

**The Right Language? Reproduction,
Wellbeing and Global Social Policy Discourse**

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The international commitments to reproductive rights are part of an increasingly globalised discourse on social policy. The globalisation of social policy discourse generally is evident both in the growing universalism of social policy agendas, including both the adoption of rights-based approaches and in social sector reform, and in attempts to discover and utilise a global language for social policy analysis, notably including concepts of social inclusion/exclusion, social integration and social capital. This paper examines contemporary understandings of reproductive behaviour and wellbeing and explores linkages to the agendas and analysis being advanced by globalised social policy perspectives. In doing so, the paper will trace the implications for global social policy for reproductive wellbeing and illuminate opportunities and constraints for meaningful contributions to elaborating this discourse. It is argued that despite conceptual difficulties there is considerable political merit in influencing the meaning and context of the rights language in policy-making for reproductive well-being.

Introduction:

This paper is a preliminary output of an ESCOR funded project called “Well-being, Rights and Reproduction” which attempts to make conceptual linkages between frameworks for well-being, the currently popular concepts of social capital, social exclusion and social integration and reproductive rights¹. As such it attempts to conceptually locate understandings of reproductive rights within contemporary understandings of reproductive behaviour and the wider context of global social policy agendas and analysis. Subsequent papers will focus on well-being and on strategies for implementing rights.

Development thought has always been troubled by the tension between diversity (social, cultural, economic and political) and aspirations for universal human wellbeing. The Cairo International Conference on Population and Development (ICPD) was a highly significant turning point in around four decades of debate about the outworkings of this tension within the arena of population policy. The optimism surrounding the Platform for Action’s (PoA’s) affirmation of reproductive rights as universal human rights is tempered by the recognition that reproductive rights mean different things to different people and that this slippery quality can be a double-edged sword in terms of political instrumentality. This paper intends to explore some of the tensions between contemporary understandings of reproductive behaviour, the assertion that reproductive rights are human rights and the current globalisation of social policy. It is particularly concerned with the way in which diversity can be taken seriously and ways in which reproductive rights can be better located within social policy debates.

¹ The views expressed and any errors therein remain the sole responsibility of the author.

Recent contributions to the understanding of reproductive behaviour have considerably enriched debates about its relation to wider processes of social change, to the experience of human well-being and the impacts of social policy about reproduction. These interpretations, while not wholly new, have recently received somewhat greater attention and are characterised by inter-disciplinarity, particularly insights from anthropology, sociology and politics, and offer highly differentiated and contextualised perspectives that are concerned with the meaning of subjective experiences of reproduction as well as societal well-being. Greater prominence for these interpretations has coincided with very real steps towards international agreement on a universal standard for reproductive well-being. These twin trends have in some senses been mutually supportive but in other senses have raised unresolved areas of tension.

Attempts to encourage a universally valid set of standards are conventionally seen as starting with the efforts to define and create legitimacy for the concept of human rights. Recent times have seen an upsurge of interest in human rights and in their unprecedented elaboration in terms of rights-based approaches to social policy. One area of social policy in which this is evident is the conceptualisation and legitimisation of reproductive rights as fundamental human rights and the impact this has had on population and health policies.

Also discernable in global ideas and practices that seek to influence national social policy is the growing assertion that there are universally valid principles for social policy. A clear example of this process is afforded by the World Bank proposal that the United Nations (UN) takes the lead in 'the distillation' of 'agreed universal principles of social policy' which the World Bank will then 'assist' members to implement (Sandstrom 1999). The context in which the Bank envisages these roles for itself and the UN is one of responding to widespread economic crisis in developing and transitional countries and of tapping the potential for 'unprecedented social progress' that greater integration offers (World Bank 1999:1). Attempts to identify universally valid social analytical concepts have informed and permeated globalising social policy agendas (see for example UN 1995). These have most notably included social capital, social exclusion and social integration.

The paper will first explore contemporary understandings of reproductive behaviour and wellbeing and how it is shaped by and affects social policy around reproduction. It will then move on to critically examine the extent to which such understandings can be seen as complimentary to the conceptualisation of universal reproductive rights and to selectively highlight generic problems using human rights frameworks in diverse contexts. Thirdly the paper will discuss the implications of the globalisation of social policy agendas and consider the relevance of the 'new' language of social policy analysis for reproductive rights agendas and the extent to which it engages with contemporary understandings of reproductive behaviour. The paper concludes by drawing out the implications of the discussion for

social policy discourse for rights-based approaches to reproductive wellbeing. Its scope is broad and the treatment of its themes will necessarily be preliminary reflecting as they do thoughts in progress.

Understanding Reproductive Well-being

Within development research and policy, human reproduction has been constructed as an object of interest in distinctive ways. The key problematic has been how to change fertility and much detailed discussion about reproduction has taken place within the field of demography and been relatively isolated from wider development debates. Most demographies have been “universalising and quantifying” (Greenhalgh 1995:12) and as such mainstream understandings of reproductive behaviour have been slow to engage with evolving ideas about how social change happens and how it is experienced (Greenhalgh 1995, McNicoll 1994). These ideas have come to be highly influential within development studies and include discussions about agency, structure, subjectivities, identities, personhood, gender, power and wellbeing. There is however a small and growing body of work that builds strongly contextualised understandings of reproductive behaviour (for example, Bledsoe 1994, Greene 2000, Greenhalgh 1995, Harcourt 1997, McNicoll 1994, Petchesky and Judd 1998).

The majority of demographies of developing countries have been largely concerned with understanding what causes or prevents a reduction in societal fertility. In contrast, recent approaches look to understand reproductive behaviour in particular contexts in ways that illuminate both the experience of the demographic subject and the influence of policy. The ‘institutional approach’ advocated by McNicoll stresses the societal specificity and historical contingency of demographic change². Greenhalgh’s cultural anthropology calls for more serious attention to human agency in constructing ‘whole demographies’. Despite the difference of emphasis, both approaches direct attention to the interplay between structure and agency, call for a multi-levelled analysis incorporating history, politics and the different domains of social life and explicitly encompass concern for power and gender. Bledsoe portrays individuals as “restructuring household compositions and influencing children’s obligations rather than acting strictly within the biological bounds or cultural norms that seem to be imposed upon them” (1990:97-98). McNicoll concedes that whilst individual agency may eventually contribute to a renegotiation of social institutions, these are not neutral with respect to scale and local demographic responses are strongly shaped by what he calls ‘path dependency’, namely by institutional history (McNicoll 1994:203). These authors agree, and women’s health activists concur, that power at all levels of social organisations has a bearing on reproductive behaviour “from the high politics of international organisations to the humble politics of individual women manoeuvring to ensure security in their old age” (Greenhalgh 1995:95).

² McNicoll is not concerned with entities such as ‘hospitals’ but with social institutions or ‘clusters of behaviour rules... or regularities... [that]... persist, generating a society’s distinctive patterns of social organisation and the texture of social life’ (1994:201).

It is now widely accepted that the traditional focus of demographic research on the 'target' of population policies - an agglomeration of (married) women of reproductive age - is untenable. More promising approaches conceptualise men's and women's interests in reproduction across changing life cycles in socially differentiated ways³. Men as well as women are demographic subjects and the demographic aspirations and interests of both sexes are strongly structured by life cycle as well as other forms of social differentiation (ethnicity, poverty, social identity, etc.). Gender perspectives have highlighted the way in which biological fact and the social construction of reproduction is mutually entwined and emphasised the extent to which reproduction is embedded in the processes of family, kin and nation formation (Sen and Snow 1994). Reproductive interests, strategies and aspirations are strongly relational, play a major role in developing and defining a 'sense of identity' and have a high emotional content. Debates about subject, agency and embodiment have stimulated work that draws attention to 'lived' reproductive experiences. The centrality of reproduction to all levels of social life has made it a key arena for both social regulation and negotiation. Petchesky and Judd's collection (1998) is a major contribution to cross-cultural understandings of how women resist and manoeuvre around socially and culturally acceptable sexual and reproductive behaviour and simultaneously construct claims to reproductive entitlements to health and wellbeing. Recent papers add to our understanding of how men also engage in these processes (Greene 2000, Greene and Biddlecom 2000) and the importance of the manipulation of meanings in the social construction of reproduction (Greenhalgh 1995).

Much of the history of population and development thinking has been content to assume that control over fertility and reduced child bearing was a 'good thing' to be equated with an increase in societal well-being if not always short-term individual well-being. Contemporary understandings of reproductive behaviour suggest that the meaning of different reproductive outcomes may be both complex and ambiguous and are strongly embedded wider life experiences (Petchesky and Judd p.9). Individuals do not hold distinct reproductive goals but their reproductive behaviour and experiences are part of the 'relatively seamless whole' (Ortner cited by Greenhalgh 1995:13) of life. Furthermore, sex and reproduction are key strategies for forging social relationships, and sexual and reproductive 'failure' and reproductive morbidity can dramatically undermine relationships of fundamental importance to continued wellbeing. The capacity of men and women to negotiate reproductive health and sexual matters can have significant influence over individual and family outcomes. Moreover, men and women may explicitly and implicitly trade-off aspects of sexual and reproductive autonomy and wellbeing in order to create room for manoeuvre in other dimensions of their lives (Petchesky and Judd 1998:17,19). Reproductive freedom and health can not be simplistically associated with greater social or economic status, indeed in some situations greater status means fewer reproductive freedoms, but

³ Reproductive strategies and aspirations have been approached by some older theoretical strands - such as the micro-economists who see reproductive strategies as about balancing the changing costs and benefits of children or KAP studies that look at desired family size - but they have rarely engaged with the complexity and emotional depth of 'real life' or dealt adequately with gender and social differentiation.

poverty, powerlessness and exclusion have been associated with exploitative sexual relations and greater commodification of women's as well as men's bodies.

As understandings of reproductive behaviour have deepened, so have understandings of what social policy comes to be and how it influences reproductive behaviour. Within the field of reproduction, considerable attention has now been devoted to both the politics of population policy and the politics of its underlying science, demography (see Greenhalgh 1995 on demography and Fraser 1989, Finkle and McIntosh 1994, and Sen et al 1994 on population policy). It is widely recognised that the way in which population problems and their solutions have been delineated has been strongly shaped by competing political interests and agendas both nationally and globally. The divergence of developing country experiences and a reappraisal of developed country demographic histories has frustrated the efforts to construct a universally valid transition theory and related models for intervention to speed up / trigger 'the transition' (to low fertility). In contrast efforts to understand how population policy has evolved, what it comes to be in practice and what role it may have on changing reproductive behaviour has created a rich literature on national and international experiences (McNicoll 1994). This literature has drawn attention to the politics and cultures of service delivery, resistance and manipulation of policies, local constructions of reproductive technologies and processes, local knowledges about reproduction and strategies to manage it, perceptions about services and interpretation of policies by frontline staff, and the social as well as technical constraints on adopting new behaviours (see various issues of *Reproductive Health Matters*, and Russell 1996).

Traditional population policy has been characterised by over-bearing attention to the end of 'reducing fertility' which has been widely translated as an injunction to avert births. The ethos of 'service delivery' in population policy and resultant attitudes to both family planning services, family planning providers and family planning methods have been strongly affected. Although concerns about maternal and child wellbeing have also been on the agenda for some considerable time, these concerns have for the most part been dislocated from concerns about family planning and tend to be framed as about 'health' rather than 'population'. The process whereby the bureaucratic redefinition of 'needs' are constructed as a series of administrable 'wants', primarily in this context 'unmet need for family planning', for implementation is political, focuses attention on service delivery and needs to be problematised (Fraser 1989; Cook and Devereaux 1999 SRP Meeting)⁴.

Many contributions have deconstructed the powerful role that developing countries and expert opinion have been playing in the process of defining the need for population policy for developing nations.

⁴ Cook and Devereux point out that although social policy should be about enhancing well-being and capabilities, its practice frequently focuses on means rather than ends: "Contemporary social policy debates are dominated by questions around service provision... Social policy is intended to meet individual needs but these needs are defined and social services are delivered by institutional structures and organisations (governments, donors, NGOs) which are often far removed from the reality of individual lives and livelihoods." (1999:1). They distinguish between the service as the 'commodity' and the 'capability' which is received by the beneficiary and raise questions about how these capabilities are defined, by whom, how translated into needs, articulated and integrated into service provision.

These politics have been publicly played out in international arenas such as the ICPDs, through the considerable development funding of population activities and through the insistence that demographic concerns form a conspicuous components of loan agreements and conditionality. Population policy at the global level has for the most part been formulated within a framework in which northern governments are more powerful, but in terms of what is best for developing nations. The Cairo ICPD represented a major shift with its retreat from policy for developing countries – offering instead a more universalistic vision - and in the unprecedented engagement of global social movements, mainly women’s organisations and health activists both from the north and the south, with the official conference. Alliances between these groups and mainstream family planning programmers were key to ensuring that fundamentalist forces, including notably the Holy See, were unable to hijack the POA.

To conclude, etc approaches to reproductive interests see them as rational, individualistic, isolated from wider livelihood concerns and reducible to a set of universally desirable goals (largely revolving around how many children). These have been overtaken by ‘new’ understandings that see reproductive behaviour and strategies as central to wider well-being, as an arena for bargaining within and beyond the household, whereby institutional conditions can be renegotiated/reinforced , where the meaning of outcomes is ambiguous, and where aspirations and experiences are strongly differentiated and highly emotional. Although policy presents itself as a largely technical response to medically defined ‘needs’, recent understandings draw attention to the politics of how need is defined and addressed in various arenas ways in ways that enclave concerns about reproductive rights and give priority to reducing fertility in developing country contexts. I would argue, as others have done, that these enriched understandings enable us to more adequately link understanding of reproductive behaviour with concern for the improvement of human wellbeing and that it is therefore important to see how they carry over into reproductive rights discourse and mainstream social policy discourse.

Universal Reproductive Rights

The apparent contrast between the view of difference around understandings of reproductive behaviour and the simplicity of a declaration that reproductive rights are fundamental human rights conceals lengthy and continuing debates about the problematic nature of rights and the difficulties of ‘implementing’ them. The origins of reproductive rights and their peculiarities as rights both poses some specific problems for this sub-set of human rights and raises questions about linkages between reproductive rights in particular and human rights in general. Add to this the contradictions arising from the ‘residualisation’ of welfare world-wide and the enormity of donor dependence/dominance in family planning and the supposed clarity of a universal declaration to guide social action seems muddled.

The apparent new-ness of reproductive rights can rather be seen as part of an ongoing history of international discourse building on the foundation of the 1948 Universal Declaration of Human Rights. The ‘right to reproduce’ was first explicitly declared in 1968 at Tehran (Freedman and Isaacs 1993:20) and contemporary UN conferences continue to evolve the concept of reproductive rights as declared at Cairo in 1994, for instance the Fourth World Conference for Women (FWCW) admitted the right to decide on matters related to sexuality (Petchesky 2000:16). This history is one that is highly politicised and uncovering these politics illuminates both past and present social policy agendas (Finkle and McIntosh 1994). For example, the right to “decide freely and responsibly on the number and spacing of children” has been described as a “sweetener for Northern driven population programmes” (Copelon 1995:1253 cited Whitty 1996:231). The 1994 declaration of reproductive rights has been widely seen as progressive but it has become clear that revisionist neo-liberal perspectives and associated health sector reform strategies which were strongly reflected, and largely uncontested, in the POA are severely compromising implementation (Petchesky 2000).

The intrinsic value of International Human Rights (IHRs) is that they have a “legitimacy beyond purely legal bounds” (Ferguson 1999:7) because they are seen as moral absolutes (whether they are viewed as derived from ‘nature’ or from international consensus). By necessity this global morality is socially constructed and as a result reflects the perceptions, influence and agendas of the institutions that engage in their declaration. Understanding the value of a rights-based approach for well-being then involves analysing this balance of power, the wider policy context and ‘reading between the lines’ to see what it tells us about the ‘hidden agenda’.

The origins and peculiarities of reproductive rights give rise to particular difficulties. Success in legitimising reproductive rights is due in part to the way in which women’s health activists have drawn on the women’s rights agenda to “emphasise the right to respect for bodily integrity and the concept of informed choice” (Whitty 1996:226). Whereas previous women’s rights were derivative of rights extended to men, on the grounds that they are “abstract individuals”, reproductive rights focus on “bodied individuals” and “uniquely apply to women” (Ramirez and McEaney 1997:10,7). The ‘bodied’ nature of the mainstream approach to reproductive rights is for the most part clearly embedded in notions of motherhood, heterosexuality and to a lesser extent a link between marriage and family (Whitty 1996:227)⁵. Although adolescent reproductive health is gaining more practical attention, the notion of reproductive rights for adolescents remains highly controversial (Ramirez and McEaney 1997:19).

The woman-centred interpretation of reproductive rights also constructs men in particular ways. ; as uninformed, irresponsible, blocking women’s contraceptive use, promiscuous and as under-investing in their children (Greene and Biddlecom 2000). This limited view of gender roles can reinforce gender

⁵ The legal wording of the human rights instrument had changed from ‘parents’ to talking about ‘couples and individuals’ but remains disembodied (PDR 1998:825).

stereotypes (Greene 2000) and may ultimately restrict the capacity of this agenda to address women's interests. There is an urgent need to 'address the ways in which men view and influence women's reproduction, as well as the ways in which men view their own reproductive lives and responsibilities' (Freedman and Isaacs 1993:19). However, this strategy falls short of conceptualising what men's reproductive rights might actually look like or to directly addressing the tension between their rights and the rights of women, thus leaving space for ill-informed thinking (Greene 2000).

Although the current concept of reproductive rights transcends the 'right to reproduce'⁶ to encompass healthful sexual and reproductive relationships and is for the first time strongly rooted in the context of gender equality, the 'bodied' interpretation of reproductive rights also tends to distract attention from the broader social and material context of livelihoods. Freedman and Isaacs (1993) remind us that reproductive choice only becomes meaningful when the full constellation of rights are achieved but frame this challenge as ensuring that "the notion of reproductive autonomy as a basic right of every woman must begin to seep into the structures of government, the fabric of health care systems and the thinking of women themselves and the men around and with whom they live" (1993:28). In other words, the gendered link between material livelihoods and reproductive and sexual strategies is poorly addressed even though ample evidence has linked the more extreme 'social problems' of child sex trafficking and prostitution with poverty. Evidence from new understandings of reproductive behaviour, including adolescent behaviour, suggest that 'everyday' strategies utilise reproductive and sexual capabilities as resources, both implicitly and often explicitly (see Barroso and Jacobsen 2000:358; Gage 2000)

The right to reproduce confers significant power – namely the right to create or not another life – and, unlike say the right to basic nutrition, is necessarily is balanced by obligation. The right to reproduce 'freely' remains contingent on the obligation to do so 'responsibly' (PDR 1998:825). However 'responsibly' is not in itself defined, thus keeping the door open for expert and elite judgements about what is in the society's interest as well as what is in the individual and her (potential) child's best interest⁷⁸. The necessary contingency of reproductive rights confers special political emphasis on participation in negotiating an appropriate balance between right and obligation in any particular context. However, the PoA formulation of rights at the individual level does not engage closely with

⁶ The formal ICPD definition is: "the basic rights of all couples and individuals to decide freely and responsibly on the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence" (Un 1994: Paragraph 7.3).

⁷ Ramirez and McEaney (1997:19) point out that the more inclusive standards of citizenship from which women benefited also extended rights to children and have been interpreted by some in debates about abortion as giving credence to the argument that this extends to the unborn child.

⁸ A further set of arguments around the individualistic interpretation of rights revolves around international inequalities: Whilst some (See Mishra 1998:486) argue that rights should be restated to emphasise their social dimensions to focus on community standards, a 'third-generation' of rights posits 'solidarity rights' to a process, rather than a standard, of development conferred upon a state (Gloppen and Rakner 1993:35). Controversy turns on the question of whether the right to development for the state/community opens up the possibility of conflict with individual rights and thus undermines the importance of human rights as a protection against the state. In practice, as the definition of reproductive rights shows, even rights conceived as individual make trade-offs between the social good and personal freedom: it is a question of balance and degree rather than of alternative approaches.

political rights in relation to collective decision-making around reproductive policy. The individualisation of ‘responsibility’ also needs questioning in a policy context that sees the rising economic costs of child-rearing as a desirable disincentive to high fertility. This is reinforced by the fact that concerns of social reproduction around parenting and child-rearing are only constructed as supporting measures within the PoA, despite their intimate link between reproduction and wellbeing and the articulate lobbying of southern women’s health activists to this effect.

The relatively longstanding emphasise on reproductive autonomy presupposes that individuals make rational or at least explicit and stable choices about reproductive matters. Whilst this general thrust is crudely in tune with new understandings of reproductive agency, it does not engage with the ambiguity of reproductive ‘choices’, their emotive and changing nature, their relational content or the pervasive influence of social and cultural institutions in shaping ‘choice’ and giving it meaning. Whilst there has been a tendency to raise this objection particularly in relation to developing countries, the ‘other’ to which population policy is still addressed (Keyzers 1999), these understandings are equally pertinent to developed country contexts. Everyday occurrences include subtle and not so subtle pressures from partners, parents and in-laws including to begin child-bearing once married, to avoid child-bearing outside marriage, to select particular types of marriage partner, or to have a certain number of children and to nurture them in specific ways. These interests within developed countries may sometimes have less economic content but often have strong emotional, cultural and sometimes religious significance and undoubtedly have a real impact on sexual and reproductive experiences. For instance, debates about teenage pregnancy raise questions about the meaning of reproductive autonomy in situations where young women factor in the social exclusion of young single motherhood in deciding whether to terminate or continue with unplanned pregnancies. The attempt to deepen the measurement of reproductive wellbeing by factoring in reproductive choice using the HARI index proposed by Jain and Bruce (1994) illustrates both the problems of more traditional population policy logic which prejudices the meaning of reproductive experiences for wellbeing and also the methodological challenges of taking on board the complexity of women’s lived experiences.

The Cairo POA has been seen as expanding the boundaries of reproductive rights, nevertheless clauses dealing with contested issues have been carefully worded and in practice frequently reserved by government signatories. For example, the Cairo PoA notably fails to articulate reproductive rights for adolescents, instead emphasising the need for “appropriate” services “suitable for that age group” with “proper regard for parental guidance and responsibilities” (UN 1994: Paragraphs 7.44 – 7.47). These strategies do not engage with growing understandings about the realities of sexual and reproductive relations for younger men and women or draw up a vision of an appropriate enabling environment in which they can take control over their sexuality and reproduction (see for example Hawkins and Meshasha 1994 and Gage 2000). Although female genital mutilation (FGM) and gender violence, including sexual abuse, receive attention they are constructed as a separate front of activity thus

obscuring the lines of power that impact on adolescent reproductive self-determination and health. Similarly, the PoA circumvents a right to abortion, instructing governments to make abortion safe where it is legal and where it is not to treat complications arising from illegal abortion. These compromises reveal the struggle with fundamentalist perspectives over women's authority over sexual and reproductive decisions and the implications these were perceived to have for family relations (Petchesky 2000:16).

These 'escape hatches' enable a broad range of interpretations of reproductive rights and enable the manufacture of a consensus between widely differing perspectives. Unlike women's rights, such as the extension of the franchise, which have in most cases proved to be irreversible gains, although there are some exceptions, Ramirez and McEaney's (1997) study of abortion practices found that such complacency over rights won is inadvisable in relation to reproductive right. There can be no complacency over the apparent legitimization of reproductive rights. This was evident in the United Nations' five-year review of progress since the Cairo conference when debates about fundamental principles were reopened (Petchesky 2000:30) and in President Bush's retraction, immediately on entering office in 2001, of US overseas assistance funds for programmes supporting abortion. The emotive nature, controversy and as a result political mileage around issues concerning family and reproduction has meant that media attention for reproductive rights can prove counterproductive.

Having discussed some of the difficulties with reproductive rights, I want to raise some problems in the relationship between human rights more generally and improving wellbeing. IHRs are not a recipe for social policy, but they inform the ethical basis and objectives of social policy and as we shall see are being used to derive principles for social policy. Significantly rights-based approaches are orientated to achieving social justice, rather than needs-based approaches which aim at achieving wellbeing and this distinction has in the past given rise to rather fruitless debate. "While needs-based approaches help to identify the resource requirements of particular groups, rights-based approaches provide a means of strengthening people's claims to those resources. Rights-based approaches complement rather than contradict or replace needs-based understandings of social policy" (Ferguson 1999:7). Furthermore, it has been argued that rights-based approaches importantly imply the participation of people in negotiating what legitimate claims might be and deciding how such claims be interpreted as administrable needs. These positions accord well with new understandings of wellbeing as multi-dimensional but it is now fairly well established that this kind of participation is difficult to engineer and manage, particularly so that disadvantaged or 'needy' groups have a good say, even though there are situations where civil society has created this role for themselves (see for example Brazil in Petchesky 2000:40-41).

It has long been acknowledged that the human rights framework is rooted in Western liberal individualism (Gloppen and Rakner 1993:12) and as a result has historically prioritised civil and

political rights, presumed the nature of the social contract between citizen and the state, presumes a certain level of resources available to the state to deliver on this contract, and has devalued alternative social and cultural systems. However, “ideas travel” (Petchesky 2000) and the language of rights has been used the world over to “claim social justice “ (Ferguson 1999:2) despite ongoing controversies – for instance over the International Labour Organisation’s (ILO’s) core labour standards - about what rights mean in particular contexts (Ferguson 1999:24). Manji’s (2000) challenging analysis draws attention to the way in which independence struggles and newly independent governments used rights discourse to successfully expand basic education and health services. Although many authors argue that IHRs is capable of supporting the sensitive translation of rights into different cultural contexts, it is frequently acknowledged that unimaginative interpretations of rights are pressed in practice to meet particular political agendas. An-Na’im notes that “while it is legitimate to employ human rights as universal standards, both in research and in policies of aid, to dictate a purely western liberal concept of rights, is not necessarily legitimate” (cited in Gloppen and Rakner 1993:31).

There have been attempts to express non-western understandings of human rights, such as the Banjul Charter which offers a communitarian view (Gloppen and Rakner 1993:8-11). Pragmatic approaches for dealing with contextualising human rights include Ferguson’s democratic negotiation of the meaning of human rights at different levels and in different contexts: “people need to know what their rights are, have the possibility to say what they think particular rights should mean and reach an understanding of the concrete standards and entitlements that particular principles define” (1999:24). In Nepal, legal literacy projects, often supported by literacy and income generation projects, have shared, discussed and developed understandings of rights and of strategies to realise these claims with poor women. Mishra is more narrowly concerned with economic difference than I am with a range of social, cultural, economic and political differences, however, he proposes an approach that is equally relevant to our concerns. He advocates a ‘social standards’ approach whereby standards for the nation, identified through social consensus, and taking into account expert opinion and the experiences of other countries, become a social charter (1998:488). Hausermann argues that “to hold states accountable for their performance with relation to global human rights standards is not to impose the value system of any one part of the world on another but to refer to universal values based on the distilled knowledge and wisdom of all culture” (1998:31) which side-steps the issue of translating these rights into local circumstances (implies it is not necessary or otherwise straight-forward) and draws on the questionable notion of ‘natural’ rights. This highlights an ongoing need to problematise rights and to examine how their interpretation has responded to different situations. The fact that the core institutions that are responsible for delineating and monitoring rights are disproportionately influenced by western powers and thus have an interest in downplaying international dimensions to rights issues, adds weight to this argument.

Reproductive rights are implicated in the tension between universal standards and economic, political, social and cultural diversity that has characterised debates about International Human Rights since they were first declared in 1948. Formally, the framework for International Human Rights allows space for the local interpretation of how these rights may best be addressed. Such a framework complements the approach of human needs theorists who construct universal wellbeing in terms of locally specified functionings that make up a 'a good life' (Jackson 1997:146). The challenge of recognising the importance of subjective wellbeing without regarding it as determining is particularly important for women whose perceptions and priorities are strongly shaped by gendered power relations that can 'naturalise' ill-being and altruism. Recent human needs theory has provided a basis for defending women's *critical* autonomy to make wellbeing choices for themselves where they have knowledge that there are alternative courses of action thus balancing concerns about women's rights and their human needs (Doyal and Gough 1991).

Rights discourse is rooted in Western liberal individualism and rights standards are often applied in ethnocentric ways. However, recent feminist emphasis on difference and diversity have 'opened the door for a redefinition of rights that is more conducive to dialogue' (Obermeyer 1995:367) and social movements worldwide have utilised the language of rights to make claims to social justice (Ferguson 1999; Gloppen and Rakner 1993). The advocacy of Southern women's groups has influenced the meaning of reproductive rights and their contribution in linking women's reproductive health to a comprehensive human development framework has proved particularly significant in ensuring that the interests of women in developing countries are better articulated (Petchesky 2000:3, Correa and Reichmann 1994). Despite the fact that women's groups from different places have different agendas which they wish to prioritise in relation to reproductive rights, the emerging maturity of the networks between women's health movements, and particularly their creation of women's coalitions to lobby the United Nations' conferences, has enabled a shared vision of fundamental rights (Petchesky 2000:4-5).

The International Reproductive Rights Research Action Group's enquiry into the everyday ways in which women negotiate reproductive health and sexual matters explored what reproductive and sexual rights might mean to women in seven countries across the globe (Petchesky and Judd 1998). Despite evidence that women's perceptions were influenced in complex ways by prevailing power relations, their findings clearly supported a universal ethical core that can provide a sound basis for reproductive rights. 'Most of our respondents in all seven countries showed a clear sense of entitlement to make their own decisions with regard to marriage (when and to whom), fertility (number and timing of children), contraception, avoidance of domestic violence and unwanted sex, child care and work' and they justified this sense of reproductive entitlement in motherhood (ibid:316). There is overwhelming evidence of 'women's determination in all eras, countries and cultures to seek abortions, even at great risk to their lives and health, in order to gain some control over their fertility and bodies..' (Petchesky 2000:17). This work on shared ethical values is supported by investigations of cross-cultural

perceptions of rights. For example, Obermeyer explores the commonalities between notion of reproductive rights in western tradition and the principles that define gender rights in Islam (1995:366).

Whilst strengthening the idea of an ethical core for universal rights on the basis of philosophy, theorizing, advocacy and the everyday aspirations and strategies of women, we still 'need to examine much more closely what we really mean by an individual human right to reproductive choice, freedom, or autonomy in a world as demographically complex and culturally diverse as ours' (Freedman and Isaacs 1993:18). Considerable progress has been made in this respect within a growing literature of women's visions and strategies for change in developing countries. However, with a few notable exceptions, relatively little attention has been given to the process of interpreting rights in diverse circumstances in international social policy, in donor policy and activity or in national social policy and provisioning. Exceptions include Brazil where an institutionalised 'partnership' has evolved between the national women's health movement and the government agencies responsible for implementing the Cairo Programme of Action leading to substantial policy and legislative reforms and giving women's health advocates an official voice in the planning and monitoring of reproductive health policy and service provision (Petchesky 2000:40-41). Also notable, is the success of the International Planned Parenthood Federation whose Charter on Sexual and Reproductive Rights was developed using a detailed review process enabling direct input from member associations and which makes plain the connections between human rights language and service delivery (Newman and Helzner, 1999:459). These discursive views of rights create space for diverse interpretations of rights but practical politics mean that such negotiability can be used to undermine their radicalism and may increase the scope for inequality in implementation (Cox 1998:5).

The formal architecture of IHRs sets out universally applicable individual rights and the obligations of government to meet these claims and is supported by conventions designed to ensure that particular groups are able to claim these rights (such as CEDAW). In spite of these conventions, the universalistic individualism of IHRs has promoted a discourse that is dis-engaged from the analysis of social difference. The libertarian legacy of human rights has meant that it has historically been more concerned with individual freedoms than with equality, equity and justice (Hausermann 1998:25). This perspective is being challenged in some quarters as development agencies attempt to reinvigorate the emphasis on social, economic and cultural rights which are seen as being of primary importance to developing countries (see for example Short in Hausermann 1998). Claire Short sees the work of DFID to "eliminate poverty" as "work for the realisation of human rights" (in Hausermann 1998:23). Ferguson suggests that is the goal of rights-based approaches is social justice then policy making must begin with the rights of the poorest and most vulnerable (1999:10). These discursive manipulations are bringing together the language of rights with the language of the new poverty agenda in an attempt to create a rights-based approach that focuses on overcoming inequities and inequalities largely based around wealth. The extent to which this discourse successfully pervades social policy will be critical in

countering the tendency of rights discourse to neglect differences in wealth and may need to go further to ensure that other dimensions of social difference are attended to.

The current shift within social policy in developing and transitional nations from the universalism of basic needs approaches towards residualisation of welfare involves a focus on the poorest and most vulnerable. New 'positive' human rights approaches shift from conditionality against civil and political liberties to using the IHR framework to guide concrete action to eliminate poverty (Hausermann 1998:32). For instance, the World Summit for Social Development (WSSD) at Copenhagen in 1995 promoted a 'social integrationist' agenda that attempted to promote a rights-based approach that focuses on social justice and which defends basic primary education and health, including reproductive health, for all free at the point of delivery. These views are in tension with currently dominant revisionist neo-liberalism that emphasises the privatisation and marketisation of education and health and which targets the poorest in society for special assistance. Although the language of reproductive rights penetrated this forum, as illustrated by their reflection in two of the international development targets established at Copenhagen, mainstream interpretations of reproductive rights have yet to engage with the WSSD language of social exclusion and social integration or its critique of global economic and social policy. The analysis of social difference that has been well connected with needs-based approaches to poverty has not always been seen as central to rights-based approaches (but see UNDP 2000) and within reproduction, rights-based approaches remain fairly focused on service-delivery issues.

Much of the history of population programming has been confident for expert opinion to construct both social and individual need in relation to reproduction. Fraser's work (1989) and feminist critiques of social policy have long pointed out that the construction of need is political and shapes processes that marginalise and stigmatise some groups and impute meaning to different behaviours. Although the reproductive rights discourse better situates women's needs within gender and health debates, the financing of different components of health and reproductive health services reveals that need is still being constructed as primarily for family planning and this closer relationship has made reproductive health services vulnerable to the processes of health sector reform. The growing emphasis on client focus and quality of care within reproductive health services rarely facilitates the engagement of 'clients' in the negotiation of priorities and standards for services in general. Reproductive needs are of course, also constructed by other aspects of social policy, and social non-policy. New understandings of reproductive behaviour suggest that these can be highly significant (for example, McNicoll 1994, Fraser 1989) and suggests close linkages between reproductive rights and broader governance, transparency and accountability.

HRF underestimates the influence of forces other than state-led social policy in shaping social outcomes (Ferguson 1999:9). This is evident in relation to population policy in developing countries where a broadly similar range of interventions have led to widely varying outcomes. Everyday social relations

have arguably been the prime influence on wellbeing outcomes in many developing countries and to these may be added civil society actors, especially religious actors, and private sector forces (Ferguson 1999:3). Part of the challenge of HRF involves shaping wider social institutions in such a way as to create a rights environment. This has been envisaged so far as supporting legal reforms, supporting the development of civil society organisations around reproductive rights, supporting gender development more generally and as reaching out from reproductive health services to involve local leaders in dialogue. Although these activities do recognise that the right to health is not just about services but also needs removal of barriers to health in wider society (Hausermann 1998:142), they have been more prominent rhetorically than in budgetary allocations and have been interpreted in ways that do not necessarily contribute to extending reproductive freedoms (see Locke and Zhang forthcoming).

Finally, there are some contradictions arising from health sector reform and revisionist neo-liberal economic agendas and donor dependencies in reproductive health policy and programming. The revival of human rights and advocacy for rights-based approaches to social policy is taking place within the context of revisionist neo-liberal economic agendas and social policy reform and this has important bearing on the meaning and content of rights. This positioning of rights readmits debate about the balance between social justice and individual rights. Dasgupta (1990) sees conflict as arising inevitably between social justice and individual rights and this conflict has been dramatically played out in the history of population programming. The boundaries within which this old conflict is fought have narrowed – nowhere is it argued that the social need to slow population growth legitimises violation of individual reproductive rights but there remains considerable disagreement about how far social policy may attempt to influence the ‘free’ choice of individuals (Ferguson 1999:10). Ferguson argues that individual rights must be taken into account when developing policy for the social good and the new conflict – between social justice and individual rights – can be interpreted as subtly undermining the value of social rights. For instance, Cox notes that “rather than viewing rights (consequently welfare entitlements) as absolute claims, there is an increasing tendency to view them as negotiated claims that balance not only the freedom and autonomy of the claimant, but also the concerns and voices of other members of society” (1998:12). In the current era then rights-based approaches do not suggest universalism as the guiding principle for state welfare but tend to foster a moral sense that rights are dependent on obligations and to support reform processes that emphasis market solutions whilst retaining safety nets for those who need them (Cox 1998:12).

In this way ‘hidden’ processes can de-radicalise rights-based social policy. For instance, Cox demonstrates how four concrete social policy reform strategies⁹ variously reduced the scope of entitlement (by shifting to minimal levels of support, by targeting beneficiaries and by discouraging uptake) so that even where entitlements remain universal their real content and implicit assumptions about rights have changed (1998:6-7). These changes emphasis needs rather than rights as the basis of claims, strengthen the relationship between work and welfare entitlement and a moral sense that rights

are contingent upon obligations (Cox 1998:8-9). This repackaging of social rights curiously allows renewed attention to poverty and inequality but uses this to justify residualisation of welfare as part of health sector reform policies. The end of the cold war has enlarged the political space for attempting to shift universal values from the realm of declaration to implementation just as the economic space for doing so is declining. Current rights discourses take the focus off entitlement and perceive social rights to be seen contemporarily as not what you get but what you do (Taylor-Gooby 1998:42). The trend towards rights-based approaches in social policy can be seen as part of the process of globalisation which is paradoxically accompanied by increasing residualisation of social provisioning in both development, developing and transitional nations. New understandings about reproductive behaviour also encourage greater consideration of the social construction of entitlements.

The making of policy for developing countries is both directly and indirectly over determined by the north and increasingly say globalisation analysts by international capital and this has a number of serious repercussions. The absence of social justice internationally, implying the need to redistribute resources between nations, is accompanied by arguments supporting the applications of rights concepts in places where resources are severely limited. Whilst the obligation upon states is only to realise basic rights and to progressively work for additional rights, the concrete meaning and time boundaries involved raise questions about their real force (Ferguson 1998:8-9). Another approach to justifying the relevance of rights in poor countries – namely that participation is a pre-requisite to making all other claims (Hausermann 1998) – violates the principle of the indivisibility of rights and returns to a view that privileges political rights (Ferguson 1999:9). The social construction of IHRs is well reflected in their emphasis on national level compliance deselecting international redistribution of resources. It can be argued that the 2015 pledges and the resources being donated against these targets reify this international imbalance of power and continue to undermine the national governance of developing countries. Foreign assistance is thought to make up to a quarter of national budgets in developing countries for reproductive health and only 3% of total health budgets (Zeitlin et al 1994) and within reproductive health family planning continues to dominate donor priorities.

The thematic concern of this section has been the extent to which the declaration of reproductive rights has the conceptual scope to improve social policy orientated to reproductive wellbeing and freedom. It has been argued that despite important extensions, orthodox understandings of reproductive rights need to be problematised on a number of fundamentally important grounds. Further, it has been noted that there has been little attention to the way rights are interpreted in diverse cultural contexts or to the politics of this process at several different levels. Engagement with a wider critique of IHRs has also been used to raise questions about a rights based approach to reproduction. Although reproductive rights discourse can potentially enhance the emphasis given to social justice within reproductive policy making, this potential is in jeopardy given current trends in global social and economic policy.

⁹ Austerity measures, actuarial reforms in pensions, administrative reforms and efforts to reinforce the duties of citizenship.

Globalisation is throwing up a number of challenges for reproductive rights and policy making and these will be further explored below.

Global Principles for Social Policy and The New Language of Social Policy Analysis

Globalisation refers to a qualitatively new level of worldwide integration - primarily in terms of the unprecedented mobility of capital and the creation of a global market place, but also in relation to communication, culture and ideology (Morales-Gomez and Torres 1999:166-7; Deacon 2000). Discussions about globalisation and its consequences had been relatively disconnected from debates about social policy until the late 1990s (Norton 2000:1). The current interest in social policy and globalisation has its roots in positive as well as negative dimensions of globalisation processes: new kinds of civil society action based on global solidarity have emerged in the context of 'regime shopping' by mobile capital, fiscal pressures resulting from liberalisation, and increasing international migration from poorer to richer nation, thus making poverty a global issue. Today social policies are variously seen within globalisation debates as a new kind of protectionism, as a deterrence to mobile capital searching for the lowest labour standards, the 'race to the bottom', or as a critical investment for attracting that capital. Deacon points to the "intellectual currents in the global discourse concerning social policy and social development" (2000) that are pushing the Washington Consensus with its emphasis on economic liberalisation and 'residualisation' of welfare. There are, however, increasingly coherent calls for global social policies to establish universally applicable social standards, to regulate social responsibility on the part of capital and to provide for some international dimension to redistribution in favour of developing nations. These calls are most explicitly articulated in the writings of a relatively small but growing number of social policy analysts and less completely and consistently within the discourses surrounding the WSSD, the vision of some development agencies, including the UK's Department for International Development, and the attempt to develop global social policy principles. This section will first look at globalised social policy agendas and then move on to look at globalised social policy analysis and consider how trends in both these arenas relate to the themes of this paper.

Social policy analysis has historically been concerned with Western Europe and North America and has focused on the welfare state. A largely distinct strand of what is often described as social development analysis has been concerned with the developing world, beginning at least as early as the colonial era. These discussions were concerned broadly with the relationship between social and economic aspects of development in its broadest terms and more narrowly with the social impacts of a wide range of development interventions and with the provision of social services and the formation of human capital. The argument "to integrate these two disparate worlds of social policy research to produce a global perspective" (MacPherson and Midgley 1987:6) has been made on a number of grounds. These include the fact that social policy problems in the developing world are strongly influenced by global inequities,

that there are lessons that both the developing world and the developed world might learn from more systematic comparisons between one another, and increasingly that processes of globalisation are making this project important and urgent.

Some interpretations see globalisation as creating a common crisis in welfare across the developed, transitional and developing world, pointing to reductions in public expenditures, the deregulation of national economies and the marketisation of public services. However, experiences are strongly shaped by national conditions and institutional histories and are highly diversified (see for example Hong 2000, Esping-Andersen 1996, Morales-Gomez and Torres 1999). Apparently common trends in social policy have different causes in the north and the south: in the north ageing populations, from the south increasing migration and regime shopping between and within north and south as capital deserts for lower labour standards (Moore 2000, Kabeer and Cook 2000, Deacon 2000). Kabeer and Cook point out that northern countries are defending social achievements whilst southern countries are trying to build up structures of provisioning and capacity to manage them (2000:6) and that as a result there are a number of highly significant barriers to a progressive north-south dialogue on social policy (Deacon 1999 cited Kabeer and Cook 2000:4).

The social policy challenge in relation to reproduction in north and south has always been clearly differentiated but new dynamics are qualifying old certainties about the ageing crisis in the north and of rapid population growth in developing countries. Esping-Andersen argues that pro-natal policies that harmonise female employment and childbearing will make a decisive difference to the ageing crisis in the north (1996:7). Although social policy in developing countries still tends towards anti-natalism, MacKellar and McGreevey argue that the majority of the world's elderly already live in developing countries and that the speed of the fertility transition means that population ageing will occur much faster in developing countries than it has in the north (1999:5). They report that the Bank's 1994 study *Averting the Old Age Crisis* urges developing countries to avoid policies pursued by today's highly developed welfare states. Accommodating the growing impact of HIV/AIDS morbidity and mortality is a major challenge in some developing countries. Some developed countries facing emerging shortages of skilled labour, such as teachers and nurses, are encouraging selective and conditional migration whilst reinforcing immigration policies discouraging unskilled economic refugees.

New understandings support notion of difference but also stress inter-relation of global forces. The origins of the crises are dissimilar but not unrelated. Welfare crises in developed countries – partly due to rapid ageing but also to regime shopping and increase in migration from poor places - have been influential in strengthening the rationale for this project but also point to complex agendas and tensions between north and south. One strand of thinking in attempts to bring these worlds together sees its main aim as arguing the case for a full elaboration of global social policy involving global regulation of social capital, global redistribution and global provisioning of social policy (Deacon et al 1997). Processes of

globalisation have included the growth of global politics which now involve greater bilateral and multilateral donor exchanges, the growth of global social movements, greater engagement between official and non-governmental organisations and calls for democratisation of the official organisations, and especially the Bank and IMF, and NGOs (Norton 2000). Related to this is the “informal, incremental advance of ‘social policy’ agenda issues into new areas of discussion and discourse” especially in the international financial institutions (IFIs) (Norton 2000:2) but also interestingly within multinational businesses. Although global social policy has a longish history, for instance in the endeavours of the UN, ILO, GATT, and others, the case, and practical feasibility, for a fully elaborated global social policy is not widely accepted.

The global discourse about reproductive rights has demonstrated many of these trends, including the notable development of effective global social movements for reproductive rights, but has in some senses been poorly inserted into the wider field of global social policy. It is perhaps useful to think about global social policy perspectives and what they suggest about arenas in which struggle for reproductive rights needs to occur. This is particularly the case in view of: the importance of multinational research; development and production of technologies for reproductive health; the emphasis on privatisation of services (whether commercial or NGO); the evidence that international capital often infringes reproductive rights in its labour practices; and the current trend towards corporate welfarism that ties social rights to employment; and the growth in sex trafficking and other kinds of exploitative commercial sex work associated with globalisation.

The global regulation of capital is officially the preserve of the ILO, GATT and the WTO but these organisations have in practice had controversial impacts of global wellbeing (Norton 2000:2). The current proposals to bring in ‘social clauses’ on labour rights into multilateral trade and investment agreements are being resisted by developing countries (Norton 2000:2). So far, these attempts have not been concerned with reproductive issues (see Pearson and Seyfang 2001:90). However, other attempts at global regulation have engaged with reproductive issues on an ad hoc basis and using a variety of means both official and unofficial. The WHO code on the promotion of baby milk formulas in developing countries is an interesting example of global regulation of reproductive products although the longstanding Nestle boycott by consumers demonstrates its unenforceability. The recent ban on quinacrine has been effected through US courts (Petchesky 2000). Recent action on multinational drug companies with to HIV/AIDS and the national production of cheap generic drugs to tackle related diseases appears to be gaining ground both with the companies, through legal challenge of patent laws, and is influencing the emergence of a more radical stance within the United Nations (The Guardian 2001). Other concerns around global regulation of capital that are of relevance to reproductive rights might include: occupational health concerns for workers; codes of conduct for R&D and sales of reproductive technologies; regulation of reproductive health providers; contraceptive safety and contraceptive dumping.

Pearson and Seyfang examine the recent emergence of voluntary codes of conduct amongst multinational firms (2001). This development reflects the current growth of expression of social values in the market place and of shareholder activism but coincides with the fall of statutory codes of conduct even though the ILO conventions still represents a benchmark against which other codes can be measured. Only 2 of the 20 codes they examine make reference to reproductive rights¹⁰ and only one includes a lesser provision for maternity leave¹¹. They conclude that reproductive rights were more likely to be included in codes which have their origin in workers movements and that where they are included these codes go beyond the ILO conventions. “The reproductive rights issue refers to the protection of employment following pregnancy, and the prohibition of enforced contraception and pregnancy testing... It is notable that none of the codes make specific reference to prohibition of certain practices known to be a problem for workers in many export-processing factories, for example, restriction of toilet breaks and provision of safe transport home for women workers” (2001:93).

Issues of global redistribution for reproductive rights have only been seen narrowly as about the contributions developed nations make to reproductive health (see Conly and de Silva 1998). This limited view neglects to situate reproductive rights within the context of international debt, fails to question donor motivations with respect to reproductive health and overlooks the erosion of local governance which increasing disbursements, especially through NGO channels, may exacerbate. Global social provisioning roles are envisaged as legal provision at the international level to safeguard social rights of individuals and the provision of social services at the international level involving the principle of subsidiarity¹². The latter is most significant in situations of international provisioning for humanitarian disasters and reproductive health provisioning, as well as support for trauma and implications of rape, for refugees and the growing perspective on linking relief and development do represent improvements in this area. The former is being developed but evidence from European situation suggest that these will be most effective for developed country welfare ‘laggards’ where test cases and/or reference to international standards can change national provisioning (Strang and Chang 1993 cited Deacon 1997:74). The European Court has been used to advance reproductive rights but tends to focus on advancing contested boundaries rather than advancing provision of basic standards for all. More significant for developing countries will be alternative approaches to monitoring and pressing the targets (see Locke 2001).

In looking at globalised social policy agendas, I will discuss in detail some of the language that they offer to meld this agenda together (namely social capital, inclusion, integration) and show that there is a

¹⁰ The Nicaragua initiative instigated by the Central American Network of Women in Solidarity with Maquila Workers and the Labour behind the Label (LBTL:WF) initiative instigated by the Clean Clothes Campaign.

¹¹ The ICIT initiative instigated by a US business association.

¹² Namely that services be provided at the local or national level where possible and should only be referred to the international level where that is not possible.

deliberate attempt to construct a new discourse around this language, consider its politics, and its implications in relation to reproductive rights and new understandings of reproductive behaviour.

The dominant discourse about development led by the IFIs, especially the Bank, has increased its concern with social policy largely as a result of both international pressure and the all-to-evident consequences of the structural adjustment and liberalisation policies it has been promoting. Deacon views this version of global social policy as a threat to social welfare: “a combination of the World Bank’s preference for a safety net and privatising strategy for welfare, the self interest of International NGOs in being providers of associated basic education, health and livelihood services, and the World Trade Organisation’s push for a global market in health, education and insurance services, is generating a set of conditions which undermine the prospects for any alternative scenario of equitable public social provision” (2000). The Washington Consensus on the safety nets approach to social welfare for adjusting or transitional economies is avowedly ‘pro-poor’ and rejects the ILO’s social labour standards as a form of Western protectionism. These policies literally open up the world to global market forces and in doing so threaten the possibility of improving national governance around social policy.

Revisionist neo-liberal perspectives and associated health sector reform strategies were strongly reflected, and largely uncontested, in the Cairo PoA (Petchesky 2000). The market-orientation of the implementation chapters reflects neo-liberal reforms with its references to ‘cost-effectiveness, cost recovery’, user fees, social marketing and the promotion of the private sector (ibid:19). The broader economic agenda directly threatens progress on reproductive rights by undermining the universalism of health systems in developing countries and shifting the burden and cost of caring back to women and their families. Indirectly but no less significantly, adjustment and reform processes have, in many cases, undermined the livelihoods on which women’s wellbeing is premised, in turn leading to more risky reproductive and sexual behaviour (ranging from reduced health-seeking behaviour to commercial sex working) and such reforms have been widely seen as undermining the authority and accountability of national governments. Reform itself is not, here, in question, what is being questioned is the way it is pursued, its values, objectives and its accountability. Criticism of this economic approach is growing within reproductive rights advocacy and the challenge is being extended to women’s health activists to engage with broader economic policy (Petchesky 2000, Barroso and Jacobsen 2000).

Some authors have challenged the pessimism surrounding globalisation debates arguing that the process encompasses some positive forces and offers new opportunities to pursue improvements in human wellbeing (Morales-Gomez and Torres 1999). Indeed, the framework for social policy that emerged during WSSD, which has been elaborated in the vision of some development agencies, significantly promotes a rather different view of social policy to that promoted by the IFIs. Ferguson (1999) and others have argued that the UDHR represents a basis for addressing the global dimensions of social policy and the WSSD’s identification of global targets for social development builds on this basis. The WSSD view of social policy is ‘social integrationist’, explicitly global in its remit (rather than primarily addressing

developing, adjusting transitional or developed economies) and is firmly rights-based (Anon 1995:10-19). It aims to create an enabling environment for realising those rights through improved governance, through developing the law, and societal norms and values, the building of social integration and reversal of processes of social exclusion¹³. It argues for universalism for primary education and health, including reproductive health, and this view supported the identification of two international development targets (IDTs) directly related to reproductive health (extension of comprehensive reproductive health services and reduction of maternal mortality). It is not the intention here to evaluate its worth but to explore the significance of the language it is promoting and what this implies about the interpretation of rights and the implementation of a rights-based approach to social policy.

The trend towards political engagement with global social policy agendas has been most explicit with the attempt to identify global social policy principles (Norton 2000). At the request of the Development Committee of the World Bank/IMF the Bank drafted a set of principles and handed these to the UN leadership for further development. The principles drew heavily on the WSSD's programme of action and represent a prioritisation and grouping of the specific international development targets including universalised access to primary social services, including education, health and reproductive health¹⁴. The draft guidelines also highlighted in a general way areas for public action and the Bank's role in working with partners to implement them. As such the guidelines also draw to some extent on the conceptual discourse of WSSD and represent the views of a particular interest group within the Bank.

As Norton notes, the key significance of the principles lies in the potential to link the goals of the WSSD to macroeconomic management by guiding the Bank and the IMF in developing structural adjustment programmes and in assisting borrower countries negotiate the social dimension of the programmes (Norton 2000:3). The UN Special Session in Geneva 2000 failed to agree the Global Social Policy Principles (Pearson and Seyfang 2001:100) and many developing countries are concerned that this may represent a new conditionality attached to the lending of the IFIs (Norton 2000:3). However, the need for major reforms in the governance of the IFIs is now widely voiced, including by DFID, and such a process would aim to improve international social justice.

The conceptual language of social capital, social inclusion/exclusion and social integration/cohesion has come to the fore in recent years in academic work as well as social policy and social development practice. Although some argue that these are powerful tools for reshaping policy agendas, others are alarmed by their implicit and often unquestioned content and by their pervasive use in policy rhetoric. Despite their controversy these terms have achieved an elevated status in currently influential discourses with some agencies speculating about whether they represent a globally valid set of social

¹³ The goal as articulated at Copenhagen is to create societies that are "stable, safe and just and based on the promotion and protection of all human rights, and on non-discrimination, tolerance, respect for diversity, equality of opportunity, solidarity, security and participation of all people, including disadvantaged and vulnerable groups and persons" (UN 1995: Commitment 4, Summit Declaration).

policy concepts (DFID 1997). Harriss and de Renzio describe social capital as “a convenient peg for different agendas” (1997:921) drawing attention to the important political work they do in making particular agendas hang together. The WSSD concepts of social integration and social exclusion are capable of interweaving the themes of governance, poverty, gender, community, rights, needs and participation in a more complex environment characterised by economic liberalisation, bureaucratic retrenchment and pluralistic welfare provisioning including NGOs and the private sector. Whilst social policy has frequently been criticised in the past for its commodity fetishism (focus on service provision) this discourse work differently: services are back-grounded whilst the enabling environment in which people can obtain in various ways what they need, and define that need, both as individuals and as participating members of democratic societies, is fore-grounded. Social capital stands apart in policy discourse and is associated not with the WSSD (in fact it is not used once within the Declaration) but rather belongs to the Washington Consensus and Bank approaches to social investment in particular.

It is worth considering these concepts and the controversies around them in a little more depth in order to think about what this might mean for the interpretation of rights and their implementation as administrable needs. All three sets of concepts have complex historical roots which betray wide divergences in interpretation. For instance, the French origins of social inclusion stress relations of solidarity in society whilst later British discussions see inclusion as about the realisation of individual citizenship rights. The former offers a more powerful vision that sees exclusion as a social problem – a problem of and for society – rather than the later which see it as a problem of bringing in excluded groups. Likewise social capital has variously been interpreted as features of social organisation such as trust, norms and networks that improve the efficient and co-ordinated functioning of civil society (Putnam et al 1993) and as the resources that a group or an individual can draw on as a result of their network of social relationships (Portes and Landholt 1995). The implications of different interpretations are far reaching for social policy in general and for its impact on reproductive behaviour and well-being.

All have their roots in western liberal welfare states and presume a certain relationship between state, citizen and civil society. This has led some to argue for an expanded notion of citizenship that goes beyond the citizen’s relationship with the state to incorporate the centrality of family, kin, community and other collectivities in developing country contexts (Kabeer and Cook 2000). Others have proposed a notion of informal membership rights through social institutions as a way of understanding systems of entitlement to social rights (Davis 1999). Whilst social exclusion/inclusion has frequently been interpreted within the European context in terms of access to paid employment, this understanding does not fit well with the realities in developing countries where processes of exclusion and inclusion are multi-faceted. The recent interest in social capital reflects a shift of focus away from the state towards grassroots institutions, local communities and NGOs and has been criticized for poorly conceptualising

¹⁴ Namely achieving universal access to basic social services; enabling all men and women to attain secure and sustainable livelihoods and decent working conditions; promoting systems of social protection; and fostering social integration.

the role of the state and its institutional links. There is in fact little work that revisions what the social contract might mean in developing country contexts (but see Manji 2000). It is further charged with neglecting the emotional content of social ties, which are seen as being particularly prominent in societies where informal social institutions play a central role in arenas beyond the household.

All three sets of concepts have implicitly seen as being ‘good’ things and deflecting attention from the meaning and implications of social capital, social inclusion and social integration for different people. Feminists have pointed out that these institutions and processes have frequently been the sites of gender-based discrimination and others have illustrated their ambiguity in relation to other social characteristics that often confer disadvantage – including age and ethnicity. Although much has been made of their ability to connect with broader understandings of poverty – that poverty is more than material deprivation – a similar argument has been made with respect to poverty, namely that social capital keeps the poor and that their inclusions are stigmatised and their integration disempowering (See for example, Beall 1997, Fine 1999, Harriss and de Renzio 1997). Others charge that the focii they promote denies the material basis and its importance in constructing a ‘good life’ (Jackson 1999).

Ultimately much rests on how the concepts are employed and there is undoubtedly detailed and sensitive work that explores these dimensions and refrains from evangelising the desirability of these processes. Frequently employed in anthemic way at global level but also capable of opening up new areas of concern to social policy and putting these on the mainstream agenda. For example, social inclusion/exclusion can draw attention to situations where power and freedom are inhibited by conditions unrelated to material deprivation – hence enabling priority to issues that cut across class. It is therefore pertinent to note that as far as I am aware there has been very little work directly about reproductive rights, health or behaviour that uses the conceptual language of social exclusion/inclusion, social capital or social integration. At one level this might be seen as an issue related to the framing of research and policy rather than its actual content. However, at another level it raises questions about the insertion of reproductive debates into wider social policy debates.

For example, a notable exception to the dearth of work on social exclusion/inclusion and reproduction is Keyser’s (1999) article. She provides a challenging, if brief, analysis of the way in which the reproductive rights agenda remains addressed to developing countries despite its overt universalism. Her argument raises questions about the construction of ‘wanted’ and ‘unwanted’ policies by domestic and international population policies, including importantly immigration policies. Whilst her work resonates with many other feminist commentators on population, her perspective is new and draws indirectly into the arena of reproductive rights concerns about the inequalities of north-south relations across a broad range of spheres. Particularly significant is the way her analysis puts domestic policies of developed countries on the agenda. The difference between the kind of audit she proposes and that offered by the FPA in their review of reproductive rights in the UK is illustrative of why it matters

(Weyman et al 1999). The frame of reference Keyser's uses enables her to put questions of social justice, including those related to immigration policies, that extend far beyond the provision of reproductive health services centre stage. This article suggests that reproductive rights commentators could have a fruitful engagement with the concept of social exclusion/inclusion and that they may be instrumental in making reproductive rights concerns 'speak to' a broader set of policy arenas.

Social integration is used within the WSSD agenda to refer both to agendas of social justice and to the social fabric of society (a usage remarkably close to the original interpretation of social capital). The terminology of social cohesion was rejected in this forum as potentially open to interpretation that neglected differences in culture, ethnic groups, and so on. Social integration refers explicitly "combating all forms of discrimination", building "tolerance, solidarity, and involvement" and universal citizenship/social rights (UN 1995). It is powerful because it makes social injustice everybody's problem. As far as I am aware there is little work around reproductive behaviour that explicitly uses this language¹⁵, although there is of course a great deal of work on reproductive inequalities, social institutions around reproduction and sexuality and reproductive rights that all have implications for the social integration agenda. For example, Lane et al (1998) looking at the 'economics of abortion safety' in Egypt confirm that reproductive rights are differentiated by poverty (1089). Ram (1996) shows how class and caste shape women's experiences of medical institutions around childbirth in Tamil Nadu and Reysoo (1999) describes how a complex series of life stages constructed by social institutions structures women's sexuality in Morocco. The concept of social dis/integration has great potential to address more centrally horizontal and vertical differentiations between specific groups within the population but may be less at raising central concerns around gender within specific groups where intolerance and discrimination may be part and parcel of normal social controls and cannot be said to be divisive of society in the same way. This suggests that there may indeed be insights from applying such a perspective to reproductive rights, particularly as these considerations have received scant attention in mainstream reproductive policy making. However, concerns of social integration must not be allowed to crowd out attention to discrimination, and particularly gender discrimination, within groups.

Similarly, it might be argued, there may be potential opportunities in using social capital concepts to look at the way individuals resist and use relationships with kin and wider social networks to achieve reproductive and livelihood interests. Traditional demography has seen social and cultural institutions largely in terms of barriers to transition to low fertility behaviour and as responsible for the persistence of 'traditional practices' that are labelled 'harmful' (for example WHO 1997). In contrast, recent work around reproduction (see Harcourt 1997) is broadly sympathetic with research on social capital that draws attention to local forms of social support, security and services and culturally established ways of meeting needs and enhancing human wellbeing through informal and institutions such as families, neighbours and communities. However, the obvious ambiguity of social capital for reproductive and

¹⁵ Although there is a very limited amount of work on *social* reproduction and social integration.

sexual rights, often functioning to ensure social control rather than to realising claims to freedoms, has perhaps militated against direct use of this term and it is difficult to see what specific analytical advantages it might confer. Its virtue might be in prompting the linking of analyses of the changing role of social trust, social institutions and social relationships with changes in reproductive behaviour and experiences. However, it is far from clear that the complexity and subtleties of such an analysis could itself be encompassed by the idea of social capital. There is no question, though, that we could usefully raise the key question of how the interplay of agency, social networks and institutions shape differentiated reproductive outcomes and what these variously mean for the individuals involved?

The current lack of connection between the language of WSSD and reproductive rights discourse reflects in part the timing of various international conferences: women's health advocates involved in Cairo (1994) prioritised the Beijing Conference over the WSSD (1995). However, the lack of intellectual and activist engagement with this policy dialogue since the conferences also says something about both how reproductive rights fits into larger agendas and how far arenas like the WSSD are engaging with women's concerns. The politically pragmatic point is that women's health activists need to build bridges and make connections with the more progressive elements of wider international social policy making at the same time as critiquing these agendas from a feminist standpoint. Speaking to the 'new' global social policy language may be politically instrumental in both getting some of the broader reproductive rights issues on the agenda and in linking specific reproductive rights agendas to broader visions for promoting alternative approaches to international social and economic policy.

Deacon et al argue that there is scope "within the Bank and the UN agencies for a class of international civil servants, in dialogue with international NGOs, to fashion the elements of a global social policy that speaks to the interests of all" (1997:58-59). Although these organisations's policies are shaped in part by the policies of the most powerful states, the HR specialists have "a degree of autonomy... which has increasingly been used to fashion an implicit global political dialogue with the international NGOs about social policies of the future that go beyond the political thinking or political capacity of the underpinning state" (Deacon et al 1997:61). However, Norton warns that "to establish the rationale for a global capacity in the field of formulating social policy is, it seem, easier than to put in place workable arrangements... there is a large gap between the aspirations embodied in the language, and the messy imperfect reality of inter-governmental negotiation and the patchwork of international organisations with a global remit which address areas of the social policy agenda (2000:4). The dialogue is in itself important though and although no realistic alternative to reform has been offered, commentators have drawn attention to the premature way in which debate over the content of reform has been closed down. The way in which reform is undertaken, the 'how?' of reform, will have a huge impact on wellbeing (Morales-Gomez and Torres 1997:195). A strong agenda of governance, participation and accountability needs to offset the neo-liberal agenda and thinking about social cohesion, new

approaches to defining poverty and alternative ways of dealing with efficient coverage, quality of social services and social equity has been neglected (Morales-Gomez and Torres 1997:195).

This section has covered much ground in attempting to review developments within global social policy making and global social policy analysis and to consider their implications and points of contact with reproductive rights concerns. The analysis has usefully pointed to a range of arenas for global social policy action around reproductive rights concerns and has considered the potential for a 'social integrationist' perspective to contribute to rights-based efforts to enlarge reproductive health and wellbeing. Finally, it has very briefly examined the 'new' global social policy discourse and the opportunities it throws up for insightful analyses of reproductive rights issues and their promotion within wider social policy arenas.

Conclusions

Contemporary understandings of reproductive behaviour draw attention to aspects of reproductive experience that are difficult to contain within orthodox and universalised approaches to promoting reproductive health and rights. Mainstream understandings of reproductive rights represent a significant extension of the population agenda but reflect the selective and partial incorporation of specific reproductive and sexual interests. Moreover their interpretation ultimately falls short of addressing the power relations around sexuality and reproduction and remains health-focused thus neglecting freedoms and entitlements. Overwhelming emphasis on the provision of reproductive health services has constrained attention to other important dimensions of social policy making, including international social policy making, and underestimated the significance of social institutions and thus of social movements and advocacy for changing reproductive entitlements. Little attention has been paid to important debates about the meaning of individualised rights in cross-cultural contexts, however, there is a basis within research, advocacy and reproductive experiences for identifying a fundamental core of reproductive rights that are differently expressed in different times and places. As Petchesky has argued it is "historically timely and politically urgent to look at the diverse meanings of reproductive rights from the ground up" (1998:1/2).

Review of globalisation processes within social policy affirmed the importance for reproductive rights advocates of engaging with global economic and social policy debates. It was argued that the concepts of social exclusion and social integration have potential to contribute to extending the horizon of reproductive rights thinking. In addition, speaking the language of international social policy makers who advocate a 'social integrationist' perspective seems to offer the basis for building bridges with activists, academics and policy-makers who are trying to promote more socially just approaches to economic development that are concerned with enabling the creation of a rights-enabling environment. Elaborating the reproductive rights discourse to meet some of the challenges raised in this paper will be

central to its political capacity to influence the scope for rights-based approaches to reproduction to contribute to wellbeing.

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