or component activities under the broad heading of family planning. The underlying principle is that the interests of women should not be violated and that their right to self-determination should be furthered. This brochure has been written primarily for project officers in the field of development cooperation and as such provides a policy basis for an assessment of family planning activities.

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. 90c - 95).

(Source: CPMA)

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 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 to exercise 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.

Raj-Hashim, Rita. 1994. "Voices of the unheard women on reproductive health and rights", in China Preventive Medical Association. *International Seminar on Women's Reproductive Health : Articles*. Beijing : China Preventive Medical Association. pp. 174 - 186 (Chinese translation, pp. 165 - 173).

(Source: CPMA or ARROW)

There has been growing concern that the women who are affected by reproductive health and population policies are not consulted on their needs and rights. The paper presents a research which aims to give voices to these women. It presents the collaborative (Philippines, Malaysia, Egypt, Nigeria, Mexico, Brazil and the United States) ethnographic international research project of the International Reproductive Rights Research Action Group (IRRRAG). The paper outlines the process, methodology, respondents and concern of IRRRAG focusing on the Malaysian research. The women of the study are talking of their relationships with their husbands and how this affects their decisions to have or not have children, their fears of side effects of contraceptives, their desire for more children, and whether they feel they have a right to make some of these decisions independent of their husbands. Poor and disadvantaged women have never had or have had fewer chances and channels to express themselves on these issues. This type of research will provide support to advocacy activities to include the voices of the women in policy making and implementation related to reproductive health, reproductive rights and population programmes.

Rashidah Abdullah. 1990. "Towards gender-sensitive health services for Malaysian women : women's perspectives and priorities". *Journal of the Malaysian Society of Health* Vol. 8, No. 1. pp. 19 - 22.

(Source: MSH)

This paper aims to begin a gender analysis of the delivery aspects of specific health services for women in Malaysia, and to promote dialogue with health professionals as to how services can be appropriately modified to be more sensitive to women's needs. It is addressed to all health care providers. While health services focus on women's biological needs like pregnancy, childbirth, lactation and reproductive health, there are a number of gender needs - deriving from the social role of women - which are only beginning to be recognized. Some examples are: nutrition (quantity and quality of food), access to health services, fatigue/stress (overwork due to dual roles), and child bearing (pressure of husband/society). These gender problems arise from the belief that women's roles and status are lower than men's. Health services instead should take a more holistic approach to address women's overall well-being. Some characteristics for a gender-sensitive approach would be: 1) respect for the individual woman's right to decide when and whether to conceive children; 2) equal information and access to both male and female methods of contraception; 3) information on all family planning methods and free choice of method; 4) family planning services available at times and places suitable to both men and women; and 5) a gender-sensitive birth process, including sufficient information to give women an informed choice. The author makes several suggestions on how policies can be adapted:

review health policies to include the concept of women's total well-being and increases women's participation in decision making; and ensure that women's needs are more personalized, not just numbers to be serviced. To conclude, the author provides a checklist for service delivery including access, range of services, impact of services on women's status, and personnel issues,

Rashidah Abdullah. 1994. "A Women-centred reproductive health model", in China Preventive Medical Association. International Seminar on Women's Reproductive Health : Articles. Beijing : China Preventive Medical Association. pp. 73 - 90b (Chinese translation, pp. 62 - 72).

(Source: CPMA or ARROW)

This paper provides perspectives on issues of women's reproductive health which have been raised by women NGOs nationally and globally. It outlines the rationale for promotion of the concept of reproductive health by women NGOs and provides a conceptual framework and operationalization of the concept into concrete health and family planning programmes. Women-centred reproductive health programmes are compared to conventional family planning programmes aimed at population control rather than women's health. The paper concludes with a section on the process of change including examples of countries and programmes in Asia and Latin America which are using the strategy of women-centred reproductive health. A review is also made of international organisations' understanding of the concept of reproductive health and related references in the ICPD Draft Plan of Action. It is a useful paper providing a practical framework for discussing the concept of reproductive health, its meaning and importance to family planning, health and women's development programmes.

Reproductive Health Matters.

(Source: RHM)

The journal provides in-depth analysis of reproductive health matters from a women-centred perspective, written by and for women's health advocates, researchers and scientists, health service providers, health policy makers and those in related fields with an interest in women's health. Its aim is to promote laws, policies, research and services that meet women's reproductive health needs and support women's right to decide whether, when and how to have children. Contents include: feature papers on the main theme, timely papers on other subjects, issues in current policy, round-up of research, law, policy, service delivery, new publications, commentary and in-depth reviews. The first issue (number 1, 1993) is on the theme *Population and Family Planning Policies : Women-Centred Perspectives*. This includes articles on India, South Africa, Mexico and Malaysia. The second issue (number 2, 1993) theme is *Making Abortion Safe and Legal : the Ethics and Dynamics of Change* and contains articles from Columbia, Tanzania, Brazil, Ireland, Australia and Fiji. Issue number 3, 1994 focuses on *Contraceptive Safety and Effectiveness : Re-evaluating Women's Needs and Professional Criteria*.

Sen, Gita. 1994. "Women, poverty and population : issues for the concerned environmentalist", in Artizpe, L. ; Stone, P. ; Major, D. (eds.). Population and the Environment : Rethinking the Debate. Boulder, Colorado : Westview Press.

(Source: Westview)

This paper examines the different perspectives held by environmental scientists and environmental activists on the one hand, and women's health researchers and feminist activists on the other hand, on issues such as development strategies, the linkages between poverty and population growth, and the role of gender relations in shaping those links. The author first explores the positions taken by these two broad groups over the past 50 years. She finds that, despite differences, there is much in common between feminists and environmentalists in their vision of society and in the methods they use. Both groups have a healthy critical stance towards ecologically abundant and inequitable patterns of economic growth, and have been attempting to change mainstream perceptions in this regard. Both use methods that rely on grassroots mobilization and participation, are for political openness and involvement, and believe in the power of widespread knowledge and the right of people to be informed and to participate in decisions affecting their lives. The author argues that greater mutual understanding on the population question can result from a greater recognition of the core problems of population programmes and lessons learned from those problems: 1) population policies are implemented top-down and are bureaucratically driven; 2) women's health has to be approached in an integrated way and determinants of general health care (e.g. access to health services, nutrition, physical labor, availability of sanitation and clean water etc.) should not be separated from determinants of reproductive health care in a policy framework; 3) positive relationships between health improvements and fertility behaviour; and 4) positive relationships between women's empowerment and autonomy and health-seeking behaviour and reduced fertility. The author concludes by stating that population issues must be defined ideally as the right to determine and make reproductive decisions in the context of fulfilling secure livelihoods, basic needs (including reproductive health) and political participation, and that the acknowledgment of these rights could help to bridge the gaps between feminists and environmentalists.

Sen, Gita ; Germain, Adrienne ; Chen, Lincoln C. 1994. Population Policies Reconsidered : Health, Empowerment, and Rights. Cambridge, MA : Harvard University Press. 280 p.

(Source: Harvard University Press)

This volume brings together writings of scholars, senior policy-makers, and women's health advocates who have rich experience in population policy and family planning implementation. They explore future directions for population policy centred on health, women's empowerment, and human rights. The underlying premise is that public policy should assure the rights and well-being of people already born and those who will inevitably be born, rather than simply attempt to limit the ultimate size of the world's population. The contributors discuss why such a shift in population policies is necessary, and propose how policies can be transformed to honour human rights, especially women's rights. The book delineates policy changes needed to

ensure that women can act on their own behalf. It also analyzes the practical aspects of achieving the proposed reproductive health and rights agenda. Sections include the following: Premises Re-Examined which contains chapters on population and ethics, sexual and reproductive rights, development, population and the environment; Human Rights and Reproductive Rights; Gender and Empowerment; and Reproductive and Sexual Health which includes chapters on services, approach, reaching young people, fertility control technology and financing.

Singh, K. ; Fong, Y. F. ; Ratnam, S. S. 1991. "A reversal of fertility trends in Singapore". *Journal of Biosocial Science* Vol. 23, No. 1, January. pp. 73 - 78.

(Source: Johns Hopkins University, POPLINE DOCUMENT NUMBER: IND 8019195)

Free access to contraception and effective legislation measures, have resulted in a decline in fertility in Singapore. A new population policy of 'three children or more if you can afford it' was therefore introduced in 1986. This paper discusses the new population policies and measures their effect on fertility in Singapore. Since 1986, there has been a rise in the crude birth rate, total fertility rate and gross reproduction rate, and the abortion rate has progressively declined. However, the fertility trends may just reflect the upward movement of children born during the 'baby boom' to come within the peak reproductive age of 25-35 years.

Swedish International Development Authority, Health Division. 1994. *Sexual and Reproductive Health : Division Action Plan*. Stockholm : SIDA Health Division. 20 p.

(Source: SIDA)

This Action Plan is part of an ongoing process of SIDA to develop methods, definitions and contacts to increase and improve development cooperation in the area of sexual and reproductive health. The Plan first defines central concepts of sexual and reproductive health including sexual health and ill-health, reproductive health and ill-health, reproductive rights and family planning in both theoretical and operational terms. Fertility regulation is proposed as an alternative term to family planning. SIDA's priority areas for future support are then described. These are adolescent sexual health, women's health, STDs including HIV/AIDS, capacity building and legislation. Each of these areas contains a brief description, a summary of relevant Swedish experience and proposals for support. A useful document for organisations which are developing their own concepts and plans on reproductive health.

Smyth, Ines. 1991. "The Indonesian family planning programme : a success story for women?" *Development and Change* Vol. 20. pp. 781 - 805.

The author takes a close look at the aims and methods of the PKK (Family Welfare Programme) of Indonesia, which was awarded the UN Population Award in 1989. First, she makes some observations concerning the way in which women are treated in the context of family planning programmes globally. The author maintains that women's reproductive health has been disregarded and compromised in many ways by family planning programmes: by the priorities and standards set in contraceptive research and development, by the implementation of integrated programmes which give priority to family planning over health, by the selection of contraceptive methods promoted or forced on acceptors, and by laws which bar certain women (e.g. unmarried ones) from using contraceptives. The second part of the paper, its core, looks at the Indonesian family planning programme, its aims and methods, both in general and in terms of the place women occupy in the programme and its activities. It starts with the development of the family planning programme over 30 years and the various trends and changes it went through. While the organisation and the operations of the programme have altered considerably, the aims have only changed in emphasis. The overall lack of concern for women's health is particularly surprising in the face of extremely high maternal mortality rates in Indonesia. After voicing some criticism of the organisation (surprisingly few female workers, particularly at medium and high level; so called 'community participation' is limited to the village head and officials, and the 'social-welfare' approach), the author analyzes the record of the programme. The author maintains that the programme recruits its clients through the imposition of external influence, and that it tries to motivate rather than educate women. Contraceptive methods promoted are those guided by efficacy and cost, and the trend has been towards long-acting contraceptives like injectables and implants which raises the concern about the quality of back-up health services. A critical analysis of Indonesia's PKK, with a three page bibliography.

United Nations Population Fund (UNFPA). (n.d.). *Incorporating Women into Population and Development : Knowing Why and Knowing How*. New York : UNFPA. 31 p.

(Source: UNFPA)

This booklet is a practical guide to enable those associated with UNFPA programming to increase the participation of women in the design and management of population development initiatives. It describes and addresses each of the Fund's work plan categories from the women's perspective. Information is also provided on basic concepts in the area of women and development and on the use of the gender analysis framework. It contains diagrammatic information on how and where to include women's perspectives within the project cycle, and approaches to ensuring women's participation. Although aimed at UNFPA staff and national counterparts, the information can be adapted for policy makers and project planners globally.

United Nations Population Fund (UNFPA). 1991. *Programme Review and Strategy Development Report : Vietnam*. New York : UNFPA. ix, 81 p.

(Source: UNFPA)

Rapid population growth is an obstacle to Vietnam's socioeconomic development. Accordingly, the government of Vietnam has adopted a population policy aimed at reducing the population growth rate through family planning programmes encouraging increased age at first birth, birth spacing of three to five years, and a family norm of one to two children. Total fertility rate presently holds at 4.0, despite declines over the past two decades. Current mortality rates are also high, yet expected to continue declining in the years ahead. A resettlement policy also exists, and is aimed at reconfiguring present spatial distribution imbalances. Again, the main thrust of the population programme is family planning. The government hopes to lower the annual population growth rate to under 1.8 per cent by the year 2000. Achieving this goal will demand comprehensive population and development efforts targeted to significantly increase the contraceptive prevalence rate. Issues, steps, and recommendations for action are presented and discussed for institutional development strategy; programme management and coordination and external assistance; population data collection and analysis; population dynamics and policy formulation; maternal and child health/family planning; information, education and communication; and women, population, and development. Support from UNFPA's 1992-1995 programme of assistance should continue and build upon current programme. The present focus upon women, children, grassroots, and rural areas is encouraged, while more attention is suggested to motivating men and mobilizing communities. Finally, the programme needs to be relevant and applicable at both local and national levels.

Widyantoro, Ninuk ; Mohamad, Kartono. 1992. "Innovative approaches to the provision of birth control technologies in Indonesia : putting the clients at the center", [paper presented at the] Meeting on Women's Perspectives on the Introduction of Fertility Regulation Technology, organized by WHO, Manila, 5 - 8 October 1992, 13 p.

(Source: WHO)

After Indonesia underwent dramatic political change in the sixties, the priorities of the New Order Government was to establish stability and internal security. Today Indonesia has a self-sufficient agriculture, and health, social and educational services can be found in every village. Maybe the biggest success was the drop of the birth rate from 5.6 at that time to 3.0 in 1990. The family planning programme pursued quantitative objectives through a highly centralized organisation. However, the time has come to change the paradigm of family planning away from aggregate targets and numbers to quality care. The Indonesian Planned Parenthood Association (IPPA), formed by women and doctors committed to issues of maternal welfare and personal control over family size, are promoting an innovative style of service delivery with client-centred services, counselling for all services, and comprehensive reproductive health care in their network of Wisma Keluarga Berencana Terpadu in cities across Indonesia. IPPA also carried out two experimental projects of client-centred educational and motivational services in low-income communities in Jakarta and

Lombok. The results of the experimental studies demonstrate the validity of an approach based on openness and avoiding rigid didactic models of instruction. The results also show that poor women have an interest in and understand information on sex, pregnancy and birth control and have a right to receive full and accurate information on the matter in order to make appropriate decisions for themselves.

World Health Organization. Special Programme of Research, Development and Research Training in Human Reproduction and the International Women's Health Coalition. 1991. *Creating Common Ground : Women's Perspectives on the Selection and Introduction of Fertility Regulation Technologies* (Report of a meeting between women's health advocates and scientists, Geneva, 20 - 22 February, 1991). Geneva : World Health Organization. 45 p.

(Source: WHO)

This report is a synthesis of the presentations and discussion of a meeting between women's health advocates and scientists. The overall theme was addressed in four parts - selection of fertility regulation methods, methods introduction, the research process, and women's participation. Following plenary discussion of these issues, the participants worked in groups to develop recommendations, which were then discussed and agreed upon in a concluding plenary discussion. To set the stage for a dialogue, different perspectives and different use of language were discussed first. Experiences and views expressed were often quite divergent. However, participants acknowledged that dialogue and collaboration between women's health advocates and scientists requires mutual trust, respect and the willingness to listen and learn. The meeting was seen as an important first step in the right direction, that of two-way communication between peers, true collaboration, exchange and dissemination of information. Recommendations adopted by the participants include several issues, such as participation by women, research, training, introduction of fertility regulation methods, and dissemination of information. This report addresses all those involved in fertility regulation who wish to make their policies and programmes more responsive to women's needs.

World Health Organization. Special Programme of Research, Development and Research Training in Human Reproduction. 1994. *Creating Common Ground in Asia : Women's Perspectives on the Selection and Introduction of Fertility Regulation Technologies* (Report of a meeting between women's health advocates, researchers, providers and policy-makers, Manila, 5 - 8 October, 1992). Geneva : WHO. 45 p.

(Source: WHO)

The report is the third in a series of dialogues, aimed to give voice to women's concerns, and create common grounds between women's health advocates, policy makers, researchers and service providers. The first section on women's realities contains perspectives of women's health advocates from Bangladesh, India and the Philippines on the issues of: the attitudes of the community towards having children and controlling fertility; the extent of women's autonomy; women's health status; and the quality of family planning services available. The section on policy considerations includes discussion on taking users into account, family planning programme

objectives, women's participation in decision making and men's responsibility. Issues discussed in reproductive technology research were involvement of women's groups in introductory trials, the need to re-define safety and acceptability of contraceptives and the need for a wider range of contraceptive options, particularly better female barrier methods. The third section focuses on women's views of health and family planning services, providing evidence on why women are not using services even when they are accessible and even when women know about contraception and want to plan their families. Examples of positive initiatives of both government and NGOs are described. These are the Indonesian National Family Planning Programme attention on quality of care; the client-centred educational and motivational services projects of the Indonesian Planned Parenthood Association in Jakarta and Lombok; and the Bangladesh Rural Advancement Committee (BRAC). The components of women-centred services are then outlined, featuring the Philippines NGO, GABRIELLA's health clinics for women. The report concludes with specific proposals for action in Bangladesh, India, Indonesia and the Philippines, and the recommendations for family planning programmes and international organizations wishing to strengthen reproductive health perspectives in Asia and elsewhere in the areas of policy, research and services.

Yunibhand, Jintana. 1994. "The experience and role of women NGOs with government and other institutions in promoting reproductive rights and family planning", [paper presented at the] UNFPA Sub-Regional Meeting of Women NGOs on Women, Population and Development Concerns *in* East and South-East Asia, Bangkok, Thailand 14 - 16th March 1994. 4 p.

(Source: UNFPA, Bangkok)

The author takes a closer look at the experience and role of women non-governmental organisations (NGOs) with government and other institutions in promoting reproductive rights and reproductive health by analyzing such experiences and making several suggestions to improve the situation: 1) as women's NGOs differ widely in their aims and approach, the author suggests closer ties among NGOs by each NGO focusing on a specific group of women (for example, several women's groups with varying aims could concentrate on women working in a particular factory, increase their awareness of their own reproductive rights and help them with other aspects of women's development activities); 2) since much of the difficulty that NGOs face in working together with governmental organisations (GOs) is based on a difference in perspective, part of women's NGOs efforts must focus on changing GOs perspectives; and 3) the success of government programmes mostly rely on legitimate reward, coercive and expert powers held by members of the government, whereas the success of NGOs programmes depend on expert and reference power bases. Therefore both GOs and NGOs would benefit if they would work together to enhance their overall chances of succeeding in their mutual goal of women's development. To conclude, the author stresses the point that commitment is the decisive factor, and that commitment will become stronger if a person integrates the organisational goals with the personal goals.

AVAILABLE SOURCES AND PURCHASE ARRANGEMENTS FOR LISTED PUBLICATIONS

APDC (Asian and Pacific Development Centre), PO Box 12224, Persiaran Duta, 50770 Kuala Lumpur, Malaysia.

Catholics for a Free Choice, 1436 U St. NW, Washington D.C. 20009-3916, USA

Centre for Education & Documentation, 3 Suleman Chambers, 4 Battery St., Behind Regal Cinema, Bombay 39, India.

CPMA (China Preventive Medical Association), No. 11, Xin Yuan Li, Chaoyangqu, Beijing 100027, China

Danish FPA - Sex and Society, Aurehojvej 2, DK 2900 Hellerup, Denmark.

Harper & Row, Publishers, Inc., 10 East 53rd Street, New York, NY 10022, USA

Harvard University Press, 79 Garden Street, Cambridge, MA 02138, USA.

International Federation of Gynecology and Obstetrics, c/o Elsevier Scientific Publishers (Ireland) Ltd., PO Box 85, Limerick, Ireland.

Isis International (Chile), Casilla 2067, Correo Central, Santiago, Chile.

Isis International (Philippines), P O Box 1837 Main, Quezon City, 1100 Philippines.

Johns Hopkins University, Population Communication Services/Population Information Program, Centre for Communications Programs, 527, St. Paul Place, Baltimore, Maryland 21202-4024, USA.

Kali for Women, B1/B Hauz Khas, New Delhi 110-016, India.

K.U.L.U. - Women and Development, Landgreven 7, 3rd Floor, DK 1301 Copenhagen, Denmark.

Lund University Press, Box 141, 221 00 Lund, Sweden.

MSH (Malaysia Society of Health), M.M. A. House, 124, Jalan Pahang, Kuala Lumpur, Malaysia

The Population Council, Office of Communications, One Dag Hammarskjold Plaza, New York, NY 10017, USA.

Population Studies Unit, Faculty of Economics and Administration, University of Malaya, 59100 Kuala Lumpur, Malaysia

Praeger Publishers, 88, Post Road West, Westport, Connecticut 06881, USA

The Research Centre for Women's Studies, SNDT University, Vuthaldaas Vidyavihar, Juhu Road, Satan Cruz (West), Bombay 400 049, India.

RHM (Reproductive Health Matters), 1 London Bridge Street, London, SE1 9SG, England.

SIDA (Swedish International Development Authority), Health Division, 5-105, 25 Stockholm, Sweden.

UNFPA, 220 East 42nd Street, New York, NY 10017, USA.

UNFPA (Bangkok), United Nations Building, Rajadamnern Avenue, Bangkok 10200, Thailand.

VENA (Women and Autonomy Centre), Leiden University, Wassenaarseweg 52, P O Box 9555, 2300 RB Leiden, The Netherlands.

Vietnam Women's Union, 39, Hang Chuoi Street, Hanoi, Vietnam.

Vrouwenberaad Ontwikkenlingssamenwerking, post Bus 77, 2340 AB Oegstgeest, The Netherlands.

Westview Press, Inc., 5500 Central Avenue, Boulder, Colorado 80301, USA.

WHO (World Health Organization), Division of Family Health, 1211 Geneva 27, Switzerland

WomanHealth Philippines, Inc., 5 Legaspi Road, PhilAmlife Homes, Quezon City, Philippines.

Women's Health Action Foundation, P O Box 4263, 1009 AG Amsterdam, The Netherlands.

Women's Studies Program, Hunter College, 695 Park Avenue, Room W1713, New York, NY 10021, USA