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The 2nd Annual Asia Pacific Conference on Reproductive and Sexual Health: Critiques, Challenges, and Cautious Optimism

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Introduction

From October 6-10, 2003 almost 1,500 delegates, primarily from Asia and the Pacific, gathered in Bangkok for the 2nd Annual Asia Pacific Conference on Reproductive and Sexual Health (APCRSH.) With only a handful of attendees from the United States and Europe, the debate at the APCRSH provided unique insight into what are perceived to be the overarching issues and challenges to achieving reproductive and sexual health in Asia. Because many of the issues that were raised in Bangkok have global implications, or were specifically targeted at donor countries, the following summary is intended to share the central points of this debate with a broader international audience.

The overall tenor of the APCRSH was one of cautious optimism, where the progress of the reproductive health approach over the past decade was juxtaposed against the present challenges posed by growing fundamentalism and shifting global priorities. An undercurrent of disappointment also ran through the proceedings, as delegates recognized the region's failure to achieve the ambitious goals set out at the 1994 Cairo International Conference on Population and Development (ICPD). Much of this disappointment took the form of frustration with the Bush Administration's policy and funding shifts that have taken place since the Cairo conference. Perhaps because of this disappointment, even though it was a conference intended to address the theme of "Moving into Action," prescriptions for reproductive health activism were less forthcoming than were assessments of current challenges. This article documents the most important of these challenges that were identified by participants and highlights the strategies that were put forth to help overcome them.

Following a brief overview of the composition and theme of the APCRSH, the discussion below details the major themes of the conference. It begins by outlining the numerous critiques that were lodged against American reproductive health policy, provides an overview of the other central points of the conference, and concludes with a look at the strategies proposed for pursuing reproductive and sexual health and rights in the current political environment.

Background of the Debate

With an attendance of nearly 1,500 civil society, government, and donor representatives from the Asia Pacific region, many delegates expressed the belief that the APCRSH was the most important reproductive health event held in the region since the 1st APCRSH was convened in Manila during 2001. Whereas the first conference focused on gender equity, the theme of the second APCRSH was more activist in nature, as expressed in the theme of "Moving into Action:

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Realizing reproductive and Sexual Health and Rights in the Asia Pacific Region."[i] While this activist agenda was left largely unrealized during the conference, the ideals of activism and regionalism still infused the proceedings.

The debate was often dominated by voices from the Philippines and India, primarily because participants from these two countries represented the single largest proportion of delegates in attendance. Reflecting the momentum the 1st APCRSH generated in Manila, a disproportionate number of panel and plenary discussions revolved around reproductive and sexual health issues in the Philippines. Similarly, Indian viewpoints informed many of the sessions, due largely to the rich tradition of population studies and reproductive health activism in the country. While certain Asian communities were well represented in the debate, Pacific Islanders and Americans were conspicuously absent. The few Pacific Islanders who were in attendance expressed frustration that this was another in the number of Asia-Pacific events that marginalize the concerns of the Pacific. In contrast, while American policy was a central presence in the debate, Americans themselves were barely visible in the conference hall. Only about 50 Americans attended the conference, comprising approximately 3 percent of the delegates, all hailing from United States (US) based non-governmental organizations and universities.

Critiques of the US Government

While the US Government may not have been represented at the conference, its policies remained a constant presence in the discussion. Much, if not all, of this discussion was highly critical of the Bush Administration's international population and health policies. This criticism seems to have stemmed from an overall sense of disappointment and frustration with the lack of progress toward the reproductive health agenda set out in the ICPD. As the overview of these critiques below demonstrates, these shortcomings are frequently attributed to the Bush Administration's policy reorientation following the Cairo conference. While one participant noted that it is "too easy" to make the US a scapegoat for the region's failures, it was nonetheless cast as the common enemy by the bulk of the participants.

The tenor of this critique is captured in an article from one of the international wire services covering the event, which noted that "a conference on reproductive health began here Monday with U.S. President George W. Bush being cast as a villain for his attempt to bully health clinics in the developing world to follow his conservative political agenda."[ii] A general theme among the participants and presenters was discontent with what is perceived as the Bush Administration's retreat from the leadership role it had previously taken in the women's health movement. The Administration's decision not to reaffirm the Cairo agreement during the recent Fifth Asian and Pacific Population Conference was widely criticized, as was US opposition to the terms "reproductive health services" and "reproductive rights."[iii]

Nancy Northrup from the New York-based Center for Reproductive Rights offered the most vocal and well-received indictment of US policy of the conference. Focusing on President Bush's reimposition of the 1984 "Mexico City Policy" she argued that the policy affords anti-abortion groups a disproportionately large voice in the global debate on abortion, one that is directly tied to recent influxes in US funding. She also noted that this approach ran counter to the administration's intent by actually increasing the number of women seeking abortion services, since it also limits access to safe family planning alternatives. In order to counter current US policy, Northrop called on participants to strengthen international standards and human rights agreements, as well as to promote reproductive health policies at home.

Also taking issue with current US funding priorities was John Cleland of the London School of Hygiene and Tropical Medicine. He argued that the current trend of decreasing funding for

reproductive health services, while simultaneously increasing funding for HIV/AIDS treatment missed the mark in both cases. Citing recent studies, he highlighted the fact that current health needs of women in developing countries overwhelmingly involve basic reproductive health problems, such as menstrual irregularities and reproductive tract infections. However, because disproportionate amounts of funding are now invested in promoting condoms solely as a tool of disease prevention, more fundamental reproductive health problems are not dealt with. As a result, Cleland argued, the basic health and contraceptive needs of women remain unaddressed, while incomplete messages about HIV/AIDS are becoming the dominant form of health communication.

Offering a cultural critique of the Bush Administration's approach to reproductive health, Michael Lim Tan, Chair of the Anthropology Department at the University of the Philippines, took issue with the ABC (**A**bstinence, **B**eing Faithful, and using **C**ondoms) approach. He argued that "being faithful" has different meanings throughout Asia, so that promoting a policy of monogamy does not always have expected result. For example, some men consider themselves to be in monogamous relationships when they have only one wife but several mistresses; similarly, some sex workers see themselves as being faithful to one regular partner while still engaging in sexual relationships with numerous other people. Thus, Tan noted that when monogamy is promoted as a means for preventing HIV transmission, such cultural miscues can be deadly.

Despite recent American overtures toward the production and distribution of generic HIV/AIDS drugs, significant criticism was lodged against what was perceived as US protectionism of its pharmaceutical industry. Susan Paxton, an Australian AIDS activist, generated a round of applause with her statement that what is needed in order to ensure victory against the epidemic was "a pre-emptive strike on the Bush Administration's weapons of mass destruction" that keeps drugs out of the hands of the people who need them. However, Dennis Altman, President of the AIDS Society of Asia and the Pacific, presented a more nuanced view. While he criticized US support of pharmaceutical companies in maintaining high-cost and low distribution of critical drug therapies, as well as opposing the production of generic drugs, he also noted that it is "too easy" to place all the blame on the US. Because national governments in Asia are often equally as complicit in denying their citizens necessary treatment, activists must also work to change these national policies toward HIV/AIDS prevention and treatment.

Other Central Themes

While US policy was a frequent subject of discussion among the delegates, it did not preclude debate on other issues. Underpinning the sense of frustration with the Bush Administration's reproductive health policies was recognition of the challenges and shortcomings facing the region in the years following the ICPD. Each of the five major recurring themes of the conference detailed below- the threat of fundamentalism, the increased role of private sector health care, ineffective management of HIV/AIDS, the crisis of violence against women, and continued discrimination in health and legal systems - also speak to the unfinished nature of the Cairo agenda.

Growing religious fundamentalism, whether Christian, Muslim or Hindu, poses a threat to reproductive health and rights throughout the world.

It was frequently argued that the growing vein of conservatism in both Asia and the United States is adversely affecting the struggle to realize reproductive health and rights. Whether taking the form of the Taliban in Afghanistan, Hindu Nationalists in India, the Catholic Church in the Philippines, or the Christian Right in the US, participants contended that these groups all

employed similar appeals to tradition and religion in order to silence the debate on sexuality and health that emerged in the 1990s.

In addition to stifling debate on reproductive health and sexuality, speakers also noted that fundamentalism can pose a more immediate threat to women's welfare. One example of this was provided by Renu Khanna, an Indian researcher, who argued that the intersection between religion and gender during the 2002 riots in the state of Gujarat resulted in untold cases of violence against women. She found a largely unreported epidemic of Hindu men who attacked Muslim women during the riots, often committing sex crimes that involved mutilating their reproductive organs. Khanna contended that this was a natural extension of the Hindu fundamentalist rhetoric that casts Muslims as a threatening 'other,' and Muslim women as the unchecked breeders of the growing hordes of that other. These physical injuries were then compounded by discrimination against women in the health, social, and legal systems of the predominately Hindu state; so that the legacy of this violence was chronic pain, shame, and the inability to pursue justice against the attackers.

On a similar note, Sunila Abeysekera theorized that in many societies, especially conflict-ridden ones, fundamentalism has given new meaning to the idea of women's bodies as a battleground for other conflicts. She noted that the conservative tactics which ostensibly venerate women, such as the glorification of motherhood or the promotion of woman as the mother of the community, actually undermine women's rights because they limit women's value to the reproductive arena.

Private sector involvement in reproductive health care is here to stay.

Another recurring theme was the recognition of a growing trend in Asian health care systems. Despite increased donor financing of private providers, and the more frequent patronage of these services by the middle classes in developing nations, reproductive health advocates have traditionally devoted little attention to the private sector. John Cleland lamented this oversight, arguing that successful reproductive health advocacy must take into account the growing import of the private sector. While the ICPD and much of the international discourse on reproductive health have focused primarily on state-run services, he noted that the "real action" in Asia (especially South Asia) is taking place in the private sector. In order to avoid being marginalized in the post-Cairo reproductive health debate, groups working in reproductive health need to respond to this trend. In order to do this, he suggested pilot programs to help educate women and men to be more savvy consumers of these private services, and to demand their rights as customers.

Two other speakers from India, Saroj Pachurai and Sundari Ravindran also highlighted the need to take private sector involvement more seriously. They contended that because reproductive health care is falling between the cracks of larger government health sector reforms in Asia, the private sector is the only alternative for meeting such needs. Both speakers noted that public/private partnerships were a viable model for providing such services in the current era of reform and decreased donor funding for basic health care.

As a whole, Asia is not responding effectively to the impending HIV/AIDS crisis.

Participants stressed that their governments, especially those of South Asia, are reluctant to fully engage in combating the disease because they do not want to admit that HIV/AIDS infection is a growing problem in their nations. This is because it is still understood as a disease of the marginalized- drug users, sex workers, and homosexuals- and not perceived to be something that affects the 'productive' elements of society. Complicating this political resistance is the fact that, according to Michael Mbizvo of the World Health Organization, recent health reforms in Asian nations have diverted funding from reproductive heath activities to HIV/AIDS programs.

Because the epidemic can not be dealt with effectively outside of the context of reproductive health, he dismissed such an approach as dangerous and ultimately counterproductive. However, it was often noted that Thailand is the notable exception in Asia's experience with HIV/AIDS prevention and treatment. Through extensive public education and promotion of condom use, the government has been able to avert the impending crisis of the early 1990s, providing one model of success for the region.

In order to overcome this malaise, several speakers called for increased political and financial commitment on the part of donor governments. Most notably, Dennis Altman of the AIDS Society of Asia and the Pacific contended that the momentum to combat the HIV/AIDS epidemic in Asia seems to have dissipated following the launching of the "War on Terror." He questioned if two such wide-ranging wars could co-exist, arguing that the specter of HIV/AIDS is far more threatening in the long run then Islamic Militants. Because the HIV/AIDS epidemic has the potential to undermine all the advances of development in the global south, creating the climate for more anti-Western terror, Altman implored the international community to reignite the momentum to fight HIV/AIDS in Asia.

Legal and health systems continue to discriminate against women and deny them their reproductive and sexual rights.

Throughout the conference, participants also frequently highlighted the ways in which gender biases in health and legal systems continue undermine women's access to reproductive and sexual rights. A panel on abortion focused specifically on this issue, demonstrating that in countries where the procedure is illegal, both women's health and legal status suffers. Based on evidence from Nepal and Indonesia, countries where abortion has been illegal for most of the past decade, panelists argued that women who broke that law were significantly more likely than men to experience negative consequences. Sapana Pradhan-Malla, the President of the Nepalese Forum for Women, Law and Development, presented a study showing that women more frequently faced legal sanctions for abortion-related crimes than men. Even though both men and women were arrested for violating the prohibition against abortion, and the procedure was legalized early in 2003, recent prison rolls showed that 47 of the 50 people remaining in jail for abortion crimes were women, and only 1 of the 4 people on bail for the same offense was a woman. She attributed this difference to social restrictions that make it more difficult for women to seek legal counsel or to produce the less than US $200 bail. Similar gender discrimination contributed to the high rate of abortions in Indonesia, where the practice is currently illegal. Budi Wahyuni, the Executive Director of the Indonesian Planned Parenthood Association, argued that this is because the same conditions that produce high numbers of unwanted pregnancies- poor sexual education and high levels of gender inequality- also create a situation in which abortion is the only viable option in a society where pregnancy out of marriage is not recognized. The results, much as in Nepal, were high rates of abortion-related complications and fatalities as well as legal prosecution of women over men.

A study of the gender issues related to HIV/AIDS treatment in Asia presented by Susan Paxton, an Australian AIDS activist, also highlighted biases in health care practices. Paxton argued that the current focus on prenatal diagnosis of the disease also helps create a new set of biases, as early detection the virus creates in women leads to new types of discriminatory practices. During pregnancy-related visits, Paxton argued, women are frequently coerced into being tested for HIV and then coerced into participating in treatment. Not only do they experience pressure within the medical system, but once they share their status with their families, they are then often seen as the ones transmitting the disease. This perception negatively affects their treatment options and care, and reinforces the notion of the women as the root of the problem. Because of this, Paxton

concluded, the epidemic disproportionately affects women and necessitates a gender-based response.

Violence against women is a major international health problem, one that is perpetuated and exacerbated by gender discrimination in social and health systems.

Whatever the causes driving gender-based violence, be it social anomie or fundamentalist furor, a number of participants noted that systematic discrimination against women nearly always complicated the problem. Marjorie Muecke from the University of Washington gave one example of this based on her experiences in Thailand, the host of the APCRSH. She presented the findings of a study demonstrating that violence against women was growing in the country, which was attributed to the intersection of increased alcohol consumption by Thai men and the proliferation of television soap operas that promoted the cultural ideal of submissive Thai women. Muecke argued the internalization of this ideal by men has contributed to the increased frequency of gender-based violence, and its growing acceptance by women made them less likely to seek treatment for injuries.

Moving Rhetoric into Action

Reflecting the official agenda of the conference, a final pervasive theme of the event was the "Moving into Action: Realizing Reproductive and Sexual Health and Rights in the Asia Pacific Region." While strategies for advocacy may not have dominated the discussion to the extent that the organizers had intended, an undercurrent of cautious optimism nonetheless emerged. Practitioners and researchers offered solutions for overcoming the challenges identified above, and participants expressed a renewed vigor and enthusiasm for tackling such challenges at home. The three most notable prescriptions for "Moving into Action" are given below.

International law and agreements, such as human rights documents and the ICPD, provide an important global advocacy tool in the face of increased fundamentalism.

A common theme among speakers was that international human rights agreements can be used to ensure that national governments defend reproductive rights in the face of growing conservatism. Sunila Abeysekera argued that despite recent difficulties in realizing reproductive health since Cairo, a rights-based approach remains a useful advocacy tool in that it gives a tangible, legal meaning to the concept of reproductive rights. Because formal rights entail an obligation on the part of national governments, they can be used as an instrument for staking a legal clam to reproductive health services. More specifically, Nancy Northrup from the Center for Reproductive Rights encouraged participants to help strengthen international agreements and human rights instruments so that they could be used to counter the trend toward conservatism in the US and abroad.

Manisha Gupte also reminded the conference that reproductive rights should not be reduced to family planning alone, nor should sexual rights be reduced to disease prevention. There is a range of related concerns that need to be defended under those rubrics, such as cross-religious marriage rights and homosexuality, since "when diversity is threatened, the monoculture of fundamentalism arises."

Research on reproductive health needs to be more action-oriented.

Because of the large number of researchers and academics in attendance, the discussion turned to the perennial problem of how to make policy-relevant findings more accessible to policymakers. A satellite session convened by the Population Council addressed this issue specifically, and

identified a set of strategies that researchers can use to make their work more policy relevant. This list included tactics such as: developing projects in light of existing local needs; thinking about utilization at the very earliest stages of research design; and making sure the findings are communicated to policymakers in a manner that they find understandable, interesting, and relevant. One practitioner also suggested that a good model is to generate research agendas out of practice, instead of trying to make existing research relevant to practice, as is usually the case.

During a plenary session, Jay Satia from ICOMP, went as far as to chide the audience for not paying more attention to research findings. He argued that there was a significant "knowledge-action gap," between what is known about poverty and health and what is being done about it. One primary example of this cited by Satia is that even though it is widely known that 1/3 of the world suffers nearly 2/3 of the world's reproductive health problems, not enough programming focuses explicitly on serving the needs of the extremely poor and chronically ill. To reconcile this knowledge with action, he implored the audience to focus more attention on how their efforts directly affect the poor.

The relationship between activists and their governments does not have to be antagonistic; productive interactions between the two camps are possible.

Finally, participants also offered suggestions for engaging in more productive discussions and about reproductive and sexual health with their own governments. The large Filipino delegation, consisting of activists, legislators, and bureaucrats, provided a living illustration of how these camps can work together. Despite the Arroyo Government's support of the Catholic Church's stance on reproductive health issues, activists were able to gradually develop a productive dialogue with some supportive technocrats and elected officials. Through continued engagement with these elected officials and bureaucrats, Filipino women's groups have been able to bring about measured changes in their country's policies toward reproductive health. The nature of this influence was seen on the third day of the conference, when the plenary session exploded in celebration following the announcement that the country's first reproductive health bill had just passed through committee and was on its way the being considered by the legislature as a whole.

Reproductive health advocates have experienced similar successes in influencing national policy in India, and one speaker provided a summary of the lessons learned from those efforts. Bhamathi Balasbrahmanyam from the United Nations Population Fund in India offered three tips for successful government advocacy. First, she noted that it was important for advocacy groups to intervene early in the policy process, otherwise advocates are placed in a reactive mode and are continually playing a game of catch-up. Second, it is critical to focus on influencing the larger policy process as a whole instead of trying to change individual programs. She noted that this latter strategy is the conventional, and only partially successful, approach of advocacy groups in India. Finally, she reminded the audience that government should not be seen as a monolith. National governments are large and diverse organisms that can, and should, be divided into smaller and more manageable targets for advocacy.

Conclusion

The tenor of the APCRSH is captured in the "Call for Action" that was distributed by conference organizers during the Closing Ceremony.[iv] Detailing seven challenges to achieving sexual and reproductive health, but only one single, nebulous sentence on how to overcome them, this statement embodied the tension between frustration and optimism that pervaded the conference. It is this tension that ensured that the APCRSH was as much a conference about the present challenges to realizing reproductive and sexual health and as it was about "Moving into Action."

As the summary above demonstrates, in many respects, the conference was dominated by a sense of disappointment with the region's slow progress in realizing the Cairo agenda. This

frustration was articulated as criticism of the current obstacles toward reproductive and sexual rights in the region, posed by both internal and external forces. The United States emerged as somewhat of a straw man during the conference, with the Bush administration held responsible for everything from skewing the global debate on abortion to keeping drugs out of the hands of AIDS patients. While many of these arguments were very well supported, as one speaker noted, the US is not the only government that works to restrict reproductive rights in Asia. Recognizing this, a number of participants also highlighted factors within their countries, such as fundamentalism and discriminatory national health and legal systems, which undermine reproductive rights in the region.

However, despite the pervasive pessimism of many of these discussions, the conference was also underpinned by an overall sense of cautious optimism. This was seen in the number of panels and plenaries that focused on "Moving into Action" to build on the measured gains of the past decade, and in the specific strategies given for overcoming the current challenges outlined above. It was also seen in the less concrete feeling of regional solidarity that emerged as delegates looked to the lessons learned in other countries to meet challenges in their own national contexts. Building on that momentum, two new cross-regional collaborations were launched at the APRSCH: a South Asian regional reproductive health forum; and the Southeast Asian Consortium on Gender, Sexuality, and Sexual Health. The positive perception of the event among participants was also apparent at the Closing Ceremony, as the audience enthusiastically cheered the announcement that the 3rd APCSRH would be held in 2005 in Malaysia.

APPENDIX

APCRSH Call for Action

(Original text distributed on 10/10/03)

The 2nd Asia Pacific Conference on Reproductive and Sexual Health was held in Bangkok from October 6-10 2003 and attended by 1500 delegates from the region stressed the importance of sexual and reproductive health and gender equality for overall socio-economic development and emphasized the following challenges:

1. Changing economic policies and health sector reforms are reducing quality of care of services and access to health care for poorest sectors of our countries.

2. Cross-border migration and increasing mobility [is] exposing vulnerable populations to reproductive and sexual health risks.

3. Gender inequity is increasing women's risk of infections and violence, both within homes and in public places.

4. Reproductive and sexual rights and choices are being restricted and violated by conservative forces.

5. Maternal mortality and morbidity, unwanted pregnancies and unsafe abortions remain very high.

6. HIV/AIDS is spreading rapidly and threatening the very existence of our society.

7. Reproductive and sexual health services remain inaccessible for youth because of restrictive cultural values and policies.

UN agencies, governments, NGOs and donors must urgently commit and take action to improve reproductive and sexual health and rights of women and men in the region.

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[i] The primary sponsors of 2nd Annual Asia Pacific Conference on Reproductive and Sexual Health were the Ford and Rockefeller Foundations. Also supporting the event were the: Hewlett Foundation, the International Women's Health Coalition, World Health Organization, the United Nations Population Fund, the Packard Foundation, and the Government of Thailand. The secretariat was funded by the Raks Thai Foundation (previously CARE Thailand) and based in the Center for Health Policy Studies at Mahidol University (Bangkok).

[ii] Macan-Markar, Marwaan. October 5, 2003. "US Bullying Tactics Come Under Fire at Meeting." Inter Press News Service Agency [online]. Available from: http://www.ipsnews.net/interna.asp?idnews=20476. [Accessed November 15, 2003].

[iii] The Fifth Asian and Pacific Population Conference was held in Bangkok from December 11-18, 2002.

[iv] The full text of this statement is provided in the appendix.