
In 1995, following the watershed International Conference on Population and Development (ICPD) in Cairo, Rosalind Pollack Petchesky wrote about the ‘fault line’ over which the newly endorsed Consensus of reproductive health was being erected. Embedded within the global paradigm agreed by feminists, demographers, various religious factions, health advocates, development donors, and policymakers, she argued, lay a deeply unresolved contradiction: the feminist vision of reproductive health was being pursued against the backdrop of mainstream (neoliberal-driven) economic development. Surely, the realization of reproductive health aspirations envisioned by the women’s health movement would be compromised in this context? Fifteen years later, Reichenbach and Roseman’s book is evidence of where that fault line has led the fortunes of global reproductive health.

The chapters in Reichenbach and Roseman’s edited volume succinctly document the gradual, but definite, decline of the pre-eminence of reproductive health in global health policy. Its greatest triumph has been conceptual. Its advocates successfully demonstrated the hitherto unrealized interconnectedness between reproductive health and a range of disciplines; from human rights, law and feminism to demography and policy. Operationally, however, its implementation has been bogged down by conservatism and political compromise at various levels, and overshadowed by other global priorities such as economic strategies, anti-poverty goals and the global HIV/AIDS pandemic. There have been challenges in translating rights-based reproductive health into evidence-informed and viable programmatic outcomes. Furthermore, a focus on reproductive health has not concretely proven to influence change in broader developmental indicators. Not surprisingly, there has been a dampening of the initial enthusiasm of funders and governments to resource reproductive health programmes.

Against this background, the authors, leading scholars in their field, analyse the challenges of realizing the goals of the ICPD. The contributors come from a range of institutional and disciplinary interests – the women’s health movement, international donor agencies, academia, policy, demography and law – and these are reflected in the range of themes captured in the sixteen chapters of the book. The editors frame the fundamental question of this book in Chapters 1 and 2: should the ICPD be evaluated as a glass ‘half full’ or ‘half empty’? Is it still a Consensus or a series of compromises? Subsequent chapters call for a rethink of the relationships between reproductive health, population programmes and poverty reduction (see Zeidenstein’s, and Bloom and Canning’s chapters). Operational aspects are discussed by Merrick.
who analyses resource shifts for reproductive health) and Kaufman (on the challenges of measurement). Specific issue areas like young people’s sexual/reproductive health, and abortion are explored by, among others, Shepard and Berer respectively. The final chapters are devoted to institutional gaps; Basu bemoans the absence of sound academic pedagogy on reproductive health, Larson and Reich appraise the role of the UN, Kissling examines the Catholic Church as a key actor in the ICPD and Girard’s analysis focuses on advocacy during and following the ICPD.

The book is an important contribution to the field providing a much-needed stocktake of processes of the mid-1990s that, despite flagging policy interest, continues to have global significance. The chapters are evenly consistent in their thoroughness and analytical depth; clearly, the authors have considerable in-depth knowledge of the areas on which they write. Most chapters set out a historical context as well as provide forward-looking assessments. It is not surprising to see repeated reference to the Bush administration, Vatican and Islamic conservatism, and the HIV/AIDS pandemic, all of which have been influential in defining the outcomes of the reproductive health agenda. The volume reminds us of the tensions within which the goals of the ICPD have been germinating: the compromise of realizing pragmatic outcomes for populations while maintaining feminist visions of reproductive empowerment; the constraints in retaining reproductive health as a political agenda amidst its bureaucratization; and the challenges of reactionary forces operating alongside social justice actions.

This book is not uplifting; it cannot be. The changes in the social, cultural and political landscapes in the past decade have been too substantive and the challenges for reproductive health forceful. Yet, despite its sobering narrative, the book’s conclusion is realistic in recognizing the need to engage with that change and to strategize accordingly. The passing of a generation of ‘reproductive health’ specialists – many of them contributors to this volume – will further put strain on the ongoing momentum that is required to maintain this strategic engagement. Regardless of the future outcomes of the reproductive health ‘Consensus’, one thing cannot be denied: it will be marked, for generations, as one of humanity’s most successful global experiments in bringing together conflicting interests to work together for women’s betterment.

Reference


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