

COMPLEMENTARITY AND DIVERSITY BETWEEN THE UN 1974 BUCHAREST WPC AND UN 1994 CAIRO ICPD WITH REFERENCE TO THEIR ISSUES AND RECOMMENDATIONS

Hadgu Bariagaber

Department of Population Studies

University of Botswana

hadgub84@gmail.com

Abstract

The concerns of population growth had been there from time immemorial. As far back as 500 BC, the Ancient Chinese, Greeks and Roman Empire used to recognize the implications of high population growth on resources, as described by the Malthusian principle, articulating that unchecked population growth rate is faster than food supply where population manifests exponential growth trends whereas food supply to grow in arithmetic fashion.

*Overtime, the Malthusian population growth notion sparked debates which gained momentum and featured into the international political agenda after the 1945 establishment of the United Nations. Accordingly, since early 1970's, sentiments started to crop up that rapid population growth was a hindrance to development in the third world, and hence, argued by the Neo-Malthusian capitalist oriented group that direct "**birth Control**" had to be introduced as a panacea to enable couples to limit their fertility thereby curbing the high population growth to be covered by the available resources. However, it was counter-argued by socialist-oriented group that "development is the best contraceptive" to facilitate the acceptance of "birth control". Our interest is, therefore, focused on looking at the complementarity/convergence and divergence in the issues raised and recommendations made by the UN 1974 Bucharest World Population Conference (WPC and the UN 1994 Cairo International Conference of Population and Development (ICPD) in relation to fertility agendas.*

Key Words: *birth control, development, WPC, ICPD, complementarity and diversity*

Introduction and Background

The ideas and concerns about population and resources have been there from time immemorial which could be traced as far back as 500 BC and as well as during the ancient Chinese, Greeks and the Roman Empire.

The Malthusian ideas that nature takes its own course for population to adjust itself through preventive checks (*unintentional reduction of fertility*), and positive checks (*malnutrition, hunger, famine, morbidity and mortality*) had been there since the early 18th century. It was further

elaborated that population increases in exponential fashion, while food supply in arithmetic progression, eventually resulting in the diminishing returns of land productivity.

Accordingly, soon after the formation of UN in 1945, one of the forefront agendas of the organization was to engage in the fast growing populations of the Third World Countries and implications on development. *Consequently, UN convened the First and Second International Population Conferences at Rome(1954) and Belgrade (1965)*, though the focus of these two conferences were on academic exercise and undertaking researches of various population and related issues of interests. These two Conferences were followed by the UN 1974 Bucharest WPC and UN 1994 Cairo ICPD.

The Evolution of Population and Development Concerns: Historical and Contemporary Perspectives

The population/development *Cause/Consequences Nexuses* of the Neo-Malthusian era were further elaborated during the 1960's and 1970's, conceptualizing that the "*Generative Power of Man*" is superior while the "*nutritive power of the earth to meet the growing population is limited food subsistence*".

These ideas were extensively dealt by a group of 30 prominent social/environmental and other scientists, gathered in Rome in 1968 to find solutions to the world's population problems and summarized their hypothetical observations as follows:

- (1) *resources of the earth is assumed to be non-renewable;*
- (2) *the earth's biosphere capacity to absorb pollution is finite/limited;*
- (3) *provision of arable land to supply food is finite or limited;*
- (4) *the Earth has been facing an unprecedented pace of demographic growth; and finally*
- (5) *resulting into a danger of absolute "Overpopulation" with respect to food availability, deterioration of the eco-system and depletion of natural resource needed for industrial inputs.*

Based on the above major variables, they conceptualized that "population growing in limited environment, say *in a limited Island*, can approach the ultimate carrying capacity of that environment in several ways, forming *Pull/Push Hypothesis* between them", and eventually both population and environment perish for ever if subsequent actions/measures were not taken.

Afterwards, the UN established NFPA in 1967 with the mandates to assist the third world countries to formulate integrated Family Planning Programmes and financial and technical assistances to undertake national population and housing censuses for various plans, monitoring and evaluation. Subsequently, the UN organization initiated the 1974 Bucharest World Population Conference (WPC) and the 1994 Cairo International Conference of Population and

Development (ICPD). Accordingly, this paper tries to examine the issues raised and recommendations made in these two International conferences.

Problem Statement

Out of the aforementioned UN International Conferences, the interest of this article is focused on the 1974 Bucharest and 1994 Cairo population conferences. The Bucharest Conference was encountered with diverse opinions, being reflected by ideological differences among representatives from the developed and developing countries.

The representatives of the capitalist world, led by USA, took a stand that direct ***“Birth Control”*** is the only panacea for the third world Countries and hence, should adopt Family Planning to control the high fertility performance, suggesting that this is the only way if these countries would like to break the vicious circle of poverty.

The thesis of the capitalist system was contradicted by representatives of some third world countries, stating that direct ***“birth control”*** could mean that the *“horse be pulled by the cart”, but the “cart is lifeless/powerless to pull the horse”*. Analogically, conducive environment should be created in order the **Birth Control slogan** be effective in reducing fertility. Accordingly, the third world participants took a strong position that conducive developmental conditions be set for reducing fertility levels and patterns and finally concluded that *“ development is the best contraceptive ”* which facilitates fertility reduction to acceptable level.

In this context, examinations of the contents of both UN 1974 Bucharest WPC and the 1994 Cairo ICPD were made if the lessons/experiences gained from the Bucharest would have been maintained, further developed or deviated from the Cairo ICPD.

Rationale

From our tentative literature reviews, we came to understand that the Global initiatives for undertaking the 1974 Bucharest WPC and the 1994 Cairo ICPD appear to be relevant baseline attempts to the recently developing globalization issues of population, development, environment and the economic and political inter-dependencies among the nations of the world. Besides, our forthcoming detail article examines the extent of *the complementarity/ competitiveness/diversity and future direction for continuity* in the issues raised and the final major recommendations passed by the two international conferences.

At the end of UN sponsored international conferences, it has been a tradition to pass policy recommendations and used to have been normal in the UN systems not to assess the objective conditions in the ground of developing countries, like the African continent. For example, the

1990's recommendation of "*Health for All by the Year 2000*" was simply an ambitious expression, particularly with respect to Africa.

Similarly, the achievement of the 2000 UN recommended MDG components by the year 2015 is a point in question, awaiting for evaluation of the levels of performance and problems being encountered with respect to particularly the Sub-Saharan African prevailing diverse mortality conditions.

Objectives:

Our decision for picking the Bucharest and Cairo initiatives and conferences from among other International Conferences was motivated by the facts that these conferences invited and involved huge number of Global participants, consisting of high level government representatives, private population and development scholars and experts as well as unprecedented large number of religious groups and International NGO's.

The main objectives of this paper are, therefore, stated as follows:

- to identify *the composition of the participants in terms of size and political diversities/orientations,*
- to examine *the macro/micro level agendas of the two conferences, whether or not converging or diverging/varying each other in their issues and recommendations.*

Methodological Approaches

- to review various papers and documents prepared by individual experts and international organizations relating to varied UN sponsored population and development issues;
- to identify the salient issues of the 21st population problems at Regional and Global levels;
- to Compile the **macro/ micro issues** of the International conferences on population and development, conducted at Bucharest (1974); Mexico (1984) and Cairo ICPD(1994);and
- to narrate the main converging and diverging issues and recommendations between the 1974 Bucharest WPC and 1994 Cairo ICPD.

General Reviews on Population and Development Conferences Issues:

Population and development concerns have been there from time immemorial. The Ancient Chinese, Greeks, Roman Empire and Contemporary Nation States have shown interest in the study of population growth. However, as David Lucas and Paul Meyer (1994) put it, "writings on populations were very speculative until John Graunt and others began to consider the numerical trends and patterns of population in the 17th Century. (David Lucas & Paul Meyer, :*Beginning of Population Studies, Australia ,Asia Pacific Press,1994*).

The most basic description of effects of high population growth was articulated by Thomas Robert Malthus in 1798, who published a book entitled as “*An Essay on the Principle of Population*”. The Neo-Malthusian group always warns to authorities about the implications of rapid population growth on food production and consumption, thereby hampering the necessary development of societies, stating further that when the population growth rate is unchecked, it goes on doubling itself every twenty-five years, or increases in a geometric ratio.

The means of subsistence could not be made to increase faster than in an arithmetical ratio (Thomas Robert Malthus, Vol.1&2, 1809). The Neo-Malthusian thesis states that rapid population growth would have great effects on food production and consumption, thereby hampering the well being of societies. Accordingly, unchecked population through "preventive measures" (intentional reduction of fertility) or uncontrolled "positive check" (malnutrition, disease and famine, ending to mortality) would have future irreversible survival conditions (Oded Galor & David N.Well: *Population, Technology and Growth: From Malthusian Stagnation to the Demographic Transition and Beyond*: American Economic Review, Vol.90, No.4, pp.806-828, 2000).

On the other side, the Neo-Malthusian thesis encountered by other arguments from various scholars, notably Karl Marx, who became the first to officially reject such Neo-Malthusian notion. Marx proves scientifically that the capitalist surplus population is not due to the abstract numerical ratios, but due to the result of capitalist accumulation; the increase of the organic component of capital, the incessant increase in constant capital, and the relative decrease in the share of the capitalist income returns among the workers (Liu Z., Marx's Scientific :*Theory of Surplus Population, Population Research*,, Peking China: Vol.2, No.3.pp1-5, 1985).

Consequently, more scholars joined the fray, each aligning themselves with Malthus (Neo-Malthusian and/or Marx (Neo-Classical) views. Overtime, the population debate gained momentum and encroached into the international political agenda, after the establishment of United Nations (UN) in 1945. Rapid population growth became a global issue. For nearly two decades, rapid population growth was accepted as a legitimate matter of concern and appropriate target of international cooperation efforts (Stephen W.Sinding ,2000: *The Great Population Debate, How Relevant Are They For The 21st Century ?*).

The UN General Assembly and its subsidiary agencies, like World Health Organization (WHO) began to support activities geared at restraining rapid population growth, particularly in many third world countries of Asia, Sub-Saharan Africa and Latin America. For the first time, UN sponsored world population conferences were organized in 1974 (Bucharest, Romania), 1984 (Mexico City) and 1994 (Cairo, Egypt). Unlike a series of previous meetings (1954-Rome & 1965-Belgrade, mainly attended by Demographers/Academicians), the above mentioned forums brought together government representatives from all over the world.

All the three World Population Conferences were built on the basic premise that population growth is a potential hindrance to a country's ability to economic development, and that a plan for the well-being of a population needs to include a strategy for limiting population growth (even if not all delegates necessarily agreed with that premise (John R.Weeks,1996,:*An Introduction to Concepts and Issues*, Belmont, USA, Wadsworth Publishing Company).

Underlying these calls is the recognition that population and development are reciprocally interrelated: population variables influence development variables and are also influenced by them (Alejandro N. Herrin ,Henry Pardoko Tan Boon Ann and Chira Hongladarom, *Integrating Population and Development Planning*, Asia-Pacific Population Journal Vol.1No.1)

The 1974 Bucharest World Population Conference (WPC)

The first UN sponsored world population conference, a two week forum bringing together government representatives, was held in Bucharest in 1974, with more than 1 200 delegates in attendance. The inspiration for the conference came mainly from the United States and, to a lesser extent, from a small group of Western European and Asian nations actively concerned with global population trends (Jason I. Finkle &Barbara B. Crane,1975: *The Politics of Bucharest: Population Development and the New International Economic Order*, Population and development Review, Vol.1, No.1, pp.87-114).

These countries amplified their voices on the rapid population growth, experienced by many third world countries at the time, which was seen as hampering their governmental efforts for improving the quality of lives of their people. The United States, which earlier had refused to endorse population assistance, discovered the problems of population explosion and soon made population control a prominent cause in its program of foreign aid (Jason I, Finkle, &C.Alison,Mcintosh, 2002, Untied Nations Population Conferences Shaping the Policy Agenda for the Twenty First Century , *Studies in Family Planning* ; Vol.33, No.1, pp11-23).

Prior to the conference, a Draft Plan of Action was drafted with the hope that it echoed same sentiments among government representatives in attendance that rapid population growth was detrimental to development, thus perpetuating underdevelopment rather than being its consequence. However, this notion was rejected by some third world countries, being polarized with two distinct groups, the “ *incrementalist position* and the “*redistributionist position*”, with conflicting perspectives on the issue.

A more basic reason why the planners were unprepared for events in Bucharest may have been the high degree of specialization of population functions and the influential role of technical experts in both the UN system and in many member governments. As the United Nations and member governments have expanded their population activities over the past decade, they have

turned to individuals with knowledge in areas such as demography and public health in order to formulate and implement population policies (Jason I. Finkle & Barbara B. Crane, 1975: The Politics of Bucharest: Population Development and the New International Economic Order, *Population and development Review*, Vol.1, No.1, pp.87-114).

The incrementalist position was articulated by developed countries, with the US delegation or representatives in the forefront. This “centrist-to-conservative American delegation” chosen by President Richard Nixon, put forward a forceful policy agenda favoring urgent global action to reduce high fertility, including demographic targets against which progress could be measured over time (Michael S. Teitelbaum, 1992, : *The Population Threat*, Foreign Affairs; Vol.71, No.5, pp63-78) “. Countries were in several instances invited to set quantitative objectives and targets, with dates by which they would be achieved, which would be used in the review and appraisal of the plan (Jason I. Finkle, & C. Alison McIntosh, 2002, United Nations, Population Conferences Shaping the Policy Agenda for the Twenty First Century, *Studies in Family Planning*; Vol.33, No.1, pp11-23).

Thus, these countries maintained their pre-conference stance that rapid population growth was hampering third world countries efforts to achieve their developmental goals and ambitions. The expectation was for third world countries to set explicit population growth targets to be met by already available contraceptive technology as well as by integrating population issues into development planning.

On the other hand, another group (redistributionist position), consisting mainly from developing nations had a different view. With socialist nations, mainly Argentina and Algeria in the forefront, they out-rightly rejected the incrementalist stance. Among the most popular rhetoric themes of the Third World critiques was the slogan that “**development is the best contraceptive**,” accompanied by the Marxist line that “*population will take care of itself*” if only the West would agree to the large transfers of wealth and more favorable terms of trade embodied in demands for a “*New International Economic Order*” (Michael S. Teitelbaum, 1992, : *The Population Threat* , Foreign Affairs; Vol.71, No.5, pp63-78).

Hence, many third world countries viewed population problems as rather effects of underdevelopment created by unfair international trade practices, notably unfavorable terms of trade, and unfair economic policies of the developed nations among others. They took the view that if the West claims to be committed to curbing population growth in order to facilitate economic development, then for the same end, it should be equally, if not more committed to restructuring the international economic system and to paying "fair" prices for the products of the developing nations.

If the West claims to be concerned about people of the developing nations having too many children, then it should be more concerned about its own "excessive" consumption of raw materials that cannot be replenished. If the West claims to be concerned about malnutrition and starvation in the Third World, then it is not enough to urge that fewer children be born; it is equally essential that the rich countries "*more equitably*" distribute their abundant food supplies (Jason I. Finkle & Barbara B. Crane, 1975: The Politics of Bucharest :Population Development and the New International Economic Order, *Population and development Review*, Vol.1, No.1, pp.87-114).

At the end of the two week period, a consensus was reached, paving the way for the adoption of the Plan of Action. But, prior to that, more than 300 Draft Plan amendments were put forward and fiercely debated by member states. Whereas the Draft Plan submitted to the Conference had as its purpose "to affect population variables," the final version stated its purpose as "to help coordinate population trends and the trends of economic and social development," noting that "the basis for an effective solution of population problems is, above all, socio-economic transformation" (Jason I. Finkle & Barbara B. Crane, 1975: The Politics of Bucharest :Population Development and the New International Economic Order, *Population and development Review*, Vol.1, No.1, pp.87-114).

The 1994 Cairo International Conference on Population and Development (ICPD):

The International Conference on Population & Development was organized by United Nations Population Fund (UNFPA) and the Population Division of the UN Department of Economic and Social Information and Policy Analysis. The conference, which was the third UN official Population forum, was held in Cairo, Egypt, from 5 to 13 September 1994. Delegations from 179 States took part in negotiations to finalize a programme of Action on population and development for the next 20 years (UN Department of Public Information, 1995, International Conference on Population and development: *Summary of the Programme Action*, <http://www.un.org/ecosocdev/geninfo/population/icp.htm>]. Just like the previous forums, the Cairo conference saw debates which culminated in a consensus transcribed in a plan.

It is important to note that the delegates saw a need for a different approach in dealing with population issues and development. Although the Bucharest draft Programme of Action was comprehensively reworked by delegates in the conference, retaining its population orientation while deleting most references to family planning at the IC PD, the draft program that was taken to Cairo had already rejected the demographic rationale for family planning and substituted the introduction of reproductive health services as a way to improve women's health (Jason I. Finkle, & C. Alison, McIntosh, 2002, United Nations Population Conferences Shaping the Policy Agenda for the Twenty First Century, *Studies in Family Planning* , Vol.33, No.1, pp11-23).

The 1994 Cairo final Programme of Action represents a critical shift of focus in the population field from a concern with achieving demographic targets, largely through the provision of family planning services, to an emphasis on improving individuals' quality of life (Margaret Hempel 1996, *Reproductive Health and Rights: Origins of and Challenges to ICPD Agenda*, *Health Transition Review* ; Vol.6 pp 71-122).

Importance of human rights, specifically those of women, became one of the core topics for discussion alongside population and development. Women's right to reproductive and sexual health were recognized as being key to women's health. Women's reproductive capacity was transformed from an object of population control to a matter of women's empowerment to exercise personal autonomy in relation to their sexual and reproductive health within their social, economic and political contexts (Carmel Shalev, 1998, *Rights to Sexual and Reproductive Health: The ICPD and the Convention on the Elimination of all Forms of Discrimination Against Women*: <http://www.un.org/womenwatch/daw/csw/shalev.htm>).

The five core components of sexual and reproductive health care are: improvement of antenatal, perinatal, postpartum, and newborn care; provision of high-quality services for family planning, including infertility services; elimination of unsafe abortions; prevention and treatment of sexually transmitted infections, including HIV/AIDS, reproductive tract infections cervical cancer, and other gynaecological morbidities; and promotion of healthy sexuality (World Health Organization, 2004, *Reproductive Health Strategy to Accelerate Progress Towards the Attainment of International Development Goals and Targets*, Geneva).

The Convergence (Similarity) and Divergence Between the Two Conferences:

Convergence of the two Conferences

As indicated above, the ICPD Programme of Action was built on the Plan of Action that was adopted during the 1974 Bucharest Conference. Hence, the following points attempt to highlight some similar issues that were discussed and adopted forthwith.

The issue of rapid population growth has been a concern among delegates at the 1974 Bucharest and 1994 Cairo Conferences. Both conferences adopted outcome papers calling for the formulation and implementation of national population policies by governments to influence the demographic behaviors of the countries' populations.

Accordingly, the Bucharest Plan of Action emphasized that countries which consider that their present or expected rates of population growth hamper their goals of promoting human welfare are invited, if they have not done so, to consider adopting population policies, within the framework of socio-economic development, which are consistent with basic human rights and national goals and values.

The ICPD Programme of Action also highlighted that efforts to slow population growth, reduce poverty, achieve economic progress, improve environmental protection and reduce unsustainable consumption and production patterns are mutually to be reinforced. However, we should note that the tone of concern with regard to rapid population growth was soft or rather not ferocious like in Bucharest, as issues of women's health, reproductive rights and others dominated.

Mortality and morbidity issues also emerged as necessitating the definitional actions by governments during the two conferences. The 1974 Bucharest conference Plan of Action emphasized that the reduction of morbidity and mortality to the maximum feasible extent is a major goal of every human society, which should be achieved alongside massive socio-economic development. It further highlighted that countries with highest mortality levels should strive to achieve life expectancy at birth of at least 50 years and infant mortality rate of less than 120 per thousand live births by the year 1985. On the other hand, ICPD Programme of Action emphasized the need for Countries with the highest levels of mortality were encouraged to aim to achieve a life expectancy to be at least greater than 65 years and 70 years by 2005 and 2015, respectively.

It is also worth noting that both conferences' resolutions recognized the importance of a family, as a basic unit of society. The 1974 Bucharest Plan of Action call for governments to protect the family through appropriate legislation and policy, as well as review all instruments that negatively affect the welfare of such institution e.g. laws concerning divorce, property right and others. The ICPD Programme of Action also called for the need for governments to develop policies and laws that better support the family, contribute to its stability and take into account its plurality of reforms, particularly the growing number of single-parent families, as well as promotion of equality of opportunity for family members, especially the rights of women and children in the family.

The other similar issue discussed at the two conferences, twenty years apart was that of development. In Bucharest, the redistributionist stance (the position of third world countries) was a change in the world economic system to address underdevelopment in their countries as perpetuated by mostly unfavorable international trade practices and unfair first world economic policies. The slogan "development is the best contraceptive" from the same camp bears testimony to that. ICPD Programme of Action emphasized the need for governments to strengthen their national capacity to carry out sustained and comprehensive programmes to collect, analyze, disseminate and utilize population and development data.

The two conferences also called for equal participation of men and women in the social, economic and political life of respective countries.. They also called for Research Efforts so as to have relevant population data necessary for policy and programme development, implementation, monitoring and evaluation. The concerns of uncontrollable and/or undesirable

migration patterns (internal and international) are also echoed by both conferences' outcome documents, calling for governments to devise Policies to control and/or mitigate such uncontrolled national and international migration.

The Divergence of the two Conferences:

Whereas the preparatory process for Bucharest was largely closed to non-scientific influence, the Cairo process was influenced by the participation of a broad coalition of more than 1 500 NGOs whose interest spanned development, reproductive and adolescent health, women's rights and empowerment, violence against women, female genital mutilation, the rights of indigenous peoples, and family planning, but which paid little serious attention to the determinants or consequences of population growth (Jason I, Finkle, & C. Alison, McIntosh, 2002, United Nations Population Conferences Shaping the Policy Agenda for the Twenty First Century , *Studies in Family Planning* ; Vol.33, No.1, pp11-23).

Regarding the preparatory process, Bucharest was largely closed to non-scientific influence; whereas the Cairo process was influenced by the participation of a broad coalition of more than 1500 NGOs. The interests of the NGO's were positively heard to involve in the following issues:

- (1) reproductive and adolescent health aspects;
- (2) women's rights and empowerment;
- (3) violence against women;
- (4) female genital mutilation;
- (5) the rights of indigenous peoples; and
- (6) family planning, but paid little attention to the determinants or consequences of population growth which was a concern in Bucharest.

Of the three intergovernmental conferences (Bucharest, Mexico 1984 and Cairo) , the Cairo ICPD probably ranks as the sharpest break from the past in both substance and process, such as the participation of a new class of actor—the transnational network of NGO, the change in focus from population and family planning to reproductive health and rights, having fundamental implications for the future of the population field as well as for the conference process itself..

The ICPD Programme of Action called governments to develop policies and laws, such as better support for the family, contributing to its stability, particularly for the growing number of single-parenthood families; promotion of equality of opportunity for family members, especially the rights of women and children in the family; furthermore, the ICPD Programme of Action identifies other sub-population groups such the elderly, children, youth and, adolescents; concerns of the indigenous people and persons with disabilities; women's reproductive and sexual rights; recognized that human rights as crucial role to play in relation to sexual and

reproductive health; comprehensive family planning services such as STDs & HIV/AIDS, prevention plus management; men's reproductive health; infant health care; maternal health & abortion; adolescent reproductive health and management of infertility.

On the other hand, Bucharest Conference played greater role in shaping population policy, inspiring member governments to show greater concern for their own population problems but failed to attain consensus on "Birth Control" which was initially raised by the USA and a small group of Western European and Asian nations who were convinced later that direct "Birth Control" is not the only Panacea for backwardness and poverty; though rapid population growth was a major cause of underdevelopment rather than its consequence.

The thesis of the capitalist system, which was opposed by the third world representatives, had latter been convinced that conducive environments should be created in order for the Birth Control/Family Planning be effective in reducing fertility, further stating that "development is the best contraceptive"; concerns of the developing countries at the Bucharest conference were for changes in the world economic system covering as follows:

- (1) Avoid/minimize the unfavorable international trade practices and unfair first world economic policies;
- (2) suggesting that development, not population control, was their overriding objectives and took firm stand against the rich industrialized countries; and hence, the Bucharest draft Program of Action was comprehensively reworked by delegates, but retaining the population orientation while deleting most references to direct Birth Control/family planning;

Ultimately, the 1974 Bucharest conference laid the foundation for relevant (explicit or implicit) national population policy adoption; which explicitly called for integration of population variables into development planning, being reinforced at the 1994 Cairo ICPD. The point of convergence of these two conferences included the call for governments to control incidences of mortality and morbidity (to increase life expectancy); recognition of a family as a basic unit of society and a reciprocal relationship between population and development.

The most notable divergence is the shift away from family planning as a population control approach to the adoption of sexual reproductive health by the Cairo ICPD which was dominated and influenced by more and varying delegates from different fields other than population and health.

Nowadays, the population field, policy and programmes have become increasingly more complex with the following crucial issues:

- (1) Issues of population ageing;
- (2) gender equality, empowerment, equity, gender based violence);

- (3) increasing incidences of disability;
- (4) increased internal and international migration;
- (5) maternal mortality;
- (6) escalating armed conflicts, which affect health care provision, food production;
- (7) changing marriage patterns and household headships; and
- (8) falling fertility levels towards equilibrium, among others, are becoming prominent and hence require even more concerted efforts and defined actions between various global, regional and national key players.

Although the ICPD Programme of Action was built on the Plan of Action that was adopted during the 1974 Bucharest conference, significant differences could be noted between the two. We should note that the two conferences varied in terms of scale, with the first conference attracting up to 1 200 delegates while ICPD was attended by up to 10 000 delegates from governments, intergovernmental agencies, religious groups, NGOs as well as media practitioners from diverse fields.

The Bucharest recommendations were inclined towards a community, or rather embrative. The plan singles out mainly women, children and migrants although not extensively. However, the ICPD Programme of Action identified other sub- population groups like the elderly, children, youth, adolescents, indigenous people and persons with disabilities, and emphasizes the need to address their needs separately from the mainstream population.

The most prominent difference between the outcomes of the two conferences was the shift away from proposing family planning services for couples to a call for reproductive health which embodied the former as its component, but as a comprehensive service. In Cairo, women's reproductive and sexual rights were recognized, for the first time, independent of their role as mothers (Anibal Faundes, 1996, *The Cairo Consensus and Women's Reproductive Health in Less Developed Countries*, *Health Transition Review*, Vol.6 pp.87-91). The Conference signaled a move away from narrowly focused family planning programmes, placed women at the centre of an integrated approach to reproduction, and recognized that human rights have a crucial role to play in relation to sexual and reproductive health (Hunt Paul & Mesquita Bueno Judith, 2004: *The Rights to Sexual & Reproductive Health*, *Human Rights Centre*, University of Essex, UK). The proposed components of reproductive health include comprehensive family planning services; STDs & HIV/AIDS prevention & management; men's reproductive health, infant health care, maternal health & abortion, adolescent reproductive health, and management of infertility.

We have to note that suddenly reproductive health was favored due to challenges and/or experiences encountered with family planning services, especially in many Third world countries. For instance, they focused primarily on women, who had little or say in sexual

matters, and living in societies that were and continue to be patriarchal. The programmes were also seen as costly by some governments and as result, such family planning services were not availed extensively geographically to cater for all. Some governments also believed that they had little or no effect on fertility. Others favoured certain contraceptive methods/devices and hence their executions breed controversy.

A typical example is the sterilization program adopted by India in the 1970s which saw some men forced into the procedure. That happened because at some point a law was enacted allowing state legislatures to undertake compulsory sterilization. These kinds of actions were not routine, but there is evidence that in their zeal to carry out the national policy, some local and state authorities occasionally resorted to extreme measures. Such extreme actions, however, even if sporadic and infrequent, were enough to turn public opinion in India against the government's population control policy (Daugherty Ginn Hellen, Kammeyer C.W. Kenneth ,1995: An Introduction to Population, The Guilford Press , new York , USA.).

Another issue affecting family planning was reduced funding for contraceptive research and program implementation over time by western and third world governments as well as donor agencies. This happened in both countries which had high and low contraceptive uptake, resulting in many Sub-Saharan countries continuing to experience rapid population growths as well as high incidences of infant, child and maternal mortality.

On the other hand, reproductive health needs of other population groups like men, youth and adolescent were not explicitly considered. This led to the adoption of reproductive health, with family planning as one of its core components, at the third UN sponsored population and development conference in Cairo, Egypt, 1994. The emergence of the reproductive rights lobby was motivated not only by the imperative of keeping abortion safe and legal, but also by a growing sense that family planning programs as currently instituted were infringing on women's rights to services that did not threaten their health (Jason I, Finkle, &C.Alison, McIntosh, 2002, United Nations Population Conferences Shaping the Policy Agenda for the Twenty First Century, Studies in Family Planning ; Vol.33,No.1, pp11-23).

The ICPD Programme of Action recognizes women's educational equity in favour of women, equality and empowerment as paramount, and the importance of providing family planning within the context of full sexual and reproductive health care is stressed (Sai T. Fred 1997,: The ICPD Programme of Action :Pious Hope or Workable Guide? Health Transition Review, Supplement 4 toVol.7, pp1-5). Whereas the 1974 Bucharest conference was mainly inter-governmental, while the 1994 ICPD took place at a time when NGOs participation had already become a feature in UN conferences and/or meetings during the beginning of that decade.

Hence, NGOs participation during this forum was entrenched which to a great extent influence its outcome in terms of the adopted Programme of Action. The security passes issued to NGOs provide access to all UN buildings, making it possible for NGO representatives to lobby delegates in the halls and cafes, to keep abreast of the political processes in meetings from which they are excluded, to receive information and, on occasion, to influence negotiations by drafting resolutions to be introduced by sympathetic diplomats (Jason I, Finkle, & C. Alison McIntosh, 2002, United Nations Population Conferences Shaping the Policy Agenda for the Twenty First Century, *Studies in Family Planning* ; Vol.33, No.1, pp11-23]]]. This is backed by the following observation;

Over 4000 individuals from 1700 organizations participated in the ICPD and the NGO activities that ran parallel to the government negotiations. Some NGOs lobbied as outside pressure groups, others participated as official representatives on government delegations, still others acted as resource persons providing technical advice and research data for the government discussions (Margaret Hempel 1996, Reproductive Health and Rights: Origins of and Challenges to ICPD Agenda, *Health Transition Review* ; Vol.6 pp 71-120).

The NGOs hence brought a human rights dimension to the conference, with particular emphasis on women empowerment. For instance, Chapter IV of the ICPD Programme of Action emphasizes that the empowerment and autonomy of women and the improvement of their political, social, economic and health status is a highly important end in itself. In the same chapter a call to eliminate all forms of discrimination against the girl child, including son preference, and men participation in bringing about gender equality are noted as well.

Summary and Conclusion

We noted that the two conferences opened the gate for formal engagements on global issues of population, development, environment and the economic and political inter-dependencies among the nations of the world. Also, our paper presents the extent of ***the complementarity, duplicity, competitiveness and future direction for continuity*** in the issues raised and the final major recommendations passed by the 1974 and 1994 international conferences.

Summary of the Convergence(Similarity) of the two Conferences:

(a) At Macro Level

- improve environmental deterioration and protection against natural hazards;
- called for rich countries to restructure the international economic order such as "fair" prices for the products of the developing nations;
- rich countries distribute their abundant food supplies "more equitably" to eliminate malnutrition and starvation in the Third World countries,

- Both conferences adopted the formulation and implementation of national population policies for governments to influence the demographic behaviors in line with the slogan “development is the best contraceptive”
- efforts to slow population growth through integrated family planning, reduce poverty and achieve economic progress;

(b) Micro considerations

- Both conferences agreed to the need for data collection, analysis, dissemination and utilize population and development and;
- the need for setting quantitative targets, with dates of achievements, for policy and plan formulation, implementation, monitoring and evaluation;
- both conferences indicated in their Plan of Actions recommending to developing Countries to incorporate mortality and morbidity issues as a major goal of every human society;
- both conferences recognized the family as a basic unit of society to be protected by appropriate legislation and policy, such as laws concerning divorce, property rights and others.
- both conferences called for equal participation of men and women in the social, economic and political spheres;
- the outcome documents of the conferences called for governments to devise Policies to control and/or mitigate the internal and international migration;

Summary of the Divergence of the two Conferences

ICPD recognized women's education, equality and empowerment within the context of full sexual and reproductive health care; whereas the 1974 Bucharest conference was mainly inter-governmental relationships at macro-level. A call to eliminate all forms of discrimination against the girl child, including son preference and men participation in bringing about gender equality.

Bucharest was largely intergovernmental (macro- economic issues), avoiding non-scientific influences; strongly recommended countries to establish population study programmes to integrate population variables into development planning, monitoring and evaluation at Macro/sectoral aspects; whereas the Cairo process was influenced by the participation of a broad coalition of more than 1500 NGOs, focusing on the following concerns :

- (1) reproductive and adolescent health aspects;
- (2) women's rights and empowerment;
- (3) violence against women;
- (4) the issues of Female Genital Mutilation (FGM);
- (5) the rights of indigenous peoples and the family planning,

Unlike the Cairo ICPD, the concerns at Bucharest were about the determinants and consequences of population growth issues. Furthermore, participants of the two conferences varied in terms of scale, with the Bucharest conference attracting up to 1200 delegates, while ICPD was attended by up to 10 000 delegates from international agencies, NGOs as well as media practitioners of diverse outlooks.

The ICPD Programme of Action called for the need for governments to develop policies and laws, such as better support for the family, contributing to its stability, particularly for the growing number of single-parenthood families; *promotion of equal opportunity* for family members, especially the rights of women and children in the family. Furthermore, the ICPD Programme of Action identified other sub-population groups: including the *elderly, children, youth and, adolescents; concerns of the indigenous people and persons with disabilities; women's reproductive and sexual rights and human rights* at all levels of the population structures; *comprehensive family planning services: STDs & HIV/AIDS prevention plus management; men's reproductive health; infant health care, maternal health & abortion, adolescent reproductive health and management of infertility.*

In the end, 179 governments signed and/or adopted a 20 year Programme of Action that stressed empowerment of women and the needs of individual men and women and the reciprocal relationship between population and development rather than demographic targets. ICPD is not an isolated event as its Programme of Action builds on the considerable international consensus that has developed since the World Population Conference in Bucharest in 1974 and the International Conference on Population in Mexico City in 1984 (UN Department of Public Information ,1995,International Conference on Population and development; *Summary of the Programme Action*, <http://www.un.org/ecosocdev/geninfo/population/icp.htm>).

Conclusion

Population growth has always been on the agenda of many rulers and governments from as far back as 500BC. There was a time when such growth was necessary to boost the political, economic as well as dominance of military strength.. With time, population explosion became a concern among many scholars, like Robert Malthus, who raised a flag for governments and relevant stakeholders to take action. This catapulted the population politics in the international arena with acrimonious debates reigning for decades. Accordingly, this paper starts with reviewing the historical evolution of population and development concerns and examines the main issues raised at UN sponsored International population conferences, with particular reference to the 1974 Bucharest WPC and the 1994 Cairo ICPD, the extent of their complementarity, differences etc. in their issues and final outputs. The reasons for picking the **Bucharest and Cairo initiatives and conferences** from among other International Conferences, were motivated by the facts that these conferences invited and involved huge number of Global participants of different opinions and roles in diversified population issues.

Ultimately, the 1974 Bucharest conference laid the foundation for relevant policy adoption which explicitly called for integration of population variables into development planning. It called for further reinforcement to the 1994 Cairo ICPD. On the other hand, we also observed that the population field has been increasingly become so complex, as shown by diverse experts aiming to push their interests or rather represent various sub-population groups. To be more precise, the population field is not defined and driven by a single interested group nor by an alliance with concerns that can readily be addressed by a sectorally structured national government. Rather, the population field is made up of a coalition of interest groups whose goals and purposes overlap in many important respects and, as the conference in Cairo manifested, diverge at other times and in other important respects (Jason I, Finkle, & C. Alison, McIntosh, 2002, United Nations Population Conferences Shaping the Policy Agenda for the Twenty First Century, *Studies in Family Planning* ; Vol.33, No.1, pp11-23).

Forward Questions

(1) The Main issues beyond Cairo?

- UN Millennium summit 2000: MDG, covering demographic, socio-economic, environment, cooperation etc.
- Globalization issues of population, development, environment and the economic and political inter-dependencies among the nations of the world.

(2) The question of sustainability of low fertility levels?

*Lessons from current status of European Fertility Levels and Patterns?? Which had been approaching to low **Net Reproduction Rate** (NRR=1 or less than 1) is also a worrisome in dealing population and development issues. Hence, demographers, policy makers etc should also worry about the negative effects of NRR replacement level.*

REFERENCES

1. David Lucas & Paul Meyer, 1994. *Beginning Population Studies*. Australia, Asia Pacific Press.
2. Thomas Robert Malthus, 1809. "An Essay on the Principle of Population", Vol. 1, 8 & 12.
3. Oded Galor & David N. Weil, 2000. Population, Technology and Growth: *From Malthusian Stagnation to the Demographic Transition and Beyond*. The American Economic Review, Vol. 90, No. 4, pp. 806-828.
4. Liu Z., 1985. Marx's scientific theory of surplus population. *Population Research*, Peking, China; Vol. 2 No. 3, pp. 1-5.
5. Stephen W. Sinding, 2000. The Great Population Debates. How Relevant Are They For the 21st Century? *American Journal of Public Health*: Vol. 90 (12), pp. 1841-1845.
6. John R. Weeks, 1996. *Population: An Introduction to Concepts and Issues*. Belmont (USA), Wadsworth Publishing Company.

7. Alejandro N. Herrin, Henry Pardoko Tan Boon Ann and Chira Hongladarom, Integrating Population and Development Planning. *Asia-Pacific Population Journal*, Vol. 1, No. 1.
8. Jason L. Finkle & Barbara B. Crane, 1975. The Politics of Bucharest: Population, Development and the New International Economic Order. *Population and Development Review*, Vol 1, No. 1, pp. 87-114.
9. Jason L. Finkle & C. Alison McIntosh, 2002. United Nations Population Conferences. Shaping the Policy Agenda For The Twenty First Century. *Studies in Family Planning*: Vol. 33, No. 1, pp. 11-23.
10. Michael S. Teitelbaum, 1992: The Population Threat. *Foreign Affairs*, Vol. 71, No. 5, pp. 63-78.
11. United Nations Department of Public Information, 1995. International Conference on Population & Development; Summary of the Programme Action. <http://www.un.org/ecosocdev/geninfo/populatin/icpd.htm>
12. Margaret Hempel, 1996. Reproductive health and rights: origins of and challenges to ICPD Agenda. *Health Transition Review*; Vol. 6, pp. 71-122.
13. Carmel Shalev, 1998. Rights to Sexual & Reproductive Health- the ICPD and the Convention on the Elimination of All Forms of Discrimination Against Women. <http://www.un.org/womenwatch/daw/csw/shalev.htm>
14. World Health Organisation, 2004. Reproductive Health Strategy to accelerate progress towards the attainment of international development goals and targets. Geneva.
15. Anibal Faundes, 1996. The Cairo Consensus and Women's Reproductive Health in Less Developed Countries. *Health Transition Review*, Vol. 6, pp. 87-91.
16. Hunt Paul & Mesquita Bueno Judith, (2004). The Rights to Sexual & Reproductive Health. Human Rights Centre. University of Essex. United Kingdom.
17. Daugherty Ginn Hellen, Kammeyer C. W. Kenneth, (1995). An Introduction to Population. The Guilford Press. New York, USA.
18. Sai T. Fred, (1997). The ICPD Programme of Action: pious hope or a workable guide? *Health Transition Review*, Supplement 4 to Volume 7, pp. 1-5.