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EVALUATING THE EFFECTIVENESS OF THE INTERNATIONAL POPULATION REGIME:

THE POLITICS OF POST-CAIRO POLICY CHANGE IN SOUTH ASIA

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ABSTRACT

This dissertation evaluates the effectiveness of the international population regime in South Asia. It does this by looking at if, how, and why national population policies changed in India, Pakistan, and Bangladesh during the late 1990s to reflect the new reproductive health approach that dominated the regime's agenda following the 1994 International Conference on Population and Development. This study finds that while the regime was effective in each country, meaning that the policies of each country substantively coincided with the regime's new agenda, such effectiveness was not necessarily the product of regime intervention. Instead, it is argued that this effectiveness came about as policymakers internalized the prescriptions of the international agenda, and then changed national policy to accord with such new attitudes and perceptions. The South Asian case studies demonstrate that this attitudinal change was the product of a complex series of interactions between a set of mutually constitutive influences working on both the international and national levels, only one of which was the regime itself. Based on this evaluation of regime effectiveness, as well as an historical overview of the formation and evolution of the international population regime, this dissertation also makes the larger argument that, in regimes of this type, ideas and perceptions are the dominant driving force behind regime behavior and effectiveness. By arguing both that ideas matter in understanding regime behavior and that regime effectiveness is not necessarily the product of regime intervention, this study challenges many of the dominant assumptions of the international relations literature upon which it is based. But it also offers a new model for understanding how regimes work, one that sees regimes as institutions that are formed, sustained, and given force by the power of ideas.

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Chapter 1
Introduction

In the decades following World War II, nations have increasingly engaged in collective action to address some of the world's most pressing global problems. This formalized transnational cooperation, referred to as a *regime* by students of international relations, has become a common method for governing certain types of issues that transcend national boundaries, such as trade and environmental degradation. Over the past two decades, most scholarship on regimes has been dedicated to understanding how and why these unique types of international institutions have emerged with such frequency in the post-war world. However, until very recently, questions of how such international arrangements work on the national level, and if they actually influence the behavior of member states, have largely been overlooked in the literature. Such an oversight is regrettable, argues Joseph Nye (1993), since an understanding of how and when regimes work is critical for increasing their capacity to help solve the problems they are intended to address. To remedy this, Nye calls for a more focused study of regime effectiveness, a call to which this dissertation responds.

In order to provide insight into how regimes work, this study evaluates the effectiveness of a single regime in the context of three different countries. Such a comparative approach is especially useful for developing a general conception of if, how, and why regimes are meaningful in a variety of diverse situations. The regime that is at the center of this examination is the most recent iteration of the international population regime, which was recast at the 1994 International Conference on Population and Development (ICPD) to promote reproductive health instead of population control. The effectiveness of this regime is assessed in terms of how closely national policies in its

member states reflect the ideals endorsed at the ICPD, an endeavor that focuses specifically on the experiences of three South Asian countries. Thus, the next eight chapters attempt to understand how regimes work by asking the question: *was the post-ICPD population regime effective in India, Pakistan, and Bangladesh*? While this dissertation ultimately determines that the regime was effective in each of these countries, it also concludes that the regime was not necessarily responsible for bringing about such effectiveness. Rather, it was a constellation of mutually constitutive domestic and international forces, of which the regime was only one, that contributed to the level of compliance seen in each country.

Why the International Population Regime?

The international population regime has been chosen as the focus for this study of regime effectiveness for three reasons. First, it is seen as representative of a certain type of collective action on social development issues that has become increasingly common in the later years of the twentieth century. Unlike the type of regimes that are often discussed in effectiveness literature, such as the Law of Sea or the General Agreement on Tariffs and Trade (GATT), the agenda that unites the members of the population regime is not legally binding, nor does it possess a formal mechanism for enforcement of its ideals. Rather, like the regimes organized around issues like the prevention and

management of HIV/AIDS[1] or ageing[2], the population regime is forced to rely solely on its members states and a loose network of multinational and non-governmental agencies to enforce its agenda. Understanding how such a regime is effective is especially crucial for providing insight into the nature of compliance in situations where the international institution itself exercises limited leverage.

Second, the recent redefinition of the principles guiding the population regime makes it an especially interesting case for study. The 1994 International Conference on Population and Development (ICPD) in Cairo initiated what is widely regarded as a "sea change" in how the regime defined its mission, as its agenda shifted from one that promoted population control to one that renounced it in favor of a reproductive health approach. Within five years, proponents of this new agenda had declared it a success, arguing that it was effective in changing both policy and programming in a large number of its member states. As the Executive Director of the lead organ of the regime, the United Nations Population Fund (UNFPA), proclaimed "we have shown each other and the world that the ICPD Programme of Action is far more than a piece of paper. We have proved that it works...In all of our countries, some steps have been taken to make it a reality; and in many countries implementation is moving ahead quite rapidly." (Sadik 1999) In essence, this dissertation tests such a contention, examining if, how, and why this new agenda "works."

[1] Coordinated by UNAIDS, the loose membership of this regime is guided by, among other documents, the agenda articulated in the 2001 General Assembly Declaration of Commitment on HIV/AIDS: Global Crisis- Global Action (United Nations 2001)

[2] The agenda for this regime is articulated by the 2002 Madrid International Plan of Action on Ageing (United Nations 2002)

Third, the population regime is an appropriate focus for such a study because of the dearth of research on the global politics of population. Despite a boom in policy-oriented demographic research during the 1950s, 60s, and 70s, scholars have had comparatively little to say about either the methods or meanings of state-sponsored population control.[3] While Greenhalgh (1996) attributes this lack of "critical... perspectives in the discipline" to its self-imposed intellectual isolation during the heady decades of the 'population bomb,' Demeny (1988) argues that it was the result of researchers tailoring their agendas to the interests of deep-pocketed funding agencies. Whatever the cause, the result has been a literature that offers a highly underdeveloped understanding of the political dynamics of population policy on both the international and national levels. It was not until the late 1980s that feminists began openly discussing the political, social, and moral implications of population control, but even then their efforts were more focused on affecting policy change than on developing a body of knowledge on such an endeavor. Thus, by using the population regime as the focus for an in-depth examination of regime effectiveness, this study also works to make a contribution to this long-neglected area of inquiry.

[3] This is not to say that there have not been some significant contributions to the literature on population policy during the first three decades of the regime's life. Jason Finkle is one notable scholar who has made a career out of analyzing the politics of population. Several of his students, as well as some futurists and environmentalists have also written on this subject, as chapters 3 and 4 highlight. However, as a whole, this area of study is largely underdeveloped.

Why South Asia?

While this study focuses on the experiences of only one regime, it looks at its effectiveness in the context of three countries. Such a comparative perspective is especially useful for developing an understanding of the specific mechanisms through which the regime is effective because it offers insight into the process of policy change in a variety of situations. Thus, this dissertation locates its analysis in the region of South Asia, focusing specifically on the countries of India, Pakistan, and Bangladesh. These countries are well-suited to such an approach because of their similarities in terms of past and present importance to the population regime, as well as because of the meaningful differences that exist between them.

The countries of India, Pakistan, and Bangladesh are an appropriate focus for this study because they have historically occupied a prominent place in the international population debate, with their experiences both shaping, and being shaped by, the regime. From the very early days of the international population movement, these countries were at its vanguard, with India and Pakistan instituting state-run family planning programs even before a global consensus was formed around the issue. For decades after the regime was established, the South Asian experience was prominent in the imagination of the regime, and foreign assistance became an essential element of programming in the region. These experiences were also fodder for the development of the reproductive health movement in the 1980s, and during the early 1990s Indian and Bangladeshi scholars and activists emerged as some of the most influential proponents for the regime's new agenda. Thus, because of their continued and substantive engagement with

the population regime, the countries of South Asia provide an especially suitable context for assessing the dynamics of regime effectiveness at the national level.

Another reason for focusing on these countries is that, in the post-Cairo era, they all responded to the changes in the regime's agenda in relatively the same way, a development that raises its own set of questions about how regimes work. Within five years of the Cairo conference, each government had officially replaced its population control program with a reproductive health strategy, a change that can be seen as suggesting some degree of regime effectiveness. Looking closely at the content and formulation of these new programs, this dissertation works to understand if these policy changes do, in fact, imply that the regime was effective in South Asia. These new programs also lend themselves especially well to such a comparative analysis because they are articulated in strikingly similar terms and format. Each country released its new programs as stand-alone policy documents dedicated specifically to population issues, documents that provide a highly comparable entry point for such an examination of effectiveness. As a result, the analysis in this study revolves around the development and final text of these three specific reproductive health program documents: India's 1997 Reproductive and Child Health Programme; Pakistan's 1999 Reproductive Health Service Package; and Bangladesh's 1997 Health and Population Sector Strategy. Thus, by focusing on if and how each one of these new programs came to be compliant with the agenda endorsed by the international population regime, this study works to shed light on some of the mechanisms through which regimes are effective.

While the past and present similarities among these countries make them suitable for such a comparative analysis, it is the differences between them that make it interesting. Despite their common histories, by the late 1970s the demographic and political situations of these countries began to diverge significantly. Whereas India and Pakistan scaled back on their population control efforts, a similar response to very different domestic conditions, Bangladesh was just beginning to realize the changes that would make its program an 'international success story' during the 1980s. The result of this was that, by the time of the 1994 Cairo conference, each country was faced with substantially different needs for reform, as India grappled with the need for a more effective way to control fertility, Pakistan looked to build upon its traditional population control approach, and Bangladesh was interested in maintaining its successes. These variances contributed to significant differences in how post-Cairo reform was approached in each country, and what role the regime played in enabling such changes. It is these variances that help make a study of regime effectiveness in South Asia interesting in relation to each other.

Outline of the Argument

This dissertation works to answer its central question, *was the post-Cairo population regime effective in South Asia,* by relying on the basic cognitive contention that ideas matter. In other words, it argues that ideas about population issues, and the actors that promote them, are a central feature in explaining the behavior of the population regime throughout the various stages of its life: regime formation; maintenance and change; and effectiveness. This is demonstrated clearly throughout this

dissertation, where an historical overview of the regime's evolution on the international level highlights the importance of competing ideas of the 'population problem' in creating the regime's agenda, and the South Asian case studies demonstrate the necessity of corresponding beliefs at the national level for creating compliance effectiveness. Thus, while this dissertation demonstrates that the post-Cairo population regime was effective in South Asia, it also argues that ideas and attitudes were at the heart of this effectiveness.

While united under the larger theoretical perspective of cognitivism, this study can be seen as consisting of two distinct halves. The first half deals with the early stages of the regime's life-- formation, maintenance, and change-- and focuses primarily on its behavior at the international level. Following the in-depth discussion of the theoretical framework guiding this dissertation given in chapter 2, chapters 3 and 4 work to explain the life of the regime in light of the ideas and actors that informed it. Guided by Peter Haas' (1992) conception of epistemic communities, chapter 3 argues that the interaction between various constructions of the 'population problem,' as well as the actors promoting them, led to the creation of the international population regime. Building on that history, chapter 4 contends that the measured changes in that original agenda during the first three decades of the regime's existence constitute what Ernst Haas (1990) refers to as adaptation, while the more substantive 1994 change can best be described as institutional learning. Forming a bridge between the first and second halves of this study, chapter 5 looks at how these different stages of the regime's life coincided with national policy in South Asia prior to the Cairo conference.

Chapters 6, 7, and 8 constitute the second half of this study, one that is explicitly dedicated to answering the central question of this dissertation: *was the post-Cairo population regime effective in South Asia*? To do this, each of these chapters develop in-depth case studies of the policy change processes in India, Pakistan, and Bangladesh, respectively. Focusing specifically on the three new reproductive health program documents discussed above, the cases are structured around three related questions: *if* the new policies are effective in terms of legal compliance with the international agenda; *how* that came be; and *what* was the role of the regime in bringing that about. While the cases demonstrate that the regime was effective in each country, they also show that the levels of compliance effectiveness vary significantly between cases. Drawing on Peterson's (1997) conception of effectiveness, this variance is explained in relation to how fully policymakers were socialized into the tenets of the international agenda, a development that was not necessarily the product of the regime itself. The final chapter provides a comparative analysis of these case studies, concluding that the ideological change underpinning effectiveness in each country was driven by the complex set of interactions between regime and non-regime influences. It argues that regime effectiveness in each country was the result of convergence of the new ideas promoted by the regime and domestic civil society, as well as the government's willingness to consider such ideas. This chapter then places these conclusions within the context of the broader debate on regime effectiveness, and raises a new set of questions for further studies of this type.

What This Dissertation is Not About

In this study, regime effectiveness is defined as the degree to which a national policy complies with the international agenda. Approaching effectiveness in such a way means that it does not do two things: first, it does not imply that the regime was instrumental in effecting its effectiveness; and second, it does not look at later stages of effectiveness, such as policy implementation and problem-solving. The first of these points highlights the somewhat awkward usage of the term 'effectiveness' in this dissertation which, as more fully discussed in chapter 2, refers to a largely legal state in which national policy reflects the ideals endorsed in the international agenda. Grounded firmly in the literature on effectiveness, this term is used here to mean that the *ideas* of the regime were effective, in that they made their way into national policy, and not that the actors or institutions of the regime had any role in bringing about such a change. While this approach may initially seem counterintuitive, this study argues that it is the only appropriate way to assess the meaningfulness of an international agenda in a world where lines of causality are blurred.

Second, because of the relative newness of this post-Cairo iteration of the population regime, this study focuses only the initial stage of regime effectiveness: policy compliance. As a result, it does not look at either how the new policies in each country are being implemented, or at what impact such changes have on the population and reproductive health issues they set out to address. In other words, the horizon of each of these case studies ends with the adoption of the new policies, so that both the Indian and Bangladeshi cases culminate in 1997, while the Pakistani case ends once the government issued its Reproductive Health Service Package in 1999. Although looking at how these

new policies are implemented is just as important as understanding how and why the initial policy change took place, if not more so, such issues are simply outside the scope of this project. In order to deal with these issues sufficiently, another study of similar or greater magnitude is called for. Instead, this dissertation focuses on one of the earliest stages of compliance effectiveness not only because it is important in its own right, since it contributes to a richer understanding of international relations, but also because early legal changes can form the cornerstone of subsequent stages of compliance. It is one of the goals of this study to serve as the basis for such future studies of regime effectiveness.

Finally, because it looks exclusively the official debate on policy reform in South Asia, the voices of those for whom the policies are intended are conspicuously absent in this dissertation. While some civil society groups are highlighted in the following chapters for their contributions to national and international debates on population, it is difficult to argue that such groups are highly democratic entities. As McIntosh and Finkle (1995) argue in regard to the civil society presence at Cairo "it is unlikely that the NGOs that participated were in any way representative of, or accountable to, the diverse cultural, religious, or political constituencies within each country." The same can be argued in regard to the national policymaking process. With very few exceptions, the civil society groups involved in the population debate in South Asia are largely comprised of the educated, urban elites who ostensibly attempt to represent the interests of their less visible counterparts. Thus, the silence of rural and poor voices in the dissertation highlights a corresponding silence within the national policy debates.

In light of these caveats, this dissertation now begins on the assessment of regime effectiveness discussed above. The next chapter provides an in-depth discussion of the theoretical framework guiding this study, offering more insight into the methods and assumptions that underpin the remainder of this dissertation.

Chapter 2
A Framework for Evaluating the Effectiveness of the International Population Regime

This chapter sets out the theoretical framework used to guide the remainder of the dissertation, and serves as a road map for answering the central question of this study: *was the post-Cairo population regime effective in India, Pakistan, and Bangladesh?* To do this, it first defines what is mean by the term regime, then works to conceptualize its behavior, and finally discusses how an evaluation of such an institution's effectiveness can be carried out. Working from a cognitivist perspective, all of the theories below stress the centrality of ideas and knowledge in the formulation, maintenance, and effectiveness of the international population regime.

What is the International Population Regime?

Because this dissertation is centered around the concept of the international population regime, a necessary first step is to define what is meant by this phrase. Differing from the way the term is presented in the popular press, which uses it generally in reference to illegitimate national governments, the notion of a regime in international relations literature describes a unique type of international institution. This institution, most simply, is an association of states guided by a shared agenda. It consists of two mutually constitutive components, the regime's membership and its agenda, that are connected by a set of social interactions. Because, as discussed below, the behavior of the international population community coincides with such a notion of norm-governed collective action, it is argued that it represents this type of an arrangement. Thus, in asking the question, *is the post-Cairo population regime effective in South Asia*, this

study is actually attempting to discern if the prescriptions of the new agenda had any effect on the behavior of its member states. This, as the case studies highlight, can be brought about by either the intersubjective process of negotiating the new agenda or by the enforcement activities of the regime's implementing institutions, although it can also be influenced by factors that are outside the scope of the regime itself.

This conception of a regime is grounded in Stephen Krasner's classic definition of international regimes as "sets of implicit or explicit principles, norms, rules, and decision-making procedures around which actor expectations converge in a given issue-area of international relations."(Krasner 1982, 186) As is the convention in international relations theory, the "actors" in this definition are assumed to solely consist of states. While this notion has been increasingly contested in the literature, it remains a useful categorization for understanding the membership of the international population regime because the project of population policy is inherently state-centric. Thus, under this general definition, the global collective action on population issues qualifies as a regime, since it consists of a relatively formal arrangement in which the actions of its member states are proscribed by the principles laid out in the series of World Population Plans of Action. As chapters 3 and 4 highlight, this regime is organized under the auspices of the United Nations Population Fund (UNFPA,) which convenes decennial agenda-setting conferences among its membership. These agendas, the most recent being the Cairo agreement, represent both a negotiated set of shared principles for the regime's action as well as a guide for state action in the coming decade. Satisfying Krasner's contention that regimes consist of a set of rules and a set of state actors which express interest in

upholding them, the global population movement can be understood as an international regime under this most basic definition.

While Krasner's definition a highly useful starting point for understanding the nature of regimes, its static notion of the interaction between the rules and members needs to be refined to reflect the social aspects of such institutions. As Kratochwil and Ruggie argue, embedded within the notion of convergent expectations is the process of constituting such ideals, so that "we *know* regimes by their principles and shared understandings of desirable and acceptable forms of social behavior. Hence, the ontology of regimes rests upon a strong element of intersubjectivity." (Kratochwil and Ruggie 1986, emphasis original, 764) In order to reflect this aspect of regime behavior, this analysis draws on Levy Young and Zurn's (1995) view of "international regimes as social institutions consisting of agreed upon principles, norms, rules, procedures and programs that govern the interactions of actors in specific issue areas." In other words, the regime is not simply a static convergence of like-minded groups, but a social process of developing and refining the agenda as well as state's perceptions of it. Thus, it is argued here that regimes are not only sets of members and rules, but also serve as a site of negotiation and contestation for producing the "principles, norms, and rules" that bound actors' behavior. This conception is especially useful for understanding the nature of the international population regime since, as is demonstrated in the remainder of this dissertation, the social interactions of the regime have not only altered the nature of its agenda but have also socialized individual actors into upholding it.

Whereas the definition developed above works to establish what regimes are, it is equally important to identify what they are not. Although regimes are understood here as

the socially constituted rules that bind member states in a common project, they do not include the international organizations constituted to implement such ideals. In other words, "a simple way to understand this point is to say that organizations are actors, while institutions [such as regimes] are the rules of the game that circumscribe their activities." (Young 1999, 110 fn.4) Although the United Nations system, especially the UNFPA, played a central role in structuring the population regime, such organizations are best understood as the bureaucracy charged with carrying out the regime's prescriptions, and not the regime itself. Together, the United States Agency for International Development (USAID), the World Bank, and the UNFPA represent the major international organizations working to implement the ideals of the regime. While the degrees to which they comply with these international agreements varies, each professes a commitment to the ideals and consider themselves accountable to its goals. Although these organizations have also been active in shaping the nature of the regime, they have not historically played the same direct role in the social process of agenda formation as official members of the regime. In the overview of the regime's development developed in the next two chapters, however, some attention will be given to how the operations of the international population bodies have influenced the norms and principles of the regime.

Ideas Matter: A Cognitive Approach to Regime Theory

Because regimes are understood as social institutions that consist of both members and rules, this analysis adopts a cognitive perspective to analyze behavior within them. As characterized by Haggard and Simmons, this approach is defined by its emphasis on the importance of ideas and perceptions:

> the core cognitive insight is that cooperation cannot be completely explained without reference to ideology, the values of actors, the beliefs they hold about the interdependence of issues, and the knowledge available to them about how they can realize specific goals.(Haggard and Simmons 1987, 510)

This view contrasts the dominant neo-liberal perspective in regime analysis, which understands regimes to be associations of rational actors, informed by self-interest calculations, who engage and remain in collective action only as long as it meets the participants' functional needs.[1] Such a departure from the conventional approach is necessary because, as Kratochwil and Ruggie note, in neo-liberalism "epistemology fundamentally contradicts ontology."(Kratochwil and Ruggie 1986, 764) In other words, the notion that regimes socially constitute their shared expectations does not accord with the positivistic assumption that its members are objective utility maximizers. Cognitive theories are able to overcome this contradiction by stressing that cooperation is a function of shared ideas, replacing the positivist assumptions of neo-liberalism with a view that highlights the interactivity of subject and object in relation to mutually constituted conceptions. Such an approach is particularly relevant for understanding the population regime, where specific constructions and reconstructions of the interrelationships

[1] The dominance of neo-liberal explanations of regimes is highlighted by Hasenclever et. al (1997) who note that "this school of thought has come to represent the mainstream approach to analyzing international regimes, and the other two schools, realism and cognitivism, regularly make reference to its arguments in order to give their own positions a clear profile."

between fertility and development were arrived upon through a process of negotiation among actors influenced by vastly different values, domestic priorities, and degrees of faith in the 'demographic orthodoxy.'

In dismissing the neo-liberal approach to regime analysis, this study also rejects its primary explanation for regime behavior, the hegemonic stability theory. As a structuralist approach, hegemonic stability theory contends that collective action arises as a function of state influence in an international system where "states will pursue their relatively coherent self-interests and that stronger states in the issue system will dominate the weaker ones and determine the rules of the game."(Keohane and Nye 1989, 50-51) In this view, most clearly set out by Robert Keohane (1982), state power employed to achieve exogenously determined interests is seen as the sole determinant force behind the process of regime formation and maintenance. Cognitivists, most notably John Gerard Ruggie (1982), have taken issue with this model for its faulty assumption that the initial construction of the issue-area, as well as calculations of self-interest within that structure, exist outside of the process of regime formation. In arguing that regimes are ultimately shaped by consensual knowledge rather than state leverage, cognitivists contend that the power to create, maintain, and implement regime agendas is actually the power to socialize actors into a dominant ideology. In other words, cognitivism sees ideas, not state hegemonic power, as the primary force driving activities within the population regime. However, this does not mean that the cognitive approach completely dismisses with the notion that state power is an important element in regime behavior. As noted below, in some cases hegemonic influence is an important element in forming and enforcing a regime's agenda, but such power is exercised through its ability to make new

constructions of knowledge relevant in the international debate. Thus, while hegemonic power can be a necessary element in promoting collective action in certain circumstances, cognitivists negate the central principle of the hegemonic stability theory, that it is a sufficient condition for cooperation alone.

In replacing the elegant, although fundamentally flawed, hegemonic stability theory, this dissertation draws on three related cognitive approaches to explain regime behavior. Focusing on the different aspects of the institution's life- formation, maintenance and change, and effectiveness- each of these three theories complement each other, presenting an overall picture of the international population regime as one that was formed, sustained, and given influence through the power of ideas. To explain the process of regime formation, Peter Haas' notion of epistemic communities is employed, a theory which contends that groups of politically motivated "experts" spur collective action through their efforts to structure regime states' perceptions of certain global conditions. As outlined in chapter 3, this was very much the case with the founding of the population regime, where demographer's ideas of the 'population problem' helped to frame the global interest in, and reaction to, the issue which ultimately resulted in the creation of the regime. In addressing a second stage of the regime's life, maintenance and change, the analysis draws on the work of Ernst Haas, who argues the principles that circumscribe actors' behavior are constantly being altered in the light of new ideas about the situation, a process that either induces the incremental type of change he terms adaptation or the more substantive event of learning. Chapter 4 highlights the way in which new epistemic communities and interest groups arose during the three decades of the population regime's existence to challenge and reshape its agenda, ultimately

inducing the type of learning demonstrated at the International Conference on Population and Development (ICPD.) Finally, the bulk of this study is guided by Peterson's conception of regime effectiveness, which contends that a member state's compliance with a regime's "principles, norms, and rules" is either driven by the actor internalization of such precepts, or strong-arm inducement measures on the part of other members or organizations. The case studies outlined in chapters 6, 7, and 8 demonstrate that the policy reforms in each country consistently reflected actual changes in the government's attitude toward the issues reflected in the ICPD, rather than simply representing a response to pressure from more powerful members of the regime. Thus, the understanding of how a regime's agenda is implemented in member states, like that of how it emerges and changes on the international level, is driven by the contention that ideas matter. The remainder of this chapter now turns to a more in-depth discussion of each of these theoretical approaches.

Regime Formation: The Role of Epistemic Communities

In order to serve as a background for the discussion of post-Cairo regime effectiveness presented in the case studies, this dissertation first works to contextualize the present regime in light of its past ideologies and actions. To do this, the discussion of the historical evolution of the international population regime begins with a look at how it came into being. Grounded in the assumptions of cognitivism as discussed above, the birth of the population regime is understood using Peter Haas' notion of epistemic communities. This model is guided by the contention that "control over knowledge and information is an important dimension of power and that the diffusion of new ideas and

information can lead to new patterns of behavior and prove to be an important determinant of international policy coordination."(Haas 1992, 3) In other words, he contends that under certain conditions, groups of experts termed "epistemic communities" are able to spur regime formation through their efforts to promote new constructions of knowledge.[2] The remainder of this section provides a more detailed overview of this approach which, as demonstrated in the next chapter, is highly useful for understanding the process through which the international population regime was formed.

Haas' model revolves around the concept of epistemic communities which, under certain circumstances, are seen to be the driving force in regime formation and maintenance. These special groups are distinguished from other non-state actors by their "professional pedigrees" and "their claims to knowledge, supported by tests of validity, accord them influence over policy debates and serve as their primary social power resource."(Haas 1992, 17) They are also set apart from academics in general because of their activist orientation and political mobilization around a certain, scientifically grounded, position. As described by Haas (1992), these transnational actors can be understood as:

> a network of professionals with recognized expertise and competence in a particular domain and an authoritative claim to policy-relevant knowledge within

[2] The most complete articulation of the model is found in the introductory and concluding essays to the special issue of International Organization, *Knowledge, Power, and International Policy Coordination* (Winter 1992) edited by Peter Haas and Emanuel Adler. While their work covers both the processes of regime formation and maintenance, this discussion only draws on their explanation of how regimes are born. This is because it does not devote enough detail to the later stages of regime behavior to be useful in conducting an in-depth analysis of the institution. With three of the four "steps in the process of policy evolution" specified in their model focusing on regime formulation, their brief treatment of "policy persistence" is unsatisfying. According to Young and Levy (1999), this is a general characteristic of theories of regimes, which tend to concentrate on the initial phases of cooperation rather than their continuance and outcomes. As a result, while the concept of epistemic communities is employed elsewhere in this dissertation, the model of its behavior outlined by Adler and Haas is only used to explain the dynamics of regime formation.

> that domain or issue-area. Although an epistemic community may consist of professionals from a variety of disciplines and backgrounds, they have (1) a shared set of normative and principled beliefs... (2) shared causal beliefs... (3) shared notions of validity... and (4) a common policy expertise. (Haas 1992, 3)

Because their claim to power rests on their scientific expertise, Haas argues that these groups have been most influential in situations of uncertainty involving complex technical issues. He notes that, "forced to deal with a broader range of issues than they were traditionally accustomed to, decision makers have turned to specialists to ameliorate the uncertainties and to help them understand the current issues and anticipate future trends."(Haas 1992, 13) While Haas' work (1989, 1992) suggests that this occurs with some degree of regularity in regard to complex environmental issues, other scholars have shown that such specialists are called upon to address issues like fiscal policy[3] and security concerns.[4] This dissertation demonstrates that epistemic communities have also been influential in helping policymakers understand and respond to the demographic developments of the late twentieth century.

In conjunction with Emanuel Adler, Peter Haas (1992) sets out a model in which epistemic communities influence regime formation through a "two-level game." On the first level, that of domestic politics, epistemic communities work to generate support for their policy prescriptions among national policymakers in their own county as well as in others. One of the most important ways they are able to do this is by using their "professional pedigree" and vision of the scientific 'facts' to frame "the range of political controversy surrounding an issue," which then allows them to suggest desirable policy responses within that construct. As Adler and Haas note, if an epistemic community is

[3] See Kapstein (1992)
[4] See Adler (1992)

successful in doing this, they are also able to influence how the state perceives its self-interest, since "the identification of national interests is a natural consequence of how the issues are framed." (Adler and Haas 1992, 375) On the second level, the international level, epistemic communities help spur regime formation either through the indirect influence they exert on national governments in the first stage of the game, or from their ability to develop a transnational dialogue. According to Adler and Haas, "while members of epistemic communities actively engage in efforts at the national level, they also diffuse their policy advice transnationally...[which] allows them to exert concurrent pressure on governments." (Adler and Haas 1992, 378) This pressure can then lead to cooperation either by creating a critical mass of support for their policy position among states who see perceive it to be in their self-interest, or from the community's ability to recruit a single powerful state. Noting the potential importance of hegemonic power, Adler and Haas contend that "if the epistemic community members succeed in capturing parties that play a major role in negotiations over specific issues...they can have a direct impact on agenda setting and negotiations and an indirect impact on the behavior of smaller countries and manufacturers via the pressures exerted by a hegemon."(Adler and Haas 1992, 379) However, they also argue that "in the absence of the international communication and socialization processes that epistemic communities help promote, new ideas and policy innovations would remain confined to a single research group, a single international organization, or a single national government and would therefore have no structural effects."(Adler and Haas 1992, 378) In other words, hegemonic power is important in bringing about collective action only when it is reinforced by a process of transnational socialization into the ideas promoted by the epistemic

community. This contradicts the basic tenet of the hegemonic stability theory which, as noted above, argues that states perceptions of self-interest are fixed and that only a coercive state power has the ability to link those individual self-interest calculations into a demand for cooperation. While the experiences of the population regime discussed in the next chapter highlight the hegemonic influence of the United States in inducing cooperation, Haas (1989) also demonstrates that states with relatively equal power calculi can also engage in similar types of collective action without such leadership. Thus, in this model, it is the diffusion of the ideas of the epistemic community on both the international and domestic levels that drives regime formation, a process that can be aided by hegemonic power but it is certainly not dependent on it.

While this model represents an idealized vision of the way in which epistemic communities influence regime formation, Adler and Haas also note that in many cases, such groups do not always exert their influence evenly throughout the process, nor are they the only actors to do so. They point out regime formation can be influenced by a variety of actors at different stages in the process, including epistemic communities, activist groups, coalitions of like-minded states, or even a lone hegemon. Thus, even if an epistemic community is involved in many of the crucial stages of regime formation, such as framing the general nature of the debate and creating a transnational coalition around its constructs, the experts may be marginalized at other points, like in the policy selection stage. Similarly, Adler and Haas recognize that such expert communities do not work in a political vacuum, especially on the domestic level. They argue that, in some cases, such groups are most successful when they are able to generate coalitions among like-minded activist groups within the country targeted for action. In this regard, the

epistemic community's influence is exercised through their ability to "facilitate or legitimate package deals...based on the linkages which their causal understanding of the issues revealed or justified."(Adler and Haas 1992, 382) As demonstrated in chapter 3, this is very much the case with the population regime, where the constructs of the demographic epistemic community worked to legitimate the arguments of activists, which in turn strengthened the policy position of demographers.

Thus, while the discussion in the following chapter focuses on the role of the demographic epistemic community in framing the debate and diffusing its concepts internationally, it also recognizes that such experts were not the only significant actors in the process. Once the epistemic community introduced the notion of a 'population problem,' activists and intellectuals helped generate public and official support for the concept, although they endorsed disparate, but ultimately complementary, agendas. As a result, while the epistemic community was central to the formation of the population regime, demographers were not able to exert the same type of dominance over the process as marine scientists did in Haas' (1989) examination of the Mediterranean pollution control regime. However, they did have more of a role then the marginalized cetologists in Peterson's case study of the international whaling regime. Therefore, while the experience of the population regime conforms to Haas model in that an epistemic community played a central role in creating and disseminating the ideology around which the regime was based, and did so in a two-level game facilitated by a hegemonic power, it presents a case in which their influence was also mediated by other factors and actors.

Regime Maintenance and Change: Adaptation and Learning

The next step in laying the groundwork for the examination of regime effectiveness undertaken in the remainder of this dissertation is to develop an understanding of how and why the institution evolved throughout its existence. In other words, the second project of this study is to explain the regime's transition from an institution that was initially dedicated to the idea of population control to one that rejected such a goal in favor of reproductive health in 1994. To do this, this analysis employs a different model of regime behavior from the one invoked above since, as Ernst Haas argues, "theories about regimes have run into trouble when the same theory was used to explain the origin as well as the maintenance or demise of a regime."(Haas 1990, 54) Drawing on Ernst Haas' (1990) work, his conception of learning and adaptation within international institutions is used here to conceptualize the process of maintenance and change within the international population regime. This approach, highly complementary to Peter Haas' epistemic community model, is also firmly grounded in the basic tenets of cognitivism, arguing that ideas can both sustain regimes and drive change within them.

Focusing on the way in which new constructions of knowledge affect behavior among actors within a regime, Ernst Haas presents a model that revolves around the power of ideas in bringing about change within existing institutions. Although he develops his theory specifically in terms of international organizations, Hasenclever et. al.(1997) demonstrate that it is equally applicable to regimes. Building on their work, the discussion in chapter 4 highlights how the central elements of Ernst Haas' constructs can be useful in characterizing the various stages of development within the population

regime. However, it is also necessary to expand his conception of the role of epistemic communities in bringing about change in light of the experience of the population regime. As demonstrated in the following chapters, competing constructions of knowledge have been instrumental not only in bringing about the learning prescribed by Haas' model, but they have been equally influential in inducing adaptation, something which is outside the scope of his theory.

Haas' model centers around the contention that changes within international institutions can take place in one of two forms, either through adaptation or learning, both of which are spurred by new ideas. While similarly driven by knowledge, these two process are analytically distinct in terms of frequency as well as substance. Whereas adaptation is a relatively common response to problems within an organization, true learning is rare since it implies the emergence of a new intellectual consensus in regard to such shortcomings. As defined by Haas, adaptation is "the ability to change one's behavior so as to meet challenges in the form of new demands without having to reevaluate one's entire program and the reasoning on which that program depends for its legitimacy."(Haas 1990, 34) It is based on the feedback and lessons learned from past experiences, and entails the alteration of the means of action, not the ends. While adaptation can be seen as "incremental change, just muddling through," learning involves the reevaluation of both the means and ends of a program.(Haas 1990, 34) In other words, "learning is distinguished from adaptation whenever actors include consensual knowledge in working out new solutions to unsolved problems." (Haas 1990, 51) Building on Peter Haas' work, Ernst Haas argues that the process of learning requires an epistemic community for redefining the mission of an organization, as well as the

opportunity for complete new constructions of knowledge to be integrated into behaviors. Adaptation, on the other hand, does not require the intervention of communities of experts, since it does not entail a fundamental rethinking of the ends and means of institutional goals.

While the distinction Ernst Haas draws between learning and adaptation is useful for understanding the nature of change within the population regime, the history of how such changes occurred suggests an even greater role for epistemic communities. As highlighted in chapter 4, while the population regime has only undergone a process of learning once in its history, following the 1994 ICPD, it adapted its behavior in response to challenges posed by environmentalists in the late 1960s, the New International Economic Order (NIEO) in 1974, and revisionists in 1984. However, in contrast to Haas' prescriptions, in the majority of these periods of change, the constructions of knowledge promoted by competing epistemic communities have been instrumental to some degree in brining about such a shift. Thus, in characterizing the nature of this regime, it is necessary to expand upon Ernst Haas' contention that groups of experts are only influential when the institution is involved in learning. In his work on the food aid regime, Hopkins (1992) demonstrates that competing epistemic communities can also bring about adaptive behavior, even when they are unable to create a larger consensus. Examining the incremental change that took place within regime from the 1958 to 1990, Hopkins brings to light the fact that new constructions of knowledge can arise to challenge, and consequently modify, some of the assumptions of the prevailing epistemic community. This change, however, can be characterized as either learning or adaptation depending on the degree to which the competing epistemic community can generate an

intellectual consensus. If these competing epistemic communities are unable to secure intellectual hegemony, again usually dependent on the endorsement by powerful states, they will spur adaptation rather than learning. The overview of the population regime given in chapter 4 confirms Hopkins' contention that epistemic communities are important in determining the nature of change within a regime, even when they are not able to bring about the more complete process of learning.

Regime Effectiveness: Compliance

The final, and most important, project of this study is to understand the extent to which the international population regime, as defined above, influenced national policy change in India, Pakistan, and Bangladesh. In other words, it works directly to answer the central question of this dissertation, *was the post-Cairo population regime effective in South Asia?* This addresses the last aspect of a regime's existence as identified in the literature, that of institutional effectiveness.[5] To do this, the case studies in chapters 6, 7, and 8 are organized around a set of sub-questions that examine individual components of this larger query. Grounded in M. J. Peterson's (1997) conception of the mechanisms of compliance effectiveness, these chapters first ask *if* the national policies under study are compliant with the ICPD agenda; and then turn to the related, and more complex questions of *how* such a level of compliance came about; and *what* was the role of the

[5] The study of regime effectiveness is a relatively new endeavor in international relations, and most of the major works in the field tend to focus on the impact of regimes dealing with environmental issues such as fisheries management (Peterson 1993) or the mitigation of acid rain (Munton, Soroos et al. 1999). Commenting on the lack of work on the subject, Breitmeier and Wolf (1993) note that although "regime analysis was launched in the mid-1970s, it took surprisingly long before the issue of regime consequences began to be (re)considered systematically, after having been raised as a general problem as early as 1983 by Krasner. Important contributions have not been published at all, or only very recently."(Breitmeier and Wolf 1993, 339 fn.1)

regime in facilitating that compliance. The first of these questions addresses the rule-bound nature of regimes as defined above, while the second two focus on its intersubjective elements. Again emphasizing the cognitive aspects of regime behavior, this analysis of regime effectiveness is built around the contention that a state's decision to comply with the international agenda is often, but not always, the product of some degree of ideological accord between policymakers and the regime.

How Do We Know if a Regime is Effective?

A good starting point for answering the questions posed above is to identify what is meant by the term regime effectiveness, and then to assess *if* that exists in the cases under study. While this query effectively answers the central question of this study, it also serves as the entry point to a much broader discussion of the way in which this effectiveness, defined below as a largely legal occurrence, provides insight into the influence of regimes on the domestic level. Conceptually distinct from the issue of *how* this effectiveness came about, the first stage of this analysis focuses specifically on ascertaining *if* the international agenda is being upheld. For the purposes of this study, effectiveness is understood in terms of the degree to which national agendas comply with the "principles, norms, and rules" of the regime's agenda, so that an effective regime is one that finds its ideals reflected in national policies. As discussed more fully in the following sections, this does not imply that the regime *effected* this change, but it is seen as commenting on how *effective* the agenda was in establishing an international legal norm. Thus, the first step in the case studies is to assess if and how each of the new population policies in India, Pakistan, and Bangladesh reflect the ideals stated in the ICPD.

According to Young, "at first glance, the meaning of *effectiveness* with regard to international environmental regimes seems intuitively obvious," although upon closer inspection such clarity dissolves.(Young 1999, 109, emphasis original) He notes that a common interpretation of the notion of effectiveness is "problem-solving," meaning that the problem the regime sets out to solve is actually mitigated. Nearly every scholar who addresses issues of effectiveness recognizes this goal, with Underdal (1992) and Young (1999) terming it *impact* effectiveness, and Peterson (1997) referring to it as *results* effectiveness. However, as Young and Levy contend, the complexity of the social systems involved in solving the type of large-scale global problems that regimes are often constituted to address makes this approach's "attention to the substantive bottom line...the source of its own limitations because it is so hard to apply meaningfully." (Young and Levy 1999, 4) This limitation stems from the fact that, in some cases, a problem could be solved with only minimal influence from the regime dedicated to it, while in others a regime could have significant impact on a problem but its effect is difficult to empirically demonstrate. In this study specifically, the problem-solving approach is of limited utility because not enough time had elapsed between the drafting of the new reproductive health agenda in 1994 and the completion of the research in 1999 to discern if significant improvements in reproductive health indicators had actually occurred. Further, because of the various social and economic factors contributing to such changes, even if data were available, it would be difficult to isolate the specific role played by the regime. As a result, this evaluation does not measure regime effectiveness in terms of problem-solving.

Instead, as Keohane, Haas, and Levy argue, "we must focus on observable political effects of institutions rather than directly on [their problem-solving] impact." (Keohane, Haas et al. 1993, 7) To do this, this study relies on what Peterson (1997) generally terms *compliance* effectiveness, a condition that he defines as existing "when the relevant actors obey regime prescriptions." This broad notion consists of two constituent components, *output* and *outcome* effectiveness, as identified by Young (1999). The first of these, outputs, are defined as "regulations, programs, and organizational arrangements that actors establish to operationalize the provisions of regimes," while outcome is the behavioral change brought about by such arrangements. (Young 1999, 111) In other words, the general term 'compliance effectiveness' refers both to changes in the legal environment of a country and in the actions of those charged with implementing the new policies. Because of the relative newness of the Cairo agenda, this study necessarily focuses only on the first of these stages of compliance, output effectiveness, looking at the policy and program changes that precede examinations of outcome effectiveness. As Underdal notes, such an approach is most useful "if we want to evaluate regime effectiveness at an earlier stage," as is the case with the newly-reformed population regime.(Underdal 1992, 230) Thus, this dissertation relies on measures of compliance effectiveness in assessing *if* the international agenda is being implemented in South Asia, with the term "compliance" being used specifically to refer the way its policy "outputs" coincide with the regime's agenda.

Although debate exists on the meaningfulness of such a measure, it is argued here that assessments of compliance provide both a useful indicator of current levels of effectiveness as well as a predictor of future developments. Negating the import of the

measure, Young and Levy contend that the concept is of limited value on its own, since "regimes can be effective in a legal sense without doing much to solve the problem that led to its creation."(Young and Levy 1999, 4) This is the case, they note, either in situations where legal changes are not accompanied by behavioral ones, or where the design of the international agreement is such that it actually frustrates problem-solving effectiveness. On the other hand, Chayes and Chayes defend the idea of compliance as "worth studying in its own right" because of the insight it provides into the formal aspects of international relations. (Chayes and Chayes 1993, 176 fn. 3) In between these two views lies Keohane, Haas and Levy (1993), who argue that compliance effectiveness is important not because of what it says about the short-run, but the insight it provides into the next stages of effectiveness. They contend that "national policy responses, because they directly affect the behavior of actors relevant to the environment, constitute a necessary condition for the improvement in environmental quality." (Keohane, Haas et al. 1993, 8) In other words, output-based compliance is important because it lays the contractual foundation for future behavioral changes, or outcome effectiveness, and possibly even for problem-solving effectiveness. While they recognize that "the best laid plans may prove inadequate," they also begin with the assumption that the international agenda represents an initial 'best-guess' response to for achieving problem-solving effectiveness, making compliance with that agenda a desirable end. (Keohane, Haas et al. 1993, 8) Agreeing with Keohane, Haas and Levy, this analysis sees output compliance as an important first step in enabling other types of effectiveness, therefore making it an appropriate focus for an examination of an institution, like the population regime, at an early stage in its life.

It is this conception of output-based compliance effectiveness that grounds the case studies in this dissertation. Thus, the first project in chapters 6, 7, and 8 is to establish *if*, and to what extent, the new national policies in India, Pakistan, and Bangladesh comply with the ICPD agenda. This information is important on its own, since it provides insight into the legal environment regarding population issues in each countries, and it also provides the foundation for the subsequent discussion of the sources of this effectiveness. The empirical measurement of output effectiveness is a relatively straightforward task, conducted by comparing international and national agendas in terms of substantive content. Underdal (1992) sets out a framework for conducting such an analysis which stresses that the most basic principle is to "be explicit about the choices we make" regarding to what is being compared. (Underdal 1992, 234) In adhering to his advice, it is noted here that this study is designed to evaluate national policy outputs against the Program of Action (POA) adopted at the 1994 ICPD. This document, the formal expression of the regime's new reproductive health agenda, is compared against India's 1997 Reproductive and Child Health Programme, Pakistan's 1999 Reproductive Health Service Package, and Bangladesh's 1997 Health and Population Sector Strategy. The comparison given in each of the case studies focuses on how the major provisions of the POA, as outlined in chapter 4, are reflected in the national policies. Each of the case studies in chapters 6, 7, and 8 includes a table that visually demonstrates the major points of agreement or disagreement between the two documents. Following the convention in such evaluations, effectiveness is judged relationally, in terms of high and low degrees of compliance. In the final chapter, these levels of compliance are compared against each other, in an attempt to discern which of the three policies most closely resembles the

letter and spirit of the ICPD POA. Based on this evidence, it is concluded that while all three countries' post-Cairo policy changes exhibit some degree of compliance with the ICPD, Bangladesh's new program is the most compliant and Pakistan's policy is the least.

How Compliance Comes About: Voluntary or Induced?

While, as defined above, assessing *if* compliance effectiveness exists in each country technically answers the question, *is the post-Cairo population regime effective in South Asia*, it does not offer any insight into the mechanisms through which that takes place. Thus, in order to gain a more robust understanding of the notion of effectiveness, the next step in the analysis of regime effectiveness presented in the case studies is to understand *how* such compliance came about. Following Peterson's (1997) model, this project is divided into two stages, the first focuses on the process of *how* policy change occurred, and the second looks specifically at *what* role the regime and other actors played in that process. This section addresses the first of these steps, working to understand the mechanisms of compliance in terms of Peterson's distinction between voluntary and induced compliance. Arguing that compliance is as likely to come about through the development of common ideologies as through forcible leverage, this approach confirms the cognitive conception around which this study is organized: that ideas matter.

Peterson's analytical model begins with the task of determining whether a policy change is voluntary or induced. In this categorization, voluntary compliance is distinguished by some degree of acceptance of the regime's principles by national policymakers, or the "actor internalization of the regime prescriptions," while induced

compliance occurs when attitudes remain the same but policy changes in response to regime-based leverage such as "shaming, promising or providing rewards, or threatening or inflicting depravations." In other words, a state can be seen as entering into voluntary compliance with the regime when policy change reflects internal endorsement of the regime's principles, but if such change is motivated more by the enforcement activities of other members of the regime, it is understood to be induced. Of these two, Peterson argues that the ideological developments that underpin voluntary compliance make it the most meaningful form, since "compliance is most deeply rooted when a regime attains what Oran Young calls 'constitutive effectiveness'- a strong hold on actors through development of social practices and definitions of actor self-image ("identity") that promote compliance." Further, he contends that the accompanying "output" compliance is likely to lead to future stages of compliance such as "outcome," and possibly even contribute to "problem solving." As discussed in the following section, voluntary compliance is also understood to be the more complex form, in which varying degrees of regime-based socialization can underpin policymaker's ideological "internalization" of the international agenda. While Peterson recognizes that the clear distinction he draws between these two analytical categories can be blurred in practice, he contends that such a dichotomy remains a useful tool for making a broad initial determination of the dominant mechanism driving compliance: ideas or inducement.

Although Peterson's model does not include any specific methodological provisions for making such a distinction, the emerging literature on regime effectiveness offers an approach that is well suited to such an analysis. Following the prescriptions of one of the most popular analytic methods in the field, "process tracing," the case studies

in this dissertation rely on detailed descriptive analysis to develop an understanding of *how* compliance came about. As characterized by Zurn, "the fundamental idea of process tracing is to assess causality by recording each element of the causal chain," which is done by developing a rich descriptive account of the process directly surrounding the occasion of effectiveness under study. (Zurn 1998, 640) Used in the bulk of recent studies of regime effectiveness[6], scholars such as Young and Levy (1999) argue that process tracing is appropriate for such an inquiry because it provides insight not only into *how* compliance comes about, but more specifically, because it highlights what role the institutions and actors of the regime play in such a change. Also, unlike another frequently employed approach, that of constructing counterfactuals to assess the impact of the regime's existence, process tracing does not limit the analysis to the influence of the regime, allowing it to more fully capture the mechanisms through which compliance occurs. This is useful not only in understanding the nature of compliance as defined here, but for assessing the extent of the regime's influence discussed in the following section.

Employing the methodology of process tracing, the case studies in chapters 6, 7, and 8 work to establish if the level of compliance demonstrated in each country's new reproductive health policies came about through voluntary or induced means. To do this, the bulk of each of these chapters is dedicated to developing an in-depth descriptive account of the events and developments that contributed to the policy changes under study. Based primarily on data gathered in a series of personal interviews conducted with those who participated in these policymaking processes, the case studies present a picture of how the ideas endorsed in the international agenda traveled through the corresponding

[6] Among the most notable of these are: Young (1999); Victor, Raustiala, and Skolnikoff (1998); and Haas, Keohane, and Levy (1993.)

national policy debates.[7] Drawing heavily on interviews with the policymakers themselves, these accounts focus on if and how the international agenda influenced their perceptions of the 'population problem' and its solution. The case studies work not only to establish if compliance was voluntary or induced, but they also offer insight into the final project of this analysis, determining what role the regime played in bringing about such compliance. To briefly anticipate the conclusions of this exercise, it is found that in each of the countries policy change came about through voluntary means, with the level of compliance demonstrated in each new policy corresponding with the degree to which national policymakers endorsed the ideals of the ICPD agenda.

Sources of Voluntary Compliance: The Regime and Others

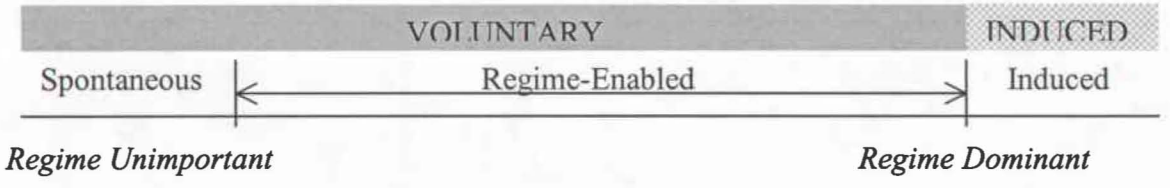
The last step in Peterson's framework for analyzing regime effectiveness is to examine *what* role the regime played in bringing about the level of compliance seen in each country based on the evidence gained through process tracing. In cases where compliance is determined to be voluntary, which includes all of those examined in this study, Peterson argues that it is then necessary to assess what role the regime played in facilitating such "internalization" of the international agenda. Thus, this final section turns to examining the degree to which the ideological change that underscores voluntary compliance can be attributed to regime influence, an undertaking that is guided by Peterson's conception of "spontaneous" and "regime-enabled" compliance. Finally, extending beyond the scope of Peterson's model, the case studies also work to contextualize the regime's import by briefly discussing the role played by other factors not directly related to the regime in bringing about policy change. Building on earlier

[7] These interviews were conducted by the author throughout 1999. The full list of these respondents, as well as date and place of interview is given in Appendix A.

efforts to understand *if* and *how* the countries under study became compliant with the international agenda, this section ultimately answers the central question of this dissertation by assessing *what* role the regime played in bringing that about.

This stage of inquiry is guided by Peterson's treatment of the notion of voluntary compliance. Whereas the concept of induced compliance implies that the regime is the primary driving force in policy change, the notion of voluntary compliance says nothing about the nature of the regime's involvement in the policy change process. In order to understand the nuances of this highly complex phenomenon, Peterson further specifies the notion of voluntary compliance, arguing that it can either occur "spontaneously," involving no significant regime influence, or it can be "regime-enabled," in which the regime exercises some degree of influence in encouraging policymaker's "internalization" of the regime's agenda. As illustrated in Figure 1, Peterson envisions these forms of compliance as lying on a spectrum, in which spontaneous compliance lies on the opposite end from induced compliance, with incidences of regime-enabled compliance existing in degrees in the ground between the two extremes.

Figure 1:
Peterson's Forms of Compliance



What is most unique about Peterson's typology is that it includes the notion of spontaneous compliance, in which a state changes its policy "by its own volition and would do so even if the regime did not exist." Explicitly recognizing the fact that not all

forms of compliance are necessarily the product of regime influence, this model differs from others in the field because in that it does not begin with the *a priori* assumption that either the ideals or actors of the international regime were the driving force behind compliance.[8]

However, what is most useful about Peterson's model is it's understanding of "regime-enabled compliance," a classification that focuses on the social nature of regime behavior. Occupying the space between the two extremes of spontaneous and induced compliance, this form of compliance varies in degrees along the spectrum according to the extent to which the regime influences the ideological change underpinning voluntary compliance. It is seen as the product of the interaction between the regime's ideals and state preferences, in which the regime helps bring about change by altering the perceptions of national policymakers. As described by Peterson:

> regime-enabled compliance comes about when a previously passive actor aligns its conduct with regime prescriptions because the existence of the regime removes one or more barriers to action. These barriers can include a low sense of urgency about the matter, lack of information, internal disagreement about the best policy approach, fear that unreciprocated action will lead to disadvantage, or the belief that acting alone will make no appreciable difference.

This understanding highlights the intersubjective aspect of regimes discussed above, since "removing barriers to action" implies socializing policymakers into the regime's ideology. In other words, when a regime helps facilitate voluntary compliance, it does by changing actors' attitudes toward the issues endorsed in the international agenda.

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[8] Some of the most well-known of these models are those developed by Keohane, Haas and Levy (1993) and Young and Levy (1999). Working from the proposition that "regimes matter," these models are flawed in that they overlook the possibility that regimes may not the decisive factor in determining compliance, skewing their analyses toward proving *how* a regime is effective, not *if* and *when* it is.

Like the notion of "induced compliance," the idea of "regime-enabled compliance" implies a definite role for the actors and institutions of the regime. In this model, regimes are seen as working to remove various barriers to state action through two different, and often reinforcing, channels. The first of these takes place during the formulation of the regime itself, in which the social interaction that characterizes the process of agenda-setting works to create an socialize members into a common conception of how an issue should be approached at the state level. As the case studies demonstrate, in all three of the countries under study, the events surrounding the drafting of the ICPD had a definite impact in generating support for the new reproductive health approach among participating policymakers. Once such an agenda is established, the second mechanism through which a regime can enable compliance is through the intervention of members and implementing agencies. Peterson focuses specifically on this aspect of regime activity, arguing that while member states tend to dominate enforcement activities, international institutions can also be uniquely influential. The case studies also support this point, highlighting that both bilateral and multilateral relationships are important in enabling voluntary compliance, often alternating in their impact within a single country. Peterson notes that these two processes are not mutually exclusive, and in fact, can build upon each other as the cases of India and Bangladesh examined in chapters 6 and 8 clearly demonstrate.

Although this study is designed to ascertain the influence of the regime on the state's decision to comply with the international agenda, such an analysis would be incomplete without an account of the other factors that also contributed to the level of compliance seen in each country. Thus, the case studies conclude with an overview of

what influences, apart from those directly associated with regime formation or enforcement, that had an impact on the state's decision to undertake policy change. Such an understanding is useful for providing insight into the relative import of the regime's influence in the policy change process, as well as for demonstrating the extent of the regime's engagement with forces outside of the government. Although the concept of "regime-enabled" compliance hints at the possibility that other forces can be influential in shaping policymaker's perceptions, Peterson's model does not address such concerns because it is bound by the traditional convention in international relations literature of recognizing only the state and regime as legitimate actors. In order to remedy such an oversight, this analysis draws on Young and Levy's (1999) model of "regimes as agents of internal realignments," a notion that highlights the role of domestic groups, conditions, and governmental factions in facilitating a government's decision to comply with the international agenda voluntarily. They argue that attention to such factors is essential to understanding how regimes achieve effectiveness in countries with strong domestic constituencies, both inside and out of the government, which have an vested interest in the issues covered by the international agenda. This is very much the case with the members of the population regime examined here, and as the case studies demonstrate that compliance in India, Pakistan, and Bangladesh were each influenced to some degree by active governmental and non-governmental population sectors that were potentially affected by compliance with the regime's new agenda. Consequently, an assessment of how these states came to comply with the regime would be incomplete without an investigation of the impact of these domestic actors. Thus, by applying Young and Levy's recognition that national-level politics are important in determining regime how

regime effectiveness arises to Peterson's contention that some degree of shared knowledge is necessary for voluntary compliance, this discussion looks at both how and what international and domestic factors influenced these three states' beliefs and attitudes regarding compliance with the ICPD.

Looking Ahead

Following the outline established above, the remainder of this dissertation works to examine the evolution and effectiveness of the population regime in light of the cognitive theoretical perspectives discussed in this chapter. This undertaking can be seen as divided into two substantive sections, with the first examining the formation and maintenance of the population regime and the second focusing specifically on its effectiveness in the cases under study. The next two chapters trace the birth and development of the international population regime, relying on the theories of epistemic communities and institutional learning set out in this chapter. Chapter 5 provides the transition between the two sections, looking at how the different stages of the regime's life were reflected in national policy in South Asia. Building on the conception of the population regime developed in the earlier sections, the second section develops case studies of India, Pakistan, and Bangladesh that are employed to evaluate the effectiveness of the regime's most recent iteration. Thus, with the next chapter, this dissertation embarks on the initial step in this evaluation: understanding how the international population regime came about in the first place.

Chapter 3
The Formation of the International Population Regime

This chapter begins the examination of the effectiveness of the international population regime undertaken in this dissertation by looking at how the regime came about. As the first installment in the half of this study that focuses on the historical development of the regime at the international level, this chapter helps to provide a context for the national-level case studies developed in the second half. To do this, the discussion below traces the evolution of thinking on population issues from antiquity to the formation of the regime in 1967, with special emphasis on the events and ideas of the 1950s and 1960s. Drawing on Peter Haas (1992) work, this chapter argues that a group of politically motivated scholars, or an epistemic community, was uniquely influential in creating the conditions that enabled the formation of the international population regime. However, it also notes that such scholars were not the only purveyors of knowledge that shaped the nature of the regime, and that state power was a necessary complement to the power of ideas in mobilizing the world against the 'population problem.'

Contextualizing the Contemporary Population Debate: From Antiquity to the Modern

Before launching into the detailed examination of the regime formulation process, this chapter begins with a brief overview of the history of population thought. Such a discussion serves as to place the contemporary debate within a long-term perspective, focusing attention on how the issue was constructed in light of the political and economic concerns of the day. Thus, this discussion rejects Mohan Rao's (1998) contention that "so overwhelming is the influence of Reverend Thomas Malthus that no examination of

the question of population can avoid commencing with his writing." Instead, it highlights the fact that the population debate did not begin with the publication of Mathus' first essay on population in 1798. Rather, this discussion demonstrates that questions of optimal population size have been considered along with issues of governance from the dawn of political philosophy, reflecting the perennial nature of the dispute between pro- and anti-natalist thought. In order to demonstrate the legacy of this debate on contemporary constructions of population problems, the following section provides a brief overview of the various ways in which the issue was understood prior to the invention of the definitively antinatalist 20th century 'demographic orthodoxy.'

Highlighting the major theoretical trends relating to human populations over the past four thousand years, this discussion is necessarily cursory in nature. However, its extended vision provides useful insight into the theoretical foundations of the current 'population problem,' such as the continued dominance of macroeconomic concerns arising out of 16th century mercantilism and their eventual association with natural resource and racial purity issues emerging in the early 19th century. Also foreshadowing the contemporary debate, with very few exceptions, the locus of recognized intellectual activity centers in the West, primarily in Britain, France, and later, the United States. While the absence of voices from other areas reflects a lack of early records as well as the type of demographic consciousness brought by modern technologies of enumeration, it also brings to light the fact that population issues have largely been defined by the Western constructs surveyed below. Thus, as a by-product of the population regime's attempts to create an international agenda beginning in the 1950s, this history has now come to be the cannon of the population debate worldwide.

Historical Antecedents to the Modern Population Debate

While the idea of 'population' did not occupy a central position in political philosophy until the 18th century, when demographic issues were addressed by thinkers prior to the 1700s, they tended to endorse a pronatalist norm. Early records show that Babylon's King Hammurabai (2130-2088 B.C.), the Indian philosopher Kautilya (circa 300 B.C), Roman rulers, and their Christian descendents all encouraged greater numbers as a source of political, economic, and military strength. (Overbeek 1974, 26) This view was contradicted by only a few, including Aristotle[1], who advocated abortion and eugenics to maintain the integrity of a small polity, and St. Augustine[2], who saw celibacy as the most direct path to the City of God.(Keyfitz 1972, 43)

The rise of mercantilism and colonialism in Europe during the 16th century returned attention to the economic dimensions of population growth, an issue that was largely subjugated to religious and moral concerns during the Middle Ages. In the newly consolidating states of Europe of the 16th and 17th centuries, increasing numbers were generally seen as an unmitigated good, expanding the monarchy's coffers through their labor at home as well as creating cannon fodder and new residents in the fight for colonies abroad. Emerging out of this emphasis on numbers was the first stirrings of the field of demography, as British and German mathematicians in the 17th century began to quantify population trends by examining bills of mortality and baptismal records.(Neurath 1994, 12) It is this early technology of ordering, born out of the politics of mercantilism and flourishing during the demographic boom of the 18th century, that

[1] See *The Politics of Aristotle*, ed. A. Bloom (New York: Basic Books, 1968)
[2] See *St Augustine: The Political Writings*, ed. H. Paolucci (Washington, D.C.: Regnery Gateway, 1962)

Foucault argues led to the modern conception of a 'population' as a mechanism of economic and social management.(Foucault 1980, 171)

By the middle of the 18th century, the mercantilist emphasis on population growth as a means for state aggrandizement was largely rejected as large-scale intellectual, political, and demographic changes swept Europe. However, while the Enlightenment's emphasis on individual liberties undermined the rationale of mercantilism's nationalist pronatalism, it did not challenge the perennial assumption that greater numbers were desirable. In the face of the population surge that began around 1750, enlightenment thinkers, such as the French physiocrats Montesquieu[3] and Rosseau[4], were the first to theorize a connection between population and food supply. However, unlike their contemporaries, they argued that agricultural production and distribution systems should be improved to accommodate for the increased demand, not that the demand itself should be capped. Adam Smith advanced a similar contention in his economic treatises, noting that the means of subsistence would ultimately balance out population size as a function of the demand for labor.[5] Reflecting the optimism of the Enlightenment, these arguments belied enthusiasm for a new social order created by the population growth of the late 1700s. While such change brought with it civil unrest and poverty, it also inspired increasingly complex urban societies and a popular revolution in France.(McNeill 1990) Embracing the Romantic ideals that consumed the continent following the revolution, British philosophers like the Marquis de Condorcet[6] and

[3] See *Letters Persanes (1721)*
[4] See *Du Control Social* (1762)
[5] This argument is made most clearly in his 1776 volume *An inquiry into the nature and causes of the wealth of nations.*
[6] See *Sketch for an Historical Picture of the Progress of the Human Mind (1795)*

William Godwin[7] further extolled the virtues of expanding numbers, arguing that larger populations enabled the perfectibility of man.

The Birth of the Modern Population Debate

Although this romantic notion was challenged by various writers prior to the publication of Thomas Malthus' first essay on population in 1798[8], it was Malthus' ability to link the economic and social issues associated with demographic growth into a coherent theoretical framework that secured him the position as the founding father of the modern population debate.[9] His approach was a direct critique of Godwin and Condorcet's contention that population growth was beneficial, arguing instead that it was at the heart of the increased poverty among Britain's peasantry. Building on the work of Montesquieu and Smith, Malthus reinterpreted the link between food and population in his now-famous observation that:

> the power of population is indefinitely greater than the power in the earth to produce subsistence for man. Population, when unchecked, increases in a geometrical ration. Subsistence increases only in an arithmetical ratio. A slight acquaintance with numbers will show the immensity of the first power in comparison of the second. (Malthus quoted in Meek 1971, 4)

In other words, the means of subsistence would eventually be outstripped by the population as a result of the "law of diminishing returns," and until natural checks diminish the absolute numbers of poor, they would be kept in a state of poverty as a result of his "iron law of wages." In the early years of the 19th century this argument enjoyed a great deal of public attention, as it spoke to one of the major social and political issues of

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[7] See *Enquiry Concerning Political Justice and Its Influences on Morals and Happiness (1793)*

[8] Among the most notable of Malthus' predecessors were: Robert Wallace, *Numbers of Mankind* (1753); Benjamin Franklin, *Observations Concerning the Increase* (1755); and Giammaria Ortes *Reflections on Population* (1775). (Rao 1998), (Overbeek 1974)35

[9] The first edition of this essay was published in 1798 under the full title *An Essay on the Principle of Population, As It Affects the Future Improvement of Society, with Remarks on the Speculation of Mr. Godwin, M. Condorcet, and Other Writers*. By his death in 1834, six more editions of the highly influential volume had been published. (Greene 1999)

the day, the necessity to provide government support for the poor. His theory lent itself well to the sympathies of the bourgeoisie, since it concluded that the only way to alleviate poverty was to limit reproduction among those most affected by it, the poor themselves. While Malthusian doctrine was definitively antinatalist, his religious convictions prohibited contraception, a distinct difference from the modern incarnation of neo-Malthusianism which hinges on the provision of contraceptive technologies.

Despite the stir Malthus created in the early 1800s, the European experience in the remainder of the century largely discredited his central thesis, but was successful in creating a debate on the economics of population that continues to this day. In development completely unanticipated by Malthus, the technological advancements that characterized the industrial revolution created a situation in which food supplies kept pace, and even increased, in the face of continued population growth. At the same time, the crushing poverty of Malthus' day began to decline throughout Western Europe, as did fertility rates, and by 1870 the continent had begun what is now commonly referred to as a demographic transition.[10](Coale and Watkins 1986) Across the Atlantic, his contentions seemed to have little relevancy in the New World since American interests were focused on populating their vast frontier, demonstrating that Malthus' theory was not a universal one. Yet even before his theory effectively failed, the Malthusian design spurred a generation of economists to enter into the debate over population. While many

[10] As fist theorized by Thompson (1929) and then refined for the modern population debate by Notenstein (1953), the demographic transition reflects Europe's three-stage experience moving from a high fertility-high mortality society, to a high fertility-low mortality society, to a low fertility-low mortality society. This change was associated with wide-spread alterations in social, medical, economic, and family systems occurring at the same time, leading many to criticize the determinacy of the model.(Alter 1992)19 Nonetheless, demographers and policymakers routinely invoke this model as a guide for the expected causal link between economic modernization and fertility decline in the developing world.

thinkers worked to refine his contentions, such as David Ricardo[11] and John Stuart Mill[12], the left launched a fierce critique of the Malthusian principle. In what was to become communist doctrine, Karl Marx and Friedrich Engels argued that the population would only outstrip the means of subsistence in a capitalist system, where excess labor was required to keep labor costs low in the interest of the bourgeoisie.[13](Meek 1971, 19) The ferocity of Marx's rebuttal stirred one of the most enduring debates in demography and helped secure the historical legacy of Malthus' largely unproved conclusions. Thus, Malthus' largest contribution to the study of population was not technical, since many of his economic and demographic predictions have been widely refuted, rather it was his ability to create controversy regarding the limits to growth.(Davis 1955, 541)

The Population Debate in the Early 20th Century

By the dawn of the 20th century, while Malthus' hold on European conceptions of population issues waned, his fame across the Atlantic was just beginning to take off, a condition due, in part, to the invention of eugenics. In Europe, the sharp drop in fertility after 1870 resulted in widespread fears of depopulation, and the French led the continent in concerns about declining national strength. Conversely, by the end of the 19th century the American west had largely been won and populated, and scholars were beginning to voice fears that the country was approaching the limits envisioned by Malthus. A matter of special concern for the country was the rate at which its already sizable populations of Southern European and Asian immigrant populations were increasing. These fears were answered by the emerging eugenics movement which, based on the premise that the

[11] See *Principles of Political Economy* (1817) and *The Iron Law of Wages* (1817)
[12] See *Autobiography* (1873)
[13] While a number of Marx and Engels' works contain indictments of Malthus, among some of the most compelling are contained in *Outlines of A Critique of Political Economy* (1844) and *Capital* (1867). See Meek (1971) for an excellent overview of this debate.

upper classes possessed superior genetic stock, argued for the reduction of fertility among the more prolific lower classes while encouraging the reproduction of the wealthy.[14] While the popular appeal of such an argument was clearly limited, it became a viable political movement when it was linked with the growing anti-immigrant sentiment of the day. Because birth control, voluntary or otherwise, was not a feasible policy option in early 1900s, this mobilization resulted in a tightening of immigration laws that continued throughout the century.(Hodgson 1991, 8) Although the Nazi embrace of eugenics during the 1930s and 1940s effectively doomed the agenda, the association between race and population composition remains an undercurrent in the contemporary population debate.

While the new sense of internationalism following World War I brought with it a general reconciliation of American and European conceptions of desirable population size, such views fluctuated widely during the interwar period, ranging from a fear of overpopulation that was predominant in the 1920s to a concern about underpopulation in the 1930s. The experience of the war forced the British to consider that their weaknesses might not lie in declining numbers, as was often argued at the turn of the century, but in the same issue that was worrying Americans at the time: an excess of people. Fueling this fear, economists like John Maynard Keynes[15] argued that the industrialized world might have passed Malthus' point of diminishing returns, a contention that seemed more realistic as Britain's coal deposits diminished and the boll weevil decimated its cotton

[14] Eugenics owes a debt to Malthus, since it was firmly grounded in the evolutionary model developed by Charles Darwin in his 1859 work *the Origin of Species*, which was inspired by Matlhus' systemic view of natural processes. The idea of social Darwinism, the principle upon which eugenics is based, was introduced by Herbert Spencer in 1867, but did not gain a popular following until the early 1900s.(Keyfitz 1972)50

[15] See *The Economic Consequences of Peace* (1920)

crops.(Keyfitz 1972, 54) However, this argument held little sway in nations like France, which was unique for having begun its demographic transition in the early 1800s, and by 1919 the government of the Third Republic enacted the world's first population policy, one that was definitively pronatalist.(Symonds and Carder 1973, 4)

As the world entered into the economic crisis of the 1930s, France's demographic view became more popular, bringing with it a revival of the nationalist posture of the mercantilist era.(Overbeek 1974, 6) Just as fascist governments of Germany and Italy worked to increase their populations in the decade prior to World War II, so did nations like Belgium and Sweden. Similarly, while not enacting any explicit pronatalist measures, the United States (US) government expressed concern over the smaller sizes of its families during the depression.(Piotrow 1973, 9) The return of mercantilism's isolationist nationalism, combined with the widespread acceptance of eugenic theories, also worked to extend the American anti-immigrant sentiment throughout Western Europe. It was this concern that dominated debates over population within the League of Nations, even though the body resolved to examine broader demographic issues shortly before it was disbanded.(Symonds and Carder 1973, 19)

While the economics of "classical Malthusianism" and the eugenics of "biological Malthusianism" dominated public understandings of population issues during the 19th and 20th century, another popular movement was taking shape which would ultimately serve to unite and mobilize the two.(Greene 1999, 39) The birth control movement, with a definitively feminist and socialist agenda, was initially rejected by the acolytes of Malthus. These activists met with resistance not only because they openly discussed and promoted what were seen as indecent technologies, but they justified it primarily in terms

of promoting both women's health and reproductive and sexual freedom.[16] As a result, this movement was not able to gain popular support until the 1920s, as the social changes following World War I created a public atmosphere that was more amenable to it, and the medical establishment's endorsement of birth control helped legitimize and professionalize the practice.(Suitters 1973, 2) During this time, just as Britain and America were voicing renewed concern over population growth, activists such as Margaret Sanger and Marie Stopes were able to considerably expand the scope of the movement. Despite frequent arrests at home in the US, in 1927 Margaret Sanger was able to organize the First World Population Conference in Geneva, attended by many League of Nations officials.(Symonds and Carder 1973) Partially responsible for its growing success on the world stage was the movement's alliance with eugenicist groups, as well as the alliances Margaret Sanger was able to make with Asian elites concerned about their nation's population growth. While still a sensitive subject, birth control advocacy met with a warmer reception in Japan and India, countries that were beginning to embrace Malthusian concerns in their own right, than it did in the West. Prominent women from the developing world such as Lady Rama Rau quickly became pillars of the movement which, as discussed in chapter 5, flourished in colonial India.(Wadia 1999, 4) While the movement's struggle continues to this day, their primary contribution in the early years of the century rested in their ability to explicitly link both the economic and biological strands of Malthusian thought to contraceptive technologies, and then to globalize its reach.

[16] While neither women's health or emancipation ranked high on Western policy agendas in the 19th or early 20th centuries, the issue that most frustrated the efforts of the birth control movement was that of advancing women's sexual and reproductive freedom. This radical feminist strain, traced back to Mary Wollstonecraft's 1792 treatise on *The Vindication of the Rights of Women*, became marginalized as the movement gained popularity in the 1920s and 1930s, and did not reappear until the 1970s.

Thus, on the eve of World War II, the stage was set for the birth of the post-War 'population problem.' While some still advocated the social and economic value of large populations, antinatalist Malthusian conceptions were increasingly coming to define the parameters of the debate. Also, in the two centuries since Malthus wrote, population theory had expanded to include all the issues the would define the debate in the 1950s: economic development; food security; biological sustainability; racism; feminism; and internationalism. The difference between the early modern concerns and the post-war debate was the lack of a transnational demographic vision that extended beyond migration issues, and the political power to implement such an agenda. As the discussion below demonstrates, the first of these was supplied by the emerging activist epistemic community, and the second was promoted by the hegemonic power of the United States.

Regime Formation: Toward Collective Action for Population Control

Just as the new sense of internationalism that followed World War I focused attention on the interconnectedness of American and European demographic behaviors, the wake of World War II expanded that sense to the developing world. This came about as the globe was being segmented into thirds, with the leaders of the first and second worlds, the United States and the Soviet Union, vying for hegemonic control over the third. As the battleground for the war between communism and capitalism, the developing nations of the southern hemisphere gained a important place in the Western political imagination. The optimism that surrounded the Marshall Plan in Europe also permeated Western perceptions of the third world, casting the problems of economic and social development as ones that could be overcome with proper levels of investment,

technology, and planning. In this milieu, a group of politically mobilized scholars, an epistemic community, arose to help focus the world's attention on what they perceived to be one of the most pressing problems of these volatile areas, explosive population growth. Their efforts helped to situate demographic issues within the emerging discourse of development, identifying population as an important sector in the larger cold-war struggle for modernization in the developing world. This campaign, accelerating and expanding as a result of the complementary efforts of activist groups, was ultimately successful in bringing about collective action on the international level as signified by the birth of the United Nations Population Fund (UNFPA) in 1967. The following overview of the population regime's formation highlights the process through which the ideology of population control developed, and how that resulted into the creation of an international movement to control population.

As discussed in chapter 2, this analysis relies upon Peter Haas' (1992) model of epistemic communities to explain the formation of the international population regime. This is because of the focus it places on the role of ideas in bringing about collective action, a central conception of the cognitive framework employed in this study, as well as because of the influence it attributes to specific groups of politically motivated "experts" in creating an intellectual consensus on these ideas. However, this discussion also recognizes the parallel role of activists and intellectuals in creating public and official concern for the 'population problem.' As a result, in the overview of the regime formation process outlined below, the role of the demographic community in the population regime exists somewhere between Haas'(1989) model of the Mediterranean pollution control regime, in which "the success of the Med Plan is attributable to the

involvement of ecologists and marine scientists who set the international agenda and directed their own states toward [its] support;" and Peterson's (1992) analysis of the whaling management regime, that "is not an example of strong epistemic community influence over policy." In other words, while the epistemic community was central to the regime formulation process, the discussion below demonstrates that its influence at some stages and venues was more pronounced than in others.

1944-1949: Inventing the Contemporary Population Problem

Before they became an epistemic community with a "common policy enterprise," population experts of the late 1940s were first dedicated to examining and understanding the ramifications of the demographic change in the third world. In terms of Haas' model, during this decade, demographers were engaged in developing the "shared set of causal and principled (analytic and normative) beliefs [and] a consensual knowledge base...that distinguishes epistemic communities from various other groups."(Haas 1992, 18) It was at this stage that the epistemic community made its greatest overall contribution to the debate by creating the idea of a 'population problem.' At this time the parameters of the contemporary debate also began to emerge, as the shared identification of a 'problem' led to divergent assessments of its nature and remedy between demographers and environmentalists. However, while both groups enjoyed the requisite scientific qualifications of an aspiring epistemic community, "the professionals in the field of population study had an initial advantage over the activists in the postwar era" because they did not endorse the controversial remedy of birth control.(Piotrow 1973, 12) As a result, during the 1940s demographers were able to establish themselves as dispassionate

experts, creating a "professional pedigree" that provided them privileged access to policymakers once they developed their own agenda for action.

The contemporary variant of the 'population problem' can be seen as coalescing during 1944, when demographers had been able to gather enough data to arrive at the conclusion that the populations of countries like India, Japan and Egypt were experiencing unparalleled increases. These growth rates, they concluded, were the product of the same type of public health innovations that precipitated Europe's demographic transition. Beginning to sketch out the theory of such a transition, demographers from Princeton University's Office of Population like Frank Notestein and Kingsley Davis expressed concern that declining mortality rates in the developing world, initiated by colonial rulers in the absence of substantive socioeconomic change, would not necessarily lead to decreased fertility as was the experience in Europe.

Their findings took on a more ominous air as the technology of demographic projection, used previously to forecast fertility declines in the West, were turned on the rest of the world. As the Caldwells observe, such a development was instrumental in creating the perception of an impending crisis "as the major change in outlook during this period probably arose more from pictures of the future than from the measurement of the present."(Caldwell and Caldwell 1986, 21)[17] Despite being substantially lower than actual growth rates, these projections were dire enough to spur demographers such as Notestein, to argue that the "potentiality for future population growth is of a magnitude that sooner or later threatens to become a serious obstacle to political and economic development" in the area.(Notestein 1944, 140) Similarly, in terms of India, Davis

[17] Greene describes this as the adoption of "a temporal logic that colonizes the future as a threatening place."(Greene 1999)159

concluded that "it is obvious that the population of a given area cannot increase rapidly for many centuries. Even a modest growth, if continued through a great number of generations, would result in a layer of human beings several yards deep on the earth's surface."(Davis 1944, 42) However, as sociologists, these demographers saw the problem as one that was determined by social structures, which could be altered by the what Davis called the "indirect methods" of modernization, rather than the "direct methods" of contraceptive intervention.(Davis 1944, 54)

Not only did this early demographic work frame the emerging 'population problem' as one that revolved around future consequences, but one that was definitively located in the developing world. As noted above, prior to World War II population concerns in Western Europe and America tended to concentrate on the issue of underpopulation. Despite a post-war boom in the West, European governments, most notably France and the Soviet Union, maintained and even increased their pronatalist postures in the 1940s. Juxtaposed with these concerns was new evidence of rapid population growth in the developing world, creating "a dichotomized view of the world population situation," in which the first and second worlds had too few people and the third world had too many.(Symonds and Carder 1973, 35) This notion of separate demographic spheres brought with it the ability to imagine overpopulation as a problem of the 'other,' a tendency that would increase throughout the decades, even though subsequent generations of demographers and activists would work to demonstrate how events in the first and third worlds were economically and politically interconnected.

At the same time as demographers were painting a picture of a highly disparate world, conservationists were invoking a model of ecological interconnectedness that

worked to demonstrate that high fertility in some areas would have an impact everywhere. This "green Malthusianism" was used to "world" Malthus' conceptions, in which the global poor were a proxy for the 19th century British underclass who brought poverty and starvation on themselves, as well as the entire nation, through their unchecked reproductive behaviors.(Greene 1999, 159) Just as in Malthus' scenario, it was the overpopulation of this demographic 'other' that threatened the stability and prosperity of the remainder of the world; environmental concerns were also primarily understood at this point as revolving around food production. However, unlike Malthus, the solution that was presented to this problem was contraception, most often provided by the industrialized nations of the West in an attempt to secure the future of their standard of living. Retaining elements of the earlier version of biological Malthusianism, eugenics, Wrong (1977) argues that this approach also tended to stress compositional and quality concerns of the world's population and disparage the abilities of the world's poor to adopt new fertility behaviors on their own accord. While both Fairfield Osborn[18] and Julian Huxley[19] advanced this notion in the 1940s, the most influential of these early neo-Malthusians was William Vogt and his popularly successful 1948 volume *Road to Survival.* Presenting a biological model of the world, his understanding of the problem was much more wide-ranging than the demographic one implicating the first, second, and third worlds in bringing "man...into an untenable position by protracted and wholesale violation of certain natural laws."(Vogt 1948, 264) Because of the scope of this crisis, in

[18] See *Our Plundered Planet* (1948) and *The Limits of the Earth* (1953)

[19] Although Huxley wrote on the environment-population connection, his greatest contribution to the debate came during his tenure as director of the United Nations Educational, Scientific, and Cultural Organization (UNESCO) between 1946 and 1948. There he was influential in creating momentum for a World Population Conference that was finally held in 1954. However, because of the influence of demographers in the United Nations system at the time "family planning did not find a place at the conference."(Symonds and Carder 1973)83

contrast to the leading demographers of the day, he endorsed the "direct methods" for ameliorating the problem dismissed by Davis and Notestein, asserting that "population 'experts' say that, given time, populations will level off and stabilize themselves. To this the obvious answer is, *there is not time*." (Vogt 1948, 282, emphasis original)

Thus, while both demographers and biologists argued that population projections signified an impending crisis of significant proportions, they disagreed on what such a 'problem' entailed and how best to remedy it. This type of disagreement between activist population controllers and more cautious academics would grow to characterize the nature of the debate during the 1950s and 1960s. Whereas demographers stressed the economic, political, and social consequences of such growth, their green counterparts focused on natural resource limitation issues. Similarly, demographers saw the problem as rooted in the larger social structures of the countries affected, so that meaningful fertility change could only be brought about by the processes of modernization; while biologists saw the issue as global in scope and remedied only by the immediate decrease in birth rates initiated by contraceptive intervention. Although demographers would soon come to endorse the "direct methods" promoted by the greens, they saw them largely as a complement to "indirect methods" and continued to differ fundamentally in their understanding of what was at the root of the 'population problem' and where it was located.

Although green Malthusians were helpful in establishing the idea of population growth as a crisis, demographers were emerging as the ones who would interpret it to a policy audience. With established ties to the US State Department and the United Nations apparatus, Princeton Office demographers had access to policymakers at a the very

moment when were most able to shape official perceptions of the emerging crisis.(Szreter 1993, 663) Because the theory of demographic transition worked to situate the 'population problem' within the framework of modernization, a dominant issue of the post-war era, this approach answered a "preexisting demand from the new and growing constituency of economic and policy scientists" who were interested in locating both low fertility concerns of the present and high fertility fears of the future "within a global historical pattern."(Szreter 1993, 663) First laid out by Notestein at the organizing conference for the United Nations Food and Agriculture Organization (FAO), the idea of demographic transition contributed to the organization's optimism regarding the availability of food supplies throughout the 1950s.(Symonds and Carder 1973, 36) However, as Piotrow (1973) argues, demographers prescriptions for "indirect" interventions were also popular because they called for further study and training, a position that appealed to cautious bureaucrats.

It was the controversial nature of the green neo-Malthusian embrace of contraceptives that obscured their influence during the 1940s, despite enjoying similar access to policymakers. Even though Julian Huxley served as the Director of UNESCO during the late 1940s, it took nearly ten years for his idea of convening a world population conference to come to fruition because "some members of the Commission were suspicion of Huxley's motives" regarding the promotion of birth control.(Johnson 1987, 11) Similarly, although Vogt's book "caused considerable concern" among non-specialized audiences, natural resource depletion "had not been linked in official discussion to the population problem" at the time.(Symonds and Carder 1973, 93) Thus, while the green understanding of the population problem was marginalized because of its

implied solution, the gradualist approach of demographers served to reinforce their image as principled and dispassionate experts. Because of their successes at this stage, demographers were able to shape the ensuing debate as one that was driven by concerns of modernization and demographic transition rather than food production.

The Transition in Demographic Transition Theory

The revised population projections included in the United Nation Population Division's *1949-50 Demographic Year Book* demonstrated that the recently constructed 'population problem' was even more pressing then initially conceived. These figures, and subsequent editions, goaded demographers into action, first by altering their theoretical perspective to allow for the necessity of direct contraceptive interventions and then by actively advocating this position in domestic and international arenas. However, because of their penchant for approaching "the problem quietly and scientifically," noted demographers tended to distance themselves from the public debate that was developing at the time.(Piotrow 1973, 18) Despite the undercurrent of professional elitism, this group nonetheless plunged themselves into political action on the population issues, albeit within their pre-established domain of policy elites. Through this involvement, the demographic community emerged as an epistemic one, with members drawing on their "professional pedigree... to accord them access to the political system and legitimize or authorize their activities."(Haas 1992, 17)

The crucial element in the progression from a loosely connected band of intellectuals to a nascent political movement lay in a deceptively simple theoretical shift from viewing population growth as a dependent variable to treating it as an independent one. It was not the efforts to define the nature of the population problem that mobilized

these scholars into an activist epistemic community, it was the solution they promoted to it. As Hodgson (1983) convincingly demonstrates, the increasing pessimism within the discipline during the early post-war period led both Notestein and Davis to conclude that fertility behaviors needed to be altered in the absence of economic and social modernization. Whereas transition theorists previously contended that socioeconomic change would naturally lower desired family sizes, by the early 1950s it was feared that fertility levels were inhibiting the necessary modernization. In this light, demographers came to espouse what was to become the field's orthodoxy: that the 'direct methods' of population control Davis relegated to secondary import in 1944 were now the primary means of stemming demographic collapse in the modern era. Drawing on arguments originating in the international family planning movement, demographers came to advance contraception as an appropriate means of population control in the absence of economic or social modernization. This ideological shift was so dramatic that, in direct opposition to his previous statements, in 1949 Notestein conceded "fertility control is not a substitute for other ameliorative effort; instead it is a means that will assist in making an ameliorative effort successful- *indeed it may turn out to be a necessary condition for such success*." (Notenstein quoted in Szreter 1993, 674) In 1952, he expanded this into a more complete theoretical model describing the "low-level equilibrium trap," in which he argued that social change could not occur without reductions in fertility, and that in post-colonial settings, such fertility change was dependent on social engineering and contraceptive provision.(Caldwell and Caldwell 1986, 26) Such a conclusion galvanized the demographic community as an epistemic one, as "their mounting pessimism pushed

them from a strictly social scientific stance to an explicitly policy-oriented one."(Hodgson 1983, 11)

Once members of the American academic community had become convinced that steps to remedy the population problem needed to be taken in the short-term, they grew increasingly frustrated with their government's lack of attention to the issue. Early studies by members of the Princeton Office had done much to sway official opinion in India, and when the country sought advice from the self-defined experts in 1951, they participated to the fullest extent possible. However, their ability to provide technical assistance to India was constrained by the reluctance of public and private organizations in the United States to become involved with the highly sensitive issue of family planning.(Caldwell and Caldwell 1986, 42) Because of "moral and religious disagreement" on the issue of birth control, US policymakers stood resolutely opposed, or at least ambivalent to, demographer's arguments during what Piotrow terms a period of American "nonpolicy," that lasted until 1959.(Piotrow 1973, xi) In order to combat resistance in the government, the researchers embarked on what Szreter (1993) terms a "decade of obstructed activism" in which they attempted to convince US policy elites that population activities were indeed vital to the national interest.

While demographers were not the only group engaged in this struggle, they were the only epistemic community active in the movement at the time. Whereas the conservationists and birth control advocates were similarly mobilized during the 1950s and 1960s, they can not be understood to occupy the same type of policy role as demographers. As discussed above, the "professional pedigree" of conservation biologists like Vogt and Huxley was compromised by their association with the

politically undesirable birth control movement, robbing them of the patina of scientific objectivity upon which epistemic communities rely for legitimacy. Further, as discussed below, when environmentalists and birth controllers joined forces with businessmen in the 1950s, the resulting lobby did not possess the shared causal beliefs that define an epistemic community. While activist efforts were successful on some fronts, the special nature of the demographic community allowed it a special degree of access to policymakers on international and domestic levels. It was this access, made more relevant by the advocacy efforts of activist groups, that brought about policy change in the US and cooperation on the international community.

1950-1967: The Domestic-Level Game in the US

As set out by Adler and Haas, the regime formulation process is best understood as a two-level game, in which the first level addresses "how expectations and values enter into the political process through active participation of domestic and transnational epistemic communities and how through the policy process these ideas help define the national interests, which then becomes conceptual and normative input to the international game."(Adler and Haas 1992, 373) This section traces how the ideas of the epistemic community interacted with the growing public debate in the United States during the period leading up to the establishment of collective action on the international level. While regime theorists tend to focus on the second level of the game, this discussion expands on existing analyses of epistemic communities in international relations by examining first how their ideals gain influence in the domestic policy debate. It is shown that while the epistemic community had an important role in parallel the US

government into action, their arguments were strengthened by the parallel efforts of activists and academics.

Because of the United States' position in the post-war order, as well as the fact that a disproportionate number of population scientists and activists were based in the US, the bulk of early advocacy efforts were focused on convincing the US government to provide technical assistance for controlling the 'population problem.' The struggle to bring the US government out of its period of "non-policy" involved not only the epistemic community working to mobilize policy elites, but also hinged upon the change in public opinion brought about by politically motivated neo-Malthusians and birth controllers. Although they shared common agendas, demographers remained wary activist groups, which began to collaborate with each other in the 1950s. As a result, advocacy efforts during the 1950s and 1960s were divergent although complementary, with the epistemic community focusing on swaying national and international policymakers around the issue while the other groups focused on transforming US policy. The evolution of this symbiotic relationship is characterized by Piotrow as one in which:

> The activists needed the theoretical base and factual data of the scientists to make their case. They needed the support of the professionals to give them legitimacy. The scientists, on the other side, benefited from the increased public interest that led to a greater demand for their technical output, even as they sometimes shuddered at the uses to which it was put.(Piotrow 1973, 7)

Thus, while the epistemic community may have worked to distance itself from their activist counterparts, an action which helped to reinforce their position as an epistemic community, their relevancy and influence was increased by corresponding efforts in the public sphere. However, because of the epistemic community's close linkages with the

power structure, population experts informed the government's response to the problem once it had become politically palatable as a result of activist efforts.

During this period, the epistemic community focused its efforts on defining how the official debate on population was to be framed. The active support of the major American Foundations and influential individuals, such as John D. Rockefeller 3rd, did much to advance the cause of the epistemic community, helping link research to political action through the establishment of the Population Council in 1952. With financial backing from the Rockefeller Foundation, and drawing its intellectual pedigree from the Princeton Office, the "Council provided a heretofore-lacking respectable base from which to influence professional and academic norms and to finance a more specifically-oriented approach to population."(Piotrow 1973, 14) With the establishment of the Council, the population community was able to create an institutional barrier between itself and the controversial birth control movement, while still promoting the same agenda. It also served to consolidate the epistemic community as a political entity that focused on swaying policy elites, as it "forged a coalition to further its goals; attempted to influence [American] public opinion by educating government, corporate, and academic leaders; and, throughout the world, including the United States, successfully rallied scientific and political support to institute population policies."(Shapiro 1985, 67) Although Piotrow contends that the "founding of the Population Council was a significant start in mobilizing the professional for action,"(Piotrow 1973, 14) as the discussion above demonstrates, its creation actually reflects an already mobilized and politically savvy scholarly community.

Throughout the 1950s, the Council and several other university-based population centers began to publish research that firmly established the 'population problem' as a political and economic issue that was of immediate import to the first world. Although they did not offer specific policy recommendations, the studies contained clear political imperatives designed specifically to sway policymakers. Political demographers such as Philip Hauser (1958) and the Organskis (1961) explicitly linked population pressures to security concerns of the United States, arguing that high rates of population growth in developing nations left them open to political instability, which could be exploited by the communist nations that they, in many cases, bordered. However, the most significant of these efforts was Coale and Hoover's 1958 study on India, produced under the auspices of the Population Council. Their seminal study argued that "without regard to the question of how many people can be fed with given agricultural resources, it is clear that a reduction of fertility from high levels has immediate economic advantages."(Coale and Hoover 1958, 333) In the face of predictions for ever-increasing population growth, Coale and Hover concluded that "clearly fertility must eventually be reduced, or mortality rates must resume a high level."(Coale and Hoover 1958, 333) Their contentions had tremendous impact, largely defining the emerging theoretical orthodoxy of the field which "eventually provided the justification for birth control as part of U.S. foreign aid policy."(Piotrow 1973, 15)

While the epistemic community was working to mobilize policy elites around the contraceptive solution to the 'population problem,' green neo-Malthusian groups promoted a similar agenda with less promising results. Because of the shift in demographic thought during the 1950s, the epistemic community and the greens now

shared the same policy goal: inducing the US to control population growth abroad. However, their justifications for such action differed considerably, with the environmental argument of the 1950s and 1960s revolving around the Malthusian problematic of food shortages, whereas demographers tended to coalesce around the economic costs of high growth rates. Since the task at this stage was to convince policymakers of the need to become involved in the issue, these differences divided the two groups both in terms of advocacy strategies and policy relevance. The shrill statements of the greens largely fell on deaf ears of policymakers during the time, as technological optimism and the controversial nature of birth control marginalized them in the policy arena of the 1950s. Their political and public fortunes were improved during the later years of the decade, as businessmen joined the family planning movement to which greens were closely allied, and began promoting a hybrid of both demographic and neo-Malthusian concerns.

During this era, the green argument was most clearly set forth by Darwin and Vogt, who both stressed that the logical conclusion of the problems envisioned by demographers was environmental collapse. While other authors that will be discussed below also expanded on such a conception, these two were among the few to concentrate solely on the natural aspects of population growth. In 1953 Sir Charles Galton Darwin, a descendent of the 19th century naturalist, published the book *The Next Million Years* in which he presented a modern variant of Malthus' argument, contending that "in the very long run of a million years the general course of future history is most of the time likely to be what it has been for most of the past time, a continual pressure of population on its means of subsistence, with a margin of the population unable to survive."(Darwin 1953,

36) The solution to this dilemma was very neo-Malthusian in nature, promoting contraception and eugenics in an attempt to thin and strengthen the remaining population. By 1960 Vogt came out with *People!*, a more politically, if less scientifically, sophisticated version of his earlier argument. While he continued to advance recent experiences of floods and famine in the developing world as evidence of the environmental consequences of overpopulation, he endorsed not simply American involvement in supplying contraception aid, as he did in 1948, but "the formation, within the United Nations, of a birth control bloc of nations wanting help with their population problems...were such a group formed, the United States could easily work with it. India and Pakistan would seem the natural leaders of such a movement within the United Nations."(Vogt 1960, 223)

The explicitly political orientation of Vogt's 1960 work highlights the cooperative linkages that emerged between the green neo-Malthusians and the feminist birth control lobbies during the 1950s. Led primarily by Margaret Sanger, the birth control movement regained its momentum following the war, as the impending 'population problem' made antinatalist measures more publicly palatable than they had been during the 1930s and 1940s. Although biological Malthusians of the early 20th century supported Sanger's movement, their influence waned within society as a whole as eugenics and population control became unfashionable. With the advent of the contemporary 'population problem,' and the green variant of neo-Malthusianism, birth controllers had a new scientific constituency with which to ally. Such an association was largely welcomed by the environmentalists, with Vogt serving as the national director of the Planned Parenthood Federation of America from 1951 to 1961. Under his leadership, the project

of this movement during the 1950s was to legitimize itself by recruiting a cadre of male professionals to transform a previously predominantly feminist movement into a viable political force.(Greene 1999, 163) However, throughout the 1950s, "Planned Parenthood activists remained voices in the wilderness" and the epistemic community continued to dominate how the issue was addressed in official debates on the national and international levels.(Piotrow 1973, 18)

During the 1960s the agendas of the birth control movement and the epistemic community came closer in terms of ideology with the introduction of businessmen into the activist ranks, but diverged even more sharply in terms of strategy. Among the most influential of these new recruits was Hugh Moore, the founder of the Dixie Cup company, who was won over to the cause of population control after reading Vogt's 1948 *Road to Survival.* In 1954 he published his own monograph on the 'population problem,' *The Population Bomb,* which presented an explosive vision of population growth as a primary threat to world peace. Like Coale and Hoover, Moore stressed the economic ramifications of the problem, arguing that they were interconnected with environmental and resource constraints. However, unlike the moderately activist epistemic community, Moore promoted his conceptions with the tenacity of a successful businessman, creating distrust between the two cadres. Shortly after the booklet was released Moore distributed it to 10,000 political and industry leaders in the US, and by 1969 over 1.5 million copies had been put in circulation.(Suitters 1973, 97) This "deliberately provocative" publication served to rally a new constituency for the birth control movement, one that was "male, active in the business world, and more concerned with economics than biology."(Piotrow 1973, 18) In other words, these men supported birth control as a way

to forestall the environmental collapse and shortages in the resources they depended on, rather than as a means to improve the gene pool; although questions of eugenics continued to underpin many of their concerns. Tensions between the epistemic community and these new, potentially potent activists ran high during the 1950s and 1960s, as demographers were determined to contain the debate among the policy elites. Both Frederick Osborne, himself a eugenicist and president of the Population Council, and John D. Rockefeller 3rd urged Moore not to distribute *The Population Bomb* so widely, expressing concern that its inflammatory language was unnecessarily alarmist. However, as noted above, this type of publicity generated increased interest in the work of the demographic community, while at the same time promoting a vision of population experts as being removed from the political vicissitudes of the day, a key trait of an epistemic community.

Whereas Moore drew on both the arguments of environmentalists and demographers to make his case for the necessity of US involvement in providing birth control, a new group of scholars emerged that extended the scope of the debate even further. They argued that while the population problem was one of economics and ecology, it was also one of human socialization and technological capacity. They presented models in which population growth interacted with social and natural arrangements, blurring the distinct causal relationship drawn by demographers and greens alike. These arguments were generally characterized by a longer-term view of the future than often presented in such analyses, and tended to rely on the rhetorical tool of impending crisis to generate action for their prescribed solution to the 'population

problem.'[20] However, while each of these authors promoted an explicit policy agenda, their wide-ranging view of the situation resulted in a broad and diverse array of difficult to operationalize solutions. For this reason, they were most successful in stimulating popular debate on the issue rather than exerting a direct influence over policy during the 1950s and 1960s.

Among the first of these works to be published was Harrison Brown's 1954 book, *The Challenge of Man's Future*. Helping to spur a public debate on the 'population problem,' Brown's work represented "one of the few broad, nontechnical books on the subject that carefully distinguishes between what is *possible* and what is *probable*" original emphasis(Wrong 1977, fn. 14;167) In this volume, Brown argued that population growth in the developing world is problematic not because it would strip nature's resources, although it would eventually do so, but because the path to industrialization would result in internal social and political instability. The "most likely" outcome of such tension is that even countries with "peaceful....temperament and traditions" like India, will become bellicose just as they develop the capacity to fight most destructively, instigating the type of wars which lead to a global "reversion to agrarian existence."(Brown 1954; 220,235, 264) While such catastrophe could be avoided by abolishing war or altering the competitive nature of industrialization, the most feasible of the options is to limit the numbers of people demanding the fruits of modernization. To do this, he endorsed all of the most controversial methods of the day: abortion, eugenics, contraception, and the creation of "a world authority with jurisdiction over population problems" that can directly control reproduction in member

[20] While all involved saw the 'population problem' as one that would be manifest most urgently in the long-run, demographers and conservationists tended to interpret that in terms of 50 years, whereas these analysts saw it in light of anywhere from 100 to 1000 years.

states.(Brown 1954, 260) In his next book, *The Next Hundred Years*, based on a symposium series for the same type of industry leaders targeted by Moore, Brown expanded on this argument. This volume clearly stressed the international dimension of the problem, noting that "a society such as that of the United States is far more vulnerable to disruption than is an agrarian society such as that of India."(Brown, Bonner et al. 1957, 148)

On a similar note, Kenneth Boulding argued in his 1964 interpretation of *The Meaning of the Twentieth Century* that the entire world is on the verge of a "great transition" which could be derailed by population growth in developing world. This transition, to an uncertain vision of a "postcivilized" society, is jeopardized by war, population growth, technological failures, and man's inability to adapt. While the war trap is the most immediate, "one of the most difficult" of these traps is the population issue, because while developing countries face the problem in the short-run, it threatens the entire globe in the long-run. Not sharing the green neo-Malthusian faith in contraceptive technologies, Boulding presented a behavioral remedy to the 'population problem,' in which certificates allowing childbearing were to circulate throughout society like currency. Skirting the issue of eugenics, he outlined a strategy that relied upon the generosity of the rich to provide certificates to the poor. Although noting the "far-fetched" nature of such a solution, he argued that "the fact that it seems absurd, however, is merely a reflection of the total unwillingness of mankind to face up to what is perhaps its most serious problem."(Boulding 1964, 136) The same year, Lincoln and Alice Taylor Day published the book *Too Many Americans*, also intended for a popular audience. Anticipating the debate of the 1970s, their work was notable for its attempts to

further globalize the 'population problem' by locating it specifically within the borders of the United States. Like Brown and Boulding, the Days endorsed wide-ranging social and technological strategies for controlling growth, including an issue that would not surface in the debate until the 1980s, "alternative activities for women."(Day and Day 1964, 241)

However, not all writing on population during the 1950s and 1960s accepted the notion of a 'population problem.' While, as discussed below, Marxists discounted the concern as a function of capitalism, others like Henry Still (1966) questioned the contention that overpopulation was at the root of the third world's ills. Like the Days, Still also anticipated an issue that did not become prominent in the debate until the 1980s, which was "the fact that the world's exploding population, at least for the next hundred years, is not a problem of over-all limitation, but one of logistics." (Still 1966, 18) In order to correct this disparity, he promoted a solution much different from that advanced by those who would make a similar argument twenty years later. He promoted more modernization, not less, so that all of the world's numbers could enjoy its benefits. Unlike most analysts of the 'population problem' at the time, Still bounded with optimism regarding the prospects of technology for mitigating the ills of poverty and hunger commonly associated with high growth rates. However, he dismissed the most common technological intervention of the day, contraceptives, since those most likely to use them were the world's upper classes and "if educated and well-fed people limit the size of their families, while the destitute and illiterate continue to breed unchecked, the quality of the human race could decline within relatively few generations."(Still 1966, 14) Instead, he contended that the pressure to innovate caused by growing numbers would eventually produce solutions to the earth's primary limitations: fresh water would

come from desalinized ocean water; new sources of power would be harnessed from thermonuclear fusion; and the colonization of space could provide for increased land needs. As the Days note, several other scientists of this era were also predicting that interplanetary exploration would eventually mitigate the evils of population growth, much to the dismay of earth scientists and conservationists. (Day and Day 1964, 168-172) As a result, Still concludes, "*in the last analysis, the healthiest direction is growth and improvement of mankind, not the limitation or decline thereof.*" (Still 1966, 20 emphasis original)

Despite the optimism of Still's vision, the pessimistic view of the 'population problem' gained a firmer grip on the public imagination, creating a political atmosphere in the US more amenable to birth control both at home and abroad. While the epistemic community and institutions like the Population Council, fought to keep the problem within the realm of professionals and policy elites, green neo-Malthusians, birth controllers, and other writers were gradually turning the issue into a social movement. At the same time, social norms within the US were also becoming more accommodating to contraceptives, as 80% of American couples reported that they employed family planning practices by the end of the 1950s.(Caldwell and Caldwell 1986) Protestant churches also endorsed idea of planned pregnancies, although the Vatican remained firm on its opposition to such methods in both the first and third worlds. Debate in the newspapers reflected this larger change in the nation's political consciousness beginning in the 1960s, so that, according to the Population Council:

> During...1962 and 1963, a turning point was passed in general public awareness of the problems of population growth...The views of scientists became the views of the people, at least of enough people to influence national decisions in enough nations to make an impact on the world...Concern with population problems and

> action on their solution now have come into the public domain. (*Report* 1962-63; quoted in Piotrow 1973, 72)

Similarly, "Planned Parenthood files include nearly 50 editorials dated 1961 from all over the country urging government consideration of the population problem."(Piotrow 1973, 70) Family planning even became an issue in the 1960 presidential campaign, with John F. Kennedy lending ambiguous support for providing for it in foreign assistance packages, contradicting the position of his own Catholic church on the matter. Thus, as discussed above, while the epistemic community reluctantly fed the growing public interest in the 'population problem' with their research aimed primarily at policymakers, they were able to reap its benefits through increased public demand for the interventions they promoted. As Adler (1992) suggests, such public acceptance and support of the issue at a domestic level is an important element in ensuring the state's willingness to endorse and promote collective action on the international level, since "the key [is] not only inventing new concepts but raising them to new heights of public awareness."(Adler 1992, 124)

As a result of this change in public opinion, and direct lobbying by well-placed acolytes of the epistemic community, the Kennedy administration began to warm to the possibility of government-sponsored family planning programs despite the President's commitment to Catholicism. Within the bureaucracy, such a change can be traced to the 1959 recommendations of President Eisenhower's Committee to Study the United States Military Assistance Program, led by General William Draper, which advocated increased assistance for both the study and implementation of population control programs within the developing world. (Piotrow 1973, 40) While the population issue was brought to Draper's attention largely through Moore's efforts, the political applicability of the

economic agenda he promoted led the committee to adopt conclusions that more closely resembled the demographic perspective than the environmental one. Proposing further study as well as direct technical assistance on the grounds of economic development, Draper's recommendations tactically endorsed the Coale and Hoover construction of the problem rather than the view advocated by environmentalists like Vogt. In this way, Moore's activism can be seen as reinforcing the influence of the epistemic community's conception of the problem because of its political expediency. Instead of creating concern solely over food and resource limitations, a problem which did not garner much interest on its own at the time, Moore chose to focus his efforts on advancing population as a subset of a dominant concern of the day: economic development in the third world. To do this, he relied heavily on the ideas of Coale and Hoover, which lent itself well to the instrumentalist "elite positivism" of activists like Moore, who saw the problem as one that "call[ed] for money, good management, and the removal of the most obvious bottlenecks."(Piotrow 1973, 19) Thus, while Malthusian concerns over food shortages were grudgingly acknowledged in early American moves toward endorsing population control, the problem was understood to be very much an economic one, a development largely attributable to the ideological influence of the epistemic community.[21] This is seen in President Kennedy's first foreign aid address, in which he argued that "the magnitude of the problem is staggering. In Latin America, for example, population growth is already threatening to outpace economic growth."(Piotrow 1973, 73)

[21] Piotrow notes that Kennedy's reluctance to discuss the Malthusian dimension of the problem was so great that his most strident statement on the issue was presented in a 1963 address to the World Food Congress, where he admitted only a loose correlation between food and fertility, arguing that "the population growth rate is too often the highest, where hunger is already the most prevalent."(Piotrow 1973)75

The construction of the problem by the Kennedy administration brings to light the influence of the epistemic community's view on the bureaucracy at the time. Shortly after the President's first address, Eisenhower's ban on population activities in foreign aid was reversed, allowing for the possibility of federally-funded birth control programs. The responsibility for such initiatives fell within the purview of the State Department which, under an assistant secretary who had served on the Draper Committee, appointed a special population officer later that year. Relying on the pre-established links with the Princeton Office of Population mentioned above, members of the epistemic community had a captive audience in the government throughout the 1950s. Even though other activist organizations, such as Hugh Moore's Population Reference Bureau, gained influence during the 1960s, the bureaucracy continued to be swayed primarily by the Coale and Hoover construct. The success of such a construct was so great that throughout the early1960s, the Department was "taking for granted the fact that population was relevant to economic growth."(Piotrow 1973, 61) The State Department also shared the epistemic community's concern over the "crash programs" advocated by all neo-Malthusians, creating tension between the activist groups and the government, but bringing the epistemic community closer into what seemed to some as "a small, conspiratorial group...[which] played an increasingly important role in the policy process."(Piotrow 1973, 56) Thus, while activists gained an important voice in the population debate by the early 1960s, US government policy at that time remained largely informed by the constructs of the epistemic community, although at times the arguments of activists and experts were indistinguishable. Their influence is clearly seen in President Johnson's now-famous 1965 call to action based on the premise "that less

than five dollars invested in population control is worth a hundred dollars invested in economic growth."(Piotrow 1973, 90)

The 1963-67 Indian food crisis changed the way population was understood within the US government, as elected officials relied on the green construction of the problem to compel national, and eventually international, action on the issue. As Piotrow notes, it was "the triggering event that moved Washington and raised the population problem to higher priority."(Piotrow 1973, 113) The drought of 1963, combined with Nehru's emphasis on industry instead of agriculture and a growing reliance of food imports from the US, resulted in what many saw as an impending Malthusian crisis. Such fears were reflected in William and Paul Paddock's 1967 chronicle of disaster, *Famine- 1975!*, which argued that the war between food and population had already been lost. With a new level of attention focused on the population issue, the debate between the family planning activists and the epistemic community grew more heated, as each side gained allies in the government. While the emerging population apparatus within the government continued to support the epistemic community's cautious and incremental view of controlling the problem, Congress and President Johnson "were more like the activists, looking for a solution." (Piotrow 1973, 118) The result of this mobilization was the 1966 Food for Peace Act, which required that a country demonstrate appropriate "self-help" measures, such as population control and agricultural improvements as a condition of US food aid. In order to meet the increased demand for family planning assistance that this provision created in the developing world, USAID began receiving funds earmarked for such technical assistance, and by 1968 "the effort to control

population growth in the developing world had become official US government policy."(Donaldson 1990, 43)

However, as the policy linkages between food and population were operationalized by a bureaucracy largely committed to treating the problem as one of economic modernization, a new hybrid ideology for population control emerged. Because development assistance as a whole was driven by the security concerns of the cold war, and fueled by the optimism of the Marshall Plan, both food and family planning aid were ultimately undertaken in the interest of economic development. As a result, the environmentally-grounded arguments of scholars like Vogt and Darwin were combined with the visions of demographically-motivated conflict promoted by Hauser, Brown and Boulding. However, the key factor in the US government's adoption of these concerns was the Coale and Hoover thesis, that population growth stunts economic development; thus, it was the absence of economic development that both famine and war would arise. Greene argues the emergence of this view was the result not of explicit policy decisions, but evolved "as it traveled through the state apparatuses of the United States and the United Nations," or, in Piotrow's terms, as the interests of the executive and legislative branches were operationalized by the bureaucracy. Green describes the process as one in which:

> The food-population-family planning nexus was being rearticulated to a development strategy that downplayed the environmental logic of limits. The environmental strategy remained an important part of the construction of the population apparatus, but it was being delegated to a supplemental status. The dominant articulation of the population apparatus was to a set of development strategies, which included family planning, committed to the modernization of the Southern Hemisphere, and any environmental limits would be dealt with through the ingenuity of technical progress.(Greene 1999, 179)

In other words, through interaction with the bureaucracy which had largely been informed by the constructs of the epistemic community, the US justification for population control tended to return to one that was grounded concerns of economic development and security. However, these activities were driven by the urgency and zeal promoted by activists like Moore, a tendency that became dominant with the appointment of the family planning 'hawk' Reimert Ravenholt as the director of USAID's newly-expanded Population Branch.

Thus, while the epistemic community's construction of the population problem was central in defining how the US government understood and reacted to the issue during the 1940s and 1950s, it was not able to dictate how it would be translated into policy at the national or international levels. This is consistent with Adler and Haas' observation that "while there was occasional overlap between the interests of the hegemon and those of the epistemic community in other cases, in none of them could the epistemic community be reduced to the status of a ventriloquist's dummy." (Adler and Haas 1992, 384) Although they are specifically referring to intra-governmental differences, such as the ones between the bureaucracy and legislative branches in the US discussed above, it can be equally applied to the debate between activists and demographers in the public sphere. However, as the discussion above demonstrates, because the epistemic community took the lead in defining how the issue was understood among policy elites, they were instrumental in shaping both official perceptions and responses to the 'problem' by manipulating two of the three dynamics Haas (1992, 3) identifies as central to regime formation process on the international level: they created an atmosphere of uncertainty through the production of demographic projections, and

then presented themselves as the experts most qualified to interpret that certainty to policymakers because of their initial lack of clear policy agenda. While their position was undeniably augmented and transformed by its interaction with the other constructions of the problem, it was the epistemic community that had a significant influence on the way the issue was framed domestically, one that ultimately led to transnational cooperation. This is consistent with Haas' (1992, 4) contention that "to the extent to which an epistemic community consolidates bureaucratic power within national administrations and international secretariats, it stands to institutionalize its influence and insinuate its views into broader international politics."

1950-1967: Internationalizing the Movement

At the same time as these activists worked to convince the US government of the need to engage in population activities at the international level, they also worked to socialize other governments into the same concern. The success of these efforts, both within the US and internationally, ultimately provided the impetus for the formation of the regime in 1967. According to Adler and Haas', the creation of transnational concern was a critical step in bringing about collective action on the issue, since "in the absence of the international communication and socialization processes that epistemic communities help promote, new ideas and policy innovations would remain confined to a single research group, a single international organization, or a single national government and would therefore have no structural effects."(Adler and Haas 1992, 378) Because activists like Moore were primarily focused on enticing the US government to include family planning as a component of its foreign assistance strategy, they had little engagement with the debate in other countries. As a result, it was the epistemic

community and the birth control movement that were most involved in creating the transnational concern over the 'population problem' that ultimately helped spur collective action on the international level.

As in the US, the American epistemic community was influential in shaping the nature of the official debate in the developing world, as their "professional pedigree" gained them access to policy elites. They were able to do this because, "by the late 1950s, although no solutions to the population problem were in sight, the professional and scientific community had developed a base of expertise and funding to react independently of U.S. government policy to the problem of population growth overseas."(Piotrow 1973, 15) As described in chapter 5, India and Pakistan were the first developing nations in the world to undertake population control programs, and the structure and rationale of these new initiatives were directly informed by American advisors like Notestein, Davis and Coale. Institutions like the Ford and Rockefeller Foundations and the Population Council were uniquely involved in facilitating such technical assistance, so that "the influence of these bodies extended not just to the developing countries to whom they were tendering assistance but was felt also in the industrialized countries- and particularly the United States." (Johnson 1987, 16) While Johnson stresses the role played by individuals such as John D. Rockefeller 3rd in lobbying the US government, the groups' ability to mobilize policymakers in recipient nations was also important in bringing about collective action on the issue.

The establishment of population research centers at many major American Universities, such as the University of Michigan and Princeton, also helped to disseminate the culture of modern population control across the globe. In arguing that

"the need for trained demographers has been greatly intensified by the growing interest in population problems in less developed areas and especially by the development of national policies favoring population control," beginning in the early 1960s the Ford Foundation funded the operational costs of new research institutes as well as provided attractive student scholarships.(Caldwell and Caldwell 1986, 59) Grants to study at these centers were first awarded primarily to Americans, but increased funding for graduate students from the developing world helped "make the United States the major locus of population studies" from the 1960s on.(Caldwell and Caldwell 1986, 61)

This training was instrumental in expanding the reach and membership of the epistemic community in two ways. First, it replicated the technical expertise and values of the American academy by creating a cadre of indigenous intellectuals with the requisite scientific pedigree needed to validate them as domestic epistemic communities. Second, as a result of the "hidden curriculum" included in the programs, these new specialists were not only indoctrinated into the ideology of the American epistemic community but they were also mobilized into its political mission. As Caldwell and Caldwell note, "the interaction between students and faculty and between students themselves, as well as the very fact of the programs, led most students into a stronger feeling that they had possessed on arrival that they were part of a movement to reduce fertility levels."(Caldwell and Caldwell 1986, 140) Thus, not only did the epistemic community attempt to sway national policymakers directly, but it worked to replicate itself in developing nations.

The International Planned Parenthood Federation (IPPF), the global arm of the US and UK-based movement, was another major impetus in generating domestic interest for

population control strategies in the developing world. However, stressing both the environmental and social welfare dimensions of the problem, the family planning movement was not able to garner as much official acceptance as those who highlighted its relationship with the economy.(Symonds and Carder 1973, 103) Even with the support of well-placed women in countries like India, one of IPPF's most prominent member states, government initiatives did not 'take off' until they were justified in terms of economic development. As a result, the primary contribution of the family planning movement in the developing world was, as in the US, stirring public debate and enabling private service provision. As Symonds and Carder note, "apart from the promotion of research and the organization of conferences, the main task was to provide support to the new members of the federation in the establishment and running of family planning clinics."(Symonds and Carder 1973, 105) Its achievements on this front were notable, and by 1959 the IPPF had established national family planning associations in 26 countries, creating a network of primarily urban-based non-governmental clinics throughout the world. (Suitters 1973, 181) In this way, the ends of the international family planning movement worked parallel to those of the epistemic community, generating attention and support for the idea of controlling the 'population problem,' and contributing to the network of domestic population specialists developing throughout the world.

Together, the advocacy of both the epistemic community and the international family planning movement helped create a growing commitment to population control among several developing nations. By the early 1950s, the transnational nature of the movement was becoming apparent, nearly a decade before the US came to accept the

arguments of its own activists and academics. While concerns of food supply and social welfare did factor into many developing countries' understandings of the problem, in an era of newly-independent states struggling to industrialize, it was the linkage between economic development and family planning that held the most sway in the official discourse of these nations. During the 1950s, countries like Japan, Egypt, China, Hong Kong, Sri Lanka, and Thailand all began to consider launching national family planning programs, primarily in order to spur economic growth. Characteristic of the concerns voiced by these countries was a 1955 Egyptian government report that argued "population growth at its present rate within the coming ten years will cancel the effect of the increase in national income and will impede the hoped-for rise in per capita and real income." quoted in (Symonds and Carder 1973, 110)

As became apparent during the First United Nations World Population Conference 1954, this recognition of demographic 'realities' was also accompanied by the assertion that it was the West's responsibility to provide such assistance. Despite the conference's official emphasis on furthering technical knowledge, developing countries such as India, Egypt and Japan used the meeting to call for international population control interventions, reflecting their socialization into the precepts of the growing transnational movement. (Symonds and Carder 1973, 86) Such demands were to become more pronounced as the UN admitted increasing numbers of developing nations during the 1960s, creating "growing pressure on the rich industrialized nations to respond."(Johnson 1987, 15) On a bilateral basis, developing countries also pressured the West, particularly the United States, to support their population activities, and in 1961 both the Indian and Pakistani leaders addressed the issue in official visits to

Washington.(Piotrow 1973, 71) Thus, what had largely been an American movement in the 1950s became transnational by the mid-1960s, creating an atmosphere in which both the United States and the United Nations would eventually be compelled to take action. However, as will be discussed below, the collective action in the UN would not have taken place in the absence of the US.

1950-1967: The International-level Game

In addition to the national-level developments discussed above, socialization into the idea of a 'population problem' also took place as the ideas of the activists and academics traveled through the United Nations system. From its inception, the UN was at the center of the population debate, since "because of its neutrality and its international character, [it] was viewed by the birth control lobby as a key platform for discussion of ways of dealing with the problem." (Symonds and Carder 1973, 39) While birth control activists like Margaret Sanger and Julian Huxley were marginalized in the official debate because of the political sensitivity of contraception, members of the epistemic community gained an early foothold in the bureaucracy. In 1945, lobbying efforts by leading British and American demographers spurred the creation of a general membership Population Commission and a research-oriented Population Division. With Frank Notestein as the first director of the Population Division, UN research closely complemented that of the Princeton Office, with its statistical projections forming the evidentiary basis for initial assessments of the 'population problem.' As these demographers revised their theory of demographic transition to support 'direct methods' of birth control, within the UN they "became the main protagonists of the view that economic development would not bring about a spontaneous fall in the birth rate in less developed countries."(Symonds and

Carder 1973, 52) This position dominated the 1954 First World Conference on Population, which was initially conceived by the conservationist Julian Huxley, as the largely technical debate revolved around furthering an economic construction of the issue. However, despite producing reports and statistical measures that confirmed this proposition, not all countries accepted their notion of the 'population problem,' and debate raged within the Population Commission during the 1950s and 1960s. This was fueled by the long-standing Marxian feud with Malthus that reemerged during the Cold War, as the Communist Bloc denied the plausibility of the demographic transition theory. Catholic nations, especially those of Latin America, rallied behind the Vatican's opposition to contraception, also frustrating the efforts of the epistemic community. As a result, the situation within the UN during the 1950s was much like that in the US, polarized by an ideologically charged debate.

By the early 1960s, the Kennedy administration's growing support of birth control combined with the increased UN membership of countries affected by the 'population problem' to produce an atmosphere amenable to collective action. While Catholics and Communists continued to dispute the idea of such a problem, support from both developed and developing countries eventually overrode their protests. Coinciding with the United Nations Development Decade (1961-1971), early proposals for action tended to stress the epistemic community's construction of the problem as one of economic development. The first decisive debate on the issue in the General Assembly was spurred by the Swedish proposal on "Population Growth and Economic Development," which won the direct support of countries like Ghana and Pakistan and the indirect approval of the United States.(Johnson 1987, 19) However, as in the US, "it seems that it was fear of

a breakdown in food supplies which played a major part in the outcome of the debate on the population question."(Symonds and Carder 1973, 126) Even before the Indian food crisis shocked US policymakers into action, the director of the FAO began to champion the environment-food-population nexus within the UN in the early 1960s. With IPPF receiving consultative status to the UN in 1964, itself a comment on changing attitudes, the health and human rights dimension of birth control provision was formally represented on the international level. Thus, by the time the US provided the final push for the action in 1967, all of the facets of the debate were reflected in the UN membership and bureaucracy.

The Birth of the International Population Regime

The international population regime finally came about in 1967 with the creation of the UNFPA. This can be seen resulting from the convergence between the growing global concern over the 'population problem,' and the United States' financial and political leverage directed toward solving it. While a 1966 General Assembly resolution, in the words of Philippe de Seynes, Under-Secretary for Economic and Social Affairs, reflected "the consensus of Member States in recognition of the seriousness of population problems...[it] also emphasized the necessity for accelerated action" in terms of research and training, the impetus for direct action on the issue did not come about until the US took decisive action. (quoted in Johnson 1987, 26) As discussed above, by 1966 the US government had fully accepted what was identified by various lobbies as its obligation to control population growth throughout the world. Within the next year, they had expanded that commitment to the international level, providing the mechanism for

implementing collective action through the funding of a voluntary Fund for Population Activities, the UNFPA. The body's creation was precipitated by a bill introduced in the US Senate proposing $50 million in foreign aid dedicated solely to family planning activities. As revealed in Senate hearings, $20 million of this was intended to provide seed money for a new United Nations fund, representing "one of the first moves toward what Draper and Rockefeller later persuaded [Secretary General] U Thant...to establish as the United Nations Fund for Population Activities."(Piotrow 1973, 137) With initial contributions exceeding $1 million from US, Swedish, Dutch, and British sources, the Fund represented the first transnational effort dedicated to lowering population growth in developing countries.

This collective action was premised on the shared idea of the 'population problem,' the consensual knowledge that underpinned the arguments of the epistemic community, environmentalists and birth controllers alike. As a collective endeavor, it was officially justified in terms of all the conceptions of what such a 'problem' entailed: stunted economic development; food shortages; and continued health and human rights shortcomings. However, because of the US' disproportionate influence in the body at the time, and the fact that in the late 1960s the American delegation argued "with much greater conviction that rapid population growth not only made economic development more difficult but could in many cases frustrate it completely," the epistemic community's construction of the issue tended to dominate the discourse during the early days of the UNFPA.(Symonds and Carder 1973, 175) Just as in the US, while food concerns provided the impetus for action, and birth control activists helped force the issue onto the agenda, as population questions traveled through the UN system, they gravitated

toward the economic perspective embraced by the US and many new nations struggling to industrialize. As Greene argues, the predominance of this agenda was also a result of the fact that, at the time, the UN was working to establish itself as a site for the technical expertise of the "national planning" activities needed for "modernization." Efforts to develop such a "network of expertise" heavily favored the determinant scientific knowledge of demographers, who were already well-represented within the ranks of the bureaucracy.(Greene 1999, 74-76) As a result, while Secretary General U Thant recognized a variety of concerns for population control prior to the establishment of the UNFPA, members of the epistemic community helped guide the way the new agenda was operationalized as a result of their "professional pedigree." In the words of Raphael Salas, the Fund's first director, "Bernard Berelson, then President of the Population council, was one of the first to be approached...he provided me with a small library, the nucleus of the well-stocked shelves of reference books the UNFPA now has."(Salas 1976, 13) Thus, as a private voluntary fund, largely immune from the vicissitudes of the general membership Population Commission, the technocrats of the UNFPA were able to implicitly privilege one understanding of the problem over another. However, as discussed below, as all involved turned from rationalizing the need for their existence to implementing this 'demographic orthodoxy' in the early 1970s, the debate of the 1950s and 1960s became moot.

The founding of UNFPA in 1967 can be seen as marking the formal emergence of an international population regime replete with implicit "principles [and] norms" as well as "rules and decisions making procedures" informed by myriad factors, one of the most influential of which was the epistemic community. This represents a case in which an

epistemic community was a central, but not the only important, actor in the process. As a result, the role of the demographic community in the population regime is located somewhere between Haas'(1989) vision of a nearly all-powerful community of scientists, and Peterson's (1992) assessment of a peripheral group of experts. Because the epistemic community was responsible for the initial identification of the issue and establishment of the general parameters of the debate, as well as participating directly in the development of national and international priorities, its influence is significant enough to warrant examining the formation process through such a lens. By focusing on the role of the epistemic community, the broadness of the ideological debate becomes apparent, highlighting both the ways in which demographers could and could not shape international and national policy outcomes. It also demonstrates that even though a variety of competing understandings of the 'population problem' existed, their political strength rested in the fact that they all coalesced around the idea first advanced by demographers in the late 1940s: that population growth in the developing world was a negative event. Although the efforts of activists were responsible for creating a sense of urgency surrounding the 'problem,' one that both necessitated and generated the social acceptance of contraceptive technologies.

However, in the end, political power is factored back into the equation, as the influence exercised by the United States on the international level was critical in coalescing the emerging conceptions of a 'population problem' into an action-oriented regime. As the above discussion demonstrates, the states who joined the regime were only brought together by US action at the end of a long process of socialization into shared constructs of knowledge. Therefore it becomes apparent that while the

positioning of powerful actors is an important component of regime formation, it is not a sufficient condition. Rather, both state power and consensual knowledge worked in concert to bring about the new regime, lending support to Adler and Haas' contention that "in international coordination games concerning issues with a technical nature, cooperative outcomes may depend, then, on the extent to which nation-states...apply their power on behalf of a practice that epistemic communities may have helped create and perpetuate."(Adler and Haas 1992) Thus, while Robert Keohane (1984) would argue that the power of the US alone brought about the creation of the population regime, the cognitivist analysis developed here demonstrates that such power can not be understood without reference to the over two decades of ideological groundwork laid during the first stage of the game.

1969-1973: Institutionalizing the Regime

The final dynamic of regime formation in Haas' (1992) model is the institutionalization of the constructions of knowledge that provided the rationale for collective action. Such precepts, advanced by an epistemic community and mediated through national and international political processes, then become the theoretical orthodoxy of the new regime which will persist as long as such causal assumptions remain in force. In regard to the population regime, the emergent "demographic orthodoxy" was "founded on two basic assumptions: rapid population growth in nonindustrial societies is a significant problem, and providing contraceptives to peasant couples can lower fertility prior to industrialization."(Hodgson 1988, 542) The first of these assumptions, the existence of a 'population problem,' signified the success of the various advocacy efforts undertaken by the epistemic community, conservationists, and

birth controllers during the 1950s and 1960s. However, as demonstrated above, this consensus position remained structured by the economic construction of the issue both on the domestic and international levels as the result of the epistemic community's influence on policy elites. It also situated it firmly within the larger development discourse of the day, which saw modernization as a linear and sector-specific process that could be overcome by targeted interventions to induce the Western experience.[22] However, as Greene argues, in the process of rearticulating the food-population-family planning nexus into primarily a modernization strategy, the environmental "logic of limits" was subsumed by development concerns. The response to this, he contends, was the emergence of an even stronger environmental lobby for population control, one that did not center around food issues alone.(Greene 1999, 179)

While this new environmental movement will be discussed in greater detail in chapter 4, it is also important to note the implications of the second assumption of the new orthodoxy, that the 'population problem' was best overcome through the provision of contraceptives. This activist mandate brought with it not only the direct involvement of the UNFPA and its member states in population programming in the developing world, but created an entire industry based around supplying physical and intellectual assistance

[22] With the initial identification of the 'population problem' as one that was located in the third world, the issue became a component of the emerging 'development' sector. As a result, throughout the post-war era, the population debate has tended to reflect concurrent debates within the larger development community. This is seen in the early days of the regime as the theoretical foundation of population policy, the demographic transition theory, shared many assumptions of the construct driving development activities, Rostow's (1960) stages of growth theory. Both theories gained their policy relevance from their embrace of what Ruggie (1982) terms the "embedded liberalism" of the global economy which promoted the type of state-led development strategies endorsed and implemented by the Bretton Woods institutions. Similarly, the next chapter demonstrates that the change in the regime's agenda at Bucharest coincided with global calls for a New International Economic Order; the Mexico City developments were a product of the rise of neo-liberalism; and the Cairo agenda reflects the emergence of the human development approach. In other words, population politics must also be understood within the context of the broader development debate, and consequently, the global political economy.

to these programs. Driven by substantial US political and financial support, and grounded in the sense of crisis imbued by the epistemic community, this industry's efforts were designed to aggressively combat the population problem. In order to do this, the institutions of the regime lobbied governments to establish programs designed to operate independently of other state efforts that could draw on the network of Western-trained professionals developed during the 1960s. According to Crane, this strategy was useful not only in securing support among recipient governments only marginally interested in the population issue, but also ensured that donors would be able to exercise more influence in domestic institutions free from established bureaucratic constraints.(Crane 1993, 375) As a result, the first decade of the regime's operations saw a great expansion in the number of stand-alone population ministries and divisions throughout the developing world, all generously financed either by loans or direct foreign assistance. It was this isolation of population efforts from the larger context of economic and social development that underpinned the critiques launched against the regime at the 1974 Bucharest World Population Conference.

Guiding and underwriting this institutionalization was the US government, as its ideological and financial inputs directly influenced the operations of the organs established to implement the international agenda. Providing over half of all population assistance to governments and organs of the regime, "in the years between 1965 and 1974 the United States emerged as the world leader in building the population apparatus."(Greene 1999, 79) During this period, the USAID exercised "considerable powers of persuasion with the UNFPA at the time," and transformed IPPF into major non-governmental organization working in the field.(Donaldson 1990, 124) At the same

time, under the direction of former US Secretary of Defense Robert McNamara, the World Bank began extending population assistance in 1970 as an aspect of its economic development strategies.(World Bank 1997, 14) Although these new institutions of the regime "were heavily dominated by the US government and US policy elites," by the mid-1970s it became clear that such power could not guarantee the support of developing nations upon which the agenda's success rested. The result of the critiques launched against the project of population control at the 1974 Bucharest population conference was a shift from bilateral assistance strategies to ones that were more multilateral in nature.(Crane 1993, 359) Thus, while US hegemony helped institutionalize the regime, it was ultimately unable to institutionalize its hegemony within the regime.

The creation of the birth control industry also brought with it changes in the nature of the epistemic community, as the goal of research shifted from developing theoretical justifications for action to conducting 'operations research' on how to best implement the new agenda. Hodgson (1983), Demeny (1988), Szreter (1993), and Greenhalgh (1996) all discuss the ways in which this explicit policy-orientation stunted theoretical innovation in the field of demography for nearly three decades. As a result, while their construction of the problem was enshrined in the new theoretical orthodoxy, the direct influence of the epistemic community waned during the remainder of the regime's existence. However, in accordance with Adler and Haas' model (1992), the academics and institutions of demographic expertise were transformed into the scientific advisors of the new regime, retaining their intellectual authority as a function of the ideological consensus they helped create.

Conclusion

The discussion above highlights the role of ideas, and the actors that promoted them, in the formulation of the international population regime. It argues that while epistemic communities were important in bringing about the global collective action on the 'population problem,' they were by no means the only actor in doing so. Rather, the population regime was born out of the efforts of a number of complementary, but often conflicting, groups that were responsible for constructing a compelling notion of the 'population problem" and then making it politically viable. Table 1 provides an overview of the main stages of the regime's evolution discussed in this chapter, highlighting both the ideas and the actors that were important in this process.

The understanding of the early days of the population debate given in this chapter provides a useful historical context for the examination of regime effectiveness developed in the second half of this dissertation. It also serves as the first installment in the first half of this study, which looks at how the international population regime evolved over its life span. Based on this understanding of the regime's birth, the next chapter looks at how the ideals that underpinned the regime at its inception changed throughout the next three decades, ultimately leading to the "sea change" at Cairo that is the focus of the remainder of this study.

Table 1.
The International Population Regime 1944-1973

Time frame	1944-1949	1950-1967	1968-1973
Stage of development	Regime Pre-Formation	Regime Formation (begins with 1967 UNFPA Founding)	Regime Institutionalization and Adaptation
Regime Agenda	Non-existent	Tension between economic, environmental (food), and social welfare constructions; economic development implicitly privileged	Demographic Orthodoxy enshrined: Population growth is a problem, contraceptives the solution
Role of Epistemic Community	Constructing the 'population problem' through demographic projections No political agenda	Mobilize political elites around economic construction of issue; gain hold within US bureaucracy Advisory and educational activities help create transnational ideological coalition	Defenders and refiners of the demographic orthodoxy Operations research replaces theoretical development
Role of Non-State Actors	Green neo-Malthusians stress environmental consequences of 'problem;' efforts frustrated by embrace of birth control	Birth controllers gain credibility through alliance with green neo-Malthusians Wealthy activists publicize debate; stress crisis dimensions; US policy focus	Population NGOs turn from advocacy to service provision Environmental critiques of development paradigm; argue family planning insufficient
Role of State Actors	No significant role	India and Pakistan work with epistemic community to begin family planning programs; lobby US and UN for support US propelled into action by food crisis, but privileges economic construct; employs hegemonic power to create regime in 1966	USAID becomes primary international organization for implementing regime's agenda

Chapter 4
Maintenance and Change within the International Population Regime

This chapter picks up where the previous one left off in examining the historical development of the international population regime. Extending on the notion of regime formation developed in the last chapter, the discussion below now turns to explaining how the institution evolved over the next three decades of its life. Looking at the period of time following the regime's birth in 1967 and its most recent redefinition in 1994, this chapter provides an overview of how the regime was maintained and changed in the years leading up to the "sea change" took place at Cairo. Because this study is grounded in a larger cognitive theoretical perspective, this chapter explains these processes largely in light of the ideas that informed them. It argues that the international population regime was sustained by a common perception of population issues, even though that perception was constantly under revision. Drawing on Ernst Haas' (1990) work, this chapter contends that the regime was maintained through the process of "adaptation," as its membership responded incrementally to new ideas on population, while the more substantive change that occurred in 1994 was the product of "learning," in which the ideals underpinning the institution were fundamentally altered. This conception of the regime's new agenda, detailed at the conclusion of this chapter, serves as the basis for the examination of its effectiveness in South Asia developed in the second half of this study.

1967-1973: Adapting to the Environmentalist Challenge

As discussed in the previous chapter, the hybrid concept of demographic orthodoxy allowed for various actors to unite in collective action to control population growth.[1] However, its mediated position also created a new group of critics. Although the notion of the 'population problem' had so thoroughly permeated into Western thought that no serious challenges were issued against it at the time, the second assumption of the emergent orthodoxy, that the problem could be solved through family planning, came under attack by a competing epistemic community during the early days of the regime's existence. These critics argued that the crisis was too dire and too broad to be effectively remedied by the simple application of contraceptive technologies. Instead, they attacked the Western zeal for development, linking the negative externalities of modernization, such as pollution and resource scarcity, to problems associated with rapid population growth. Proponents for this new perspective were able to successfully mobilize a great deal of public support around the issue, creating pressure on domestic and international policymakers to recognize a population-environment linkage that extended beyond food concerns. However, ultimately, their efforts only spurred the intensification of family planning programs they sought to undermine, as concerns over the sustainability of economic development were subsumed by the embedded liberalism of the modernization-oriented regime. In other words, the demographic epistemic community's contribution to the field's orthodoxy remained intact as these new critics "were unable to dislodge the

[1] As discussed in the previous chapter, the demographic orthodoxy was grounded in two assumptions: that population growth in the developing world was a problem, although dispute remained on what exactly the problem entailed; and that all dimensions of the problem could be rectified by family planning interventions.

development-family planning nexus as the dominant vector in the construction of the population apparatus." (Greene 1999, 180)

The Critique: Strong Greens and Futurists

By the late 1960s and early 1970s, the optimism of the previous two decades was faltering. This was largely due to the developing world's failure to develop at the pace initially expected, the West's emerging experience the negative externalities of its economic expansion, and the heating up of the cold war. In the wake of books like Rachel Carson's *Silent Spring* (1962), it became apparent that the negative side-effects of industrial development could actually be more detrimental then its direct benefits. By 1968, this new environmentalism coincided with the concern over world population growth, challenging the orthodox assumption that family planning was valuable in its ability to spur economic development. Rather, the 'population problem' was the result not of too little development, but too much. As the benefits of modernization came under question, so did birth control's ability to solve the 'population problem.' The result was a new strand of thought that cast the world's problems as a consequence of development, one so dire that it could not be solved by the application of more technology. If a solution was possible at all, they contended, it had to involve fundamental value changes in the West as well as a reduction of birth rates in the developing world. This argument was articulated both in terms of a neo-Malthusian "strong green"[2] concern over environmental degradation, and a broader future-oriented perspective that focused on the social, political, and environmental ramifications of the intersection between increased technical capacity and human numbers. In the debate of the 1970s, the politically

[2] This term is borrowed from Greene (1999) who uses it to distinguish writers like Ehrlich, Hardin, and Meadows from their "weak" green neo-Malthusian predecessors like Vogt and Huxley whose conservationist and food production focus allowed them to accept the logic of modernization theory.

mobilized scholars of the strong green camp can be seen as comprising a the first epistemic community to challenge the demographic orthodoxy, as their shared causal beliefs motivated them into action. While futurists voiced varied conceptions of the 'population problem,' they were united with the greens in their bleak prescriptions for an unchanged future, offering "prophecies [that] are meant to be self-defeating, that...are part of a political strategy designed to jog people out of their optimism or indifference." (Wrong 1977, 138)

In a book that largely initiated the public debate on this matter, *The Population Bomb*, Ehrlich works to, in Greene's terminology, "world" the Malthusian conceptions of his predecessors by linking concerns regarding "too many Americans" expressed by the Days in 1965 with the regime's fear of growth in the developing world. The result was a volume that, like Moore's 1954 pamphlet of the same name, was based on a vision of impending crisis brought on by global famine. However, in Ehrlich's framework, these food shortages were brought on not only by an excess of mouths, but were hastened by the deterioration of arable lands as a result of pollution, pesticides, and soil erosion. While the former was a problem of the developing world, the later was a condition primarily attributable to what he called the "overdeveloped countries" of the West, the expansion of which would only further exacerbate the situation. His solution rested on both the de-development of the West, requiring a restructuring of the economy so that "business cease looking upon the stork as a bird of good omen," and the limited development of only those countries highest on the triage ladder.[3](Ehrlich 1968, 151)

[3] In *Famine 1975!* (1967), the Paddocks introduced the idea of a triage policy, modeled after military medicine procedures, in which only those countries that have the best possibility of being "saved" should receive food aid. Ehrlich supported this strategy, arguing that "in my opinion, there is no rational choice *except* to adopt some form of the Paddock's strategy as far as food distribution is concerned."(Ehrlich

Further, across the globe, he argued for the immediate instigation of a zero population growth strategy, to be achieved by "coercion in a good cause," since experience has shown that voluntary birth control is a "failure."(Ehrlich 1968166, 81) Similarly, in his seminal article on the "Tragedy of the Commons" (1968), Hardin developed a notion of "mutual coercion, mutually agreed upon," because "freedom in a commons brings ruin to all." (Hardin 1968, 371) Although not advocating for coercive birth control as explicitly as Ehrlich and Hardin, biologist and popular writer Gordon Rattray Taylor (1970) also supported the notion that the population crisis is one of failed individual and social responsibility. Reflecting a wariness of technological advances demonstrated in his 1968 book on the impending biological revolution, *The Biological Time Bomb*, his *Doomsday Book* contended that only value change on the part of the West would prevent the physical and environmental stress resulting from the collision between overpopulation and overconsumption.

The picture of impending crisis drawn by Ehrlich, Hardin, and Taylor was expanded and given more apparent determinacy in 1972 with the release of Donella and Dennis Meadows' *Limits to Growth*. Whereas the arguments discussed above placed their emphasis on the ramifications of population growth, the Meadows' work focused on how "five major trends of global concern," only one of which was population growth, interacted within a world system.(Meadows, Meadows et al. 1972, 21) As a result, their model presented a more sophisticated critique of both high fertility and the logic of economic modernization than Ehrlich's work, and was targeted at a broader world audience through its association with the Club of Rome. Sharing the same causal

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1968, 161emphasis original) Under this construct, he added, India would receive no more food shipments, although Pakistan would be eligible for limited assistance.

assumptions, "professional pedigree," and political motivations as Hardin and Ehrlich, the MIT scientists of the *Limits to Growth* team helped give rise to the first epistemic community, or an "invisible college" as it was called at the time, to challenge the demographic orthodoxy.(Michael 1968, 4) However, as discussed below, their influence was limited primarily to one of the two primary functions of an epistemic community: framing the debate and generating public support around the concept. Once the issue entered the realm of officialdom, the second and most important function of the epistemic community, interpreting the problem to policymakers, was undertaken by those within the newly-established population apparatus. As a result, the role of this competing epistemic community in the official debates described in the following section is marginal, although their influence in determining the parameters of the debate permeates the entire discussion, attesting to the importance of their intellectual contributions.

With the aid of cutting-edge computer technology, the *Limits to Growth* model projected the long-term implications of current conditions, concluding that "if the present growth trends in world population, industrialization, pollution, food production, and resource depletion continue unchanged, the limits to growth on this planet will be reached sometime within the next one hundred years."(Meadows, Meadows et al. 1972, 24) While the consequence of such an event would be catastrophic, the Meadows argued that it could be offset by proper planning in the present. In this vision, like in that of Ehrlich and Hardin, such change required a fundamental alteration in Western values, promoting "*deliberate checks on growth.*" (Meadows, Meadows et al. 1972, 154 emphasis original) Although the way in which such value change would come about in terms of third world population growth was not fully specified, the Meadows did imply that birth control

programs of the day had not proven sufficient. In this way, the model takes issue more with the mentality of modernization then with the demographic orthodoxy, although, as noted in chapter 2, the two are inextricably linked. Their conclusions were immediately controversial, and within a year a collection of critical essays on the project was released in the volume *Models of Doom: A Critique of the Limits to Growth.*(Cole, Freeman et al. 1973) While the response by Dennis Meadows included in the book argues that such criticisms are premised on a view of man as the master of nature rather than a component of it, the contributors to the volume implied that the absence of political or social analysis in the *Limits to Growth* doomed the conclusions to overly-pessimistic reductionism. Such a debate between these biologically-oriented "strong greens" and their counterparts in economics and demography has continued along these general parameters ever since.

In an attempt to interject social and political concerns into the assessment of the population and environment crisis, another group of writers worked to place the issue within a broader context. Part of the emerging field of futurism, these scholars saw the problem as one primarily due to the interaction of rapid technological and population increase. While dispensing with the measured optimism of predecessors such as Boulding (1963) and Still (1966), who saw demographic change as a key to a better existence, their arguments followed in the tradition of Brown (1954) who stressed the negative aspects of the 'population problem.' However, they largely retained their faith in human agency, arguing that only the immediate undertaking of rational social planning activities could forestall disaster. The first of these books was Donald Michael's *The Unprepared Society*, which was published in the same year as the Ehrlich and Hardin's works. As a psychologist, Michael focused on the psycho-social ramifications of

unprecedented population growth and technological development. He argued that without proper planning instigated immediately, the highly complex society of the future would be doomed to "bumbling into disasters."(Michael 1968, 66) Also expressing faith in the ability of planning to wrest humanity from the grips of doom was Aurelio Peccei, a prominent Italian businessman and leader of the Club of Rome. In a 1969 book that sparked the Club's interest in undertaking a project on the "Predicament of Mankind" that resulted in the *Limits to Growth*, *The Chasm Ahead* looked to the emerging technological gap between America and Europe, or the "Atlantic peoples," as the harbinger of economic collapse throughout the world. He argued that cooperation between the Atlantic peoples themselves, as well as with the Soviet Bloc, was critical to forestall the great "macroproblems" of the day: overpopulation and food shortages; economic underdevelopment; political polarization; lack of education; and environmental degradation. While population growth was at the root of all of these problems, he advocated not for population control, but for a massive multinational long-term planning project to meet the challenges of the future. Finally, in 1974, Robert Heilbroner declared the war between the society and population growth lost, arguing that a world which ignores the "exhortations" contained in studies like the *Limits to Growth* was condemned to experience the negative feedbacks of unchecked increase: famine and war. In such a milieu, he argued, neither wide-scale social engineering nor the limited birth control efforts promoted by the regime would have any impact in mitigating the "civilizational malaise" that dooms us all.

Accommodation within the Regime's Agenda

Such calls for concern did not fall on the deaf ears of the public or policy elites. During the 1970s, an environmental movement spurred by these arguments arose in the turbulent political atmospheres of Europe and America at the time. While this public concern was successful in forcing the issue onto national and international agendas, and securing it as a cause of the Western political Left, as it was interpreted by policymakers in both the US and the UN it lost much of its original emphasis. The understandings of the population-environment linkage endorsed in official discourse consistently overlooked the competing epistemic community's call for an abandonment of the mentality of modernization, with the UN even explicitly promoting increased development as a way to mitigate environmental degradation. Ultimately, the green argument was used to garner further support for the cause of population control in the developing world, reinforcing the very demographic orthodoxy it attempted to undermine. Thus, the new justification for family planning that emerged during the 1970s, is described by Greene as a mediated "limits-to-population growth position" which "had become common sense by 1972 and represented a significant victory for the population apparatus."(Greene 1999, 193) Because the language of environmentalism was integrated into the regime's agenda without significantly altering its mission, it can be seen as forcing the type of adaptation described by Ernst Haas.

The strong green argument for population control promoted by the competing epistemic community resonated well with the American baby boom generation, spurring an active popular movement around the issue. As Poitrow notes, "to the studies of the ecologists and biologists in the late 1960s were added the unexpectedly vociferous voices

of an active younger generation." (Piotrow 1973, 189) In 1968 Hugh Moore funded the widespread distribution of Ehrlich's version of the *Population Bomb* to college students across the country, just as he had targeted his own pamphlet to businessmen and legislators a decade earlier. Ehrlich's conception of Zero Population Growth (ZPG) was enthusiastically embraced by a politically mobilized youth who had come of age in the exceptionally large post-war cohort and "had felt the pressures of overpopulation since it first entered kindergarten."(Piotrow 1973, 190) The movement quickly spread beyond campuses as the publicity surrounding the establishment of Earth Day in 1970, thrust this new understanding of the 'population problem' into the popular media, even securing a cover story in *Life* magazine. In less then a year, Ehrlich's new lobbying organization, Zero Population Growth, reported a membership of nearly 30,000 members in January 1971 increasing at a rate of over 1,000 a month. (Piotrow 1973, 190)

This mobilization helped situate the population control movement as a cause of the American Left that would continue until the 1990s. Although, as Wrong argues, population thought has been notoriously "resistant to the old terms of ideological debate between Left and Right," by the early 1970s the campaign fell largely within the domain of the Western Left. (Wrong 1977, 131) As the discussion in chapter 2 highlights, prior to the advent of the contemporary problem, concern over population growth tended to be associated with conservative interests, such as those of Malthus, eugenicists, or nationalists interested in restricting immigration. It was these reactionary tendencies that Marx attacked in his work, and his sentiments were echoed by the Communist Left until the fall of the Soviet Empire. In the immediate post-war era, population control became an issue for the liberal cosmopolitan set, although under the leadership of former

eugenicists like Frederick Osborne it was never fully separated from its conservative roots. However, despite advocating the illiberal solution of coercion to achieve population control, the strong green approach was able to find allies in various cadres of the Left, creating a web of new alliances around the issue in the 1970s. As described by Wrong, this took place as:

> the proclaimed quest of young people for a more simple and natural, a less materialistic, way of life, and the allied antitechnological animus of both young and older ideologues of the New Left, have suddenly created a politics of protest over the 'ecology issue' in which old-line conservationists have found new allies, and previously conservative or indifferent citizens have been moved to challenge the conventional goals and routines of our economic life. (Wrong 1977, 137)

The liberal nature of the debate within the US was further solidified as it rose in opposition to conservative forces that opposed birth control as well as abortion. Led primarily by the Catholic Church, "abortion in 1969 occupied approximately the same place as birth control in 1959" within the ranks of the Right. (Piotrow 1973, 189) As a result, although the divisions between Right and Left in regard to the popular debate over population remained relatively fluid, during the 1970s and 1980s population control was largely championed by the Western, and predominantly American, Left. However, as demonstrated during the debate at Bucharest later in the decade, the liberal nature of the family planning movement on the domestic level did not translate onto the international level, as its proponents espoused a conservative position on the global continuum.

Despite the conservative tenor of the Nixon administration in the United States during the early 1970s, the liberal environmentalist movement was able to force its government into recognizing the population-environment linkage. However, as in the UN, the competing epistemic community's position was mediated by the more conventional concerns for economic development as it intersected with the state

apparatus. In other words, while the environmental discourse was integrated into the US' global population control strategy, the idea of de-development and value change which was so central to its assumptions was lost. A clear example of this can be seen in the report issued by the President's Commission on Population Growth and the American Future released in 1972. Staffed by members of the demographic epistemic community, businessmen, and Congressmen, the committee argued that "it is obvious that there are ultimate limits to growth...[and] it is clear that growth of population and the escalation of consumption must stop." (quoted in Greene 1999, 193) However, in order to curtail such environmental damage, the report encouraged only the most minimal change, calling for a "cut back on frivolous and extravagant consumption that pollutes." (quoted in Greene 1999, 193) Promoting what Greene (1999) refers to as a "call for environmentally responsible shopping," rather than the fundamental value change promoted by Ehrlich and Meadows, it is clear that an important component of the strong green message was lost as it was appropriated into governmental policy. This new green ideology also supported the escalation of family planning assistance provided by USAID that was occurring during the early 1970s, as, in the absence of a serious reevaluation of the mentality of modernization, birth control remained the best option to control the population-environment problem. Thus, as Piotrow notes, "at first these ideologies had little impact on government population programs but gradually they provided strong reinforcement for existing programs and increased urgency for new ones."(Piotrow 1973, 187)

As in the 1950s and 1960s, developments within the UN during the 1970s corresponded to those occurring in the US. Thus, like the US, the UN bureaucracy was

also forced to respond to the increasingly strong environmental movement in the West. In doing so, it adopted a similarly mediated vision of the changes promoted by the strong greens, although the UN's interpretation of the concept retained an even stronger endorsement of economic development then was the case in the US. This can be attributed the dominance of the development paradigm within the UN bureaucracy and among its membership, what Ruggie (1982) terms "embedded liberalism," which was also one of the primary assumptions underpinning the demographic orthodoxy. As discussed in chapter 2, the ideology of modernization exercised a firm grip over the UN bureaucracy as a result of its close association with the demographic epistemic community, and its implicit acceptance of the concept of a demographic transition. In 1969, this faith in development was further institutionalized as the new central organ of the regime, the UNFPA, was placed under the administrative control of the United Nations Development Program (UNDP). The rationale for such a move, as described by the UNDP's Administrator, was based on the highly orthodox assumption that "a major responsibility of the UNDP is to help the poorer countries raise per capita incomes; and per capita income, of course, depends on several factors...one is population growth." (quoted in Johnson 1987, 58) Such an ideological predisposition toward promoting development through population control was compounded by the early staff recruitment that focused on demographers and economists. (Salas 1976, 25) Also, as discussed in greater depth below, the debate at the 1974 World Population Conference at Bucharest, clearly demonstrated that a large proportion of the regime's general membership was similarly wedded to the notion of economic expansion in the third world. As a result, when concepts of the competing epistemic community were introduced into the United

Nations system, they was unable to dislodge the dominant concern for economic development that was a crucial element of the official debate.

While it was most apparent within the context of the population regime at the time of the Bucharest Conference, other developments within the general assembly also attest to the primacy attributed to economic growth within the United Nations system. The most important consequence of the green movement of the 1970s within the UN was the 1972 Stockholm Conference on the Human Environment that resulted in the founding of the United Nations Environment Program (UNEP). Although the introduction of such concerns into the UN represented a significant accomplishment for the activists and academics, the understanding of the population-development linkage endorsed at Stockholm effectively undermined the arguments of strong greens like Ehrlich and Meadows. Instead of attributing population growth as a major cause of environmental degradation, and that ZPG should be promoted uniformly throughout the world, it argued that "demographic policies...should be applied in those regions where the rate of population growth or excessive population concentrations are likely to have adverse effects on the environment or development."(quoted in Greene 1999, 192) Also, instead of calling for de-development in order to counteract the negative impact of new technologies, it actually promoted increased development as a means of counteracting such problems, noting that "it is the people that propel social progress... and thorough their hard work, and the advance of production, science and technology, the capability of man to improve the environment increases with each passing day."(quoted in Greene 1999, 192) In other words, while the 'population problem' was a threat to the environment, it was one that was limited to the developing world and could be overcome

by modernization. It was these sentiments, similarly voiced at the Bucharest population conference two years later, that represented an international consensus position on the population-environment linkage.

Thus, while the strong green argument and its predictions of doom was highly successful in bringing the world's attention to the broad environmental dimensions of the 'population problem,' they were ultimately unable to unseat the faith in modernization that informed official thought on the issue. As a result, the nascent regime's agenda was not fundamentally altered by its encounter with the environmental movement of the 1970s. In fact, one of its most significant impacts was the strengthening of the very establishment it had worked to undermine, by providing another compelling rationale for promoting population control in the developing world. In its incorporation into the international debate, the position advocated by the competing epistemic community lost is emphasis on the need to control population growth worldwide and, most importantly, on the necessity of an accompanying value change regarding the desirability of development. The vision of the population-environment linkage which emerged in the absence of such critical points was one that confirmed the demographic orthodoxy's faith in the contraceptive technologies of birth control. As a result, this appropriation of the environmental discourse by the regime can be seen as adaptation in terms of Ernst Haas' model, in that it was able to effect the rationale for and commitment to the means of the regime's project, while not fundamentally altering its ends.

1974-1983: Adapting to the New International Economic Order

Whereas the green critique of the demographic orthodoxy can be seen as an expression of dissatisfaction with the process of modernization as experienced in the West, the third world's assertion that "development is the best contraceptive" demonstrated a similar frustration with the narrative of modernization. However, the criticisms launched as a part of calls for a New International Economic Order (NIEO) stressed that too *little* development, not too *much*, was at the heart of the global crisis. The debate that arose at the 1974 World Population Conference in Bucharest between proponents of the NIEO and defenders of the orthodoxy was part of this larger challenge to the West's ideological hegemony within the global system. The result of this movement, much like the green mobilization discussed above, was to integrate new concerns into a strategy that ultimately remained focused on limiting population growth in the developing world. Thus, the primary contribution of the Bucharest experience was to undermine the procedural narrowness of the previous agenda while not calling into question its fundamental objectives, reflecting the type of institutional change Haas (1990) terms adaptation. However, while ultimately strengthening the basis for collective action on population issues, the ideological challenges raised by the NIEO worked to undermine the theoretical consensus among scholars regarding the orthodoxy. Marking the beginning of the 20-year decline in the ideological hegemony once commanded by orthodoxy, the post-Bucharest period saw the emergence of the next epistemic community to challenge the international consensus, the revisionists.

The NIEO Critique

Emboldened by the independence of the Organization of Petroleum Exporting Countries (OPEC) during the 1973-1974 oil crisis, by the mid 1970s countries of the developing world had begun to rally around calls for a New International Economic Order. Comprising a majority of the UN membership, the group of 77 (G-77) post-colonial states of the third world also possessed the capacity to exercise significant influence within the organization if they acted in unison. The result was a politically empowered group of developing nations that, dissatisfied with the minimal progress made during the two previous UN-designed Development Decades, sought to pursue development on their own terms. Adopting a posture of ideological independence and political non-alignment with either of the superpowers of the day, the G-77's critique revolved around the governing of the world economy, not the division of labor within it. In other words, while it took issue with the Western strategies of development, characterized by the faltering Bretton Woods system, it did not advance a socialist remedy. Rather, as denounced by Samir Amin, it was "a Programme in total accordance with all the sacrosanct principles defended by Western liberal [economic] orthodoxy." (Amin 1990, 51) In regard to population issues, this meant that the NIEO eschewed the demographic epistemic community's assumption that economic development was hindered by population growth, but did not adopt the Marxist posture that such growth was inherently unproblematic.

Instead, the G-77 recognized that while population issues may be of some concern, "the basic problem is not population growth but the reduction of poverty, with all that entails both as cause and consequence." (Berelson 1990, 135) After a decade of

experience with the type of technology-driven interventions endorsed by the regime, the recipients of such aid began to argue that "the results...were a dismal and expensive failure....you would have done better to send economists to planning boards in the 1960s than public health doctors to run [population] programs." (Berelson 1990, 130) The initial successes of the green revolution also demonstrated that food shortages did not present the impending Malthusian catastrophe that was once envisioned, lessening the sense of crisis in the developing world. In other words, the G-77 contradicted both of the primary assumptions guiding the regime's activities: that population growth was the central problem of the developing world, and that contraceptive technologies were an appropriate remedy. While they did not completely deny the contention that growth rates could be detrimental in some situations, or that family planning options should be available in the third world, they stressed that reproductive issues were of secondary import. Rather, they advanced a competing construction of the 'problem' in which poverty was the central issue, and was directly attributable to the ravages of colonialism and the institutionalization of such economic disparities in the world system. The perpetuation of such poverty, and the dogmatic assertion by the West that limiting reproduction in the developing world was an appropriate remedy, it was noted, had "undertones of racism...[and] the word genocide occasionally is bandied about."(Berelson 1990, 134) This assessment also took specific issue with the green contention that further third world development would infringe on global 'limits to growth,' since according to Indira Gandhi, "it is the rich who deplete resources and pollute the environment, not the poor."(quoted in Berelson 1990, 134)

Advancing a radically different theoretical vision of the relationship between population and development then promoted by the regime during the 1960s, this position was informed by the efforts of a competing epistemic community. Grounded in the efforts of third world dependency theorists, the NIEO provides an clear example of the role of activist scholars can play in constructing a new political agenda. During the early 1970s, African and Latin American scholars such as Mahbub ul Haq and Samir Amin rallied behind calls for "intellectual self-reliance" in the developing world. A decidedly political project, this effort included academics and United Nations officials such as Gamani Corea and Enrique Inglesias, and quickly gained support within the governments of Algeria and Mexico. Under the "active leadership" of these scholars, and mediated through political processes in each country, the NIEO construct produced a compelling rationale for third-world unity.(Murphy 1984, 109-111) Because the population debate was a subset of this larger political movement, its was similarly informed by the ideology of this epistemic community. While the general framework for the relationship between population and development was constructed by political economists like ul Haq and Amin, critical population specialists like Mahmood Mamdani refined the demographic dimensions of the debate. In his seminal study on fertility behaviors in an Indian village, he undermined the orthodox linkage between poverty and population, arguing that the "population are not poor because they have large families. Quite the contrary: they have large families because they are poor."(Mamdani 1972) This implications of this observation were clearly echoed in the statement that "development is the best contraceptive." Thus, the critiques at Bucharest were grounded in the efforts of the same

epistemic community that drove the third world's mobilization around the larger competing ideology of the NIEO.

The Debate at Bucharest

As conceived by its organizers, the 1974 World Population Conference at Bucharest was primarily intended to confirm and advance the demographic orthodoxy. According to Finkle and Crane, "the inspiration for the Conference came mainly from the United States," which had envisioned the international event as a opportunity to establish global targets for what it believed to be the consensual undertaking of population control. (Finkle and Crane 1975, 87) Unlike the World Population Conferences of 1954 and 1964, held prior to the regime's formation, this one was not the domain of demographers and technical experts, but was a political event to be attended by official delegations. It was also unique in that it was dedicated to producing the world's first Population Plan of Action, the most explicit assertion of the regime's agenda to that point. Operating on the assumption that the demographic orthodoxy was as universally accepted in the developing world as it was in the developed, the planning for the Conference was conducted "mostly by technical and professional participants and focused on demographic issues."(Singh 1998, 7) As a result, it was blind to the growing political mobilization around the NIEO, which was even the subject of a series of Resolutions adopted by the General Assembly in 1973.

At the Conference itself, the largely unanticipated debate was primarily divided between the Western supporters of the regime's current agenda, primarily the US, and the members of the G-77. Led at Bucharest by Argentina and Algeria, proponents of the NIEO argued that "the social consequences of population growth do not seem either so

clear-cut or so terrifying...as to warrant emergency measures."(Berelson 1990, 133) This division cast the West as the conservative force within the regime, as the third world allied with the second to reject population control. Reflecting the long-standing Marxist critique of the 'population problem,' China and the Soviet Union joined in what was essentially a criticism of US policy. According to Finkle and Crane, during the conference these nations "appeared to be vying with one another in showing their affinity with the third world," in order to ingratiate themselves to potential allies in the cold war. (Finkle and Crane 1975, 106) Despite the size and strength of their supporters, the parameters of the debate were largely defined by the G-77's interests, as "in apparent deference to them, the Socialist states stressed the principle of national sovereignty in the formulation of population policy and focused their argument on international exploitation as a barrier to solving population problems rather than on inequalities within countries." (Finkle and Crane 1975, 106) In other words, the Marxist critique of Malthus was softened as the NIEO's demand for development, capitalist or otherwise, took center stage at Bucharest. Thus, because the G-77's argument revolved around promoting economic and social modernization, it was ultimately able to a construct consensus within the regime around the fundamental issue that third world development was a desirable end and should be pursued more aggressively.

The Bucharest Agenda

Although the G-77 "theoretically could have voted for a Plan of their own choosing without making any concessions," since they numerically dominated the conference, Finkle and Crane argue that they were interested in developing a consensus position to legitimate the regime's new direction. (Finkle and Crane 1975, 107) As a

result, while the World Population Plan of Action (WPPA) produced at Bucharest bore a strong resemblance to the arguments promoted by the G-77, it was mediated by the concerns of developed countries. The new agenda confirmed the basic mission of the regime, to help control population growth in developing nations, but mandated that such activities be undertaken in conjunction with other development efforts. In other words, it retained the dual notions of orthodoxy, the existence of a 'population problem' and the ability of family planning to overcome it, but denied the universal nature of the problem while situating it within the larger context of economic and social development. Through the debate, the regime's mandate was rearticulated into one that "relegated family planning to one tactic among many" in the third world's struggle to achieve modernization. (Greene 1999, 84) In doing this, proponents of the NIEO were able to finally unseat the demographic epistemic community's contention that high growth rates inhibited economic development, while at the same time not challenging the notion that population growth in itself could be detrimental. Thus, the Plan effectively rearticulated the relationship between population and development as one in which both goals were desirable, while at the same time questioning the causal link between them. The new consensus position was centered around the contention that "population and development are interrelated: population variables influence development variable and are also influenced by them." (United Nations 1975 Paragraph 14 c)

As part of this agreement, environmental issues were relegated to secondary status, since they were understood by the G-77 as a consequence of the very inequitable development the NIEO was intended to remedy. Like the strong greens, they argued that the problem lay with the irresponsible behavior of the West, but refuted their contention

that increased numbers in the third world would place a significantly greater strain on the 'global limits.' Because these issues were seen by the G-77 as diverting attention away from more pressing economic and social development concerns, the environment question did not garner much attention at Bucharest. When it did, it focused primarily on resource shortage constraints in reaction to the perceptions of scarcity generated in the West by OPEC's decision to raise oil prices in 1973. (Salas 1976, 107) For the first time since the 1940s, Neo-Malthusian fears of famine did not factor prominently into the debate because of the optimism engendered by the green revolution at the time. As a result, environmental concerns were factored into the document in a manner that largely reflected the G-77's position that the environmental crisis, like the population crisis, was ultimately an issue of uneven development. It argued that because "the demand for vital resources increases not only with growing population both also with growing *per capita* consumption; attention must be directed to the just distribution of resources and to the minimization of wasteful aspects of their use throughout the world."(United Nations 1975 Paragraph 14 j)

While the primary achievement of the Conference was to resituate population control within the overall framework of economic and social development, the regime's mission of providing family planning was not totally subsumed by the concern for larger modernization strategies. Rather, the principle that "population policies are constituent elements of socio-economic development policies," implied that such policies could continue in interested countries, although they needed to be integrated into other efforts, like health care and educational initiatives.(United Nations 1975 Paragraph 14 d) This served as an implicit critique of the regime's operations during the 1960s, where stand-

alone programs were enthusiastically promoted by USAID and the UNFPA. Similarly, while the Plan recognized the need for continued population assistance, since "the growing interdependence among nations makes international action increasingly important to the solution of development and population problems," donors were admonished to not overstep their boundaries, because "the formulation and implementation of population policies is the sovereign right of every nation."(United Nations 1975 Paragraph 14 k) At the root of such concern for the recipients of population assistance were recent human rights agreements which supported the contention that "all couples and individuals have the basic right to decide freely and responsibility the number and spacing of their children," and that women shared the same rights to the fruits of development as their male counterparts.[4] (United Nations 1975 Paragraph 14 f) In other words, while population control programs remained an important function of the regime's activities, their autonomy was bounded by national sovereignty and personal self-determination. Such an emphasis worked to temper the sense of impending crisis associated with the 'population bomb,' as did the increasingly complicated link between economic collapse and environmental degradation constructed in the plan.

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[4] While the birth control movement introduced human rights concerns into the population debate as early as the 1920s, and became one of the many justifications for instigating family planning programs in the 1960s, it did not gain official status in the international debate until 1968. At the urging of the IPPF, "parents" were declared to "have a basic human right to determine freely and responsibly the number and spacing of their children" during the International Conference on Human Rights held in Tehran. Quoted in (Singh 1998, 11) This language was integrated into the Bucharest document, although "parents" was changed to "couples and individuals" despite protestations on the part of the Holy See and other Catholic Nations. The implication of non-married "individuals" planning pregnancies has been the subject of fierce and recurring debate since 1974, although the phrase has been integrated into all subsequent UN population agendas. The recognition of women's rights in the 1974 Plan of Action was a product of the emerging mobilization around 'status of women' concerns among members of the UN during the 1970s. These concerns ultimately resulted in the 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which incorporated the Bucharest Plan's language on family planning into its legally-binding framework.

Adapting the Orthodoxy

While Hodgson argues that "the adoption of a developmentalist World Population Plan of Action at Bucharest was a political defeat for the United States and for orthodoxy," the discussion above demonstrates that such an assessment is overly pessimistic. (Hodgson 1988) 557 Although the developments at Bucharest did signal the end of US hegemony within the regime, it is also true that the negotiated agenda "challenges none of the assumptions on which the need for population control is based." (Hodgson 1988, 557) Instead, what the Plan did compromise was the ideological certitude that guided the regime in its early days. Undermined first by the green revolution and the G-77's emphasis on first world culpability, the idea of a 'population bomb' was further called into question as optimistic statistics began to emerge that demonstrated falling birth rates and rising income levels in the third world during the late 1970s. These conditions helped lessen a sense of crisis that was already in decline, creating space for alternative interpretations of population issues to become increasingly viable. Thus, the developments at Bucharest can be seen as the beginning of the end for the demographic orthodoxy, even though its gradual deterioration spanned the course of nearly two decades. Such a decline first took the form of adaptation, in that the theoretical assumptions of the orthodoxy remained intact despite the integration of competing ideas, and culminated with the explicit rejection of the orthodoxy at the 1994 population conference.

In line with Adler and Haas' (1992) model, one of the first steps toward the type of change that occurred in 1994 is the loss of consensus with the institutionalized epistemic community. Because demographers emerged as one of the most important

groups to provide and perpetuate the theoretical rationale for population activities, their disenchantment with the orthodoxy robbed the strategy of a valuable source of intellectual and financial support which eventually helped bring about its downfall. The unraveling of the regime's theoretical base can be traced directly to the debate at Bucharest, which spurred one of the leading members of the epistemic community, "American delegate-demographer Ansley Coale to return home thinking that the United States had exaggerated the negative impact of rapid population growth." (Donaldson 1990, 129) This sentiment echoed throughout the discipline, and without the sense of urgency that united demographers in a common policy enterprise over the past three decades, underlying conflicts that had been previously "smoothed over" in a time of crisis reemerged. (Hodgson 1988, 558) Thus, although economists like Kuznets (1967), Easterlin (1967), Clark (1967), Leibenstein (1969), and Boserup (1970) criticized the negative associations between population growth and development posited in the demographic transition theory during the late 1960s, it was not until the early 1980s that their views became acceptable to the wider discipline. Throughout the next decade, a new generation of mainstream population experts like Mead Cain (1983) and Andrew Mason (1987) posited economic and sociological theories of fertility behavior that directly challenged orthodox analyses. Unlike the revisionist scholars discussed below, the demographic community did not wholly dispense with the idea of a 'population problem' during this time; however, they did begin to admit that they did not understand its dynamics as fully as they had professed in the 1960s.

This internal recognition of uncertainty also worked to negate the earlier policy relevance of demographic knowledge, reinforcing a growing public and private disinterest in population control and a decreased demand for the services of demographers. (Greenhalgh 1996, 52) The status of the demographic epistemic community was further eroded as the Ford and Rockefeller foundations reduced support for population activities after Bucharest, partly due to ideological conversions such as the one experienced by John D. Rockefeller 3rd who contended that "I now strongly believe *that the only viable course is to place population policy solidly within the context of* general economic and social development." (quoted in Hodgson 1988, 557) As a result, by the time the next World Population Conference was held in 1994, "a tangible malaise crept over the field of demography."(Greenhalgh 1996, 52) It was this malaise that helped open the door for increasingly severe attacks on the orthodoxy over the next two decades.

While the Bucharest conference can be seen as the beginning of the end for the demographic orthodoxy that guided the regime's activities, its most immediate consequence was to bring about the type of measured change in the ideology and activities of regime known as adaptation. According to Ernst Haas' (1990) notion of institutional change, the regime survived the challenges lodged against it by the NIEO because it was able to integrate the competing constructions of knowledge into the existing framework in such as way as to not require a reconsideration of the theoretical premises on which it was based. Just as a discussed above in regard to the environmentalist challenge, the outcome was one in which elements of the competing ideology were adopted into the regime's agenda in a piecemeal manner that did not

explicitly contradict the central assumptions of the orthodoxy. However, while Haas' theory implies that adaptation arises in the absence of fully-formulated theoretical challenges to the status quo, the Bucharest experience demonstrates that is not always the case. Rather, the "incremental change" entailed in adaptation can also be attributed to the inability of new constructions of knowledge to generate an intellectual consensus. In such a situation what is adopted by the regime, then, is only the competing epistemic community's prescriptions for action, which are then put in service of existing goals since the underlying assumptions guiding the collective action are unchanged. Thus, as characterized in Haas' model, the outcome of the Bucharest process, like the mobilization around the green argument, "featur[ed] an unstable mixture of slowly changing political interests (rooted in values and ideologies) and bits and pieces of consensual knowledge."(Haas 1990, 31)

The experience of the new regime also confirms Haas' contention that, under conditions of adaptation, "sudden and drastic reform is not to be expected."(Haas 1990, 36) Shortly after Bucharest the institutions of the regime began to reorganize to accommodate the new international agenda, although a complete adaptation was ultimately hampered by structural constraints. The regime's new agenda accorded well with concurrent changes in the larger development assistance sector brought on by the NIEO, such as increased attention to "basic needs" like health and nutrition.(Sen and Grown 1987, 38) As a result, population activities began to be subsumed into other development activities, just as mandated by the Bucharest agreement. During the late 1970s the World Bank relocated lending for family planning programs within the new Population, Health, and Nutrition Department (PHN), the UNFPA became more closely

aligned to the UNDP, and in 1978 USAID began to reorganize around the principle that population and development "are mutually reinforcing."(Donaldson 1990, 95) However, by the early 1980s, "it became apparent that neither the development nor population institutions would have the resources, capacity, or leverage with developing countries to effectively implement the full Bucharest agenda...[and] the narrower agenda, focused on family planning and related activities, continued to be more feasible"(Crane 1993, 362) As a result, population programming began to return to the sector-specific arrangements of the 1960s, supported by growing interest in population control programs by developing nations. Thus, even though the NIEO was ultimately unsuccessful in unseating the ideological hegemony of the orthodoxy, it was able to bring about the type of gradual and lasting institutional changes that can best be understood as adaptation.

However, this adaptation to the new agenda was incomplete throughout the world, as in a striking reversal from the positions taken at Bucharest, Western nations invested more effort in integrating population and development efforts then did members of the G-77. So dramatic was the shift that by the end of the 1970s, 54 members of the G-77 understood their fertility levels to be "too high," and two of those countries had begun notoriously coercive family planning efforts. (Johnson 1987, 235) As discussed in the following chapter, only two years after proclaiming that "development is the best contraceptive," Indian Health and Family Planning Minister Karan Singh argued for stricter population control programs within his country based on the highly orthodox assumption that "the very increase in population makes economic development slow and more difficult of achievement." (Singh 1976, 310) Shortly after that program was ended by public outcry, neighboring China adopted a fertility control policy that allowed for

only one child per family. Whereas the Chinese delegate to Bucharest proclaimed in 1974 that "population is not a problem under socialism," by 1980 the government argued that "stimulating production and improving the people's living standards both require that we continue to lay special stress on population control."(quoted in Demeny 1985, 100) Although the experiences of India and China are by no means representative of the experience of the other 52 countries that identified population as "too high," by the early 1980s the majority of the developing nations had begun to undertake population control as a component of their health and development efforts, as specified by the international agenda. While Finkle and Crane (1985) attribute this altitudinal shift to changes in the global political economy that favored greater bilateral cooperation with the West, Demeny (1985) saw it as a function of the realization that population efforts had been successful in some nations during the 1970s. Both reasons undoubtedly contributed to the developing world's greater acceptance of population control, as did domestic political conditions and the continued influx of foreign funding for family planning efforts. As a result, by the early 1980s it appeared that an uncontested ideological consensus finally existed among the members of the regime regarding the Bucharest agenda. Attempting to build on this momentum, developing nations were among those most vocally advocating for another decennial population conference to be held in 1984. However, as with the illusions of consensus that existed in the 1960s and 1970s, this one would be also be shattered as soon as the international debate opened.

Defending the Orthodoxy

Despite increased interest in population programming during the 1970s and 1980s, the theoretical foundation for such efforts was under serious attack. According to

Greenhalgh "by the late 1970s, the population bomb seemed to have been defused, a development that was as much a result of the Bucharest conference as it was the initial decline of fertility indicators beginning around 1975. (Greenhalgh 1996, 53) As discussed above, the erosion of the intellectual consensus that began at Bucharest posed a serious threat to the future of population efforts, as influential scholars lodged increasingly compelling attacks against the demographic orthodoxy. In this milieu of cautious optimism that undermined the very foundations of the population control movement, scholars whose rationale for family planning did not revolve around the epistemic community's conception of the demographic transition rose to defend the orthodoxy. Environmentalists and futurists, many of whom helped construct the 'population problem' decades earlier, now turned their efforts to rekindling the sense of crisis that had previously been so successful in mobilizing public interest around the issue.

Working to reestablish the concern generated by Ehrlich and Meadows in the early 1970s, many environmentalists set out to demonstrate that there was little reason for the optimism of the day. One of the most important of these efforts was Gerald O. Barney's 1980 *Global 2000 Report to the President*, a study that, at the request of president Carter, was charged with developing an understanding of the "interdependence of population, resources, and environment" to serve as a basis for federal long-term planning efforts. Invoking the same tone of impending doom that characterized the Western debate during the early 1970s, the conclusion of the *Global 2000 Report* was that "serious stresses involving population, resources and environment are clearly visible ahead. Despite greater material output, the world's people will be poorer in may ways

than they are today."(United States and State 1980, 1) Placing population growth at the root of these problems, but conceding to the Bucharest conception that "a vicious circle of causality may be at work," the report implied that direct interventions to decrease fertility rates in the developing world were essential to stem the crisis on the horizon. Although replicating the alarmism of the strong greens, this report did not contain a critique of modernization, but advocated the type of controlled growth that would become known in the late 1980s as the 'sustainable development' approach. According to even its fiercest critics, this report received "extraordinarily wide circulation" both domestically and internationally and served as the basis for many policy decisions during the Carter and first Reagan administrations, although it tended to have more influence on environmental debates than on population ones. (Simon and Kahn 1984, 5) A similar theme was advanced in the research carried out by Lester Brown's Worldwatch Institute in the post-Bucharest era. Their work, funded by the UNFPA, also relied on the rhetorical tool of impending doom to spur action to counteract the environmental and economic disarticulations exacerbated by growing numbers of the world's poor. However, despite continued research and advocacy on these issues within the US, during the late 1970s and early 1980s "population-environment linkages, while addressed in periodic international meetings and scientific gatherings, receded into the background of population debates." (Crane 1993, 362)

Also attempting to rekindle the sense of urgency they helped construct only a decade earlier, many of the futurists whose theories of impending doom revolved around runaway population growth promoted similar assumptions in their later works. In a 1980 update of his 1974 A*n Inquiry into the Human Prospect*, Robert Heilbroner critiqued the

"long-term outlook of cautious hopefulness that has displaced the nearly universal gloom" of the early 1970s. Arguing that even though "the cancer [of overpopulation] is now spreading less rapidly, it is still spreading and will continue to spread for many decades." Reflecting a sustained faith in the causal links between environmental degradation, poverty, and fertility that were refuted by the NIEO, Heilbroner concluded that "the short-term pressures of population still push many areas of the world beyond the brink of their sustaining powers."(Heilbroner 1980,63) Invoking the same disease metaphor for human reproduction, in 1981 Aurelio Peccei expressed concern over "the cancerous growth of population."(Peccei 1981) Citing the famines and resource shortages of the 1970s as evidence of the "probable catastrophe" that awaits the human race once it exceeds 6 billion, Peccei implied that technological intervention is the most expedient method for diffusing the population bomb. As characteristic of these broad-based futurist analyses, their concerns encompassed issues that extended beyond the economic and environmental ramifications of population growth. Echoing the argument made by Harrison Brown in 1954, both Heilbroner and Peccei concluded that one of the most significant aspects of the 'population problem' was that it would interact with other modern problems, such as weapons of mass destruction, resulting in serious challenges to peace and security. Throughout the 1990s this argument received increasing attention within policy circles as the nature of the cold war shifted, making demographic instability within the third world a primary concern of the West. (Johnson 1987, 244-47) Interestingly, by 1978 Harrison Brown had reversed his position of demographic determinism in regard to nuclear holocaust, arguing that "the fact that we appear to have

passed a turning point in fertility in the poor countries gives us some reason to be cautiously optimistic."(Brown 1978, 95)

Revisionism: The Rise of a New Epistemic Community

While some scholars worked to breathe new life into the 'population problem,' a growing number set out to discredit it. Many of the voices prominent in the new debate were those that were marginalized during the decades that the demographic orthodoxy reigned supreme. By the mid-1980s, a substantial body of critical demographic, economic, and futurist literature had arisen to question the notion of overpopulation. This scholarship, while as disproportionately American as the work that spawned the orthodoxy originally, echoed the G-77's rejection of the idea that population growth hindered economic development or necessarily entailed environmental degradation. However, whereas the NIEO did not dismiss with the idea of a fundamental 'population problem,' revisionists did, with some going as far as to argue that growing numbers were beneficial to the economy and environment. It was this new construction, pejoratively termed "revisionism" by mainstream demographers, that would serve as the basis of the next activist epistemic community to challenge the demographic orthodoxy.[5]

Since the early 1960s, Herman Kahn and the researchers at the US-based Hudson Institute had been working to develop such an alternative view of population growth. As futurists, they examined the long-term impact of current trends in an attempt to inform planning in the present. However, unlike their doomsaying colleagues, Kahn and his staff did not accept the assessment that unchecked population growth would radically and

[5] The term "revisionism" was coined by Paul Demeny in his 1986 Presidential Address to the Population Association of America. While it has proliferated in demographic literature and come to refer to any general argument that denies the 'population problem' on economic grounds, it has never lost its negative connotation attesting to the perceived seriousness of the attack it posed to demographic knowledge.

negatively alter the fate of mankind. Rather, he argued that "rates of world population and of economic growth are now close to their historic highs and will soon begin to slow until finally, roughly 100-200 years from now, they will level off in a more or less natural and comfortable way." (Kahn, Brown et al. 1976, 26) With increasing prosperity leading the way to fertility declines, this position echoed that of the NIEO except with a more extended time frame. Lodging this critique first in the 1967 study, *The Year 2000*, and expanding on it in his 1972 work on *Things to Come*, Kahn and Bruce-Briggs based their criticism of "those who are extremely (and excessively) worried about the population problem" on unreliable demographic projections and the culture of alarmism that surrounded them. (Kahn and Bruce-Briggs 1972, 23) By 1976, statistics attesting to increased wealth and declining fertility in the developing world lent support to Kahn's contentions that the population crisis was overblown. Emboldened by such trends, the Hudson Institute's study on *The Next 200 Years* presented a forceful argument against the notion of a 'population problem.' In this book Kahn and his collaborators rejected the "limits to growth" paradigm, arguing instead that "the resources of the earth will be more than sufficient- with a wide margin of safety- to sustain, for an indefinite period of time and at high living standards, the levels of population and economic growth we project." (Kahn, Brown et al. 1976, 27) Challenging both the demographic transition theory's contention that lowered fertility was a necessary precondition of economic growth, and the environmentalist certitude that resource limitations were looming in the near future, Kahn's arguments contested the fundamental assumptions of the demographic orthodoxy. However, while he stressed that population growth was not a problem since it was on the verge of decline, he ultimately did not take issue with the contention that such increase in

itself was problematic since it "does cause a severe drain on the resources needed for economic growth." (Kahn, Brown et al. 1976, 212) As a result, like the NIEO, Kahn argued that "it seems clear that what is needed for the most part-to truly affect population growth- is economic development in those areas where birth rates are still very high." (Kahn, Brown et al. 1976, 213)

Julian Simon went a step further in challenging the demographic orthodoxy, offering an argument that was seen as "true heresy: population growth stimulates economic growth," so that anti-natalism was not only unnecessary, but actually detrimental, to the health of the developing nations. (Hodgson 1988, 559) While beginning his work in the early 1970s, it was not until after the Bucharest conference that his ideas received widespread attention within the discipline. In 1977 Simon's *The Economics of Population Growth* was published, employing a computer-simulated model similar to the one designed by the *Limits to Growth* team to demonstrate flaws in the Coale-Hoover (1958) construct. By 1981 he had refined his argument in the predominately qualitative work *The Ultimate Resource*, which was to become the defining volume of the emerging 'revisionist' movement. Espousing an optimism that was rarely seen in the contemporary population debate, Simon argued that increased numbers were actually beneficial to humanity because they sparked innovation. Challenging not only the foundations of demographic theory as outlined by Coale and Hoover, Simon took special issue with the 'limits to growth' thesis as endorsed by Ehrlich, Hardin, the Meadows, and the *Global 2000 Report*.[6] *The Ultimate Resource* also

[6] In his typically flamboyant style, Simon pronounced the Limits to Growth study to be "a fascinating example of how scientific work can be outrageously bad and yet be very influential." Similarly, he denounced the "conclusions of *Global 2000* almost wholly without merit and the method shoddy, largely

contained an extended discussion of the politics of the regime, highlighting the extent to which the notion of a 'population problem' was employed to justify disproportionately large family planning budgets and to keep "a closed society with respect to dissenting views." (Simon 1981, 305) In 1984 Simon joined forces with Herman Kahn to produce the edited volume *The Resourceful Earth*. A direct challenge to the *Global 2000* Report, the editors intended the book to "provide sound and balanced assessments of key issues concerning resources and environment, and thereby to correct false, gloomy impressions left by *Global 2000*." (Simon and Kahn 1984, 39) As in their earlier individual efforts, together, Simon and Kahn critiqued the political project of the 'population problem' by contesting its scientific validity in terms of both economic and environmental constraints.

Like the earlier arguments of demographers and environmentalists, the construct promoted by Simon and Kahn also entailed a political agenda. Mobilizing behind the "common policy enterprise" of debunking what they saw as the incorrect science and alarmist rhetoric underlying notions of a 'population problem,' this new epistemic community worked to influence public opinion in much the same way as their orthodox predecessors had. With his contentions supported by like-minded scholars such as Ben Wattenberg and Colin Clark, Julian Simon emerged as the public face of this new revisionist movement, prolifically advocating his vision in both the academic and popular presses. Even in the words of orthodox demographers like Samuel Preston his campaign was influential, noting that Simon "fights battle in the arena of public opinion, and he scores heavily...much as Paul Ehrlich has done on the other side." (Preston 1982, 174) In fact, Simon became one of the top twenty most active and cited writers on population

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because of the absence of the very trend data that the authors say is the proper basis for such a study." (Simon 1981, 286, 88)

issues in the popular media from 1946-1990, and is credited with being the only author during the 1980s to alter the course of an increasingly staid public debate. (Wilmoth and Ball 1992, 662) An influential National Academy of Sciences report issued in 1986, explicitly recognized the import of *The Ultimate Resource* in the development of revisionism as a political strategy, noting that "Simon's book received a good deal of both scholarly and popular attention and has been influential in U.S. policy." (United States National Research Council1986, 6) Grounding their movement firmly in the American New Right, both Simon and Kahn also allied themselves with the conservative Heritage Foundation in an attempt to influence official opinions more directly, while Wattenberg found a voice through the American Enterprise Institute and the Cato Institute. Together, these efforts helped thrust the ideas of revisionism into the population debate, however as discussed below, their success was largely guaranteed by the convergence of domestic political conditions during the 1980s.

1984-1993: Adapting to Revisionism

During the 1980s, the regime again adapted to the ideological challenges posed to it by a competing epistemic community. Taking issue with the most fundamental assumption of the demographic orthodoxy, proponents of revisionism were able to reframe the international debate in such a way that dispute over the existence of the 'population problem' briefly superceded the perennial clash between 'direct' versus 'indirect' methods of population control. While the revisionist position was largely rejected in the regime's agenda-setting activities at Mexico City, it ultimately did have an influence on how that agenda was implemented as a result of its financial leverage.

However, demonstrating the growing political, if not intellectual, commitment to the constructions of orthodoxy, the regime persisted in the face of the constraints placed on it the US government, initiating a period of institutional adaptation in line with Haas' (1990) model. By the late 1980s, the project of population control received an unanticipated boost, as the decade's increased poverty and ecological degradation led to a new wave of environmental activism and renewed calls for fertility limitation. This emerging sustainable development movement spurred a vigorous counterreaction from feminist groups, which worked to deconstruct both the ends and the means of the demographic orthodoxy. Well received by a demographic community that had become increasingly critical of the orthodoxy since the Bucharest conference, by the early 1990s the reproductive rights and health construct advanced by this new epistemic community was poised to provide the next substantial challenge to the regime's ideology.

The Rise of Revisionism in the United States

In late May 1984, only two months before the Mexico City Conference on Population, the United States officially embraced revisionism. In direct contrast to positions taken earlier in President Reagan's tenure, the Policy Statement prepared for the Mexico City Conference advanced the contention that "population growth is, of itself, a neutral phenomenon" and that "the relationship between population growth and economic development is not necessarily a negative one."[7] (United States 1984, 576) The "demographic overreaction of the 1960s and 1970s," it argued, was the result of the type

[7] Despite the growing conservative influence in American politics, the 1984 policy statement marked a distinct shift in the Reagan administration's views on family planning. In its first position paper on the issue released in 1982, Reagan's government declared that "Population Assistance will continue to be an essential element of U.S. development assistance" based on, among other reasons, "the conviction that sustained economic development and the achievement of a decent life for all [less developed country] citizens can only occur when population growth no longer outpaces development." (United States 1983, 192)

of "anti-intellectualism" of efforts like the *Global 2000* report that kept competing views of demographic processes out of the policy debate. The real 'population problem' according to the Mexico City policy was related to "economic statism," or improper and excessive government intervention, so that "localized crises of population are, in part, evidence of too much control and planning rather than too little." In other words, instead of arguing that 'development is the best contraceptive,' it advanced the notion that "neoliberal capitalism is the best contraceptive."(Greene 1999, 211)

While the theoretical principles of the policy can be traced almost directly to the work of the revisionist epistemic community, its provisions on abortion and family planning were political additions. Although USAID support for abortion-related services had already been restricted, the Mexico City policy declared that "the US government does not consider abortion an acceptable element of family planning programs and will no longer contribute to those of which it is a part." In terms of bilateral aid this meant that it would only support governments that maintained "separate accounts" for non-abortion related activities, and would withdraw funding completely from non-governmental organizations (NGOs) that continued offering such services. Similarly, in a nod to continued bureaucratic and public support for USAID's family planning activities, much like the Bucharest agenda, the policy also recognized that "population assistance is an ingredient of a comprehensive program that focuses on the root causes of development failures."(United States 1984, 579) In order to justify this stance, it cast family planning programs as public health interventions designed to increase maternal and child health.

Reflecting the contentions of revisionist scholars such as Simon and Kahn, the new position represented a clear ideological victory for the competing epistemic community. However, while the advocacy of the revisionist epistemic community brought the perspective to the attention of policy elites, it was domestic politics that ensured that it would be selected by the Reagan administration. Unlike Ehrlich's drive to mobilize the masses around his agenda, Simon's public efforts were thwarted both by the public disinterest in a population bomb that never exploded and the countervailing dominance of orthodoxy ideologies in the media. As a result, "revisionism gained a toehold in the popular literature, but scarcely more than that." (Wilmoth and Ball 1992, 661) Similarly, surveys conducted at the time by "pro-choice" groups also demonstrated that the majority of the American public continued to support US family planning assistance, and believed that such funding should not be tied to abortion-related provisions. (Finkle and Crane 1985, 15) Thus, the success of revisionism in shaping American policy during the 1980s cannot be seen as a product of the type of popular demands that helped sweep the demographic orthodoxy and environmentalism onto the national agenda. Rather, this epistemic community's influence rested primarily on its ability to affect the ideologies of the political elites, providing them with an approach to demography that supported their existing positions on abortion and international development. As a result, the US' selection of revisionism as a political strategy for Mexico City can be seen as the convergence of the growing influence of the domestic pro-life movement, the administration's firm belief in neo-liberal economics, and epistemic community successes in presenting their arguments to relevant policy audiences.

The Reagan administration's adoption of revisionism at Mexico City can be primarily understood as a response to domestic electoral demands. With a presidential election scheduled only three months after the Mexico City conference, and the Republican National Convention the week after the conference, the meeting provided Reagan with an excellent opportunity to reconsolidate the support of the loose coalition of social and economic conservatives that helped secure him a first term. One of the concerns that bound this group, the New Right, together were abortion issues, an interest that had gained increased visibility during the Reagan administration. Although the American "pro-life" movement had gained a significant voice in policy debates from the early 1970s, with Senator Jesse Helms securing a 1973 Congressional amendment barring the use of USAID funds for non-research related abortion services, in the 1980s it became an even more salient a political force due, in part, to the increasingly activist nature of the Catholic Church on a global scale and growing domestic concern over coercive family planning efforts in China. However, the movement's efforts were thwarted by public and congressional opinion, as its 1981 drive to eliminate funding for USAID's population program and efforts the next year to secure a constitutional amendment banning abortion both failed. A proactive stance at the Mexico City conference provided the opportunity to send this constituency "a highly visible sign that the Reagan administration was still committed to at least trying to satisfy its promises." (Finkle and Crane 1985, 19)

An essential element in the strategy to justify the withdrawal of abortion from the arsenal of family planning options was to dispense with the notion of a population crisis that justified such dire means as abortion. Revisionism, brought to the administration's

attention by the efforts of the epistemic community and its allies in the Heritage Foundation, proved to be an appropriate theoretical device to legitimate such a stance. Despite Simon's repeated assertions that his arguments endorsed a "pro-abortion-freedom and pro-population-growth" position, the administration "used revisionism to relieve concern about a population crisis so as to more easily advance a domestic [pro-life] political agenda." (Simon 1981, 301); (Hodgson 1988, 563) However, unlike the approach advanced by both Simon and Kahn, the US adaptation of revisionism did not totally dispense with the notion that population assistance should continue in some form. Thus, as Peter Haas (1992) argues is the case with all theories advanced by policy-minded scholars, revisionism was altered by its encounter with the American government, just as orthodoxy and environmentalism were shaped by the political needs of the day.

Not only did revisionism appeal to the social conservatives of the day, but it also was theoretically consistent with the economic ideology of Reagan's New Right. This neo-liberalism, popular among conservative Western governments during the 1980s, brought with it a new approach to development theory that extolled the virtues of the free hand of the market in much the same way as revisionism did. To many observers, the 1982 Latin American debt crisis demonstrated the failures of the type of "economic statism" promoted by modernization theory, the only remedy for which was the neo-liberal approach of free-market economics. The World Bank Structural Adjustment Programs (SAPs) designed to revive the affected economies were based on this new rationale that unimpeded free trade, both domestically and internationally, would promote the economic growth that decades of modernization schemes could not. Such a shift in

thinking on how to best promote development in poor nations was embraced by donor nations such as the US, the UK, and West Germany, so that development strategies of the 1980s were increasingly targeted at reducing the size of the public sector and facilitating global flows of capital. (Pieterse 2000,1999) Revisionism was the ideal demographic strategy for this new economic approach, just as orthodoxy suited the needs of modernization theory. (Greene 1999, 210) Arguing that, if left to the forces of the free market, population growth and resource supply would naturally achieve equilibrium, Simon's economic vision naturally supported the dominant economic thought of the day by both negating the need for state-run population control programs and confirming the necessity of economic liberalism. Thus, combined with the political mobilization of domestic "pro-life" forces, and the epistemic community's advocacy efforts within the US, revisionism was able secure a privileged position in the Reagan administration's emerging neo-liberal discourse on population and development.

The Debate at Mexico City: Revisionism Retreats

Organized to "formulate recommendations for further implementation of the WPPA" developed at Bucharest, the International Conference on Population held in Mexico City initially appeared to be free of the ideological disputes that polarized the 1974 conference. (Singh 1998, 12) As discussed above, by the early 1980s the majority of the G-77 had warmed to the tenets of the demographic orthodoxy and supported the meeting as a way to restore momentum within donor nations for their growing commitment to population control. These sentiments were supported by the US throughout the series of preparatory meetings held in early 1984, with the ambassador even criticizing initial draft documents for not placing enough emphasis on the extent of

the rapid population growth rate in the developing world. (Johnson 1987, 254) However, within the span of four months this position dramatically shifted and, as discussed above, the Reagan administration altered its strategy to secure the electoral support of its domestic "pro-life" movement. As the American policy on population changed, so did the US delegation to the conference. Only two months before the conference, conservative "pro-life" Senator James L. Buckley was appointed as the head of a newly-constituted delegation of nine like-minded government officials, none of whom possessed any specialized knowledge of or experience in the population field.

Such a dramatic reversal of policy on the part of the US, as well as the delegation's "confrontational behavior" during the conference, created tensions among participants from the outset as "many delegates and observers concluded that the Americans were guided more by broad ideological aims and short-run political considerations than by a genuine interest in the demographic substance of the conference."(Finkle and Crane 1985, 2) It also undermined the credibility of the American delegation, since many believed that its radical stance "very likely might be modified once the campaign was over."(Finkle and Crane 1985, 15) As a result, the US was not able to assume the position of leadership that had been the hallmark of the regime for the past 20 years, and the decline of intellectual hegemony that began at Bucharest culminated in the defeat of its agenda at Mexico City. It was forced "to soften its stance" in the face of intense opposition from domestic activists attending the conference, other delegations, and the international media.(Finkle and Crane 1985, 8) As discussed below, US attempts to cast the population problem in the light of neo-liberalism were seen by the "vast majority of participants...as [an] inadmissible deviation

from orthodoxy," and its efforts to undermine abortion rights even invoked the ire of its allies in the West.(Demeny 1985, 101) Thus, as the conference wore on, it became apparent that the US policy pronouncement was "less sweeping in immediate practical terms," as the delegation began a "tactical retreat" that allowed it to participate in the emerging consensus. By the end of the seven-day event, Ambassador Buckley had let it be known that the US would continue, and even increase, its family planning assistance. (Finkle and Crane 1985, 12)

Not surprisingly, the American conversion to revisionism dominated the debate at Mexico City. While abortion issues garnered the most press coverage, the primary source of contention during the conference was the US' attempt to recast the principles of development economics in light of neo-liberalism.(Dixon-Mueller 1993, 72) Despite advancing a similar belief in the need to pursue development strategies over population control programs as was endorsed by the regime at Bucharest, the revisionist construct failed to meet with a warm reception from the majority of delegates at Mexico City. Not only had many developing nations returned to a more orthodox interpretation of demographic issues by 1984, but the neo-liberal vision of development promoted by revisionism was especially repugnant to these nations. It "indelicately" suggested that the poverty in the developing world was perpetuated by the very corrupt and ineffective governments represented at the conference, and that the only way to achieve development was to abandon the import-substitution strategies that had once been a source of national pride and open their domestic markets to further penetration by the West. (Demeny 1985, 101) In line with this, the US also worked to inject language that stressed the role of the private sector in providing both development and family planning activities. This neo-

liberal construction of the population-development linkage was either explicitly or implicitly rejected by every delegation at the conference, with the sole exception being Japan.(Demeny 1985, 102) The US position on abortion met with more success at the conference than its grand neo-liberal notion, due primarily to the fact that it was not alone in its stance. Although the issue was at the core of the US agenda, it deferred to the Vatican to lead the debate in an attempt to cast it as a transnational issue.(Crane 1994, 241) Abortion had become a subject of international mobilization in the early 1980s under the guidance of the activist Pope John Paul II, and the Holy See and several Latin American countries also came to Mexico City with an antiabortion agenda.(Crane 1993, 365) However, the US reluctance to assume leadership on the issue can best be understood as a function of the compromised credibility with which it entered the conference, a capacity was eroded even further during the proceedings as large numbers of Americans were on hand to voice opposition to their government's policy. The intensity of this protest, made possible largely by Mexico City's proximity to the US, demonstrated a lack of domestic consensus on the issue that undermined the legitimacy of the position in the eyes of other participants.(Finkle and Crane 1985, 15) As a result, the debate on abortion at Mexico city took place primarily between the Holy See and Sweden, with the US and other nations either explicitly or implicitly lending their support to the antiabortion language.

Despite some developing nations' antiabortion stance, the Mexico City conference clearly demonstrated a growing acceptance of the demographic orthodoxy among these countries. The decade that had elapsed between the two conferences saw high economic growth rates in many countries that also had successful family planning

programs, confirming in their minds the orthodox contention that high fertility rates may actually inhibit development. While, as discussed above, conventional population experts had begun to contest the simplistic causal linkages implied by orthodoxy, affected governments began to rally around the now-contested theoretical assumption. At the same time, the uneasy combination of development-first and population-first strategies enshrined in Western organizations following the Bucharest conference provided population activities a privileged, although no longer independent, position in the pantheon of development assistance. This is most clearly seen the World Bank's approach to population programming, criticized by revisionists as "Malthusianism in retreat," in which family planning became an essential element of structural adjustment.(Clark 1985, 120) As a result, population control emerged as a favored strategy of nations hoping to achieve the same type of economic growth as countries like Korea and China, while at the same time hoping to access the increased funding available for population and development efforts.(Finkle and Crane 1985, 5) In order to ensure the future of such international assistance, the developing world had a vested interest in promoting a strong orthodox agenda at Mexico City.

The Mexico City Agenda: A Triumph for Orthodoxy

The relatively brief agenda adopted at Mexico City, officially described as a "refinement" of the Bucharest consensus, ultimately proved to be an even stronger endorsement of the demographic orthodoxy than its predecessor. The US' diminished hegemony within the regime was clearly demonstrated as the tenets of its revisionist policy were "extensively discussed but broadly rejected."(Dixon-Mueller 1993, 72) As discussed above, the failure of revisionism at Mexico City can be attributed as much to

the hostility of countries that embraced the orthodoxy as to the US delegation's inability to successfully defend revisionism as a development strategy. Thus, the outcome of the conference was a series of recommendations for implementing the Bucharest agenda that were "largely uncontaminated" by revisionism, so that "the developing countries had a much greater influence on the Plan of Action adopted at Bucharest than did the United States on the Recommendations adopted at Mexico City."(Finkle and Crane 1985, 3)

Reclaiming the sense of urgency lost during the earlier conference, the 1984 document was grounded in the first assumption of orthodoxy: that a 'population problem' did, in fact, exist. It proclaimed that population growth continued to be a cause of "great concern requiring immediate action," and that "timely action could avoid the accentuation of problems such as overpopulation, unemployment, food shortages, and environmental degradation." (United Nations 1984, paragraph A.3) Further retrenching on the arguments made by the G-77, it noted the 'population problem' was not only one of economic development, but also of environmental limits to growth. The document argued that "in countries in which there are imbalances between trends in population growth and resources and environmental requirements, Governments are urged...to adopt specific policies, including population policies, that will contribute to redressing such imbalances." (United Nations 1984, Recommendation 4) Both of these consensus positions, that population control is an urgent matter and that the 'population' problem is an environmental as well as economic one, directly contradicted the stated position of the US delegation at the outset of the conference.

The new agenda also confirmed the second basic assumption of orthodoxy: that family planning is one of the appropriate remedies for the 'population problem.'

However, orthodoxy's encounters first with the NIEO and then with revisionism fundamentally altered the way in which such interventions were envisioned. The primary contribution of the Bucharest debate was to situate population activities within the context of social and economic development efforts, a contention that was so widely accepted among members of the population community that it even formed the basis of revisionist thought. As a result, the Plan urged that "priority should be given to action programmes integrating all essential population and development factors," since "population variables influence development variables and are influenced by them." (United Nations 1984, A.8; paragraph 5) In other words, the Mexico City agenda reconfirmed the notion that family planning alone would not bring an end to the 'population problem,' although it did continue to view them as desirable interventions since "family planning programs have been successful in reducing fertility at relatively low cost."(United Nations 1984, A.9) It also roundly rejected the notion that neo-liberal capitalism was the most appropriate method for inducing the necessary development, concentrating instead on issues such as the "need to solve the problems arising from the debt burden in a significant number of developing countries."[8] (United Nations 1984, Recommendation 3)

Revisionism qualified the scope of family's planning's effectiveness even further, introducing the notion that it was best seen as an public health intervention. This was consistent with the moralistic rhetoric advanced by the US delegation, which was intended to reconcile its continued support of population programming with its rejection of the 'population problem.' As a result, the consensus position accommodated both an

[8] While the US joined in the Mexico City consensus it expressed reservations to this recommendation and two other sections of the document having concerning the situation of refugees in Palestine.

understanding of "family planning as a health measure in maternal and child health programs," as well as a means "of diminishing higher birth orders." (United Nations 1984, Recommendation 18 f) In one of the few neo-liberal sentiments included in the document, it did urge governments to enhance cooperation with the private and non-governmental actors in implementing national family planning programs. Thus, just as specified by the orthodoxy, family planning programs were an essential component in the fight against high fertility, although they remained inappropriate as stand-alone measures. However, in a nod to revisionism, family planning was also seen as a means for improving the health of women and children while at the same time decreasing the size of the public sector.

The most significant new issue on the international agenda at Mexico City was the prohibition of abortion. As discussed above, although abortion issues were a major concern of the US delegation, it was Vatican support that ensured the inclusion of specific language into the document. While the Holy See eventually did not enter into the larger consensus on the document because of its endorsement of family planning, and the Swedish delegation expressed a reservation to the specific recommendation on abortion since it implied that all abortions were illegal, the delegates were ultimately able to reach a consensus on the hoary issue. The result was a paragraph that urged governments "to take appropriate steps to help women avoid abortion, which in no case should be promoted as a method of family planning, and whenever possible, provide for the humane treatment and counseling of women who have had recourse to abortion." (United Nations 1984, Recommendation 18)

While the introduction of abortion concerns was the most contentious addition to the Bucharest agenda, the inclusion status of women issues in the Mexico City recommendations also represented a substantive addition to the WPPA. Although the 1974 conference, held at the outset of international concern for women's issues, had specifically recognized that women's right to development and family planning were the same as those of their male counterparts, it did not address the special hurdles women face in achieving those rights. In the years that had elapsed between the conferences, which coincided with the United Nations Decade for the Advancement of Women (1975-1985), the international community had officially come to accept the notion that discrimination against women was a significant obstacle to development. (Sen and Grown 1987, 15) The feminist activism inspired by this recognition found a place in the population debate, and an activist *ad hoc* Women's Caucus was formed at Mexico City by well-placed women in the UNFPA and international family planning movement. (Singh 1998, 20)

As a result, the 1984 document devoted an entirely new chapter, including five recommendations, to the "role and status of women." Primarily concentrating on women in regard to their roles as wives and mothers, and criticized by the next generation of feminists as treating women's rights instrumentally, the document nonetheless represented a substantial shift in the way gender issues were regarded within the regime. The preamble recognized that "in order to provide women with the freedom to participate fully in the life of society, it is equally necessary for men to share fully with women responsibilities in the areas of family planning, child-rearing and all other aspects of family life. The achievement of these objectives is integral to achieving development

goals, including those related to population policy." (United Nations 1984, Paragraph 7) It is important to note that while the US framed its support of family planning in terms of maternal and child health interventions, it did link them to larger status of women issues in its policy statements. However, despite the delegation's ambivalence to such concerns, the US did ultimately enter into the consensus.

Finally, in anticipation of the decreased role of US financial assistance to the sector, the new agenda stressed the need for other donors and institutions to assume greater financial responsibility for its implementation. It urged governments "to increase the level of their assistance for population activities in light of continuing needs in the field and the increasing commitment of developing countries." (United Nations 1984, Recommendation 82) The new consensus also worked to build multilateral efforts, primarily through the UNFPA, as a response to what appeared to be faltering unilateral programs. The document noted that "in view of the leading role of the [UNFPA] in population matters, the Conference urges that the Fund should be strengthened further," initiating a decade of institution-building measures within the body. (United Nations 1984, Recommendation 83) Implicit in this increased emphasis on multilateralism was "a renewed commitment to strengthening population policies and programs" through the organs of the regime.(Finkle and Crane 1985, 21) Because of the new level of support for the international agenda engendered by the attacks of revisionism, "some people believe that the U.S. attitude made the Mexico City Conference a success." (Donaldson 1990, 130)

Post-Conference Adaptation: Revisionism Returns

Because the regime's new agenda largely represented a tactical defeat for revisionism, the United States turned its sights toward advancing its domestic agenda on the international level through more direct means. Consistent with the ultimatum it issued at the conference, in 1985 the US withdrew funding from IPPF, which refused to submit to its antiabortion policy, and in 1986 UNFPA was cut off because of its continued support of the Chinese program. This move forced the regime to adapt to revisionism in a way that the politics of developing a consensus document could not. Because, as demonstrated by the Mexico City document, the demographic orthodoxy continued to dominate thinking of the regime's membership, the process of reconciling the existing ideology to the new financial constraints required a change in behavior that can best be described in light of Haas' (1990) understanding of adaptation. In other words, since the structural changes brought about by the US action did not cause member states to question their commitment to the "ultimate ends" of orthodoxy, "the change in behavior takes the form of a search for more adequate means to meet the new demands."(Haas 1990, 34)

The force of the new US position lie rested the fact that, with the adoption of neo-liberal revisionism, the US lost its vested interest in maintaining international collective action on the issue of population control. Whereas the Bucharest agreement was successful because the challenge launched by the NIEO actually strengthened the legitimacy of the UN system, the Mexico City consensus was more tenuous because the US critique of orthodoxy was accompanied by the belief that "if other governments are unresponsive to US policy preferences in the United Nations, then the United States

should simply withhold support from UN decisions and programs." (Finkle and Crane 1985, 11) As a result, although the US entered into the Mexico City agreement, it did not view itself as bound to its principles in the way it had in the 1960s and 1970s. Thus, while the majority of the members of the regime rallied behind the new agenda, the US worked to undermine its orthodox assumptions by withdrawing its traditionally high levels of support for the international implementing agencies. While the US' unilateral decision to cut funding to the organs of the regime in 1985 may have been intended to force the implementation of the revisionist agenda widely rejected at Mexico City, its effect was to strengthen the multilateral nature of the collective action. In other words, this action represented the death blow not to the regime, but to the US position with in it, as its financial hegemony went the way of the ideological hegemony it lost at Bucharest. The fact that the regime was able to survive and adapt in the absence of ideological and financial support from the hegemonic power challenges Keohane's (1984) hegemonic stability theory, which argues that collective action will dissolve when the dominant state withdraws. Rather, the persistence of the population regime during the 1980s demonstrates that, once formalized, regimes become the type of independent, intersubjective "social institutions" highlighted by Levy et al.(Levy, Young et al. 1995, 274)

The primary adaptive response to this new challenge by members of the regime was to strengthen the multilateral institutions charged with implementing the agenda. In line with the provisions they agreed upon at Mexico City, the "jolt" of the US' decision "triggered significant increases in donor funding from other governments and from non-governmental sources." (Dixon-Mueller 1993, 75) Although the budgets of these

organizations shrank in real terms during the 1980s, they continued to operate on only a slightly diminished scale because of the cooperation the received from recipient governments as well as donors. The status of World Bank efforts was also raised in the wake of Mexico City, since it remained one of the only institutions of the regime not directly targeted by the American prohibition. In this milieu, the Bank became a much more important actor in the regime, just as the overall mission of the organization was being reoriented toward promoting structural adjustment packages. As a result, population programs during the 1980s and early 1990s became increasingly bundled as a condition of economic restructuring loans. (Crane and Finkle 1981, 379) Collectively, the multilateral institutions acclimated themselves to the new funding environment by working "more cooperatively together to build political support, co-opt opponents, and increase program efficiency." (Crane 1993, 379) In other words, the regime adapted to the new funding requirements created by the new US agenda, while the institutions adapted their operations. Both, however, remained committed to implementing the orthodox agenda adopted at Mexico City, changing their behavior only so that they could continue to pursue the same goals in the face of new challenges.

Despite this shift toward multilateralism on the international level precipitated by US action, "there has been considerable continuity in the funding and implementation of US population assistance."(Crane 1993, 379) Much of this can be attributed to the fact that USAID staff remained firmly committed to the demographic orthodoxy throughout the 1980s, and "acting independently of official government rhetoric, these professionals continued their efforts in population programming, research, and technical assistance and advice." (Dixon-Mueller 1993, 74) Funding for such activities actually increased after

1984, as public support for family planning was reflected in continued 'earmarked' funding allotments from Congress. (Crane 1993, 378) However, two distinct shifts in the emphasis of USAID programming can be attributed to the restrictions of the Mexico City policy. First, the organization increasingly adopted the rhetoric of maternal and child health interventions to justify their family planning activities, since "under the new agenda, respect for "family values" and universal condemnation of abortion were the overriding principles of the government's family planning assistance." (Dixon-Mueller 1993, 74)

Second, in accordance with the neo-liberal sentiments guiding the government at the time, and the fact that many bilateral recipients refused to curtail abortion activities, population funds were increasingly funneled through non-governmental agencies during the 1980s. Part of a larger trend in US development assistance at the time, attributable to neo-liberal concerns over state control, this strategy was perpetuated throughout the sector through the wide net of USAID supported organizations. Thus, performing the same types of family planning services as governmental programs, without the controversial abortion option forbidden under US funding arrangements, NGOs became the favored recipient of international family planning assistance following the Mexico City conference. (Crane 1993, 378) This sector consequently expanded throughout the decade, redefining the way in which population activities were undertaken on the national level, often forcing the creation of reluctant linkages between civil society and state efforts.

Despite its inability to bring about substantive ideological change among members of the regime or the staff of USAID, revisionist research flourished in the United States under the patronage of the government and its allies in the New Right movement during the 1980s. The most "influential- and controversial" of these studies was the 1986 National Academy of Sciences report on *Population Growth and Economic Development: Policy Questions*. (Greenhalgh 1996, 53) Serving as the theoretical basis for US population policy for the remainder of the Reagan and Bush administrations, the report was firmly grounded in Simon's constructs, arguing that "it is clear that despite rapid population growth, developing countries have achieved unprecedented levels of income per capita, literacy, and life expectancy over the past 25 years." (United States National Research Council1986, 4) Although the report was characterized as having "all the daring and charm of a Levittown house" in which "the invisible hand wins here by default," it garnered enough attention to receive such criticisms in the 1986 presidential address to the Population Association of America.(Demeny 1986, 486) Also receiving widespread notoriety, although primarily in the public sphere, was Wattenberg's 1987 volume *The Birth Dearth* which argued that the Western world was nearing a new crisis caused by *under*population. Complementing the revisionist notion that greater numbers spur economic growth, Watttenburg contended that impending shrinking populations "will, in the near future, begin to cause turbulence at every level of our economy."(Wattenberg 1987, 7) Providing further arguments regarding the need for, and desirability of, population growth was Julian Simon, who continued to actively publish variations on his original argument until his sudden death in 1998.

The Third Wave of Environmentalism

Despite revisionism's insistence that social and economic conditions in the developing world were steadily improving, by the late 1980s it became apparent that they were not. The optimistic economic and demographic trends that gave birth to revisionism in the late 1970s were quickly undermined in the years following the 1982 debt crisis. After less then five years of the World Bank led Structural Adjustment Programs (SAPs) designed to remedy the crisis, research was beginning to suggest that the neo-liberal schemes of reducing state service provision, mass privatization, and currency devaluating were actually increasing poverty. As demonstrated in the ground-breaking UNICEF study, *Adjustment with a Human Face*, SAPs were also having a negative effect on levels of health and education among the "most vulnerable" groups of society, which were predominantly low-income women and children. In other words, as a UN official observed in 1987, "while all these belt-tightening measures involved major human and social costs, they still have not brought about the expected economic recovery."(Kirdar 1987, 22) This increased poverty in Latin America and Africa was juxtaposed with the unprecedented economic take-off in East Asia, adding to the sting of restructuring programs in heavily-indebted nations.

While many of the world's poor were getting poorer in terms of both economic and social welfare throughout the 1980s, they were also losing natural resources. New data on the disappearance of rainforests, global warming, and desertification was compounded by the well-publicized Ethiopian famine of 1983-84 to spark what Pebley (1998) identified as the "third wave" of global concern about the environment in the early 1990s. Unlike the first or second waves, this one was unique in its view of poverty as a

cause, as well as a consequence, of environmental degradation.[9] This new construction of the environment-development linkage was first advanced in the World Commission on Environment and Development's *Our Common Future,* better known as the Brundtland report. Introducing what it termed a "sustainable development" approach, the report contended the poor were forced to exploit their natural resources in order to compete in the increasingly market-oriented societies encouraged by SAPs. The ensuing environmental degradation was then seen to further lower living standards, as tired lands yielded less crops and disappearing forests provided less fuel. The result of this downward spiral, they observed, were crises like the African famine. (World Commission on Environment and Development 1987, 6) Because poverty was at the root of this ecological stress, the Brundtland report argued that the best way to attack the environmental problems was to overcome poverty by instating "a new era of economic growth- growth that is forceful and at the same time socially and environmentally sustainable." (World Commission on Environment and Development 1987, xii) In reconciling the "old enemies" of economic growth and environmentalism, this highly accommodating construct became the new mantra of the development community during the 1990s. (Escobar 1995, 195)

While the sustainable development approach reenvisioned the direction of causality between poverty and environmental degradation, it continued to recognize the centrality of population growth as an intervening variable. Strikingly similar to the

[9] As the discussion in this chapter and the previous one highlights, the first wave of the population and environment movement took place in the late 1940s and 1950s as concerns over food production dominated the debate, and the second wave of the late 1960s and 1970s was characterized by doomsday scenarios revolving around resource scarcity and pollution issues. Both of these approaches focused on the effects of population growth, rather than the their causes in their diagnosis of the 'population problem.' As a result, the common neo-Malthusian solution proposed during each of these waves was contraceptive-based fertility control programs.

argument set out by the NIEO at Bucharest, the Brundtland report recognized that "the issue is not just numbers of people, but how those numbers relate to available resources."(World Commission on Environment and Development 1987, 11) However, unlike the argument of the 1970s, the 1987 study concluded that such resources are threatened by the same factors that sustain high fertility levels, SAP-induced poverty. Disaggregating the 'population problem' in terms of gender and class, the report notes that high fertility is often encouraged by the structural constraints of poverty. In other words, the spiral of crisis in development was reinforced by population growth, since "in many parts of the world, the population is growing at rates that cannot be sustained by available environmental resources...[and] are outstripping any reasonable expectations of improvement in housing, health care, food security of energy supplies."(World Commission on Environment and Development 1987, 11) Thus, it reasons that SAPs limit a society's access to natural and social resources, bringing about poverty and population growth, placing even further stress on the limited resources. Whereas the overall solution to the problem is economic growth, the report ultimately reinforces the demographic orthodoxy in its assessment that "limiting population growth" is an essential element in the fight against poverty, and "modern contraceptive methods" are privileged in the strategy to do so.(World Commission on Environment and Development 1987, 107)

While the Brundtland report had the most impact within the environmental sector, reinvigorating a movement which had suffered from its own encounters with neo-liberalism and revisionism, it also helped energize the population lobby. When the emerging environmentalist sentiment intersected with the dispossessed demographic

orthodoxy during the late 1980s and early 1990s, the idea of population control experienced a brief renaissance. This renewed emphasis on fertility control in environmentalist rhetoric was integrated into the population debate by the same scholars who had been part of the "second wave" of green mobilization during the 1970s. Serving as the new epistemic community for the population and sustainable development movement, activist scholars like Lester Brown, Ehrlich, Meadows and Barney continued what Greene terms the "intensification of the environmental problematization of population growth." (Greene 1999, 216)

Even though the Brundtland report did not rely on the rhetorical device of crisis to promote its new construct, many of the "second wave" environmentalists retuned to their earlier strategies in an attempt to mobilize their primarily American audience around the contention that current patterns of consumption and fertility were ultimately disastrous. Emerging during the 1980s as the predominant research and activist organization of the US environmental movement, Lester Brown and his staff at the Worldwatch Institute were the first to emphasize how high fertility could jeopardize sustainable development. Beginning in 1985, their highly influential yearly series of reports on the *State of the World: Progress Toward a Sustainable Society* worked to promote a version of "environmental literacy" that was heavily reliant on the idea of overpopulation. More overtly crisis oriented and shrill then Brown's work was that of Paul Ehrlich, who released an updated version of *The Population Bomb*, entitled the *Population Explosion*, in 1990. Attempting to rekindle the fear he sparked early in his career, the book began with the question "why isn't everyone as scared as we are."(Ehrlich 1990, 13) Similarly, the updated version of the 1972 *Limits to Growth* report, *Beyond the Limits* contended

that the earth's limits-to-growth had actually been exceeded. The 1990s, the Meadows' argued, represented a period of "overshoot" in terms of population and industrialization, the remedy to which is fertility control and environmentally sustainable levels and patterns of economic growth. The recognition that growth and technology can be undertaken in a manner that is sustainable represented a level of optimism that was absent in the *Limits to Growth*, reflecting the compromise between economic growth and the environment struck in the sustainable development approach. Expressing a more reserved faith in the paradigm of continued growth, Gerald O. Barney's *Global 2000 Revisited*, a privately published version of the 1980 US government report, continued to issue projections of impending environmental collapse brought about by the intersection of unchecked population growth and modernization. In a decidedly less secular vision than the 1980 report, the new edition went even further than its predecessor in advocating for the "religious, social, and economic conditions necessary to stop the growth of human population," rather than simply contraceptive intervention.(Barney 1993, 4) Thus, while the integration of the sustainable development approach into the green population discourse may have brought with it an increased acceptance of 'indirect' methods of fertility control, it continued to emphasize the urgency of decreasing population growth in the interest of both the environment and the economy.

With the fall of the Soviet Union in 1991, concern over the environment also intersected with American national security issues and a new generation of doomsday theorists entered the population debate. As discussed in chapter 2, security concerns were influential in spurring the US government to begin population control programs in the 1960s, but during the 1970s and 1980s, they faded into the background of the debate.

By the 1990s security concerns had reentered the debate, as according to Hartmann, "in the collective psyche of the national security establishment, population growth [became] the great scapegoat and enemy, a substitute for the Evil Empire."(Hartmann 1995, 150) Thomas Homer-Dixon's *Project on Environment, Population, and Security* did the most to advance the idea that the resource scarcity caused by population growth contains the seeds of conflict. As numbers increased, Homer-Dixon contended, competition over natural goods such as land and water also intensified, weakening state structures and eventually resulting in the type of instability seen in nations like Rwanda and Haiti. In the *Atlantic Monthly* article "The Coming Anarchy," journalist Robert Kaplan dramatized Homer-Dixon's argument in the context of West Africa, popularizing the population-security linkage among American liberals. Bringing such concerns home, in her 1993 book *Population Politics*, Virginia Abernethy argued that waves of immigrants from high fertility nations would eventually out tax the political and environmental capacities of the US. The result of the American 'generosity' toward immigrants would be the eventual replication of the vary poverty and natural degradation that was being escaped. Advancing a triage-like foreign policy, Abernethy promoted a strategy of family planning assistance for high fertility countries combined with severe restrictions on legal and illegal immigrants and refugees. While the rationale for population control promoted by these writers differed from that of the environmentally-minded scholars like Brown and Ehrlich, their highly orthodox understanding of the 'population problem' and its remedy galvanized them into an epistemic community.

Together, the Brundtland Commission, the "second wave" greens, and security theorists successfully reintroduced environmental issues into the mainstream population discourse. This new epistemic community, supported in their global lobbying efforts by the Worldwatch Institute and the Club of Rome and in the US by the Sierra Club and the National Wildlife Federation, was able to stir a renewed commitment to the demographic orthodoxy within the institutions and members of the regime. (Crane 1993, 369) According to McIntosh and Finkle (1995), exploiting the new conception of the population-environment linkage was politically expedient for both the environmental and population communities which had lost momentum during the years of revisionism and neo-liberalism both within the US and on the global scale. Thus, by the early 1990s, the UNFPA had become an enthusiastic proponent of the sustainable development construction of the 'population problem,' arguing that "there is a premium on slowing population growth with all due dispatch as a pre-eminent measure to safeguard the global environment." (United Nations Population Fund 1991, 4) It was the Brundtland version of the issue that informed the planning process for the 1994 Cairo conference, which was formally charged with addressing "sustained economic growth and sustainable development" issues along with population in the newly-named International Conference on Population *and Development* (ICPD). ECOSOC Resolution 1991/93 quoted in (McIntosh and Finkle 1995, 228) The UNFPA and IPPF went as far as to launch a new collaborative publication in 1992, *People and the Planet*, which is described by Hartmann as "the ultimate example of the merger between the population establishment and the environmental mainstream."(Hartmann 1995, 146) With the election of President Clinton in 1993, and his environmentally-minded Vice President Gore, the United States

also joined in the growing global commitment to the idea of sustainable development. Within his first year in office, Clinton administration reversed Reagan's "Mexico City Policy" restricting funding for USAID, UNFPA and IFFP and established a President's Council on Sustainable Development, arguing that the US "will ensure that our population policy supports the world's priority for sustainable development."(Timothy Wirth quoted in Greene 1999, 218) Security concerns also structured the administration's concern over population growth, as was demonstrated by Clinton's 1994 remark regarding Kaplan's *Atlantic Monthly* article, that "I was so gripped by many things that were in that article...and by the more academic treatment of the same subject by Professor Homer-Dixon...You have to say, if you look at the numbers, you must reduce the rate of population growth."(quoted in Hartmann 1995, 151) Thus, both within the US and on the international level, an environmentally-driven notion of the demographic orthodoxy was regaining prominence in the years proceeding the Cairo conference.

Feminist Critiques

The emergence of an active feminist movement in the population debate was a direct reaction to this renewed environmentalism, as women's groups mobilized in protest to a population debate that "is now pervaded by the conviction that population growth in the South is the root cause of worldwide environmental degradation, leading policy makers once again to cite women's fertility as a barrier to development."(Correa 1994, 2) As the debate at the 1992 United Nations Conference on Environment and Development (UNCED) held in Rio demonstrated, women's groups from the developing world were mobilizing to oppose the uncritical linkage between fertility and the

environment promoted in the notion of sustainable development. The bitterly contentious NGO forum foreshadowed the debate at Cairo, as feminists argued that in the new construct women "are being blamed for everything from having too many babies to consuming too much firewood" without considering the "exploitative social institutions and international markets" that are at the root of such problems.(Crane 1993, 372) Feminist scholars from the developing world, or global South as they termed it, found allies in a demographic community that was no longer governed by the ideological hegemony of the orthodoxy. [10] Together, members of this new epistemic community launched an increasingly compelling critique of the rationale and ends of population control, challenging both of the fundamental assumptions of the post –Bucharest orthodoxy: that increased numbers were detrimental both to the economy and the environment; and that family planning was one of the most useful tools for mitigating such a problem.

Rejecting both the environmental and economic rationale for population control, the most radical of the feminist scholars argued that the 'population problem' was nothing more than a reflection of the marginalization of the South on a global scale and of women on the local level. While these feminists and environmentalists both understood the complexities of the population and development linkage to be directly related to the SAP-induced poverty of the late 1980s, they disagreed on the role of

[10] Throughout the 1980s, the conventional division between the first, second, and third worlds, as well as industrialized and developing, became increasingly problematic. A series of reports from the UN-sponsored Brandt Commission in 1980 and 1983 offered a new way to conceptualize these global arrangements, arguing that the Southern hemisphere predominantly consisted of poverty-ridden countries and the Northern hemisphere largely represented the prosperous donor nations. (Dodds 2002, 5) As the cold war ended, this construct was appropriated by those advocating alternative approaches to development, since "the more neutral geographic terms are intended to avoid the assumptions that all 'developing' countries are indeed developing, or that all 'industrialized' countries are industrialized." (Dixon-Mueller 1993, xii)

fertility in the mix. As discussed above, the Brundtland report argued that poverty worked against low fertility measures, which then increased poverty and its attendant environmental damage. Many feminists agreed that poverty propped up fertility patterns, for reasons related to old-age security and the short-run economic potential of children, making "having a large family...an eminently rational strategy for survival."(Hartmann 1995, 6) However, reflecting the socialist sympathies of this largely Southern movement, feminists discounted the second half of the cycle proposed by the sustainable development approach, arguing that the resulting high growth rates do not reinforce poverty. As set out in Sen and Grown's influential volume, *Development, Crises, and Alternative Visions*:

> the increase in relative inequality and in the number of people living in absolute poverty has often been attributed somewhat simplistically to rapid rates of population growth. This ignores the fact that in many instances growing poverty is linked to reduced access to arable land, lack of grazing rights for cattle, privatization of previously common waste or forest lands, and difficulties obtaining water or other resources due to the pressures and incentives for profitable commercial cultivation....Thus it is only those with means of survival other than wage labor who appear to be in surplus.(Sen and Grown 1987, 47)

In other words, it is not population growth that creates poverty, but poverty is self-perpetuating, with high fertility as a non-determinant side-effect. Sen and Grown noted that since women and children constitute the largest proportion of those "with means of survival other than wage labor," they are the ones that are understood to be the unproductive excess. While other feminists like Hartmann did not entirely dispense with the idea that population growth could pose some problems for developing societies, reflecting the NIEO's argument, they were attributed to inequitable global divisions of labor and resources rather than too many people in impoverished nations. The common thread of these arguments was that not only were women's productive capacities

compromised by monetization and privatization schemes, but their reproductive responses to it were seen as perpetuating a poverty that was actually a function of their initial marginalization due to gender and class. Using this neo-Marxist argument, feminists took issue with the economic and environmental rationales of the 'population problem' contending that they were simply a case of 'blaming the victim.'

Complementary, although substantively different from the Marxist argument, was the feminist critique of family planning based on health and human rights concerns. Opposing the second tenet of the orthodoxy, that contraception represented one of the most desirable and efficient tools for controlling population growth, this more moderate challenge spurred feminists to begin withdrawing *en masse* from the consensus on family planning they helped create three decades earlier. While, as discussed earlier, members of the transnational women's movement promoted family planning as a technology of empowerment since the turn of the century, by the 1980s the experiences of such efforts in the third world demonstrated that birth control could also serve to violate the very health and human rights they were promoted to serve. The result was a new wave of feminist scholarship that developed an increasingly compelling indictment of the mentality and methodology of population control without directly challenging the notion of the 'population problem.' The core of this argument, as stated in one of its pioneering works, Hartmann's *Reproductive Rights and Wrongs*, was that "when the overriding goal of family planning programs is to reduce population growth, rather than to expand the freedom of individuals to decide whether and when to have children, the results are often detrimental to women's health and well being, and ineffective even in terms of the stated goal of lowering birth rates."(Hartmann 1995, xix-xx)

As part of the increasingly critical nature of a field that was no longer governed by the intellectual hegemony of the demographic orthodoxy, throughout the late 1980s and early 1990s, a substantial literature of anthropological, demographic, and legal scholarship emerged to support this contention. Based on the recent experiences of developing nations such as Bangladesh, Indonesia, and China, researchers like Hartmann (1987) and Correa (1994) demonstrated that crisis-driven population control efforts tended to operate in a coercive manner that impinged on "acceptor's" reproductive autonomy. A variety of other studies emerged during the decade which also supported the contention the family planning programs jeopardized women's health, either through direct neglect, such as lack of follow-up care or the use of untested drugs such as Norplant and Depo-Provera, or as a result of other forms of maternal and child health care being subsumed by population control services.[11] Casting the issue as one of human rights, scholars like Cook (1993), Dixon-Mueller (1993), and Correa and Petchesky (1994) argued that such programs violated not only the principle of ensuring "free and fair" reproductive choices, but also impinged on other fundamental entitlements such as the right to health and non-discrimination. At the same time, the increasingly critical nature of mainstream demography in the post-Bucharest era allowed space for feminist perspectives like that of Karen Oppenheim Mason (1992) within a tradition that was also coming to question the viability of the orthodoxy. These demographers demonstrated that increases in women's health and status tended to bring with them decreasing numbers of children, and the Indian state of Kerala became a widely-cited example of a

[11] Among the most influential of these studies were: Jacobson (1991) *Women's Reproductive Health: the Silent Emergency* and Dixon-Mueller (1990) "Abortion Policy and Women's Health in Developing Countries."

case in which low fertility and high levels of women's autonomy preceded economic development.

In place of population control, these feminist critics promoted the dual visions of reproductive rights and reproductive health. While the overarching framework of reproductive rights advanced a larger gender and development agenda, reflecting the critique of Marxist scholars like Sen and Grown, the more specific idea of reproductive health spoke to the service-provision concerns of more moderate feminists. Theoretically, the two issues were seen as fundamentally inseparable, since "reproductive health [is] inextricably intertwined with women's human rights...[incorporating] attention to women's economically productive and cultural roles in addition to their biological reproductive functions." Calling for guaranteed "access to housing, education, employment, property rights and legal equality in all spheres...[and] freedom from physical abuse, harassment, genital mutilation and all forms of gender-based violence," the reproductive rights framework was as much a demand for human development as it was for a new approach to population. (Correa 1994, 58) The more narrow notion of reproductive health spoke directly to their critiques of family planning programs, arguing that such services should include "not only access to contraceptive information and methods and legal abortion, but also STD and cancer prevention, prenatal care and metal health services, all within the context of comprehensive health services." (Correa 1994, 58) Northern feminists tended to focus on the health aspects of the new paradigm, calling new family planning programs that were designed to serve the needs of clients, rather then the abstract societal goal of population control. To do this, Adrienne Germain and the researchers at the International Women's Health Coalition (IWHC) appropriated the

demographic term of "unmet need," traditionally used to justify the expansion of contraceptive distribution systems, and employed it instead to argue that family planning programs should work to meet the diverse needs of its underserved clientele. (Hodgson and Watkins 1997, 498) Similarly, Judith Bruce (1990) and her colleagues at the Population Council expanded reproductive health to include the notion that family planning programs should not strive to reduce fertility rates, but to improve "quality of care" which would, among other things, increase contraceptive prevalence.

This new approach was well received by many of the influential private groups involved in population activities during the early 1990s. As an ideologically exciting new approach, it helped breathe life back into a field plagued by a "tangible malaise" that began with the decline of the orthodoxy among demographers in the post-Bucharest period and was fueled by the hostile conditions of the 1980s. (Greenhalgh 1996, 53) It also was welcomed by a new generation of leadership within the international community, which was already "deeply imbued with feminist ideals and...found in high-level policy and management positions in foundations and in family planning, health, research, and advocacy agencies" as a result of the feminist mobilization of the 1970s. (McIntosh and Finkle 1995, 238) Through the efforts of women like Joan Dunlop and Adrienne Germain, the IWHC was transformed from an organ of the highly orthodox Population Crisis Committee to the driving force behind the reproductive health movement during the early 1990s. Mahmoud Fathalla, the director of the World Health Organization was among the first to be swayed by this new approach, and during the late 1980s the organization refined a definition of reproductive health that ultimately served as the basis for Cairo consensus. (Singh 1998, 31) Also influenced by the feminist

construction of reproductive health, Nafis Sadik, the executive director of the UNFPA, emerged as a champion of the idea of treating abortion as a women's health issue during the Cairo process. Similarly, "by the end of the 1980s, the concept of reproductive health had been integrated into population discourse by mainstream institutions, such as in the Ford and MacArthur Foundations' Reproductive Health Programs, and the 'quality of care' framework adopted by the Population Council and the World Bank's Reproductive Health recommendations."(Correa 1994, 62) According to a Ford Foundation representative active in the movement at the time "by the early 1990s, the concept of reproductive health was widespread in feminist health groups and increasingly used in the service and research sectors." (Hempel 1994, 76) Thus, even before the Cairo Conference, the idea of a new reproductive health approach had gained currency within the institutions of the population regime.

1994: The Cairo Process Initiates Learning

The final process of change within the population regime took place within the context of the 1994 International Conference on Population and Development (ICPD) held in Cairo. Unlike the challenges posed by the greens and the NIEO in the 1970s and the revisionists in the 1980s, the arguments of the feminist epistemic community were able to bring about the rare type institutional change Haas (1990) terms as learning. Forming a strategic alliance with their once-bitter rivals in the environmentalist movement, feminists were able to construct a new mediated ideology that eventually proved palatable to enough of the membership to effect a substantive change in the regime's agenda. Through the direct advocacy of NGOs, included in conference

preparations for the first time, and the US government under the newly-elected Clinton administration, the reproductive health approach came to replace the perennial ideology of population control. While the most notable outcome of the Cairo process was the gradual socialization of the majority of the regime's membership into the new approach, the debate that garnered the most attention during the Conference itself was the Holy See's staunch opposition to abortion-related language. Joined by a handful of Muslim and Catholic nations, the Vatican's protestations ultimately served to close ranks among supporters of the new agenda, so that by the time the conference ended, the population control regime had been transformed into the reproductive health regime.

The Preparatory Process: The Ideological Compromise

In 1990 the UNFPA began initial planning for the third decennial international population conference to be held in Cairo in early September 1994. Unlike the previous two conferences, this one was to be the product of an "extensive and inclusive" preparatory process, in an attempt to avoid the type of surprises that nearly derailed the Bucharest and Mexico City events. (Singh 1998, 22) Organizers also recognized that "given the history of increasing collaboration between growing numbers of population-and-development related NGOs, UNFPA and the UN over the previous 20 years, there was no doubt in our mind that NGOs would want to play an active an important role and that we should seek to facilitate it."(Singh 1998, 126) As a result, both environmental and feminist groups were represented in the preparatory meetings, creating a situation in which the two camps were assured to clash much as they did at the 1992 Rio environmental conference. However, largely through the efforts of the feminist epistemic community, these groups allied behind a mediated version of the reproductive health

agenda. Through both the direct advocacy efforts of this new NGO coalition on the international level and its ability to socialize state actors into the competing ideological construct, so that "by the end of [the final preparatory meeting] only one position seemed to be open to a large majority of participants, that of the feminist agenda."(McIntosh and Finkle 1995, 238)

The unprecedented role of NGOs in the ICPD preparatory process allowed them to act independently within the international debate for the first time. The extent of this access was so great that, "in a break with previous UN tradition, some of them were even allowed to speak during informal sessions" during early negotiations, and then "NGOs, along with governments, were invited to offer suggestions and proposals" for the Draft Final Document. (Singh 1998, 46;132) Directly involved in the debate, NGOs were no longer were forced to rely on the patronage of states to represent their interests within the regime, as nearly any private organization that could afford to attend the international meetings were able to participate. This new arrangement transcended the two-level game that previously dominated the politics of the regime. As specified in Adler and Haas' model (1992), new constructions of knowledge are thought to find their way into the international agenda through a two-level game, in which individual states are first brought into the ideological consensus through domestic mobilization which then advocate for the new position on the international level. While this was the case with the population community throughout much of its history, during the ICPD preparatory process, representatives of the competing epistemic communities were able to advocate their ideological constructs within the international forum, without having to first gain the support of individual states.

The result of this new status for NGOs within the UN system was that ideas which did not enjoy official support were nonetheless introduced into the debate, while those with even strong state patronage were not necessarily guaranteed success. The most striking example of this is found in the emergence, and eventual ascendancy, of the feminist reproductive health position in a forum that was initially intended to discuss the sustainable development notion of the 'population problem.' With generous financial support from private groups like the Ford and Rockefeller foundations, significant numbers of feminist NGOs from the South were able to attend ICPD-related activities. Their numerical strength translated into political capacity, and shortly before the second preparatory meeting (Prepcom II) in 1993 this coalition released its agenda for the ICPD, *Women's Declaration on Population Policies*, which was "widely circulated" among conference participants and was the subject of "intensive campaigning" by women's groups in attendance. (Singh 1998, 40) While these efforts were successful at putting feminist critiques of the orthodoxy onto the official agenda, they also spurred the ire of environmentalists on official delegations as well as in the NGO sector. As a result, Prepcom II was dominated by the same type of "tensions between feminists and family planners" that stymied negotiations in the NGO tent at the Rio environmental conference the year earlier. (McIntosh and Finkle 1995, 238)

At the same time as the feminist argument was gaining visibility within the regime as a result of non-governmental activities, strategic weaknesses of the officially-endorsed sustainable development position on population were becoming apparent. Despite strong support from the Clinton administration for the green agenda, internationally such "efforts to rejuvenate the population issue met with mixed success"

as in the "competition for salience population control issues lost while global environmental issues gained." (Hodgson and Watkins 1997, 496) This can be partially attributed to the changes in the global demographic situation which made population growth in the developing world seem less pressing, while at the same time attesting to the ability of family planning to forestall future problems. With population growth falling in all regions of the world except the least developed nations of Africa and Asia, and industrialized countries like France and Japan expressing concern over their shrinking numbers, the population bomb no longer appeared to pose the type of threat it once had. Although the sustainable development construction of the 'population problem' gained sway within the US government, on the international level it was overshadowed by other issues, allowing the Vatican to successfully sideline the population-environment linkage during the official debate at the 1992 Rio environmental conference. (McIntosh and Finkle 1995, 237) As a result, when feminists began courting environmentalists in an attempt to diffuse the conflict that undermined both groups' effectiveness at Rio and the ICPD Prepcom II, greens acquiesced to the idea of a negotiated position in the interest of "furthering their broad agenda" and maintaining good relations with the increasingly powerful Southern women's movement. (Hodgson and Watkins 1997, 497)

In a move that was "largely initiated by feminists," members of the epistemic community worked to develop a mediated position that was amenable to both their feminist constituency and the green neo-Malthusians during the year between Prepcoms II and III. (Hodgson and Watkins 1997, 497) While the two agendas initially appeared to be diametrically opposed, and the feminist argument even including a direct critique of the green construction, with only minor alterations the notion of reproductive health was

able to satisfy both groups. The key to compromise was accommodating the opposing views of the 'population problem,' since feminists would not accept the notion that growth alone was the root of environmental and economic problems and greens could not ally themselves with any agenda that explicitly rejected that aspect of the orthodoxy. This emergent consensus was grounded in a formulation of reproductive health which promoted safe and voluntary access to family planning methods as an essential element of reproductive rights, a strategy which would also bring about fertility transition, while still rejecting population control programming as an inherently coercive practice.

This new position was first set out by Steven Sinding (1993), director of population sciences at the Rockefeller Foundation, and then refined by members of the feminist epistemic community such as Dixon-Mueller (1993) and Sen, Germain and Chen (1994). It placed emphasis on efforts to satisfy women's "unmet need" and provide "quality of care" in response to feminist concerns over individual rights, while at the same time arguing that increased reproductive autonomy would bring about the reduced fertility rates that drove green concerns. Implicitly serving the goals of both groups, the mediated vision recognized the need for "population stabilization," a new demographic vision that stressed volunteerism and rejected the inherently coercive notion of crisis that drove the "population control" efforts so virulently opposed by feminists. Similarly, both groups widely denounced the health and human rights violations that were seen as accompanying population control efforts of the past, allowing them to join in a call for abolishing stand-alone family planning programs in favor of integrated client-centered reproductive health services. Thus, the mediated agenda retained an overwhelmingly feminist flavor, primarily due to the ideological leadership of members of the feminist

epistemic community, even though the new position dispensed with some of the more radical elements of their initial neo-Marxist demographic vision.

As a result, while accommodating both positions, the new construction of reproductive health continued to challenge the demographic orthodoxy both in its idea of a 'population problem' and in its view of how to overcome it. In its questioning of both the ends and means of the existing international agenda, the new critique was similar in structure to that launched by the G-77 at Bucharest. Like the NIEO, this new alliance saw the 'population problem' as a function of larger development issues, contending that family planning was a misguided tool for overcoming such problems, and advancing the idea that meaningful fertility reduction would only come about when its underlying causes are addressed. Without explicitly denying that high birth rates could have negative effects, both the G-77 and the new feminist-green position argued that population growth is an effect, rather than cause, of social ills. However, whereas the G-77 saw the root issue as lagging economic development, the new construct focused on gender discrimination, advancing an argument that could be characterized as 'women's empowerment is the best contraceptive.' In other words, the feminists focused on development as an individual experience, while the G-77's argument was very much shaped by the macroeconomic concerns of the day. To achieve this type of human development, the new agenda replaced the perennial goal of population control with the new goal of promoting reproductive health and rights. This competing ideology also offered new means for reaching this end, which entailed a restructuring and expanding of family planning programs to provide a wide array of reproductive health services.

According to Hodgson and Watkins, this new "ideological package" opposed the ends and the means of the orthodoxy by rejecting:

> both the legitimacy and the effectiveness of current efforts to induce women to have fewer children, arguing that only by redressing gender inequity and scrupulously respecting each women's reproductive rights can lasting low fertility be achieved. Programmatically, this meant that family planning services should be provided within the context of comprehensive reproductive health programs that had enhancing health, not lowering fertility, as their fundamental objective. (Hodgson and Watkins 1997, 502)

In other words, 'population stabilization,' was seen as a by-product of successful reproductive health and empowerment interventions, and not an end to itself. Thus, even though this new approach was the product of two distinctly different intellectual traditions, the resulting agenda contained a theoretically coherent critique of the demographic orthodoxy.

This new position, endorsed by groups as diverse as Ehrlich's Zero Population Growth and the IWHC, was broad enough to generate an ideological consensus among the majority of the actors within the regime. According to Singh, the influence of these groups "was probably at its highest during Prepcom III, where many significant proposals made by them were incorporated in the Draft Final Document." Through the direct advocacy of primarily feminist NGOs, national representatives were also socialized into the new reproductive health agenda. The approach became popular among the governments of Western Europe, especially the traditionally socially progressive Scandinavian nations, with the Dutch, Norwegians, and the Swedish emerging as its early champions. However, the most important convert was Timothy Wirth, the head of the US delegation and ardent environmentalist, who was well-placed to reassert American leadership within the regime. As discussed above, when the Clinton administration

entered office in January 1993, it brought with it decidedly green anti-natalist sensibility that accorded well with the sustainable development paradigm popular on the international level. Through the concerted "educational" efforts of activists like Adrienne Germain, by early 1994 the US delegation had adopted the language of the new consensus position. Shifting his rhetoric from the priorities of population control he endorsed in 1993 to a more feminist-inspired vision by early 1994, Wirth argued that "sustainable development cannot be realized without the full engagement and complete empowerment of women," as the delegation's new priorities echoed the mediated agenda discussed above in its support for "meeting unmet demand for and expanding the range of reproductive health services...investing in the wisdom of women...[respecting] the basic human rights of women." (Wirth quoted in Hodgson and Watkins 1997, 503) According to Mcintosh and Finkle, "once formed, the US position was advanced with determination and skill through every available channel" during preparatory and conference activities, making them one of the most influential proponents of the new position. (McIntosh and Finkle 1995, 242)

Thus, according to one of the conference organizers, by the conclusion of Prepcom III in April 1994, the final agenda-setting meeting before the September meeting in Cairo, "considerable progress was made towards acceptance of the need to shift from a narrow approach focusing on family planning to a broader reproductive health approach." (Singh 1998, 53) With the exception of some of the more conservative developing nations, it appeared that a large proportion of the regime's membership had been successfully socialized into the new construct of knowledge promoted by the feminist epistemic community even before the conference itself began. In light of both of

the models employed here to understand the behavior of regimes, Adler and Haas' (1992) work on epistemic communities and Ernst Haas' (1990) understanding of institutional change, it was emerging ideological consensus that ensured the success of the reproductive health approach at Cairo. As the experience at the Mexico City conference demonstrated, without the precondition of this shared knowledge, even the active support of a single powerful actor like the US could not bring about the type of substantive regime change that was endorsed at Cairo.

The Debate At Cairo: Abortion Takes Center Stage

While not all the delegations that arrived at Cairo were convinced of the efficacy of the new approach, most of them appeared to be by the time they left. Whereas the nations of Western Europe and North America enthusiastically endorsed the ideals of reproductive health following Prepcom III, many of the developing nations that rallied behind population control at Mexico City expected also to do so at Cairo. Because of the ideological shifts that took place prior to the conference this was not to be the case, as the position of countries like Pakistan, whose Prime Minister forcefully endorsed neo-Malthusianism in her opening address, gradually fell in line with the position of the epistemic community. Such a change can be attributed to the combined efforts of NGOs and the US delegation to both educate and cajole these nations into supporting the reproductive health approach. After their successes during the preparatory process, many Southern NGOs had gained representation on their official delegations, allowing them a direct hand in determining their government's stance at Cairo. With the financial support of Western governments and private foundations, many other civil society representatives attended as unofficial delegates, making their voice heard as part of the nearly 300 group

Women's Caucus. This caucus can be seen as the physical manifestation of the mediated reproductive health agenda, "including in its ranks members with widely different viewpoints, but coalescing on a common strategy for the ICPD."(Singh 1998, 136) Meeting every morning during the week of the conference to refine their positions, this group then "sought to reinforce support for their views...by interacting actively with the delegates."(Singh 1998, 134) The US joined in this effort as "Under Secretary Wirth deployed a large, highly disciplined, and effective delegation that seldom spoke on the floor but worked around the clock with developing country delegations to produce acceptable language in the short time available." (McIntosh and Finkle 1995, 242)

Although US officials and the Women's Caucus were not always in agreement on specific issues, their efforts to promote the reproductive health agenda were highly complementary. NGOs took on a political role similar to that of states in previous regime activities, again demonstrating the obsolescence of Adler and Haas' (1992) two-level game in the population regime of the 1990s. Comparing the ICPD to other recent UN conferences, Clark et. al. note the unique alignment of actors at Cairo, in that "with some possible exceptions, cleavages were characterized by NGO-to-government agreement on various sides of substantive issues rather than by disagreements between governments and NGOs."(Clark, Friedman et al. 1998, fn. 15) In the estimation of McIntosh and Finkle, the US delegation and the Women's Caucus were two of the three "most organized, best disciplined, and effective participants in the conference." (McIntosh and Finkle 1995, 242) The third of these groups was the Holy See, which was similarly energetic in its opposition of the reproductive health approach's treatment of abortion.

While the development of a consensus on reproductive health at Cairo was marked by a gradual process of socialization and behind-the-scenes negotiation, the debate that garnered the most media attention during the conference was the conflict on abortion. Although this issue had been the subject of intense negotiation in the five the months following Prepcom III, the two main parties in the dispute, the US and the Holy See, were unable to come to a consensus before the conference. In direct contrast to its position at Mexico City, the US under the newly-elected Clinton administration was a staunch supporter of abortion rights, repeatedly arguing that such procedures should be "safe, legal, and rare." Nafis Sadik, the Executive Director of the UNFPA, also demonstrated a personal commitment to legalized abortion, taking the controversial step of forcing the issue onto the conference's agenda as a public health concern. On the other side of the debate was the Vatican and a handful of Latin American and African nations, joined for the first time by a coalition of conservative Islamic states. Countries like Argentina, Honduras Benin, Ecuador, and Malta formed the core of the Holy See's base of support, staunchly refusing to concede to any references to legal abortion in the document. Despite this backing, by the time of the conference the Holy See "found that its alliance with Muslim countries was dissolving... [and] even more seriously, the support of Catholic nations seemed to be wavering." (McIntosh and Finkle 1995, 248) Although the Church and a group of Muslim scholars attempted to organize a widespread boycott of the conference based on religious opposition to elements of the reproductive health agenda, their efforts failed as only Libya and Sudan refused to attend the Cairo Conference on those grounds.(Singh 1998, 58)

As a result, despite the Vatican's "spirited attack, filibustering.... and delaying the work of the conference," in the end a compromise position on abortion was adopted that reflected a more liberal view. (McIntosh and Finkle 1995, 248) This can be attributed to both the level of support the pro-abortion reproductive health agenda enjoyed among the regime's membership, and to the fact that the extent of the Holy See's attack further galvanized support for the coalition between feminists and neo-Malthusians. As Hodgson and Watkins recount, "a measure of the alliance's success was that only soothing words of agreement passed between the two new allies, who found themselves comrades in arms in a fierce battle with a Vatican delegation intent upon cleansing the Program of Action of any endorsement of abortion." (Hodgson and Watkins 1997, 503) As a result, the hard-fought language in paragraph 8.25 treated abortion primarily in light of its reproductive health dimensions, noting that:

> in no case should abortion be promoted as a method of family planning. All Governments and relevant intergovernmental and non-governmental organizations are urged to strengthen their commitment to women's health, to deal with the health impact of unsafe abortion as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. (United Nations 1994, paragraph 8.25)

However, in direct opposition to the Vatican's position, the paragraph was groundbreaking in recognizing the procedure's legal legitimacy, noting that "in circumstances where abortion is not against the law, such abortion should be safe."(United Nations 1994, paragraph 8.25) As a result, even though the Vatican ultimately entered into the Cairo consensus, something which it did not do at either Bucharest or Mexico City, it expressed reservations to paragraph 8.25 along with Argentina, Peru, Malta, and the Dominican Republic. Despite the Holy See's success in creating controversy around the abortion issue at Cairo, its disruptive tactics and

declining base of support began to raise questions about its right to representation within the body, spurring a new movement to revoke its credentials.

The Regime's New Agenda

By the end of the conference all 179 of the delegations in attendance had approved a consensus document endorsing the reproductive health approach. This new Program of Action (POA) is often referred to a representing an ideological 'sea change,' formally replacing the demographic orthodoxy with new vision of population activities. Even the most skeptical observers noted that the new agenda "reflects a very different type of thinking about the population issue in the developing world...[containing a] shift away from attention to population as an aggregate phenomenon." (McIntosh and Finkle 1995, 227) Demonstrating the influence of the NGO lobby and their supporters in Western delegations, the new document largely enshrined the negotiated feminist-green position that emerged after Prepcom II. As a result, it undermined the assumptions of the demographic orthodoxy, charging the regime with promoting reproductive autonomy rather than population control, and doing so through reproductive health rather than family planning programming.

Reflecting the compromise that was at the basis of the green-feminist alliance, the POA avoided arriving at any definite conclusions regarding the existence of a 'population problem.' Instead, it argued that poverty, economic degradation, and population growth were "mutually reinforcing" so that women's fertility was no longer seen as the central cause for the ills often attributed to overpopulation. While feminists acceded to the neo-Malthusian contention that "investments in fields important to the eradication of poverty, such as basic education, sanitation, drinking water, housing, adequate food supply and

infrastructure for rapidly growing population, continue to strain already weak economies and limit development options," greens also accepted that such poverty and its attendant environmental strains were partially due to the "unsustainable patterns of production and consumption" promoted by the North. (United Nations 1994, paragraph 3.15; 3.9) In other words, it was poverty, not population growth, that was at the root of the world's development and environment problems. This new causal relationship directly contradicted the Coale-Hoover thesis that was so central to the demographic orthodoxy, that population control was a necessary precursor of economic growth, arguing instead that "sustained economic growth within the context of sustainable development is essential to eradicate poverty. Eradication of poverty will contribute to slowing population growth and to achieving early population stabilization." (United Nations 1994, paragraph 3.15) Thus, the ICPD presented a view of the population-development-environment linkages that was strikingly similar to that contained in the Brundtland Report, conceding to a 'population problem' only as a manifestation of the larger 'poverty problem.' However, its intersection with feminism led to the injection of gender issues into the center of the equation, concluding that "eliminating social, cultural, political and economic discrimination against women is a prerequisite of eradicating poverty."(United Nations 1994, paragraph 3.16)

Whereas the POA was ambivalent on the first assumption of orthodoxy, the existence of a population problem, it was far more resolute in its rejection of its second tenet, the mentality of population control. While not going as far as feminists would have liked in denouncing it as inherently coercive, the new agenda replaced the crisis-driven notion of population control with the less ideologically-charged idea of 'population

stabilization.' More expansive in its understanding of demographic processes, it was interpreted as referring to limiting urbanization and decreasing maternal mortality as well as lowering fertility. According to the document, one of the objectives of the regime was to "facilitate the demographic transition as soon as possible...this process will contribute to the stabilization of the world population, and together with changes in unsustainable patterns of production and consumption, to sustainable development and economic growth." (United Nations 1994, paragraph 6.3) However, reflecting the Program's rejection of the causal assumptions of orthodoxy, this objective was no longer a primary goal of the regime. Whereas 'population control' was the central driving force behind the rationale for collective action since the late 1960s, in its new incarnation as 'population stabilization' it was demoted in status. As McIntosh and Finkle observe, the plan tended to largely "ignore population as an aggregate phenomenon," placing "fertility decline as secondary to other objectives."(McIntosh and Finkle 1995, 250)

These new objectives, as set out in the mediated feminist-green position, replaced the idea of controlling population growth with that of encouraging reproductive rights and health as the primary goal of the regime. While fertility decline was understood to be a desirable side-effect of this new goal structure, it was no longer the central project of the regime. Instead, this straightforward goal was replaced by a more complicated set of two reinforcing and overlapping ends, one that focused on achieving reproductive rights and the other aimed toward reproductive health. Reflecting the compromise between feminists and population controllers, these goals were able to satisfy the previously conflicting ends of the two groups by simultaneously deflecting the regime's attention

away from the idea of a 'population problem,' while at the same time working to reduce fertility through assumingly more effective "indirect" methods.

The first of these new ends, realizing reproductive rights, was intended to increase women's reproductive autonomy, a goal aimed at both improving the status of women as well as enabling them the ability to escape the high-fertility demands of their husbands and society. As defined in the ICPD, this goal rests on the:

> recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. (United Nations 1994, paragraph 7.3)

A central dimension of this is the empowerment of women, through education and other social interventions, upon which the ability to make free and fully informed decisions is dependent. As a result, implicit in the goal of reproductive rights is the larger goal of female equality, since:

> advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are the cornerstones of population and development-related programs. (United Nations 1994, Principle 4)

The idea of reproductive rights, while important in itself, is also a central component for meeting the regime's second objective, that of ensuring reproductive health, which is understood as the:

> state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. (United Nations 1994, paragraph 7.2)

Linking the ICPD with the concurrent global debate on health, this provision implies that family planning activities be meaningfully integrated into the health sector, arguing that "all countries should strive to make accessible through the primary health-care system reproductive health to all individuals of appropriate ages as soon as possible." (United Nations 1994, paragraph 7.6) Again, this goal also serves the dual ends of the feminist-green coalition, increasing health status in its own right as well as to reduce fertility by increasing child survival rates. In other words, in the negotiated goal structure of the ICPD, the simple goal of reducing fertility that once guided the regime's activities was been replaced by a more complex set of nested ends that centered around ensuring women's reproductive rights and health, satisfying the larger goals of both population controllers and feminists.

To realize these new goals, the ICPD outlined a new set of means that were similarly complex and interrelated. Situating family planning efforts even further in the context of development efforts than was the case with the Bucharest agreement, interventions intended to realize both reproductive rights and health extended beyond the purview of those sectors traditionally charged with population activities. In order to achieve the first general goal of the regime, achieving reproductive rights, the new agenda stressed the importance of female education efforts, since "education is one of the most important means of empowering women with the knowledge, skills, and self-confidence necessary to participate fully in the development process." (United Nations 1994, paragraph 4.2) In addition to education, the ICPD argued for larger social changes that would allow women the ability and opportunity to exercise their reproductive rights, such as:

> policy and programme actions that will improve women's access to secure livelihoods and economic resources, alleviate their extreme responsibilities with regard to housework, remove legal impediments to their participation in public life, and raising social awareness through effective programs of education and mass communication...[this] enhances their decision-making at all levels in all spheres of life, especially in the area of sexuality and reproduction. (United Nations 1994, paragraph 4.1)

While realizing reproductive health, the second goal of the new agenda, was also served by these changes, the means for achieving this end focused more directly on the operations of the health sector. Recasting family planning as a public health intervention, a drive started by Reagan-era revisionists and then appropriated by feminists, the ICPD argued that population programs be reformed to deliver a broader range of health services relating to reproduction "throughout the life cycle." As defined in the document, the means for achieving this goal, definitively situated "in the context of primarily health care" included:

> family-planning counseling, information, education, communication and services; especially for breast-feeding and infant and women's health care; prevention and appropriate treatment of infertility; abortion as specified in paragraph 8.25...treatment of reproductive tract infections; sexually transmitted diseases and other reproductive health conditions; and information, education, and counseling, as appropriate on human sexuality, reproductive health, and responsible parenthood. (United Nations 1994, paragraph 7.6)

This new mandate for the population sector also contained imperatives for the structural integration of national family planning and health programs, an issue that, as demonstrated in the cases of Pakistan in Bangladesh, became a highly contentious issue in the post-Cairo era.

Further reflecting the influence of the feminist-green position, the POA continued that "governmental goals for family planning should be defined in terms of unmet needs for information and services," rather than the quantitative targets favored in countries like

India. (United Nations 1994, paragraph 7.12) Thus, this new agenda argued not only that population issues be considered in the context of broader goals of reproductive rights and health, but that achieving such ends also depended on linking the population sector with other social interventions such as education and health.

The POA is revolutionary not only in its ability to replace both the ends and means of the demographic orthodoxy, but in its view of how such programs are to be carried out. According to McIntosh and Finkle, "Cairo was the first UN conference to link policy to implementation," and it did so in a way that reflects the influence of the non-governmental sector in forging the document. (McIntosh and Finkle 1995, 250) In contrast to the state-led centralized models of population control advanced by the population community during the 1960s, 1970s and 1980s, the ICPD developed a more participatory vision of population activities in the regime. Because of the predominance of NGOs within the population regime, the document reserved an important role for civil society, recognizing that:

> to address the challenges of population and development effectively, broad and effective partnership is essential between Governments and non-governmental organizations (comprising not-for-profit groups and organizations at the local, national and international levels) to assist in the formulation, implementation, monitoring and evaluation of population and development objectives and activities.(United Nations 1994, paragraph 15.1)

In a nod to the feminist contingent, it also attempts to limit the invasive nature of past population control interventions promoted by the international institutions of the regime, such as those undertaken under the auspices of the World Bank's structural adjustment schemes, noting that:

> to ensure that international cooperation in the area of population and development is consistent with national population and development priorities centred on the

> well-being of intended beneficiaries and serves to promote national capacity-building and self-reliance (United Nations 1994, paragraph14.3.a)

In other words, donor-driven schemes are to be a relic of the now-defunct population control regime.

The provisions of this new agenda outlined above form the basis for the examination of regime effectiveness given in the second half of this dissertation, as the national policies of India, Pakistan, and Bangladesh are evaluated on how closely they comply with the ICPD agenda.

Learning: The new Ends and Means of Cairo

The "principles, norms, and rules" of the new population regime, as outlined in the ICPD POA, are substantively different from those based in the demographic orthodoxy that guided the regime since its birth in the 1960s. As a result, the Cairo conference can be seen as representing the first instance of institutional "learning" in the nearly 30 years of the regime's existence. In Ernst Haas' model, learning is a rare occurrence that comes about only as a result of new shared ideologies that are transmitted by epistemic communities. According to Haas the concept "implies that the organization's members are induced to question earlier beliefs about the appropriateness of ends of action and to think about the selection of new ones, to 'reevaluate' themselves." (Haas 1990, 24) As the discussion above demonstrates, this is very much the case with the population regime during the late 1990s, as critiques from the feminist epistemic community led to uncertainty within the regime regarding the value and efficacy of population control programs. Allying with the environmental movement, feminist scholars were able to frame the regime's response to that uncertainty by presenting a new theoretical framework to guide its activities. However, as Haas notes,

"before the claims to knowledge become truly consensual, the interplay will take the form of an ideological debate," as happened during the latter months of the ICPD preparatory process as well as at the Cairo conference itself.(Haas 1990, 31) If the "bonds of habit are light" within the regime, as was the case in the period of malaise in the population community during the early 1990s, the ideological debate will lead to the adoption of new causal models which entail new ends and means for behavior.(Haas 1990, 45) Thus, whereas challenges lodged against the demographic orthodoxy during the 1970s and 1980s only succeeded in bringing about changes in the means of population control, the 1990s saw a change in both the ends and the means of the regime.

This type of change in the regime's agenda is significant because it also implies substantive alterations in the way in which the actors of the regime carry out their new mandate. While the adaptation of the past only required member states and institutions to alter their approach to population control, the Cairo agenda entails developing an entirely new set of programmatic and administrative behaviors to implement the demands of the reproductive health approach. Not only does it require the internalization of the new ideology throughout all levels of the regime's constituency, from the lowest ranks of national family planning administrations to the upper management of the UNFPA, but it also brings with it a mandate to engage in significant structural reorganization within the health and family planning sectors. These types of changes imply a much greater role for member states and organizations than were required in the wake of the Bucharest or Mexico City conferences, attesting to the more sweeping nature of institutional learning. In order to gauge the extent to which this learning is reflected within the member states,

the remainder of this dissertation focuses on evaluating if, how, and why the international agenda has been articulated in the national contexts of India, Pakistan, and Bangladesh.

Conclusion

The discussion above traces the evolution of the regime's agenda from its 1967 inception to the "sea change" that occurred at the 1994 Cairo conference. It argues that, as with its formation, ideas and perceptions of the 'population problem' were at the heart of the processes of maintenance and change within the regime. In the cases where competing ideologies were only partially incorporated into the regime's agenda, as during the 1974 and 1984 population conferences, the regime can be seen as having 'adapted' to the challenges posed it's orthodoxy by competing epistemic communities and interest groups. The Cairo conference, on the other hand, represents an instance where new ideas were successful in transforming both the ends and means of the international agenda, marking a process of regime change Ernst Haas'(1990) terms 'learning.' Table 2 provides an overview of these phases of the regime's life, highlighting both the major ideas and actors that helped promote them. This table can be seen as the continuation of the one given in chapter 1.

Based on the conception of the ICPD developed above, the remainder of this dissertation works to test the effectiveness of the Cairo agenda in the context of South Asia. However, before launching into these case studies, the study first looks briefly if, how, and when the these international ideals have intersected with national approaches to population issues in the years preceding Cairo. Thus, the next chapter serves as a bridge between the first half of the dissertation, which focused on the formation, maintenance,

and change of the population regime on the international level, and the second half that examines recent incidences of effectiveness at the national level.

Table 2.
The International Population Regime 1974- 1994

Time frame	1974-1983	1984-1993	1994-
Stage of development	Regime Maintenance: Adaptation	Regime Maintenance: Adaptation	Regime Maintenance: Learning
Regime Agenda	'Demographic Orthodoxy' with increased rhetorical attention to promoting development Implicit critique of US hegemony	'Demographic Orthodoxy' with increased emphasis on the private sector service-provision.	'Reproductive Health' replaces 'Demographic Orthodoxy'
Role of Epistemic Communities	Competing epistemic community promotes NIEO Intellectual hegemony of orthodoxy wanes among demographers after Bucharest	Revisionists discount 'population problem' Demographic epistemic community enters period of malaise Sustainable development approach initiates 'third wave' of green population control and feminist backlash	Feminist-Green alliance produces consensual reproductive health position
Role of Non-State Actors	Population assistance shifts from bilateral emphasis to multilateral activities	NGOs emerge as important service-providers	NGOs emerge as important political actors
Role of State Actors	Conflict between G-77 and developed nations at Bucharest	US opposition to family planning and abortion activities undermines its financial hegemony within the regime.	Western nations ally with NGOs to promote reproductive health at Cairo

Chapter 5
Population Policy in South Asia:
An Historical Overview of Regime Effectiveness

With this chapter, the discussion begins to shift from one that focuses on the activities of the population regime on the international level, to one that looks at its relevance in the context of South Asia. Serving as the bridge between the first and second halves of this dissertation, this chapter looks at the intersection between the regime's history and that of population activities within India, Pakistan, and Bangladesh in the pre-Cairo era. While not conducting the same type of rigorous examination of effectiveness that is the subject of the following three case studies, it does provide a historical overview of if and how the ideas of endorsed in the international agenda were reflected in the national policies of each country. Serving to situate the efforts of the international regime within the countries under study, as well as the highlighting how the experiences of these nations influenced the international debate, the following discussion provides the background for the more current evaluations of regime effectiveness that constitute the remainder of this study.

India: Pioneering Leadership and Intellectual Interdependence

To an extent unsurpassed by either of the other two countries included in this study, the history of India is very much intertwined with that of the population regime. India has been at the center of the population debate since its inception in the modern era, as its activities helped spark the formation of the international regime and then shape some of its most notable debates. As the discussion below highlights, while foreign funds were not highly influential in determining the direction of the country's population

efforts, exogenous constructions of knowledge held considerably more sway. Because of the close relationship between the transnational epistemic community and Indian policymakers, especially during the formative decades of the 1950s and 1960s, such ideas did not exist apart from the domestic context as clearly as they did in either Pakistan or Bangladesh. Rather, the history of India's population program highlights the mutually constitutive nature of the international and national agendas, beginning as early as 1941 and continuing into the present.

1851-1949: The Emergence of the Modern 'Population Problem'

India is unique among the countries in this study in that its elites had already embraced the idea of population control even before it was endorsed by members of the modern epistemic community. Informed by the demographic empiricism of the British Colonial government, family planning efforts were first championed by British and Indian elites in India for nearly a century prior to independence. According to Caldwell and Caldwell, "at least from the establishment of the three Presidency Colleges in 1851 there had been a two-way flow of ideas between Britain and India, and there was much interest in India in the Neo-Malthusian movement."(Caldwell and Caldwell 1986, 39) While equality of such a two-way flow is debatable, the idea of a population problem had become a professed concern of national elites by the early twentieth century. This is seen in the instigation of a fledgling eugenics movement in 1916, embracing ideals fashionable in Europe and America at the time, as well as the foundation of associations like the neo-Malthusian League by the late 1920s . Framed as a welfare concern, family planning also spurred interest within the country's largest women's organization, the All-India Women's Conference (AIWC), and by the 1930s it was actively engaged in efforts

with Margaret Sanger. Thus, the idea of a 'population problem' was firmly ingrained into Indian elite consciousness decades prior to the development of the international regime.

Spurred by the release of the 1941 census results, which demonstrated sharp increases in growth rates due to declining mortality, a new urgency was attached to the country's 'population problem' during years leading up to independence. Expressing concern, the Congress party began to promote population control "in the interest of social economy, family happiness and national planning."(Caldwell and Caldwell 1986) At the same time, American researchers such as Kingsley Davis began to take a more active interest in India's population growth, and in 1944 he argued in an influential study that, in India," because the industrial and demographic revolutions are apparently inseparable, a rapid and balanced modernization (with a sociologically intelligent program of fertility control integrated with it) seems the only feasible alternative in ultimately halting the detrimental rate of population growth."(Davis 1944, 57) However, as these statements demonstrate, while both the Congress party and the emerging epistemic community saw increasing numbers as a threat, they prioritized different parts of the problem. Whereas American academics stressed the negative economic ramifications of unchecked population growth, Congress highlighted the social welfare aspects. Despite their differing rationales, the two groups agreed on the fundamental premise that population control was important for the country, and that it should be achieved by the 'indirect methods' of social development rather than through 'direct' contraceptive interventions.

Such an overall ideological convergence allowed for increasing levels of collaboration between the epistemic community and the post-independence Government of India (GOI), although specific programmatic and philosophical differences continued to complicate the relationship.

1950-1967: The Population Program and Epistemic Community

The tension between economic and social welfare justifications for family planning continued throughout the early years of the India's population program, and was heightened by an emerging controversy over the question of contraception. As discussed in Chapter 1, by the early 1950s the fundamentals of demographic thought, as advanced by the epistemic community, had been transformed. No longer did demographers like Davis eschew 'direct' family planning interventions, but they came to actively promote them as a means of lowering fertility in the absence of economic growth. This new position was directly contradictory to that of many Congress leaders who embraced Mahatma Gandhi's opposition to contraceptives, as well as those who, like Nehru, saw industrialization as the cure for the country's social and economic ills. As a result, when the country adopted the world's first population policy in 1951, it represented a hybrid of these positions. While it highlighted the role of clinic-based contraceptives in the new program, it also recognized the need for "self-imposed restraint" and education on the benefits of a small family. Similarly, in terms of the rationale for such efforts, the first five year plan (1951-56) noted that, while family planning was necessary "to stabilize the population at a level consistent with the requirements of national economy," its "main appeal" remained "based on considerations of the health and welfare of the family." (Government of India, excerpted from *Population in India's First Five-Year Plan* 1997)

Thus, in its first articulation of a population program, the GOI worked to balance international constructions of the 'population problem' with its own domestic conceptions.

Although the plan was groundbreaking in its endorsement of family planning, and ingenious in its ability to reconcile divergent positions, India's population program did not actually become viable for over a decade. While the second (1956-61) and stunted third five-year plans continued to develop the program along the same trajectory, "the Planning Commission that was bold enough to make India a pioneer in the field of population policy in 1951 was hesitant in its approach."(Visaria and Chari 1998, 58) As a result, "the program was vague and the requirements uncertain. Mahatma Gandhi's opposition to contraceptives, reflected by succeeding ministers of health and Nehru's concentration on industrialization and capital investment, kept the birth control program from achieving real priority until the 1960s."(Piotrow 1973, 34) Thus, it was not until after the death of Nehru and the emergence of an interventionist international population regime that the program became an active component of government activities.

What did flourish during the late 1950s and early 1960s, however, was the mutually-reinforcing relationship between the transnational epistemic community and the Indian intellectual and political elites. Throughout the early part of the decade, Indian officials appealed to the United States and the United Nations for support of their innovative efforts, but met with reluctance on the part of Western nations to take on such a controversial issue.(Caldwell and Caldwell 1986, 41) Szretzer (1993) argues that it was their failure to provide aid to developing countries like India that spurred the political mobilization of the epistemic community on the international level. Conversely, it was

not until the epistemic community became institutionalized, itself a reaction to the lack of support available for India, that the GOI was able to secure international support for its domestic population activities. "As a result of requests from and prodding by the Indian Family Planning Programme," as well as lobbying by members of the epistemic community, by 1954 both the Ford Foundation and the newly-formed Population Council had begun efforts in India.(Caldwell and Caldwell 1986, 52) Through their research and advocacy activities, these two institutions were influential in shaping domestic perspectives of the 'population problem' as well as securing an international ideological consensus on the matter, both activities largely grounded in empirical evidence gained in India.

While the Population Council's New Delhi office conducted research like Coale and Hoover's influential 1958 study, providing seemingly irrefutable evidence that population growth inhibited economic development, the Ford Foundation engaged in educational efforts designed to replicate the international epistemic community within the Indian context. As discussed in Chapter 1, throughout the 1960s demographic training centers were established in the US and developing countries that did much to internationalize the constructs of knowledge promoted by the American academics. These centers promoted what has been referred to as a "hidden curriculum," that encouraged not only a philosophical commitment to reducing fertility in the interest of economic development, but engendered an activist orientation toward such an endeavor.(Caldwell and Caldwell 1986) As the influence of international advisors receded in the 1970s and 1980s, it was the domestic intellectuals trained in these centers who ensured the continued predominance of the demographic orthodoxy in Indian

programming efforts. Thus, in educating a large proportion of India's demographic elite, the Ford Foundation ensured that the domestic and foreign population communities would be based in the same intellectual and procedural currency.

1968-1973: Family Planning 'Takes Off' as the Regime Provides Support

The death of Prime Minister Nehru in 1964, and a subsequent series of wars and droughts postponed the expansion of official Indian family planning efforts until the release of the fourth five-year plan (1969-74). The program finally began to enjoy more than rhetorical support from the central government as the development consensus of the 1950s crumbled under poor economic predictions and continually high census figures. This internal crisis coincided with the growing international consciousness of the 'population problem' and the willingness of Western nations to provide aid following the formation of the regime in 1967. As a result, the program saw significant increases in its budget, from the Rs.270 million allotted in the third plan to Rs. 2,858 million for the fourth plan period, and was established as a separate department in the Ministry of Health. (Mahadevan, Sivaraju et al. 1989) The bulk of this assistance came through the most active organization of the regime at the time, USAID. During the 1970s, the Indian government became the largest recipient of direct US family planning aid, with over $200 million funneled into the program in 1971 alone. However, as Piotrow highlights, "U.S. help and Indian programs never quite seemed to mesh," as the Indian government continued to pursue programming strategies opposed by USAID, such as mass vasectomy camps, reliance on Intrauterine Devices (IUDs) for female contraception, and the reluctance to introduce oral contraceptives. (Piotrow 1973, 179) Thus, just as with the epistemic community two decades earlier, the GOI and the actors of the regime agreed on

the necessity to control population growth, but not on the specificities of such an undertaking. Consequently, it can be argued that during this period the hegemonic power of the United States had considerably less influence over the GOI's programming than did the larger intellectual constructs that grounded both the regime's and the government's activities.

While USAID and other international population organizations struggled with the Indian government throughout the 1970s regarding the content of the program, the country was no longer at odds with the regime in terms of its driving rationale. In fact, it had largely abandoned the family welfare model, adopting instead what had now become the 'demographic orthodoxy,' that high fertility impedes economic development. As Visaria notes, while the "Third Plan marked a subtle shift in the emphasis of the Indian family planning program from the welfare of women and children to the macro-economic objective of stabilizing the rate of population growth," the fourth plan firmly entrenched this change.(Visaria and Chari 1998, 61) It argued that "even far-reaching social and economic programmes will not lead to a better life unless population growth is controlled. Limitation of family is an essential and inescapable ingredient of development." (Government of India quoted in Mahadevan, Sivaraju et al. 1989, 201) In order to accomplish this goal, the fourth plan included in it a number of provisions that would come to characterize the family planning program until the mid-1990s. As early as its first draft in 1966, the fourth plan set out method-specific contraceptive targets that would later be widely denounced as promoting coercion. Such targets, developed on the advice of UNFPA and Ford Foundation consultants, served to place 'direct' methods at the center of the program, replacing its Gandhian commitment to 'indirect' fertility

control. Provisions for incentive, or 'compensation,' payments were also developed as a means for inducing greater acceptance of these technologies, which were primarily IUDs and surgical sterilization. In 1972, the government legalized abortion, or medical termination of pregnancy, as a further extension of its war on fertility.

1974-1983: Bucharest and the Emergency

Because of the Indian government's pioneering role in promoting population control on the global stage, and its increasing institutional commitment to implementing its policies on the domestic level, the world was shocked when its official delegation to Bucharest spearheaded a challenge to the 'demographic orthodoxy' during the 1974 World Population Conference. Drawing on the arguments of the NIEO, Karan Singh, Indian Minister of Health and Family Planning, united developing nations behind the famous challenge "development is the best contraceptive." However, as Finkle and Crane note, "India...whose domestic and international record on population is close to the incrementalist position [endorsed by Western nations], found itself at Bucharest espousing the redistribution position without emphasizing the importance it has attached to population and family planning programs."(Finkle and Crane 1975, 105) In other words, this argument was lodged primarily for the benefit of the international community and did not represent a corresponding change in Indian domestic policy. In fact, within a year of the conference the country was to embark on such an accelerated population control program that there could be no doubt that it remained under the sway of the orthodoxy.

The short-lived rhetorical opposition to family planning came to a abrupt end during the summer of 1975. When Nehru's daughter, Indira Gandhi, came to power in 1966, she inherited an economy that was faltering under the weight of increasing debt service and external shocks. In order to combat this, she undertook a gradual centralization of power that ultimately led to the declaration of emergency rule in 1975, initiating a brief period of authoritarianism in Indian politics. The emergency period lasted from June 1975 to March 1977, and was marked by a series of centrally-imposed measures designed to "restore civil order and economic discipline."(Rudolph and Rudolph 1987, 240) As provided by the constitution, the declaration of an emergency allowed for the suspension of a number of civil rights, creating an atmosphere in which "the government's overall emphasis shifted away from its traditional careful respect of individual rights to a new determined advocacy of productive efficiency."(Gwatkin 1979, 31)

Because of the country's long-standing concern over population increase, and its growing recognition of the linkages between fertility and economic growth, population control became one of the primary focuses of state action during the emergency. Completely abandoning the remnants of the social welfare rationale, during this period "the record clearly shows that the earlier concern about family planning as a means of furthering individual welfare was replaced by an obsession with speedily lowering the birth rate."(Visaria and Chari 1998, 70) This is reflected in the 1976 national population policy statement in which the Union Minister of Health and Family Planning, Karan Singh, argued definitively that population control was a prerequisite for development. With fears heightened by the release of the 1971 census figures he concluded, in direct contradiction to his statement at Bucharest two years earlier, that:

> it is clear that simply to wait for education and economic development to bring about a drop in fertility is not a practical solution. *The very increase in population makes economic development slow and more difficult of achievement.* The time factor is so pressing, and the population growth so formidable, that we have to get out of the vicious circle through a direct assault upon this problem as a national commitment. (emphasis added, Singh 1976, 310)

This demographic imperative was embraced by the state and, in the highly mobilized authoritarian milieu of the emergency, family planning shifted from a voluntary program to one in which participation was compelled through various governmental mechanisms. Thus, the demographic orthodoxy that was very much a part of the official Indian consciousness combined with the tools of a strong centralized state to result in grave abuses of individual liberties.

Building on the target system established in the fourth plan and the strategy of mass vasectomy camps introduced in 1971, Mrs. Gandhi's son, Sanjay, instituted a highly coercive and technologically-oriented population control program. Requiring the collusion of other official agencies, as well as on both negative and positive incentives, the government was able to significantly improve the performance of its family planning measures. Instead of promoting the education and social development goals advocated along with contraception interventions in the 1976 policy statement, the government opted to focus its efforts primarily on male sterilization procedures. This drive was quantitatively successful, with approximately 14 million people 'accepting' contraceptive surgery during the emergency, nearly half of whom received the operation in the six month period between July and December 1976. (Gwatkin 1979, 48)

However, popular discontent was building against these measures, as it with against the other methods used by the central government to reinforce its power, despite the fact that economic performance had somewhat improved. As a result, "the brief moment of overt authoritarianism was categorically rejected in the 1977 elections."(Bose and Jalal 1998, 224)

Although Mrs. Gandhi regained power in the 1979 parliamentary elections, the political fortunes of the family planning program were not able to rebound as easily. Throughout the next decade, the program was widely perceived to be a 'political pariah' and "most politicians sought to distance themselves from what they perceived to be a controversial, unpopular effort."(Conly and Camp 1992, 7) It was at this point that the high-level political support the program enjoyed since the 1960s ended, as the domestic political environment forced policymakers to shy away from the international intellectual consensus it helped develop. However, despite the public backlash against family planning, the program not only survived the post-emergency furor, but grew consistently throughout the 1980s and 1990s.

One of the reasons that the program was able to rebound after the emergency was that the government recast its family planning efforts in terms of promoting maternal and child health, rather than as a means for controlling population growth. Immediately after taking office in 1977 the new Janata government changed the program's name from 'Family Planning' to 'Family Welfare,' and eliminated coercive elements such as monetary incentives. Three years later, the Congress (I) approved a National Health Policy that situated fertility limitation firmly within the bounds of health services, rather than as a focus of independent action as articulated in the 1976 National Population

Policy. As endorsed by the international community at the 1978 Alma-Ata conference on primary health care, the GOI was able to shift the emphasis of its program to health issues to accord with global trends while at the same time deflecting attention away from the politically unpopular project of fertility control. *While this* broadening of the family planning agenda can be primarily attributed to the excesses of the emergency, the rhetoric surrounding Indian population efforts in the early 1980s echoed that of the regime in the wake of Bucharest.

Despite the expanded focus reflected in policy documents, the Indian program remained essentially dedicated to population control throughout the 1980s. While stressing voluntarism and the health component of population activities, the sixth five-year plan (1981-85) also emphasized the importance of fertility control as a tool of economic and social development. As a result, during this period the program's most significant development actually counteracted the maternal health initiatives it ostensibly supported. The backlash from the emergency forced the Ministry to turn away from male sterilization efforts, promoting instead more invasive and potentially life-threatening female contraceptive surgeries. Although services were diversified under family welfare "in part as a result of broader international efforts to improve child survival and maternity care...in practice, the primary focus of the program remained on family planning throughout the 1980s."(Conly and Camp 1992, 9) The program also quietly received greater funding allotments during the 1980s, so that by the inception of the seventh plan period family welfare received Rs. 13,000, nearly five times what was budgeted during the program's rapid expansion under the third plan.(Chaudhry 1989, 106)

Even though these policy changes roughly coincided with international developments at the time, the leverage of the population regime within India was exceedingly low during the 1980s, suggesting that they were undertaken largely in response to domestic pressures. By the dawn of Mrs. Gandhi's second term, the international community exercised little influence within India as a whole, and even less in regard to the beleaguered population program.(Hewitt 1997, 95) Relations with the largest donor in the population regime had soured as the US turned its attentions more fully towards Pakistan, just as the American epistemic community was replaced in Indian policy circles by the domestic scholars they helped train. As a result, unlike in either of the two other countries in this study, the international population community's influence actually declined in India throughout the 1980s while domestic capacities continued to grow.

1984-1993: Economic Liberalism and Growing Discontent

Largely because of its financial independence from the international population regime, the fallout from the 1984 Mexico City Conference had little impact on the Indian family planning program. However, the program was nevertheless fundamentally altered over the next decade as a result of domestic developments that served to reintegrate it with the global community. When Rajiv Gandhi became Prime Minister in the wake of his mother's assassination in 1984, he launched a cautious strategy of economic liberalization. This "Indian Thatcherism," as termed by Vanaik (1990), shifted the state's emphasis from the "growth with justice" paradigm of the Nehru era, to a drive for "growth with global integration."(Shastri 1997, 35) However, this vision of integrating India into world markets without increasing its dependence on international donors or

lending institutions was ultimately undermined by the 1990 balance-of-payment crisis. After Rajiv was voted out of office in 1989, the successive Janata Dal governments were forced to mitigate the near-collapse of the Indian economy, with little choice but turn to the International Monetary Fund (IMF) for a $5 to$7 billion bail-out package.(Hardgrave and Kochanek 1993, 372) With this funding package came IMF-imposed conditions mandating a massive structural reform of the economy, focusing primarily on liberalization efforts at the expense of social programs. As a result, in 1991 when the Congress (I) government of Narasimha Rao introduced a sweeping reform package, "they moved tardily, if at all, to rectify state negligence of critical social sectors, notably health and education."(Bose and Jalal 1998, 229)

Although the IMF did not target the Ministry of Health and Family Welfare for reforms, the country's growing dependence on foreign markets and aid afforded greater leverage to donors that did emphasize the social sector. As was the case in other developing countries implementing structural adjustment measures, an increase in World Bank involvement accompanied IMF interventions, and the Bank came to replace USAID as the most influential organization of the population regime. Within India the Bank's role expanded rapidly throughout the 1990s, just as the Bank was beginning to place more emphasis on Health, Nutrition, and Population (HPN) activities.(World Bank 1997, 13) As a result, with the launch of the Child Survival and Safe Motherhood (CSSM) Project (1991-1996), the Bank became the largest external donor supporting population efforts, with a combined commitment of US$ 645 million.(World Bank 2001) Conversely, this project and the subsequent Reproductive and Child Health Programme (RCH), which serves as the focus of the following chapter, also made India the "Bank's

biggest HPN client" by 1997.(World Bank 1997, 14) Influenced by the arguments of the emerging feminist epistemic community, as early as 1989[1] the Bank began advocating for a new approach to Indian population activities that focused on improving the quality of the services provided by the Ministry. Thus, with the increased leverage afforded by its newly-expanded lending activities, and its growing receptiveness to the constructs of the new epistemic community, the Bank worked to promote reform within the population sector during the early 1990s.

As in the 1950s, the activities of the international community corresponded with, and were reinforced by, concurrent domestic developments. The release of the 1991 census results demonstrated to the government what feminist activists had argued since the mid-1980s, that despite significant capital investment, the population program had neither increased 'family welfare' or decreased fertility enough to forestall reaching a population of one billion by 2000. According to a UNFPA representative in New Delhi, the program had come under such a variety of attacks that by the early 1990s "everybody, just everybody, was criticizing it." The recognition that the health of the economy was improving far more rapidly than the health of the people sent a wave of alarm throughout the Ministry of Health and Family Welfare, resulting in a series of substantive discussions on the program's future.(POLICY Project 1998, 20) It responded first in the Eighth five-year plan (1992-1997) which explicitly recognized the gravity of the problems facing the Family Welfare program, but did not introduce significant measures to remedy them.(Visaria and Visaria 1998)

[1] Susan Stout's 1989 report, "Family Welfare Strategy in India: Changing the Signals" provides the first evidence of the Bank's advocacy for a new approach, although its focus at the time was limited to promoting programmatic efficiency rather than the more comprehensive changes advanced by Bank staff following the Cairo conference.

At the same time, Indian scholars like Saroj Pachauri, Gita Sen, and Leela Visaria initiated a debate within India that was similar to the one simultaneously emerging on the international level. The GOI's primary reliance on contraceptive surgeries and IUD insertion had, they argued, jeopardized women's lives in service of a goal that could not be recognized under the current design of family planning initiatives. Their efforts were supported by intensified national feminist campaigns against the health and human rights abuses that persisted under the family welfare program even after the end of the emergency. These scholars and activists joined forces with other groups in the developed and developing world, creating the transnational ideological coalition that would ultimately bring about the 1994 'sea change' at Cairo. It was this rival domestic epistemic community that contributed to the new intellectual consensus that unseated the 'demographic orthodoxy' within the regime, and may have consequently altered population activities within India.

Evaluating Regime Effectiveness in the Post-Cairo Era

Shortly after the Cairo Conference, the government undertook a variety of policy changes that brought the family planning program in line with the regime's new reproductive health agenda. In 1996 it shocked the world by eliminating a mainstay of the program, the widely denounced method-specific contraceptive targets. The next year the GOI endorsed a larger vision of the reproductive health approach in its Reproductive and Child Health Programme (RCH) which, the government contended, "includes all the elements of [reproductive health] as listed in the ICPD [program of action]"(Government of India 1999, 19) The ninth five-year plan (1997-2002), released in 1999, drew on the RCH in its "emphasis on improving the access and quality of reproductive and child

health services [to] enable the increasingly aware and literate families to attain their reproductive goals in harmony with the national goals."(Government of India Planning Commission 1999) Following the same trajectory, by February of the next year the GOI released its first comprehensive statement on population policy since the 1983 National Health Policy. While it continued to stress the necessity of "stabilizing population," like the RCH and the ICPD, the new National Population Policy (NPP 2000) also recognized that "making reproductive health care accessible and affordable to all" is an important component of such a goal.(Government of India 2000, 4) Thus, shortly after the development of the reproductive health agenda on the international level, the GOI had begun to include these concerns in its national population strategies.

The examination of post-Cairo regime effectiveness in India developed in the next chapter focuses on the most substantive and comprehensive of these recent policy changes, the 1997 RCH, in order to better understand if, how, and why the Indian government came to endorse the ideals of the Cairo agenda.

Pakistan: US Domination and Wavering Domestic Support

Whereas the history of India's population program is very much intertwined with that of the ideas developed and disseminated by various epistemic communities, the bulk of Pakistan's experience with family planning corresponds more closely to the foreign policy preferences of the United States government. In fact, it has been observed that "the policies of USAID have a direct effect on Pakistan's government policies and programmes, particularly in the social sector which has traditionally depended heavily upon donor funding."(Khan 1994, 15) While some leaders of the country's political elite

had internalized the tenets of the 'demographic orthodoxy' as early as the 1960s, their interest in population control was not strong enough to sustain the program in the absence of USAID ideological and financial leverage. However, despite the total suspension of the program from 1977 to 1981, the issue never completely faded from the national political consciousness. When the program was revived in the mid-1980s, and then strengthened in the early 1990s, the ideals of population control reasserted themselves in the domestic debate. The strength of their reemergence at the time of the Cairo conference attests to the fact that, even though Pakistan's family planning history was dominated by foreign influences, their ideals were not necessarily imposed on a totally unreceptive national audience. Unfortunately, by the time the Government of Pakistan (GOP) had come to officially endorse population control on its own accord, it was out of step with the new approach to population issues endorsed at Cairo.

Colonial Period-1949: The Modern 'Population Problem' and State Ambivalence

Under the same political influences as India until independence and partition in 1947, many of the future Pakistani elites shared in the growing concern over the 'population problem' in the subcontinent. Throughout the early decades of the twentieth century, the Indian neo-Malthusian league counted both Muslims and Hindus among its membership, and "prominent Muslim leaders such as Maulana Azad and Allama Iqbal involved themselves in the nascent debate by giving their guarded support to birth control."(Khan 1994, 2) Muslim women were also very much a part of the family planning movement in the 1930s and 1940s, as Muslim members of the AIWC and other notable figures, like the Punjabi legislator Begum Qudsia, joined in fight for birth control for all women of India.(Forbes 1999) As with the other activists in India at the time,

while the Muslims advocates of family planning understood population growth to be an impending problem, they saw it primarily as a threat to social welfare rather than as the constraint on economic development diagnosed by the emerging epistemic community. The Muslim League, however, did not see the 'population problem' as an overwhelming issue in either regard, placing much less emphasis on it than did the Congress Party. As a result, during the first years of Pakistan's existence, population control was absent from the official agenda.

1950-1967: Ayub's Embrace of the Epistemic Community

Because of the government's ambivalence on population issues, the first family planning program in Pakistan was a private effort, undertaken by at the behest of a few well-placed women, and driven by a definitively social welfare rationale. Begum Saeeda Waheed, spurred into action by the death of her maid from an aborted fourth pregnancy, is credited with petitioning the International Planned Parenthood Federation (IPPF) in 1953 for assistance in establishing a local chapter.(Khan 1994, 2) The technical and financial aid provided by the London-based IPPF, as well as that from the WHO, helped the Family Planning Association of Pakistan (FPAP) become "part of the international family planning movement."(Sadik 1997, 280) Despite initial resistance to idea of family planning on the part of both the religious community as well as the official sector, using her personal connections, by the end of the 1950s Begam Waheed was able to garner a small amount of financial support from the government for her organization.

While this domestic mobilization focused some attention to the country's 'population problem,' it was not until the government accepted the epistemic community's conception of the issue that the state was spurred into action. At the

"urging" of American academics, the government expressed interest in lowering growth rates in the first five-year plan (1955-1960), but did not take steps to act on such concerns until the second plan period (1960-1965).(Khan 1994, 5) With the release of the second plan, Pakistan followed India as the next government in the world to enact a state-sponsored population control program. The more aggressive stance adopted in the 1960s can largely be attributed to the 1958 ascendancy of the country's first military leader, General Ayub Khan, whose understanding of the relationship between population and development was closely informed by the vision of impending demographic crisis promoted by the American academic community.

Because economic expansion was a paramount concern of Ayub's 'decade of development' (1958-1968), he was alarmed by the prospect of population growth hampering the nation's industrial progress. Even before assuming leadership, the General had been introduced to this construction of the 'population problem' through his contacts with members of the Rockefeller family and the Population Council. Shortly after seizing power, the propositions of the epistemic community gained even more weight as the conclusions drawn in Coale and Hoover's 1958 study of India were transformed into a "modern myth" within Pakistan by Ayub himself. (Khan 1994, 7) In response to these concerns, the second plan set out a wide-ranging population control program driven by the recognition that "population growth can threaten to wipe out the gains of development." (Government of Pakistan quoted in Robinson 1966) Thus, unlike in India, the social welfare rationale was never an important justification for undertaking family planning efforts in Pakistan. Without Nehru's commitment to socialism or Gandhi's aversion to contraception, the Government of Pakistan (GOP) under Ayub's

leadership was far more amenable to the 'demographic orthodoxy' as a component in the struggle for economic growth from the outset. As a result, whereas population issues in India were consistently framed as a social sector initiative, Ayub's initial construction of the 'population problem' as a primarily economic one came to define the nature of Pakistan's program for the next three decades.

However, like India, Pakistan's relationship with the epistemic community was mutually reinforcing. Although Pakistan was less influential in shaping the intellectual constructs of the 'demographic orthodoxy' because of its relatively late entrance into the debate, it still remained a pioneer in political circles. Fully socialized into the 'demographic orthodoxy,' Ayub, like Nehru nearly a decade earlier, began to pressure the international community for assistance its population control efforts. Appeals made at the UN led the Swedish government to become directly involved in providing family planning assistance outside its borders, a commitment that would eventually contribute to the formation of the regime. In a 1961 visit to Washington, the General petitioned President Kennedy for assistance in acquiring contraceptive supplies for use in Pakistan.(Piotrow 1973, 71) When the President declined this request on the grounds of domestic political constraints, just as in India, members of the epistemic community stepped forward to assist the country in its population control efforts. Advisors from the Population Council, along with researchers from the Johns Hopkins and the University of California, Berkeley, provided the government with the technical assistance needed to formulate and implement its early programming efforts.(Khan 1994, 7) Thus, while the institutions of the epistemic community worked on the domestic level to operationalize

the 'demographic orthodoxy,' on the international level the GOP lobbied other governments to join the emerging intellectual consensus on population..

While the program was officially initiated in 1960, it did not become fully operational until the third plan period (1965-1970). This can be attributed to the convergence of government support and international assistance during the 1960s, the latter of which increased dramatically following the formalization of the global population regime. Drafted prior to the initiation of US funding for population activities, which in later decades had a heavy hand in shaping the nature of the program, the third plan largely reflected Ayub's socialization into the epistemic community's contentions as well as the state's faith in technology and administrative efficiency. Based on the recommendations of a Population Council advisory mission, the family planning program was set out in a separate chapter of the plan, and stridently premised by the contention that high rates of population growth "would defeat any attempt to raise per capita income by a significant amount." (Government of Pakistan quoted in Sadik 1997, 280) Based on a series of highly ambitious targets, it relied exclusively on the bureaucracy for the enforcement and realization of these goals.(Robinson, Shah et al. 1981, 86) Arguing that "family planning is essentially an administrative and not a clinical program," the plan outlined detailed reporting procedures for the new Family Planning Division within the Ministry of Health. (Government of Pakistan quoted in Robinson 1966, 259) Focusing primarily on promoting IUD usage, this effort "was a crash programme, designed to have a wide impact in the shortest time possible."(Khan 1994, 9)

1968-1973: The Glamour Years of Family Planning and their Fallout

The GOP's commitment to such aggressive measures was bolstered by the formation of the international population regime, instigating what has been referred to as "glamour years" of family planning in Pakistan.(Khan 1994, 8) During the early years of the third plan period, "the speed with which the program was launched impressed everyone. It received considerable attention from abroad, and a steady stream of visitors came to observe at first hand what was generally believed to be one of the first successful national programs and an administrative model for others to adopt."(Robinson, Shah et al. 1981, 86) The new department was flush with funds as a "a great show of money," served to set family planning workers apart from other government employees as well as their intended clientele, engendering resentment that would haunt the program in later years.(Khan 1994, 9) Nonetheless, statistics suggested that the program was able to achieve remarkably sharp increases in the rate of IUD insertions during the third plan period. Although later surveys discredited these results, the optimism surrounding the program's achievements at the time led scholars like Finkle (1972) to ask, in light of the comparatively lackluster efforts in India, "what explains the more impressive performance of the Pakistani program?"

Even though the actual performance of the program was much less impressive than originally thought, Finkle's question remains germane in regard to the enthusiasm and alacrity with which the program operated in its early years. This can be attributed primarily to the convergence of domestic priorities with those of the newly formed regime, especially those of its largest donor, the US. As in India, the influx of population assistance that followed the endorsement of family planning on the international level

provided a boost for on-going national programs. However, whereas India was reluctant to let such funds shape the nature of the program, Finkle notes that Pakistan "was highly receptive to the advice of donor nations and showed little of the national sensitivity so much evident in India."(Finkle 1972, 121) Such receptivity to the organs of the regime can be largely attributed not only to the country's acceptance of the demographic orthodoxy, which India shared as well, but its agreement on the need for aggressive 'direct' technological interventions, which was unique to Pakistan. The country was also critically dependent on external assistance for its economic well-being, as by 1965 foreign funds accounted for 36% of total imports in Pakistan.(Khan 1997, 187) Thus, not only was Pakistan more reliant on the continuing support of the members of the population regime for its internal stability, but it also reflected a closer ideological convergence with both the rationale and means of controlling fertility than did India.

As a result, the program became a favorite of the US government, which was already providing increasingly generous levels of military and development assistance to the country since the late 1950s. As USAID became "the largest single supporter of population and family planning programs in the world," its share of the Pakistani family planning budget also increased substantially.(Piotrow 1973, 155) Between 1960 and 1976, Robinson et al. (1981) report that over half of the program's financial resources hailed from international sources, 75% of which came from the US once it became involved in the sector in 1967. For the next twenty years, these funding levels allowed USAID near-hegemonic control over the shape and nature of the Pakistani family planning program.

While this assistance may have corresponded with the priorities of the central government, it was not always appropriate for the domestic setting, as according to the current president of FPAP, the "staff drove about in the rural areas in large white jeeps donated by USAID; this didn't help them to blend in well with the communities they were trying to access, nor were these left-handed drive vehicles considered the most sensible input in a country of right-hand drive vehicles." Sorayya Jabeen quoted in (Khan 1994, 9) Thus, while Ayub's collusion with the epistemic community translated almost seamlessly into cooperation with the organizations of the new regime, especially USAID, it did not necessarily engender the requisite support among the program's staff or prospective clients.

Even though Ayub's commitment to population control may have met with strong support on the international level, it did little to stem growing domestic perception that the masses were not reaping the fruits of the economic boom the country had experienced during the 1960s. As the subsequent family planning Commissioner, Wajihuddin Ahmed argued, the government was:

> actually using the Malthusian scapegoat as a substitute for any substantial socio-economic reform programme. By the mid 1960s when Ayub was pushing ahead for rapid industrialization and economic growth, he hoped the 'eye-wash' of land reform and population would work as a solution for the maldistribution of wealth. (quoted in Khan 1994, 7)

Such a lack of concern for these fundamental social issues resulted in a feeling of "frustration and anger in a society undergoing a painful process of urbanization and experiencing heightened regional and class disparities in rural are urban areas."(Jalal 1995, 59) This discontent eventually exploded into mass demonstrations and riots during 1968-9, resulting in the downfall of Ayub's government in March 1969. While

family planning was far from the central issue of such protests, its close connection with the Ayub regime made it the target of criticism as crowds mockingly chanted "family planning, for those who want free sex!"(Khan 1994, 12)

With the fall of Ayub in 1969, the population program so closely connected with the General lost its privileged status within the government and began a twenty year descent into obscurity. Although popular elections were held by a caretaker government in late 1970, they were unable to placate the growing discontent in the eastern half of the country. Disputes over the election's results led to a bloody civil war from which Pakistan emerged as a geographically and economically diminished entity, and East Pakistan became the independent nation of Bangladesh. When Zulfikar Ali Bhutto, finally assumed control of the truncated nation in December 1971, he adopted the populist platform of 'Islamic Socialism' designed to rectify the distributional problems underlying the 1968-9 uprising. However, while Bhutto placed more emphasis on the social sector, he dissociated his administration from the family planning efforts that were so much a part of Ayub's rule. While Khan (1994) attributes this to Bhutto's need to distance himself politically from the previous government, since "if population was a favorite of Ayub's, it could never become Bhutto's pet cause," it can also be seen as demonstrating the enduring nature of the demographic orthodoxy during this period. Constructed as an economic concern from the outset, it can be argued that Bhutto understood family planning in essentially the same way as Ayub, as a social intervention that existed apart from the social sector itself. Thus, the absence of population control strategies in Bhutto's social development designs attests to the dominance of economic

constructions of the problem, just as their marginalization from the economic agenda underscored the new administration's attempts to distinguish itself from the past.

However, Bhutto's implicit acceptance of the demographic orthodoxy and ambivalence toward the program coincided with continually high levels of financial support from members of the regime, primarily the US, allowing family planning efforts to continue relatively unimpeded throughout the 1970s. When Bhutto finally assumed control of the government in late 1971, he inherited the 'continuous motivation' family planning system from the caretaker government of General Yahya. While this strategy can be seen as response to a variety of domestic factors, such as the political upheaval of the late 1960s and the release of data negating the contraceptive prevalence rates boasted during Ayub's tenure, the subsequent 'contraceptive inundation' scheme is most directly attributable to shifting priorities on the international level. Because USAID continued to be the largest supplier of development assistance to Pakistan during the early 1970s, it exercised the most discretion in determining programming strategies. As a result, USAID's supply-side bias that developed under the direction of Reimert Ravenholt, was clearly reflected in the country's new 'contraceptive inundation scheme,' which, according to Khan (1994) was "a completely AID-generated addition to Pakistan's population programme." While this program was relatively ineffective in increasing contraceptive prevalence, its most lasting contribution was to further separate health and population service delivery mechanisms. In the post-Cairo era the organs of the regime would again work to transform this arrangement into one where health and family planning were more closely integrated. Thus, although the strong government support the family planning program enjoyed under Ayub's rule was diminished in the Bhutto

era, it survived and evolved largely as a result of the efforts of the regime. More specifically, it benefited from the largesse of the United States, demonstrating the hegemony of the country's understanding of population issues with Pakistan.

1974-1983: Challenging the Demographic Orthodoxy

The controlling interest in Pakistan's population program exercised by the US receded during the late 1970s as domestic critiques of the project of population control grew louder and US financial support became more scarce. While not championing the contention that 'development is the best contraceptive' at the 1974 Bucharest World Population Conference as vocally as India, the rival construction of the 'population problem' had a much more significant effect on actual policy in Pakistan. Coalescing with a variety of domestic factors that further undermined the intellectual consensus regarding the necessity of family planning efforts, numerous elites and intellectuals began to embrace the arguments of the NIEO.(Hakim 1996, 5) Such opposition to the 'demographic orthodoxy,' which had enjoyed nearly unquestioned ideological hegemony in Pakistani political life since the late 1950s, flourished during the 1970s just as "deep donor disillusionment" with the program was also on the rise.(Khan 1994, 19) Many of these concerns was informed by the growing body of survey data that had emerged by the late 1970s, demonstrating that the intensive investments of the past decade had done little to either lower fertility rates or increase contraceptive use. In light of an intelligentsia that was growing increasingly critical of the family planning rationale, and a well-funded but largely ineffectual government program, the relationship between the regime and its Pakistani constituency had grown strained in the wake of Bucharest. After USAID curtailed funding for family planning activities for the bulk of the years between 1976

and 1981, the extent of the country's frustration with the regime's understanding of the 'population problem' became apparent as the program was first suspended and then reshaped.

This dispute over the role of population control in the country's development efforts was also fueled by the larger political unrest developing within the country. By the late 1970s private sector leaders were frustrated by the "essentially cosmetic nature of Bhutto's institutional reforms" combined with an increasingly weakening economy.(Jalal 1995, 84) In order to stem these political pressures, Bhutto came to rely more heavily on the military as a means to ensure his hold on power in an increasingly hostile domestic and international environment. Although Bhutto prevailed in the 1977 elections as a result of his continued populist appeal, the electoral process spelled the end of both the family planning program and his party's control. As the opposition came to express its discontent in religious terms prior to the election, population issues became highly politically sensitive. In this milieu, the government distanced itself even further from the program. Finally, according to Joseph Wheeler, the chief of the USAID mission at the time "everything fell apart when the political forces took over population personnel and vehicles for the 1977 election...In retrospect I think one could say that USAID made a high risk bet that government management and political support would match generous US assistance. We lost that bet."(Khan 1994, 20) Within months the government fell apart as Bhutto's support among lower income groups was no match "against political rivals who apart from being more determined and better organized seemed to occupy the moral high ground."(Jalal 1995, 85) On July 5 1977, Bhutto's government fell to a military coup headed by General Zia-ul-Haq.

Rising to power on a platform of conservative religious nationalism, General Zia continued to challenge the demographic orthodoxy as a means to consolidate his political support. During what the World Bank (1995) termed the "lowest point" for the population program, all field operations were suspended from 1977 to 1980 as the government effectively froze its family planning activities. Taking advantage of the withdrawal of USAID funds and their accompanying technical assistance in 1976, the GOP used the population program as a political pawn in a way that it was never able to before. Shortly after assuming power, Zia launched a campaign of 'Islamization' intended to bring the country's legal and moral systems in closer alignment with a strict interpretation of Islam. With controlling women's sexual and political freedoms as a central focus of this initiative, a shut down of the program was justified in terms of religious opposition to birth control as well as in a critique of the larger project of population control. More pragmatically, Zia's suspension of population activities was also undertaken in an attempt to squelch any possible mechanisms for generating opposition to his rule, since there was a "widespread belief that Bhutto had used [party] workers as field motivators."(Khan 1994, 21) Because the US was no longer an active participant in the program's administration, it had little direct leverage to counteract these developments.

By the early 1980s the country's population program cautiously regained momentum as a result of Zia's growing political security and agitation by the US and other multilateral organs of the regime. As Bose and Jalal argue, this growing sense of security can be attributed not to "the regime's religious credentials but the Soviet invasion of Afghanistan in 1979 that enabled Zia to use an external threat to Pakistan's

survival to consolidate his hold on power."(Bose and Jalal 1998, 233) Thus, because he was no longer forced to pander exclusively to the vocal and militant right-wing elements of his constituency to justify his regime, nor was the threat from Bhutto's party as pressing, Zia began to warm to those advocating the resumption of population efforts. In 1980 he re-launched the program with a respected member of FPAP, Dr. Attiya Inayatullah, at is helm. Her appointment was an important gesture in an era where 'Islamization' had significantly restricted the rights and status of women, however she believes that this official gender-bias ultimately compromised her effectiveness. Despite the "blank check" she attests to being given by Zia to run the program, she contends that implementation was obstructed by the military government because "I was a civilian, a technocrat, and a woman."(Khan 1994, 25) The lukewarm commitment to family planning on the part of the GOP can also be attributed to the fact that its rebirth represented a reaction to pressure from members of the regime, rather than an ideological change within the government. As a USAID Islamabad staff member during 1980s, John Blackton, argued "Zia was under external pressure from the United Nations, [US]AID, and the World Bank to show something was being done in primary education, health, and population. The appointment of Dr. Inayatullah, was a frequent device of the government to put someone in place to make it seem like something was happening."(Khan 1994, 23)

While Zia reinstated the population program in response to regime pressure, the program that Dr. Inayatullah designed to be included in the sixth plan (1983-1988) largely worked against the regime's prevailing assumptions. Echoing the debate at Bucharest, and representing a distinct break from past efforts, the revived family planning program was envisioned as a part of an innovative "multi-sectoral" approach that linked

population to social sector initiatives. For a variety of reasons, this was largely an ineffective initiative, and as Hakim and Miller (1996) argue, it "served as a convenient excuse to ignore the issues of population and family planning...resulting in family planning neither receiving adequate support on its own, nor being effectively incorporated into other development sectors." Although failed, the program's design served to demonstrate that, at least during the Zia era, the GOP did not share in the intellectual consensus on family planning. Thus, unlike in India, where the government's commitment to the 'demographic orthodoxy' strengthened over time, in Pakistan the unwavering interest expressed by Ayub in the late 1950s quickly became subject to debate as domestic political conditions changed.

Lacking the type of domestic support for the program found in India, the primary source of ideological consistency in terms of family planning came from the organs of the population regime, primarily USAID, who actively promoted their specific understanding of why and how to best mitigate population growth. When USAID withdrew from Pakistan, first in 1976 and then again in 1979, there were no other domestic or international institutions strong enough to entice the GOP to continue supporting the principles of the regime. In other words, because the fragile intellectual consensus on family planning in Pakistan was dependent on the continued beneficence of the hegemon, it crumbled in the absence of such a power. Thus, just as Kehoane (1984) contends in regard to such arrangements on the international level, the domestic population regime was only maintained through hegemonic stability. However, as the discussion below demonstrates, the GOP's faith in the demographic orthodoxy eventually rebounded even

as the power of the US, and the ideological consensus it supported, faded within the regime.

1984-1993: Different Donors and a Renewed Commitment to Population Control

Despite the United States' own rejection of the demographic orthodoxy at the 1984 Mexico City conference, USAID did not retract the $25 million population project it began in Pakistan the year earlier in response to the Afghan war. Nor did its contention that population growth was a 'neutral phenomenon' hamper the 1985 expansion of its efforts to over $73.4 million in support of the GOP's family planning program. (Khan 1994, 47) Even though USAID lessened its emphasis on population control following the Mexico City conference, it was compelled by the larger political realities of the cold war to support the country's program. Whereas in many other countries the influence of USAID diminished as population funds began to trickle into the private sector, in Pakistan the US remained an important supporter of the government's program until it finally withdrew aid in 1990. Not only was it obligated to continue population efforts in Pakistan during the 1980s, but it was also committed to supporting the 'multi-sectoral' approach developed by Dr. Inayatullah, that undermined the assumptions of the demographic orthodoxy to which many USAID staff still subscribed. As a result of these various contradictions, the population program languished during the sixth plan period (1983-1988), becoming even more inefficient in the face of guaranteed large influxes of aid, since there was little fear "that an ineffective utilization of funds would mean less money available in the future." (Khan 1994, 25)

When General Zia died under mysterious circumstances in August 1988 the era of Islamization came to a quick end, but the population program was slow to rebound from the past decade of neglect. The election of Benazir Bhutto, Zulfikar Bhutto's daughter, in November 1988 initiated an eleven year episode of democracy that was largely defined by the politics of the $2.1 billion structural adjustment facility the country entered into shortly before Benazir assumed power.(Banuri, Kemal et al. 1997) While Benazir's first term in office saw little change in the design or implementation of the population program, it did undertake some administrative changes, and the program was relocated to the new Ministry of Population Welfare (MOPW) in a largely donor-driven attempt at revitalization. However, the major development regarding population during the late 1980s was the gradual shift of power from the US to the multilateral organizations of the regime, primarily the World Bank, as a result of the administration's efforts to comply with the conditions of the IMF loans. Reflecting a larger reorganization in the country's pattern of dependency, and in the structure of the international population regime, the influence the World Bank increased significantly, as it served to reaffirm the demographic orthodoxy though the linkages it promoted between population control and economic restructuring.

After Benazir was dismissed by her President in August 1990 and then defeated in that fall's elections, Mian Nawaz Sharif assumed office as the country's new Prime Minister. Faced with a failing economy and funding shortages, Sharif became ever more indebted to the international financial community. Fueling the country's growing dependence on multilateral donors, the tradition of significant bilateral support ended in 1990 when the US announced that it was suspending aid to Pakistan. Following only

months after the withdrawal of Soviet troops from Afghanistan, the reimposition of US sanctions can be viewed more as an expression of the changing world order and consequent diminished strategic importance of Pakistan, rather than the US' stated concern over nuclear testing. In the absence of US support, the country became even more dependent on international financial institutions to help bolster its economy and forestall economic collapse under the crushing loan payments that had come to constitute nearly one quarter of the country's yearly expenditures.(Banuri, Kemal et al. 1997, 105)

At the same time as the multilateral organizations were becoming more important to the country's welfare, the organizations themselves were undergoing internal ideological changes that would influence the type of population and development programming undertaken in Pakistan. The 'human development' approach, of which the reproductive health agenda can be seen as a subset, quickly became the new mantra of the international community following its endorsement by the United Nations in its *Human Development Report* first published in 1990. (Haq 1995, 44) Guided by these recent theoretical innovations, donors became intellectually and financially vested in new programs throughout the world that prioritized the social sector over economic development.(Cornia 1997, 121) The attention given to human development issues within the international community also reinforced the arguments of the emerging reproductive health epistemic community, helping it subvert the demographic orthodoxy within the population regime. However, whereas in India both the human development and reproductive rights approach were firmly grounded in domestic concerns, as Indian nationals were among the architects of the new agendas, its integration into Pakistani

political life was primarily a phenomenon of international ideological and financial intervention.

Corresponding both with the increased importance of the multilateral development agencies and their new-found commitment to 'human development,' the GOP under Nawaz Sharif redoubled its emphasis on social sector and population efforts in the early 1990s. Paradoxically just as USAID, the traditional advocate of population control in Pakistan, was preparing to exit the country, enthusiastic support began to emanate from the highest levels of government. The first evidence of Sharif's commitment to reinvigorating the neglected family planning came only moths after his election when he publicly endorsed the need for aggressive population control measures.(United Nations Population Fund 1993, 1) In what Nafis Sadik, the Executive Director of the United Nations Population Fund, calls a "major turning point...the government began to strongly support the [family planning] programme, with the realization that lagging social investment was a constraint to development."(Sadik 1997, 281) In response to these concerns, in 1992 "on the initiative of the World Bank," the GOP launched its most ambitious social development program to date , the Social Action Programme (SAP).(Zaidi 2000, 409) The SAP was designed as a mechanism for gradually increasing government expenditures on social projects in four core areas: primary health care, primary education, rural water supply and sanitation, and a national population program. Thus, as advanced by the international community, population issues were understood to be firmly grounded in the fate of the social sector, and not a direct vehicle to economic prosperity as understood by Ayub and his advisors from USAID.

While the international agenda may have determined the way concern over population growth was expressed in Pakistan, it belied a domestic reawakening to the issue that was largely informed by the same crisis mentality that drove past efforts. Rosen and Conly (1996) suggest that this concern within the GOP was spurred by the results of the 1992 Demographic Health Survey (DHS), showing that contraceptive prevalence rates had only slightly increased since the program was initiated in the 1960s. At the same time, statistics were also beginning to demonstrate the full extent of the country's comparative poverty and the low quality of life endured by the majority of its citizens. In the face of this realization, the demographic orthodoxy gained a new hold on Pakistani intellectuals, as population control again appeared as a means for elevating the country's prospects. As a result, the "ideological opposition to family planning" so prevalent in the 1970s and 1980s subsided due to a growing sense of frustration with the country's level of development as well as an increased acceptance of the family planning program by religious leaders.(Hakim and Miller 1996, 12) Thus, according to the GOP, by the 1990s public perception of family planning had undergone "dramatic change since the 1960s, when population planning was seen by many intellectuals as a Western import, or even a racist attempt to alter the global demographic balance in favour of the Western societies."(Government of Pakistan 1994, 3) As a result, by 1994 it is clear that both the GOP and the donor community were interested in redoubling national population efforts. However, as will become apparent in the discussion in chapter 7, significant disagreement existed regarding the rationale and means for doing so.

Evaluating Regime Effectiveness in the Post-Cairo Era

By the time of the Cairo Conference, Benazir Bhutto had again been elected as Prime Minister and had chosen to continue with Sharif's enthusiastic and public endorsement of family planning. Her support for population control became apparent to the world at the 1994 ICPD, an event that ultimately served to subvert such concerns within the regime's agenda. Not only was Benazir one of the few national leaders to attend the conference, but she delivered a memorable address to the opening session in which she argued strongly for stemming growth. Echoing language that would have only been espoused by USAID staff during her father's tenure, Benazir contended that "we are a planet in crisis, a planet out of control, a planet moving towards catastrophe. The question before us at this Conference is whether we have the will, the energy, the strength to do something about it. I say we do." (Pakistan: One Year After Cairo 1995, 82) When she left for the conference, Rosen and Conly contend that she faced "significant opposition," however "her perceived success in Cairo largely neutralized domestic critics, and in Cairo's wake, Pakistanis spoke of a national consensus on population for the first time."(Rosen and Conly 1996, 11)

Thus, by 1995 it appeared that the government as well as the society was poised on the verge of initiating a more meaningful population control effort, although the principles of the regime were now opposed to such efforts. Unlike in India, where elements of the reproductive health approach had been advocated on the domestic level prior to the ICPD, the regime's new agenda bore little resemblance to the orthodox assumptions informing discussions on population in Pakistan in the early 1990s. Attempts to reconcile these positions were first frustrated by the fall of Benazir's

government, and then, more significantly, by the crippling sanctions imposed following the country's 1998 nuclear testing. As Benazir's successor once again, Nawaz Sharif continued to support efforts to strengthen the country's population control program.

Despite this official interest in the outmoded goals of population control, by the late 1990s GOP policy began to reflect elements of the agenda endorsed at Cairo. In 1998 the National Assembly endorsed a general Population Policy Statement, which emphasized the "effective implementation of the population welfare programme including reproductive health care."(Government of Pakistan 1998, 3) The next year the Ministries of Health and Population Welfare released the more comprehensive Reproductive Health Service Package (RHSP), that "concentrates on building linkages for efficient use of public resources and to support the ICPD agenda for change, aiming to promote the health status of women and men."(Government of Pakistan 1999, i) Based explicitly in the principles of the ICPD POA, and drawing from large portions of its text at times, the program advanced a reproductive health approach largely intended to integrate the work of the Health and Family Welfare ministries. Chapter 7 works to explain how this new RHSP came about, looking at the role of various international and domestic factors in contributing to the level of regime effectiveness represented in this new program document.

Bangladesh: A Shared Commitment to Population Control

Not only is the history of Bangladesh's population program shorter than that of either India or Pakistan, it is noticeably more consistent. From a very early stage in the country's existence, the Government of Bangladesh (GOB) enthusiastically endorsed the demographic orthodoxy and has continued to demonstrate a relatively high level of commitment to it despite frequent changes in the country's leadership. It was not until the early 1990s that the government began to consider deviating from its single-minded pursuit of fertility control, a development that ultimately ensured that it would remain in step with the international agenda. While it is tempting to attribute the government's continued support of the regime's agenda to its close relationship with the organs of the regime, since it is true that "unable to make ends meet without substantial international handouts, Bangladesh's economy was vulnerable to foreign intervention which inevitably extended to the political domain," the history of the population sector demonstrates that such cooperation can be the product of ideological convergence as well as financial dependence.(Jalal 1995, 119)

1968-1973: A Qualified Embrace of the Orthodoxy

Because Bangladesh did not successfully secede from Pakistan until December 1971, the political and developmental history of the nation was effectively that of Pakistan for the first quarter century following the British withdrawal from India. While the new Bangladeshi government largely defined itself in opposition to Pakistan in its early years, one of the assumptions the new state did not dispense with was the belief that population control was essential to the country's prospects for development. Emerging from an exceptionally bloody civil war as the world's 'basket case,' the new government

of nationalist leader Sheik Mujibar Rahman (Mujib) stressed the pressing need to spur economic and social development. In a region plagued by floods and famine, the neo-Malthusian rhetoric underpinning the demographic orthodoxy allowed for the convenient linkage of predominant economic and environmental issues to reproductive concerns. As a result, from a very early point in the nation's history, the GOB came to enthusiastically endorse the epistemic community's construction of the 'population problem' as one of the primary structural constraints inhibiting its economic and social development prospects.

The new government's embrace of the 'population problem' was clearly reflected in its first five-year plan (1973-1978), although the GOB broke with the regime's prevailing wisdom in considering both 'direct' and 'indirect' measures for mitigating the problem. From the outset, the plan demonstrated an exceptionally strong commitment to population control arguing that "no civilized measure would be too drastic to keep the population of Bangladesh on the smaller side of 15 crore (150 million) for sheer ecological viability of the nation."(Government of Bangladesh 1994, 7) In light of the urgency of this goal, a team of "national and international experts" developed a plan that not only strengthened family planning services, as favored by the regime, but also stressed the need for a multi-sectoral, health-based approach.(Haider, Streatfield et al. 1995, 26) While a World Bank report justifies this design contending that since "Bangladesh was viewed as a crisis zone, most external observers and government planners believed that there was no time for a phased-in approach," it is doubtful such a consensus actually existed between the organs of the regime and Mujib's government.(World Bank 1991, 21) Not only did the multi-sectoral approach included in

the plan contradict the principles of the new regime, which favored intensive technological interventions, but it was also publicly criticized by influential demographers such as Paul Demeny (1975).

Thus, as in India during the 1950s and 1960s, while the international community and the GOB agreed on the need for population control, an underlying tension existed regarding the appropriate means for achieving that goal. As in India, Bangladesh's willingness to challenge the regime's prevailing ideological consensus highlighted a broader nationalistic streak in the country's policies during the Mujib years. Such relative independence was made possible by the fact that, although the country was completely dependent on foreign aid from the outset, its relationship with the major actors of the regime was strained during its first few years. While the World Bank was frustrated with the country's refusal to accept a portion of debt incurred during the Pakistan period, the United States exhibited hostility toward the secessionist, socialist nation.(Sobhan 1982, 170) Thus, during the early 1970s, the GOB was free both intellectually and financially to develop its response to the 'population problem' in the absence of most interventionist actors of the population regime.

1974-1983: Fully Embracing the Demographic Orthodoxy

With national leaders fully socialized into the mentality of population control, the challenges lodged against the demographic orthodoxy at Bucharest had little effect in Bangladesh. While government officials had already recognized the importance of 'development' in lowering growth rates, they did not concede to the argument that it alone was 'the best contraceptive.' Rather, as the Bangladeshi delegation argued at Bucharest, "our demographic situation leaves us with no alternative but to try to contain

and curb our population growth by all means and a quickly as possible."(Singh 1998, 8) Thus, when the new government formally became a member of regime with its endorsement of the Conference's Plan of Action, its assumptions on how to best control growth closely reflected the consensus position arrived upon in the document. However, as discussed in chapter 4, this new approach quickly lapsed back into the old one as the international organizations charged with implementing the agenda as well as the many of the states instrumental in shaping it, such as India, reverted back to the 'direct' methods of contraception endorsed by the epistemic community.

As a result, by the time the GOB finally was able to begin implementing the program outlined in its first plan, it had lost much of its multi-sectoral emphasis. Whereas India was able to maintain its philosophical disagreements with the regime for decades after it recognized its 'population problem,' Bangladesh could not claim such ideological independence while it was becoming increasingly more financially dependent. Thus, just as the membership of the population regime became more important to domestic stability, the government's opposition to stand-alone family planning programs waned. However, unlike in Pakistan, there is no evidence that such acquiescence concealed discontent, as the country's fundamental commitment to mitigating the 'population problem' was ultimately served by this type of foreign intervention.

When relations between the World Bank and the GOB thawed shortly after the Bucharest Conference, the Bank-led donor consortium began generous funding to single-sector population initiatives. The 1975 Population Project "established the Bank as the most influential donor in the population sector in Bangladesh," a trend that continues to

this day.(World Bank 1991, 23) It was this funding that would ultimately serve to socialize the GOB into prioritizing the technology-driven programming strategies endorsed by the regime, and largely abandoning the multi-sectoral nature of the first plan. The 1975 project was designed to create and support the new Population Control and Family Planning Division, located within the Ministry of Health and Population Control, but empowered to act as a separate wing under its own minister.(Pisharoti and Mabud 1989, 284) As in Pakistan under the direction of USAID, such a bifurcation of health and family planning was justified in terms of expediency in lowering fertility, and informed by the prevailing consensus within the regime that family planning services could be delivered most efficiently through targeted interventions. While efforts were made in the early part of the 1980s to functionally integrate the two wings in providing comprehensive maternal and child health services, the family planning division remained a relatively independent entity well into the 1990s.(Larson and Mitra 1992, 124)

As with the separation of family planning and health activities, other major developments during the program's early days largely determined its trajectory over the next twenty years, one that largely reflected the international agenda that informed it. Such programmatic consistency is noted in a 1991 World Bank report, observing that "although there have been shifts in focus, the Bangladesh program has retained the basic structure established in the first five year plan."(World Bank 1991, 22) One of the key aspects of the program throughout the decades was the institution of a massive cadre of full-time female family planning workers, charged with distributing contraceptive information and services to individual households.(Pisharoti and Mabud 1989) Designed to circumvent the restrictions of *purdah,* or female seclusion, these services were

successful in accomplishing their primary task of decreasing fertility levels, but did little to initiate the reconsideration of gender roles that often accompanies demographic change.(Schuler, Hashemi et al. 1996, 76) Driven by supply-side rationale, this program focused on making services, predominantly sterilization, accessible to rural women through the use of incentives. While such efforts did curtail growth rates, by the late 1980s the program came under intense criticism from feminists charging the government with constructing the 'population problem' as a woman's problem, and using coercion to confront it.(Hartmann 1995)

The persistence of such programming designs, largely formulated during the First Plan period, highlights one of the most unique characteristics of Bangladesh's population program, its ability to stay above the political fray. Unlike the initiatives of India and Pakistan, Bangladesh's family planning program has been able to remain on a constant trajectory regardless of regular regime changes. This stability can be attributed to the fact that from a very early stage its separation from political life was institutionalized. As Ziring argues, when Mujib came to power, the Awami League was constituted primarily as an opposition party and lacked the skills needed to run what was quickly becoming a welfare state. While political infighting multiplied, the administration "fell back on the 'steel frame,' the civil bureaucracy whose expertise and experience it was hoped would assist in bridging this difficult moment." (Ziring 1992, 77) This was the case even more so in terms of population efforts, where government opted to maintain the same civil servants and staff that administered the program prior to 1971.(World Bank 1991, 21) This served to entrench the dominance of the bureaucracy within the program, at the same time as Mujib and the Awami League were preoccupied with more urgent

economic and political matters. The ensuing political volatility over the next two decades, combined with the increased dominance of the donors in the program, has served to keep population issues from becoming too closely associated with any one political figure. Like Mujib, each successive leader has given unqualified support to population control efforts, but has deferred to the international community and the bureaucracy to set its priorities. In this way, unlike in Pakistan or India, family planning successfully avoided being a political pawn. Unfortunately, it was primarily because high-level leaders faced much more life-threatening concerns. These problems eventually caught up with Mujib, who was assassinated in August 1975.

Because of the ideological and structural stability of family planning concerns within the GOB, the program did not undergo any significant changes during the years of instability following Mujib's assassination, or after General Zia-ur-Rahman (Zia) consolidated power in 1977. Despite the political turmoil, domestic commitment to lowering fertility remained high. Shortly before Zia gained control of the state, a transitional government proclaimed population growth the "number one" problem facing the country.(Government of Bangladesh 1994, 9) This sentiment was reinforced in a referendum held to legitimize Zia's administration "promising to succor the private sector and achieving self-sufficiency in food production by instituting measures of population control and food production."(Jalal 1995, 117) While the results were probably as manufactured as those from the next year's parliamentary election, the predominance of population control in his agenda highlights its importance in domestic concerns.

The government's continued faith in the 'demographic orthodoxy' was supplemented by the growing influence of the World Bank in national affairs. In opposition to Mujib, Zia's export-oriented capitalist development strategies made the country a favorite of international donors, as external support fueled the increasingly corrupt government. Like other areas of the budget, the population program's allotment of foreign funds increased significantly following Mujib's demise. In 1980 the Bank-led consortium pledged $110 million in support during the second plan period (1980-1982), over twice the amount budgeted for its first project.(World Bank 1991, 28) While Sohban's (1982) contention that such increases were so politically influential that "government strategy and its articulation began to reflect the Bank's position in every area of policy-making," may have been true in other areas, the GOB's long-standing commitment to the idea of population control worked in concert with the influence of the international community. Thus, it can be argued the unlike either India or Pakistan, Bangladesh truly shared in the intellectual consensus that underpinned the population regime during the 1970s and 1980s. As a result, the country benefited from the regime's continued largesse.

During Zia's administration the bureaucratic nature of the family planning program ensured it continued on the same trajectory, and his interest in developing closer alliances with the donor community guaranteed its access to resources. Because the first five year plan was made moot by changing political and economic circumstances, in 1978 the new government released a two year plan (1978-80) followed by the second five year plan (1980-85). Neither document introduced significant innovations in terms of family planning, primarily continuing and expanding the key initiatives developed in the first

five year plan.(World Bank 1991, 28) The second plan reflected the GOB's commitment to solving its 'number one problem' through the inclusion of fertility targets that even the World Bank considered "astonishingly ambitious."(World Bank 1991, 28) The drive to promote family planning though the extensive use of field-workers providing 'doorstep service delivery' coalesced with Zia's desire to be seen as a modernist in the eyes of the international community, which was then engaged in the International Decade for Women (1975-85). As a result, he "supported the employment of women within governmental and semiautonomous programs in health, family planning, and cooperative organizations, slowly transforming the configuration of the rural labor force."(Feldman 1998, 43) Corresponding with and further encouraging the integration of women into the formal urban economy, it can be argued that Zia's interest in ingratiating himself to the West may have inadvertently promoted fertility decline as a result of the new socioeconomic arrangements created by his support of family planning workers. During this plan period, although shortly after Zia's assassination, the government also worked to rationalize its target system instituted in 1982 that resulted in attempts to promote 'functional integration' of health and family planning services provided by these workers at the grass-roots level. Ostensibly designed to coordinate the operations of the two wings, it effectively made "a greater number of clinical and surgical facilities available to the family planning program for the insertion of IUDs and the performance of sterilizations," further entrenching the program's reliance on high-risk methods.(Jiggins 1994, 168)

1984-1993: The NGO Sector Explodes as Fertility Begins to Fall

Like the Bucharest conference, the debate at the 1984 Mexico City Conference had little impact on the GOB's already steadfast commitment to population control. However, domestic political circumstances, combined with the regime's increasing emphasis on the private sector, worked together to shift the nature of the program during the 1980s. When General Ershad came to power in 1982 following Zia's assassination the year earlier, he wasted little time in altering the nation's political landscape. He immediately imposed martial law, and shortly thereafter began a campaign of 'Islamization,' not unlike that undertaken by Pakistan's General Zia in the late 1970s. Ershad did little to stem the corruption festering in the aid-flooded public sector, and in fact appears to have encouraged rent seeking and clientalism. As characterized by Sobhan, "politics under Ershad came to be based on invoking the lowest common denominator in human nature where politics was seen as part of a Hobbesian world where political life was nasty, brutish and short."(Sobhan 1993, 51) Despite their protestations, donors were complicitous in creating and perpetuating the situation as a result of the steady stream of aid they funneled into the government. While the presence of foreign funds helped bankroll the endemic corruption of the 1980s, they also served as the only check on it. Legitimacy and economic stability were the predominant concerns of both the government and the international community at the time, both of which Ershad was able to address without actually bringing about meaningful change. As a result, the dialectic between institutionalized patronage and externally mandated reforms shaped the political landscape throughout the Ershad era.

Although they continued to support Ershad's government, donors also turned to non-governmental organizations (NGOs) in an attempt to provide the social services overlooked by the GOB. Just as the population regime was beginning to direct its resources more towards the private sector as a result of the US' Mexico City Policy, the international community as a whole was becoming increasingly frustrated with the waste and corruption in Bangladesh. As a result, the already active NGO sector grew on a "vast scale" during the 1980s, as groups such as the Bangladesh Rural Advancement Committee (BRAC), Proshika, and the Grameen Bank nearly eclipsed the GOB in the provision of services such as family planning, education, and income generation.(Lewis 1997, 35) Drawing on a labor force of rural women, as well as serving their needs through health and literacy initiatives, the explosion of NGOs allowed for a redefinition of gender roles in society. Just as the advent of female family planning field workers expanded the boundaries of acceptable behavior, so did the growth of NGO activity in the 1980s.(Feldman 1998, 45) However, the politicization and commercialization of these groups also changed the nature of their activities, creating a situation in which NGOs had little choice but to become complicit in the designs of the donors, as "their instrumental concern with organizational longevity and a competitive edge in securing scare resources does not usually lead to challenging donor interests and ongoing development practices."(Feldman 1997, 64) In this way, the agenda of the NGO sector came to reflect that of the international community, as it grew to become one of the major providers of family planning services during the 1980s.

While NGO activity also exploded in the population sector during the 1980s, neither the GOB nor the donors lessened their commitment to state-sponsored family planning initiatives. The continuance, and even increase, of funding to the GOB in an era where national family planning budgets declined significantly throughout the world is explained by the US' relative disengagement with the official program. While USAID has been a "significant [family planning] donor in Bangladesh" since shortly after the country's birth, it had consistently funneled resources to the private sector.(Haider, Streatfield et al. 1995, 181) As a result, the Mexico City Policy had little effect on funding levels toward the official program, and as noted above, served to develop the NGO sector even further. This consistency in government programming strategies during this period was clearly demonstrated in the third five-year plan (1985-90), as its "most salient feature...was its emphasis on sustaining initiatives from the First and Second Projects."(World Bank 1991, 28) Despite donor discontent with the country's economic performance, the consortium did not hesitate to provide even greater levels of funding to the family planning program. Between 1982 and 1988, external assistance accounted for about two-thirds of the program's operating expenses, the bulk of which came from the Bank-led consortium.(World Bank Operations Evaluation Department 1992, 42) By the last days of Ershad's rule, the Bank's share of funding for the family planning program had increased to 45% of total operating costs.(Haider, Streatfield et al. 1995, 180)

While donors may have been tiring of the institutionalized corruption that characterized Ershad's regime, they continued to invest in the government's population activities because they were beginning to produce results. The program intensified as the government launched a "crash program" designed to aggressively lower birth rates

through the use of targets, incentives, and sanctions.(Jiggins 1994, 169) These new measures supplemented a decade of sustained effort, driven by a domestic and international consensus on the economic inviability of high population growth rates, and helped the program become an emerging international 'success story.' Although never able to achieve the ambitious targets laid out in the five year plans, by 1983 fertility rates began a modest but steady decline from their 1982 high of 5.21 births per woman.(Sharif 1996, 67) While some argue that "the main mechanism of change was increased contraceptive use"(Cleland, Phillips et al. 1994, 56), citing the proliferation of targeted family planning interventions in a country experiencing little socioeconomic development, others contend that programmatic design alone was not responsible for lowering birth rates. As Caldwell et al. note, although the "the activities of the family planning program...[were] important...We strongly doubt whether a total fertility rate little above three would have been reached had the society of the early 1970s remained largely unchanged."(Caldwell, Barkat-e-Khuda et al. 1999, 82)

However, by the mid-1980s scholars and activists had also begun to draw attention to the fact that such fertility decline was equally attributable to the violence of coercion. As Betsy Hartmann argues, disregard for the physical safety or decision making autonomy can be attributed to the stress both donors and the GOB placed on stemming population growth.(Hartmann 1995, 234) As in India during the emergency family planning efforts relied heavily on contraceptive surgery, a permanent method that entailed the most health risks to acceptors. By 1984 sterilization had come to account for approximately 40% of all contraceptive methods employed in the country, and during its peak in that year nearly 600 thousand operations were performed. (Hartmann 1995, 234)

Jiggins contends that such high numbers were achieved as a result of the coercive practices that were implicitly encouraged under Ershad's "crash program." Under this scheme "midwives and field-level health and family planning workers set targets for the number of village and ward level acceptors, by method, that they were supposed to recruit. Those who failed to meet their targets were threatened with punitive sanctions."(Jiggins 1994, 169) Observations such as these served to underpin the arguments of the emerging intellectual consensus regarding the need to dispense with the assumptions and methods of the demographic orthodoxy. These arguments, emanating from an emerging domestic epistemic community, helped inform the transnational women's and reproductive health movement that shaped the Cairo agenda.

However, the bulk of domestic activism during the late 1980s and early 1990s was not focused on undermining the ideological hegemony of population control, but was targeted toward the more immediate task of deposing General Ershad. Such protests were ultimately successful, and in December 1990 the era of military rule that began with Zia's regime finally came to an end. In what was widely regarded as the first free and fair elections in the country's history, General Zia's daughter, Khaleda, swept the polls to a surprise victory. Constrained by the designs of the fourth plan (1990-195), which had been drafted under Ershad's administration, Khaleda had little choice but to carry out the programs and projects for which funding had already been negotiated with the donor community. As a result, the family planning program continued along the same trajectory as it had during the previous government, and "in spite of uninterrupted efforts to provide family planning and MCH services by the early nineties, the program was stagnating."(Pelon, Rob et al. 1999, 3) Thus, although the shift from an authoritarian to a

democratic regime brought about significant changes in the political arena, they had little effect on the operations of the social sector.

However, by the early 1990s the government was beginning to realize that its program needed to be reformed. Although fertility had fallen significantly since the 1970s, not only was the decline nowhere near commensurate with the amount of resources that had been devoted to the effort , but that "absolute numbers being added will continue to increase."(Government of Bangladesh 1994, 7) As a result, the years immediately prior to the Cairo conference saw the government of Bangladesh engaged in an increasingly widespread and progressive debate on reform, one that included civil society activists and feminists as well as Ministry officials. The outcome of these meetings, as discussed more fully in chapter 8, was the official realization that the program needed to be reformed in a direction that echoed what was to become the reproductive health agenda. However, in the pre-Cairo period, GOB officials remained committed to the ultimate goals of the soon to be discredited demographic orthodoxy, as evidenced in their country report to Cairo, which noted that "since independence, every successive government has consistently recognized the urgency of moderating population growth as an important variable of socio-economic development."(Government of Bangladesh 1994) Thus, although the upcoming population conference spurred the GOB into rethinking the means through which family planning efforts were implemented in Bangladesh, it did not ultimately question the rationale of population control itself.

Evaluating Regime Effectiveness in the Post-Cairo Era

Like India, Bangladesh had begun to reconsider the nature of its family planning program prior to the Cairo Conference, and the watershed developments at the Conference served only to hasten the process of policy reevaluation. By early 1997, the GOB responded to the growing internal and external demands for reform by releasing its new Health and Population Sector Program (HPSS), which was intended to create "a sector that is responsive to clients'- especially women's- needs."(Government of Bangladesh 1997, 3) The process of drafting this new, and remarkably compliant national population strategy is outlined in chapter 8. More so than in any of the other cases, the Bangladeshi experience demonstrates importance of attitudinal shift among policymakers in creating such sweeping policy change.

Conclusion

This chapter provides the historical background for the evaluations of regime effectiveness undertaking in the following chapters. It serves as a bridge between the first half of this dissertation, which focuses on the first stages of the population regime's life, and the second half that looks specifically on the impact of the newest iteration of the regime in South Asia. The discussion above does this by linking the different stages of the regime's existence outlined in chapters 3 and 4 with an overview of how those stages influenced, or were influenced, by the experiences of India, Pakistan, and Bangladesh. Armed with such an understanding, summarized in table 3, the remainder of this dissertation now turns to the project of evaluating the effectiveness of the post-Cairo population regime in these three countries.

Table 3.
Major Pre-Cairo Trends in Population Policy in South Asia

Country	India	Pakistan	Bangladesh
Colonial Period-1949	Congress Party and American academics agree on need to control population growth; disagree on rationale (social welfare vs. economic development)	Muslim league takes little interest in family planning	
1950-1967	1951 GOI begins population program Epistemic community mobilized by lack of international support for program; US NGOs (Population Council, Ford Foundation) begin work in India	1958 Ayub Khan begins close collaboration with epistemic community and its institutions 1960 GOP begins population program	
1968-1973	Family Planning program expands rapidly as political support grows GOI enters into international consensus on 'demographic orthodoxy' USAID becomes largest single donor to population program	'Glamour Years' funded by USAID Domestic political support for family planning declines following Ayub's 1969 overthrow Family Planning isolated from health sector on advice from USAID	1971 Independence from Pakistan 1st Plan (1973-78) endorses orthodox notion of 'population problem' but seen as so urgent that both 'direct' and 'indirect' methods are called for

Table 3. (*Continued*)
Major Pre-Cairo Trends in Population Policy in South Asia

Country	India	Pakistan	Bangladesh
1974-1983	GOI denounces 'demographic orthodoxy' at Bucharest 'Demographic orthodoxy' becomes rationale for coercive population control schemes during emergency period (1975-77) Program becomes 'political pariah' 1980 'Family Welfare' instituted to link health and family planning; largely rhetorical change	US assistance to Pakistan suspended: 1976-78; 1979-81 Growing domestic discontent with 'demographic orthodoxy ' Zia-ul-Haq assumes power 1977; freezes family planning activities 1980 program reinstated as 'multi-sectoral' approach; languishes	1975 GOB population program begins with World Bank funding Program stresses 'direct' contraceptive interventions through bifurcated health and population structure 1976 population declared country's "number one problem"
1984-1993	World Bank becomes largest single donor to population program; advocates restructuring Domestic epistemic community criticizes nature of program; creates transnational linkages GOI begins discussing programmatic alterations	Influx of US funds for FP after outbreak of Afghan war; until 1990 Ideological and financial influence of World Bank increases after 1988 structural adjustment agreement GOP and donors agree on need to revamp program as social sector initiative	Donors begin channeling funds into NGO sector Feminists critique coercive nature of program, fuels growing international reproductive health movement GOB begins discussing programmatic alterations
1994-	GOI enters into Cairo consensus 1996 target-free approach **1997 RCH released** 2000 NPP 2000 released	GOP enters into Cairo Consensus **1999 RHSP Released**	GOB enters into Cairo Consensus **1997 HPSS released**

Chapter 6
India's Reproductive and Child Health Programme

Building on the notion of the international population regime developed in chapters 3 and 4, and its historical intersections with South Asian family planning schemes outlined in chapter 5, this chapter begins the half of the dissertation that is devoted to evaluating the effectiveness of the current incarnation of the regime. In order to the central question of this dissertation, *is the post-Cairo population regime effective in South Asia*, the following three case studies address this question within the context of each nation. The first of these cases is the subject of this chapter, which focuses on assessing the role of the regime in the formulation of one of the world's first post-Cairo reproductive health policies, India's 1997 Reproductive and Child Health Programme (RCH). Drawing on the process of policy change detailed in this chapter, it is argued that while the actors and institutions of the regime worked to "enable" the RCH's high level of compliance with the new international agenda, their contribution to the process was primarily to facilitate similar trends that were concurrently developing within the country. Thus, while the regime was instrumental in creating the conditions for compliance in India, equally important were a number of domestic factors, such as a climate of change within the government itself and the mobilization of civil society around the issue.

To arrive at this conclusion, the discussion below asks three analytically distinct, but closely related, questions: *if* the RCH is compliant with the Programme of Action developed at the 1994 International Conference on Population and Development (ICPD); *how* it got to be that way; and *what* role the regime played in creating such a level of compliance effectiveness. The first of these questions is answered through a comparison

of the texts of the RCH and the ICPD, which determines that, overall, the RCH is highly compliant with the ICPD. The bulk of the chapter is then dedicated to answering the second question, relying on a detailed descriptive analysis of the decade-long policy formulation process to determine *how* such compliance came about. This process tracing demonstrates that the high level of compliance seen in the RCH is the product of what Peterson (1997) terms "voluntary compliance," resulting from a common conception of reform shared by the Government of India (GOI) and the international regime. Drawing on this conclusion, as well as the evidence established through process tracing, the final section of this chapter works to understand *what* factors were most influential in bringing about this shared agenda of change that ensured such a high degree of compliance. As noted above, this is the primary contribution of this case study, and its answer highlights the fact that regime effectiveness is not necessarily the product of regime intervention alone.

Assessing Compliance Effectiveness in the RCH

Before launching into an examination of *how* the RCH came into compliance with the ICPD and *what* factors contributed to that, this chapter begins by establishing *if* the Indian program accords with the international agenda. This is undertaken in order to provide a benchmark for the remainder of the discussion which looks at the sources of such effectiveness, demonstrating that, overall, the RCH is highly compliant with the regime's agenda. As established in chapter 2, effectiveness is measured in this dissertation in terms of the degree of compliance between the regime's agenda and subsequent national policies, so that this section looks only to the ICPD and RCH

documents themselves in order to make such a determination. This largely empirical assessment relies on Underdal's (1992) methodological prescriptions for determining regime effectiveness in relational terms, which notes that the most important elements of a successful evaluation of this type are: the explicit identification of what is to be examined, and the raking of effectiveness on an ordinal scale. Following this analytical framework, it is argued below that while overall compliance is relatively high, the RCH's resemblance to the ICPD is the strongest in terms of the *means* of achieving the new agenda, while it diverges significantly in terms of the *ends* it envisions for such interventions.

Means: the Substance of Compliance

Because the RCH endorses a set of service provision strategies that are remarkably similar means to those included in the RCH, interventions which are practical foundation of the Cairo approach, the Indian policy is seen as highly compliant with the regime's agenda. As table 4 highlights, the RCH is in direct compliance with the ICPD on several of its most important prescriptions for program design and implementation, especially those addressing the integration of reproductive health care interventions. While, as noted below, the RCH does not reflect the ideology of reproductive health endorsed in the ICPD, it does embrace the majority of its individual components. As a result, the RCH is structured around the highly compliant notion of integrated health and family planning operations, and includes a broader range of such services than either of the other two countries examined in the study. With the exception of a strong HIV/AIDs component, the package of essential nation-wide interventions in the RCH contains even the most controversial elements of the ICPD agenda, such as the recognition of

adolescent sexuality. Similarly, the RCH directly reflects the ICPD in terms of how such services are to be delivered. As the excerpts from each document given in table 4 demonstrate, the Indian program closely complies with the international agenda's provisions regarding the need to: raise the status of women as part of health and development efforts; improve quality of care; decentralize program management; and draw on the expertise and community-level resources of the non-governmental sector. Finally, one of the most striking indicators of compliance in the RCH is its recognition of Indian citizens' right to reproductive health care, something that is a new addition to the country's family planning rhetoric, echoing the undercurrent of individual rights in the ICPD. While this provision is qualified in the next sentence by the contention that the RCH is "even more relevant" for achieving the collective goal of population control, it does indicate an a willingness to engage with the issues raised at Cairo. Thus, because the prescriptions for program design and implementation included in the RCH so closely reflect those in the ICPD, even though they are ultimately intended to serve different ends, it can be convincingly argued that the Indian program is highly compliant with the regime's agenda. In other words, as characterized by the director of the Population Council office in India, who is also a strong proponent of women's rights, it "contains all of the nice language."

Table 4.
Major Areas of Compliance between India's Reproductive and Child Health Programme (RCH) and Programme of Action of the International Conference on Population and Development (ICPD)

Issue	ICPD POA	RCH
Reproductive Health Care	Reproductive health care [should include]:family planning...infant and women's health care...treatment of infertility...abortion...treatment of reproductive tract infections; sexually transmitted diseases ad other reproductive health conditions...(Paragraph 7.6)	The RCH programme incorporates all components covered under the CSSM Programme and includes two additional components, one relating to sexually transmitted diseases and the other relating to reproductive tract infection (paragraph 8) The Programme integrates all interventions of fertility regulation, maternal and child health with reproductive health of both men and women. (paragraph 8.i)
Reproductive Rights	Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health.... (Principle 8)	It is a legitimate right of the citizens to be able to experience sound Reproductive and Child Health.... (Paragraph 7)
Status of Women	Experience shows that population and development programmes are most effective when steps have simultaneously been taken to improve the status of women. (Paragraph 4.1)	This concept is in keeping with the evolution of an integrated approach to the programmes aimed at improving the health status of young women and children which has been going on in the country. (Paragraph 6)
Quality of Care; Decentralization	In the coming years, all family-planning programmes must make significant efforts to improve the quality of care. (Paragraph 7.23) Governments should promote much greater participation in reproductive health-care by decentralizing the management of public health programmes (Paragraph 7.9)	The services to be provided will be client-centered, demand driven high-quality and based on the needs of the community arrived at through decentralized participatory planning and the target free approach (Paragraph 8.ii)
NGOs	Non-governmental organizations should have a key role in national and international development processes. (Paragraph 15.8)	Non-Governmental Organizations will be involved in a much larger way to improve out reach and make it people's programme (Paragraph 8.v)

Ends: Population Control vs. Reproductive Health

While the RCH may be highly compliant with the ICPD in terms of means for providing reproductive health care, it remains in disagreement with the regime's agenda in regard to the ends such services are intended to serve. As the process tracing below brings to light, the main point of non-compliance between the RCH and the ICPD revolves around the primary goal for the program: population control or reproductive health. The Cairo agenda, as noted by McIntosh and Finkle (1995), was revolutionary in placing "fertility decline as secondary to other objectives," the most important of which is making "accessible through the primary health care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than 2015." (United Nations 1994, paragraph 7.6) The RCH argues exactly the opposite, viewing population decline as the primary goal of the new program, and reproductive health as a subset of that. According to the RCH:

> The RCH programme will seek to provide relevant services for assuring Reproductive and Child Health to all citizens. However, RCH is even more relevant for obtaining the objective of stable population for the country. The overall objective since the beginning has been that the population of the country should be stabilized at a level consistent with the requirement of national development. (United Nations 1994, paragraph 7)

As a result, while both the ICPD and the RCH endorse a similar notion of what reproductive health services entail, they differ in regard to the priority they accord to it. As characterized by a former GOI Joint Secretary of Family Welfare, this is a conflict of the core values, "we are saying population is the first problem, you have to tackle it. They are saying that if you tackle reproductive health, then population will take care of itself." It is this difference in fundamental objectives that limits the degree to which the RCH is compliant with both the letter and the spirit of the ICPD.

Process Tracing: Getting to Compliance

Whereas the previous section answered the question *if* the regime was effective in terms of compliance, the discussion now turns to understanding the mechanisms of *how* the RCH came to be so highly compliant with the ICPD. As outlined in chapter 2, this question is answered by Peterson's (1997) contention that "compliance with regime prescriptions results from a favorable alignment of actors' beliefs, interests, and capabilities." When this occurs "voluntarily," as opposed to being forcibly "induced" by mechanisms like shaming or threats, it is seen as a function of ideological change occurring through a more gradual "actor internalization of the regime prescriptions." The process of policy formulation detailed below clearly supports this understanding of voluntary compliance, demonstrating that the areas of compliance in the RCH reflect the existence of shared priorities between the GOI and the regime. In other words, the high level of compliance highlighted above exists because, as demonstrated below, the GOI internalized the majority of the regime's prescriptions on the *means* of reproductive health care, but it remained limited in its degree of effectiveness because the two do not share in the understanding of the *goals* of such an agenda. Thus, the RCH came to be highly compliant with the ICPD because of the beliefs and interests of the GOI and the regime coincided with each other on the preponderance of issues. The more complex question of *why* this happened, or what factors contributed to such a change in the government's attitude, is the subject of the final section of this chapter.

The methodology of process tracing is especially useful for developing an understanding of the progression of events that resulted in such a high level of compliance. Providing insight into the intellectual roots of policy change through a

careful recounting of events, the strength of this analytical approach is its ability to highlight the series of interrelated attitudinal and behavioral developments that contribute to the "actor internalization of regime prescriptions" discussed above. Drawing on first-hand accounts from a wide variety of participants in the policymaking process, the discussion below revolves around a descriptive account of the ideas, events, and actors contributing to the formulation of the RCH. It not only provides the empirical support for the conclusions reached in this section, but also serves as the basis for the arguments given in the final section of this chapter regarding the influence of the regime on the policy process.

Radical Feminist Demands for Change

Breaking the nearly decade-long silence on population control efforts in India, the progression toward the RCH can be seen as beginning with a small number of highly radical women's groups who were the first to tackle the issue of family planning reform in the mid-1980s. Despite the presence of an active feminist movement in India, in the post-emergency period even the organizations that championed birth control in the 1950s worked, just like the politicians, to distance themselves from the 'political pariah' of population programming. The Director of India's Population Council Office argued that this silence was "partly a function of the women's reaction to the coercion that we had. It created a fairly hostile environment, which is why you have the Jagooris." Beginning in 1985, radical feminist groups like Jagoori and Saheli launched a highly antagonistic charge against what they saw the inherent coercion of population control, specifically attacking the proposed introduction of largely untested injectable contraceptives, such as Depo-Provera, into the GOI family planning program.

> our concern about the population question arose when we started looking at contraceptive technology from the point of view of a women's health and women's right to birth control. The only framework within which ethics, or the right to a healthy life or for that matter the right to control one's fertility, could be violated was the framework of population control. And this led us [to] questioning this framework which had been unquestioningly adopted by most people with a voice as axiomatic.(Saheli 1995, 8)

However, it also reinforced the government's hostility toward these groups, creating a situation in which, according to the MacArthur Foundation's Country Coordinator:

> The government was quite unhappy about it because it was quite an adversarial relationship. A lot of the city-based feminist groups sort of went to war, primarily in response the government's complete irresponsibility in terms of the [contraceptive] trials they did. So among the traditional feminist groups and the government there was a very adversarial relationship.

Groups like Saheli and Jagoori became the "arch enemies" of the GOI and, according to a UNFPA representative, "it was the kind of situation where you wouldn't have any dialogue."

Despite the highly polarized nature of the debate, these groups had an impact on the government's population program both in terms of content and ideology. While on one hand, a Washington-based Bank official argued that these protests forced only a defensive reaction in the government, leaving their attitudes toward the disputed injectable contraceptive method unchanged.

> The women's groups are the ones who have been responsible for keeping the injectables out of the programs. There is strong interest in getting injectables into the program, but they're afraid of the militant women's groups. Therefore they refuse to put it in. I would say that the women's groups have a large and negative influence on the program.

On the other hand, the MacArthur Foundation representative noted that such activists were also able to bring new ideas into official thinking, since they "did force the government to think in terms of greater choice and not forced choice. So they played a

role, but from the outside. I would not for a minute undervalue the role that they played in highlighting the need for choices and the rights approach." However, because groups like Saheli and Jagoori cast themselves in opposition to the GOI, their impact on the government as ultimately limited by the hostility they engendered. In the discursive space these groups opened up, the more moderate feminist voice of an epistemic community arose to exercise a greater impact on government thought and practice.

Demographers Frame the Debate

Adding to this early public debate were the very different suggestions of the demographic community, whose contributions went on to frame how the issues of reform would be understood throughout the remainder of the policy process. As recounted by a UNFPA representative, this widespread recognition of the program's failures forced new issues and vitality into a public debate that had laid dormant for nearly two decades:

> there was a lot of criticism of India's national program well before Cairo came on the scene. Throughout the 1980s and early 1990s people had been saying that not only are we violating individual rights, you know the whole story about the targets, but that we're also not going anywhere in terms of achieving population stabilization objectives....so the program was stagnant in terms of demographic achievement, it was not acceptable from a gender perspective, it was not acceptable from a grass-roots perspective, it was not acceptable from a client perspective. So there was really a lot of tension within India about what was happening with the population program. Everybody, just everybody, was criticizing it.

However, unlike the radical feminists, demographers argued that the beleaguered population control program should be reformed, not categorically rejected. Both traditional demographers and feminist scholars agreed that, in order to reinvigorate fertility control efforts, the program needed to be substantively restructured to reduce coercion and increase its provision of related health care services. Contending that improving the quality of services provided by the government program would increase

the number of family planning 'acceptors,' these researchers introduced a key element of the what was to become the international agenda into the national debate. Going a step further, feminist demographers focused specifically on the need to provide women's health care in the context of family planning programs, eventually emerging as a domestic epistemic community advocating for a reproductive health approach. The work of both groups of scholars was instrumental in shaping how the government understood population program reform, as is demonstrated by the issues the GOI embraced when it ultimately decided to undertake change. The process of policy formulation traced below brings to light the way in which the constructs of the domestic research community framed the government's policy responses to the 'population problem.'

With the release of the 1991 census results, the academic community was plunged into a situation of intellectual uncertainty that Haas (1992) sees as ripe for the birth of an epistemic community. The new figures definitively demonstrated something that researchers had only before suspected, that satisfying the program's contraceptive distribution targets had little effect on actual fertility behavior. In an attempt to provide insight into this puzzling data, the country's most noted demographers turned their attention to their issue. Scholars such as Ashish Bose, Pravin and Leela Visaria, Anrudh Jain, Shireen Jejeebhoy, and Gadde Narayana all came up with a similar conclusion, that method-specific contraceptive targets worked against the goal of population control. Their research suggested that a great deal of over-reporting, and possibly coercion, was taking place by field-level family planning workers in order to meet centrally imposed contraceptive targets. Related studies also highlighted that when contraceptive services were actually delivered, they were most often done so in isolation from the maternal and

child health care that was part of their mandate. These findings forced the demographic community into the acknowledgement that current "family welfare" programs were failing both in their primary goal of reducing fertility, as well as in providing the health services that they saw as contributing to that end. This began the search among the demographic community for a new approach to population control, as one of these researchers noted, "the whole issue [of reforming the program] came up because there were a divergence between the statistics-based contraceptive prevalence rate (CPR) and the service-based CPR."

Two different, although closely related, responses emerged from the research community to the these problems. The first of these came from more conventional demographers whose work served to frame the nature of the domestic debate of the 1990s, a contribution understood in Adler and Haas' (1992) model as the initial function of an epistemic community. Their approach is most clearly articulated in what came to be known at the Swaminathan Report, a draft national population policy prepared by an "expert group" on behest of the Prime Minister. Convened in 1993, this group was chaired by the eminent agricultural scientist, Dr. Swaminathan, and comprised of what a former Secretary of Family Welfare termed "some of the best social scientists in the country," including Ashish Bose, Pravin Visaria, and the President of the Family Planning Association of India, Avabida Wadia. All known for their work in constructing the prevailing demographic paradigm in India, this committee produced a shocking indictment of current efforts. Its prescription for the future was highly visionary in its anticipation of many of the central points of the Cairo agenda. The document they produced largely introduced into the national debate the set of issues surrounding: client-

centered care; NGO participation; gender sensitivity; decentralized service provision; the elimination of contraceptive targets; and the integration of health and family planning service delivery structures. It claimed to be "pro-nature, pro-poor, and pro-women" in its design, something that was reflected in its highly innovative suggestion of identifying a set of minimum client needs to be satisfied by the program. (Bose 1996, 207) Not only did this report foreshadow the upcoming developments on the international level, but because it did, it also included many of the elements of what would become the RCH. However, as pointed out by the Ford Foundation representative at the time, its continued emphasis on population control ensured that it was not fully a reproductive health program:

> before the Cairo Conference this intellectual and research change had not been so much a movement toward reproductive health, but a questioning of existing population policy...these critiques were coming from the large demographic community within the country, people like Pravin Visaria, Ashish Bose. They were looking at family planning and population policy and arguing that India's program was short-sighted, it was a centrally imposed program that wasn't responding to community needs or individual interests, and offered very few choices- just one method, essentially. They saw that the incentives ultimately weren't going to succeed under this type of program. But they were not arguing for a broader reproductive health approach, the reproductive health advocates were more the women's groups and ultimately the donors.

Radical feminists quickly picked up on this, arguing that in the Swaminathan report "women are thus turned into variables to be manipulated for achieving population stabilization."(Saheli 1995, 14)

Building on the work of the Swaminathan committee, another group of scholars began to focus their efforts on demonstrating the need to integrate women's issues more fully into the reform agenda. These more moderate feminist demographers did not agree with radical feminist condemnations of the Swaminathan report, rather they argued that

improvements in women's health, status, and literacy were directly correlated with fertility decline. Still conceding that fertility reduction was a legitimate and urgent goal of family planning efforts, they, in the words of a member of the radical feminist group Saheli, "just feel that the infrastructure needs to be more sensitive to women's needs, whereas we believe that can never be done because of the perspective of the family planning program." The primary theoretical difference between these feminist researchers and their predominately male counterparts was emphasis they placed on women's issues as the key to reforming the family planning program. Drawing on the same "professional pedigree" as the members of the Swaminanthan committee, and collaborating with them frequently, researchers like Leela Visaria and Shireen Jejeebhoy were also instrumental in framing the domestic population debate as one that was closely linked to gender and health concerns. It was the GOI's embrace of these constructs, echoed on the international level at the same time as they were promoted within India by the activist epistemic community discussed below, that helped ensure the high degree of compliance with the ICPD seen in the RCH.

Epistemic Community Activism

While the larger demographic community was able to frame the debate on population policy reform, it was the feminist researchers that emerged as an activist epistemic community to promote the issue on the domestic level. Conducting the second most important function of an epistemic community as envisioned by Adler and Haas (1992), these researchers turned into advocates in an attempt to disseminate, and socialize relevant actors into, their construction of knowledge. The effort that transformed the group of scholars into a politically relevant epistemic community came in early 1992,

when a number of these researchers organized a series of 20 state-level workshops as part of the non-governmental preparatory activities for the ICPD. Intended to inject the voice of civil society "stakeholders" into the public debate, the conclusions of these meetings had an impact on both the national and international reproductive health agendas. Reinforced by the growing support for such an approach on the international level, the local Ford Foundation office, at that time headed by Saroj Pachauri, joined with the United Nations Population Fund (UNFPA) to fund these meetings. As one of the researchers involved in the women's health movement noted, these meetings represented one of the earliest moves toward the RCH agenda:

> About one or one and a half years before the Cairo conference the seeds were sown for the changes in the RCH. One of the important first steps was when the UNFPA and the Ford Foundation organized a series of meetings with grassroots NGOs. Family planning was a contentious topic at this time because the bureaucrats were not listening to the clients.

According to a UNFPA representative, these workshops served both to refine the agenda of the epistemic community as well as to spur a broader public debate on family planning than the one initiated by radical feminists:

> what UNFPA and the Ford Foundation did was to facilitate meetings that would be held throughout the country where we could get several stakeholders together just to talk instead of shout at each other. The stakeholders were some government program managers, the population wallahs, health service providers at the grassroots level, and women's groups. Just to put on the table where we all thought the population program should be going. So there was a series of consultations. Several things emerged from that. One is: please change the way targets are defined. Drop incentives and disincentives. Give emphasis to quality of care in the Family Welfare Program. Don't have a program that is entirely focused on women. There were several other things as well. Decentralization was also something that was suggested in those meetings.

In the words of one former Ford Foundation director, these workshops were notable in that they marked "the first time there was collective exchange and interaction in quite

some time [regarding] population and health issues." They also helped legitimize the feminist epistemic community, many of whom hailed from non-governmental research or advocacy groups, as the voice of the NGO community during the Cairo process.

While the epistemic community was moderately successful in establishing a dialogue among the civil society groups affiliated with the population program, it had much less influence with the GOI in the pre-Cairo period. This is most clearly seen during the preparatory activities for the Cairo conference, where the Secretary of Health and Family at the time, Mrs. Usha Vohra, expressed hostility toward the both the ideals of the feminist epistemic community and their status as participants in the debate. While researchers such as Leela Visaria, Shireen Jejeebhoy, Gita Sen, attended the third, and most significant Preparatory Committee (PrepCom) for Cairo, they did so without the support of the government. According to one of these women:

> there were two earlier PrepComs that we didn't even know who went to. We know a selected few went. Then the news filtered in, we knew what was happening and it became evident that the PrepComs were also very important. And the document will be drafted before the Cairo conference on the basis of what was happening at the PrepComs. Some of us got interested and because none of us had funds to travel to New York and live there for that long of a period, I wrote Ford and UNFPA and probably some other organizations. At that time I think Saroj [Pachauri] was with the Ford Foundation, she probably left after that. They made funds available to several of us. Between these two organizations they must have funded at least a dozen people to go to New York.

At the New York meetings, the researcher continued, the Secretary further marginalized the contributions of the epistemic community:

> There was an official delegation and an NGO delegation. [The NGO delegation] came together during those three weeks in New York. We received much wider attention in New York from the other nations [then from the official Indian delegation,] because our Secretary refused to talk to us. So we received a lot of support during the New York PrepCom from delegates from other developing countries for our cause. We were not asking for anything great. We basically were saying that the NGO community in India has certain things to say and since

> we were not allowed to participate in the debate we would like to give you feedback from our perspective which you can shared in the General Assembly....The Secretary was very antagonistic. 'Who are you? Whatever you want to tell me you can write it on a piece of paper and give it to me and I will use it the way I want to use it.' I said that is not the process we want, we want a dialogue, we want to talk you and have you meet with us everyday for a 10 minute sort of a thing. She chided some of us, because she knew some of us, 'that is not the way to behave,' and 'I don't like this feminism,' etc. Which in effect brought us together, sometimes the negative factors bring you together.

The attention this conflict garnered helped increase the visibility of the Indian epistemic community in the transnational reproductive health movement that was emerging at the time, contributing to the influence they were able to exercise at Cairo. However, in New York, their impact on the official debate remained limited, as the GOI's position paper for the Conference endorsed the very demographic orthodoxy which the women's health movement worked to undermine. According to the representative from the Family Planning Association of India (FPAI):

> At the New York Prepcom for Cairo, the Indian Government put out catalogues of what they were doing, and NGOs from throughout the world picked them up and were shocked. There was a total emphasis on sterilization, targets. What a limited program, and that's what they were peddling! Very soon after [the PrepCom] the debate and discussions of our government and our people realized that we were putting too much of an emphasis on demography and this conference has been hijacked by people that want to put people first rather than a demographic ideal. After that, you didn't see many of those copies come back again.

However, as discussed below, such a change in the Ministry's approach to population issues did not materialize until shortly before the Cairo conference itself. Throughout the early 1990s, the government expressed hostility to the ideas endorsed by the feminist epistemic community. As the process of policy formulation traced below highlights, a change in Secretary of Family Welfare, combined with the increased resonance of the emerging international agenda, helped the nascent notion of reproductive health care endorsed by these activists enter into both the ICPD and the RCH.

The Government Begins Thinking About Change

At the same time as feminists and academics were reinvigorating the public debate over government population policy, the government was also beginning to think about change on its own accord. As with the demographic community, the GOI's interest in change was largely sparked by the release of the 1991 census figures. While Rajiv Gandhi identified the family planning program as one of the country's weakest sectors when he entered office in 1984, it was not until these results became public that government officials began to widely acknowledge that current population control schemes were fatally flawed. This realization, endorsed at the highest levels by Prime Minister Narasimha Rao, initiated a period of intense internal debate on how best to reform the program. Still guided by the assumptions of the demographic orthodoxy, the GOI, like the conventional demographers, was primarily driven by the desire to design and institute a more effective population control program. As noted by a Washington-based World Bank official, the government remained fixated on lowering fertility rates:

> I know that at that time there was quite intensive discussion within the government itself at various levels, from the district level up to almost cabinet level. There main concerns were: how to deal with the slow fertility decline shown by the surveys, and what to do about the plateau [Contraceptive Prevalence Rate.] This last one was a specific concern of the government.

Similarly, a former Joint Secretary of Family Welfare, also observed that "around 1992 a bunch of different surveys started showing that a demand existed and we were not meeting it. There was over 30% unmet need that we weren't touching with our program. That was a big problem for us."

The response to these concerns first came from outside of the Ministry of Health and Family Welfare, where high-level politicians welcomed the types of schemes proposed by the research community. As a result, government thinking throughout the early 1990s increasingly resembled the positions adopted in the ICPD, and later the RCH, even though their ultimate goal was to reduce population growth rates rather than promote reproductive health. The government's first attempt to grapple with the problems identified by the census came in the country's eighth five-year plan (1992-1997). According to a noted demographer and leader in the women's health movement, "early on the Planning Commission became aware that the family planning program was not working. It was fairly candid in it's eighth five-year plan draft that things were not the way they should be." The changes proposed in the final version of the plan predated the ICPD in its recognition of the need to restructure incentive packages for family planning 'acceptors,' endorsement of greater multi-sectoral efforts, and prescription for decentralized program planning and implementation. Building on this momentum, shortly after his 1991 election, Prime Minister Narasimha Rao called for the country's first dedicated population policy. As recounted by a former Secretary of Family Welfare:

> it was noted that population was important enough to require a detailed policy. So the Ministry was asked to prepare that policy by the National Development Council. The National Development Council is one of the most influential informal policy-level bodies, chaired by the Prime Minister and all the chief ministers of state governments are members, all 32 states. They suggested that population is perhaps the biggest problem before the country and the policy we have is not sufficient to deal with this problem. So let there be a separate and full population policy. That was 1992.

The outcome of this was the Swaminathan report which, as discussed above, anticipated many of the programmatic changes that would be endorsed in the international agenda. Even though political instability and resistance on the part of the bureaucracy kept the

report from being adopted as policy, it was highly significant in that it introduced many of the ideas of Cairo into the official debate prior to the conference. In light of this, and similar prescriptions reflected in the eighth five-year plan, a former Secretary of Family Welfare concluded that "India had independently already come roughly to the same conclusion which Cairo did in 1994. So we were 80 or 90 percent there in 1994 when the ICPD Programme of Action came about." The 10 to 20 percent that was lacking was the shift away from an emphasis on demographic decline, something that continued to be absent in post-Cairo GOI thinking.

However, while officials from the Planning Commission to the Prime Minister were beginning to endorse the idea of programmatic and policy reform, the Ministry of Family Welfare remained resistant to actually undertaking such changes. This can largely be attributed to the leadership of the Secretary of Family Welfare at the time, Mrs. Usha Vohra. A strong proponent of aggressive family planning measures, and resentful of outside intervention in her administration, the Secretary was, in the words of one World Bank official, a "dragon lady" who kept the Ministry stagnant throughout her tenure. Not only did the report she submitted to the final ICPD PrepCom endorse the very ideals that were being rejected at higher levels of the GOI, but she also made little effort to implement the new approach endorsed in the eighth plan. Her attitude reportedly contributed to the implicit rejection of the Swaminathan report, since its proposal to create a National Population and Social Development Commission to oversee the implementation of the policy, undermined vested interests within the Ministry she sought to protect. According to a Washington-based Bank representative, it was this

structural change, rather than the specific programmatic revisions advanced in the report, that stymied its progress through the policy process:

> The reason the Swaminathan report did not get accepted into official policy was not because there was disagreement on [programmatic] issues, but one of the major recommendations on how to solve the problem was not acceptable. The restructuring of the whole Ministry was problematic because of the bureaucratic thing. It was a battle over territory rather than the essence of policy.

These internal concerns were compounded by the growing political instability of the central government and vocal public protests by radical feminists, so that the draft policy was largely abandoned until the late 1990s when it was revised to become the National Population Policy of 2000. Thus, while the government had begun to think about change during the early 1990s, and in a direction that was close to what would be endorsed at Cairo, significant resistance to substantive reform within the Ministry kept it from implementing these new initiatives.

The World Bank Presses for Change

Like the research community and the upper levels of the GOI, the World Bank also advocated for changes that resembled the Cairo agenda, and consequently, the RCH. However, because of the traditionally independent nature of the GOI, in the pre-Cairo period these processes were ran largely parallel to each other, despite their highly complementary nature. Based in the same demographic orthodoxy that drove domestic thinking on the issue, the Bank's designs of the early 1990s more closely resembled the agenda of the Swaminathan report than that endorsed by women's health advocates. The Bank's approach of the early 1990s was guided by a 1989 internal report, *Changing Signals*, which argued for the reorientation of India's program toward a more client-centered and quality-oriented program.(Stout 1989) With the publication of the *1993*

World Development Report: Investing In Health, the global doctrine of the Bank began to emphasize health sector reform as a component of health and population activities. While neither of these approaches presented the same type of coherent vision of reproductive health seen in the ICPD, they did reflect a growing awareness within the international community that population activities globally, and specifically in India, needed to be reoriented in a certain direction. Although arriving at the same conclusion through separate processes, the Bank's agenda for reform did not differ considerably from that being discussed at the same time within the GOI. This initial ideological similarity, fortified by the Cairo conference, formed the basis for the consensus upon which the RCH was based.

However, because of these similarities, the Bank's designs met with the same type of resistance from within the Ministry as those offered by other branches of the GOI. Despite gaining the status as the largest donor to a program that was "substantially supported by donor assistance," with the inception of its Child Survival and Safe Motherhood (CSSM) Project (1991-1996), the Bank was unable to translate its financial leverage into ideological influence. Under the direction of the "dragon lady," neither the Bank-supported but Ministry-designed Eighth and Ninth Population Projects, both effective in 1994, made any significant attempt to grapple with the issues raised in *Changing Signals*. This situation frustrated Both bank officials as well as the members of the emerging women's health epistemic community, who lobbied the Bank's Board of Directors to take a more aggressive stance with the government. Their entireties, combined with growing exasperation on the part of Bank officials, led the Washington-based Board of Directors to issue an ultimatum to the GOI. In the words of a staff

member closely involved in this debate, "the Bank had taken a stand that it would not make any more loans on this program until there had been a proper review of the whole program and policies." The resulting sector review, conducted only months after the Cairo conference, helped generate the ideological consensus around which the RCH was constructed.

The Cairo Conference: Constructing Consensus

All of these diverse demands for change came to a head in 1994, when the International Conference on Population and Development (ICPD) provided the final catalyst needed for the Ministry to embrace its own ideology of reform. Overcoming the atmosphere of polarization and hostility that plagued the national debate in the past, and drawing on the complementary visions promoted by the various actors discussed above, the GOI came out of the Cairo process with an agenda for change that bore a striking resemblance to the new international agenda. This agenda guided the government throughout the formulation of the RCH, contributing to the high degree of compliance seen in the new policy document. Echoing documents like the Swaminathan report, the Bank's *Changing Signals*, and the 8th five year plan, the government's post-Cairo position was the direct descendent of the debate that had raged in India during the early 1990s. Like the ICPD, it was premised on the idea that program reform was an immediate necessity, and that it should be done in a manner that emphasized quality of care, was based in client needs, and would involve non-governmental groups in planning and service provision. As characterized by one World Bank official:

> What you see after Cairo is a significant change in orientation on the part of the government. The previous orientation was 'let's sterilize women, let's immunize children,' where now it's 'let's meet the needs of the mother and child as a package.' This did not come about overnight, it was because of a gradual change

> in attitudes that happened over about five years...Cairo did have a watershed impact, though, because it was able to gel all of these ideas into a national consensus. Cairo gave the government the opportunity to work with these ideas.

However, even though the GOI adopted Cairo's rhetoric of "population stabilization" instead of "population control," the government continued to see such changes as means to demographic ends. As examined in more depth in the next section, it was this fundamental tension between the GOI's post-Cairo reform agenda and that endorsed in the ICPD that ultimately limited the degree of compliance seen in the RCH. The discussion below highlights the way in which the Cairo conference itself provided the impetus for constructing this new GOI agenda, an ideology that was the unique product of domestic demands, international influence, and the changing of the guard within the Ministry of Family Welfare.

While this ideas upon which this new national agenda was based were rooted in the early 1990s, it was the Cairo process that brought them together into a coherent ideology of change. The shift from the Ministry's open hostility to such demands to its embrace of them only a year later can be seen as the product of Cairo-related events on both the national and international levels. While on one hand, a Washington-based staff member attributed the new attitude of the Ministry primarily to the government's need to grapple with various lines of domestic criticism for the conference:

> The lead-up to Cairo had several important elements that came into play in the post-Cairo era. The movement came from at least three sections, that is within the government sector, then from the NGO sector, and from the external donors. Cairo provided the vehicle to crystallize all of the developments and to shaped it in a firm policy for India.

On the other hand, the Director of the Population Council office in New Delhi, argued that the change in the government's attitude was largely due to the international aspects of the conference:

> [Cairo was] where it coalesced in a sense. That provided a forum to provide legitimacy to these issues. It provided a global endorsement, if you would, of our ideas and thoughts on the change that was desired. And not just in India, and not just in Bangladesh, but throughout the world. Voices were echoed around the world, and Cairo did allow voices to be heard. And national governments, including ours, attended the meeting.

Mediating between these two positions, a UNFPA representative stressed that it was the interaction of the global and local debates was responsible for the government's change in attitude:

> What was being said globally was what was being said in India also. There was a convergence of all of this. It was not just a global process but the global process certainly helped to expedite the change in India. But if the Cairo consensus had been reached and all of this had not happened in India before then the shape of things would have been quite different. It was that both national and globally everybody was saying the same thing. Everybody was looking for change, including the government. It was because of that that the policy changes took place since Cairo.

Similarly, another World Bank senior official highlighted the mutually constitutive nature of the domestic and international processes:

> I'm not sure that it's worth worrying too much about causality...The evolution of Cairo thinking/approaches was both affecting and being affected by the shift in perspective that was occurring at the country level. Many of the activists who were working on Cairo were also working effectively to change things in their own countries.

Thus, confirming Young, Levy, and Zurn's (1995) interpretation of regimes as intersubjective "social institutions," these assessments all attribute the government's ideological change to some degree of socialization that occurred during the Cairo process.

Although the change in the government's attitude can be attributed to the *process* of reaching an international consensus, it was also heavily influenced by the actors involved in that process. Specifically, the appointment of a new Secretary of Family Welfare, V.K. Shunglu, shortly before the conference, created an atmosphere of openness and change within the Ministry that provided the foundation for the policy changes that followed Cairo. As a former director of the New Delhi Population Council office noted, the ideological changes brought about by Cairo and the change in administration "happened concurrently and were mutually supportive." Describing the Secretary's impact, the Population Council representative continued:

> The government Secretary was remarkably open, both to NGOs and discussions. He was a very honest and open man. He supported the broad dissemination of the information from the [Demographic and Health Survey] for the first time. It used to be highly controlled...He talked openly with NGOs, which the other Secretary did not want to do, and he did it relatively easily...So the spirit that he gave continued in the successive secretaries- they last usually less than a year- so the spirit of his risk-taking was certainly echoed.

Secretary Shunglu's progressive spirit was first demonstrated in his decision to rewrite the government's position paper for the Cairo conference. Incorporating many of the issues raised by researcher and activists, the document they produced proved to be an initial indication of the paradigm shift that was underway within the Ministry during 1994. It presented what it termed a "new action plan" for the Department of Family Welfare, which revolved around providing quality and client-centered family planning services. (Government of India Department of Family Welfare 1994) During the conference itself, the Secretary continued to be remarkably willing to incorporate the ideas of civil society into the official debate. As recounted by one of the leaders of the women's health movement:

> We worked out an arrangement with Shunglu. In Cairo the NGOs and official delegations met in two different buildings. The agreement was that we would brief the official delegation on what was happening in the NGO group and then they would inform us as to what was happening in theirs. We agreed upon a meeting once a day for 45 minutes during lunch break. Mr. Shunglu almost always came to the NGO building between 1:15 and 2 everyday that our group met with the official delegation. He informed us what was happening. He even sought our views on whatever little things were happening there, like 'do you have language on this particular issue?' It was a very concrete meeting that was happening and he was listening to all of us....We felt that we contributed to the Cairo document in our own way, and we were happy with what came out of the Conference.

This collaboration between the delegations at Cairo, as well as the Secretary's openness to ideas promoted by groups outside the government, was influential in bringing about a document that was acceptable to both the GOI and civil society. This new attitude on the part of the Ministry also helped generate momentum among both NGOs and government officials around undertaking the type of change specified in the agenda.

Post-Cairo: The Birth of the RCH

At the conclusion of the Cairo process there appeared to be a genuine intellectual consensus between the GOI, domestic activists, and the international community on the need for, and general direction of, family planning reform. As specified by Peterson (1997), it was this "actor internalization of the regime prescriptions," firmly grounded in the pre-Cairo developments discussed above, that helped account for the swiftness with which the GOI undertook programmatic change following the Conference. But this intellectual agreement also narrowed the scope of the national debate, with the domestic research and advocacy community increasingly marginalized as the government adopted their rhetoric. In light of Adler and Haas' (1992) work, this happened because these ideas, reflected in arguments of the transnational epistemic community, gained "the status

of orthodoxy" when they were enshrined in the ICPD so that a special group was no longer needed to interpret the issues for policymakers. Similarly, as the President of the FPAI noted, domestic advocates contributed to their marginalization, since they were unprepared to provide the technical assistance needed to implement the ideals they endorsed.

> Cairo came too soon. I don't think the women's groups expected Cairo to come so soon. They were stuck because nobody knew how to implement a reproductive health program that was gender sensitive and nobody knew how much it would cost. Everybody was bowled over at how quickly the government moved.

As a result, the policymaking process in the post-Cairo era returned to the more traditional corridors of power, with the government and the main organ of the regime in India, the World Bank, largely responsible for negotiating the nature of such change.

However, when negotiations between the GOI and the Bank turned to implementing the desired reform, it quickly became apparent that they were guided by related, but not identical, agendas. Whereas the government was interested in reform in order to revamp its existing population control program, the World Bank was looking to establish a new reproductive health approach in India. As characterized by a Joint Secretary at the time the RCH was drafted, this was a fundamental conflict of priorities:

> We are saying population is the first problem, you have to tackle it. They are saying that if you tackle reproductive health, then population will take care of itself. Yes, it will take care of itself, but it will take its own time and we have no time to wait and waste. That's why reproductive health should not be at the cost of family planning.

While promoting the same means for change, the differences in the goals they pursued created tension between the World Bank and the GOI. In the words of a former Ford Foundation representative, this reluctance to question their commitment to population control ultimately limited the scope of the reforms:

> The tension came from trying to change the old system. The government wanted to change the means of the program, but kept working toward the same end. The assumption they were working with was that by changing the policies and improving the quality, that [contraceptive prevalence] numbers would go up, that family planning would be more successful.

Thus, while both the World Bank and the GOI were interested in changing the Indian family planning program in a similar direction, stressing the need to expand and improve the services provided to female clients, they diverged on what goals those changes were to serve. As the process tracing below demonstrates, it was this difference between desired *ends* that underpinned the remainder of the road to the RCH, leading to conflict during the formulation process and the drafting of a document that was not fully compliant with the regime's new agenda. However, the significant areas of substantive agreement on the *means* desired for such change, firmly rooted in the pre-Cairo domestic debate, ultimately ensured that the RCH did exhibit a high degree of compliance with the ICPD. In other words, compliance came about because of the "actor internalization of the regime prescriptions" that Peterson argues is necessary, but the level of compliance was compromised by limits in the extent to which the GOI's "beliefs, interests, and capabilities" aligned with those of the regime.

The World Bank Sector Review: An Incomplete Consensus

A joint effort of the World Bank and the government, the immediate path toward the RCH began with an intensive eight-month review of the family planning sector. While undertaken at the behest of the World Bank, the exercise capitalized on the growing interest within the government itself, since, in the words of a former Ford Foundation representative, "the Bank's [programming] cycle coincided with the time of change," As noted above, shortly before Cairo the World Bank issued an ultimatum to

the government that it would not extend any more loans for population activities until the GOI undertook a critical assessment of its program. Because the CSSM, the major Bank-funded GOI initiative in the sector, was nearing completion in 1994, it became imperative that the Ministry fulfill the Bank's requirements if it wanted to have a new program in place by the time the CSSM expired.

The process began as one in which the Government and Bank teams operated in a relatively independent manner, so that their competing conceptions of reform did not conflict until the end stages of the review process. In late 1994, invigorated by the ICPD and under the leadership of a progressive Secretary, the Ministry accepted the Bank's imperative to begin thinking about how it could implement the ideals it embraced after Cairo. As a former Ford Foundation representative noted:

> after the Cairo conference the secretary at that time was convinced that changing the program was a good idea. He was therefore ready to allow the sector review that the Bank was pushing for, and he was also ready to be a part of it. He, in turn, had a very good team around him in the Ministry.

Demonstrating the extent to which the GOI saw this process as an internal one, according to a Bank official, the first three months of the eight-month process occurred as an uncharacteristically closed debate within the government:

> Mrs. Vohra, the previous secretary was not listening so it got nowhere. The Bank had taken the stand that it would not make any more loans on this program until there had been a proper review of the whole program and policies. [Secretary] Shunglu launched a massive internal review behind closed doors....and he wouldn't talk to the Bank during the major economic and sector work exercise, which is an analytic study usually done in collaboration with the government...First he had dialogued within the department and then he said to the Bank that he was ready to talk.

When the GOI review was completed, the Bank then constituted its own mission to independently assess activities and accomplishments in the sector. Described by one

women's health advocate as a "fairly high-powered group," under the leadership of a population specialist from Bank headquarters, Anthony Measham, this team of foreign consultants, Washington and New Delhi-based Bank staff, and Population Council representatives spent the next five months developing their own impression of the program. As recounted by one of the member of this mission:

> Cairo happened in September and in November the government started looking at its programs. So they set up a team which was led by the World Bank. It was a World Bank/ Government mission which was initially comprised of about a dozen people. I was one of them. Three of my other colleagues from the Population Council were part of the team, so four of the twelve people were from our organization...The mission lasted for about five months. We had discussions with the national government. Then we went out to five states, broke up into groups and visited five states, talked with the state government. Then down to the districts and all the way to the villages and had discussions with NGOs.

In early 1995, at the end of this mission, the Bank team presented its results to the government, complete with a set of recommendations for program reform. The Population Council representative continued:

> We submitted a report at the end of all of it to the government called *India's Family Welfare Programme: Moving to a Reproductive and Child Health Approach*. We were all commissioned chapters, and the [essential services package] was one of the chapters. I did more than one. I worked on that one and the issue of integrating reproductive tract infections (RTIs) and sexually transmitted diseases (STDs) into the family planning program. In early 1995 all of these chapters were presented to the government and they talked about it, considered some things, and it was accepted.

It was in the roughly two months between the submission of the draft report and the adaptation of the recommendations by the government that the extent of the ideological differences between the government and the bank began to remerge. Three main areas of debate developed during the sector review that demonstrated substantive differences between the international agenda, as promoted by the World Bank, and the government's approach. All of these highlighted the fact that while the Ministry and the Bank staff

may have been committed to implementing similar types of changes in the program, they continued to be informed by the opposing goals of population control and reproductive health. It was these conflicts that ultimately undermined the extent to which the RCH complied with the regime's prescriptions.

The first of these disputes revolved around the issue of method-specific contraceptive targets. While the domestic research community and the regime were in agreement that such targets undermined the voluntary nature of family planning services, as well as distorted reporting of contraceptive use, the government remained reluctant to remove one of the defining features of its program. As one of the Population Council representatives on the mission recalled:

> There was fear on the government's part that getting rid of targets would destroy the program. The team realized that fairly early on and tried to show through their research that the government's numbers were meaningless because of the targets. The numbers you got from the surveys were showing either coercion or fabrication. We also showed them that there was a correlation between women's literacy and fertility which brought up the issue that family planning was very closely related to other development sectors.

The arguments presented by mission members were ultimately successful, as the final negotiated sector review document recommended that the program be restructured to "eliminate method-specific contraceptive targets and incentives and replace them with broad reproductive and child health goals and measures."(Measham and Heaver 1996, 1) Demonstrating the extent of government commitment to this initiative, the next year the GOI officially abolished centrally-imposed targets. Issued in April 1996, nearly a year after the sector review was completed, this pronouncement sparked what a former Ford Foundation representative called "a bit of mythology" as it was hailed throughout the world as one of the first tangible effects of the ICPD. However, whereas members of the

mission worked to convince the government that removing targets was necessary because achieving other non-demographic ends, such as women's literacy, was more effective than family planning, the government saw its target-free policy largely as a means for instituting a more effective family planning program. This is seen in the explanation of a former Secretary of Family Welfare, who primarily equated the removal of targets with contraceptive provision:

> Targets existed to ensure that field workers had consistent output. Our intention was good, but it led to distortions. Because of targets the choice of individuals became less important, quality became less important, somehow fulfilling numbers became more important. An element of over-reporting also crept in...there were some fears that if targets were withdrawn people would stop working. So it was tested an within one year it was found that it does not happen so. So with the consent of all the states, targets were removed.

In other words, according to a former Ford Foundation representative, in adopting such an approach "the Indians haven't really made the shift from a demographic focus to another focus. What they've simply said was let's take another approach to achieve a demographic focus." As a result, while the government moved closer toward the prescriptions of the international agenda during the sector review, it was compliant with the letter, but not the spirit of the ICPD.

The second issue that emerged in the 1995 discussions between the World Bank and the GOI further highlighted the different views each party had of the proposed reform. Debate over one of the most fundamental issues of the report, it's title, further demonstrated that the government was not committed to the same vision of sweeping change as promoted by the Bank. The problem, as recounted by a former Ford Foundation representative, was that "the World Bank wanted this to be called the Reproductive Health program originally, but the government was unwilling to give up its

focus on maternal and child health (MCH)." The MCH approach, as noted in chapter 3, was widely criticized at Cairo as treating women primarily as instruments for both fertility control and child health. The government's insistence on retaining such a focus demonstrated that they had not been fully socialized into the ideology of reproductive health that replaced it, and continued to conceptualize the program in light of traditional goals. The tension was never fully resolved, but was instead the subject of a compromise, as signified by the title ultimately given to the Reproductive *and* Child Health Program. According to a recent past Secretary of Family Welfare, the government perceived this change as little more than a semantic one, since "we said alright if this name [reproductive health] has gained acceptance we will also call the program this. So we changed the terminology to call our program also the RCH program."

The final example of the Ministry's qualified embrace of the international agenda is seen in the debate over the substantive content of what would be the core of the RCH, the essential services package (ESP.) Differences between the government's priorities and those of the Bank became most apparent during the development of the package which, like the compromise over the program's title, highlighted the enduring tension between the country's existing goals and the new ones introduced in the ICPD. This package, as originally drafted by Saroj Pachauri, a women's health advocate and director of the Population Council's New Delhi office, identified and ranked a set of reproductive health services to be provided under the new program. During the Ministry's review of the Bank's report, it was this section that underwent the most substantial revisions, reflecting that even though the GOI and the Bank were in agreement on desirable

interventions they differed in regard to their prioritization. As the Bank project manager for the RCH recounted:

> So the draft was prepared and it was given to the government. Government had their experts come in and meet, they had their states come in and discuss with them. They moved things up and down, and that how the package evolved. It basically took cognizance of what was there already, the family planning and the CSSM.

The outcome of this debate was a final package was that biased toward MCH and family planning interventions, while at the same time reflecting an almost contradictory strong undercurrent of the ideology of reproductive health. This is seen in the fact that even though the ESP itself was whittled down to the most conventional child health and family planning services, they were conceptualized as an interrelated package of interventions. As the Bank official continued, this was the bundling of such services was the most significant contribution of the ESP, since:

> more important than the service package (anyone can put together one) was the recognition that in order to deliver the service package effectively everyone in the system, from the Union Secretaries, health secretaries, distract magistrates- the administrative line as well as the service delivery people- now had to have a change in approach. They are no longer recruiting family planning acceptors but trying to meet women's needs.

However, the project manager's assessment of the ideological change required with the adoption of the ESP may be slightly optimistic, as the three debates discussed above highlight the fact that that Ministry officials continued to be informed by the mentality of population control in the post-Cairo era.

Once the issues of targets, titles, and essential services had been settled, the World Bank formally submitted the final sector assessment document, *India's Family Welfare Program: Moving to a Reproductive and Child Health Approach*, to the GOI for approval. According to one of the members of the Bank team, the internal debate had

created its own consensus on the negotiated points so that "by the end of the mission everyone was on board, and it picked up excitement." Similarly, in the words of a former Secretary, the government and donors "agreed that the policy framework is right, appropriate and acceptable to them." In other words, the process of reaching agreement on the means, if not the goals, of reform helped generate enthusiasm among both parties for undertaking the changes they understood to be necessary. On the Bank's part, the outcome of these negotiations was seen as binding, since, according to the RCH project manager, "we were committed that if we did this analysis and if a new proposal was based on the recommendations of the analysis we were committed to funding it." Reflecting the same type of commitment to the outcome of the review, she continued, the government "accepted its conclusions and decided to change policy." Thus, by the end of 1996, both the GOI and the World Bank had agreed to work together to, as stated in the review document, "reorient the Family Welfare Program, as quickly as possible, to a reproductive and child health approach that meets the health needs of individual clients and provides high-quality services."(Measham and Heaver 1996, x)

The Reproductive and Child Health Program

The final stage in the progression toward the RCH was the least eventful, as most of the ideological battles over the program's goals were fought during the sector review. What was left at this point was to operationalize the prescriptions of the sector review document, a task that built on their shared faith in the *means* of change endorsed in the international agenda, such as quality of care, client-centered services, and collaboration with the non-governmental sector. As described by a Washington-based Bank official, the new program was the logical outgrowth of the earlier negotiations:

> That paper was sector work, it was not a study and it was not a program. That paper was a study and analysis of what's wrong with the program and what needs to be done, recommendations of what needs to be done. From recommendations you need to turn it into an action plan. That was after Cairo. Then the government came to the bank and said that they would like to [Secretary] Pant to put in place the RCH program.

While Secretary Shunglu left the Ministry during the final stages of the sector review process, his successor, J.C. Pant was able to continue the process, since according to the same Bank official, his "strength was that he recognized the change in attitude that was underway." In the words of a Population Council Representative, the rapid succession of Secretaries that followed Shunglu's relatively long tenure did not disrupt the progression toward the RCH:

> We were worried because Shunglu left, and then came Pant and he was even better! He was a true NGO at heart, after he retired he's now doing NGO work....We were upset when he left [in 1997] but then came Chaturvedi who was truly committed, read the agenda, carried on. Now we have a wonderful person also. We are just very fortunate that we've had these people one after another in succession. And there has been an effort to maintain continuity not only at the Secretary level, but at the Joint Secretary level as well.

Under the direction of Secretary Pant, the government began limited consultations with NGOs on the technical elements of the project design, and even incorporating them into the RCH's service provision strategies. By most accounts this final phase was "highly participatory," even if the main role of these "stakeholders" was to operationalize the already agreed upon package. At this point many of the women's health advocates who were dispossessed after Cairo reentered the debate, although their contributions were proscribed by the framework agreed upon during the sector review. However, because many of their concerns had already been integrated into both the government's and the Bank's rhetoric, partially as a result of the Cairo process, these groups were highly supportive of the principles already identified. As a result, the new RCH program that

came out of this process was highly compliant with the international agenda, ultimately highlighting the close linkage between the international and domestic debates.

In October 1997, the GOI launched the final version of its Reproductive and Child Health Program, a document which, in the words of the director of the Population Council in New Delhi, "in terms of policy, it contains all of the nice language." As the first major policy change in the wake of Cairo, and explicitly referencing its principles, the document was hailed throughout the world as an indication of the influence of the new agenda. However, as the discussion above demonstrates, the RCH was nearly a decade in the making, and reflected a commitment to the means of the new international agenda while remaining firmly wedded to the ends of population control. Thus, while the RCH has been described as a "distinct shift" from past programming efforts, it is also remarkably similar in many ways. According to the document itself, the new program integrates past designs with new strategies:

> The RCH Programme, accordingly, integrates all the related programmes of the 8th Plan. The concept of RCH is to provide to the beneficiaries need based, client centered, demand driven, high quality and integrated RCH services. The RCH programme is a composite programme incorporating the inputs of the Government of India as well as funding support from external donor agencies including the World Bank. (Government of India 1997, paragraph 6)

Similarly, in the words of one Bank official, "many of the elements of the package were already in the system, the problem was to provide that in a more client-friendly manner." Attempting to do this, she continues, the RCH "represents the best of all the past programs and then finding the gaps and trying to improve quality." While existing family planning and MCH services largely defined the program, it also added elements of the ICPD agenda such as treatment for reproductive tract infections and sexually transmitted diseases to the essential services package. But it was the RCH's emphasis on

clients and quality, the cornerstone of the regime's new agenda, that ensured its high degree of compliance between the RCH and the ICPD. However, continuing to reflect tension that underpinned the post-Cairo policy development process, the RCH argues that "the main objective of the Family Welfare Programme for the country has been to stabilize population at a level consistent with the needs of national development." (Government of India 1997, paragraph 1)

In other words, while the RCH is compliant with the ICPD in terms of the means it employs to reach the goal of population control, its continued support for that end goal demonstrates that the RCH was ultimately driven by different concerns than the ICPD. Despite this fundamental difference, it is clear that in the areas where the RCH is in compliance with the ICPD, such similarities are the result of shared ideals between GOI officials and the international agenda. As a result, the high degree of compliance seen in the RCH is best understood as the product of "voluntary" compliance, as defined by Peterson (1997), which can be attributed to the "actor internalization of the regime prescriptions."

Sources of Compliance Effectiveness: The Regime

The final stage of this analysis of the effectiveness of the international population regime in India answers the last of the three questions guiding the case studies: *what* role did the regime play in bringing about the high level of voluntary compliance discussed above? Again employing the empirical evidence developed through process tracing, this section argues that the GOI's decision to reform their population program can best be understood as an instance of "regime-enabled" compliance as defined in chapter 2. In

other words, the "actor internalization of the regime prescriptions" that underpins Peterson's (1997) notion of voluntary compliance can be seen as facilitated, but not dominated, by the regime's intervention. It is argued that this compliance was "enabled" by the transnational socialization that accompanied the Cairo process, as well as by the post-Cairo intervention of the organs of the regime, most notably the World Bank. However, as the discussion above clearly demonstrates, the regime was not the only influence on the nature of the GOI's policy change, so the final section of this analysis highlights the role of factors outside of the formal regime that also helped bring about the level of compliance seen in the RCH.

While the discussion below works to identify the role of the regime and other factors that contributed to compliance, it does not attempt to rank these influences in order of importance or specify direct lines of causation between them and the policy outcome. This is because, as the process tracing above demonstrates, the RCH is a product of a complex set of mutually constitutive interactions between these actors and variables, making it impossible to arrive at such conclusions. In the words of a UNFPA representative in New Delhi, attempts to determine causality in this case are doomed, since:

> if you're trying to say it's because of X or X and Y, you really can't say that. You simply cannot. If anything, if you had to, you would have to say that it was because of the government that it happened, because government could have chosen not to listen. They chose to listen and they made that change. But donors could have chosen not to speak, the women's groups could have chosen not to speak....It is arrogant for anyone to say that one set of actors can be given credit for this change....It's always a collective achievement.

The director of the Population Council office in New Delhi arrived at the same conclusion, arguing that "I don't think any policy change occurs because of a single act

or a single actor. It's a process. It took well over a decade before anything happened. It was a lot of work." In other words, all of the conditions discussed below worked together to create a situation in which the government and the regime's shared interests coalesced in the new approach to family planning contained in the RCH. Thus, this dissertation recognizes the constellation of influences central to inducing policy change in India, but does not work to establish direct lines of causation or relative levels of importance.

Regime-Enabled Compliance

Following Peterson's typology of the forms of compliance outlined in chapter 2, the process of policy change in India outlined above can best be understood as "regime-enabled." This form of compliance, occupying the mid-ground between the "induced" and "spontaneous" forms, occurs when the regime neither drives, nor is irrelevant to, the government's decision to undertake change. Rather, as defined by Peterson, the regime serves to facilitate attitudinal change within the government, so that:

> regime-enabled compliance occurs when a previously passive actor aligns its conduct with regime prescriptions because the existence of the regime removes one or more barriers to action. These barriers can include a low sense of urgency about the matter, lack of information, internal disagreement about the best policy approach, fear that unreciprocated action will lead to disadvantage, or the belief that acting alone will make no appreciable difference. (Peterson 1997, 117)

This conception of compliance most adequately characterizes the type of involvement exercised by the international regime in India, since as the process tracing above highlights, the changes embodied in the RCH were the product of a complex series of interactions between the GOI and the actors and institutions of the regime. While it is most probably the case that policy change would have come about in India even if the international agenda had not changed, the final version of the RCH was definitively altered by both the process of formulating the regime and by the World Bank's advocacy

of that new agenda. As a result, even though this form of compliance gravitates toward the "spontaneous" end of the spectrum illustrated in chapter 2, it remains within the limits of notion of "regime-enabled" compliance because of the critical contributions of the regime discussed below.

The Cairo Catalyst

Guided by Peterson's (1997) conception of "regime-enabled" compliance it is argued here that while the intersubjective process of regime change did help motivate corresponding policy changes in India, it did so primarily by reinforcing intellectual trends that were simultaneously taking hold within the government. As demonstrated by the policy formation process extensively outlined above, the Cairo Conference was clearly an enabling factor in bringing about compliance. It served to goad the "previously passive" Indian government into action, both by contributing to a "sense of urgency" around the need for population policy reform, as well as by forcing the government to develop an internal consensus regarding the "best policy approach" for such change. In other words, the formulation of a new international agenda helped remove some of the domestic barriers to bringing about change, but did so largely because it reinforced an "internalization of the regime's principles" that were already underway within the government.

As noted above, Cairo was a catalytic event where, in the words of a Population Council representative, "it coalesced in a sense," forcing the government to grapple with its internal debates and external demands for reform, and then mobilizing it around the resulting agenda. The discussions surrounding this event helped create a new common conception of reproductive health, one that built on the GOI's emerging consciousness of

the need to rethink population control efforts while at the same time broadening their conception of what that entailed. This process worked to socialize GOI officials into the new rhetoric of reproductive health, largely because it reflected many of the concerns that were surfacing internally at the same time. The result was not only a new international agenda that served to redirect the regime's activities, but a general resolution to the internal disagreements over the nature of the reforms to be undertaken in India. With a domestic consensus supported by an international agenda, in the wake of the 1994 conference the GOI possessed the two elements that were crucial in igniting the smoldering reform movement: momentum for change within the Ministry; and a basic blueprint for that change. However, as the clashes between the World Bank and the GOI in the post-Cairo era demonstrate, the government's internalization of the new agenda only extended to the aspects that it was already disposed to accept, those regarding the *means* of reproductive health rather than its *ends*. Thus, while the Cairo conference helped create the enabling conditions for compliance, it did so only because it intersected with preexisting domestic demand for a certain type of reform.

This contention, that Cairo's primary contribution to compliance in India was to enable ongoing domestic trends, is supported by the fact that the areas of agreement between the ICPD and the RCH primarily reflect those issues which were already being considered within India prior to the regime change. In terms of the type of interventions included in the RCH, the new policy clearly builds on the recommendations endorsed in the Swaminathan report, and to a lesser degree, the eighth five-year plan. This suggests that, while the Cairo process hastened policy change by confirming the arguments of the domestic epistemic community, the high level of compliance seen in the RCH was made

possible because many of the ideas in the ICPD were being simultaneously echoed in the national debate. In other words, as a UNFPA representative noted, the RCH looked like the ICPD because "both nationally and globally everybody was saying the same thing." More specifically, it was because they were saying the same thing about service provision issues. Thus, in accordance with Peterson's conception of "regime-enabled compliance," while the ICPD was critical in creating the enabling conditions for compliance, such changes in Indian policy would not have come about if a strong domestic consensus on the same ideals did not also exist.

The proposition that domestic demand was as crucial to compliance as the regime's push is also supported by looking at the areas of non-compliance between the two agendas. The fact that the RCH directly contradicts one of the most significant issues in the ICPD, the goals of the new agenda, demonstrates that even the presence of enabling conditions does not ensure compliance. Even though the Cairo process removed the same barriers to action in regard to eliminating the rationale of population control, the GOI did not take steps to become compliant with that provision of the ICPD. This highlights the fact that, while the regime served as an important catalyst for change, it was only able to construct consensus on areas in which there was already domestic support. Thus, the GOI's refusal to abandon its population control goals in the face of regime change serves to confirm a former Secretary of Population Welfare's contention that "India luckily has not been a vessel for trends that emerge around the world." It also brings to light the importance of other domestic actors in creating the enabling conditions for the high level of compliance seen in India's RCH program. These factors are discussed more fully in the following section.

World Bank Involvement

While the socializing process of regime formation was instrumental in bringing about the level of compliance seen in the RCH, so were the organs of regime working in India. Specifically, it was the largest donor to the country, the World Bank, that had the most tangible impact on the final articulation of the RCH. The visibility of this influence was so high that one former ministry official to concluded that "very frankly, reproductive health was pushed by donors. The World Bank said that funding will come only if family planning is replaced by the RCH programme." The Bank was able to issue such an ultimatum because, unlike the other organs of the regime which were active in India at the time, such as the UNFPA and the Ford Foundation, it enjoyed far greater access to policymakers as a result of its status as a multilateral lending agency. According to a former Joint Secretary, "when there is a big kitty the donor has some capacity to dictate, while with a smaller kitty nobody cares." However, it appears that this financial leverage did not translate directly into ideological leverage, as the Bank's role in forcing policy change served primarily to facilitate the type of change that was already underway in India. In other words, as former Ford Foundation representative observed, "the Bank's cycle coincided with the time of change," so that it can be seen as enabling reform rather than driving it.

While the extent to which the Bank shaped the process of domestic agenda-setting remains the subject of intense debate, the evidence above suggests that it lies somewhere between one former Joint Secretary's perception that it was "pushed by donors" and another Secretary's testament that "I can say without qualification that India had not had dictation in regards to policy from anybody." Rather, the events tend to support the

observation of a key Bank official who argues that "maybe the Bank helped *articulate* the program, but I certainly would not say that the Bank *wrote* the program." In other words, she contends that although the Bank had a significant hand in shaping the outcome of the program strategy, it was not able to impose its ideology of reform on the government. Instead, as the compromises over the program's title and the content of the final essential services package highlight, the Bank's influence was tempered by the GOI's own interests. While the Bank largely defined the perimeters of the debate, which was heavily informed by its commitment to the new international agenda, the GOI was also an active partner in drafting a program that spoke to its own interests. This is most clearly demonstrated by the fact that the RCH is non-compliant with the ICPD in terms of the goals of the new program, directly contradicting the ideology of reproductive health the Bank had come to endorse after Cairo. If the Bank had truly dictated the policy, then it would have borne a much closer resemblance to the health-based goals adopted by the regime. Thus, while the Bank played an important role in the progression toward a highly compliant RCH, its ability to bring about a shift in GOI policy was as much a reflection of the government's willingness to change in the direction outlined by the domestic epistemic community as it was a comment on the Bank's power as an institution. In other words, it enabled compliance, but was not able to drive it.

Non-Regime Sources of Compliance Effectiveness

While the discussion above highlights the fact that the actors and institutions of the regime were effective in enabling compliance in India, it also suggests that they were not the only factors influential in shaping the government's decision to reform its population program. Thus, this section departs from the conventions of regime analysis and examines the various domestic influences that played a role in facilitating the government's "internalization of the regime prescriptions." Two of the most important of these factors are detailed below: the intellectual contributions of the country's activist epistemic community, and the climate of change within the government itself during the early 1990s. Together, these two factors served to both inform and reinforce the regime's contributions to enabling policy change in India.

The Role of the Domestic Epistemic Community

As the discussions above repeatedly demonstrate, the research and advocacy of members of the domestic epistemic community was critical in shaping the highly compliant nature of reform in India. In line with Haas'(1992) vision, this group was most influential in the early stages on the policy process, in which they were able to serve the two most common functions of an epistemic community: framing the scope of the debate and generating public and official support around that construction of the issue. With a strong "professional pedigree," noted demographers like Ashish Bose, Leela and Pravin Visaria, and Shireen Jejeebhoy were the ones to translate the emerging body of evidence on the program's failures to policymakers during the early 1990s. Promoting a view that accorded with existing GOI priorities, their assertion that the 1991 census results reflected specific problems with the design, but not rationale, of the family planning

program was quickly embraced in official rhetoric during the 1990s. It was this basic conclusion of the emerging epistemic community, that the disconcerting contraceptive prevalence figures demonstrated service provision failures and not the larger problems identified by radical feminists, that served as the intellectual foundation for the remainder of the reform process. This fundamental assumption, introduced into the official debate by the Swaminathan report, is reflected in both the areas of compliance between the RCH and ICPD on service provision issues and the points of divergence regarding the ideology of population control.

While making their way into official discussions through formal efforts such as the Swaminathan report, these ideas also influenced the policy process as a result of the direct activism of some of these researchers. This variant of the epistemic community, commonly referred to as the women's health movement, worked to mobilize both civil society and the GOI around an ideology of reform similar to that seen in the RCH, which continued to embrace the mentality of population control while promoting the methodology of reproductive health. Unlike other activist groups like Saheli and Jagoori, this epistemic community was able to generate a productive public debate on family planning reform by using their status as experts to overcome the polarized atmosphere of the early 1990s. Similarly, as noted by the director of Population Council office in New Delhi, they employed their "professional pedigree" to present themselves to the government as collaborators in the shared enterprise of reform.

> we all work with people who are like-minded...it is the same thing with government. If you look at it from their perspective, they can't deal with the Jagooris who are attacking them, but they can deal with [women's health advocates] because they can talk their language and seem to be partners, seem to be trying to reach a common goal and not attack.

As a result, the government increasingly came to see these advocates as the legitimate voice of civil society, as demonstrated by the special status they enjoyed during and immediately after the Cairo conference. Their position as experts also allowed them special entry into the domestic policy debate, as seen most visibly in the central role played by Saroj Pachauri in drafting the essential services package. These intersections with the official debate compounded each other, so that both the RCH and the ICPD were both influenced to some degree by the Indian epistemic community, contributing to the high level of compliance on the service delivery issues advanced by these researchers.

Although the epistemic community was highly influential in both providing the intellectual foundations for the public debate of the 1990s as well as mobilizing public support for such an agenda, their contribution was a necessary, but not sufficient, condition for ensuring the high level of compliance in the RCH. As a former Ford Foundation representative to India cautioned:

> I would not overstate the influence of women's groups on defining that broader reproductive health package. A lot of that I think comes from some very creative people within the government, and people like the Bank and their discussions, and this whole initiative they set up around it on dealing with other reproductive health needs. Certainly women's groups played a role, but they were only one of the actors in it, and not necessarily the primary actor.

The marginalization of the epistemic community in the post-Cairo period, combined with the parallel and complementary developments occurring within the government and donor communities, highlights the fact that these activists did not work alone. According to the director of the Population Council office in New Delhi, "I think that civil society and the NGO groups, including the feminists, have been partners in influencing change.

But it is not a very explicit, evident vision that you will see." Their influence, as demonstrated above, primarily revolved around creating the intellectual framework and domestic momentum for change, contributions that were continuously reinforced by concurrent domestic and international developments.

Changes within the Government

The final factor that was central to bringing about the type of compliance seen in the RCH is the evolving attitude of the government itself. Recognizing the GOI's own agency, as well as the interconnectedness of the various influences, a UNFPA representative observed:

> If anything, if you had to, you would have to say that it was because of the government that it happened, because government could have chosen not to listen. But they chose to listen and they made that change. [But at the same time,] donors could have chosen not to speak, the women's groups could have chosen not to speak.

In other words, while the demands for reform noted above were instrumental in pushing the GOI toward an "internalization of the regime prescriptions," it was also the government's decision to respond to those demands that ensured compliance. Developing slowly throughout the 1990s as a result of larger political conditions, as well as due to the more immediate effect of the appointment of a new Secretary of Family Welfare, changes in the "beliefs, interests, and capabilities" of the GOI in the post-Cairo period both contributed to and reflected the concurrent developments discussed above.

According to one Joint Secretary of Family Welfare, the decision to reform its family planning program was rooted in the "larger shift in government priorities since the early 1990s," that developed in a parallel, but complementary, manner to the other factors discussed above. As noted in the previous chapter, during the early 1990s India

embarked on an aggressive strategy of economic liberalization that brought with it, among other things, a greater emphasis on modernizing the public sector. This renewed interest in economic and administrative efficiency helped refocus attention on the beleaguered population program, which Rajiv Gandhi deemed "one of the weakest sectors of the economy" only a few years earlier. (Bose 1996, v) It also appears to have revived the official commitment to the demographic orthodoxy, which posited a direct link between fertility and economic health, reversing the post-emergency silence on the need to achieve population control. The government's reaction to the 1991 census results highlights the changing attitudes regarding family planning that accompanied economic liberalization, where "as with previous census rounds, the failure to control population growth became a national issue. Unlike previous occasions, however, the Prime Minister of India" took action.(POLICY Project 1998, 20) The action that followed, in the form of both the highly critical eighth five-year plan and the Swaminathan report, reflected a willingness to adopt innovative methods in order to advance the perennial goal of population control. It was this recognition of the need to change, spurred by the larger social and economic upheavals of the early 1990s, that contributed to the GOI's decision to undertake the highly compliant reforms in the post-Cairo era, while at the same time helping ensure that they continued to be guided by the economic assumptions of the demographic orthodoxy.

Although, as highlighted in the process of policy formulation traced above, high-levels of the GOI had warmed to the idea of program change during the early 1990s, resistance within the Ministry itself frustrated GOI reform efforts in the pre-Cairo period. With the retirement of the Secretary Vohra shortly before the ICPD, referred to as the

"dragon lady" of the Family Welfare Department, the last institutional barrier to undertaking the change was removed. As described by the World Bank's RCH program manager, the attitude of the various subsequent Secretaries guiding the RCH process was crucial in ensuring the nature of the policy outcome:

> union secretaries can either be: a negative force, where people talk and the secretary doesn't listen; or they can be neutral, where the secretary is listening but doing nothing; or they can be a positive force, where people say things to them, they listen, and then they take action. In that way, the series of secretaries that happened at that time were a positive force because they were willing to listen, think, and act. This all started with Mr. Shunglu right before Cairo.

As the process tracing above highlights, it was the appointment of V.K. Shunglu in late 1994 that sparked the progression toward the highly compliant agenda seen in the RCH. While the movement toward change may have been inevitable, since both higher levels of the GOI and the World Bank were calling for it, the GOI's receptivity toward the constructs promoted by the epistemic community was not guaranteed. Rather, it was Mr. Shunglu's willingness to take action that began the process of change. This momentum, sustained by increasingly supportive Joint Secretaries throughout a period of exceptionally heavy turnover at the Secretary level, enabled the process of ideological change going on within the Ministry to continue. As the RCH project manager continued, "we were worried when Shunglu left, and then Pant came in and he was even better... [we were] upset when [Pant] left, but Chaturvedi was truly committed, read the agenda, and carried on." While the presence of a receptive secretary was a necessary condition for compliance, it was not sufficient in itself, since the key function preformed by the Secretary was listening to, internalizing, and taking action on, the demands voiced by actors outside of the Ministry. Thus, the high level of compliance seen in the RCH can be attributed intellectual agreement between the GOI and the regime that came about

as a result of a unique combination of: a series of amenable secretaries; the catalyst provided by the Cairo conference, the World Bank's demands for reform; and the development and dissemination of the politically viable constructs of the epistemic community

Conclusion

The discussion above works to answer the central question of this dissertation, *is the post-Cairo population regime effective in South Asia*, by looking at the regime's influence in the process of formulating India's Reproductive and Child Health Programme. It found that the regime was effective as assessed in terms of policy compliance, since the RCH accords with the ICPD in terms of the *means* or reproductive health, although it does diverge in terms of the desired *ends* for such interventions. However, the discussion above also highlights that the regime was only one of the factors influential in bringing about this level of effectiveness, arguing that it was a product of the fact that the GOI and the regime were committed to similar agendas for family planning reform. While the ideals and actors of the regime were important in bringing about the shared ideology of reproductive health care that formed the foundation for compliance, they were not the only, nor most important influences on the RCH agenda. Rather, the regime can be seen as enabling a change that was already underway within the country, fueled by the efforts of the domestic epistemic community, and reinforced by larger changes within the government itself.

This dissertation now turns to a similar evaluation of regime effectiveness in Pakistan, an undertaking that produces dramatically different results from the case of India.

Chapter 7
Pakistan's Reproductive Health Service Package

Like the previous chapter, this one works to provide insight into the central question of this dissertation, *is the post-Cairo population regime effective in South Asia,* by examining compliance in a single national context. Focusing on the formulation of Pakistan's 1999 Reproductive Health Service Package (RHSP,) this chapter follows the same format as the Indian case study, looking first at *if* the new policy is compliant with the international agenda, then assessing *how* it came to be that way, and finally, *what* role the regime played in bringing about that compliance. The discussion below finds that although the level of compliance demonstrated in Pakistan's new reproductive health initiative was the lowest of all the cases examined in this study, it did come about through what Peterson (1997) terms "voluntary" compliance. In other words, it is argued that the points of compliance in the RHSP, as limited as they may be, represent an internalization of some of principles of the Cairo agenda by government officials, and were not "induced" by regime leverage. While it is also found that the regime was much more influential in encouraging policy change in Pakistan than in either India or Bangladesh, this influence still remained within the boundaries of what Peterson considers "regime-enabled" compliance. Thus, although the regime was the dominant force in bringing about this level of compliance, the account of the policy process developed below also highlights the importance of the government's initial willingness to change, and the limited, but notable, contributions of civil society.

Assessing Compliance Effectiveness in the RHSP

As in the case of India, this chapter works first to establish *if* Pakistan's Reproductive Health Service Package (RHSP) complies with the prescriptions of the regime in order to serve as the basis for the subsequent discussion of *how* such compliance effectiveness came about. To do this, this section compares the final RHSP document to the international agenda articulated in the Programme of Action adopted at the 1994 International Conference on Population and Development (ICPD) in order to determine the degree to which the former accords with the latter. It concludes that, while the RHSP does demonstrate an awareness of the ideals of the ICPD, the superficial manner in which such points are integrated into the Pakistani program contribute to an overall low level of compliance with the international agenda. This is found to be the case not only because the RHSP continues to cleave to the widely-denounced goal population control, but because the methods it embraces to achieve such a goal continue to be informed by a similarly outdated approach to service provision. However, because it does endorse a limited number of the interventions outlined in the ICPD, as well as adopts its rhetoric, the RHSP is ultimately understood to be in compliance with the regime, although to a highly limited degree.

Points of Compliance: A Superficial Similarity

At first glance, the RHSP appears to be highly compliant with the Cairo agenda. It is explicitly grounded in the provisions of the ICPD, arguing that it "has a specific focus on meeting the reproductive health requirements of men and women."(Government of Pakistan 1999, 5) Drawing its definition of these needs directly from the international agenda, the RHSP is grounded in the ICPD's comprehensive understanding of reproductive health, as well as the role family planning programmes play in ensuring one component of such well-being. The adoption of this approach in Pakistan is justified in terms of a variety of themes that echo the intent of the ICPD: remedying the low status of women in the country; involving men as well as women in family planning; providing for unmet contraceptive needs; and approaching women's health in terms of their life cycle rather than simply in their role as mothers. In order to do this, it outlines an ambitious package of services to be provided under the new program, including traditional family planning and maternal and child health services as well as introducing many of the concerns identified at Cairo, such as: attention to adolescent reproductive health needs; treatment of sexually transmitted diseases; management of infertility; detection of breast and cervical cancers; greater emphasis on the male role in reproductive health care and education; and the incorporation of the NGO sector in the new program. Table 5 provides an overview of some of the provisions of the RHSP that most closely echo, if not directly quote, the ICPD, in order to provide insight into the ubiquity of the rhetorical agreement between the two documents. However, as is discussed below, the ideology and methodology guiding service provision in the RHSP effectively undermines the bulk of these changes, so that compliance in this sense is largely superficial.

A more substantive area of compliance included in the RHSP is the framework for collaboration between the Ministries of Health and Population Welfare it develops. Uniting the activities of ministries that had been functionally independent for decades, the changes outlined in the new program clearly embrace the ideal of unified service delivery developed in the ICPD. Reflecting one of the central tenets of the international agenda, that effective reproductive health services can only be provided in conjunction with the primary health-care system, the RHSP argues that it:

> provides an integrated and consolidated approach to programmes and actions and incorporates all existing activities of Health and Population Departments to address reproductive health requirements of all men and women. (Government of Pakistan 1999, 5)

Focusing specifically on the activities of these two ministries, the Government of Pakistan's (GOP) agenda outlines a system for integrated and comprehensive care that works primarily to bring community and village-level services into alignment. However, as is also discussed below, this arrangement is ultimately compromised by the fact that it continues to operate under the assumptions and methods of the pre-Cairo period. The outcome is that while this prescribed functional integration of the two Ministries represents the most significant prescription for reform presented in the RHSP, it is only compliant with the ICPD to a limited extent.

Table 5.
Selected Points of Compliance Between Pakistan's Reproductive Health Service Package (RHSP) and Programme of Action of the International Conference on Population and Development (ICPD POA)

Issue	ICPD POA	RHSP
Reproductive health	Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. (paragraph 7.2)	Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. (Page 7)
Family planning	The aim of family planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so. (Paragraph 7.12)	The aim of family planning programmes must be to enable couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information and means to do so. (Page 7)
Integrated service provision	All countries should strive to make accessible through the primary health care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than 2015. (Paragraph 7.6)	This document provides an integrated an a consolidated approach to programmes an actions and incorporates all existing activities of Health and Population Departments to address reproductive health requirements of men and women (Page 5)
STDs/ HIV	The objective is to prevent, reduce the incidence of, and provide treatment for sexually transmitted diseases, including HIV/ AIDS. (Paragraph 7.29)	Management of RTIs including awareness, detection and services will be integrated with other health and family planning services. (Page 42)
RH needs through the female life-cycle	[RH services] include: prevention and treatment of infertility;...diagnosis and treatment for...breast and cancers of the reproductive system. (paragraph 41)	RHSP will ensure provision of necessary information for raising awareness about menopausal syndrome...management of infertility...screening and management of breast and cervical cancers (Page 42-43)
Quality of Care	All family planning programs must make significant efforts to improve quality of care. (Paragraph 7.23a)	The main focus during the Ninth Five-Year Plan (1998-2003) will be to increase the coverage and access to quality reproductive health care services. (Page 27)
Adolescents	Governments...are urged to meet the special needs of adolescents and to establish appropriate programmes to respond to those needs (Paragraph 7.47)	RHSP will respond to the information and health needs of the 10-15 years population group keeping in view the societal norms. (Page 42)

Points of Divergence: Ends and Means

Although the RHSP initially appears to embrace the provisions of the ICPD, upon closer inspection it quickly becomes apparent that the points of compliance discussed above are largely undermined by the GOP's rejection of the core principles of the international agenda. Because much of this disagreement is found in the structure of the program design, rather than the direct language of the document, it is impossible to develop a corollary to table 5, highlighting specific provisions of the two that agendas that are opposing. Rather, it is the ideological and methodological assumptions guiding how such points of compliance are integrated into the actual structure of the program that contributes to the low degree of compliance ultimately demonstrated in the RHSP.

One of the most fundamental issues on which the RHSP and the ICPD diverge revolves around the goals of reproductive health interventions. Whereas, as noted in chapter 4, one of the most significant aspects of the Cairo agreement is its shift away from the goal of population control toward the end of reproductive health, the RHSP does not reflect a similar predisposition. Instead, it resolutely endorses the ideals of the demographic orthodoxy, arguing that the program is ultimately intended to reduce fertility in order to forestall the economic pressures associated with population growth. The rationale for the program, as stated in the document, is based on the recognition that:

> the massive addition of about 3 million every year is expected to put severe pressures on limited resource base an place a very high cost for any additional facility....To respond to the shortfalls in bringing down the fertility levels, a more comprehensive population and development policy is being pursued by the Ministries of Health and Population Welfare starting during the Eighth Five-Year Plan (1993-1998) based on the Program of Action of International Conference on Population and Development. (Government of Pakistan 1999, 4)

Similarly, the document notes that the "GOP intends to provide further impetus to this trend in decreasing fertility through RHSP." (Government of Pakistan 1999, 38) In other words, the end goal for the program outlined in the RHSP is to slow population growth, primarily in the interest of economic development, something that is directly opposed to the ICPD it cites as an influence. While the case of India developed in chapter 5 demonstrates that such a divergence does not necessarily imply a low level of compliance, when reinforced by the other differences noted below, it helps ensure that the RHSP runs counter to the agenda endorsed in the ICPD.

Compounding this is another fundamental divergence between the two agendas, that regarding the ideology of service provision. Whereas India may have rejected the goal of reproductive health, it did embrace the assumptions behind the methodology of reproductive health *care:* that increased quality and scope of services would produce a number of desirable outcomes, one of which being fertility control. The Government of Pakistan (GOP,) on the other hand, has yet to embrace such logic, as according to a Population Council representative:

> one of the things that has not quite gotten across [to the GOP], (but is *beginning* to get some currency) is the idea that, in fact, it might actually be easier to do this stuff in a reproductive health context rather than trying to bludgeon people into doing something they don't want to do. They got nowhere doing that for 25 years...It's the idea of shifting towards a service orientation as opposed to a population target orientation that just hasn't gotten through yet.

Without any desire to change the nature of such services, only the structures through which they were to be provided, the vision of reproductive health in the RHSP is limited to linking the activities of the MOPW to those of the MOW without substantially altering either of their operations. As a result, while the RHSP embraces the rhetoric of reproductive health, the primary element of this change is integrating *existing* family

planning services into *existing* maternal and child health care (MCH) efforts. Although the RHSP does recognize the need to expand its services beyond these two main functions, the actual provisions for doing so outlined in the service package are very minimal. It is the mentality of population control, combined with a rejection of the notion that effective reproductive health services would serve such a goal, that effectively negates the document's stated commitment to addressing such unconventional issues as the treatment of infertility, reproductive system cancers, or sexually transmitted diseases. Thus, while the RHSP echoes the reproductive health language of the ICPD, the RHSP's level of compliance is significantly undermined by the fact that it conspicuously overlooks the ICPD's key premise, that the provision of quality, client-centered reproductive health interventions contribute to fertility reduction as a function of improving women's health.

Because the RHSP does not endorse the ideology of reproductive health care endorsed in the ICPD, the resulting service interventions included in the new program are consequently skewed. Although, as noted above, the RHSP initially appears to reflect the priorities of the ICPD in addressing issues such as gender and the role of civil society in its new program, the way in which such issues are treated differs significantly in the two documents. While, in the spirit of the ICPD, the RHSP begins with a discussion of the status of women in Pakistan, frankly noting that "culturally and socially, women are considered inferior to men," the package does little to incorporate that awareness into the design of special service provision strategies, nor does it take any steps to redress that condition in either the health and family planning sector.(Government of Pakistan 1999, 1) In direct contrast to the ICPD, the RHSP includes no provisions at all for user input,

nor does it include any mechanisms for increasing such participation, even though it echoes the language of Cairo in its recognition of the idea that:

> the civil society- particularly women's organization, youth organization and other relevant bodies working for the betterment of women and youth also have the potential to assist in implementation, monitoring and evaluation of the programme and policies at different levels. (Government of Pakistan 1999, 37)

The RHSP's interpretation of male involvement in family planning activities, another gender-based concern introduced in the ICPD, is similarly contradictory. While the document is appears to be highly compliant in its pledge to "encourage men's responsibility for sexual and reproductive behavior, increase male participation in family planning, and promote their role in responsible parenthood," in the design of the program such strategies are largely reduced to encouraging men's acceptance of contraceptive use by their wives. (Government of Pakistan 1999, 44) While this is an important endeavor in the cultural milieu of Pakistan, it meets only the most minimum requirements of the Cairo agenda, avoiding the issues at its core, such as why men's "attitudes and behaviors towards family planning, sexuality, prevention of sexually transmitted diseases, etc., have very significant effects on women's reproductive health and responsible parenthood."(Government of Pakistan 1999, 44) Finally, although the RHSP argues for greater collaboration between the public sector and civil society, the provisions for doing so included in the program contradict the decentralized participatory vision so central to the Cairo agreement. Instead of establishing mechanisms "to promote an effective partnership between all levels of government and the full range of non-governmental organizations and local community groups" as specified in the ICPD, the RHSP includes NGOs only as implementing agencies for a program designed and administered by central government officials.(United Nations 1994, paragraph 15.6) The marginalization

of civil society, as well as clients and women, in the RHSP demonstrates that the GOP's embrace of the reproductive health perspective outlined in the ICPD is highly limited. This low level of compliance with the regime's agenda reflects not only a rejection of the goals of the ICPD, but also of the ideology and the methodology through which such ends are to be met. Nonetheless, because of similarities highlighted above, as superficial as they may be, it is argued here that the RHSP can be considered to be in compliance with the ICPD, although in a highly limited way.

Process Tracing: Constructing Compliance

Drawing on this understanding of *if* the RHSP is compliant with the ICPD, the discussion now turns to understanding *how* that came about. Through the methodology of process tracing, this section demonstrates that the level of compliance reflected in the RHSP, as low as it is, represents what Peterson (1997) understands to be a "voluntary" action on the part of the GOP. While compliance in Pakistan is commonly attributed to the "induced" imposition of donor demands on the GOP, the following discussion brings to light the fact that the process of policy change was much more nuanced and complex than these analyses tend to admit. Rather, the type of changes embodied in the RHSP, as limited as they are, can be seen as the product of a gradual process through which government officials were socialized into accepting the elements of the international agenda that spoke to their own perception of the issue. In other words, just as in India and Bangladesh, the level of compliance seen in the RHSP reflects the degree to which

policymakers internalized the tenets of the ICPD. Although this change is relatively low in comparison to the other countries examined in this study, it is relatively high in regard to the GOP's position at the outset of the process.

The Early 1990s: A False Start

The roots of reform in Pakistan can be seen as beginning as early as 1990, as the GOP was embracing the ideology of population control just as it was on its way out of fashion among other members of the regime. As noted in chapter 4, in the years immediately preceding the Cairo Conference, the GOP reached a "major turning point" in its level of support for its family planning efforts.(Sadik 1997, 281) Statistics showed that the country's population was growing both larger and poorer, a condition that seen to be related to the fact that contraceptive prevalence rates had not significantly increased in the country since the 1960s. In this milieu, a degree of high-level of commitment to the ideals of the demographic orthodoxy emerged that had been absent in the country for nearly three decades. In contrast to the ideology of reproductive health that was emerging on the international level, the renewed interest in population in Pakistan tended to reinforce the tenets of population control that were being simultaneously undermined in countries like India. The government's attitude, as characterized by a prominent women's rights advocate, was one in which:

> The numbers and the population growth rate was becoming a problem for the government in purely economic terms. The government has looked at the issue of population (and that is the problem), as an issue of controlling fertility rather than looking at the wider aspect of fertility and means of controlling and by whom....They realized that no matter how hard they tried on the economic front, that it will not be easy for them to administrate the country if the population kept growing. They were driven by their own needs and concerns, not necessarily a very informed way of approaching it, but certainly the concern became quite important.

Introduced by Prime Minister Nawaz Sharif during his first term, and then championed by his successor Benazir Bhutto, the issue of population control experienced a measured renaissance in official circles prior to the ICPD.

The increased prominence of the Ministry of Family Welfare during the early 1990s coincided with the Cairo conference to bring about a short-lived period of vitality in the domestic debate. Not only did Mrs. Bhutto agree to become one of the few Muslim leaders to address the ICPD, but she selected M.M. Qureshi, a man who a former MOPW official termed "one of the few non-pariahs to be appointed secretary," to oversee the country's preparations for the conference. His receptivity to the inputs of the non-governmental sector, which was also being energized by the debate on the international level, brought about a brief moment of unprecedented cooperation between the state and civil society.[1] As domestic activists were socialized into the new constructs of the reproductive health agenda, they began to press the government to change its approach in a similar direction. According to a member of the feminist research and advocacy group Shirkat Gah:

> So I became one of the number of NGOs and individuals involved in the preparations for Cairo...When we looked into what the government was doing we found it's point of view was very narrow. The report they tried to develop for the ICPD was not a broad-based, enlightened kind of thing. So there was a lot of mobilization of NGOs and they got involved in the ICPD, including Shirkat Gah and FPAP and many others.

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[1] Unlike in India, domestic civil society had little hand in constructing the idea of reproductive health emerging on the international level, so that it was primarily the Cairo process that popularized the concept within the country. Recounting how the conference changed the way the country's preeminent women's research and advocacy organization, Shirkat Gah, approached the issue, one member recounted:

> ICPD has been quite an important catalyst for us in terms of looking at population in a broader way. Until that point, we really didn't look at population as an issue that concerned us as an institution, we tended to think of it as just providing contraceptives and performing sterilizations, not a women's rights concern. But the ICPD highlighted the broader issues, and that's how we got involved. It was all the Prepcoms and visits to the UN in 1994 that provided the catalyst for this thinking. We participated very actively in the Prepcoms, they were very important for us, as an institution we were reoriented by the ICPD.

Suggesting that he was also being socialized into some precepts of the emerging Cairo agenda, the Secretary of Population Welfare at the time demonstrated an uncharacteristic receptivity to these groups:

> at the Cairo conference we took several NGOs with us in the official delegation. They were active the whole time. The NGOs were not just participating, they were writing documents...There were two sets of NGOs, NGOs in the delegation and NGOs that went as NGOs...I remember walking over to the NGO hall (because of space constraints they were housed separately) and I thought it was very cordial. If they felt let down or ignored they would say so, and I don't remember any kind of problems. I thought we were all very supportive.

The Secretary's support of the ideals expressed at Cairo was even more clearly demonstrated as he successfully rescued the conference by taking the lead in negotiating consensus language on the thorny issue of abortion. While the Pakistani delegation continued to cleave to the mentality of population control, so forcefully articulated by Mrs. Bhutto at the opening session, it also seemed to accept the argument made by its NGOs that reproductive health interventions were a necessary component of population activities. Thus, by the end of Cairo, it appeared that key figures in the GOP and civil society were in agreement on the desirability of instituting the means, although not the ends, of the new international agenda.

But this perception was largely an illusion, and country's prospects for bringing about such a change quickly faded as the momentum of Cairo was frustrated at home by both structural problems within the MOPW as well as a series of domestic crises. While the events at Cairo seemed to suggest that Pakistan was amenable to instituting a series of reforms in the national family planning program that reflected the ICPD agenda, as the director of the Population Council office in Islamabad recounted, "Pakistan was important at Cairo, but there wasn't any follow-up at home...a lot of people in the

government saw it as a distraction from the population control program." In other words, while the Cairo conference may have socialized Secretary Qureshi into the new ideology of reproductive health, few others within the government were similarly motivated to undertake the sweeping changes implied in the ICPD's mandate. With NGOs receding into their traditionally marginalized role, suggesting that such levels of participation were largely manufactured by the Cairo process, the GOP had little external or internal impetus for undertaking reform. As a result, in the words Secretary of Population Welfare at the time:

> On the concept of reproductive health I think we lost the focus...Internal staffing of the Ministry was one reason we were very weak in the follow-up on ICPD. We needed a lot of time, the department was in a state of decline and it had been declining for a long time. There were a lot of administrative problems and we spent several months grappling with those problems before we got on to the follow-up of ICPD and focusing on reproductive health as a key concept which now is the basis of the program.

The months stretched into years, and as recounted by the representative from the British Department for International Development (DFID), a series of political and economic difficulties kept the government from taking action on the commitment it had made at Cairo.

> I arrived here in 1996 and Cairo was not important. But don't forget, the poor country lurches from one crisis to another. I'm not sure if they have the time to look at the broader social issues, they have a hard enough time trying to find money for next month or fighting India, or fighting coups. The time needed to sit down and see what can be done in the social sector has been totally undermined by political crisis after economic crisis after political crisis. Even if the Secretary of Population wanted to do something, he can't get the Prime Minister's time to discuss it.

These larger problems eventually proved to be the downfall of Mrs. Bhutto's government, and by late 1996 both the Prime Minister and Secretary who had made such an impression at Cairo left office with little to show for their enthusiasm in 1994. Their

departure can be seen as marking the end of the Cairo momentum, which faltered in the face of a lack of domestic demand for reform, entrenched bureaucratic interests, and political upheaval.

1997: The Debate Begins in Earnest

After three years of languishing under the weight of economic and political crisis, the Pakistani population debate enjoyed an unanticipated resurgence during 1997. For very different reasons, and with very different results, both the GOP and the donor community refocused their attention on population issues at relatively the same time. While the GOP's interest in the program was informed by a perception of success, the concurrent rise in donor concern was driven by the idea that Pakistan was a failing in its health and family planning efforts. Even though they agreed in their assessment that such conditions justified an increased emphasis on the program, because they understood the starting point differently, their views of what steps should be taken next differed accordingly. Whereas the GOP wanted to continue and strengthen current initiatives, the international community argued that the program need to be overhauled in line with the ICPD in order to produce results. Such opposing views of the focus and direction of reform underscored the remainder of the progression toward the RHSP, ultimately contributing to its low level of compliance.

Changes in the GOP's attitude toward the family planning program during 1997 were the result of what they understood to be positive trends, providing the foundation for compliance to "voluntary" emerge two years later. Preliminary results from the 1996-97 Pakistan Fertility and Family Planning Survey seemed to demonstrate that their efforts were finally having an impact, generating a great deal of official enthusiasm for the long-

suffering program. As the director of the country's Population Council office recounted in 1999:

> about two years ago the country began to buy the Cairo prescriptions. Around this time they were beginning to see the family planning program as relatively successful because of a significant increase in the [contraceptive prevalence rate.] This really energized the system, made them think that they could do anything.

While demographers like Sathar and Casterline (1998) argued that the increases in contraceptive use and falling fertility reflected in the data were largely due to the continued economic crisis in the country, the government interpreted such statistics as an indication that their program was finally achieving its objectives. Facilitating this rise in contraceptive use, even if it was motivated by poverty, was the Prime Minister's Programme for Family Planning and Primary Health Care launched by Benazir Bhutto in 1993-94. The most innovative aspect of this program, the Lady Health Workers scheme, employed an army of women to deliver family planning and basic health care services directly to the doorstep. The first of its kind to combine health and population control activities, this program's relative level of success helped make GOP officials more amenable to the idea of integrating service delivery activities at the lowest level, an issue that would become central to the reform debate. However, as the discussion below demonstrates, while they may have begun to "buy" some of the ideals endorsed in the ICPD, primarily those endorsing program reform and closer linkages with the health system, the GOP remained firmly convinced of the need to retain an aggressive population control program. In other words, while the GOP was motivated to pursue limited reforms by 1997, their vision of such changes had little in common with either the *ends or the means of the* ICPD.

At the same time as the GOP was warming to the idea of change as a result of its perceived successes, members of the donor community was beginning aggressively advocate for a reproductive health approach as a means to remedy what they saw as a largely failed program. The resurgence of donor interest in the population sector was primarily sparked by the efforts of a very senior UNFPA official, Dr. Joseph Van Arendonk, who was temporarily assigned to Pakistan from late 1997 and early 1998. Reportedly sent to the country at the behest of the organization's Executive Director, Pakistani physician Nafis Sadik, Dr. Arendonk was explicitly charged with restoring the enthusiasm for population reform that had waned in the three years following the Cairo Conference. While his mission included dealing directly with government officials, he exercised the most influence in the domestic debate by focusing the attention of major donors on the task of transforming the population program into a reproductive health initiative. As described by the special representative himself, garnering donor support was one of his primary tasks:

> when I came here then I spent about one third of my time going around to all the different offices and visiting with the donors to get them more involved in these issues. I got some very positive responses from the Dutch and the British, a little bit came from the Germans, Europeans, and the Asian Development Bank. The Japanese were also a very little bit interested, but they were not serious, and neither was the World Bank.

With major donors like the British and Dutch mobilized around a renewed effort to reform the population sector, Dr. Van Arendonk gained some powerful and vocal allies that would help sustain the debate even after he left the country the next year. However, while this new international interest in the fate of the family planning program coincided with that emerging within the GOP at the same time, the vision of ICPD-based reform it

presented was very different from that imagined by the government. It was these differences in strategy, based in the divergent perceptions of the program's success, that informed the remainder of the contentious progression toward the RHSP outlined below.

These different perceptions of the extent and direction of change needed in the population sector quickly came to a head as donors and the government begun to engage more actively the debate over reform. This emerging national debate took two distinct, but closely related, forms which were grounded in larger ongoing processes. The first of these was situated in the planning process for the country's ninth five year plan (1998-2002), and the second revolved around the negotiations for the second phase of the donor-funded, government-administered Social Action Programme (SAP.) While the two discussions fed into each other though shared actors and ideas, they focused on very different strategic goals, with the first debate addressing policy issues and the second looking to influence program design.[2] As demonstrated below, the highly ambitious policy debate failed to meet its objectives because the GOP was not prepared to undertake the massive structural reforms promoted by those who saw the current arrangement as failed. However, the ensuing program debate proved to be more fruitful because it built on what the GOP perceived to be the successful elements of its strategy. The result was that although the second debate was able to produce a relatively consensual agenda for reform, its conservative vision resulted in a low level of compliance with the ICPD.

[2] While, for conceptual clarity, these are distinguished in the following discussion as the "policy debate" and the "program debate," it should be stressed that both revolve around policy issues. Whereas the "policy debate" addressed these concerns at a higher level, the "program debate" worked to specify government policy in regard to service provision issues at the lowest levels. As a result, the "program debate" is seen as culminating in the policy change reflected in the RHSP, albeit a much less grandiose change than discussed in the initial "policy debate."

The Blue Book: The Policy Debate

Before turning to the more fruitful program negations that took place under the SAP framework, it is important to first trace the developments of the policy debate, since the ideas formulated during this stage influenced the remainder of the progression toward the RHSP. This stage of the debate was primarily donor-driven, with the UNFPA taking the lead in initiating and overseeing the development of a new policy agenda. As a result, it was structured by the idea that the current program was a failure, in terms of both population control and reproductive health, and that drastic revisions were needed to reform it. While this approach opened a dialogue that would ultimately lead to an acceptable design for reform, it initially created resentment within the GOP and stymied the process of policy change. This outcome was largely due to the fact that donors employed their leverage in an attempt to induce what Peterson (1997) terms "induced" compliance with an ICPD-based agenda that did not fully reflect the interests of the GOP. The failure of these efforts demonstrates that donors did not possess the power to directly force compliance in Pakistan, supporting the contention that when such change did occur it was because the GOP had done so "voluntarily" as a result of its internalization of certain prescriptions of the international agenda. This internalization, however, was hastened by the attempts to involuntarily induce compliance discussed below.

Highlighting the centrality of donors in the policy debate, the emergence of population reform as an important issue during the planning process for the ninth five year plan can be directly attributed to the efforts of the UNFPA's special representative, Dr. Van Arendonk, who pressed the Planning Commission to endorse a new vision for the population program. Drawing on his unique status to directly approach Planning

Commission officials, Dr. Van Arendonk initially worked on his own an attempt to mobilize the government behind the idea of policy change. He recounts that his first overtures were warmly received by the Deputy Chairman of the Planning Commission:

> I visited him, just to talk to him on this, and he became so interested that he said 'Mr. Van Arendonk, may I invite you to come and talk about this to my team?' And I said 'yes, I would be very happy to.' And that was why I came and talked to him an his group, and his instruction was to take this into account when they were dealing with the all their different sectors....All of the directors of the planning commission were there in the big conference hall in the Holiday Inn. We talked for about four hours and we had a *very* interesting discussion on the whole issue of population and development.

However, reflecting the same type of ambivalence to program change that undermined the Cairo momentum, when UNFPA officials began to press the Commission to take action on the issue, the response was much less encouraging:

> After that, [UNFPA Executive Director] Dr. Sadik and I went to see [the Deputy Planning Commissioner] in his room and he adamantly, adamantly opposed any form of population policy in this country. There you are. When we asked why the reason was very simple. He said that it is politically not viable, it is very dangerous, you have conflict with the religious leaders, blah, blah, blah.

While the religious lobby did serve as a significant source of opposition to the fate of family planning, numerous indicators were emerging to demonstrate that its influence over people and politicians was weakening in the face of the resurgence of the demographic orthodoxy of the early 1990s. The real issue, as Van Arendonk saw it, was a lack of political will on the part of the Planning Commission to broach what it perceived as a sensitive topic, and their reluctance to acknowledge that the entire sector was in dire need of reform. Thus, although the government was beginning to warm to the idea of change, it was by no means convinced of the direction or speed under which it should be taken.

In order to circumvent such resistance on the part of the Planning Commission, the UNFPA undertook its own efforts to develop a reform agenda for the ninth plan. This process, which involved civil society as well as donors and GOP officials, provided the catalyst for a national debate on program reform to finally emerge. Organized by the UNFPA, the drafting of the report *How to Address the Population Issue During the Ninth Five Year Plan*, euphemistically known as the Blue Book, was intended to create a shared vision of reform and mobilize actors around it. As described by the official who orchestrated the process:

> one thing we tried to do with this blueprint was not only to give advice to the government but at the same time to say to donors, 'now if you are interested to participate in the population field, please go in the same direction.' When we drafted this report I made it very clear to myself and my colleagues that this report should be owned not by UNFPA but owned by the GOP and by the donor community. So the teams which I established were teams of government officials, Pakistani experts, and UNFPA Every time that we had a draft ready then we sat down with the donor community and said 'this is the draft what do you think about it,' so that they also had input.

These negotiations, taking place in three committees comprised of a variety of participants over roughly three months, created space for a new type of discussion of population issues in two ways. First, while the GOP and donors continued to be at odds regarding the type of change they envisioned, these discussions, involving representatives from the Ministries of Health and Population Welfare as well as the Planning Commission, produced a general consensus that some type of change in the sector was necessary. As described by a prominent women's rights activist, this process helped link the donors' interest in reform with that emerging in the GOP at the same time:

> The UNFPA did press the government to look at things in a different way, but something was happening within the government and the donor pressure came at the right time so that they were working together. I don't think it was entirely the donor pressure.

While the GOP continued to balk at the donor's ICPD-inspired vision of change, the Blue Book negotiations marked the beginning of an increasingly meaningful debate on how and why the program should be reformed. A second significant aspect of the Blue Book process was the formal participation of noted civil society "experts," including researchers like Zeba Satar and Sadiqua Jafarey and representatives from service provision agencies such as the FPAP. Largely excluded from the official debate since their brief appearance during Cairo process, this forum marked the reemergence of such technocrats and activists as legitimate actors in the policy and program debates. While their advocacy would never become strong enough to constitute an epistemic community, their support of the reproductive health approach became increasingly influential throughout the program debate traced below. It was this burgeoning debate, including both domestic and international advocates for ICPD-based reform, that helped begin the gradual process of attitude change in the GOP that ultimately resulted in "voluntary" compliance.

Released in March 1998, the final draft of the Blue Book presented an ambitious agenda for program and policy reform that was compliant with many of the key provisions of the ICPD. However, while process of drafting the document may have encouraged an increasingly participatory debate on population, the product of such negotiations ultimately favored a single perspective. Although it reflected the substantive inputs of all of these groups, it remained structured by the donor's perception that the government's efforts have failed, both in terms of reproductive health and population control, making drastic reform measures necessary. The rhetoric of failure that pervades the document is clearly reflected in its preface, written by Dr. Van Arendonk himself:

> Pakistan will not be able to reduce its poverty even under conditions of high economic growth, burdened as it is with one of the highest population growth rates in the world, unless it can effect an accelerated demographic transition. Lack of reproductive health services, lack of education and the low status of women will keep fertility high, which in urn will guarantee for the future even less social services, higher unemployment, more environmental degradation, and increasingly lack of potable water, and urbanization of unmanageable density. (United Nations Population Fund 1998)

In order to redress these failures, the Blue Book argued for a wholesale transformation of the structure and mission of the entire sector. The main change outlined in the Blue Book was the reorganization of the MOH and MOHFW in order to facilitate a reproductive health approach, with the service provision taking place through existing MOH outlets while the MOPW was envisioned as a becoming a 'think tank-like' policymaking department. As characterized by the DFID representative involved in drafting the document:

> what the Blue Book is saying is not let's get rid of the Ministry of Population Welfare, but you become part of the strategic unit that looks cross-sectorally at population in education, industry, and everything else...but it has nothing to do with implementation.

Further challenging the existing arrangement for providing family planning services, and moving it toward a greater level of compliance with the ICPD, the document also explicitly outlined a role for non-governmental groups in implementing government services. Instead of basing its reforms on what the GOP saw as the successful elements of its program, such as the Lady Health Worker scheme, the Blue Book worked to construct an entirely new arrangement. While the members of the GOP involved in the planning process may not have opposed such a design in theory, as demonstrated below, they did not see such a change as a policy imperative.

While the Blue Book presented a coherent vision of change, it was only able to do so by papering over a debate that would ultimately prove to be its undoing, that of the integrating the two Ministries. While the notion of integration presented in the Blue Book enjoyed limited support in the Planning Commission, suggesting that some degree of attitude change did take place through the drafting process, a greater number of GOP officials opposed the plan. In opposition to the donors' view that such a reorganization was necessary in order to transform the failing family planning program into a more successful reproductive health program, GOP officials expressed concern that recent population control gains would be negated through such a merger. As a former Secretary of Population Welfare argued "the program would suffer because it would not be at the forefront of the Secretary of Health's objectives, and the people would suffer even more." Viewing the idea of integration as an imposition of the donor community, many officials, like the former Joint Secretary of MOPW quoted below, saw this drive as just one in a series of internationally-mandated structural reforms:

> this country integrated population and health in 1978 and then the donors got it undone. They have undone a good thing in this country, which now after twenty years, they are saying to the government that you do this thing, and the government has, but very reluctantly.

Resistance to such a change was so strong within the MOPW, that the Minister is rumored to have said that she would integrate her activities with the MOH only when the UNFPA and the WHO did the same on the international level. Adopting a more diplomatic tone, the current Secretary of Family Welfare explained the government's opposition to such an arrangement in terms of existing structures:

> I think that integration is a good idea, but it is difficult to have happen because of political issues. Our constitution contains provisions that are keeping this ministry's operations separate from the Ministry of Health. You see, health is a provincial subject and family planning is a concurrent power of the center...The donors were pushing for this, but I was able to convince them that because of these difficulties, it was not a good idea for this context.

While the Secretary's assertion that he "was able to prevail with this logic" may be slightly optimistic, it was this resistance to the idea of integration, and the attendant concept of reproductive health, that helped derail the Blue Book's intended progression into the policy provisions of the ninth plan. Thus, although the GOP's participation in the Blue Book process signaled a willingness to consider ICPD-based reform, suggesting that the attitudinal change underpinning voluntary compliance was already underway, the donor's focus on the highly contentious issue of integration effectively undermined any emerging consensus.

In the face of GOP opposition its provisions on integration, the donor community rallied behind the Blue Book, briefly attempting to induce "involuntary" compliance through their rhetorical and financial leverage. While the donors argued that the consensus document should form the basis of a visionary new policy to be included in the new five year plan, the GOP contended that their participation in the planning process did not constitute an endorsement of it. As even one of the most conciliatory members of the Planning Commission noted, "the Blue Book is a policy *direction*, not a *policy* in itself." The donors' efforts to convince the government otherwise met with little success as, according to the UNFPA special representative, the Deputy Director of the Planning Commission continued to refuse his entreaties to enact a policy change:

> We said ok, now let's sit and in this blue book the first chapter is the policy and that we want to see *officially* announced, approved, and agreed upon first by the parliament, then by the cabinet, and then promulgated. He said no, and it never has been.

A similar experience within the MOPW is recounted by a Population Council Representative:

> Van Arendonk pushed this document to [Minister of Population Welfare] Abida Hossain. Basically he said 'your people have agreed on this, now do you accept it as policy?' The World Bank got on this bandwagon and so did some of the other donors, particularly the British and the Dutch....The donors look at the Blue Book as a kind of a Bible, 'this is what we've all agreed to,' and the government said, '*well*...not necessarily.'

In response to these rebuffs, some donors "went on the warpath" in their attempts to cajole the government into changing its policy to reflect the Blue Book. The Population Council Representative continued:

> Both Marilyn [McDonagh from the British embassy] and Doris [Voorbraak from the Netherlands embassy] were pretty abrasive and they pushed hard, often beyond their financing limits, but they were heard in councils and got people annoyed and so on. So all of this got a big push, and the government said, as the government sort of does, 'well, yeah, it's ok." But policy to the government is a five year plan and the PC-1s that are attached to the plan...The Blue Book is nothing, it doesn't have any standing at all.

Changing their strategy from efforts to enable compliance with the international agenda to attempts to induce such change through rhetorical and material force, the major accomplishment of these donors was to create a hostile and polarized debate during the early months of 1998. When Dr. Van Arendonk left the country later in the year, the government was happy to see the Blue Book shift from the center of the debate as it lost its most powerful champion. Viewing their efforts as largely failed, one of these representatives noted that "we took a rather aggressive stance right in the beginning and it

didn't get anywhere." However, as demonstrated below, while the Blue Book exercise was not able to induce the level of compliance the donors had intended it to, either voluntarily or involuntarily, it did have a significant impact on the remainder of the debate as a result of the ideas and actors it introduced.

The Social Action Programme: The Program Debate

At the same time as the policy debate was reaching an impasse, a parallel program debate was just beginning to take shape. Based in the negotiations for the second phase of the Social Action Programme (SAP II,) this process was informed by many of the same ideas and actors as the Blue Book. But unlike the debate discussed above, this one was ultimately successful in achieving its goal of integrating reproductive health concerns into the family planning program. While both of these processes focused on bringing the operations of the MOPW closer in line with the ICPD, and were shaped by a strong donor presence, the difference in outcomes is related to how each was approached. Whereas the more ambitious Blue Book debate set out to change policy in order to remedy the failures of the current system, the events involved in the SAP II negotiations worked to build on the more successful initiatives already underway. In light of Peterson's (1997) model, this process was more successful in bringing about "voluntary" compliance because it provided a framework for the GOP to internalize some of the regime's prescriptions regarding program reform. However, as noted above, because this internalization of the ICPD remained highly limited in nature, the resulting RHSP demonstrated a low level of compliance with the regime's agenda as a whole.

The policy debate was initiated at roughly the same time as the program debate, in the fall of 1997, as a result of the need to negotiate a new agreement for the second phase of the donor-funded, GOP-administered Social Action Programme. Because the SAP I (1993-1997) was largely unable to meet its goals of improving government services in the chronically-neglected social sector, during the SAP II (1998-2002) design process donors called for a redoubling and refocusing of such efforts. In terms of the population sector, this meant that the donors advocated for a reproductive health approach along the lines of the one contained in the Blue Book. With the World Bank taking little interest in championing the reproductive health issue in Pakistan as it had done in both India and Bangladesh, and the UNFPA outside of the SAP framework, the British and the Dutch representatives emerged as the dominant voices in the debate.[3] They took a leading role in the process, as according to the Dutch representative "at one point [the World Bank] *let* the British representative and myself negotiate the things because they were at a loss as to what to do." Their strong advocacy for the Blue Book spilled over in the SAP II, as the Dutch delegate continued:

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[3]In the words of a Population Council representative, neither of the multilateral Banks in Pakistan employed their financial leverage to promote reproductive health:

> the SAP is a remarkable institution in itself that's WB led, but the guy who heads population at the World Bank has really allowed the other donors to dominate the agenda to a great extent....Before, back in 1994-95 somewhere in the early days of SAP and the Population Welfare Program Project, they were more forceful in terms of getting the thing set up and what direction to go. But on the reproductive health issue they haven't been very much a major player. Neither has ADB, despite having a lot of money they're really not doing a lot.

The Dutch representative attributed the World Bank's apathy to low funding levels and poor management in the Islamabad office:

> People like Siraj, they are being monitored on disbursement levels. He is not seeing SAP for the project, as part of their larger picture, it is not there. Seasoned people, ones that have been through reform before, they are not here....We have a saying in Dutch 'have you got much to write home about?' They probably don't have much to write Washington about, this population welfare is a midget compared to the money that's going elsewhere.

> The Blue Book was literally on the table when we were formulating the SAP II framework...The good thing is that if the World Bank would have been there in the person of [health and population sector specialist] Siraj, the Blue Book wouldn't have been on the table. At that time it was there and we felt, since it gave us some handle to go with, we took it as our starting point.

The result was a general mandate for reform, which by most accounts, was shaped by the these donors' demands, and closely reflected the ideals of the Blue Book. In the few paragraphs dedicated the population issues in the final SAP II agreement, it noted that:

> government has determined that the overall priority for this [reproductive health/ population] sector is to make positive changes in the public's reproductive health...Selection of these areas of priority reflects government's commitment to internationally recognized family welfare programming. This will require some concurrent changes in the overall organization and management of the health/ population sector. (World Bank 1998, 33)

While not presenting the same type of detailed outline for such "changes in the overall organization and management" as seen in the Blue Book, the intent of the strategy set out in the SAP II clearly echoed the intent of that agreement. In other words, its major focus was on integrating the operations of the MOPW and the MOH in order to provide for reproductive health care as specified in the ICPD. However, unlike the Blue Book, the government was officially committed to implement this strategy as a condition of the loans and grants associated with it.

Despite this commitment, the reproductive health initiative under SAP II may have suffered the same fate as the Blue Book if it were not for the efforts of the Multi-donor Support Unit (MSU), the body charged with facilitating the implementation of the agreement. While ostensibly serving as an intermediary between the donor community and the GOP, in practice, the MSU worked to cajole the government into actually undertaking the reforms it has agreed to in the SAP. In the ensuing program debate, the MSU assumed the role of primary advocate for reproductive health reform in Pakistan, a

space left empty by the increasingly demoralized bilateral donors.[4] Whereas the SAP itself is largely regarded as a failure, and was shut down in early 2002 due to "corruption, lack of ownership, and financial constraints," the population section of the MSU was able to use the agreement to bring about a substantive policy and program change. Dawn (2002) This was due to the uncharacteristically aggressive efforts of the MSU's population section, under the leadership of Tauseef Ahmed. As a former Secretary of Population Welfare recounted, it was his efforts that ultimately led to the program change seen in the RHSP, "the person who has really spearheaded this is Dr. Tauseef Ahmed. I will give him credit, he has tried to take it further." According to this MSU population specialist, his mission was to "provide technical assistance to the government," in order to implement the SAP agreement. In his words, this entailed creating a facility to bring the GOP into compliance with the provisions of the SAP:

> There was an agenda agreed under SAP between donors and the Ministry of Population Welfare and the Ministry of Health, and we basically helped realize that agenda under the SAP. Which was basically to evolve a package and to work together, and to do something on mapping, and to bring the two ministries together on official matters, and to get the two ministries to agree on common official plans....The agreements between the donors and the government was realized in reality and actuality through the MSU.

[4] The strong voice of the donor community receded in Pakistan during 1998 for a number of reasons. First, in the absence of Dr. Van Arendonk, who vacated the post of UNFPA special representative in early 1998, bilateral reproductive health advocates were unable to command the same type of high-level attention. Recognizing their inability to affect change through more aggressive methods, the donors also distanced themselves from the policy debate after the collapse of the Blue Book process. As the British representative reflected:

> We can't dictate to the government what they should do. Why should we? It is their country after all. We can't tell the government how to run its own country because it won't be productive...I was probably the strongest proponent of integration of all the donors, but being too firm was not getting me anywhere. It was causing aggression from the MOPW...There's only so much I can do as a donor, it's a sovereignty issue.

Finally, in the wake of Pakistan's May 1998 nuclear weapon testing, the donors voice was further dampened as many nations suspended or reduced their activities in the country. In the words of the Dutch representative: "we have sidelined ourselves because of our domestic politics."

In efforts to fulfill this mandate, the MSU became the main proponent for an ICPD-based policy change as the donors became increasingly marginalized in the debate. In other words, the MSU served as an agent of the regime, just as the donors it answered to did, even though it was officially defined as a quasi-governmental agency.

Adopting a radically different approach than that taken by donors during the Blue Book process, the MSU focused on technical rather than policy issues, building on the attitudinal changes that were already underway within the GOP. Their success in bringing about a new reproductive health program in the country can largely be attributed to the fact that, instead of looking to mandate integration at the highest levels of the Ministries, the MSU worked to promote a more "functional integration" at the service delivery level. This approach was grounded in a growing belief among members of civil society that, because of the intractable politics of higher-level integration, reform strategies needed to focus on the lower levels. As recounted by a Population Council representative, this new debate was a direct descendent of that surrounding the Blue Book:

> despite, because of, or in this context, during 1998 I began to go to meetings [and there were] not just government officials, but increasingly all kinds of people around that table: NGOs, university people, interested parties for different directions. And they all seemed to be saying the same thing, you began to hear a consensus develop....There were a lot of different interests and everybody was agreeing that the central unifying problem in this is governance, not direction, but all of this is irrelevant unless we can provide services of some kind, so how do we do that. And we began to get a series of very positive discussions on where we are going, what we are going to do, and how we are going to get there.

While not constituting an epistemic community, since they never emerged as aggressive advocates for this new position, these researchers and service providers informed how the issue of reform would be translated into policy. Noting that "this is from within," the

director of the MSU's population office drew on this emerging consensus, and the research that supported it, as the basis for its efforts to lobby the GOP. The resulting strategy, as the MSU official continued, was:

> a narrower focus on reproductive health issues...[designed] basically to expand the coverage for family planning, reproductive tract infections, those most critical issues which are basically defining the maternal disease issues. Basically focusing around women....the issue was to bring these two ministries closer to each other so that the outlets of the two at the basic health unit or the family welfare center should provide as maximum services as they can, while still trying to minimize duplication of the services also.

Focusing on more limited, functional goals, this strategy was ultimately able to produce results, both in terms of changing attitudes within the two Ministries as well as crafting a new program, because it worked to build on the successes of past programming efforts. Whereas the Blue Book prescribed a radical agenda for integration based on the perception that current structures had failed, this more moderate vision drew on the successes of the partially-integrated 1994 Prime Minister's Program for Family Planning and Primary Health Care, which according to a Population Council representative was "one of the few programs that was actually effectively implemented." It was this shift from the Blue Book strategy, in both the view of the program's performance and the level at which changes were sought, that was finally able to bring the country into compliance with the ICPD. While the MSU official in charge of the process emphasized that "it is an overstatement to say that the MSU coordinates reproductive health, and anyone who says that it does is shirking their own responsibility," the organization's ability to promote these ideas of how to implement the SAP was crucial in bringing about the reform agenda embodied in the RHSP.

With a self-described mission of "creating a facility for the two Ministries to work together," the MSU combined its activist mandate with its integrationist agenda to help promote the idea of reproductive health-based program reform. Even though the GOP had grown more amenable to the idea of change since 1997, directors of the MOPW and MOH remained opposed to the fundamental idea of collaborative programming. The situation at the outset of this stage of the negotiation was one in which, as described by a former Secretary of Population Welfare:

> [the Ministry of] Health, except at the top echelons and them too half-heartedly, have never considered family planning their task.... so out of the two concerned Ministries, the Health Ministry did not think it was their task and the Ministry of Population Welfare did not take it very seriously until it was prodded by the MSU, until they provided the initiatives.

The initiatives that helped initiate such a change in attitude within both the MOH and the MOPW primarily involved a series of joint meetings and consultations that took place throughout 1998. Not only did the MSU establish the general agenda for these meetings, but in distributing the background materials and determining who should participate, the facilitating body exercised a significant influence over how the issue would be framed in the ensuing debates and, ultimately, in the RHSP. But even though they were able to enable the entry of such ideas into the debate, they could not ensure they would be welcomed by officials, and the MSU official in charge the process noted that the early meetings were quite contentious:

> I have been working for the last two years to bring the ministries together in collaboration. We have had about four or five meetings and workshops bringing the senior-level officials and the managers together so that they can look eye to eye and try to understand each other's concepts and try to bring in the reproductive health framework also. It is a difficult task, but we are trying to bring it together. It is uphill for me too, it was a nightmarish task.

This "nightmare" was caused by the same factors that frustrated the progress of the Blue Book, but unlike the donors, the MSU was able to overcome them by creating a framework for substantive interaction between the two ministries. Apart from convening regular meetings, one of the most notable efforts undertaken at the urging of the MSU was a joint mapping exercise, which produced the country's first spatial representation of the locations of MOH and MOPW clinics. Originally intended to provide the empirical evidence for negotiations over infrastructure, the process of drafting these maps worked to create a sense of partnership based on a relatively uncontroversial issue, and the graphic illustrations of the overlap in service locations served as, in the words of an MSU official, "a crucial aspect in creating ownership for reproductive health in the government." Creating a collaborative atmosphere and a body of common knowledge between the two Ministries, efforts such as this worked to gradually socialize MOH and MOPW officials into the MSU's ICPD-based vision of reform, while at the same time shaping the emerging agenda to reflect their specific needs.

By the end of 1998, these efforts had begun to produce observable effects, as key GOP officials demonstrated a growing internalization of the regime's conception of integrated reproductive health service delivery, paving the way for the level of compliance seen in the RHSP. One of the most significant products of these negotiations was the emergence of a cooperative atmosphere between the two Secretaries, which, as described by a Population Council representative, was a groundbreaking development:

> It became apparent that [Secretary of Population Welfare] Samdani and [Secretary of Health] Pasha could work together, and that was all-together new and different. The idea that there were two secretaries that could knead their ministries into working together was something that was never seen before.

Coinciding with an increased internalization of the MSU's construction of the reproductive health as a local-level technical concern, this détente between the Secretaries facilitated a increasingly greater level of collaboration between the two Ministries. This became apparent during a pivotal public meeting between the two Ministries held in November of that year, when the two Secretaries and their staffs formally endorsed the idea of developing a collaborative reform agenda, one that was definitively based in the notion of reproductive health as advanced by the MSU. Armed with a shared conception of the nature of the problem, which represented a culmination of past year's efforts such as mapping and meeting, the participants agreed to constitute a "joint technical working group" in order to develop a concrete programming strategy for providing reproductive health services, a document which was to become the RHSP. In less than a year, this low-profile working group was able to do what the bombastic Blue Book process could not: develop an agenda for ICPD-based reform that was accepted into policy by the GOP. Their success can be attributed to the GOP's growing internalization of at least the most rudimentary elements of the ICPD mandate.

Based on the work of this group, in August of that year GOP released its first substantive effort to accord with the principles endorsed in the ICPD, the Reproductive Health Service Package. The progression from an intractable debate to a new approach to program and policy in the sector happened so swiftly and quietly that the director of the Population Council Office in Islamabad remarked:

> I confess that when I read that it was set up I said 'I won't hold my breath,' but in fact what they turned out was a very important and detailed document without a great deal of fuss. It has now been formally agreed upon by the government, this is now the government's agreed package and strategy for reproductive health...So now everyone in the government is reading off the same sheet of music which is all together new and different.

Such a shift suggests that there was a growing acceptance of the idea of reform within the GOP, albeit one that revolved around only the most limited aspects of reproductive health promoted in the regime's agenda. As a former Secretary of Population Welfare noted:

> it so happens that the government thinking has also been brought around due to the activities of the last two to three years towards thinking in the reproductive health/ family planning context.

Issued jointly by the MOPW and the MOH, this new document represented a distinct shift in the way the Government of Pakistan envisioned its population program. As discussed in the previous section, the RHSP endorsed a notion of integrated health and population service provision activities that represented a definitive step toward the notion of reproductive health presented in the ICPD. However, as also noted above, while this program was notable in its strides to bring the operations of the two Ministries closer together, because the discussion took place in absence of the larger debate over the reproductive health approach, it remains informed by both the means and mentality of population control. In essence, the new program is a family planning effort that is jointly administered, rather than a reproductive health program. Because of this, the RHSP approach reflects a low level of compliance with the international agenda, but one that came about "voluntarily" as a result of the GOP's internalization of at least some of the regime's most basic prescriptions.

Regime-Enabled Compliance

The final step in the analysis of why the RHSP is compliant with the ICPD, even to such a limited degree, is to answer the question of *what* factors were most influential in creating the conditions for such "voluntary" policy change. Based on the process traced above, it is clear that the actors and institutions of the regime central to bringing about the level of compliance seen in the RHSP. However, the extent of that involvement is frequently disputed among those that participated in the policy change process outlined above. Among those interviewed, it was commonly argued that the RHSP was "donor-driven," with even the most diverse respondents agreeing that, "definitely, definitely, reproductive health was imposed from the outside," as one senior UNFPA official noted, while his adversary, the former Minister of Population Welfare similarly, but scornfully contended that "counter to the thinking in the ICPD, the donors won this round." But other observers, such as the European Union representative to Pakistan, saw the situation in a more nuanced light, contending that reproductive health "is not donor-driven as much, but donor-identified to be part of the population program."

This analysis agrees with the second assessment of the regime's role in bringing about the level of compliance seen in the RHSP, arguing that although the international community was highly influential in this process, their role can best be understood as "enabling" rather than "inducing" compliance. While the process of negotiating the regime's new agenda at Cairo may not have had a notable impact on the policy debate within Pakistan, the actors and institutions of the regime clearly did. However, as the Blue Book experience demonstrated, these actors were not able to dictate the terms of

compliance. Instead, they contributed to it in a manner that corresponds with Peterson's (1997) notion of "regime-enabled" compliance, in which the regime contributed to the new agenda primarily by lowering certain barriers to ICPD-based change within the country.

The Limited Impact of Cairo

As the process tracing above demonstrates, the level of compliance seen in the RHSP was largely the product of the actors and institutions of the regime, rather than the intersubjective process of agenda-setting at Cairo. Unlike in India, where the events surrounding Cairo provided the catalyst for the GOI to begin thinking along the same lines as the regime, the 1994 conference had no significant impact on official attitudes or activities in Pakistan. This can be attributed to the fact that while the ICPD tapped into an on-going domestic debate on reform in India, interest in new approaches in Pakistan was largely limited to high-level officials such as the Prime Minister and the particularly progressive Secretary of Population Welfare. While the Cairo process may have worked to socialize these officials, especially Secretary Qureshi, into some elements of the reproductive health approach, neither his efforts nor those of the similarly-converted NGO community were able to unseat entrenched domestic ambivalence to program reform. For much of the country, the idea of population control still carried the air of religious prohibition, which was compounded by bureaucratic resistance and political crisis. In the absence of a concomitant national-level debate, or internal demand to do anything with the program apart from strengthening its existing contraceptive distribution system, the ideas developed at the international level largely remained there.

As a result, according to the Secretary himself, follow-up activities within the Ministry "lost focus," as the ICPD mandate was, in practice, rejected by the GOP prior to 1997. Even when the GOP warmed to the idea of change following 1997, it was primarily because it wanted to strengthen what it saw as a successful population control program, not because it was interested in implementing either the means or the ends of the new reproductive health approach. From this experience, it can be concluded that while the process of agenda-setting within a regime may be useful in creating a consensus among participants at the international level, it's ability to do so at home is dependent on the existence of a domestic demand for such new ideas.

The Organs of the Regime

While the GOP did not appear to be significantly altered by its encounter with the ideas developed during the Cairo process, it was more visibly affected by its interaction with the institutions and actors promoting the new agenda. As the process traced above demonstrates, the donor community's active advocacy for the principles of the ICPD, most specifically the idea of integrating health and family planning services, was one of the dominant forces in bringing about the type of compliance seen in the RHSP. The debate that took place from 1997-1999 was forced by the combined efforts of the only international institution specifically charged with implementing the ICPD, the UNFPA, and representatives from two of the regime's most prominent members, Britain and the Netherlands. But the level of compliance in the RHSP can also be directly attributed to the efforts of the hybrid Multi-donor Support Unit, a domestic organization that played a pivotal role in promoting the regime's agenda as a function of its mandate from the

international community. Among those commenting on the emergence of compliance in Pakistan, there is little disagreement that these actors played a decisive role in the ensuing process of change, as characterized by one Population Council Representative, "the push came mostly from the donors."

However, as the process tracing above demonstrates, it in incorrect to attribute the emergence of compliance in Pakistan solely to the efforts of the donor community. Such a conclusion is misleading in that it obscures the agency of the GOP in developing the new agenda, while at the same time overstating the influence of the international community. Instead, the influence of these actors and institutions of the regime can best be understood as enabling, not inducing, compliance. As set out in chapter 1, Peterson's (1997) conception of "regime-enabled compliance" recognizes that the regime is an important factor in bringing about the "internalization of regime prescriptions" that underpins compliance. But it is not the only, nor the determinant, factor in this process; rather, the regime's influence is exercised through its ability to remove at least one of the perceptions or conditions that inhibits compliance effectiveness. In light of this model, the actors of the regime can be seen as contributing to the GOP's decision to undertake change primarily by creating "a sense of urgency around the matter," and then quelling the resulting "internal disagreement about the best policy approach."

As the process tracing above highlights, the donors initially enabled compliance by forcing a renewed national debate on the ICPD, while the MSU helped realize such change by providing a facility to create consensus on the best policy approach. Although the Blue Book process removed one barrier to action by refocusing the GOP's attention on the ICPD, it constructed another one by creating an acrimonious debate over if, and

how, the international agenda should shape national policy. This second barrier to action was overcome through the efforts of the MSU, which drew on its mandate from the SAP to facilitate cooperation between the MOPW and MOH. Through joint efforts designed to develop a shared knowledge and sense of interest between the two ministries, the MSU was able to initiate and frame the debate over reform. While the MSU staff was not able to dictate the nature of the ensuing reproductive health package, as demonstrated by the low level of compliance seen in the RHSP, they were able to create a facility for its development. In this way, the actors of the regime can be seen as enabling compliance both by stirring the debate, and then providing a framework for overcoming it.

Non-Regime Sources of Compliance Effectiveness

Implied in the notion of "regime-enabled" compliance is the fact that the regime is not the sole force behind the government's "internalization of the regime prescriptions." Thus, not only does the process tracing above demonstrate the regime's role in "enabling" the level of compliance seen in the RHSP, but it also suggests that such a change was facilitated by other factors as well. The discussion below focuses on two of these influences on the policy process that contributed to the efforts of the international community: the GOP's early interest in population control reform, and growing support among civil society for the reproductive health approach. Working independently and together, these factors reinforced those of the regime, ultimately contributing to the outcome seen in the RHSP.

Government's Willingness to Change

One factor that was central to facilitating the attitudinal change that underpinned the "voluntary" compliance discussed above was the government's own initial inclination to pursue change, although it also served to limit the nature of that change. While on one hand the GOP's interest in the sector, remerging in 1997 as a result of its perceived successes, helped create the conditions for compliance by a intersecting with a similar resurgence within the donor community. On the other hand, because the GOP's understanding of the direction and speed of the changes needed diverged so significantly from those endorsed by the regime, its self-defined vision of reform also fundamentally limited the degree of compliance seen in the RHSP.

As the process tracing above demonstrates, a critical factor in ensuring the emergence of compliance in Pakistan was the intersection of the GOP's renewed interest in change with that of the regime. Both occurring through relatively independent processes at roughly the same time in 1997, the two reinforced each other, first creating and then sustaining a national debate on population reform. Although their agendas were radically different in terms of the nature and extent of change desired, with the GOP looking for more effective population control and the donors promoting a reproductive health approach, they were complementary in that they both endorsed some degree of change. As characterized by a member of the activist group Shirkat Gah, this point of agreement facilitated a mutually supportive engagement between the donors and the GOP:

> The UNFPA did press the government to look at things in a different way, but something was happening within the government and the donor pressure came at the right time so that they were working together. I don't think it was entirely the donor pressure.

Coalescing around the idea of change, the GOP's willingness to consider reform was reinforced by donors' attempts to create a sense of "urgency about the matter," spurring a national debate on the issue that extended far beyond the UNFPA-led Blue Book process. This debate, although primarily structured around the ideals of the international community, ensured that the GOP's interest in reform did not loose focus as it had done in the wake of Cairo. It also worked to alter this initial perception of interest to the point that, by 1999, officials had been socialized into enough of the regime's prescriptions to "voluntarily" endorse some of its ideals in the RHSP. In other words, the donors were able to enable compliance in the manner discussed above because they tapped into a current of change within the GOP itself, as nascent and contradictory as it was.

However, even though the government's interest in change helped spark a national debate on reform during the late 1990s, its conception of what that entailed ultimately limited the resulting level of compliance. First, it should be stressed that the expression of government interest during 1997 was nothing more than an inclination to change, and not a concrete commitment to refocus the program. While the ensuing negotiations did engender a greater commitment to change within the GOP, the development of a new agenda was by no means inevitable the outset of the process. Unlike in India, where government interest in change was a constant feature of the gradual progression toward reform, in Pakistan a lack widespread internal demand for such change resulted in a situation characterized by a number of starts and stops as various departments or officials worked to determine how amenable they were to the

proposed changes. This uncertainty regarding the extent to which the GOP wanted to change, if at all, is seen in the bureaucratic resistance to the changes proposed in the Blue Book, as well as the limited nature of the reform included in the final RHSP.

Second, among those government officials who were interested in pursuing change around 1997, their vision of what that entailed was almost diametrically opposed to that included in the ICPD. Developing out of a much different set of concerns then those that informed the international agenda, or the donors who adhered to it, the GOP's interest was based on the perception that the population control approach was actually beginning to demonstrate some successes, giving officials little incentive to adopt the radically different strategies of reproductive health. Recalling the observation of a Population Council official quoted above:

> one of the things that has not quite gotten across [to the GOP], (but is *beginning* to get some currency) is the idea that, in fact, it might actually be easier to do this stuff in a reproductive health context rather than trying to bludgeon people into doing something they don't want to do.

In other words, unlike in India, the GOP was not searching for a new approach to revamp its population program, it was simply looking to reinforce current methods. Because of the limited extent of the interest in change expressed by the GOP in 1997, as well as the major substantive differences between this approach and that of the regime, the government's early predilection toward change ultimately limited the level of compliance seen in the RHSP. However, it was this initial interest in change that also made it possible for the debate on compliance to emerge in the first place.

Civil Society

The final factor that can be seen as having a notable impact on the development of the RHSP, and the level of compliance it demonstrates, is the growing participation of civil society. As is highlighted above, the non-governmental sector did not play a definitive role in the process of policy change. Despite gaining a voice during the ICPD events, they remained largely marginalized in the official debate until the donors forced their reentry during the Blue Book process. However, once integrated into the policy process, these groups helped to reinforce donors' efforts to socialize government officials into the ICPD ideology by demonstrating domestic support and acceptance of the reproductive health approach. As researchers and service providers, they worked to highlight the applicability of such concepts in the Pakistani context as well as advocate for it in the official forums to which they were beginning to gain entry. Their contributions ranged anywhere to testing reproductive health interventions in the field, as groups like FPAP and Behbood did, to disseminating demographic information and analysis to policymakers, as was done by Population Council researchers and local academics. But, as also noted above, these groups and individuals were not organized or influential enough to qualify as an epistemic community as defined in chapter 1. Rather, their role was largely a supporting one, in which they contributed to the debate, but were not able to frame it with their own constructions of knowledge. The influence of these actors is best characterized by the director of the Population Council office in Islamabad, who noted that:

> the push for [reproductive health] came mostly from the donors, but it was also reinforced by an increasingly vocal and accepted civil society and that particular corner of it that works on our issues. So the government was getting a push with a lot of bucks attached to it by the donors, but it was also getting an internal push from the NGOs, academics, research institutes, from a broader community within Pakistan.

In other words, civil society groups in Pakistan helped contribute to attitudinal shift that underpinned "voluntary" compliance by assisting the actors and institutions of the regime in both creating a "sense of urgency" around the issue of reform, as well as producing research to confirm that reproductive health was the "best policy approach" for Pakistan. While their impact on the final policy outcome is much less visible then that of the regime or the government's attitude toward change, it was nonetheless important.

Conclusion

The discussion above demonstrates that the regime was only marginally effective in terms of policy compliance, but that the organs of the regime were highly influential in bringing about such a condition. Despite the strong role of the international community in facilitating such compliance, the process through which it came about is still understood to be "voluntary," implying that the RHSP reflects the degree to which Pakistani officials internalized the prescriptions of the international agenda. It is argued that this was "enabled" by the interventions of the international community, and reinforced by civil society participation and the initial predilection toward change on the part of the government itself. In other words, in this case regime intervention did drive effectiveness, but it did not do so alone.

The next chapter conducts a similar evaluation of regime effectiveness in Bangladesh, a country that shares in Pakistan's legacy of population programming, but has adapted to the modern imperatives of the reproductive health regime in a much different manner.

Chapter 8
Bangladesh's Health and Population Sector Programme

This chapter presents the final case study of population policy change in South Asia, focusing on the development of Bangladesh's 1998 Health and Population Sector Program (HPSP.) As with the previous two chapters, this one works to answer the central question of this study, i*s the post-Cairo population regime effective in South Asia,* in the context of a single country. Looking first at *if* the international agenda was effective in terms of policy compliance, it is determined that the HPSP demonstrates the highest level of compliance of the three documents examined in this dissertation. As in the other two cases, it is argued that the HPSP is a product of what Peterson (1997) terms "voluntary" compliance, in which the policy change reflects a concomitant attitudinal change on the part of government officials. Also as in India and Pakistan, it is found that while the regime was important in creating the conditions for this compliance, its influence can best be seen as "enabling" the "internalization of the regime prescriptions" underpinning such "voluntary" policy change. Just as important as the role of the regime, however, was the impact of the progressive leadership in the Ministry of Health and Family Welfare, as well as the country's visionary and activist civil society. Together, these factors stirred, and reinforced, the momentum for change within Bangladesh that resulted in such a highly compliant reform agenda for the country's health and population activities.

Assessing Compliance in the Health and Population Sector Programme

As was the case in the two previous case studies, this discussion of policy change in Bangladesh first works to establish *if* the document under examination complies with the regime's agenda as expressed in the ICPD, providing a rudimentary answer to the question of regime effectiveness. It concludes that, of all three countries studied in this dissertation, the regime was the most effective in Bangladesh. In other words, Bangladesh's Health and Population Sector Strategy (HPSP) demonstrated the highest degree of compliance with the international agenda, reflecting not only the methodology of reproductive health endorsed in the ICPD, but its ideology as well. As demonstrated in Table 6 below, the HPSP accords with the major themes of the ICPD not only in terms of the *ends* of population program reform, but also in regard to the *means* through which such changes should be realized. This similarity was not lost on those who participated in the drafting of the new policy, like the former Grameen Bank representative who noted that "the HPSP captured most of the important recommendations of the ICPD."

Ends: Uniquely Common Goals

As noted in chapter 4, one of the most striking features of the Cairo conference was its rejection of the mentality of population control, replacing the regime's ultimate goal of reducing population growth with that of improving reproductive health. This, in the words of McIntosh and Finkle (1995), relegated "fertility decline as secondary to other objectives," the most important of which was, according to the ICPD, making "accessible through the primary health care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than 2015."(United Nations 1994, paragraph 7.6) Out of the three countries surveyed in this study, Bangladesh comes the

closest to such an approach in its new national strategy. This was because, unlike the other two countries, the Government of Bangladesh's (GOB) reform movement was not driven by the fear of ever-increasing numbers, but in the recognition that its family planning program thrived at the expense of the health of the people it served. The very first paragraphs of the document highlight this by framing the new program as a response to the government's shortcomings in the health sector:

> while the [program's] progress was satisfactory with respect to reduction in fertility and child mortality, progress was inadequate with respect to maternal mortality and morbidity...the fertility transition is already well underway in the country and the success of the immunization campaign is most impressive. The contraceptive prevalence rate has already reached about 50 percent and the fertility rate has declined from 6.3 in 1971-75 to 3.3 in 1994-96...Despite these, however, Bangladesh still remains one of the few countries in which life expectancy at birth is lower for females than males....Less then 40 percent of the population has access to basic health care, and 75 percent of pregnant women do not receive antenatal care or assistance from a trained attendant a the time of childbirth. (Government of Bangladesh 1997, Section 1.1)

Responding to this crisis in women's health care, and directly reflecting the ICPD's notion that health, not population control, is the most important end of family planning interventions, the HPSP was grounded in a highly compliant set of ends: "the overall purpose of [the new program] is to improve the performance of the health and population sector, and hence improve the health of the people of Bangladesh." (Government of Bangladesh 1997, section 2.2) In fact, the stress on health rather than family planning goals is so strong that the HPSP tends to de-emphasize the latter, so that reproductive health concerns appear as only one element of the larger health sector reform package. This effort to contextualize family planning, and even broader reproductive health issues, within the primary health care system embraces the spirit of the ICPD, which argues for an "indirect" approach to population activities. Thus, in close agreement with the ICPD,

the HPSP outlines a shift in the mission of the Ministry of Health and Population Welfare away from its traditional strategy of reducing numbers toward that of increasing the health and well-being of those numbers.

However, while the HPSP effectively downgrades the status of family planning, it does not dispense with the notion that limiting fertility is a desirable outcome. It, also in accordance with the ICPD, views fertility decline as a secondary goal, only to be accomplished through the realization of the ultimate goal of providing effective reproductive health care. As noted in chapter 3, the uneasy compromise between environmentalists and feminists that emerged during the Cairo process was reflected in the ICPD's acceptance of the idea that the goal of "population stabilization" can coexist with that of promoting reproductive health, as long as the former is not pursued in its own right. In the previous case studies, India and Pakistan were deemed to be incompliant with this construction because they endorsed the exact opposite of such an approach, placing reproductive health in the service of population control. However, because Bangladesh's primary reason for reforming the sector was to improve women's health, its traditional concern over lowering growth rates was relegated to a secondary, although still important, position in the government's overall goal structure. Closely according with the ICPD's understanding of the relationship between these ends, the HPSP recognizes that:

> family planning services is an important element to the country's goal of [net reproduction rate]-1 by year 2005. The attainment of this goal will require introducing some strategical changes. The most important strategy is to consider the [family planning] activities as integral part of Reproductive Health Care and accordingly implement this reconceptualising process. (Government of Bangladesh 1997, section 4.2.1)

In other words, like the ICPD, the HPSP recognizes that while limiting population growth is an important goal for the program, it can only be achieved by pursing broader women's and reproductive health initiatives. Because, as discussed above, such an approach is firmly grounded in the primary goal of improving the overall health status of the population, the HPSP is the only document examined in this study that is highly compliant with the ICPD in terms of its desired ends.

Means: A Dually Compliant Reform Agenda

In order to achieve the ends of improved health and continued fertility control, the HPSP is also highly compliant in the means it prescribes. In essence, the HPSP contains two reform agendas intended to meet the goals outlined above, both of which reflect the methodology of change outlined in the ICPD. The first of these agendas revolves around the nature of the services provided under the new program, introducing the a highly compliant vision of reproductive health care as a part of a similarly compliant health care reform strategy. As a means to better health, the HPSP outlines a series of interventions grounded in the notion of improving the quality and client-centeredness of the services provided by the government. To do this, the HPSP introduces a set of reproductive health interventions which, even though they tend to be biased toward safe motherhood issues, closely mirror the service package outlined in the ICPD. These similarities are highlighted in table 6, as are those pertaining to civil society involvement in providing such services. However, the Bangladeshi agenda goes beyond reproductive health concerns, which are the focus of the reform packages in both India and Pakistan, a development attributable to the different goals underpinning the HPSP. As a result, the concept of reproductive health is included as only one of the five "major areas" that

comprise the Essential Service Package (ESP), the others being more general public health interventions such as child health care and communicable disease control. Thus, in recognizing that reproductive health services are only a single element of an overall strategy to improve women's and girl's health status, the HPSP demonstrates the highest level of compliance with the ICPD's multisectoral vision of any of the countries examined here.

In order to implement this broad new package of services, including both general and reproductive health interventions, the second agenda for reform outlined in the HPSP revolves around changes in the service delivery system. Arguing that the program's poor performance in the past was due not only to the type of services offered, but also to the way they were administered, the HPSP outlines a set of massive structural reforms intended to functionally integrate and decentralize the activities of the previously bifurcated health and population wings of the Ministry of Health and Family welfare. To a much greater extent then seen in either India or Pakistan, the Bangladeshi design to do this is driven by the highly compliant concerns of rationalizing service delivery to make them more cost-effective and client-centered. Both of these concepts, as highlighted in table 6, are central to the vision of health sector reform presented in the ICPD. They also work to give "a greater feeling of ownership on the part of the GOB" in a sector that has traditionally been dominated by the donor community, directly reflecting the ICPD's designs to promote "self-reliance" among aid recipients. Thus, because these wide-ranging structural reforms are at the crux of the HPSP agenda, it can be seen as being compliant with the strategies for implementation outlined in the ICPD as it is with the ends and means for doing so.

Despite these notable points of compliance, it must be noted that the HPSP diverges from the ICPD in one significant regard. While gender issues factor prominently into the establishment of the program's goals, "to satisfy the needs of the most vulnerable ones in the society- women, children, and the poor," they appear less frequently in discussions on how to meet such needs. (Government of Bangladesh 1997, Section 1.1) Although women are the subject of the interventions discussed above, little emphasis is placed including them in the "leadership planning, decision-making, management, implementation, organization and evaluation of such services," as prescribed in the ICPD. (United Nations 1994, paragraph 7.7) Similarly, the HPSP is not structured around the notion of empowering women to realize their reproductive rights, rather it deals with the issue primarily as a 'supply-side' problem that is ghettoized in a single-two page section of the lengthy report. While the HPSP's treatment of gender is more meaningful then that included in the Pakistani program, it falls short of that included in India's highly compliant provisions on women. Regardless of this, the HPSP remains the most compliant document of the three, largely because it is designed to provide women with broader, and more effective reproductive health care services, even if their participation in its implementation is marginal.

Table 6:
Major Areas of Compliance between Bangladesh's Health and Population Sector Programme (HPSP) and Programme of Action of the International Conference on Population and Development (ICPD)

Issue	ICPD	HPSP
Program Goals	Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. (principle 8)	The whole plan is aimed at improving the health status of the people, improvement of health status at large, specially of the low-income segments, (section 5.7.1)
Fertility Reduction	Countries that have not completed their demographic transition should take effective steps in this regard....[including] improvement of women's status, ensuring universal access to quality primary education and primary health care... (paragraph 6.4)	Interventions aimed at fertility reduction will continue but strategically focus on delaying the age of first birth, improving continuation rates and improving continuation quality of surgical contraception. This will require complementary actions in other sectors to attain, e.g, female education, employment generation and empowerment of women. (section 4.2.1)
Quality of Care	All family planning programs must make significant efforts to improve quality of care. (Paragraph 7.23a)	The main purpose of HPSP is to achieve client-centered provision and client utilization of an essential services package (Section 3.2)
Reproductive Health Care	Reproductive health care [should include]: family planning...infant and women's health care...treatment of infertility...abortion...treatment of reproductive tract infections; sexually transmitted diseases ad other reproductive health conditions...(Paragraph 7.6)	Reproductive health care has seven sub-areas: safe motherhood; family planning; prevention and control of RTI/STD/AIDS; maternal nutrition; unsafe abortion; adolescent care; infertility; neo-natal care. (section 4.2.1)
Role of Civil Society	Non-governmental organizations should have a key role in national and international development processes. (Paragraph 15.8, 15.9)	Successful implementation of the HPSS principles and HPSP will require effective sector-wide partnership between the Government and NGOs. (section 4.10.1)
Cost-Effectiveness	All governments should examine ways to maximize the cost-effectiveness of health programmes. (Paragraph 8.11)	One of the key objectives of HPSP is to increase the level of available resources for basic and cost-effective health and population services.(section 5.5)
Role of Donors	The international community should assist recipient Governments to undertake these coordinating efforts. (Paragraph 14.7)	GOB and the development partners have agreed that the step from a project approach to a sector programme provides a number of important advantages. (section 5.3.1)

Process Tracing: Constituting and Reconstituting Compliance

The next step in this analysis is to determine *how* the relatively high level of compliance discussed above came about in Bangladesh, a question best answered through the methodology of process tracing. Based on the evidence presented below, it is argued that, as in the other two countries surveyed in this dissertation, compliance with the ICPD was a "voluntary" undertaking. As defined by Peterson (1997), this type of policy change is driven more by "actor internalization of the regime prescriptions," then by efforts by the international community to forcibly induce unwilling policymakers into adopting new programs. The Bangladeshi case clearly supports this contention, as the strong commitment of the leadership of the Ministry of Health and Family Welfare to both the ends and the means of the Cairo agenda helped sustain the reform process throughout the nearly four-year formulation process. In other words, it was these officials' internalization of the principles of the ICPD, increasing and evolving though encounters with the institutions of the regime, which ensured that the final policy outcome exhibited such a high degree of compliance.

Pre-Cairo: The Government Embraces the Means of Reproductive Health

As was the case in both India and Pakistan, the early 1990s initiated a period of rethinking of traditional approaches to population control in Bangladesh. However, more like India than Pakistan, initial calls for change in Bangladesh first hailed from groups outside of the government, as a domestic epistemic community introduced the idea of change. The interest in reform was sparked by a series of studies conduced during the late 1980s by the country's leading health research organization, the International Center for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), which suggested that the

country's remarkably successful family planning program was beginning to loose momentum. This was the case primarily for two reasons, the first of which was that the key to the program's remarkable performance, its door-to-door contraceptive delivery scheme, was teetering under the weight of still-growing numbers. Second, it was also becoming increasingly apparent that the bifurcated service delivery system provided by the Ministry of Health and Family Welfare was failing in its health mandate, particularly in regard to women's health issues. Both domestic and Western feminists brought attention to the striking disparities between the performance of the Ministry's health and population wings as an example of the failures of the mentality of population control, an argument that added fuel the international reproductive health movement. Together, these researchers and activists worked during the early 1990s to highlight these problems underlying the country's family planning "success story." As in India, these groups emerged as an epistemic community, first defining the problem as a dual concern of women's health and administrative structures, and then providing the framework for a solution in the ensuing public debate.

One of the main differences between India's experience in the early 1990s and that in Bangladesh was that, while both governments accepted the contention that reform was necessary at an early stage, the GOB was immediately receptive to suggestions on the nature of such changes that hailed from outside of its ranks. As the process tracing below demonstrates, it was this early openness to the ideals advanced by the epistemic community that began the process of socializing Ministry officials into the ideology of reproductive health, a development that provided the foundation for the high level of compliance seen in the HPSP. The creation of a pre-Cairo public debate on program

reform can be attributed to the efforts of an uncharacteristically progressive Secretary of Family Welfare, Shamim Ahsan. Unlike his counterpart in the GOI, referred to by some as the "dragon lady," Secretary Ahsan was widely known as a "consensus builder" who prioritized reform. Taking charge of the process, the Secretary sparked debate through efforts such as the 1993 Family Planning Fortnight, a series of meetings between "all segments of the civil society- development partners, NGOs, technical assistance agencies, women's advocacy groups, and concerned professionals- to identify future challenges and develop a time-bound plan of action to meet those."(Barkat, Howlader et al. 1999, 17) These meetings worked to further convince participants, especially those from the government, of the epistemic community's assertion that the program was fatally flawed both in terms of addressing women's health needs and providing sustainable service delivery. Reflecting the desire to institutionalize such cooperation, the Secretary then established a government body to begin formal negotiations on the idea of reform. Even though this body disbanded upon the Secretary's retirement the next year, he argued that it was a significant catalyst for the ensuing changes:

> I think we made a very good beginning in [early] 1994 when we set up a national steering body which we used to call the Future Challenges Committee...we sat in consultation with the World Bank, and we sat in consultation with USAID and we sat with the major donors and decided that 'can we have an ethics board headed by the Secretary, where all these agencies and donors will be represented?'...And in that process we also brought in all the NGOs who were working in the field of population and health and made them members of the national committee...And I think, and someone may be able to prove me wrong, but this is where the ice started melting.

With the intellectual ice melting between the GOB and a variety of other critical actors, a thaw that was structured by the assumptions of the epistemic community, a meaningful debate on family planning reform emerged in Bangladesh even before it burst onto the

international level. It was this early willingness on the part of the GOB to engage in, and be swayed by, such a debate that helped lay the foundation for the exceptionally high level of compliance seen in the HPSP.

The impact of this dialogue on the attitude of the government was clearly apparent by the time the Cairo Conference was convened, something that was seen in the composition of the country's delegation as well as in the substance of the report it submitted. Whereas the heads of the Indian and Pakistani delegations were quoted in the previous chapters as extolling the level of cooperation between the official and unofficial NGO delegations, Secretary Ahsan took the extra step of including a nearly equal number of NGO participants in the official delegation. Even critical feminists were invited to sit with the government, with one of these women noting that "we were looked upon by the other delegations with some interest. Many were asking how we NGO representatives were equal members of our national delegation." As described by a Senior World Bank official, the members of this delegation were influential both at home and abroad:

> there was very active thinking by this group about new directions for Bangladesh and the population field in general during the months before and after Cairo. Remember that Bangladesh had a very active delegation at Cairo, including many from the NGO sector.

Exercising a hand in crafting the Cairo consensus, and an even stronger hand in identifying national priorities for the conference, these groups helped to ensure that the ICPD reflected the type of thinking that was emerging in the national debate.

This thinking, as highlighted in the official Country Report submitted by the GOB to the conference, endorsed the many of the *means* of reform that became a part of the international agenda but it still did not share in its *ends*. Reflecting on the similarities between the GOB's position and that of the ICPD, and echoing a similar statement made by his Indian counterpart[1], the Secretary at the time argued that:

> One credit we can take is that despite laudable recommendations in the Cairo document, there are many things that we had done in Bangladesh and thought about in Bangladesh which subsequently came in the Cairo document. Therefore the Cairo document can not say that we taught a few lessons to Bangladesh.

This contention is supported by the fact that the country report reflected an acceptance of the methodology of reproductive health service provision even before it was codified in the international agenda, arguing for: family planning as a women's health issue; a new program that revolved around more than just contraceptive distribution; and the integration of the country's health and family planning infrastructures. However, as a predominant Bangladeshi feminist noted, while the GOB endorsed the *means* or reproductive health, it cleaved to the familiar ends of population control and continued to view women as instruments of that end:

> They recognized that, [or] finally had come to the understanding that, if they are going to get [contraceptive prevalence rates] any higher, they will actually have to think about providing services to women, that they can't do without that.

Thus, even though the GOB endorsed the idea of reproductive health even before its was adopted by the regime, at the same time the government demonstrated reaffirming its 1976 contention that population growth was the country's "number one problem." This

[1] As noted in chapter 5, the Indian Secretary observed "that India had independently already come roughly to the same conclusion which Cairo did in 1994. So we were 80 or 90 percent there in 1994 when the ICPD Programme of Action came about." Using this scale, it can then be contended that Bangladesh was 90 to 95 percent there in 1994.

contradiction is embodied in the text of the country report, which worked to recast past population control activities in light of the its new focus on reproductive health:

> In an effort to improve women's reproductive health status, the government of Bangladesh's policy since 1985 has been to integrate family planning and MCH. This integration stemmed from the realization that infant and maternal mortality is reducible, to a large extent, though safe birth practices and immunization and that reduced infant mortality is conducive to family planning.(Government of Bangladesh 1994, 14)

In other words, as was the case in India during the same time, the government understood reproductive heath primarily as another tool in the arsenal against population growth. But it was this early internalization of the *means* endorsed at Cairo that would also provide the foundation for the acceptance of its *ends* shortly after the conference. Thus, the remainder of the progression toward the HPSP can be seen as a move away from this mentality of population control toward one more focused on women's health, a development which underscored the high level of compliance seen in the HPSP.

Accepting the Goal of Women's Health

In the year following the Cairo conference, the GOB quietly shifted away from an emphasis on family planning goals toward promoting women's health, a "voluntary" attitudinal change that was facilitated by the efforts of World Bank staff. As in India, the Bangladeshi government's growing interest in program reform coincided with the World Bank's programming cycle, so that the remainder of the reform process was structured by the development of the Bank's new country program, the Fifth Health and Population Project, (HAPP V) (1998-2003.) The planning for the HAPP V began in early 1995, shortly after the Cairo conference, when the mid-term review of the HAPP IV (1992-1998) made, in the words of a USAID official, "everyone think about change." Promoting a vision of reform that called for an even higher level of compliance with the

ICPD, Bank officials in Bangladesh urged the country to adopt the *ends* of the regime's agenda as well as its *means*. Viewing the country's "number one" problem as its high rate of maternal mortality, and not its falling fertility rate, Bank staff argued for a shift in the program's priorities. This approach, as recounted by the Bank's health and population program manager at the time, was dominated by health concerns:

> there were some specific issues when I got into it, and one of them was that family planning was actually doing quite well, but there wasn't enough attention to women's health. It is much tougher to do emergency obstetric care. Family planning is relatively easy, you do it with community-based workers, but women who are hemorrhaging have to be within an hour- two hours at the most- of a health facility. So that was technically a lot tougher, but it needed to be done.

Based on the agenda outlined in its 1993 World Development Report, entitled *Investing in Health*, the Bank worked to promote the idea of reform in Bangladesh as a larger women's health issue, one in which family planning concerns were still important, although certainly not central.

GOB officials, who had already accepted the notion that improved reproductive health status would help promote population control, were surprisingly receptive to the Bank's formulation of the problem as a larger public health concern. With very little fanfare, throughout 1995 government officials began to shift their rhetoric from the idea that population was the country's "number one" problem to the belief that, in the words of a former Secretary of the MOHFW, "population, of course, remains *one* of the top priority areas for this country." The ease with which this change in goal structures occurred can be attributed to the extent to which Ministry officials had already internalized the ICPD's prescriptions regarding the *means* of the Cairo agenda, a development that even predated the conference. As noted above, the GOB had already come to embrace the notion that reproductive health interventions were useful in battling

population growth, and that maternal mortality was a significant public health problem on its own. Although spurred by World Bank advocacy, the shift from working to serve population goals through reproductive health programs to serving reproductive health goals through health programs was a logical outgrowth of the government's earlier assessment of the situation. As recalled by the Secretary of Health and Population Welfare at the time:

> The thinking process was there in the government already. Basically the approach came from the World Bank, and this was only one, of course, they are various approaches which you present to a government and then you toy with some of these ideas and then you ultimately settle on one...We started talking about this HPSP program in early 1995. The fourth population project was coming to an end, and World Bank as a major donor started thinking in terms of what to do next and these options opened up.

The outcome of these negotiations between the Bank and the GOB was a new and mutually agreed upon agenda for change. As reflected below, it was one in which population program reform remained an important element, but it was now seen in light of the need to restructure the public health sector as a whole. Thus, only a year after the Cairo conference the GOB had made significant steps toward "voluntarily" internalizing both the ends and the means of the international agenda, a development that ensured the high level of compliance ultimately seen in the HPSP.

Implementing the New Reform Agenda: The Paris Consensus

Armed with a shared conception of reform that embraced both the ends and the means of the ICPD, the GOB and Bank officials then set out to design a strategy for implementation. With the general principles of reform already established, that both the population and health programs needed to be revamped to combat the low level of women's health in the country, the remainder of the discussion turned toward the more

practical elements of reorganization. During this stage of the debate, the Ministry officials' support of the regime's ideals for reform grew into an endorsement of specific elements of such change, a development brought about by an increasing socialization into the international agenda, again facilitated primarily by the World Bank.

To do this, the Bank argued for two sets of sweeping administrative changes that spoke both to the concerns of the GOB and to the goals set out in the ICPD. The first of these was developing a sector-wide management strategy designed to put the GOB in the "driver's seat" of a program that was traditionally subject to the whim of donor preferences, something that immediately appealed to Ministry officials. As described a former Secretary of Health and Family Welfare, the government was highly amenable to the Bank's suggestion to restructure the sector because of the administrative difficulties caused by the traditional arrangement:

> When I joined the Ministry I found that there were umpteen number of donors, and umpteen number of NGOs in the field all working in the field of health, family welfare or population control. But other than the major World Bank projects that we had and, to some extent we had insight into the USAID program, we really didn't know how it could be coordinated to avoid a lot of overlap.

A World Bank official based in Dhaka at the time described a similar situation, arguing that the separate donors' insistence on maintaining separate projects was at the heart of the problems plaguing the Ministry:

> When I got to Bangladesh as a manager, there was this Fourth Population and Health Project that was humungous, it was hundreds of millions of dollars and involved umpteen donors and it had 64 subprojects....In addition to the 64 subprojects under this big project, there were another 35 or so other things... They were clumped into clusters, but basically, it seemed to me that these donor projects had kind of taken over the government's program. You would ask the government 'tell me about your program,' and they would tell you about projects, donor projects. You would say 'no, no, where's the program?' [And they would say] 'well, uh, uh, gee, gosh, we don't have a program separate from these projects'...And the poor government was getting into the position where item 34

> would be doing very well but it would be running out of money, and item number 17 would be slow and it would have too much money. But [they were funded by] different donors and maybe they would or maybe they wouldn't [be able to transfer funds.]

The solution proposed by the Bank was a "sector-wide management approach," which was designed to give the government more control over how its program was administered. As recounted by the Bank official in charge of these negotiations, this approach met with a warm reception within the GOB:

> So I went to the Secretary of Health and Family Welfare and I said, 'look, wouldn't it be simpler for you guys if you had a program strategy for health, population, nutrition, the whole thing, that donors were all comfortable with, you were comfortable with, it was your strategy and you had a program that embodied this strategy. Maybe every year you looked at an operational plan for this program which would include the whole public expenditure program, the way it's going to be financed, the policy changes you want to make this year to support the overall strategy. And then the donors would come in and finance x percent of that, and get away from all these little cubbyhole projects that are driving you crazy.' And he looked at me and said 'you couldn't do that and I'm not sure we could do that. But it would be wonderful.' So we kind of talked back and forth about that.

Despite protests on the part of other donors who wanted to maintain their financial autonomy, primarily USAID, Ministry officials were highly amenable to this suggestion so that in the words of the Secretary, "so at that time I, we, somewhat tilted in favor of a program approach." It was this shift to a program approach, as opposed to one structured by individual programs, that represented one of the most major reforms included the HPSP.

The second central issue that emerged during the early stages of negotiations for the Bank's fifth country program was that of integrating the health and family planning wings of the Ministry. Unlike in Pakistan, where donors alone argued for integration, Ministry officials in Bangladesh shared in the international community's desire to see

such a change. While the idea of sector wide management may have come into the debate by way of the Bank, the issue of rationalizing service delivery was, in the words of one local Bank official, "something they wanted to do for years, but needed the Bank to give them the clout to make it happen." As early as 1994 the GOB officially endorsed the idea, albeit tentatively, noting that the current bifurcated system was unsustainable both in terms of population control goals and addressing the Ministry's health mandate. It was widely recognized by both donors and the GOB that the current arrangement needed to be changed, as the bloated cadre of over 30,000 Family Welfare Assistants (FWAs) who delivered contraceptive services to individual households could not provide for the expanded reproductive health needs of an ever-increasing population. With the backing of the Bank, Ministry officials were able to actively pursue strategies for integrating and "rationalizing" health and family planning service delivery structures. However, as discussed below, such reform was much viable technically then politically, as unionized FWAs nearly derailed efforts to restructure the system.

This emerging, and relatively uncontested, reform agenda developed by the Bank and GOB was drafted at a September 1995 planning meeting held in Paris, formalizing the GOB's increasing support for institutionalizing the ideals of the ICPD into national policy. This consensus was also expanded to include other members of the country's influential donor community, most notably organs of the regime such as USAID and the UN agencies. However, as recounted by one women's activist, the Paris meetings were "not where women's groups had any input" since, in the words of one of the organizers of the meeting, "we couldn't absolutely bring everyone to Europe." According to a senior member of the USAID mission in Bangladesh, these meetings marked the

beginning of the *official* progression toward the new program, "it was a very good meeting...3 days of hard work was the genesis of this whole thing, really." A Dhaka-based Bank staff member who organized the meeting also argued that it helped develop not only a concrete agenda for reform, but also a common commitment to realizing it:

> One of the important steps fairly early in this process [was when] we got the idea of having a meeting in the Bank's Paris office of the key people working on this in government in Bangladesh, plus the donors. We did it in Europe so the government people would be able to spend the time in a focused way and not get pulled off for meetings, which you always do if you're in your own country. And the donors had to sit there since they weren't in their own country. We spent 4 or 5 days with flip charts writing down ideas for the strategy, you know, 'where should the emphasis be?' And actually that built a tremendous esprit d'corps among this group of people, the country people the donor people.

As demonstrated below, it was this "esprit d'corps" that sustained the reform process through the upcoming periods of political turmoil, as the technocrats in the Ministry and donor community remained committed to realizing this new agenda even in the face of high-level and public opposition. The general points of this consensus were the same as those already agreed upon by the Bank and the GOB, as the addition of new participants worked largely to support and refine the ideals in light of the international agenda. Grounded in the pre-Paris developments discussed above, the HPSP noted that among the "key lessons" identified during the meeting "to be inputs for strategy formulation for the sector" were:

> the need for the GOB to establish and adhere to clear sectoral priorities...the critical link between success on reproductive health and women's access to comprehensive, integrated services and means of empowerment... the need for harmonization of the parallel systems for "health" and "family welfare..." [and] the need for cost-effectiveness and efficiency in view of scarce resources. (Government of Bangladesh 1997, 4)

It was this early consensus between the Bank and Ministry officials that provided the ideological foundation for the high level of compliance ultimately reflected in the new

policy, since according to a Joint Secretary of the MOHFW, "based on that recommendation (when you see HPSP volume I we have commented on the Paris meeting) we use that point in the formulation of the HPSP."

The Birth of the Sector Strategy

The next step in the process was to translate the Paris consensus into a general strategy for program reform. At this point the extent of the growing official support for the principles endorsed in the ICPD became even more clear, as the GOB shocked the donor community by adopting the Paris consensus into national policy, making the Health and Population Sector Strategy (HPSS) the legal precursor to the Health and Population Sector Program (HPSP.) Grounded in the agenda that was already taking shape in Paris, the HPSS was drafted in a relatively short period of time, going from the public consultation stage to being approved by the Executive Committee of the National Economic Council (NEC) in less then a year. As characterized by the Bank official in charge of the negotiations at the time, the speed of this process reflected the GOB's commitment to the idea of reform:

> We did this piece of what the Bank calls sector work, which was meant to be a paper on a strategy in Bangladesh, and we did it with the government doing the first draft, and we kind of polished it up (you know our Bangla isn't as good as their English, but their English we could polish up when we worked on some issues) and they loved it. They took it to their cabinet before we even got it cleared a the Bank!

Building on the Paris consultations, the process of drafting the HPSS served to further consolidate the growing consensus on the highly compliant vision reform embraced by the both international community and Ministry officials.

The final draft of the HPSS, officially adopted by the GOB as policy in August 1997, is the single most compliant document examined in this study, presenting an agenda for reform grounded in both the ends and the means of the ICPD. In the words of one government official involved in the drafting process, the HPSS represented an idealized "wish list" for the HPSP, outlining all the changes it would like to see in the new program. As a result, the HPSS was even more compliant than the HPSP, since the means for accomplishing the new health-based ends of the program had yet to be tempered by political demands and the public outcry against integration. Providing the first official endorsement of the idea that population growth was no longer the country's "number one problem," the HPSS reflected the government's growing acceptance of the ICPD's dual goal structure, placing population control on par with larger health goals:

> For Bangladesh, health and population are among the most urgent development issues.....HPSS builds on a consensus held by the Government, the donor community and other stakeholders that reform of the health and population sector is required in order to provide adequate basic health care for the people of Bangladesh and to slow population growth. (Government of Bangladesh 1997, Paragraphs 2,7)

While the final version of the HPSP goes even further in situating family planning goals as a subset of health concerns, the HPSS highlights the government's evolving perception of the appropriate *ends* for public interventions in the sector. This shift in priorities can be partially attributed to the fact that, although the HPSS explicitly recognized the ICPD as a key influence, it also situated the country's efforts in a broader context of other complementary international agreements on health. Citing these various inputs, the document notes:

> Government is committed to the overall objectives of "Health for All," the "World Summit for Children," and the "Program of Action of the International Conference on Population and Development" (ICPD) held in Cairo in 1994. HPSS builds on these commitments and aims at initiating the implementation of the longer-term vision over the next five years. (Government of Bangladesh 1997, Paragraph 10)

It was this broader awareness of the interrelationships between the constituent components of the social sector that helped ensure the high level of compliance with the ICPD's multisectoral agenda in terms of both its ends and means. In light of this, the HPSS included a litany of structural and service provision changes that directly reflected the ideals developed at both the ICPD and Paris meetings. Endorsing the key tenets of the ICPD's reform agenda, the HPSS presented an ambitious outline of the *means* though which such changes were to be accomplished:

> Two longstanding issues need to be addressed in the sector: organization and management need to be improved and the focus of services on women needs to be strengthened...the ministry's bifurcation into population and Health wings, with separate cadres at all levels, dates back to the 1970s. This structure does not adequately respond to the needs of maternal health and clinical contraception and limits the potential for increasing the range, quality, and effectiveness of services...Bangladesh opts for the client-centered reproductive health approach that has been shown to be the most effective way to reduce unwanted of fertility. (Government of Bangladesh 1997, Paragraph 7.8.13)

While this agenda was diluted somewhat as the debate opened up to include those members of the government who were not party to the Paris consensus, the highly complaint nature of the HPSS again suggests that the Secretary and his staff had internalized much of the ideology of reform endorsed at Cairo before the first word of the HPSP was drafted.

In taking the largely unprecedented, and internally-motivated, step of formally adopting the sector strategy as government policy, the GOB also demonstrated that its commitment to the idea of reform extended beyond the officials in the Ministry of Health and Family Welfare. With the active support of Prime Minister Sheikh Hasina, who assumed office just as the HPSS was taking shape in mid-1996, the drive for reform within the Ministry gained powerful new allies. While it later became clear that the Prime Minister was not as fully socialized into the ideals of reform as her staff in the Ministry, she was nonetheless supportive of such an initiative since, according to a British aid representative, "the Awami League always claims to be a reform government, and health became one of the focuses where they could actually start to show some reforms in process. So the Prime Minister was very engaged in it." As a result, according to the Senior Program Monitor for the Canadian aid agency, "it was one of the quickest possible examples where the government got this HPSS approved by the NEC and signed by the Prime Minister." Even the Bank staff member in charge of the process was impressed by the speed with which the government endorsed the new program:

> So I sent around [in the Bank] this little note saying, 'look, you guys want ownership by the country, well, we've got big time ownership here. They've actually issued it from their cabinet.' I shared it internally, but we hadn't jumped through all our hoops and it was really quite funny. I simply had to say, 'yeah, we'd like comments, but just bear in mind the government has already issued this thing.' Which is a tremendous win, because that doesn't normally happen.

The outcome of this was that the donor community and members of the government finally perceived that the GOB was, in the words of the Secretary, in the "driving seat" of its own population and health program. Not only did the Secretary himself proclaim the HPSS to be "conceived, formulated, finalized, and approved by the government," but a high-level Bank official also noted that "what was so terrific was that the government,

they felt this real elation and relief because they felt like it was something that was theirs- and it was coherent." Thus, by August 1997 it appeared as if the GOB had internalized enough of the ICPD's prescriptions to bring about an extraordinarily high level of "voluntary" compliance, and possessed enough momentum and political support to realize such a change in policy and practice. However, the remainder of the process traced in this chapter chronicles the dissolution of this ideological consensus.

From HPSS to HPSP: The Debate Expands

Since the HPSS was intended only as a broad strategy document, the next stage in the program reform was developing an implementation plan, or a Health and Population Sector Program (HPSP.) This process, as described by the Grameen Bank's population adviser, was the logical extension of earlier efforts, since "once the HPSS was prepared and it was imposed by the government, then it became imperative that we develop a program that was based on these strategies, and then the question of the HPSP came up." No longer conceived of as the HAPP V, but now as an entirely unique and innovative program, the first step in the progression from HPSS to HPSP consisted of a series of technical consultations and public workshops held by the GOB throughout the spring of 1997. Involving both civil society and a wider range of bureaucrats, the planning process for the HPSP incorporated a much greater number of voices than was the case with the HPSS. However, this expanded participation subtly changed the nature of the debate, as civil society groups argued for a more compliant document while the bureaucracy's opposition to integration undermined the principles of the ICPD. Although, as discussed in the final section, Ministry officials were ultimately able to navigate between these two conflicting demands to produce the highly compliant HPSP, this debate also forced them

to reconsider and rearticulate the ideals of the reform agenda that had remained relatively unchallenged since the Paris meeting two years earlier.

The first of these new voices in the expanded HPSP debate were those of civil society, a group that helped focus attention on one of the few facets of the ICPD that was lacking in the HPSS: gender issues. Unlike during the HPSS formulation, which largely excluded civil society participants, the "stakeholder" consultation phase of the HPSP process was conducted in a much more meaningful way. Following the provisions of the HPSS, which reflected to some degree the ICPD's commitment to such participation in all stages of program design, the scope of these consultations was massive. As recounted by a Grameen Bank representative, who was quoted above as disparaging the nature of civil society involvement during the HPSS formulation, these consultations were substantively different:

> during that period, actually, both the Bank and Government realized that this is the time that we need wider consultations so that it becomes a participatory process. So starting from developing the framework for this program, *so many* consultations took place. I would say that in the entire health sector history of this country, I have never seen so many consultations. You talk to the women's groups they were consulted, you go to the district level, district level meetings took place, district level women's groups, children's groups, different voluntary organizations, they all were consulted. On the national level there were plenty of task forces participating, government sector, academic institutes, NGOs, private sector, they were all there. It was quite time a consuming, voluminous chore, but somehow it got done.

As before, some participants in this process argued that it was, in the words of the Director of a leading para-statal research institute, an "information-giving system...built on the World Bank's homework" and led by facilitators who shared the Bank's ideology of reform who implicitly promoted it during the meetings. However, a larger proportion of NGO representatives felt that the structure of these, more substantive, negotiations

enabled them to refine and expand the government's approach to the gender issues implied by its focus on women's health. Describing the NGO involvement in this process, a representative from the Dutch Embassy recalled that:

> when we went from the strategy toward the program, there were all kinds of workshops. The [Logical Framework] workshop was first, they had all of the big NGOs involved in that, the activist women's organizations, Nasreen Huq was there, the Bangladesh Women's Health Coalition was there. They were all involved in this Log Frame workshop, and later on in the working groups that prepared for the HPSP. In that way there were enough mouths in the groups to get the reproductive health agenda right.

In other words, the involvement of civil society at this stage helped to bring the emerging HPSP further into compliance with the regime's agenda in terms of the gender dimensions of women's and reproductive health concerns, although their contributions remained circumscribed by the framework for reform initially outlined at Paris.

The second set of voices that helped shift the nature of the debate during the HPSP consultation process were those of the bureaucrats within the Ministry of Health and Family Welfare. Viewing the integration of health and family planning services as a direct threat to their job security and personal status, they resolutely opposed the idea of joint service provision. Not party to the initial Paris consensus, or socialized into any part of its ideas through previous consultations, scores of mid-level GOB employees suddenly found themselves forced to plan for a policy change that they did not support. A DIFID representative characterized this situation as one in which:

> there was somewhat of a disconnect. On [the upper] level, there was acceptance and desire for reform, but at lower levels, certainly within the ministries- not just Health but Finance and Establishment- people at that level weren't really engaged at a very early phase in either the design or understanding of the process

Similarly, the country representative for AVSC noted that the Secretary and his staff, "they were committed to it, but within Ministry's [planning] cell they had their own kind

of feeling." This was because, he continued, among mid-level staff such as line directors and program managers:

> there was a lot of confusion, a lot of misunderstandings, and a lot of fear of loosing jobs...That was the difficulty we encountered...People are asked to work together, but they were never told what would be the shape of the integrated structure because at that time integration was not complete.

This led to what a USAID representative termed a "schizophrenic situation" where mid-level directors felt compelled to protect themselves and their workers against changes they were forced to implement. It also created competition between the higher-status, largely male, health wing and the predominately female-staffed family planning wing. In the words of the Dutch adviser to these negotiations, the preeminence of the Health wing further frustrated efforts to deal with the gendered dimensions of reproductive health, since, as she quipped: "do you think that the staff on the health side, which is all male-dominated, cares a shit about maternal mortality or women's health?" While the discussion above demonstrates that the Secretary and his staff did care to some extent, the lower-level bureaucrats' interest in gender was ultimately overshadowed by status and staffing concerns. This demonstrated in the recommendations offered by the government committee convened to develop a strategy for integration, an approach dismissed as superficial by the director of the Population Council office in Dhaka:

> The way the reorganized they kept everything the same way. Somewhere they reorganized, at the bottom, at the service-delivery level and below. Last 29 December they issued a circular where they have identified the role of this *thana*-level integration, but the district and above still remain in the same structure...At the directorate level they remain bifurcated- 'you take this component, and I'll take this one.'

This bureaucratic resistance is seen in the HPSP which, while still supporting the integration ideal, presents a similar design for a phased-in implementation beginning the lowest levels. .

The Disintegration of the Integration Ideal

Despite the time-consuming process of "stakeholder" consultation and efforts of bureaucrats to derail many of the substantive provisions of the HPSS, the reform process was sustained throughout the spring of 1997 largely through high-level enthusiasm. However, by late 1997, this base of support came into question as the Prime Minister's commitment to the ideal of integration wavered in the face of public discontent. Nearly derailing the entire process, this crisis arose over the fate of the country's huge cadre of Family Welfare Assistants (FWAs,) a group that was to be displaced under integrated service provision. The HPSS noted that these workers, whose sole function was to provide contraceptive services to clients' doorsteps, would be curtailed as a part of the rationalization of the Ministry's operations since, in the words of a Washington-based Bank official, "they just didn't need as many workers as they had because doorstep delivery was being phased out." By the fall of 1997, this "phasing out" started in the private sector as NGO-sponsored FWAs were removed from the field as part of the new USAID country program, and the World Bank began to advocate for a coordinated withdrawal of the GOB workers. While Ministry officials supported this downsizing as an element of the ICPD-based "rationalization" they had come to actively endorse, their interests were overshadowed by the stridently non-compliant position taken by the Prime Minister.

This push to take action forced the Prime Minister to reconsider her commitment to the HPSS agenda, as public protest brought her into direct conflict with the donor community that had been highly supportive of efforts of Ministry officials to undertake such a change. At the heart of this tension was electoral politics, with the nearly 35,000 FWAs, the majority of whom were set to be terminated or effectively demoted under the new arrangement, mobilized against the idea of integrated service delivery. In a country with significant levels of politicized union activity, such a large number of disgruntled citizens and their families constituted a palpable threat to the increasingly beleaguered popularly-elected government. The situation that emerged, as described by a Bangladeshi representative for the US-based NGO AVSC, was one of divisiveness in which:

> all of the government employees have their own associations- like the thana family planning officers, the nurses, etc., all have their own associations- and each of these associations are very strong because they contribute to the political agenda of different parties, because they are linked with the different political parties. So the leaders of different associations, they can mobilize a lot of energy within their association on different issues. *The major issue that was seen here in this integration was that some people can loose their jobs.* Taking that as an assumption, many of the associations were mobilizing their people and they were trying to create problems.

Thus, while the Prime Minister was not against integration *per se*, she was opposed to any type of reorganization that would threaten her political viability, demonstrating that her "internalization" of the ICPD ideals was not as strong as it initially appeared.

In the face of this retreat from the ideal of integration, the World Bank adopted a more aggressive posture attempting for a brief moment to "induce" compliance. The Bank argued that because the GOB had already agreed to curtail doorstep service delivery in the HPSS, the donor consortium would no longer provide for the salaries of

these stand-alone workers. In a last-ditch effort to "save the FWAs" the Prime Minister turned to the President of the Population Council for assistance during a late 1997 visit to United Nations headquarters in New York. During this meeting, as recounted by the director of the Council office in Dhaka:

> the Prime Minister had some sort of idea that these 23,000 workers would be fired, and she said 'everyone should help up because the World Bank is trying to fire these workers and what are you doing?' Then we tried to explain to her that it is not firing, it is a reorganization, and the views that people are losing their jobs are coming from your side.

Following this meeting, the Prime Minister began to soften her position, suggesting that the Council's "explanation" worked to change her understanding of the situation in a way that the Bank's forcible approach could not do. In other words, while the Bank's attempts to "induce" compliance met with hostility from the Prime Minister, efforts to "enable" such a change by altering the Prime Minister's perception of the situation were ultimately more successful.

Armed with a new conception of the integration issue, Sheik Hasina, in the words of a Dhaka-based Bank official, "impressed everyone" with her ability to craft a compromise. This mediated position suggests that the resolution to the crisis was a "regime enabled" rather than "regime induced," as will be discussed more thoroughly below. Rescuing the process that had stalled during this conflict, the Prime Minister was able to retain the entire cadre of FWAs while at the same time continuing along the path of integration. To do this, she rejected the assumption that removing the FWAs from the field meant removing them from government service. Instead, in the words of a Bank official, she "bought off" the current FWAs by providing them with the job security of a regular civil servant and encouraged early retirement, but also removed them from the

field and assigned them a token amount of reproductive health duties. In response to her efforts, the donor consortium agreed to continue subsidizing their salaries, although at a much lower rate, and roundly praised the Prime Minister for her initiative and commitment to the reform process. However, in an attempt to restore the government's standing within the villages, the Prime Minister also added to the package by announcing a large-scale initiative to construct a network of over 30,000 community clinics throughout the countryside. Despite concerns over the abundance of pre-existing poorly-managed clinics, in the interest of compromise, donors eventually agreed to fund the construction project, putting to rest the political crisis that nearly undermined the reform process. Thus, while the designs for integrated service provision had changed as a result of this crisis, involving a greater number of personnel and clinics then envisioned in the HPSS, the larger project of reform ultimately remained on track and in accord with the ICPD. The Prime Minister's reaction also demonstrated that while the regime's attempts to force compliance were ultimately unproductive, its strength lie in it's ability to alter perceptions to an extent to which some degree of voluntary compliance was the natural outcome.

The Last Step: Reconstituting Consensus

In the final stages of the policy development process, responsibility for drafting the HPSP returned to those who worked to implement the basic tenets of the Cairo agenda on the national level, the technocrats in the donor consortium and the Ministry. Their challenge, at this point, was to incorporate the recommendations that were either not included, or ran counter to, the ideology of reform as specified in the HPSS. In other words, they were forced to reconcile civil society's stress on gender issues, the

bureaucracy's prescription for the minimal integration of the two wings, and Prime Minister's public commitment to infrastructure expansion, with an original reform agenda that did not anticipate such developments. While the increased focus on gender concerns was relatively easily absorbed in the new program, since it complemented the principles of the ICPD that were already so much a part of the country's strategy, the latter two issues presented more of a problem because they contradicted the spirit of both the HPSS and the ICPD.

Instead of issuing a program that promised to be as schizophrenic as its inputs, the Ministry was able to craft a document that was logically consistent with the international agenda. This outcome can be attributed to the fact that the Ministry officials guiding the process remained committed to the goals articulated in the ICPD, despite contradictory tendencies emanating from both the highest and lowest levels of the government. Supporting the contention that the high level of compliance demonstrated in the HPSP was the result of what Peterson (1997) terms "voluntary" compliance, a Dhaka-based Bank official noted that the policy change was ultimately the result of the internalization of the principles endorsed in the international agenda:

> it was the government that wrote the HPSP. First we hired a German consultant to write a draft, but that just didn't work. So then the Government got together a team to write the program. It was under [Joint Secretary] Enamul Karim's leadership. So their work is what you see in the HPSP, they were really committed to making the program work.

Karim, who was at the center of the reform process since its outset, was an architect and active advocate of the Paris consensus. As a result of his influence, the final draft of the HPSP was surprisingly consistent with the provisions of the HPSS, and consequently, highly compliant with the international agenda. However, it must also be noted that the

notion of voluntary compliance only applies to the Secretary and his staff, since unlike in either India or Pakistan, the idea of reform endorsed by one set of officials generated opposition among other levels of government. Thus, while the HPSP reflects a high degree of internalization of the regime's agenda on the part of those who framed and drafted the program, it also obscures the disconnect between the leadership's ideology and that of the rank-and-file.

Attesting to the Secretary's ability to craft a widely acceptable, but still highly compliant document, the new program strategy was formally adopted by the Prime Minister's Economic Council on 28 June 1998. Although not accompanied by the same fanfare as the approval of the HPSS, the new Health and Population Sector Programme was a much more significant document. Set to begin on 1 July 1998, the HPSP outlined a set of sweeping ideological, procedural, and structural changes in the way health and family planning activities would be delivered in Bangladesh. As discussed more thoroughly above, these reforms were highly compliant with the international agenda, shifting both the means and the ends of activities in the sector away from population control toward a greater focus on ensuring women's basic and reproductive health. Despite being slightly diminished by its encounters with the public and bureaucracy, the HPSP continued to reflect the same basic ideology of reform that underscored the 1995 Paris consensus between Ministry officials and donors, a development that can be attributed to the official's commitment to the principles of the ICPD. It was this internalization of the regime's prescriptions that not only ensured that the resulting program would be highly compliant with the international agenda, but that it would come about as a "voluntary" change on the part of the officials guiding the process.

In an unfortunate post-note to this story of relative success, the implementation of the new reform agenda was immediately stunted for over a year by a monsoon season of epic proportions. In the words of a Washington-based World Bank official, "on July 1 *the project became effective. The next day it started raining, and raining, and raining.*"

Regime-Enabled Compliance

The next project of this chapter is to discuss *what* role the regime played in bringing about the high level of voluntary compliance discussed above. Based on Peterson's (1997) model, it is argued here that the degree of compliance seen in the HPSP is best understood as "regime-enabled." Just as in India and Bangladesh, the actors and institutions of the regime are seen as facilitating, but not single-handedly driving, the GOB's "internalization of the regime prescriptions" that underscores voluntary compliance as conceptualized by Peterson. As the discussion below demonstrates, this influence was primarily exercised by the actors and institutions of the regime working in Bangladesh, since the process of drafting the Cairo agenda itself had little notable impact on the already forward-thinking government officials. Working to introduce an even broader notion of the idea of reproductive health, the World Bank and other members of the donor community in Bangladesh provided both the ideas and opportunities for Ministry officials to internalize a highly compliant vision for reform. However, as the final section of this chapter highlights, the extent of the regime's influence was directly tied to the GOB's overall willingness to undertake such change.

As a result, the Bangladeshi experience tends more toward the "spontaneous" end of the spectrum illustrated in Figure 1, with the resulting level of "regime-enabled" compliance attributing as much to the initial predilections of Ministry officials as to the influence of the regime

The Cairo Process

The process of constructing the Cairo agenda itself exerted a limited amount of influence over the corresponding policy change process in Bangladesh. While this was also the case in Pakistan, where the idea of reproductive health lay dormant for several years after the conference, in Bangladesh the national debate was already so close to the international one that the ICPD had little impact on the domestic discourse. Whereas India experienced a similar intersection of international and national debates at the time, it was the act of preparing for the Cairo conference that finally forced the GOI to come to terms with the internal critiques. No such 'sea change' occurred in Bangladesh, where the government had been actively listening to the concerns of its domestic epistemic community for several years prior to the 1994 conference, and had already begun to consider policy responses that spoke to the same issues that were on the Cairo agenda. This early receptivity to these domestic activists, who were also active on the global level at the same time, created a situation in which the international debate closely reflected the ideological change that was already under way with the Ministry. As a result, the ideals endorsed in the ICPD were largely seen by the GOB as a confirmation of the trajectory of reform it had already embarked on, and not the call to action that motivated other

countries. Or, in the words of the Secretary of Health and Family Welfare at the time, government officials believed that "the Cairo document can not say that we taught a few lessons to Bangladesh."

The Organs of the Regime

While the intersubjective process of drafting the international agenda may have had little impact on the speed or direction of the policy change discussed above, the organs of the regime exerted much more of an influence. Although the discussion above appears to suggest that the level of compliance seen in the HPSP came about through what Peterson (1997) terms "spontaneous" compliance, in which the policy change would take the same form regardless of the existence of the regime, the discussion below demonstrates that such developments can best be understood as "regime-enabled." In other words, while the Bangladeshi government's early embrace of what was to become the reproductive health approach ensured that national policy would reflect the international agenda to *some* degree, the intervention of the international community enabled it to be compliant to a *high* degree.

Among the organs of the regime working in Bangladesh, the World Bank stood out as the single most influential international actor in "enabling" compliance, although the extent of this influence was as much a product of the government's receptivity to change as it was the ideas that the Bank promoted. In accordance with Peterson's (1997) model, the Bank can be seen as "enabling" compliance by fostering the GOB's internalization of the international agenda, something it did first through introducing new ideas into the debate and then to building consensus around them. Drawing on the support for the Cairo approach that already existed within the Ministry, the Bank was

able to advocate for a more comprehensive version of the reproductive health agenda than they could in either India or Pakistan. Going beyond the more basic arguments over the *means* of reproductive health, Bank staff in Bangladesh pushed not only for a new set of *ends* for the program, but they also advocated for a completely new approach toward managing such a program. Through the process of drafting the Paris consensus, as well as preparing the HPSS strategy, the Bank was able to socialize an already-amenable Ministry staff into these designs, creating an ideology of reform that helped sustain the movement in the face of internal dissent. As characterized by a former Grameen Bank official, the Bank's efforts to promote compliance were so successful because they both continued and expanded on the existing momentum for reform:

> the World Bank and other donors really brought these ideas that they were promulgating, and the government was receptive in a way because they perceived that a change was near- that reform was necessary in the health sector. So whatever guiding principle that was available they were ready to accept that. So that was a bit of a marriage between the need and the donor's push.

In other words, the donors "enabled" the level of compliance seen in the HPSP through their ability to introduce the right ideas at the right time, supporting as well as guiding the reform movement that was already under way in the country.

The Bank's ill-fated attempt to "induce" compliance in the face of Prime-Ministerial opposition also supports the contention that the changes embodied in the HPSP are "regime-enabled." As in Pakistan, donor efforts to force the Bangladeshi government into action met with strong resistance, with the resolution of these conflicts ultimately attesting to their inability to directly dictate change. Proposals to integrate national health and population activities in each country resulted in active resistance from government officials, and in Bangladesh such designs drew protest from the Prime

Minister herself. In order to rescue reform efforts in Bangladesh, the World Bank attempted to employ its financial leverage in an effort to forcibly "induce" an unwilling Prime Minister into dismissing a huge cadre of workers. While this prompted even further protest on the part of the government, it also opened the door to the Population Council, a group that worked to "enable" compliance through their less-confrontational efforts to, in the words of one of it's directors, "explain" the advisability of such policy change. While the Bank and the Council worked toward the same ends, the Bank's strategy produced only animosity while the Council was apparently able to convince Sheikh Hasina of the necessity, if not desirability, of such reform. Armed with this new understanding of the issue, the Prime Minister was then able to craft a compromise that served the government's needs while at the same time answering to some of the Bank's demands. This negotiated settlement, only partially reflecting the demands of the Bank, suggests that the institution was not able to force its will on the government, as is implied by the concept of "induced" compliance. Rather, the pressure it exerted did help create the "enabling" conditions for such a change, a development that was underpinned by the Council's ability to alter the Prime Minister's perception of the situation.

Non-Regime Sources of Compliance Effectiveness

As noted in chapter 2, the concept of "regime-enabled" compliance implies that the regime was only one of the factors instrumental in creating the high level of compliance seen in the HPSP. . The discussion below concentrates on two of the most important of these other non-regime factors: the activist orientation of the Ministry of Health and Family Welfare during the 1990s; and the contributions of civil society groups in forming and reforming the national debate. Working to enable the "regime-enabled" compliance noted above, these influences were as critical in the development of the HPSP as were the actors and prescriptions of the regime itself.

The Ministry's Commitment to Change

As the discussion above highlights, the government's own commitment to reforming its family planning program also played a central role in bringing about the high level of compliance seen in the HPSP as was the influence of the regime. Even in a government, as characterized by a representative for the NGO AVSC, in which many of the "people at the decision-making level, they are not very smart and they are not very active- still there are people who are making change." These people were found in the upper ranks of the Ministry, as recounted by a DFID representative:

> there were 2 or 3 very gifted, talented individuals who understood that thinking and who successfully, on the government's part, helped to bring that through. They were the Secretary Muhammad Ali and [Task Manager] Enamul Karim who worked with him, and maybe some of their colleagues, but they were the driving forces in it.

This internal support for the regime-based reform agenda created a new relationship between the Ministry and the donor community, in which according, to a current Director General of Family Planning, the Ministry staff was a uniquely active partner in the reform process:

> some very dynamic and possessed young group of people took part in formulation, and all these fruits the government could not blame on donors. This is one of the exceptions. I have seen that this is the exception. I was also involved in the HAPP IV formulation in 1991. At that time the World Bank people used to invite us and we would sit with them and they formulated it. But this time it was the government [drafting the program.]

While this "exceptional" agency is often attributed to the efforts of Secretary Ali and his staff, the process tracing above demonstrates that the efforts of his predecessor, Shamin Ahsam, were equally important in lying the ideological foundation for the ensuing reforms. Together, these two secretaries shaped the speed and direction of the changes undertaken in the 1990s, fueling, as well as benefiting from, the regime's efforts to "enable" compliance as characterized above.

Under the watch of the first of these Secretaries, Shamim Ahsam, the groundwork for the rapid developments of the post-Cairo era was laid, as Ministry officials grew increasingly supportive of the tenets of the reproductive health agenda. This change was made possible by the Secretary's openness to the ideas promoted first by the domestic epistemic community and then by the donor community. Beginning in the early 1990s, Secretary Ahsam warmed to the epistemic community's contention that current family planning program was both logistically unsustainable and structurally unable to meet women's basic health needs. Unlike his counterparts in India, who also recognized the need to reform national family planning efforts prior to Cairo, Ahsam took the extra step of initiating a dialogue on how to realize such change that included civil society as well

as donor representatives. Through this early, and by all accounts, highly participatory debate, Ministry officials came to accept not only the notion that reform was necessary, but that it should resemble what was soon to become the ICPD's reproductive health approach. Following Cairo, the Ministry became even more fully vested into the ideology of reproductive health, as Secretary Ahsam began to argue that "population, of course, remains *one* of the top priority areas for this country," but that concerns over maternal health had unseated population control as the country's "number one problem." This early "internalization" of the reproductive health approach at the Secretarial level laid the foundation for the speed and direction of the subsequent progression toward the level of compliance seen in the HPSP.

When Ahsam retired in 1995, Muhammed Ali, a key member of his staff, then assumed the position of Secretary, working aggressively to implement the ideals endorsed by his predecessor. Described by a USAID official as a "risk taker, who understood that the time for change was now or never," Ali's enthusiasm shepherded the reform process through its most difficult times. Like others involved in the drafting of the HPSP, the Secretary described himself as an active advocate for the new program:

> I have been trying to inspire the team which formulated this program, and who have worked for this program. I have tried my best to convince the donors about reform in the sector. I have also done my bit to convince our government to approve this new program.

This internal momentum for reform, combined with support from the Prime Minister at the time, helped ensure the unprecedentedly warm reception the remarkably-compliant HPSS received in Bangladesh. Ali and his staff can also be attributed with ensuring that the HPSP remained in compliance with the international agenda, despite contradictory inputs hailing from the highest and lowest levels of government. Both a cause and a

product of the on-going process of "regime-enabled" compliance discussed above, Ali's contributions as well as those of his predecessor, were central in shaping the outcome seen in the HPSP.

However, it must also be noted that such Secretarial support did not necessarily imply, or translate into, a concomitant acceptance of ICPD-based reforms throughout the government. As demonstrated by the bureaucratic and high-level resistance to the changes championed by Secretary Ali, those promoting reform within the government were a relatively small and isolated group. This became apparent as the program design process became more inclusive, and both mid-level bureaucrats and lower-level functionaries both voiced strong opposition to the proposed reform measures. While the bureaucrats worked behind-the-scenes to frustrate the integration schemes they saw as threatening their status and authority, the unionized field-workers appealed directly to the Prime Minister to stop the reforms. As discussed in the previous section, the Prime Minister's willingness to defend the position of these potentially disposed field-workers highlighted the limitations of her support for the ideology of reform embraced by her staff in the Ministry. Although they were ultimately overcome, these forms of resistance left their mark on the HPSP, altering the idealized vision presented in the HPSS into an agenda that was slightly less compliant with the principles endorsed in the ICPD. Thus, while it is argued that the progression toward the type of reform seen in the HPSP was as much enabled by governmental participation as by regime influence, it is also noted that such support within the GOB was the domain of a few key high-level officials.

Civil Society

Finally, it is important to highlight the role of a second set of non-regime actors in bringing about the level of compliance seen in the HPSP: domestic civil society. Although marginalized throughout much of the formal policy process outlined above, it is clear that domestic activists and researchers were nonetheless crucial in bringing about such a change. As described by one of the country's primary women's health activists, this influence, while significant, was uneven:

> The thing I have realized talking with people from other countries is that a lot more has been done here compared to elsewhere, because we did manage to get in on the working groups and we did manage to have an influence on segments that we did work very hard on. We did have our say on those things, but it was not a process in which we participated all the way through.

Exercising the most impact on the policy process in its beginning and end stages, civil society activists and their colleagues in the domestic epistemic community were critical in shaping both the general assumptions for reform and then defining the specifics of a limited number of its individual components.

The most notable involvement of domestic activists and researchers came at the outset of the process, when they united to form an epistemic community. Spurred into action in the early 1990s by the recognition of current and impending problems with the country's family planning program, this group worked to alert the government to this difficulties, proposing a remedy to them that was strikingly reminiscent of what was to become the reproductive health approach. Secretary Ahsam's openness to their critiques, and recommended solutions, initiated a period in which the members of this community exercised a significant role in shaping official perceptions. Not only were these activists and researchers included in government planning exercises like the "Family Planning

Fortnight" and the Future Challenges Committee but, unlike their counterparts in India, they even sat on the official delegation to Cairo. Through this early collaboration with a receptive government, their construction of the reform issue served to structure the remainder of the domestic debate, at the same time as it was also gaining sway on the international level.

However, this period of direct influence did not last, as the increased involvement of the actors of the regime turned the reform process into a relatively insular, official undertaking. Although still guided by the general contentions of the epistemic community, the government's collaboration with the World Bank and other donors during both the Paris meetings and subsequent drafting of the HPSS squeezed these actors out of the process. When their participation was finally solicited again during the preparations for the HPSP, the range of their contributions was circumscribed by a consensus to which they were not party. As one of these women's health activists recalled, "we got a draft of what was to be the HPSS that had been prepared from the Bank, and we were then asked to work with that draft. Where is the participation there?" Despite these constraints, the framework within which they were asked to work was generally acceptable to the activists, since it was based in the principles of both the international and national reform agendas that they had helped define. When widespread civil society participation was solicited as part of the HPSP exercises, these groups were again able to exercise enough influence to significantly increase the document's attention to gender issues, even though it remained one of the weakest points of compliance in the

document. Thus, although their influence was diminished throughout the process, civil society groups were still able to exercise a hand in shaping both the general nature and specific aspects of the reform agenda.

Conclusion

This chapter demonstrates that while the regime was highly effective in terms of policy compliance, like in India, such effectiveness was not necessarily the product of regime influence. Rather, as the discussion above highlights, the level of compliance effectiveness seen in Bangladesh's HPSP was the result of the interaction of a variety of closely interrelated and mutually constitutive factors. Among the most important of these factors were: the government's interest in pursing a reform agenda that approximated that seen in the ICPD; civil society's role in identifying such agenda in the context of Bangladesh; and the active intervention of organs of the regime in "enabling" the expansion and continuation of these trends. Together, this combination of actors and events worked to *affect* the level of *effectiveness* enshrined in the HPSP, so that neither the regime or any other single factor can be seen as driving this high level of compliance of its own accord.

With this chapter, the case studies of regime effectiveness in South Asia comes to a close. The next chapter looks at these cases from a comparative perspective, reflecting on the variations between *if* and *how* compliance came about in South Asia, and *what*, if any, was the role of the regime in constructing that compliance. In doing this, it ultimately answers the central question of this dissertation, *was the post-Cairo population regime effective in South Asia*.

Chapter 9
Comparisons and Conclusions

Drawing on the previous three chapters, this chapter develops a comparative perspective of regime effectiveness in South Asia, and then reflects on the meaning of such results in a broader context. Serving as the last installment of the second half of this study, which is dedicated to assessing the effectiveness of the post-Cairo population regime, this chapter offers some general conclusions on *if* and *how* the regime was effective, and *what* factors contributed to that outcome. While the discussion below answers *yes* to the central question of this dissertation, *was the post-Cairo population regime effectiveness in South Asia*, it also finds that this compliance effectiveness was not necessarily the result of the regime itself. Rather, it is argued that regime effectiveness was the product of attitudinal changes among national policymakers, a development in which regime influence was only one of the driving factors. Looking at these findings in a broader perspective, it is then argued that they are important because they run counter to several of the dominant assumptions regarding regime behavior developed in international relations literature. They also offer a new, and more comprehensive model for understanding how regimes of this type work, as well as suggesting a number of avenues for further work of this type.

Was the Regime Effective?

The first question that the case studies tackled was *if* the regime was effective in each country. This chapter takes a similar approach, beginning with a cross-national assessment of compliance effectiveness in order to ground the remaining discussion of how and why such incidences of compliance arise. Such a comparison leads to two main conclusions: first, that each country can be considered to be in compliance with the regime's agenda; and second, that the degrees of compliance vary widely among the cases. In the most basic sense, this first finding answers *yes* to the central question of this dissertation: *was the post-Cairo population regime effective in South Asia*. However, the second finding raises more questions than it answers, highlighting the fact that understanding *if* the regime was effective in South Asia is most useful as an entry point into the broader, and ultimately more interesting, discussion of *how* such compliance came about and *what* role the regime played in that process.

An Effective Regime

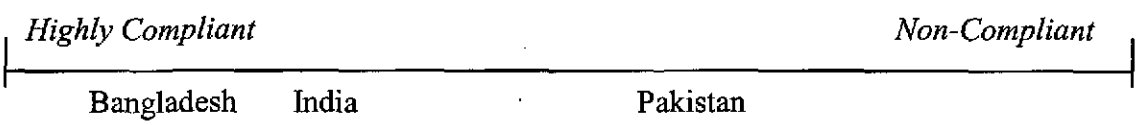
The most basic finding of the case studies is that the population regime was effective in South Asia. As defined in chapter 2, this notion of effectiveness does not imply that the regime solved the problem it was organized around, nor that it changed the way the government behaved toward the problem. Instead, it simply means that government policy complied with the prescriptions of the international agenda, a measure that primarily focuses on the legal aspects of effectiveness. While this approach is somewhat less satisfying then looking at a regime's "problem-solving" capacity or even its "outcome" effectiveness, it is most appropriate for an examination of a regime in the earliest stages of its life, as is the case with the population regime. It is interesting

because of the insight it provides into the first stages of regime effectiveness, as well as because of what it implies about the likelihood of future stages of effectiveness. This examination of this type of compliance effectiveness demonstrated that, consistently throughout the cases, the new reproductive health policies aligned closely enough with the ideals endorsed in the ICPD to be considered compliant. In other words, in terms of policy compliance, the population regime was effective in South Asia.

Varying Degrees of Compliance

While a comparative examination of the cases demonstrates that each policy complied with the international agenda, it also highlights that the degree of such compliance varied significantly from country to country. Based on the substance of compliance outlined in the case studies, these policies can be seen as existing along a spectrum of compliance. On one end of that spectrum is Bangladesh, where the HPSP coincided with both the letter and the spirit of the ICPD, making it exceptionally compliant with the international agenda. On the other end is Pakistan, which was deemed to demonstrate only a minimal level of compliance, since the RHSP only superficially endorsed many of the key principles of the ICPD. Existing in between these two extremes is India's RCH, which was highly compliant in terms of the means of the reproductive health approach, but non-compliant in regard to the ends of population control it still embraced. These differences are illustrated in figure 2.

Figure 2.
Comparative Levels of Compliance Effectiveness



As this figure demonstrates, even though these countries are considered to be uniformly compliant with the regime's agenda, they are by no means a homogenous lot in terms of the extent to which they comply. The next section works to develop an understanding of how these levels of compliance came vary so widely.

How was the Regime Effective?

Looking at *how* compliance came about in each country, this section contends that the differences in degrees of compliance discussed above are the result of differences in the way policymakers "internalized" the tenets of the ICPD. This is because, as demonstrated in the overview of the process of policy change developed in each case study, compliance in each country came about "voluntarily," meaning that it was driven by the changing attitudes of policymakers and not by forcible "inducement" on the part of the regime. A comparative analysis of the cases also shows that the extent of such "internalization of the regime prescriptions" varied widely from country to country. Because this variance is found to be directly related to the extent to which national policies complied with the international agenda, it is concluded that the differences in

policymakers' attitudes explain differences in compliance effectiveness. Thus, confirming the cognitive conceptions upon which this study is based, regime effectiveness in South Asia is found to be directly related to the extent to which policymakers were socialized into the ideals of the international agenda.

Voluntary Compliance

One of the first things that becomes apparent when looking at *how* compliance came about in South Asia is that it was uniformly the product of what Peterson (1997) terms "voluntary" means. As defined by Peterson, this form of compliance is driven by "actor internalization of the regime's prescriptions," so that policymakers comply with the international agenda because they support the tenets endorsed in the international agenda. This type of compliance exists in opposition to "induced" compliance, in which the regime forcibly leverages policy change, and implies that ideas and perceptions are the most important factor in bringing about change. The cases of India, Pakistan and Bangladesh all support this conception of "voluntary" compliance, with the process tracing in each chapter clearly demonstrating the ideological progression that underpinned policy change in each country. In India this change consisted of a shift in the way policymakers thought about the means for lowering growth rates, moving away from a population control perspective to endorse the reproductive health approach. Bangladesh's high level of compliance came about once officials had accepted the contention that women's health issues were as pressing an issue for the nation's future as population growth. A similar attitudinal change took place in Pakistan, although much more limited in scope, in which the government gradually warmed to the notion that

health and population activities needed to be more closely linked. Thus, in each of these cases, it was found that compliance came about through "voluntary" means, in which attitudinal change among policymakers underpinned the resulting policy change.

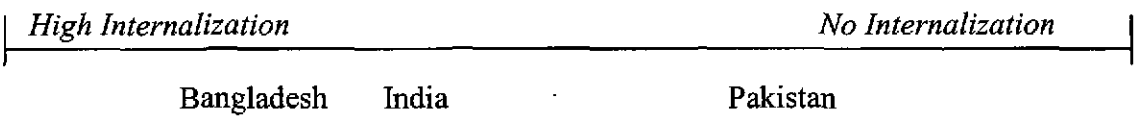
This finding is interesting because it suggests that incidences of compliance with the population regime may necessarily be the product of "voluntary" means. This is primarily the case because the post-Cairo population regime does not have the capacity to successfully "induce" compliance. Without formal enforcement mechanisms, or the force of law, the ideals endorsed in the ICPD are left to be defended by a loose network of member states and implementing agencies. The informal nature of this association largely limits its capacities for "inducing" compliance to the financial leverage exerted by its membership and implementing agencies. As the experiences of Bangladesh and Pakistan demonstrate, this type of leverage is often unsuccessful in forcibly "inducing" policy change, and it is even less successful in facilitating the ideological change that underpins "voluntary" compliance. In fact, as the case of Pakistan demonstrates, the population regime's efforts to "induce" compliance through financial force can actually produce the opposite result, as donor threats to withdraw funding from the non-compliant country entrenched the government's resistance to the ideals of the ICPD. While the regime may have been able to "induce" compliance through these means in the "golden era" of population control highlighted in chapters 4 and 5, today's shrinking foreign assistance budgets and declining fear of the "population bomb" have severely limited whatever capacity that it may have exercised in that regard over the past decades. The result of this diminished capacity, as implied by the case studies, is that compliance with

the post-Cairo population regime may necessarily be "voluntarily." This conclusion, however, is only tentative in the absence of a more comprehensive examination of incidences of compliance with the current iteration of the population regime throughout the world.

Variances in Voluntarism

While the case studies demonstrate that all incidences of compliance in South Asia were "voluntary," they also show that the extent of the attitudinal changes underpinning this type of compliance varied significantly from country to country. In other words, even though policy change in each country was driven by policymakers' changing attitudes toward the principles of the ICPD, the extent of this "actor internalization of the regime prescriptions" was not the same in each case. In Bangladesh, for example, the government's "voluntary" policy change was grounded in a high degree of "internalization" of the ICPD agenda, in which officials endorsed both the *ends* and the *means* of the international agenda. On the other hand, while compliance in Pakistan was also the product of the changing perceptions of government officials, the actual extent of such change was limited largely to a marginal acceptance of the *means* of the reproductive health approach. In between these extremes is the case of India, where the "voluntary" policy change reflected policymaker's enthusiastic embrace of the *means* of reproductive health care, even though they retained their traditional commitment to the contradictory ends of population control. The differences between the degree to which policymakers "internalized" the provisions of the ICPD is outlined in figure 3, which visually illustrates the point that all incidences of "voluntary" compliance are not necessarily the same.

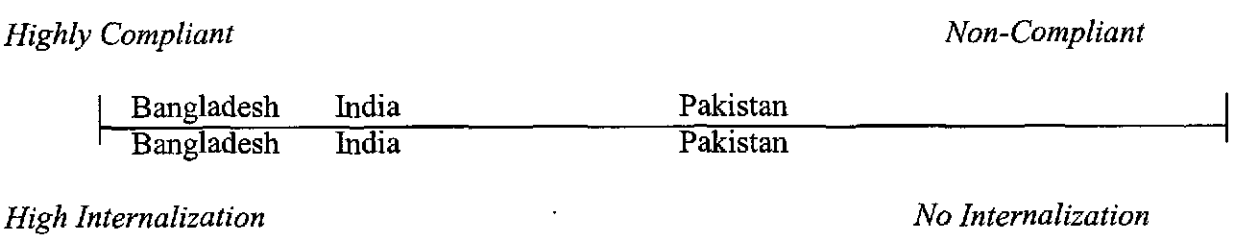
Figure 3:
Differences in Degree of Internalization of the ICPD Agenda



Thus, although compliance in all three countries came about "voluntarily," or through the changing perceptions of policymakers, it is clear that the extent to which such change took place in each country was by no means uniform.

This finding helps explain why the three policies examined here vary so significantly in the degree to which they are compliant with the ICPD. Comparing the degree to which policymakers "internalized" the regime's prescriptions with the extent to which the resulting policies complied with the international agenda, it becomes apparent that the two are directly related. In other words, in countries where officials "internalized" a large proportion of the regime's agenda, the resulting "voluntary" policy change also demonstrated a high degree of compliance with the international agenda. This is seen most clearly in Bangladesh, where the high level of compliance in the HPSP can be attributed official acceptance of both the *ends* and the *means* of the reproductive health agenda. Conversely, Pakistan's low level of compliance can be explained in light of the government's minimal acceptance of the ICPD's provisions. This correlation between level of policy compliance and level of policymaker "internalization of regime prescriptions" is clearly illustrated in figure 4, which places the findings of figures 2 and 3 on the same spectrum.

Figure 4:
Comparative Levels of Compliance Effectiveness and Internalization of the Regime's Prescriptions



Thus, the differences in the levels of compliance seen in the South Asian policies examined here are explained by the differences in the degree to which national policymakers "internalized" the ideals endorsed in the international agenda. This finding adds further support to the contention that such policy changes were "voluntary," since they clearly reflect attitudinal change among relevant policymakers and not reforms directly "induced" by outside forces. It also raises questions about *what* role the actors and institutions of the regime itself contributed that such "internalization," as well as what other non-regime influences were instrumental in creating this type of compliance.

What was the Role of the Regime in Creating Compliance?

While understanding *how* the regime was effective helps explain why the policies differ so substantively in terms of compliance, it does not say much about what part the regime played in bringing about such "voluntary" policy change. Thus, the section focuses on understanding *what* the regime's role was in creating compliance in India, Pakistan, and Bangladesh. It concludes that, in each of the cases, the regime was instrumental in "enabling" compliance effectiveness by contributing to the changing attitudes of policymakers. This "enabling" influence was brought about both by the

process of agenda-setting that took place at Cairo, as well as through the direct intervention of the actors and institutions of the regime. However, the South Asian experience also demonstrates that the regime did not "enable" such change on its own, and that its influence was directly tied to the other non-regime factors that were similarly instrumental in "enabling" compliance. Thus, the cases suggest that regime effectiveness is not necessarily the product of regime influence alone.

Regime-Enabled Compliance

While, as noted above, the conclusion that compliance was "voluntary" implies that the regime did not single-handedly "induce" the policy change, it says very little about what the regime actually did to do to bring about compliance. In fact, the idea of "voluntary" compliance does not necessarily suggest that the regime had any role in facilitating change at all, since it could take place "spontaneously," in which the same type of policy change would occur even if the regime did not exist. However, the experiences of the population regime in India, Pakistan, and Bangladesh demonstrate that the regime was instrumental in bringing about compliance, so that policy change in South Asia can best be described as "regime-enabled." According to Peterson, this type of influence "comes about when a previously passive actors aligns its conduct with regime prescriptions because the existence of the regime removes one or more barriers to action." To remove such barriers, Peterson argues, the regime must foster a greater "actor internalization of the regime prescriptions" by socializing policymakers into the tenets of the international agenda.

The case studies clearly demonstrate that, in each one of the countries examined in this dissertation, the actors and institutions of the regime played such an enabling role. In Bangladesh, "voluntary" compliance came about as the donor community worked to convince government officials to view their 'population problem' from a women's health perspective, an approach that ultimately led to a highly compliant reform agenda. In India, the regime facilitated attitudinal change among policymakers both through the active intervention of institutions like the World Bank, and as a result of the catalyst the Cairo process provided for an open debate on new approaches to population control. Even in Pakistan, where the level of compliance was relatively low, the regime took the lead in "enabling" policy change first by sparking a highly contentious debate on reform and then by facilitating a resolution to the conflict that was framed around the tenets of the international agenda. Thus, in each one of these countries, the regime worked to enable compliance through its efforts to expand and shape the national debates on reform, a process that helped socialize policymakers into the ideals of the international agenda.

The Cairo Process

While the population regime may have "enabled" compliance in each of these countries, the mechanisms through which it did so differed from country to country. As discussed in chapter 2, regimes are understood to "enable" compliance through two analytically distinct channels: the intersubjective process of agenda setting that occurs within the membership of the regime on the international level; and the direct intervention of the regime's implementing institutions within member states. In regard to this first mechanism, the case studies demonstrate that the international process of agenda-setting was instrumental "enabling" compliance in only one of the three countries

under study. This country was India, where the process of preparing for the Cairo conference forced the government into a debate with domestic advocates for reproductive-health based reform, an encounter that resulted in the government's "internalization" of the ideals of reproductive healthcare. In the other two countries, the effect of the Cairo conference itself was singularly unimpressive. This was the case in Bangladesh because the government had already warmed to the views endorsed at Cairo prior to the 1994 event, while in Pakistan, the impact of the ICPD was dampened by minimal interest in its prescriptions both inside and outside of the government. Thus, even though the Cairo process only proved to be a meaningful mechanism for "enabling" reform in India, its impact in that one country was significant.

While this finding can be seen as suggesting one of two divergent conclusions regarding the importance of agenda-setting processes in "enabling" compliance; when viewed in another light, it also suggests that the import of such processes is a function of the domestic factors it interacts with. On one hand, based on the experiences of Bangladesh and Pakistan, it can be argued that the limited impact of Cairo indicates that the international process of agenda-setting exercise little influence over national policymaking processes. On the other hand, the case of India lends support to the contention that such international events are, in fact, important in creating the conditions for compliance. These two opposing arguments can be reconciled by the conclusion that process of agenda-setting is influential in "enabling" compliance only in situations where government is amenable, but not already disposed to, such change. In Bangladesh, the Cairo process did not have much of an impact because the government had already "internalized" enough of the tenets of the reproductive health approach to feel that it was

already in line with the ICPD, and in Pakistan, government officials were so resistant to the agenda that the negotiations had little impact. Only in India, where the government was teetering on the edge of the recognition that it needed to reform its program in the direction outlined by domestic reproductive health advocates, did the Cairo process provide the necessary push to spark compliance. In this case, the process of agenda-setting was influential because it coincided with and reinforced other "enabling" domestic factors, such as the government's interest in change and civil society demands for change in the direction outlined by the ICPD. This finding suggests that the international, intersubjective process of agenda-setting can be an important factor in "enabling" compliance with that agenda, but its influence is directly linked to the state of the domestic debate at the time.

The Organs of the Regime

The second mechanism through which the regime "enabled" compliance in South Asia, direct intervention by its implementing organs, proved to be much more consistently influential. In each of the cases surveyed, the members and institutions of the regime played an important part in helping officials "internalize" the ICPD's principles. This is seen in Bangladesh, where the World Bank advocacy helped shape the way policymakers saw their 'population problem,' and then contributed to defining the range of policy options intended to solve that problem. The World Bank was similarly active in India, where even though policymakers' attitudes began to shift at Cairo, Bank staff worked continually throughout the process of program development to expand the government's conception of what the new approach entailed. In Pakistan, it was the UNFPA and bilateral donors that served as the proponents for reproductive health-based

reform, providing the strongest impetus to "enabling" compliance seen in the case studies. Thus, while the Cairo process only worked to facilitate compliance in one of the countries examined in this study, the actors and institutions of the regime were influential in changing the perceptions of policymakers in all the cases.

In each of these countries the organs of the regime "enabled" compliance through a similar approach, working to make the prescriptions of the international agenda directly relevant to domestic concerns. In Bangladesh, this was initially done by World Bank staff who highlighted how the reproductive approach would speak to the country's maternal mortality problems as well as its population growth issues, and then by Population Council representatives who convinced the Prime Minister that the integration of the country's bifurcated health and family planning programs was a necessary component of this approach. The donor community's role in operationalizing the ICPD was even more pronounced in Pakistan, where the UNFPA drafted a comprehensive proposal for integrating the new agenda into national policy and then, when that failed to produce the desired results, other donors worked to demonstrate how more limited reforms would meet the perceived needs of the government itself. In India, the World Bank also articulated a reform agenda for the government in its report, *Moving Toward a Reproductive and Child Health Programme,* which upon revision by the government, became the basis of the country's official program strategy. Thus, in each one of these countries, the organs of the regime employed a similar strategy for socializing government officials into the ICPD by making the international agenda relevant in the

national context. Their efforts to outline how the new agenda spoke directly to the needs of the individual country, and defining how that could be operationalized, served as an important mechanism for "enabling" regime effectiveness throughout South Asia.

This observation, that the organs of the regime "enabled" compliance through their ability to make the provisions of the ICPD relevant in the national context, is important because it counters the common argument that compliance is a function of the international community's financial leverage. As noted in the previous section, the conclusion that compliance in each country was "voluntary," or the product of "actor internalization of the regime's prescriptions," negates the proposition that donors' financial leverage "induced" compliance among unwilling governments. The discussion above adds further support to the contention that financial leverage was relatively unimportant in bringing about compliance in each country, since in two of the three cases, the donor's ideological influence was much greater than its financial influence. This is seen most clearly in Pakistan, where although donors withdrew their financial support over a year before the RHSP was released, these actors still retained influence over how the issue of reform was addressed by the government. Similarly, even though World Bank support provided to the Indian government's RCH programme amounted to only a small proportion of the total costs of the highly compliant strategy, the Bank was one of the primary actors in formulating the new program. Only in Bangladesh did the international community's funding commitments rival their ideological influence, but even then, they were not able to dictate the nature of reform. These experiences demonstrate that, while some degree of financial commitment may be necessary for securing donors a place in the domestic debate, the level of that funding does not directly

correlate with the extent to which the organs of the regime can influence that debate. Instead, it is argued that their influence is a function of their ability to make the ideals of the international agenda relevant to national concerns, a project in which ideological leverage is not a function financial leverage.

This understanding also demonstrates, just as was the case with the process of agenda- setting, that the "enabling" influence of the actors and institutions of the regime was intimately tied to the "enabling" efforts of a number of non-regime factors. This is seen in both Bangladesh and India, where the donor community facilitated a high level of compliance primarily because it could draw on an existing demand for reform within both government and civil society. In Pakistan, international institutions were ultimately successful in "enabling" compliance because they were able to situate the prescriptions of the ICPD in terms of the perceived needs of government officials. In each one of these countries, the regime "enabled" compliance as a result of its interaction with other, non-regime "enabling" factors. This suggests that "regime-enabled" compliance is only partially "enabled" by the regime itself, and that a set of factors outside the regime is equally as important in bringing about compliance. In other words, it implies that regime effectiveness is not necessarily the product of regime influence alone. It is to these other non-regime "enabling" factors that this discussion now turns.

What Other Factors Enabled Compliance?

While the discussion above argues the that actors and processes of the regime were influential in bringing about "regime-enabled" compliance, it also highlights the fact that such influence was dependent on a set of "enabling" factors that existed apart from the regime. These non-regime "enabling" factors are understood to be just as important as their regime-based counterparts in ensuring the policy outcome seen in each case. They are also seen to work in concert with the regime's influence, again suggesting that "regime-enabled" compliance is the product of a diverse and complex set of interactions. The discussion below highlights two non-regime factors that were central in creating the compliance examined in the case studies. The first of these, the government's interest in the idea of change was found to be an important factor facilitating compliance throughout South Asia; while the second factor, domestic demand for such change, was present only in countries that exhibited a high degree of compliance in their new policies.

The Government's Commitment to Change

One of the key non-regime factors that helped "enable" the "actor internalization of the regime prescriptions" that underpinned "voluntary" compliance throughout the region was the government's commitment to change. Driven by the recognition of new 'demographic realities' and championed by strong leadership, this factor was a critical element in bringing about the attitudinal changes among policymakers that grounded compliance. It did this by making officials more amenable to the ideas for reform offered by the regime, as their initial interest in change providing an opening in the debate for the

types of changes endorsed in the international agenda. Even though this early interest did not necessarily coincide with the regime's agenda, once it intersected them, this official commitment to change became a central factor in "enabling" compliance.

One of the conditions that underpinned this interest in change throughout the region was the recognition and interpretation of new 'demographic realities,' a development that made policymakers amenable to the idea of reform even before they began their engagement with the regime. In Bangladeshi, this interest in reform was sparked during the early 1990s, as demographers began to argue that the program's current "successes" in population control could not be sustained in the future, and that corresponding health efforts were largely a failure. Laying the groundwork for the high level of compliance that would emerge in that country, Bangladeshi officials not only recognized the need to reform in the pre-Cairo era, but with the help of the domestic epistemic community, began to envision it in terms of the *means* of reproductive healthcare. A similar, but more limited, attitudinal shift was underway among policymakers in India during the pre-Cairo period, as the disappointing 1991 census results forced officials to recognize that their floundering program needed to be reformed. Although Pakistani leaders did not embrace the need to change until nearly three years after Cairo, government officials also warmed to the idea of reform prior to the onset of the regime's efforts to bring about change. However, unlike the other two countries, their interest in change was based on the perception that their population control efforts were

just beginning to be successful and that they needed to be expanded. Thus, in each of these countries, government officials consistently expressed interest in the idea of reform prior to their engagement with the reproductive health regime, which made them more amenable to the ideas for change endorsed by the regime.

Compounding this general interest change was the leadership of strong individuals who were interested in realizing such reform. Although these leaders were not necessarily initially disposed to pursuing reproductive-health based reform, their commitment to the idea of change "enabled" the future "internalization" of the regime's prescriptions for reform among themselves and other government officials. In both India and Bangladesh the policymaker driving the change was an especially progressive secretary heading the population ministry, men who were described in strikingly similar terms as "truly committed to change" and "willing to listen, think, and act." Beginning with V.K. Shunglu's appointment as Secretary of Family Welfare shortly before Cairo, the Indian program had a series of dynamic leaders who translated the nascent interest in change discussed above into actual reform. It was Secretary Shunglu's commitment to change helped make the Cairo process so meaningful, as his drive to open the official debate to civil society worked to change his, and other policymakers' attitudes toward the nature of reform. Similarly, in Bangladesh, Secretary Shamin Ahsam's early willingness to engage in a debate with civil society began the ideological shift in the government, a move that was followed by the aggressive efforts of Muhammad Ali to pursue such a course in conjunction with the donor community. Even though Pakistan did not enjoy such clear support for reform on the secretarial level, the efforts of the demographer and bureaucrat Tauseef Ahmed helped bring about a measured attitudinal change among

policymakers through his push to integrate the government's health and population activities. Thus, in each one of these countries, dynamic leaders served to propel the government's general interest in reform into action, a move that also helped "enable" greater levels of compliance.

However, just as the previous section demonstrates that the influence of the regime was dependent on its interactions with the "enabling" domestic conditions, this discussion also highlights the fact that the government's commitment to change did not "enable" compliance on its own. In the absence of regime intervention, there is little to suggest that even the strong, progressive leadership would have produced the same type of compliant policy outcomes. Rather, the dialogue on reform these leaders fueled can be seen as creating the conditions under which the concurrent national and international debates on reproductive health were able to filter into the official debate. In other words, it was the intersection between the government's initial interest in change, the efforts of leaders to pursue such change, and the influence of the regime that helped bring about the level of compliance seen in each country.

Domestic Demand for Change

Another factor that was influential in bringing about compliance in South Asia was the domestic demand for change, in which civil society experts and activists coalesced into an epistemic community to advocate reproductive health-based reform in the pre-Cairo period. However, unlike the other factors discussed above, this one was only influential in two of the three cases, India and Bangladesh. Because these countries' reproductive health policies demonstrate a much higher degree of compliance with the international agenda than is the case in Pakistan, this finding suggests that a domestic

demand for change may "enable" a higher level of compliance. However, as the Pakistani experience demonstrates, while such civil society activism may be central in bringing about a high degree of policy compliance, it is not necessary for ensuring a minimal degree of compliance.

As the case studies of India and Bangladesh demonstrate, early mobilization for reproductive health-based reform helped set the stage for higher levels of compliance in these countries. Emerging in the late 1980s and 1990s, domestic epistemic communities developed in both countries in response to the failings of conventional population control efforts. While, as noted in chapter 4, they were instrumental in changing the nature of the regime on the international level, these scholars and activists were also instrumental in introducing the ideals of reproductive health into the domestic debate in the years prior to the conference. This early exposure and socialization into what would become the regime's agenda ultimately positioned Indian and Bangladeshi policymakers on the leading edge of the movement, "enabling" an even higher degree of compliance in the post-Cairo era. In Bangladesh, the pre-Cairo efforts of these groups helped create a situation in which policymakers had already accepted the *means* of reproductive health by the time it was adopted by the regime's membership at Cairo, a development that laid the foundation for their quick "internalization" of the approach's *ends* shortly after Cairo. Similarly, in India, activists' efforts during the early 1990s were the primary factor informing the government's quick and quiet shift in attitude that came about during the ICPD process. Even though these domestic critiques did not intersect with the official debate on change until shortly before the Cairo conference, by the time that they did, policymakers had already been exposed to enough of their arguments to endorse the

notion of reproductive health-based reform. Again, it was this initial endorsement of the *means* of reproductive healthcare in the months leading up to Cairo that helped make subsequent efforts by the regime more successful. While in both countries, these groups were effectively marginalized once the larger organs of the regime became dedicated the new approach, their early influence on policymakers' perceptions of reform was a central factor in "enabling" higher levels of compliance in the post-Cairo era.

As with the other "enabling" factors discussed above, these domestic activists' ability to bring about policy change was the result of a complex set of interactions with the government and the regime. In Bangladesh, the success of such civil society efforts was closely linked to the government's willingness to change, especially the Secretary of Family Welfare's openness to the ideals promoted by the epistemic community. While these factors were equally important in India, so was the Cairo process itself, which served as the catalyst to unite the domestic demand for change and the official debate on reform to produce a highly compliant outcome. Thus, the ability of civil society activism to "enable" compliance in each country was a product of its interaction with the other regime and non-regime factors discussed above, which all coalesced at a relatively early stage to bring about a high level of compliance in the final policy documents in India and Bangladesh. However, the case of Pakistan also demonstrates that such civil society and epistemic community activism is not a necessary factor for ensuring compliance. In fact, that country was able to realize a minimal level of compliance with the ICPD in the absence of a strong domestic demand for, or even early awareness of, reproductive

health-based reform. From this experience, it can be concluded that while domestic demand for change may be a necessary precondition for a high level of compliance, it is certainly not necessary for bringing about the basic condition of "voluntary" compliance.

Conclusions on Regime Effectiveness in South Asia

This comparative analysis provides insight into *if* and *how* the regime was effective in South Asia, as well as *what* factors influenced such effectiveness. The vision of effectiveness it presents is one in which attitudes and perceptions are the dominant force in determining the nature and extent of compliance with the interventional agenda. Based on the experiences of South Asia, it argues that the effectiveness of regime such as the population regime is a product of national policymakers' socialization into the ideals of the international agenda. In South Asia, this socialization was brought about by the interaction of a variety of regime and non-regime factors which helped alter the way in which policymakers perceived their condition. Because of the complex and mutually constitutive nature of these interactions, this study cannot, and does not, attempt to present an elegant model of how these factors influence policymakers' perceptions. Instead, it identifies a set of influences that contributed to the emergence of compliance in each country, which includes the process and organs of the regime as well as the government's willingness to change and a domestic demand for reform. In various alignments, these factors helped shape the policy outcome in each country through their capacity to influence policymakers' perceptions of the ideals endorsed by the regime.

Thus, regime effectiveness in South Asia is seen as the result of policymakers attitudes towards the ideals of the regime, a development that is not necessarily the result of the regime itself.

So What?

Outside of fulfilling the requirements for a Ph.D. in political science, what is the value of such conclusions? The remainder of this dissertation argues that the understanding of the international population regime developed here is interesting not only because it successfully answers the central question posed by this study, *was the post-Cairo population regime effective in South Asia,* but also because such an answer contributes to several ongoing scholarly and policy-oriented debates. As the discussion below highlights, these conclusions are not only relevant to the fields of international relations and population studies, but they also offer insights into how international actors can make regimes more effective, as well as raise questions for further study.

Contributing to International Relations Literature

One of the primary ways in which this dissertation is meaningful is that it contributes to the emerging scholarly debate on regime effectiveness in the field of international relations. It does this in two ways: first, by challenging predominant assumptions about how regimes work; and second, by presenting a new model for understanding how compliance effectiveness comes about in regimes of this type.

The first of these contributions is a critique of existing international relations theory. Based on the evidence presented in the case studies, this study counters two common conceptions of regime behavior: first, that regimes drive regime effectiveness; and second, that state power is central to understanding how regimes work. As noted in chapter 2, most of the existing work on regime effectiveness is based on the assumption that regime influence is a key component of regime effectiveness. Two of the most important studies in this emerging debate, Keohane, Haas, and Levy (1993) and Young and Levy (1999) are both implicitly based in this assumption, as is Peterson's (1997) model which guides much of the analysis in this study. However, while these authors look solely to the regime to explain incidences of effectiveness, the evidence presented in the case studies demonstrates the opposite: that the regime is only one, and not necessarily the most important, factor contributing to regime effectiveness. As the discussion above highlights, the effectiveness of the international population regime in South Asia was as much a product of domestic conditions as it was the intervention of the actors and processes of the regime, and that such factors were mutually constitutive. Thus, this analysis ultimately departs from Peterson's framework in order to provide a more comprehensive picture of the range of factors that help bring about regime effectiveness. In doing this, it argues that evaluations of regime effectiveness are incomplete without a corresponding examination of non-regime sources of policy change, and that regime effectiveness is not necessarily the product of regime intervention.

The second aspect of conventional regime theory that this study takes issue with is the conception that regimes are formed, change, and exert influence as a function of state power, a contention known as the hegemonic stability theory. Instead, it is argued

here that, in regimes like the international population regime, this behavior can best be understood in reference to the ideas and perceptions that inform it. The central role of ideas is clearly demonstrated in the first half of this dissertation, which highlights how the emergence of a shared conception of the 'population problem' underpinned the birth of the regime, and that subsequent negotiation and contestation over that ideal led to changes in it's agenda. The more contemporary work in the second half of this study also illustrates the power of ideas in regime effectiveness, as the internalization of new ideas, not imposition of external power, was seen to bring about compliance throughout South Asia. Thus, in accordance with the cognitivist theoretical framework that underpins this study, it is argued here that ideas matter more than state power in explaining regime behavior.

Based on these critiques, this dissertation makes a positive contribution to the literature on regimes by presenting a new model for understanding regime effectiveness. Unlike the dominant models of effectiveness discussed above, the one developed here focuses attention on the role of ideas and perceptions, as well as looking at actors outside of the regime, in order to explain how regimes work. It argues that the changing attitudes of policymakers must be recognized as an intervening variable between the factors that facilitate compliance and the outcome of regime effectiveness. Drawing on Peterson's (1997) work, this more complex notion stresses the centrality of ideas and perceptions in the process of policy change, again confirming the cognitivist contentions on which this study is based: that ideas matter. It also shifts the focus of the inquiry from understanding what factors directly influenced the new policies, to looking at what role those factors played in changing policymaker's attitudes toward the subject of these new

policies. In doing this, it also allows for insight into the broader range of regime and non-regime factors that influenced effectiveness since, as this dissertation highlights, attitudinal change is rarely the product of a single regime-based influence. Thus, the model for analyzing regime effectiveness developed here contributes to a richer understanding of the process of, and the factors involved in, regime effectiveness. While it is unable to provide the type of elegant picture of international relations that many scholars in the field strive for, it does help to more fully capture the complexities and contingencies inherent in the process of creating regime effectiveness.

Lessons for the Organs of the Regime

The notion of regime effectiveness developed in this study can also be useful to those outside of academe, since it offers insights into how regimes can be more effective. As noted in chapter 1, one of the reasons for undertaking such a study of how regimes work is to help inform those who are interested in making them work better. While the model developed here argues that effectiveness is the product of a number of mutually constitutive factors, so that it is impossible to develop a clear predictive model for those working to increase effectiveness, it is nonetheless possible to draw a few broad lessons from the experience of South Asia. Based on the behavior of the post-Cairo population regime, which is understood to be representative of similar regimes that lack the force of law and formal enforcement mechanisms, these cases offer two general lessons on what the actors and institutions of a regime should, and should not do, to enable compliance with its provisions.

The first lesson that can be drawn from this study is that, in a regime like the post-Cairo population regime, its implementing organs should not attempt to "induce" compliance. As the case studies demonstrate, when these actors worked to leverage change among unwilling national policymakers, the outcome was not what they had intended. This is seen most clearly in Pakistan, where donors' efforts to force compliance polarized and stymied the national debate on reform; and in Bangladesh, where the regime's efforts to force change on an unwilling Prime Minister almost resulted in the collapse of an otherwise growing demand for reform. Instead, in each of these cases, compliance came about only when policymakers had been sufficiently socialized into the tenets of the international agenda, a development that was not directly related to, and even frustrated by, the regime's attempts to pressure them into change. While such tactics might prove to be more successful in regimes that either possess the force of law or an exceptionally large kitty, the case studies demonstrate that in moderately-low funded, non-binding regimes like the post-Cairo population regime, compliance is driven by the changing attitudes of policymakers. Such ideological development, the South Asian experience suggests, is not likely to be successfully "induced" by the international community.

The second general lesson offered by this study is that regimes can enable compliance by making the international agenda relevant on the domestic level. In situations where they are unable to "induce" compliance, as is the case in regimes like the post-Cairo population regime, this study suggests that the international community is most likely to socialize national policymakers into the regime's ideals by demonstrating how they speak directly to the perceived needs of the government. This strategy was

successfully employed by the regime throughout South Asia, as its various organs consistently worked to make the ideals of the international agenda relevant in the different national contexts. It was through this effort, more than any other strategy on the part of the international community, that the regime favorably contributed to the shift in domestic policymaker's attitudes toward the ideals contained in the ICPD. These actors did this both through personal negotiations with the government, as was the case in Bangladesh, and by drafting formal agendas for reform as in India and Pakistan. While the regime's experience in Pakistan demonstrates that such efforts are not successful if they do not directly address interests of government, it also suggests that, once the donors take national concerns into account, they are more likely to facilitate some degree of attitudinal change. Thus, in regimes like the post-Cairo population regime, the international community is most likely to help facilitate effectiveness by specifically outlining how the regime's ideals address national interests. While this effort alone can not guarantee regime effectiveness, in conjunction with the other non-regime enabling factors, it is one of the few tools that the regime can successfully employ to socialize policymakers into the ideals of the international agenda.

Contributing to Population Studies Literature

While this dissertation focuses the experience of the post-Cairo population regime from an international relations perspective, it can also be read as a contribution to the field of population studies. As noted in chapter 1, a second reason for placing the population regime at the center of this analysis of regime effectiveness is that there is a dearth of literature on the politics of population control. This study works to redress this oversight by developing a comprehensive, and inherently political, overview of the

various stages of the international community's engagement in the fight against population growth. Simply because so little has been written on population policy issues, both globally and within South Asia, these dissertation represents a unique contribution to this literature. This study, like the collection of papers released by Clinton et al. in 1972, aspires to spark a strand of population studies that merges the theoretical perspectives of political science with the more empirical contributions of demographic analysis. It is hoped that this effort, unlike the attempt thirty prior, meets with some measure of success.

This overview of post-Cairo approaches by the international community also offers some insights into current trends in population and development on the international level. A comparative analysis of these cases from a population studies perspective would lead to a different, but complementary, set of conclusions regarding these policies than those offered above. Looking at the substance of compliance in each policy, for example, it becomes clear that governments are beginning view communicable disease (read: AIDS) prevention and treatment view as a project that nears population control in terms of importance. Similarly, the process of policy development in each country highlights a larger shift in the global social development discourse, one that places population and reproductive health issues in the context of more general health concerns. Thus, even though the analysis focuses on the issue of regime effectiveness, the empirical evidence presented in this study can also be seen as commenting on the more technical aspects of national and international population and health policies.

Further Questions

Finally, as with most studies, this dissertation raises more questions then it answers. While the conclusions presented in this chapter weigh-in on the discussion on regime effectiveness, they are by no means the final word on the issue. In fact, much of the usefulness of this study is to encourage further debate on the issue, both in regard to the population regime and international regimes in general. One of the most important questions that this dissertation leaves unanswered is: will the changes in policies examined in this study translate into changes in the way the governments of South Asia carry out their population and reproductive health efforts? Or, expressed in terms of the literature on effectiveness: does policy compliance lead to "outcome" effectiveness? As argued in chapter 2, one of the justifications for focusing on compliance in this study of the international population regime is that, as the earliest point in the progression toward "outcome" effectiveness, it helps shed light on the likelihood of realizing other stages of effectiveness. Guided by this assumption, the case studies suggest that Bangladesh would be the closest of the three to achieving this type of "outcome" effectiveness, while Pakistan would be the furthest. Anecdotal evidence suggests that this presently is the case, however a more comprehensive formal study is needed to discern if the policy changes discussed here actually resulted in changes in the way reproductive health care is provided in South Asia.

A plethora of other questions are also raised by this study that are equally important to understanding the mechanisms and meanings of regime effectiveness. While there are too many to discuss in-depth individually, the following list highlights some of the most pressing of these questions.

- How closely does the population regime's experience with effectiveness reflect that of other social development regimes?

- In social development regimes where the implementing agencies carry bigger purses, is financial leverage more important in bringing about change than ideological leverage?

- Are all incidences of compliance in the population regime "voluntary?"

- Does the type of agency working to implement the ideals of a regime within a country influence the nature of the compliance they "enable?"

- What other non-regime factors "enable" compliance?

- Do regional differences emerge regarding *if* countries comply with the ICPD, *how* they do so, and *what* factors contribute to that?

While this list is by no means complete, it does highlight some of the directions needed for future research into regime effectiveness. This dissertation hopes to serve as a springboard for this type of further study.

Appendix A
Dissertation Field Research: Personal Interview List

This appendix provides a listing of the individuals who were interviewed for the case studies in this dissertation. These personal interviews were conducted by the author during 1999, and most frequently took place in the respondent's office. They followed a semi-structured format, with each respondent first being asked to recount their involvement in the policy process under study and then to comment generally on those events. Efforts were made to speak with a wide variety of relevant individuals in each country, including representatives from the government, donor community, and non-governmental sector. For reasons of confidentiality, excerpts from these interviews quoted in the text of this dissertation are not directly attributed to these individuals. Instead, this appendix includes a complete listing of all those respondents who contributed both directly and indirectly to the content of chapters 6, 7 and 8.

Interviews Conducted for Indian Case Study (Chapter 6)

Organization	Position	Name	Interview Date	Interview Location
Government of India Officials:				
Ministry of Health and Family Welfare	Former Secretary	Y.N. Chaturvedi	10/13/99	New Delhi
Ministry of Health and Family Welfare	Joint Secretary (Policy)	Meenakshi Datta Ghosh	10/21/99	New Delhi
Ministry of Health and Family Welfare	Joint Secretary (RCH Programme)	Gotham Basu	10/21/99	New Delhi
Ministry of Health and Family Welfare	Former Joint Secretary	Mr. Sugathan	10/9/99	New Delhi
Ministry of Health and Family Welfare	Former Joint Secretary	Prem Talwar	10/14/99	New Delhi
State Innovations in Family Planning Services Project Agency	Executive Director	Aradhana Johri	10/20/99	Lucknow

India Interviews (Continued)

Organization	Position	Name	Interview Date	Interview Location
Multilateral Donors:				
The World Bank, Washington	Task Manager, RCH	Indra Pathmanathan	10/8/99	New Delhi
The World Bank, India	Public Health Specialist	G.N.V. Ramana	10/4/ 99	New Delhi
United Nations Population Fund	Programme Manager	Ena Singh		New Delhi
United Nations Population Fund	Technical Support Unit	Dinesh Agarwal,	10/7/99	New Delhi
European Union	Advisor (Development)	Parimal Bardhan,	10/15/99	New Delhi
World Health Organization	Public Health Administrator	Tej Walia	10/14/99	New Delhi
Bilateral Donors and Foundations:				
United States Agency for International Development	Director, Population Health and Nutrition	Victor Barbiero	10/13/99	New Delhi
Department for International Development, British High Commission	Project Officer	Ranjana Kumar	10/22/99	New Delhi
MacArthur Foundation, India	Director	Poonam Muttreja	10/12/99	New Delhi
The Ford Foundation	Program Officer	Geetanjali Misra	10/21/99	New Delhi

India Interviews (Continued)

Organization	Position	Name	Interview Date	Interview Location
Research and Advocacy Organizations:				
Population Council	Regional Director for South and East Asia	Saroj Pachauri	10/14/99	New Delhi
Population Council	Regional Advisor	M.E. Khan	10/28/99	Dhaka
Healthwatch	Coordinator, Independent Researcher	Leela Visaria,	10/21/99	New Delhi
Saheli		Anonymous Representatives		New Delhi
The POLICY Project The Futures Group, India	Senior Resident Advisor	G. Narayana	10/6/99	New Delhi
The POLICY Project The Futures Group, India	Senior Research Scientist	D.K. Mangal	10/6/99	New Delhi
The POLICY Project The Futures Group, India	Senior Researcher	K.M. Sathyanarayana	10/6/99	New Delhi
Jawaharal Nehru University, Center of Social Medicine and Community Health	Associate Professor	Mohan Rao	10/22/99	New Delhi
	Independent consultant	Sarama Atai	10/11/99	New Delhi
AALI		Mrs. Tulika	10/20/99	Lucknow

India Interviews (Continued)

Organization	Position	Name	Interview Date	Interview Location
Service Provision NGOs:				
Family Planning Association of India	President	Nina Puri	10/14/99	New Delhi
Family Planning Association of India	Medical Officer in Charge, New Delhi Clinic	J.B. Babbar	10/7/99	New Delhi
Parivar Seva Sanstha Marie Stopes International	Managing Director	Sudha Tewari,	10/11/99	New Delhi
CEDPA India	Country Director	Dr. Marta Levitt-Dayal	10/11/99	New Delhi
CEDPA India	Regional Advisor	Abrar Ahmad Kahn	10/11/99	New Delhi
CARE India	Director Population and Reproductive Health Sector	Dr. Y.P. Gupta,	10/12/99	New Delhi
Tarshi	Director	Tadhika Chandiramani,	10/13/99	New Delhi
Prerana	Director	Vanita Matani		New Delhi

Interviews Conducted for Pakistani Case Study (Chapter 7)

Organization	Position	Name	Interview Date	Interview Location
Government of Pakistan Officials:				
Ministry of Health and Population Welfare Department of Population Welfare	Former Secretary	M.S. Jillani	11/18/99	Islamabad
Ministry of Health and Population Welfare	Former Minister	Syeda Abida Hossain	11/25/99	Islamabad
Ministry of Health and Population Welfare Department of Population Welfare	Secretary	Dr. Samdani	11/27/99	Islamabad
Ministry of Health and Population Welfare Department of Population Welfare	Former Secretary	Muzaffar Mahmood Qureshi	11/30/99	Islamabad
Planning Commission Ministry of Planning and Development	Senior Chief, Population Section	Amanullah Khan	11/25/99	Islamabad
Planning Commission Ministry of Planning and Development	Senior Chief, Health Section	Mushtaq Khan	11/29/99	Islamabad
Multilateral Donors:				
United Nations Population Fund	Assistant Representative	Tahira Abdullah	11/22/99	Islamabad
United Nations Population Fund	Special Representative	J.A.M. Van Arendonk	11/26/99	Islamabad
United Nations Population Fund	Coordinator, Technical Support Unit for Population and Reproductive Health	Mahbub Ahmad	11/30/99	Islamabad

Pakistan Interviews (Continued)

Organization	Position	Name	Interview Date	Interview Location
Multilateral Donors (continued):				
The World Bank	Public Health Specialist	Dr. Saraj	11/19/99	Islamabad
The World Bank	Social Sector Specialist	Kathleen Finn	11/19/99	Islamabad
The World Bank Multi Donor Support Unit	Population Specialist	Tauseef Ahmed	11/29/99	Islamabad
Asian Development Bank		Samia Abas	12/2/99	Islamabad
World Health Organization	Country Representative	Faizullah Kakar	11/20/99	Islamabad
European Union	Projects Officer	M. Siddique Bhatti	11/22/99	Islamabad
Bilateral Donors and Foundations:				
Department for International Development, British High Commission	Health and Population Adviser	Marilyn McDonagh	11/18/99	Islamabad
Royal Netherlands Embassy	Senior Policy Adviser on Poverty Policy	Doris Voorbraak	11/24/99	Islamabad
Embassy of Japan	First Secretary	Nakagawa Tsutomu	11/26/99	Islamabad
Canadian High Commission	First Secretary (Development)	Anne Woodbridge	12/1/99	Islamabad
Research and Advocacy Organizations:				
International Science and Technology Institute	Director Health Population and Nutrition	John McWilliam	11/19/99	Islamabad
Population Council	Country Representative	Peter C. Miller	11/23/99	Islamabad
National Committee on Maternal Health	President	Sadiqua Jafarey	11/24/99	Islamabad

Pakistan Interviews (Continued)

Organization	Position	Name	Interview Date	Interview Location
Research and Advocacy Organizations (continued)				
	Independent Consultant	Ayesha Khan	11/24/99	Karachi (telephone)
National Institute for Population Studies	Director	Abdul Hakim	11/30/99	Islamabad
National Institute for Population Studies	Senior Fellow	Mehboob Sultan	12/2/99	Islamabad
Shirkat Gah	Senior Researcher	Khawar Muntaz	12/6/99	Lahore
Service Provision NGOs:				
Key Social Marketing	Marketing Director	Saifullah Khan	11/16/99	Islamabad
Key Social Marketing	Training Manager	Lucy Palmer	11/16/99	Islamabad
Key Social Marketing The Futures Group	Country Representative	Kevin Kingfield	11/25/99	Islamabad
Pathfinder International	National Project Manager	Shahina Malik	11/26/99	Islamabad
Family Planning Association of Pakistan	Chief Operating Officer	Surayya Jabeen	12/3/99	Lahore
AVSC International	Project Manager	Tariq Rahim	12/4/99	Lahore

Interviews Conducted for Bangladeshi Case Study (Chapter 8)

Organization	Position	Name	Interview Date	Interview Location
Government of Bangladesh Officials:				
Program Coordination Committee		Dr. Nasim	11/6/99	Dhaka
Ministry of Health and Family Welfare Directorate of Family Planning	Director (MCH services) & Line Director (ESP)	Jahir Uddin Ahmed	11/11/99	Dhaka
Ministry of Health and Family Welfare Directorate General of Health Services	Director PHC & DC, Line Director (ESP)	Shamsul Hoque	11/11/99	Dhaka
Ministry of Health and Family Welfare	Gender Consultant	Husni Ara-Quasheen	11/11/99	Dhaka
Ministry of Planning, Health Wing	Joint Chief	Md. Shahiduzzaman	11/14/99	Dhaka
Ministry of Health and Family Welfare	Former Secretary	Md. Ali	11/14/99	Dhaka
Multilateral Donors:				
The World Bank	Women in Development Specialist	Shirin Jahangeer	11/4/99	Dhaka
The World Bank	Non-Governmental Organization Specialist	Nilufar Ahmad	11/4/99	Dhaka
The World Bank	Senior Population Specialist	J.S. Kang	11/11/99	Dhaka
United Nations Population Fund	Assistant Representative	Mrs. Thyra	11/10/99	Dhaka

Bangladesh Interviews (Continued)

Research and Advocacy Organizations:				
ICDDR,B Centre for Health and Population Research	Division Director	Barkat-e-Khuda	10/26/99	Dhaka
Population Council	Resident Representative	Ubaidur Rob	10/27/99	Dhaka
Partners in Population and Development	Executive Director	Balla Musa Silla	10/28/99	Dhaka
Partners in Population and Development	Senior Advisor	M. Badrud Duza	10/28/99	Dhaka
Naripokkho	Coordinator	Nasreen Huq	10/31/99	Dhaka
BIRPERHT	Director	Halida Akhtar	11/2/99	Dhaka
University of Dhaka	Chair, Department of International Relations	Meghna Guhhathakurta	11/10/99	Dhaka
Ubinig	Co-Founder	Farhita Akhtar	11/10/99	Dhaka

Bangladesh Interviews (Continued)

Service Provision NGOs:				
Pathfinder International	Country Representative	Md. Alauddin	11/1/99	Dhaka
Bangladesh Rural Advancement Committee (BRAC)	Director Health and Population Division	Purabi Dutta	11/2/99	Dhaka
Research Triangle Institute	Senior Policy Advisor NIPHP	Syed Shamim Ahsan	11/2/99	Dhaka
Plan International	Director	Md. Khairul Islam	11/3/99	Dhaka
Bangladesh Women's Health Coalition	Director	Nazreen Akhter	11/7/99	Dhaka
John Snow International	Deputy Chief of Party	Ahmed Al-Kabir	11/8/99	Dhaka
Family Planning Association of Bangladesh	Director General	Ahmad Neaz	11/10/99	Dhaka
AVSC International	Country Representative	Abu Jamil Faisel	11/10/99	Dhaka

Appendix B
Pre-Dissertation Research: Personal Interview List

At the outset of this study, the author conducted a series of exploratory interviews with U.S.-based individuals involved in the population sector. The purposes of this research were: first, to gain a broader understanding of the scope and operations of the sector in general; and second, to identify a list of potential subjects for the next phase of research to be conducted in South Asia. While the information gained from some of these interviews is directly employed in the text of this dissertation, the bulk of it does not. Nonetheless important, these interviews provided critical the 'real-world' and background information that grounded this study, and are listed below as "pre-dissertation" interviews.

Organization	Position	Name	Interview Date	Interview Location
Multilateral Organizations:				
United Nations Population Division	Fertility and Family Planning Section	Vasnatha Kandiah	47/99	New York, NY
United Nations Population Division	Specialist in Population Policies and Development Strategies	German Bravo-Casas	4/7/99	New York, NY
The World Bank	Adviser Human Development Network	Barbara Herz	4/20/99	Washington, DC
The World Bank	Senior Population Adviser Human Development Network	Tom Merrick	5/6/99	Washington, DC
The World Bank	Human Development Network	Phil Gowers	5/6/99	Washington, DC

Appendix B (continued): Pre-Dissertation Research: Personal Interviews

Organization	Position	Name	Interview Date	Interview Location
United States Agency for International Development:				
Office of Population Center for Population Health and Nutrition	Senior Policy Advisor	Barbara Crane	4/16/99	Washington, DC
Office of Population Center for Population Health and Nutrition	Senior Technical Advisor	Gary Cook	4/20/99	Washington, DC
Office of Population Center for Population Health and Nutrition	Senior Reproductive Health Adviser	Mary Ellen Stanton	4/20/99	Washington, DC
Office of Population Center for Population Health and Nutrition	Population Advisor	Bessie Lee	4/21/99	Washington, DC
Office of Population Center for Population Health and Nutrition	Chief, Contraceptives Logistics and Management Division	John Crowley	4/28/99	Washington, DC
Office of Population Center for Population Health and Nutrition	Senior Health Advisor	Sigrid Anderson	4/28/99	Washington, DC

Appendix B (continued): Pre-Dissertation Research: Personal Interviews

Organization	Position	Name	Interview Date	Interview Location
Foundations:				
Rockefeller Foundation	Director Population Sciences	Steven Sinding	4/12/99	New York, NY
Rockefeller Foundation	Associate Director Population Sciences	Jane Hughes	4/8/99	New York, NY
Rockefeller Foundation	Associate Director Population Sciences	Sara Seims	4/1/99	New York, NY
Ford Foundation	Former Representative, India	Radhika Balakrishnan	4/5/99	New York, NY
Ford Foundation	Former Representative, India	Peter Geithner	4/5/99	New York, NY
Ford Foundation	Former Representative, India	Margaret Hempel	4/14/99	New York, NY
Research and Advocacy Organizations:				
Population Council	Senior Associate Policy Research Division	John Casterline	4/13/99	New York, NY
Population Council	Senior Director of Policy and Regional Programs, International Programs Division	Anrudh Jain	4/7/99	New York, NY
Population Council	Director of Social Science Research, Policy Research Division	Cynthia Lloyd	4/7/99	New York, NY
Population Council	Senior Associate Policy Research Division	James F. Phillips	3/31/99	New York, NY
Population Council	Director and Senior Associate Frontiers in Reproductive Health	John Townsend	4/16/99	Washington, DC

Appendix B (continued): Pre-Dissertation Research: Personal Interviews

Organization	Position	Name	Interview Date	Interview Location
Research and Advocacy Organizations (continued)				
Women's Environment and Development Organization (WEDO)	Director, Women's Rights Program	Bharati Sadasivam	4/6/99	New York, NY
Center for Reproductive Law and Policy	Director International Programs	Anika Rahamn	4/13/99	New York, NY
International Women's Health Coalition	President	Adrienne Germain	4/14/99	New York, NY
The Futures Group	Senior Associate	Nancy McGirr	4/15/99	Washington, DC
The Futures Group	Senior Associate	Koki Agrawal	4/15/99	Washington, DC
The Futures Group	Senior Research Associate	Ellen Wilson	4/15/99	Washington, DC
Population Action International	Director of Policy Research	Shanti Conly	4/22/99	Washington, DC
Population Action International	Senior Research Associate	Richard Cincotta	4/23/99	Washington, DC
Population Reference Bureau	Director MEASURE Communication Project	John Haaga	4/26/99	Washington, DC
Research Triangle Institute	Researcher	Margaret Pendzich	4/30/99	(telephone interview)
Research Triangle Institute	Demographer	Dennis Chao	5/10/99	(telephone interview)
Johns Hopkins University School of Hygiene and Public Health	Associate Professor Department of Population and Family Health Sciences	Michael Koenig	4/30/99	Baltimore, MD

Appendix B (continued): Pre-Dissertation Research: Personal Interviews

Organization	Position	Name	Interview Date	Interview Location
Research and Advocacy Organizations (continued)				
Center for Health and Gender Equity (CHANGE)	Co-Director	Jodi Jacobson	5/4/99	Tacoma Park, MD
Center for Health and Gender Equity (CHANGE)	Senior Program Associate	Meg Greene	5/4/99	Tacoma Park, MD
Center for Health and Gender Equity (CHANGE)	Program Associate	Gitanjali Pande	5/4/99	Tacoma Park, MD
Columbia University	Senior Research Scholar, Southern Asian Institute	Ronaq Janan	5/7/99	(telephone interview)
Global Service Provision NGOs:				
International Planned Parenthood Federation	Deputy Regional Director Western Hemisphere Region	Marcia Townsend	4/9/99	New York, NY
AVSC International	Senior Director, South Central Asia	John Pile	4/12/99	New York, NY
Population Services International	Vice President	Peter Clancy	4/16/99	Washington, DC
Family Care International	President	Jill Sheffield Ietja Reerink	4/14/99	New York, NY
Program for Appropriate Technology in Health (PATH)	Senior Program Advisor	Elaine Murphy	4/28/99	Washington, DC
Center for Development and Population Activities (CEDPA)	Director, Reproductive Health Program	Shelagh O'Rourke	5/5/99	Washington, DC

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