



University  
of Glasgow

Bovill, C. and Leppard, M. (2006) *Population policies and education: exploring the contradictions of neo-liberal globalisation*. *Globalisation, Societies and Education*, 4 (3). pp. 393-414. ISSN 1476-7724

<http://eprints.gla.ac.uk/25313/>

Deposited on: 15 February 2010

## **Population Policies and Education: Exploring the Contradictions of Neo-liberal Globalisation**

Catherine Bovill & Margaret Leppard

### **CORRESPONDENCE TO**

Dr Catherine Bovill  
Lecturer  
Academic Development Unit  
Learning & Teaching Centre  
University of Glasgow  
Southpark House  
64 Southpark Avenue  
Glasgow  
G12 8LB  
Tel: 0131 650 9738  
Fax: 0131 662 0580  
[cathy.bovill@nes.scot.nhs.uk](mailto:cathy.bovill@nes.scot.nhs.uk)

Dr Margaret Leppard  
Lecturer  
Institute for International Health &  
Development  
Queen Margaret University College  
Clerwood Terrace  
Edinburgh  
EH12 8TS  
Tel: 0131 317 3491  
Fax: 0131 317 3494  
[mleppard@qmuc.ac.uk](mailto:mleppard@qmuc.ac.uk)

Dr Catherine Bovill is a Training & Research Officer at NHS Education for Scotland. Her PhD research examined cross-sector policy and practice at the UK Government Department for International Development in the UK and Nepal, with a focus on reproductive health and women's education linkages. She has a background in mental health nursing, health promotion, training, policy and social development with particular interest and extensive experience in sexual and reproductive health. She has also undertaken short-term training and study initiatives in South India and Indonesia.

Dr Margaret Leppard is a lecturer at the Institute for International Health & Development, Queen Margaret University College, Edinburgh. Her research interests are application of social anthropology to institutional analysis, reproductive health and ageing in developing countries. Originally a nurse midwife, she has extensive experience in primary care, reproductive health and policy dialogue in the health sector in Bangladesh.

### **ACKNOWLEDGEMENTS**

Ian Yaxley, and staff at IIHD for comments on earlier drafts of this paper

### **KEYWORDS**

Globalisation  
Population  
Education  
Developing Countries  
Contradictions  
Choice

## **Abstract**

The world is increasingly characterised by profound income, health and social inequalities (Appadurai 2000). In recent decades development initiatives aimed at reducing these inequalities have been situated in a context of increasing globalisation with a dominant neo-liberal economic orthodoxy. This paper argues that neo-liberal globalisation contains inherent contradictions regarding choice and uniformity. This is illustrated in this paper through an exploration of the impact of neo-liberal globalisation on population policies and programmes. Despite neo-liberal discourse suggesting the market mechanism provides increased choice, and despite globalisation implying a degree of universality, there are many examples from the population field of decreasing choice, use of coercion, and massive inequalities of access to, and availability of, population and health services. Population initiatives have been predominantly influenced by concerns about global population pressure informed by the priority given to goals of increasing productivity and economic growth. Methods employed for controlling populations have consequently often overlooked other key influences such as women's education, gender equality, socio-economic development and the unequal nature of global environmental degradation. These factors have strong links to fertility, infant mortality and reproductive health more generally. The implications of overlooking some of the broader factors impacting on population – particularly the role of women's education – are explored.

The dominant neo-liberal economic ideology that has influenced development over the last few decades has often led to alternative global visions being overlooked. Many current population and development debates are characterised by polarised arguments with strongly opposing aims and views. This raises the challenge of finding alternatives situated in more middle ground that both identify and promote the socially positive elements of neo-liberalism and state intervention, but that also limit their worst excesses within the population field and more broadly. This paper concludes with a discussion outlining the positive nature of middle ground and other possible alternatives.

## **Introduction**

This paper begins by introducing briefly neo-liberal globalisation and inherent contradictions of choice and uniformity that characterise this phenomenon. The paper then goes on to explore the example of population and fertility control policies and programmes in order to illustrate these global neo-liberal contradictions and impacts. The authors acknowledge that there have been many other political and historical influences on population and fertility control, such as primary health care and the changing status of women, (see Campbell 2001; Lush & Campbell 2001), but these are not the focus of this paper.

Evidence is presented that demonstrates how neo-liberal globalisation's prioritisation of economic growth and increasing productivity has led to a strong emphasis on the reduction of population growth in poorer countries. This has resulted on the one hand, in high levels of coercion in family planning programmes and promotion of permanent and longer term contraceptive methods over and above alternative methods. On the other hand, education programmes, social development, globally unequal environmental influences and impacts, gender equality and empowerment links to reproductive health and population have often been overlooked. At a local level religion and state policies have also often underlined a global neo-liberal emphasis on population control based on coercion and inequalities rather than choice and uniformity. The relatively low priority given to the influence of women's education on population growth, are explored in more depth in this paper.

First, the growth of neo-liberal globalisation is briefly examined in order to highlight the contradictions of choice and uniformity. These contradictions are then illustrated by examining neo-liberal globalisation's influence on population and fertility control policies in terms of local contexts, state policies and broader, often neglected influences on population control. In addition, neo-liberal globalisation's legacy in the population field is discussed. Finally, the paper concludes by exploring alternatives to the polarised arguments that have dominated both the reproductive health and neo-liberal globalisation debates and by briefly arguing for the need to discover and enhance middle ground alternatives.

## **The Growth of Neo-Liberal Globalisation**

Globalisation is often associated with notions of universality and uniformity throughout the world. Neo-liberalism is associated with increased consumer choice. However, neo-liberal globalisation is characterised by massive inequalities of wealth, health, fertility, consumption, pollution, choice and power. It has drawn significant criticism for its contribution to growing global inequalities and for its negative impact on the world's poor (Jacobs 1996; Stiglitz 2002). Short (2001) notes

*'...globalisation is making places both different and the same. It is bringing people closer apart and places further together' p9,*

Yet, diversity is rarely accounted for in a global market mechanism composed of purportedly rational actors.

Neo-liberal ideology has dominated the global political agenda over the last 25 years. To work efficiently, the market mechanism requires there to be no interference from the state or other institutions. Therefore free trade includes the lifting of restrictions

on manufacturing and commerce and the abolition of tariffs to encourage enterprise and competition. It is argued that this facilitates capitalist profit making and consumer choice (Martinez & Garcia 2000). Although neo-liberalism claims to promote choice and freedom, many people experience by contrast, limited choice and in some cases coercion. Choice is only available for those who have purchasing power and complete information in the market. Therefore, choice is dictated by powerful suppliers, dominant fashion, naïve consumers, and government interference with the market mechanism. As a result, choice is often illusory because there is perpetuation of a uniform idea of what is deemed desirable, successful or the 'right' choice. Monopolisation of the market by some large companies has led simultaneously to a uniformity of product and decrease of freedom, which has been referred to as the 'MacDonaldisation of Society' (Ritzer 2000).

Neo-liberal globalisation values the individual for participation in the market. Individuals are not, however, equally able to access or participate in the world market. Thus within a dynamic globalising milieu, consumer goods are powerful markers of unequal social hierarchies, rather than universal global goods. Furthermore, the role of 'tittytainment' within the mass media (Martin & Schumann 1997) is important within the global economy, not only to encourage excessive consumption but also to distract people from their powerlessness. Thus while freedom is often reified as the highest virtue of 'modern civilised states', the very notion of freedom is commonly mediated by powerful global institutions that shape social, behavioural norms and legal regulations. Indeed, alternatives that include co-operation, collaboration and that use consumer power to positively affect social change are under-developed.

Defenders of neo-liberalism often repel criticisms by asserting that any shortcomings of neo-liberalism are due to government interference with the market mechanism. However, the mechanisms by which economic stability is achieved reflect the increasingly symbiotic relationship between global neo-liberalism and the state. First, as Leys (2003) contends, the level of state spending is influenced less by notions of the common good and more by the need to persuade owners of capital that it is profitable for them to operate in a given country. This includes controlling inflation so that local companies can remain competitive. Secondly, the state bears much of the externalised costs of production including provision of education and training, social security and environmental protection.

The nation state is therefore in a precarious position. It is simultaneously attempting to promote and control neo-liberal globalisation, whilst also seeking to retain popular support and a degree of autonomy in the face of the immense power of transnational corporations. In the context of threats to nation-state sovereignty posed by international finance institutions, corporations, donors, intergovernmental organisations and NGOs, the state often mobilises the risk discourse around population growth, the environment and religious and national fundamentalism in an attempt to buttress its power. Resultant security interventions contribute to the environmental degradation that is often attributed to rising populations, (Duffield 2001; Seager 1999) and further reduces the resource base for the social sector.

The global neo-liberal contradictions of choice and uniformity outlined above are illustrated further in the following section exploring population and fertility control policies and programmes.

### **Contradictions of Choice and Uniformity: Population and Fertility Control Policies and Programmes**

Following Malthus (1798), in the 1950s and 1960s concerns were raised about the earth's 'carrying capacity' - the global population it was believed the planet could sustain with current or projected environmental and food production capacities (Ehrlich, 1971; McGurn 1996; Sax 1955). Westerners defined overpopulation as a uniform problem among developing countries that threatened to destabilise the rising standards of living in the West. This definition of the problem by the developed world established power differentials and inequalities between the 'controllers' and the 'controlled' that have persisted throughout the history of population policies and programmes. The powerful have concentrated on population control of others that ignored cultural diversity and simultaneously overlooked their own contribution to reducing the world's potential carrying capacity through excessive consumption, environmental degradation and pollution (Rahman et al 1998). Population control programmes have consequently been based on the assumption that a decrease in fertility is desirable in resource poor settings - an assumption increasingly questioned in a world of dramatically changing demographics due to the impact of HIV and ageing, and where use, abuse and reliance on environmental resources is globally highly unequal (Lutz & Sanderson 2004; Richey 2002). Nevertheless, poor nations' governments frequently adopted aggressive population control programmes as an apparently quick-fix solution to poverty. In many cases this also ensured continued aid from international donors and financial institutions.

The first international conference on population in 1974 in Bucharest, was notable for developing nations' criticism of the United States' continued policy of promoting contraceptives rather than economic development, hence the famous adage from this time that 'Development is the best contraceptive' (Sen 1994; Singh 1992). However, by the next international conference on population in Mexico, in 1984, developing countries were themselves emphasising the need for family planning programmes - almost a reversal from the previous conference (Ashford & Noble 1996; Kabeer 1994). Soon Singh (1992) was to change his saying to 'Contraceptives are the best development'.

Following these conferences, there was increasing dissatisfaction with the World Bank's highly influential neo-liberal policies and this led the population field to move towards promoting more integrated programmes addressing poverty, development and population issues together (Singh 1998). The 1994 International Conference on Population and Development (ICPD) in Cairo was characterised by increasingly vocal dissent about coercive methods of population control and the dominant emphasis on family planning. The shift at ICPD towards women's empowerment, reproductive health, rights and choice was particularly brought about by increased participation of civil society groups (Seltzer, 2002; United Nations 1995). This agenda was inspired by a broader view of reproductive health and rights rather than simply prioritising birth rate reduction over and above all else (Ashford & Noble 1996). However, despite widespread international support for the Cairo Programme of Action (UNFPA 1996), persistence of the neo-liberal paradigm, lack of political will, resource and institutional constraints has resulted in a shift away from this broader reproductive health choice agenda to a more selective approach (DeJong 2000; Hardee & Yount, 1995; Singh 1998).

The attempts to define reproductive health more broadly including the promotion of reproductive rights implied the need for a large shift in attitudes by those who had dominated population control policy. It was perhaps unrealistic to expect this scale of attitude change. The most powerful population controllers have been, and remain, IFIs, transnational pharmaceutical corporations (TPCs) and large bilateral and multilateral aid agencies (Correa & Reichmann 1994; Walt 2000). The IFIs hold strong neo-liberal views, TPCs are dominated by a profit motive, while the bilaterals and multilaterals have been influenced by the strong neo-liberal ideology promoted by the IFIs that have dominated development debates since the 1980s (Chambers 1997; Dean 2001; Jackson 2002; McGrath 2002). This has led to a uniformity of approach that perpetuates concerns about population growth and emphasises the important role of the state in fertility control. These approaches assume that women with less children can participate in markets, thereby contributing more to developing nations' productivity and facilitating economic growth. In this context, family planning is framed as a means to maximising economic ends.

In this neo-liberally dominated population control agenda, reproductive rights and choice have often been overlooked. Individual and family choices about desired fertility are based upon locally specific contextual factors. Women and men in different areas of the world have many different reasons for choosing the number of children they will bear. These reasons depend crucially on individual and society's values and economic situations. For women in resource poor settings, children may represent a potential increase in family income if they become workers, children may offer a form of life insurance for old age where there is little state provision, more children may be borne in order to reach desired fertility levels due to high infant mortality, or children (particularly sons) may bolster women's status in areas where a woman's role is defined primarily by childbearing (Tsui et al 1997; Cain 1983). Unless economic growth is experienced at family level, couples will not experience the changing value or costs of children relative to their personal circumstances. In addition, the strong neo-liberal influence on family planning programmes reduces the level of reproductive choice at the individual and family levels.

### **Local Contexts**

Many international population programmes have ignored the context within which they have been implemented (Doyal & Pennell 1994). Overlooking local contexts where the value of children may be high, Western planners have often used manipulative, inappropriate and culturally insensitive approaches that have ignored diversity and reduced available choices.

Frequently, existing strategies for controlling fertility and local tacit knowledge of traditional methods of contraception have been marginalised by population controllers. Natural family planning and barrier methods are conspicuously absent or have a low profile in many programmes (Santow 1993). It has been suggested that in the context of neo-liberal globalisation, this may be as a result of the lack of profits these methods accrue for TNCs and national governments (Hartmann 1995; Ross 1983; Schearer 1983). Most commonly, service providers offer a limited range of modern contraceptive methods (Correa & Reichmann 1994; Hartmann 1995; Santow 1993). Considering cost-effectiveness and strong population control rhetoric, many programmes prioritise longer-acting, injectable, intra-uterine and surgical

contraceptive methods. Choice is further limited by medical<sup>1</sup>, geographical or financial barriers to accessing and continuing use of contraceptives.

For women and men keen to control their family size, progress in contraceptive technology and the increased global availability of contraceptives has undoubtedly had beneficial impacts. Where a full range of contraceptives is available, all methods attract some users, reflecting the lack of any one perfect or superior method (Ross 1983). Interestingly, women's choice of contraceptives correlates strongly with the level of education they attain. Generally, the higher a woman's educational level, the greater the use of barrier methods and contraceptives with the least side-effects (Hartmann 1995). Although contraceptive use is highly dependent both on local access to education and on the range of methods available within a programme or at a local service delivery centre.

Where a limited choice of contraceptives is available, where partners prevent the use of contraceptives, and where no contraceptive method is 100% effective, abortion is a carefully considered traditional means of limiting births (David 1983). In countries where safe abortion is difficult to obtain, maternal mortality rates are high (Kay & Kabir 1988; Koblinsky et al 1994; Tsui et al 1997). The provision of legal abortion services offers women the choice of safe abortion and therefore contributes to the reduction of high rates of maternal mortality experienced in resource poor settings (Hartmann 1995). Indeed, abortion services are considered an integral part of reproductive choice and rights by many authors (Cook & Dickens 1999; Hartmann 1995).

### **State Policies**

Due to religious and moral controversy, many governments avoid proactive abortion policies, effectively restricting available reproductive choices further. Only days after his first election, George W. Bush reversed American foreign policy on abortion. Aid was withdrawn from reproductive health initiatives internationally offering or supporting abortion services (Browne 2001). This has restricted the work of many UN and other agencies in receipt of American money. This 'Global Gag' ruling was inspired by the strong neo-conservative financial and electoral support for the Bush administration in the USA. This policy decision led to a reduction in general reproductive health services, as well as specific abortion services, where organisations have had their American funds withdrawn (Center for Reproductive Rights 2003; International Planned Parenthood Federation 2001). This policy decision potentially denies choice to millions of women in the world and is likely to lead directly to increases in maternal mortality through a rise in unsafe and unregulated illegal abortions. Poorer women can least afford to pay for an abortion, and unlicensed practice tends to be less safe (David 1983; Lane et al 1998). Crucially the limitation on the availability of safe abortion restricts women's right to choose whether or not to bear children, (Punnett 1980) and demonstrates clearly the limitations of individual choice where policies are controlled by state actors and impact globally. This neo-conservative influence overrides the broad reproductive choice and rights agenda from ICPD.

---

<sup>1</sup> Medical barriers are those that include stringent screening procedures and identification of medical risk factors that are the basis for denying women access to a contraceptive method.



Doyal & Pennell (1994) argue that power has been disproportionately wielded, not only by the state, but also by doctors and the religious establishment. Many modern contraceptives are 'high tech' and rely on good access to medical provision and monitoring that is unavailable in many settings. One consequence of this 'medicalisation' is that healthy women are channelled towards the medical establishment during pregnancy and also when trying to avoid pregnancy, implying that women's choices are consciously and purposively limited and controlled. Medicalisation results in women being seen first and foremost for their reproductive function (Doyal & Pennell 1994). Women's bodies increasingly become political pawns for population controllers. Simultaneously, neo-liberal emphasis on the formal economy points to the primacy of the formal productive role of women. This undervalues the significant contribution women make in the informal economy to childcare and domestic work that enables men to work in the formal economy (MacDonald et al 1997). The co-existence and interrelatedness of women's reproductive, productive and community management roles are poorly appreciated and are often rendered invisible (Moser 1993). Indeed, population policies have demonstrated distinct gender inequalities rather than choice and uniformity.

Other strong influences on population programmes have included eugenic and neo-colonial motivations of governments and organisations concerned about growing populations of particular ethnic or religious groups. There has been the neo-conservative influence that has been particularly strong in the USA, where fundamental right-wing Christian groups have demonstrated concern about growing use of abortion, the breakdown of marriage and the growth of non-Christian religions. In addition, the medicalisation of reproductive health mentioned above, demonstrates concern for ensuring contraceptive efficacy and minimising 'user failure' rates. Although the Cairo Programme of Action promoted sexual and reproductive health choice and rights, many of these different influences have had a common objective to control particular sections of the global population. Uncritical assumptions about context, the impact of birth rate on economic development and political motivations are often inseparable from the dominant neo-liberal paradigm.

Despite dramatically changing demographic patterns and global population trends, the techniques employed by state actors to reduce population growth have elicited extreme concern. The use of coercion has been widespread (Blake 1998; Hartmann 1995). In the 1970s, in India there was at least one village where all the young men were sterilised (Kabeer 1994). Subsequent protests by the Indian population contributed to the downfall of the ruling party, and notably since then population policies have almost exclusively targeted women (Correa & Reichmann 1994). In Indonesia Hartmann (1995) reports that,

*'...in 1990 family planning workers accompanied by the police and army, went from house to house and took men and women to a site where IUDs were being inserted at gunpoint' p79.*

More subtle forms of coercion can be seen elsewhere. The UK government exerts pressure on people to conform to social norms and advocates family values (Blair undated; NATFHE 1997). Those who fall outside the parameters of these dictates, such as teenagers or older women who become pregnant, cause outrage and are

socially excluded (Wellings et al 1994; Womack 2000). This kind of social pressure may coerce individuals, or act as an incentive to adopt a narrow range of socially acceptable and 'normal' behavioural choices that leads to uniformity. Incentives are criticised both for removing choice from the poor, (Behrman & Knowles 1998) and for having a marginal impact (McNicoll 1998). It is unlikely that a starving person will make an informed choice about whether or not to be sterilised, if food or cash is offered in exchange. Incentives have been used to reinforce the use of specific contraceptives favoured by the population control establishment.

In the United States, some women have been denied welfare benefits if they have another child whilst already a welfare-benefit recipient (Hartmann 1995; NOW LDEF 1997). In the Philippines income tax deductions are limited to those with four children or less, maternity leave is abolished after the fourth child and lower interest rates are offered on bank loans to couples using contraceptives (Concepcion 1994). In Indonesia community incentives have been used. Communities with high contraceptive rates were offered a deep well and scholarships for children from low-income families (Concepcion 1994). In South Africa, the government promoted fertility control policies to reduce the black population (Correa & Reichmann 1994). Female factory workers were threatened with losing their jobs, and Soweto schoolgirls were not allowed to undertake matriculation examinations, unless they submitted to contraceptive injections (Fagan et al 1997). In 1983, the Singapore Government introduced a selective incentive scheme, where uneducated women were penalised for having more than two children, while educated women were given incentives to have more children (Hartmann 1995). Whilst Cambodia, concerned about their dropping fertility rates, restricted access to contraceptives (Concepcion 1994; Ross 1988).

These examples are not isolated incidents, and along with many others, they demonstrate a persistent trend in limited contraceptive choice and abuse of reproductive and broader human rights in many areas of the world. Individual livelihoods and experiences are not however, uniform, and perhaps less well-documented are the numerous examples of the benefits modern contraceptives have brought. For example, in Bangladesh, during the 1970s and 1980s there were many forced sterilisations, but as Brazier (2001) claims,

*'it was equally true that some women went secretly to camps to be sterilized, seeing this as liberation from their mothers' lot of annual childbirth' p11.*

For others, the increasing numbers of family planning clinics and professionals in their community may have meant access to health professionals that were otherwise unavailable for general health problems. For example, in Indonesia, there was so much emphasis on fertility control, that there were more family planning clinics than there health centres (Hartmann 1995). Population programmes for some people will have offered new, previously unavailable choices, whilst for others they will have taken away even the limited choice they had. Experiences of global population control have been far from universal, uniform or equal.

### **Other Factors Influencing Population Control**

Increasingly critics have highlighted weaknesses in the argument for reducing population growth. Traditional carrying capacity equations fail to take cognisance of

the massive inequalities within the distribution system of the world and what has been described as the ‘superconsumption’ of developed nations (Gudorf 1996; Hynes 1999). Gudorf argues that human births are not equal:

*‘...each American child in her lifetime costs the earth as much as five to fifteen times more than do Indian children. When we consider individual use of water, waste production, and other measures of resource use, the environmental cost of an extra child in the developed world is somewhere between seventy and two hundred times that of a child in the developing world’ p343.*

This suggests that to alleviate global carrying capacity concerns, reductions in population growth, paralleled with reductions in pollution and consumption rates in the developed world may have greater efficacy. In addition, the neo-liberal agenda presumes that population growth rate reduction in developing countries will automatically lead to economic growth – an assumption that may be misplaced.

There are many other determinants of fertility levels and reproductive health that have been largely overlooked by neo-liberal population control arguments. Indeed, there is ample evidence that women’s education, employment and empowerment all exert strong downward pressures on fertility levels (Lutz 1994; Westoff 1994). The link between women’s education and reproductive health is supported by significant research evidence, although the evidence is complex. For example, the education and health variables utilised in different research studies are often non-standardised (Robinson-Pant 2004) and there has been disagreement about the validity of conclusions drawn from many studies.

The strongest associations have been found between increased education of women and reductions in infant mortality (Boyle et al 2002; Cleland & Van Ginneken 1988; Jeffrey & Basu 1996; LeVine et al 1991; Pillsbury et al 2000; Stromquist 1997; Thapa et al 2001). The reduction of infant mortality links directly to reproductive health in lowering the necessity for women to bear more children (where childbearing is risky) because children are more likely to survive. Other links have been made between increased years of women’s schooling and decreased desired fertility (Pritchett 1996), and community levels of educational attainment have been linked to lower maternal mortality rates (Mswia et al 2003). A number of studies have noted that girls with higher levels of schooling tend to marry later (Bhopal 1998; Cochrane 1983; Jeffrey & Jeffrey 1997) and women who marry later generally have their first child later and stop having children earlier, so having a shorter fertile period (Jeffrey & Jeffrey 1997). Women with a secondary education have about half as many children as women with no education (Ashford & Noble 1996). Some research has focused more specifically on the role of women’s literacy in improving reproductive health and child survival (Llewellyn 1997; Murthi et al 1995; Population Reference Bureau 2000). ‘More educated women’ are more likely to use modern contraceptives (Bonetti et al 2002; LeVine et al 1991; Shrestha 2000; Stromquist 1997). In addition, there is evidence that children of educated mothers are healthier and better educated (Boyle et al 2002). More recent evidence suggests that education may impact on reducing HIV through educated women’s improved communication and inter-spousal closeness (Jeffrey & Jeffrey 1997) and one study demonstrated that better educated and trained teachers were less likely to be infected with HIV (Bennell et al 2003).

Although the associations between women's education and reproductive health are strong, they are not necessarily causal (Jeffrey & Jeffrey 1997; Robinson-Pant 2004; 2000; Thomas 1999). Studies need to be interpreted more cross-sectionally within a particular society (Cleland 2002; Wynd 1996). There can be up to a 20-year time delay in being able to observe the impact of education or literacy on fertility trends (Bown 1990; Cleland 2002). There is also a 'threshold number of years of schooling' necessary for achieving many of the health and social benefits associated with education (Cleland & Jejeebhoy 1996; Jejeebhoy 1995; Population Reference Bureau 2000), although there are methodological questions about calculating years of schooling, where educational quality varies (Leach et al 2000). The threshold level of schooling is linked to societal levels of gender equality and socio-economic development (Jejeebhoy 1995). Where there are marked gender disparities, more years of schooling are required to achieve an impact on fertility levels (Jejeebhoy 1995). It has been noted that whilst strong family planning programmes do bring fertility rates down, this effect is dependent upon and subordinate to the effects of broader socio-economic development (Cleland 1994). Nevertheless, many remain convinced of a strong association between education and reproductive health (Diamond et al 1999; Jeffrey & Basu 1996; Jejeebhoy 1995; LeVine et al 1991; Lloyd & Mensch 1999).

In those instances where educational research has informed population policies and programmes, neo-liberally influenced actors have promoted women's education as a means to achieving fertility decline, general development and improved economic growth ends (Lewin 1993; Llewellyn 1997; Robinson-Pant 2000; Swainson et al 1998; Thapa et al 2001; Wroe & Doney 2003). Support for education on the basis of these ends overlooks the strong 'right to education' agenda, indeed, many policy makers may need reminding that education is a right within international legislation (Tomasevski 2003).

The selective use and limited impact of the educational research on population policies may have been partly a result of the complexity of the research findings. In addition, the length of time needed to demonstrate impacts between the variables is not popular with neo-liberal models that promote maximum short-term profit. Where neo-liberal culture has dominated, there has been little space for alternatives such as environmental or educational arguments or for questioning of the dominant neo-liberal paradigm itself.

### **The Legacy of Neo-liberal Population Control**

Since the ICPD in Cairo in 1994, family planning policy excesses have been moderated to some degree by the newer reproductive health, choice and rights discourse. However, rights may be common, but they frequently continue to be unequally realised. The extent to which some of the strongly neo-liberal profit-motivated IFIs and other population controllers have really changed their agendas is questionable, even if their rhetoric has changed from population control to feminist reproductive rights (Jeffrey & Jeffrey 1998; Smyth 1998). In many cases they are still perpetuating population growth concerns and following narrow family planning programmes (ADB 2002; Jeffrey & Jeffrey 1997; World Bank 1999). Indeed Smyth (1998) claims

*“...the population establishment may have moved a little closer to understanding and accepting some of the principles embodied in a woman-centred perspective in family planning. The change is, however, a partial and superficial one” p232.*

Through its rhetoric of increasing (reproductive) choice via global market mechanisms, neo-liberal globalisation demonstrates its inherent contradictions within the population field. The market has provided mainly those contraceptives and services that maximised profit or that had the strongest support from medical, state and religious establishments. This has restricted choice to goods and services that prosper in a market environment or that have been prescribed by those in power. On a global scale, Western strategic and political interests informed the targeting of population programmes, and rather than uniformity, massive inequalities of access and choice in reproductive health have resulted worldwide.

Local populations in developing countries have often expressed the desire for family planning services. However, global population programmes and family planning services have had many unintended impacts and have offered limited choice. State actors internationally and nationally have chosen to interpret programmes in order to achieve their own ends, often to the detriment of individual, family and community interests. The rationale and motivations for providing family planning services have been, and remain, questionable. Neo-liberal globalisation and state actors have dominated population agendas, and have limited choice and worsened inequalities. Alternative perspectives, whilst influencing agendas, have been marginalised and have had limited impact.

### **Discussion: Finding the Middle Ground**

The majority of the world population remains excluded from the benefits of the neo-liberal system of consumption and decision-making and thereby from parts of society. This raises questions about the value of neo-liberalism as a mechanism of controlling the global economy when it ignores the desires, needs and well-being of most of the world's population. Neo-liberalism values self-interested rational behaviour and individualism but overlooks the irrational choices people continually make that distort the market and perhaps most worryingly, neglects the benefits to society of collaboration, co-operation, reciprocity and non-profit motivated goods. There is growing concern with the elevated position economics is given as the predictor and master of human behaviour (Edwards 2000; Jacobs 1996). Health care and many other global goods and services (including contraceptives and family planning services), have been described as unsuited to distribution through a system dominated by economics and a profit motive (McGuire et al 1997). Neo-liberal globalisation has suppressed alternatives, but ironically it has also, through dissatisfaction, and the growth of global communication, led to the emergence of stronger alternative agendas and action.

Alternative voices often discard neo-liberal globalisation as a blanket evil, yet this ignores any potential benefits of this paradigm including, for example, the increase in family planning services in many areas of the world (there may be limited choice where before there was no choice). Nevertheless, evidence from previous population programmes demonstrates the severe damage caused by neo-liberal influence on global population policies. Real alternatives, therefore, involve finding the middle ground that acknowledges there are lessons to learn from global neo-liberalism. It

involves choosing to learn those lessons rather than discarding them and beginning again with a blank sheet. Even where alternative approaches to population policies try to move away from neo-liberalism they will have been influenced by the neo-liberal paradigm. Crucially assumptions and prior learning derived from this paradigm need to be made explicit.

There have been some attempts at finding alternatives to neo-liberal domination. Anthony Giddens's 'Third Way' does not challenge the dominance of neo-liberalism (Giddens 1999), while Wilhelm's 'Fourth Way' ignores neo-liberalism, arguing the need to start from scratch (Wilhelm 1999). The effects of neo-liberal globalisation cannot be erased, indeed the lessons of neo-liberalism are valuable and many authors acknowledge the important role of economic growth in conjunction with increased commitment to social, health and education goals necessary for successful development (Ghai 2000; Mehrotra 1997). A challenge for middle ground alternatives is to promote both socially positive elements of neo-liberalism and state intervention but also to limit their worst excesses. For example, the middle ground might call for the state and civil society to adopt greater control of social goods such as health care that are poorly distributed using the market mechanism.

However, regulation of neo-liberal globalisation, rights, environmental protection, corporate power and the role of the state requires a dynamic and self-reflective system. Most governments do not exhibit such reflexivity. Many current initiatives involve voluntary codes of conduct and remain open to interpretation (Edwards 2000). Indeed, it is difficult to determine an internationally 'acceptable core of global rules, rights and standards' and mechanisms for enforcement (Bauman 2001; Coicaud 2003; Edwards 2000), that could be used to regulate neo-liberal globalisation. Mukandala (2002) also argues that the 'logic of the colonial state is perpetuated' as civil society organisations are disempowered by their simultaneous co-option and marginalisation within the neo-liberal paradigm. Whilst Edwards (2000) warns against the professionalisation of formerly cutting edge alternative thinkers such as NGOs and feminists, Tomlinson (1999) referring to how the global is privileged over the local and using the metaphor, 'man of the world', reminds us of the continuing gendered power inequalities associated with globalisation. Similarly, there are cautions that partnership approaches favoured by neo-liberals ignore the 'long differentiated evolutionary process of struggles' that lead to the development of social contracts (between the ruled and the rulers) and that contention is needed as much as co-operation (Fowler 2000).

The rising global inequalities caused by pursuit of neo-liberal policies provide a strong moral imperative suggesting neo-liberalism cannot be allowed to continue to dominate global agendas unchecked and middle ground agendas may become increasingly appealing and realistic. The middle ground might comprise a shift towards more individual fertility choice and sexual rights, rather than the most powerful individuals and companies coercing women and men to behave in particular ways that suit the predominant political, eugenic or religious arguments of the day. Global middle ground alternatives might emphasise the need for global calculations of population rates that cross state boundaries and that can recognise the simultaneous juxtaposition of high births in some countries, fertility treatment in others, high HIV infection rates in some countries, ageing population in others. Added to this is the growing influence of global and local migration.

The middle ground depends on richer more powerful nations and elites relinquishing some of their power and wealth (Gwatkin 2000). Indeed, the greatest challenge for nations and groups is to confront the hegemony of powerful nations and corporations. The demands associated with the promotion of middle ground approaches globally should not be underestimated. The idea of embracing cultural diversity and inter-group difference confronts neo-liberal notions of maximum efficiencies gained through monopolisation, homogenisation and reduced choice dictated by the market, yet, it is precisely this diversity and cultural richness that may offer an abundance of views and alternatives to the existing hegemony. There is a need therefore to both highlight persistent inequalities and simultaneously increase co-operation and understanding through supporting and exploring diversity and creating space for alternatives to compete and co-exist (Desai & Said 2001). Edwards, (2000) argues.

*“the world will never be secure if our goal is to wipe out the differences that exist between us; we have to find ways of uniting with our positive differences intact. So co-operation means talking, listening, learning, and always reaching out to make connections with others. These are the foundations for a positive future...co-operation doesn't work unless those involved have the basic essentials of a fulfilling life: voice, security and equality of rights...eradicating absolute poverty and all forms of gross oppression is therefore a precondition for a co-operative future, as well as the outcome of co-operative practice now. We can't make other people happy, but we can support each other in our attempts to lead more fulfilling lives and help to create an environment in which wholesome choices are more likely” p233.*

There is a need to move away from bipolar, simplistic arguments that exaggerate difference (Stanley 1997), and to move towards facilitating choices from the multiple positions within a continuum of alternatives. Polar opposites tend to be extreme. For example, in relation to population policies, those that argue against coercive family planning campaigns often argue that fertility should be left to its own devices and not interfered with. They thereby deny millions of couples, access to any modern family planning methods and in common with many neo-liberal approaches, ignoring the importance of making connections to education. Reality is generally more complex than bipolar arguments suggest. This simplification and polarisation of arguments misses many of the realistic solutions that are to be found in more middle ground and leads to universal solutions that rarely apply universally. This ‘one size fits all’ approach also risks the application of inadequate solutions. The middle ground is not about ignoring that the extreme arguments exists, but about daring to engage in the more difficult contentions to be found where context, circumstance and diversity are allowed to enter the discourse. These are the contentions that Fowler (2000) deems necessary to development. There is a need to recognise and be willing to moderate polarities and search for what is shared (Edwards 2000). As Hutton & Giddens (2001) argue, to achieve acceptable goals, we need to access the truth which is found somewhere in the middle.

The narrow neo-liberal economic approach to development has failed to encourage shared cross-sectoral and cross-disciplinary approaches, leading to research to policy to implementation gaps. Indeed, knowledge of research and policymaking often remains bounded by disciplines despite more collaborative approaches having greater potential to benefit from synergies and contribute to middle ground alternatives.

Knowledge across disciplines widens available choices from those identified by causal, output-oriented, 'means to end', sectoral interpretations. The majority of the research identifying specific associations between women's education and reproductive health originate within the disciplines of health and demography. Equivalent education research tends to link education with broader development outcomes and the increased likelihood future generations of children will be educated. Knowledge of the health and demography research is patchy among actors from other sectors, whilst knowledge of the education research is also less well known outside the education sector (Bovill 2005). Specialisms have a valuable role, but they may lead to imperfect information and choice within the marketplace. A meeting of minds and methodologies is encouraged by initiatives that share research funding, activity and findings across the sectors.

Rather than disciplinary approaches that prioritise sectoral ends, cross-fertilisation of ideas, research, planning, policy implementation, and evaluation across boundaries increases alternatives. For example, greater recognition of the links between reproductive health, education, empowerment and employment has powerful potential to create longer-term, sustainable comprehensive development outcomes. Increasing calls for greater connectivity between different research communities in the UK (Jackson 2002; Kanbur 2002) have led to some examples promoting cross-disciplinarity such as the joint Economic and Social Research Council (ESRC)/Medical Research Council (MRC) research funding initiative (MRC 2004). Also, action in the UK to connect health and education services at local level through Health and Education Strategic Partnerships (HESPs) (Normington & Crisp 2003), and to connect health and social services through Health and Social Care Partnerships (Brown 2000; Kings Fund 2002) are examples of the increasing recognition of the importance of greater joining-up and learning between these areas. Internationally, the World Health Organisation is currently developing knowledge networks in relation to promote greater links between poverty, social determinants and health (WHO 2004).

The synergy that is greater than the sum of the parts and awareness of the increasingly inter-connected and diverse nature of the world calls increasingly for crossing of boundaries. This increasing awareness of 'others' also increases available choice. Where people are more aware of alternatives, and society supportive of diversity, it becomes easier to make alternative choices.

Middle ground is not about 'sitting on the fence' or being weak, but it is a more difficult and potentially rewarding position. It sees the benefits and disadvantages within existing arguments, and creates alternatives for change that are potentially cross-sectoral, inclusive, and use the skills and strengths of wider sections of the world population. The middle ground emphasises the notion of win-win outcomes that involve negotiation and the need to understand and become familiar with 'others' views and needs. Compromise suggests co-operation rather than competition, and Edwards (2000) suggests,

*'Cooperation implies reciprocity (not complete equality), a willingness to give as well as take, the voluntary acceptance of limits, and action on all sides rather than one'*  
p3.



In conclusion, the middle ground acknowledges the complexity of the real world and attempts to find solutions that encompass broader more people-centred solutions to human problems. The history of population control in the context of neo-liberal globalisation illustrates not only the inherent contradictions of choice and uniformity, but it also highlights the dangers of pursuing one dominant ideology. The middle ground can also encompass a more moderate and socially relevant agenda and approach with the potential to create multiple alternatives to dominant global neo-liberal hegemony. Finally, the middle ground offers a challenge to us all to explore and become familiar with other ideologies that underpin the complexity of diversity and uncertainty. It challenges us all to engage across boundaries to become familiar with unfamiliar 'others' in order to find the multiplicity of alternatives within our own local and global communities.

## References

ADB (2002) *Country Strategy and Programme Update Nepal 2003-2005* ADB Manilla

Appadurai A (2000) Grassroots Globalisation and the Research Imagination *Public Culture* 12 (1) 1-19

Ashford LS & Noble JA (1996) Population Policy: Consensus and Challenges *Consequences* 2 (2) Available: <http://www.gcrio.org/CONSEQUENCES/vol2no2/article3.html>

Bauman Z (2001) Quality and Inequality *The Guardian* Dec 29<sup>th</sup>

Behrman JR & Knowles JC (1998) Population and Reproductive Health: An Economic Framework for Policy Evaluation *Population and Development Review* 24 (4) 697-737

Bennell P, Adhikary K, Devkota B, Lim AH, Ken P, Noten A & Shrestha S (2003) *An Assessment of the Impact of HIV/AIDS on the Education Sector in Nepal* Ministry of Education and Sports Kathmandu

Bhopal K (1998) *How Gender and Ethnicity Intersect: The Significance of Education, Employment and Marital Status* available: <http://www.socresonline.org.uk/3/3/6.html>

Blair A (undated) *The Government Strategy* available: <http://www.number-10.gov.uk/default.asp?PageID=1408>

Blake J (1998) *Fertility Control and the Problem of Voluntarism* in Demeny P & McNicoll G (Eds) *The Earthscan Reader in Population and Development* Earthscan London

Bonetti TR, Erpelding A & Pathak LR (2002) *Reproductive Morbidity – A Neglected Issue? A Report of a Clinic-Based Study Held in Far-Western Nepal* Ministry of Health / GTZ / UNFPA Kathmandu

Bovill C (2005) *Rhetoric or Reality? Cross-sector Policy and Practice at the UK Government Department for International Development (DFID) in the UK and Nepal: An Exploration of Reproductive Health And Women's Education Linkages* Unpublished PhD Thesis Queen Margaret University College, Edinburgh

Bown L (1990) *Preparing the Future: Women Literacy and Development* Development Report No 4 Action Aid Somerset

Boyle S, Brock A, Mace J & Sibbons M (2002) *Reaching the Poor The 'Costs' of Sending Children to School: A Six Country Comparative Study* Synthesis Report Department for International Development London

Brazier C (2001) Building up the Poor – Or Reinforcing Inequality? *New Internationalist* 332 (March) 9-12

Brown S (2000) *Health and Social Care Partnerships Made Easy* Guardian Unlimited Thursday November 9<sup>th</sup> Available:

<http://society.guardian.co.uk/policy/story/0,8108,387920,00.html>

Accessed 22/11/04

Browne A (2001) *The Bush Edict that Kills Women* Population Council Annual Review

Cain M (1983) Fertility as an Adjustment to Risk *Population and Development Review* 9 (4) 688-702

Campbell OMR (2001) *What are Maternal Health Policies in Developing Countries and Who Drives Them? A Review of the Last Half-Century* in De Brouwere V & Van Lerberghe W (Eds) *Safe Motherhood Strategies: A Review of the Evidence Studies in Health Services Organisation and Policy* 17

Center for Reproductive Rights (2003) *The Bush Global Gag Rule: Endangering Women's Health, Free Speech and Democracy. The Global Gag Rule Reimposed* Available:

[http://www.crlp.org/pub\\_fac\\_ggrbush.html](http://www.crlp.org/pub_fac_ggrbush.html)

Chambers R (1997) *Whose Reality Counts? Putting the First Last* Intermediate Technology Publications London

Cleland J (2002) Personal Communication

Cleland J (1994) *A Regional Review of Fertility Trends in Developing Countries 1960 to 1990* in Lutz W (Ed) *The Future Population of the World What can We Assume Today?* Earthscan London

Cleland J & Jejeebhoy S (1996) *Maternal Schooling and Fertility: Evidence from Censuses and Surveys* in Jeffrey R & Basu AM (Eds) *Girls' Schooling, Women's Autonomy and Fertility Change in South Asia* Sage London

Cleland JG & Van Ginneken JK (1988) Maternal Education and Child Survival in Developing Countries: The Search for Pathways of Influence *Social Science and Medicine* 27(12) 1357-1368

Cochrane SH (1983) *Effects of Education and Urbanization on Fertility* in Bulatao RA & Lee RD (Eds) (1983) *Determinants of Fertility Decline in Developing Countries Volume 2 Fertility Regulation and Institutional Influences* Academic Press New York

Coicaud J-M (2003) *Conclusion: Human Rights in Discourse and Practice: The Quandary of International Justice* in Coicaud J-M, Doyle MW & Gardner A-M (Eds) *The Globalisation of Human Rights* United Nations University Press Tokyo

Concepcion MB (1994) *Population Policies and Family Planning in Southeast Asia* in Lutz W (Ed) *The Future Population of the World What Can we Assume Today?* Earthscan London

Cook RJ & Dickens BM (1999) Human Rights and Abortion Laws *International Journal of Gynaecology and Obstetrics* 65 (1) 81-87

Correa S & Reichmann R (1994) *Population and Reproductive Rights Feminist Perspectives from the South* DAWN / Zed London

David HP (1983) *Abortion: Its Prevalence, Correlates and Costs* in Bulatao RA & Lee RD (Eds) *Determinants of Fertility Decline in Developing Countries Volume 2 Fertility Regulation and Institutional Influences* Academic Press New York

Dean CJ (2001) *Partnership and Ownership: A Comparative Study of the Translation of Policy into Practice at DFID and the World Bank* Unpublished MEd Dissertation University of Bristol

DeJong J (2000) The Role and Limitations of the Cairo International Conference on Population and Development *Social Science and Medicine* 51 941-953

Desai M & Said Y (2001) *The New Anti-Capitalist Movement: Money and Global Civil Society* in Anheier H, Glasius M & Kaldor M (Eds) *Global Civil Society* Oxford University Press Oxford

Diamond I, Newby M & Varle S (1999) *Female Education and Fertility: Examining the Links* in Bledsoe CH, Casterline JB, Johnson-Kuhn JA & Haaga JG (Eds) *Critical Perspectives on Schooling and Fertility in the Developing World* National Academy Press Washington

Doyal L & Pennell I (1994) *The Political Economy of Health* Pluto Press London

Duffield M (2001) *Global Governance and the New Wars: The Merging of Development and Security* Zed London

Edwards M (2000) *Future Positive International Co-operation in the 21<sup>st</sup> Century* Earthscan London

- Ehrlich P (1971) *The Population Bomb* Buccaneer Books New York
- Fagan GH, Munck R & Madasen K (1997) *Gender Culture and Development: A South African Experience* in Tucker V (Ed) *Cultural Perspectives on Development* Frank Cass London
- Fowler A (2000) *Civil society, NGOs and Social Development: Changing the rules of the game* Occasional Paper No 1 UNRISD Geneva
- Ghai D (2000) *Social Development and Public Policy: Some Lessons from Successful Experiences* in Ghai D (Ed) *Social Development and Public Policy A Study of Some Successful Experiences* UNRISD Geneva
- Giddens A (1999) *The Third Way: The Renewal of Social Democracy* Polity Press Cambridge
- Gudorf CE (1996) Gender and Culture in the Globalisation of Bioethics *Saint Louis University Public Law Review* 15 (2) 331-351
- Gwatkin DR (2000) Health Inequalities and the Health of the Poor: What do we Know? What can we do? *Bulletin of the World Health Organisation* 78 (1) 3-18
- Hardee K & Yount KM (1995) *From Rhetoric to Reality: Delivering Reproductive Health Promises through Integrated services* Family Health International Available: <http://resevoir.fhi.org/en/wsp/wspubs/rhetor.html>
- Hartmann B (1995) *Reproductive Rights and Wrongs The Global Politics of Population Control* South End Press Boston
- Hutton W & Giddons A (2001) (Eds) *On the Edge Living with Global Capitalism* Vintage London
- Hynes HP (1999) *Taking population out of the equation. Reformulating I-PAT* in Silliman J & King Y (Eds) *Dangerous intersections Feminism, Population and the Environment* Zed Books London
- International Planned Parenthood Federation (2001) *Bush Decision Threatens International Family Planning: Gag Rule will Hit Programs that Reduce Unplanned Pregnancies and Abortion* IPPF Press Release for 23 January Available: <http://www.rememberjohn.com/ippf.html>  
Accessed 11/10/02
- Jackson C (2002) Disciplining Gender? *World Development* 30 (3) 497-509
- Jacobs M (1996) *The Politics of the Real World* Earthscan London
- Jeffrey R & Basu AM (1996) *Schooling as Contraception?* in Jeffrey R & Basu AM (Eds) *Girls' Schooling, Women's Autonomy and Fertility Change in South Asia* Sage London

Jeffrey R & Jeffrey P (1997) *Population, Gender and Politics: Demographic Change in Rural North India* Cambridge University Press Cambridge

Jeffrey P & Jeffrey R (1998) *Silver Bullet or Passing Fancy? Girl's Schooling and Population Policy* in Jackson C & Pearson R (Eds) *Feminist Visions of Development Gender, Analysis and Policy* Routledge London

Jejeebhoy SJ (1995) *Women's Education, Autonomy and Reproductive Behaviour: Experience from Developing Countries* Clarendon Press Oxford

Kabeer N (1994) *Reversed Realities Gender Hierarchies in Development Thought* Verso London

Kanbur R (2002) Economics, Social Science and Development *World Development* 30 (3) 477-486

Kay BJ & Kabir SM (1988) A Study of Costs and Behavioural Outcomes of Menstrual Regulation Services in Bangladesh *Social Science and Medicine* 26 (6) 597-604

Kings Fund (2002) *Health and Social Care Partnerships* Available:  
[http://www.kingsfund.org.uk/HealthSocialCare/hsc\\_partnerships.html](http://www.kingsfund.org.uk/HealthSocialCare/hsc_partnerships.html)  
Accessed 22/11/04

Koblinsky MA, Tinker A & Daly P (1994) Programming for Safe Motherhood: A Guide to Action *Health Policy and Planning* 9 (3) 252-266

Lane SD, Jok JM & Mouelhy MT (1998) Buying Safety: The Economics of Reproductive Risk and Abortion in Egypt *Social Science and Medicine* 47 (8) 1089-1099

Leach F, Abdulla S, Appleton H, El-Bushra J, Cardenas N, Kebede K, Lewis V & Sitaram S (2000) *The Impact of Training on Women's Micro-Enterprise Development Education* Research Paper Serial No. 40 Department for International Development London.

LeVine RA, LeVine SE, Richman A, Uribe FMT, Correa CS, Miller PM (1991) Women's Schooling and Childcare in the Demographic Transition: A Mexican Case Study *Population and Development Review* 17 (3) 459-496

Lewin KM (1993) *Education and Development The Issues and the Evidence* Education Research Papers Serial No 6 Department for International Development London

Leys C (2003) *Market-Driven Politics Neoliberal Democracy and the Public Interest* Verso London

Llewellyn D (1997) *The Linkages of Adult Literacy to Improved Health and Family Planning in Nepal* Family Health International North Carolina

Lloyd CB & Mensch B (1999) *Implications of Formal Schooling for Girls' Transitions to Adulthood in Developing Countries* in Bledsoe CH, Casterline JB, Johnson-Kuhn JA & Haaga JG (Eds) *Critical Perspectives on Schooling and Fertility in the Developing World* National Academy Press Washington

Lush L & Campbell O (2001) *International Co-operation for Reproductive Health: Too Much Ideology?* in McKee M, Garner P & Stott R (Eds) *International Co-operation and Health* Oxford University Press Oxford

Lutz W (1994) Epilogue in Lutz W (Ed) *The Future Population of the World What Can We Assume Today?* Earthscan London

Lutz W & Sanderson WC (2004) *Introduction* in Lutz W, Sanderson WC & Scherbor S (Eds) *The End of World Population Growth in the 21<sup>st</sup> Century New Challenges for Human Capital Formation and Sustainable Development* Earthscan London

MacDonald M, Sprenger E & Dubel I (1997) *Gender and Organisational Change Bridging the Gap Between Policy and Practice* Royal Tropical Institute Amsterdam

McGrath S (2002) *The British Department for International Development and Knowledge-Based Aid* Available:  
<http://www.ed.ac.uk/centas/DFIDpdf>  
Accessed: 19/6/02

McGuire A, Henderson J & Mooney G (1997) *The Economics of Health Care: An Introductory Text* Routledge London

McGurn W (1996) Population and the wealth of nations *First Things* 68 (December 22-25) Available:  
<http://www.firstthings.com/ftissues/ft9612/articles/mcgurn.html>

McNicoll G (1998) Government and Fertility in Transitional and Post-Transitional Societies *Population Council Policy Research Division Working Paper 113* Available:  
<http://www.popcouncil.org/pdfs/wp/113.pdf>

Malthus T (1798) *An Essay on the Principle of Population* available:  
<http://www.artsci.wustl.edu/~anthro/articles/malthus.1798.htm>

Martin H-P & Schumann H (1997) *The Global Trap: Globalization and the Assault on Democracy and Prosperity* Zed London

Martinez E & Garcia A (2000) *What is Neo-liberalism? A Brief Definition for Activists* Available:  
<http://www.globalpolicy.org/soecon/economist/libralsm.htm>

Mehrotra S (1997) *Social Development in High Achieving Countries: Common Elements and Diversities* in Mehrotra S & Jolly R (Eds) *Development with a Human Face Experiences in Social Achievement and Economic Growth* Oxford University Press Oxford

Moser CON (1993) *Gender Planning and Development: Theory Practice and Training* Routledge London

MRC (2004) *ESRC/MRC Interdisciplinary Research Studentships and Post-Doctoral Fellowships* Available:

[http://www.mrc.ac.uk/index/funding/funding-personal\\_awards/funding-esrc\\_mrc\\_interdisciplinary.htm](http://www.mrc.ac.uk/index/funding/funding-personal_awards/funding-esrc_mrc_interdisciplinary.htm)

Accessed: 30/03/04

Mswia R, Lewanda M, Moshiro C, Whiting D, Wolfson L, Hemed Y, Alberti KGMM, Kitange H, Mtasiwa D & Setel P (2003) Community Based Monitoring of Safe Motherhood in the United Republic of Tanzania *Bulletin of the World Health Organisation* 81 (2) 87-94

Mukandala, R (2002) Democratization, Institutional Innovation and the Quality of Politics in SID 2002 International Congress Report *SID Newsletter of the Society for International Development* 7 (4-5) 10

Murthi M, Guio A-C & Dreze J (1995) Mortality, Fertility and Gender Bias in India: A District-Level Analysis *Population and Development Review* 21 (4) 745-782

NATFHE (1997) *Human Values not Family Values* Discussion Paper National Association of Teachers in Further and Higher Education Available:

<http://www.natfhe.org.uk/down/HumnotFamValues.pdf>

Accessed: 22/11/04

NOW LDEF (1997) NOW Legal Defense and Education Fund Files Suit on Behalf of Poor Children and their Mothers *Legal Defence and Education Fund Newsletter* Winter edition available:

<http://www.nowldef.org/html/news/ib/wi97poor.shtml>

Normington D & Crisp N (2003) *Health and Education Strategic Partnerships* Letter 22 May Department for Education and Skills / Department of Health London

Available:

[www.dfes.gov.uk/stlar/downloads/HESPSupdatepaper.doc](http://www.dfes.gov.uk/stlar/downloads/HESPSupdatepaper.doc)

Pillsbury B, Maynard-Tucker G & Nguyen F (2000) *Women's Empowerment and Reproductive Health: Links throughout the Life Cycle* UNFPA/Pacific Institute for Women's Health Los Angeles

Population Reference Bureau (2000) *Policy Brief: Is Education the Best Contraceptive?* Available:

[http://nyac.aed.org/policy\\_briefs/women2000/fertility.htm](http://nyac.aed.org/policy_briefs/women2000/fertility.htm)

Pritchett LH (1996) Desired Fertility and the Impact of Population Policies *Population and Development Review* 20 (1) 1-55

Punnett L (1980) *Women-Controlled Research* in Holmes HB, Hoskins BB & Gross M (Eds) *Birth Control and Controlling Birth Women-Centred Perspectives* Humana Press New Jersey

Rahman A, Robins N & Roncerel A (1998) (Eds) *Exploding the Population Myth Consumption Versus Population Which is the Climate Bomb?* University Press Limited Dhaka

Richey LA (2002) *Is Over-population still the Problem? Global Discourse and Reproductive Health Challenges in the time of HIV/AIDS* Centre for Development Research Working Paper 02.1 Copenhagen

Ritzer G (2000) *The McDonaldization of Society* Sage London

Robinson-Pant A (2004) 'The Illiterate Woman': *Changing Approaches to Researching Women's Literacy* in Robinson-Pant A (Ed) *Women, Literacy and Development: Alternative Perspectives* Routledge London

Robinson-Pant A (2000) *Why Eat Green Cucumbers at the Time of Dying? Women's Literacy and Development in Nepal* UNESCO Hamburg

Ross JA (1983) *Birth Control Methods and Effects on Fertility* in Bulatao RA & Lee RD (Eds) *Determinants of Fertility Decline in Developing Countries Volume 2 Fertility Regulation and Institutional Influences* Academic Press New York

Santow G (1993) Coitus Interruptus in the Twentieth Century *Population and Development Review* 19 (4) 767-792

Sax K (1955) *The World's Exploding Population* Beacon Press Boston

Schearer SB (1983) *Monetary and Health Costs of Contraception* in Bulatao RA & Lee RD (Eds) *Determinants of Fertility Decline in Developing Countries Volume 2 Fertility Regulation and Institutional Influences* Academic Press New York

Seager J (1999) *Patriarchal Vandalism Militaries and the Environment* in Silliman J & King Y (Eds) *Dangerous Intersections Feminism, Population and the Environment* Zed Books London

Selzer J (2002) *The Origins and Evolution of Family Planning Programmes in Developing Countries* Available:  
<http://rand.org/publications/MR/MR1276>

Sen G (1994) *Development Population and the Environment: A Search for Balance* in Sen G, Germain A & Chen LC (Eds) (1994) *Population Policies Reconsidered Health Empowerment and Rights* Harvard University Press Cambridge

Short JR (2001) *Global Dimensions: Space, Place and the Contemporary World* Reaktion Books London

Shrestha DP (2000) Determinants of Current Contraceptive Use Among Nepalese Women: An Analysis of NFH Survey 1991 *Nepal Population and Development Journal* July 2000 p1-9



Singh JS (1998) *Creating a New Consensus on Population The International Conference on Population and Development* Earthscan London

Singh K (1992) Contraception is the Best Development cited in 'Noticeboard' *The Lancet* 340 (8828) 1155

Smyth I (1998) *Gender Analysis of Family Planning Beyond the 'Feminist Vs Population Control' Debate* in Jackson C & Pearson R (Eds) *Feminist Visions of Development Gender Analysis and Policy* Routledge London

Stanley L (1997) *Methodology Matters!* in Robinson V & Richardson D (Eds) *Introducing Women's Studies: Feminist Theory and Practice* Macmillan London

Stiglitz J (2002) *Globalisation and its Discontents* Allen Lane London

Stromquist NP (1997) *Increasing Girls' and Women's Participation in Basic Education* UNESCO Paris

Swainson N, Bendera S, Gordon R & Kadzamira E (1998) *Promoting Girls' Education in Africa: The Design and Implementation of Policy Interventions* Education Research Paper 25 DFID London

Thapa BK, Bajracharya HR, Meyers C, Tuladhar SK, LeVine R, LeVine S & Manandhar R (2001) *Health Beliefs and Care Seeking Practices as they Relate to Education* CERID Kathmandu

Thomas D (1999) *Fertility, and Resources in South Africa* in Bledsoe CH, Casterline JB, Johnson-Kuhn JA & Haaga JG (Eds) *Critical Perspectives on Schooling and Fertility in the Developing World* National Academy Press Washington

Tomasevski K (2003) *Education Denied Costs and Remedies* Zed London

Tomlinson D (1999) *Globalization and Culture* Polity Press London

Tsui AO, Wasserheit JN & Haaga JG (1997) (Eds) *Reproductive Health in Developing Countries Expanding Dimensions Building Solutions* National Academy Press Washington

UNFPA (1996) *Programme of Action Adopted at the International Conference on Population and Development Cairo 5-13 September 1994* UNFPA New York

United Nations (1995) *Report of the International Conference on Population and Development Cairo 5-13 September 1994* United Nations New York

Walt G (2000) *Health Policy: An Introduction to Process and Power* Fourth Impression Zed London

Wellings K, Field J, Johnson AM & Wadsworth J (1994) *Sexual Behaviour in Britain The National Survey of Attitudes and Lifestyles* Penguin London

Westoff CF (1994) *Reproductive Preferences and Future Fertility in Developing Countries* in Lutz W (Ed) *The Future Population of the World What can We Assume Today?* Earthscan London

WHO (2004) *Commission on Social Determinants of Health* Note by the Secretariat World Health Organisation Executive Board 115<sup>th</sup> Session 25<sup>th</sup> November 2004 EB115/35

Wilhelm D (1999) *The Fourth Way Guidelines for Tomorrows World* Shephard-Walwyn London

Womack S (2000) Teenage Pregnancy Rate gets even worse *Daily Express* March 29<sup>th</sup> Available:  
<http://www.lineone.net/express/00/03/29/news/n0620preg-d.html>

World Bank (1999) *Country Assistance Strategy Nepal 1999-2001* World Bank Kathmandu

Wroe M & Doney M (2003) Lessons Worth Learning *Developments* 22 p3

Wynd S (1996) *Health Education for Family Planning, Schooling for Family Planning: Contrasting Perspectives on Fertility and Girls' Education in Niger* Unpublished PhD Thesis University of Edinburgh