On Women's Health and Rights
Lectures, Speeches and Statements
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Reproductive subordination of women
Conference on the international protection of reproductive rights
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A recent world report on women's health issued by the International Federation of Gynecology and Obstetrics emphasized that future improvements in women's health will need more than the science and the health care profession. It needs societal action that has for long been overdue, to correct injustices to women.

A prescription for women’s health: more power
IMPACT OF REPRODUCTIVE SUBORDINATION ON WOMEN'S HEALTH

- A prescription for women's health: more power

Margaret Sanger has rightly said: “No woman can call herself free who does not control her own body”.

Empowering women with the ability to regulate and control their fertility is a basic requirement for women’s health, well-being and quality of life.²
A woman who does not have the means or the power to regulate and control her fertility cannot be considered in a "state of complete physical, mental and social well-being", the definition of health in the constitution of the World Health Organization. She cannot have the joy of a pregnancy that is wanted, avoid the distress of a pregnancy that is unwanted, plan her life, pursue her education, undertake a productive career, or plan her births to take place at optimal times for childbearing, ensuring more safety for herself and better chances for her child's survival and healthy growth and development. Empowering women with the ability to regulate and control their fertility is also a basic requirement for enjoyment of other social rights.

Gender power relationships and the right to family planning

IMPACT OF REPRODUCTIVE SUBORDINATION ON WOMEN'S HEALTH

- A prescription for women's health: more power
- Gender power relationships and the right to family planning

Throughout human history, women have felt a need to regulate and control their fertility. Until the modern era, they neither had the power nor the safe and effective means to do so. The lack of tools did not prevent them, as the writings of Hippocrates 400 B.C. indicate, from trying to "doctor themselves", often risking their health, future fertility, and even their lives in the process.
Women may not want abortion but they need it

"When the woman is afflicted with a large wound as a consequence of abortion, or the womb is damaged by strong suppositories, as many women are always doing, doctoring themselves, or when the fetus is aborted and the woman is not purged of the afterbirth, and the wound inflames, closes and is not purged, if she is treated promptly she will be cured but will remain sterile.".

Hippocrates, writing in 400 B.C.

In almost every culture historians have found ancient, traditional recipes which women have used. Egyptian papyri dating from 1850 B.C. refer to plugs of honey, gum acacia and crocodile dung, used by women as a contraceptive vaginal paste.

Egyptian papyri dating from 1850 B.C. refer to plugs of honey, gum acacia and crocodile dung, used by women as a contraceptive vaginal paste.
Women traditionally had only one genuinely effective biologic method at their disposal to postpone pregnancy: prolonged breastfeeding. Whatever the effectiveness of these and other methods, their use by women throughout history demonstrates the serious intent with which women have pursued control of procreation.

Men, on the other hand, had the power and the means, very early in human history. The biblical story of O-nan is a case in point.

"And Judah said unto O-nan, Go in unto thy brother's wife, and marry her, and raise up seed to thy brother. And O-nan knew that the seed should not be his; and it came to pass, when he went in unto his brother's wife, that he spilled it on the ground, lest that he should give seed to his brother. And the thing which he did displeased the LORD: wherefore he slew him also".

(Genesis 38: 8,9,10).

It may be noted that the actions in the story are those of Judah, O-nan and the LORD. O-nan's brother's widow, Ta-mar, had no active role to play in this story.

Withdrawal, or coitus interruptus, one of the most ancient methods, enabled men to exercise control over reproduction. The condom, another effective contraceptive method, has also been available to men for a long time.

In many societies, the predominant objection against contraceptive use was to contraceptive control by women, rather than against contraception itself.
In many societies, the predominant objection against contraceptive use was to contraceptive control by women, rather than against contraception itself. Male-dominated societies resented giving control of the process of reproduction to women. Patriarchal societies reasoned that if women had control over their reproduction, they would also have the unthinkable - control over their own sexuality.

When Margaret Sanger was jailed in New York for opening a birth control clinic, the judge in handing the sentence declared that women did not have the right to copulate with a feeling of security that there will be no resulting conception.

Margaret Sanger would serve jail time for founding the nation’s first birth-control clinic, in Brooklyn, in 1916. The judge declared that “women did not have the right to copulate with a feeling of security that there will be no resulting conception.”
It is only recently that a contraceptive technology revolution provided women, for the first time, with methods which they can use for the effective regulation and control of their fertility.

Society and reproductive life

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No society, primitive or advanced, no culture, no religion, and no legal code has been neutral about reproductive life. Women's welfare has rarely been at the center of society-imposed norms in human reproduction. Women are considered more often as means and not as an end.
The past few decades have witnessed a major new development. Governments have stepped into people's bedrooms. According to the United Nations Policy Data Bank, in 1988, 22 governments considered that women's fertility rates are too low, and 75 considered them to be too high.\(^4\)

Governments' views of female fertility are often translated into interventions. According to the same UN source, only 68 countries out of 170 had no government policies of interventions with respect to levels of fertility; 21 countries had government policies to increase fertility; 20 had policies to maintain fertility; and 61 had policies to decrease fertility.

Government interventions to decrease or increase population growth vary.\(^5\)

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**Governments step into the bedroom**

*The concern of governments about population growth is legitimate. But government interventions vary, and can sometimes be clumsy. Measures taken by governments to influence fertility behavior, whether for an increase or decrease, can be classified into two broad categories: *indirect* and *direct.*
Governments step into the bedroom

Indirect measures intended to lower fertility are generally aimed at women, children and the aged.

- Improving the status of women so that they can pursue a productive career, and not just a reproductive career.
- Enhancing child survival so that people will not need to over-reproduce in anticipation of expected child losses.
- Providing care and protection for the aged aims at making children less needed as a measure for old age security.

These indirect measures, apart from any intended effect on fertility, are good on their own, serving worthy social causes.

Governments step into the bedroom

Social policies specifically directed at increasing or decreasing fertility fall in a wide spectrum, from the desirable to the acceptable to the objectionable.
Governments step into the bedroom

Social policies specifically directed at increasing or decreasing fertility:

Desirable:
- Provision of family planning services, including education and information
- Maternity or paternity benefits and family allowances, as measures intended to increase fertility

Acceptable
Promotion of public awareness

Provision of family planning services, including education and information, is a desirable social measure on its own. Maternity or paternity benefits and family allowances, as measures intended to increase fertility, are also desirable social policies on their own.
Promotion of public awareness is acceptable, whether it is intended to decrease or increase fertility. It is, however, at the borderline. It can easily slip into the objectionable if it results in undue psychological pressure on the individuals.

**Governments step into the bedroom**

Social policies specifically directed at increasing or decreasing fertility:

**Desirable:**
- Provision of family planning services, including education and information
- Maternity or paternity benefits and family allowances, as measures intended to increase fertility

**Acceptable**
- Promotion of public awareness

**Objectionable**
- Incentives/ disincentives/ coercion to decrease fertility
- Restriction of access to family planning/ abortion to increase fertility

In the category of the objectionable are incentives/ disincentives/ coercion to decrease fertility, and restriction of access to family planning/ abortion to increase fertility. These strong handed measures by governments can impact adversely on the health of women, and are equally objectionable whether meant to decrease or increase a woman's fertility.

**Reproductive subordination and women’s health**
As far as the health of women is concerned, there is little to choose between coerced contraception, sterilization or abortion, and coerced motherhood.

Let us look first at extreme examples.
Reproductive subordination and women's health

In 1976, the national population policy of India permitted state legislatures to enact laws for compulsory sterilization. During the following national emergency period, several million forced sterilizations were performed.

The opposite side of the same coin is this declaration of Nicolae Caucescu. It was reported that in Romania, employed women up to age 45 were asked to undergo monthly gynecological examinations in their workplaces. Whether or not factory physicians received their full monthly salaries depended on plant employees achieving a state-stipulated monthly quota of pregnancies.
Reproductive subordination and women's health

“The foetus is the socialist property of the whole society. Giving birth is a patriotic duty, determining the fate of our country. Those who refuse to have children are deserters, escaping the law of natural continuity"

Nicolae Caucescu

Fertility control by women vs control of women

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- **Fertility control by women vs control of women**

Contraceptives are meant to be used by women to empower them, to maximize their choices, to give them control on their fertility, and thus on
their lives. The recent contraceptive revolution, however, has been largely demographic driven. Women have benefited in the process but were not in the center of the process. As far as policymakers are concerned, women were often means to an end, objects and not subjects.

Fertility control by women or control of women

Some governments are short-sighted, not to see that when women are given a real choice, and the information and means to implement their choices, they will make the most rational decisions for themselves, for their communities and ultimately for the world at large.

The recently concluded Cairo International Conference on Population and Development (ICPD) adopted a groundbreaking Programme of Action. The great revelation in Cairo was that the colossal population pyramid is not made of numbers. There are people inside, and in Cairo, lo and behold!, they made their voices heard and the world had to listen. People and not numbers took the center stage and framed the Cairo debate.
Let me quote some of the ICPD statements.

"The aim of family-planning programs must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so and to ensure informed choices and make available a full range of safe and effective methods. The success of population education and family-planning programs in a variety of settings demonstrates that informed individuals everywhere can and will act responsibly in the light of their own needs and those of their families and communities"

Cairo International Conference on Population and Development (ICPD), Program of Action
"The principle of informed free choice is essential to the long-term success of family-planning programs. Any form of coercion has no part to play. Governmental goals for family planning should be decided in terms of unmet needs for information and services. Demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients."

Cairo International Conference on Population and Development (ICPD), Program of Action

"Governments at all levels are urged to institute systems of monitoring and evaluation of user-centered services with a view to detecting, preventing and controlling abuses by family-planning managers and providers and to ensure a continuing improvement in the quality of services. To this end, Governments should secure conformity to human rights, and to ethical and professional standards in the delivery of family planning and related reproductive health services aimed at ensuring responsible, voluntary and informed consent and also regarding service provision."

Cairo International Conference on Population and Development (ICPD),

A government program focused on demographic objectives, rather than on empowering women to control their fertility, will have the additional features of emphasizing contraceptive methods that can have a
demographic impact, and of neglecting other reproductive health needs.\textsuperscript{8}

Contraceptives, particularly long-acting and permanent methods, can be used and have been used by governments and others to control rather than to empower women. They have been used where service settings are not optimal and will not ensure their safety or guarantee free and informed choice. This has, understandably, created a backlash among women groups against all such methods that are provider-dependent and are not user controlled, in spite of their convenience, effectiveness and safety in appropriate delivery systems.

Contraceptive use and bringing down fertility are not ends in themselves. They are means to improve the quality of life for people. It is people, with human faces, who are at the center of the process, not numbers. If the ultimate objective is to improve the quality of life of people, it does not make sense to present people with only one component of what is a closely inter-related reproductive health care package

Women need to protect themselves from unwanted pregnancy. Should we not worry also if they are exposed to potentially serious sexually-transmitted infections during the same sexual act? Should we worry only about those who do not want to get pregnant and not worry about those who want to get pregnant but experience difficulty in conceiving?. What would be our concern for the women who get pregnant and are losing their life or health in the process of pregnancy and childbirth? Some policymakers tend to forget that the solution for the population problem will not be made in governments' boardrooms but in people's bedrooms. People would more likely adopt a family planning behavior when they find that their other reproductive health needs are also addressed. This has been emphasized in the Cairo ICPD.
"All countries should, over the next several years, assess the extent of national unmet need for good-quality family-planning services and its integration in the reproductive health context, and should, in all cases by the year 2015, seek to provide universal access to a full range of safe and reliable family-planning methods and to related reproductive health services which are not against the law."

Cairo International Conference on Population and Development (ICPD), Program of Action

Coerced motherhood

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Motherhood should be a dignified informed responsible choice.
When societies allow women only one choice in life, childbearing and childrearing, and make children the only goods they can produce and they are expected to deliver, fertility by choice does not mean much. It is only recently that the world is realizing the heavy price it is paying for not empowering women to make decisions in their lives, including reproductive decisions.

The Cairo ICPD upheld this principle.

"Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programs."

Cairo International Conference on Population and Development (ICPD), Program of Action

Women are coerced into motherhood when governments fail to provide them with the information and means to regulate and control their fertility.
In spite of all the rhetoric on population and family planning, not all women expressing a need for fertility regulation have the information and means to fulfill that need. A recent analysis of data derived from Demographic and Health Surveys concluded the total unmet need for contraception could be close to or in excess of 100 million.¹⁰

It should be a responsibility of the whole international community to ensure that women, wherever they are, are given a choice in their lives and are given the means to implement their choice. Even the poorest women in the world should make these choices. There can be no justification in denying poor people access to family planning.

A recent study tried to measure access to family planning in 124 developed and developing countries, representing 95 percent of the world population. Countries were scored from 0 to 100 on the basis of ten indicators which cover the range of birth control choices available in the country, the competence of those providing family planning services, and the convenience of services and the amount of information available to contraceptive users through various outreach and education efforts. Countries were ranked as having good, fair, poor or very poor access to family planning. The study assessed access to family planning in 1992 as good for 39 percent of the world population, fair for 36 percent, poor for 16 percent, very poor for 5 percent and not studied in the remaining 5 percent. Some 56 of the 95 developing countries studied and 2 of the 29 developed countries (Japan and Ireland) fell into the poor or very poor category with scores below 50. In the 22 countries in the very poor category, couples still have virtually no access to birth control information or services through either the public or private sector.

The extent of the physical hazards of unwanted pregnancies depends largely on two factors: the availability of efficient and accessible maternity services to deal with complications of pregnancy and childbirth;
and the availability of safe pregnancy termination services. Although maternal deaths have become rare events in industrialized countries, they are a major cause of death for women of childbearing age in developing countries.

Unsafe abortion is a testimony for the magnitude of the problem of coerced motherhood. The moral and religious controversy about abortion tends to obscure its dimension as a health problem. Unsafe abortion is one of the great neglected problems of health care in developing countries and a serious concern to women during their reproductive lives.\textsuperscript{11}

\begin{center}
\textbf{Unsafe abortion and reproductive freedom}
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If there was a freedom movement somewhere in the world in which several hundred people are killed in a day, there will be a world uproar and its people will get at least a sympathetic listening. When these people are women and are dying every day, in pursuit of what they consider as their reproductive freedom, there are, among us, those who prefer to close their eyes and ears, rather than to face a tragedy that exists.

Information on clandestine abortions is difficult to document. Combining various estimates yields a total of 15 million clandestine abortions\textsuperscript{12}. However, since these figures cannot be fully relied upon, the actual number may be as low as ten million or as high as 22 million.
"All governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family planning services.

Cairo International Conference on Population and Development (ICPD), Program of Action

Women may not want abortion, but they need it.

Women and the abortion dilemma

Women may not want abortion, but they need it. A man can walk away from an unwanted pregnancy, and leave the woman to face the consequences. Men can and do abort their children on the streets, children whose identity as human persons is under no doubt, and get away with it.

Adolescents are a particularly vulnerable group, whose health needs have been largely ignored to date by existing reproductive health services.
“Countries with the support of the international community, should protect and promote the rights of adolescents to reproductive health education, information and care and greatly reduce the number of adolescent pregnancies.”

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Infertility

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The suffering of infertile couples, and women in particular, is real. It has
been so, since the time of the Bible, when Rachel said unto Jacob: “give me children, or else I die”.

"And when Rachel saw that she bare Jacob no children, Rachel envied her sister; and said unto Jacob, Give me children, or else I die."

Genesis 30:1.

Responsibility for infertility is commonly shared by the couple. Analysis of data compiled in a large WHO multinational study showed that a major factor in the female with no demonstrable cause in the male was diagnosed in only 12.8% of cases, and a major factor in the male with no demonstrable cause in the female was diagnosed in only 7.5% of cases. The burden of infertility, however, for biological and social reasons, is unequally shared.

Because of their reproductive subordination, the psychological and social burden of infertility in most societies is much heavier on the woman. A woman's status is often identified with her fertility, and failure to have children can be seen as a social disgrace or a cause for divorce. The suffering of the infertile woman can be very real.

Definitions of infertility widely vary. A conservative estimate is that 8 percent of couples experience some form of infertility problem during their reproductive lives, and that 50 to 80 million people may be experiencing either primary or secondary infertility at a given time. Beyond Cairo
The Cairo ICPD has strongly reaffirmed women's reproductive rights. As noted, however, in chapter XVI of the Program of Action, the significance of the Conference will depend on the willingness of Governments, local communities, the non-governmental sector, the international community and all other concerned organizations and individuals to turn the recommendations of the Conference into action. The Program of Action calls on the United Nations General Assembly to organize a regular review of the implementation of the program, and to consider the timing, format and organizational aspects of such a review.

To protect and promote women's reproductive rights, and to hold States accountable for their actions and inactions, another review mechanism is needed. A broad coalition of the law and health professions and women's organizations, under the banner of human rights and the Women's Convention, can be the agent for change.

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