



## The Cairo Conference Document (1994) and the Issue of Entrenching Family Rights and Reproductive Health: Between Rights Universalism and Cultural Specificity

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### **Abstract:**

*This article critically analyses the International Conference on Population and Development (Cairo, 1994), clarifying its contribution to the entrenchment of family rights and reproductive health as universal human rights and assessing the limits of such entrenchment in light of cultural and religious differences. Adopting a descriptive-analytical methodology, the study presents the contents of the document, classifies the objections raised against it and draws out their legal and rights-related implications.*

*The findings reveal that the Cairo Conference signified a transformative shift in international population policies, shifting the focus from purely demographic objectives to a rights-based approach that recognises individuals as rights-holders rather than demographic instruments. However, the document contains an unresolved structural tension between, on the one hand, the universal nature of reproductive rights, and on the other, the legitimacy of cultural and religious specificity. This tension is embedded in the document itself, which recognises each state's right to implement policies according to its national laws and values. The objections voiced by many states were therefore not a unified rejection, but rather a broad spectrum ranging from partial acceptance to selective reservations.*

*The study concludes that the Cairo Conference document constitutes a hybrid rights-based model. Its true strength lies not in its legal enforceability, but in its impact on framing international discourse and national policies – an explanation for its continued authority more than three decades later.*

**Keywords:** family, reproductive health, reproductive rights, international conference, population, development.

**Résumé :**

*Cet article propose une analyse critique de la Conférence internationale sur la population et le développement (Le Caire, 1994), en clarifiant sa contribution à l'ancrage des droits de la famille et de la santé reproductive en tant que droits humains universels et en évaluant les limites de cet ancrage à la lumière des différences culturelles et religieuses. Adoptant une méthodologie descriptive et analytique, l'étude présente le contenu du document, classe les objections soulevées à son encontre et en tire les implications juridiques et en matière de droits.*

*Les résultats révèlent que la Conférence du Caire a marqué un tournant décisif dans les politiques internationales en matière de population, en déplaçant l'accent mis sur des objectifs purement démographiques vers une approche fondée sur les droits qui reconnaît les individus comme des titulaires de droits plutôt que comme des instruments démographiques. Cependant, le document contient une tension structurelle non résolue entre, d'une part, la nature universelle des droits reproductifs et, d'autre part, la légitimité de la spécificité culturelle et religieuse. Cette tension est inhérente au document lui-même, qui reconnaît le droit de chaque État à mettre en œuvre des politiques conformément à ses lois et valeurs nationales. Les objections formulées par de nombreux États ne constituaient donc pas un rejet unanime, mais plutôt un large éventail allant d'une acceptation partielle à des réserves sélectives.*

*L'étude conclut que le document de la Conférence du Caire constitue un modèle hybride fondé sur les droits. Sa véritable force ne réside pas dans son caractère juridiquement contraignant, mais dans son influence sur l'orientation du discours international et des politiques nationales – ce qui explique pourquoi il conserve toute son autorité plus de trois décennies plus tard.*

**Mots-clés :** *famille, santé reproductive, droits reproductifs, conférence internationale, population, développement.*



## Introduction

The family plays an important role in the development of individuals and of society as a whole. In addition to the many provisions of legal systems that recognize families and protect them, we find various international agreements and global charters that have addressed the family and accorded it significant importance, urging the need to provide protection for families and their members.

The international population conferences, which are held periodically to discuss global population growth and its impact on sustainable development, are perhaps among the key United Nations events that promote improvements in population conditions. The aim of these conferences is to raise awareness of the importance of population matters and to provide essential services to populations worldwide.

The first International Population Conference took place in Cairo in 1942. Since then, a series of conferences have been organised to encourage international action in this field and to design global policies and programmes aimed at improving the health of mothers and children, as well as the socio-economic status of populations worldwide. Such conferences also provide an opportunity for dialogue and cooperation among governments, international organisations and civil society. The World Population Summit, held in Cairo in 1994, is considered the largest and most significant international conference on population issues in terms of both the enormous number of participating countries and international organisations, including governmental and non-governmental bodies, as well as legal experts, activists

and development actors, and the controversy raised regarding its programme. This was because the summit adopted a new approach to the relationship between population and development, taking a rights-based perspective. Rather than focusing solely on achieving demographic balance, this approach aims to enable individuals to exercise their reproductive rights within the framework of their human dignity.

Accordingly, the summit placed reproductive rights and related population rights at the centre of the discussion, leading to the emergence of issues that were strongly criticised by the majority of participating countries, while certain states expressed reservations. The recommendations stated that each country has the sovereign right to implement the Programme of Action recommendations in a manner consistent with its national laws and development priorities. This must be done while ensuring full respect for the various religious, ethical and cultural values of its people, in accordance with internationally recognised human rights.

From this perspective, the core problem addressed in this article is: To what extent did the 1994 Cairo International Conference on Population and Development document contribute to the entrenchment of family rights and reproductive health as universal human rights, and what are the limits of such entrenchment in light of cultural and religious differences?

This question will be answered using a descriptive-analytical methodology appropriate to the framing of the study, by presenting and organising data and information, classifying it, and drawing conclusions from it.



## **1. The concept of the family and reproductive health**

### **1.1 The family The family**

The concept of the family is one of the most important social concepts in human societies. Despite the diversity of approaches in writings and literature addressing the notions and meanings associated with the term 'family', they generally converge on a single concept, albeit from different angles.

As stated in the Universal Declaration of Human Rights (1948), the family is the natural and fundamental unit of society. It has the right to receive protection from society and the state. Furthermore, adult men and women have the right to marry and found a family without limitation due to race, nationality or religion<sup>1</sup>.

By 'family' is meant a human grouping consisting of one or more adults and their children: the first building block and the basic social unit of society. Through it, the pillars and structural components of society are embodied. Regardless of its size or the number of its members, the family is bound together by emotional, social and financial relationships organised through rights and duties. Accordingly, the family cannot function properly without leadership to manage its affairs. This leadership is expressed in the role of the husband and is governed by the religious rules and provisions found in the Qur'an and the Sunnah of the Prophet Muhammad (peace be upon him)<sup>2</sup>.

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<sup>1</sup>- United Nations, 2015. Universal Declaration of Human Rights. Article 16.

Available at: [https://www.un.org/fr/udhrbook/pdf/udhr\\_booklet\\_fr\\_web.pdf](https://www.un.org/fr/udhrbook/pdf/udhr_booklet_fr_web.pdf)

<sup>2</sup>- Global Islamic Conference on Women and Children, 2011. Islamic Family Charter, 4th edition. Giza, Egypt, p. 30.

The family is a group of people linked by natural kinship ties. Ideally, it consists of a father, a mother and their children. Alternatively, it can consist of people who are connected by ethical and legal ties that replicate these natural ties, such as adoption<sup>3</sup>.

The United Nations' perspective on the family has evolved significantly, particularly in relation to sustainable development. It is also important to note that, within the context of periodic population statistics and censuses, the UN defines the family as a set of arrangements made by individuals, either singly or jointly, to provide themselves with food and other necessities. A family may consist of one person who provides their own food and other necessities without integrating with anyone else, or it may consist of several people – that is, a group of two or more individuals who jointly secure food and other necessities.

In such groups, these individuals may pool their incomes to a greater or lesser extent, and they may be related by blood or marriage or be completely unrelated<sup>4</sup>.

The foregoing definitions can lead us to derive a concept of the family as a group of individuals who live together and share many different matters – such as housing, food, work, recreation, love, care, and education. The family constitutes a fundamental unit of society, and it is the first place where an individual learns values, morals, and patterns of social conduct. The composition of the family varies from one

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<sup>3</sup>- Andrew Corbett, 2004, 'What is a Family? And Why It Matters'. Tasmanian Family Institute, 1st edition. Australia, p. 3.

<sup>4</sup>- United Nations, Department of Economic and Social Affairs (2008). Principles and Recommendations for Population and Housing Censuses, Series M, No. 67/Rev. Consulted on 16/04/2023. Available at:

[https://unstats.un.org/unsd/publication/seriesm/seriesm\\_67rev2e.pdf](https://unstats.un.org/unsd/publication/seriesm/seriesm_67rev2e.pdf).



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culture to another: it may consist of a father, a mother, and children; or of grandparents and grandchildren; or even of close friends and others. One of the most important characteristics of the family is the **\*\*psychological and social support\*\*** it provides, which is a cornerstone in shaping the individual's personality and preparing them for participation in society.

## 1.2 Reproductive health

In the 1994 International Conference on Population and Development (ICPD) document, reproductive health is defined as a state of complete physical, mental and social well-being relating to the reproductive system, its functions and processes, rather than merely the absence of disease or disability<sup>5</sup>. According to the same document, reproductive health also means that people are able to enjoy a satisfying and safe sex life and have the capacity to reproduce. It also means that they are able to make informed decisions about whether, when and how often to reproduce. This is conditional upon both women and men being knowledgeable about, and able to use, safe, effective and affordable family planning methods as they see fit. They must also understand and be aware of the fertility regulation they choose, provided that such choices do not conflict with the law.

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<sup>5</sup>- United Nations (1999). Programme of Action adopted at the International Conference on Population and Development, Cairo, 5–13 September 1994. New York: p. 59. Available at: <https://bit.ly/4cRLp5n>.

Furthermore, it encompasses a woman's right to access appropriate healthcare services that ensure she can receive safe care during pregnancy and childbirth<sup>6</sup>.

This definition aligns with that of the United Nations Population Fund (UNFPA), which defines reproductive health as good sexual and reproductive health – that is, a state of complete physical, psychological and social well-being relating to the reproductive system.

The World Health Organization (WHO) defines reproductive health as: 'a state of complete physical, mental and social well-being in all matters relating to the reproductive system, its functions and processes – not merely the absence of disease or disability'<sup>7</sup>.

According to the same organisation, sexual and reproductive health constitutes an essential component of general health, reflecting the health status of men and women of reproductive age.

This concept encompasses maintaining the reproductive health of both women and men, as well as the ability to conceive, pregnancy and safe, healthy childbirth. Women should also receive regular healthcare to assess their reproductive health. Additionally, men and women should take steps to avoid unintended pregnancy and ensure the use of safe and effective contraceptive methods.

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<sup>6</sup>- UNFPA Arab States, 'Sexual and Reproductive Health', accessed 16/04/2023. Available at:

<https://arabstates.unfpa.org/en/topics/sexualandreproductivehealth>.

<sup>7</sup>- World Health Organization (2004). Fifty-seventh World Health Assembly: Reproductive Health Report. Geneva: WHO. p. 15. Available at:

<https://bit.ly/4vHupGk>.



## 2. The 1994 International Conference on Population and Development (ICPD)

The International Conference on Population and Development took place in Cairo from 5 to 13 September 1994. It is one of the most significant conferences addressing population and development issues in the 20th century. It is also the largest international governmental conference on population and development to date, with 179 governments participating, along with approximately 11,000 registered participants from governments, United Nations agencies, international governmental organisations, non-governmental organisations, and the media. 179 governments participated, along with approximately 11,000 registered participants from governments, specialised United Nations agencies, international governmental organisations, non-governmental organisations and the media.

The level of engagement and participation by civil society was unprecedented. The ICPD was organised by the United Nations in cooperation with the United Nations Population Fund (UNFPA) and the Egyptian government.

The conference focused on the vital links between demography and economic and social development. Issues addressed included reproductive and public health, the education of girls, women's rights, and family planning and services. The importance of strengthening international cooperation and developing partnerships between governments and relevant organisations was also emphasised<sup>8</sup>.

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<sup>8</sup>- United Nations Conferences. International Conference on Population and Development, 5–13 September 1994, Cairo, Egypt. Consulted 16/04/2023. Available at: <https://www.un.org/en/conferences/population/cairo1994>.

An international programme of action for human development was announced at the conference. The programme aimed to improve the health of women and children, and reduce poverty, hunger and illiteracy by 2015. A new programme was adopted to guide national and international action in the field of population and development over the following twenty years. Rather than merely pursuing demographic targets, this new programme emphasised the close relationship between population and development, particularly in terms of meeting individuals' needs within globally recognised human rights standards.

It should be noted that the 1994 International Conference on Population and Development in Cairo was one in a series of previous international and global conferences and meetings on population and development organised by the Population Division of the United Nations Department of Economic and Social Affairs, in consultation with the United Nations Population Fund (UNFPA). These meetings were prepared by population experts, and the conference document drew on the Global Population Action Plan adopted at earlier conferences.

The International Population Conference took place in Bucharest, Romania, from 19 to 30 August 1974<sup>9</sup>. The conference aimed to link countries' social, economic and cultural development with demographic variables, affirming that population policies and goals are an integral part of social and economic development policies. With regard to reproductive health, the conference emphasised the importance of family planning and medical services, as well

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<sup>9</sup>- United Nations (1975). Report of the United Nations World Population Conference, Bucharest, 19–30 August 1974. New York: United Nations, p. 155. Available at: <https://bit.ly/3OgApFr>.



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as addressing involuntary infertility and facilitating adoption. The conference also stressed the importance of respecting and guaranteeing individuals' right to decide the number of children they have and to space births in a free and responsible manner. Furthermore, it aimed to expand the healthcare workforce and facilities, redistributing roles across various professional levels and assistants to address shortages of qualified personnel. Additionally, it sought to establish effective systems for supervising healthcare services and organising family planning services<sup>10</sup>.

- The International Population Conference in Mexico City (6–14 August 1984)<sup>11</sup>. This conference built on the continued implementation of the Global Population Action Plan. Many countries revised their positions from those held in 1974. At that time, many developing countries, including Bangladesh, Pakistan, China, Brazil, Indonesia, India, Mexico, Kenya and Nigeria, expressed strong support for family planning, as did some developed countries, including the United Kingdom, Norway and Sweden. The United States also stated its policy of not funding programmes that facilitate abortion.

The World Summit for Children took place in New York on 29–30 September 1990<sup>12</sup>. This high-level meeting, which

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<sup>10</sup>- Ibid.

<sup>11</sup>- United Nations (1984). Report of the International Conference on Population, Mexico City, 6–14 August 1984. Department of Technical Co-operation for Development. New York, 1984, p. 107. Available at: <https://bit.ly/3QydC8A>.

<sup>12</sup>- General Assembly of the United Nations, 1990. World Declaration on the Survival, Protection and Development of Children. World Summit for Children. United Nations, New York, 30 September 1990. Available at: <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N90/267/21/IMG/N9026721.pdf?OpenElement>.

was devoted exclusively to addressing children's issues, was considered a historic event for the United Nations Children's Fund (UNICEF). Its objectives aligned with the Global Action Plan. As well as reaffirming attention to children's health, nutrition and education, the Summit strengthened the role of families and women, and prioritised maternal health and family planning within its Plan of Action.

- The United Nations Conference on Environment and Development in Rio de Janeiro, Brazil (3-14 June 1992)<sup>13</sup>. Although primarily focused on environmental issues, it also addressed population, environment, and development. Nevertheless, it addressed family and reproductive health by urging governments to establish and strengthen preventive and curative healthcare facilities, including those providing safe reproductive healthcare. It also called for ensuring that all women have the opportunity to breastfeed, and emphasised the importance of family planning, reducing the risk of child and maternal deaths, and enhancing the role of women through the full recognition of their rights.

- The World Conference on Human Rights in Vienna, Austria (14-25 June 1993)<sup>14</sup>. This conference reaffirmed the ongoing promotion and respect of human rights, as well as the guarantee of fundamental freedoms for all, regardless of race, sex, language or religion. It also condemned the various forms of discrimination and violence that women continue to experience worldwide. The World Conference on Human

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<sup>13</sup>- United Nations (1993). Conference on Environment and Development: Rio de Janeiro, Brazil, 3-14 June 1992. Report, Volume I. New York: United Nations. Available at: [https://docs.un.org/en/A/CONF.151/26/Rev.1\(Vol.I\)](https://docs.un.org/en/A/CONF.151/26/Rev.1(Vol.I)).

<sup>14</sup>- United Nations General Secretariat, 1993, World Conference on Human Rights: Vienna Declaration and Programme of Action, Geneva, 12 July 1993, p. 28. Available at: <https://digitallibrary.un.org/record/183139?ln=fr&v=pdf>.



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Rights took further steps to strengthen and protect the rights of women and children.

Against this backdrop, the 1994 International Conference on Population and Development in Cairo emphasised the application of internationally recognised human rights standards to all aspects of population programmes. The conference also consolidated work based on human rights approaches, with the aim of transforming these rights from legal instruments into effective policies and practices on the ground. Human rights principles and standards provide guidance on how to achieve freedom and dignity for all. A human rights approach focuses on how these rights can be realised.)<sup>15</sup>

According to experts in the field of development, the Cairo conference represents a remarkable achievement in international development and continues to influence policies and programmes related to reproductive health, women's rights and family planning at local, regional and global levels. It is considered a key reference in this respect. However, the programme was severely criticised and met with reservations by some governments, participants and development actors due to opposition to certain provisions included in the final document's sections on values, cultural backgrounds and religion. Objections reached their peak at this point, with accusations that the conference organisers and their supporters sought to control humankind under the pretext of

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<sup>15</sup>- Australian Human Rights Commission, 2023, 'Definition of human rights-based approaches', available at: <https://humanrights.gov.au/resource-hub/by-resource-type/articles/rights-and-freedoms/human-rights-based-approaches>.

intensive family planning policies, in line with Western countries' desire to reduce population growth rates<sup>16</sup>.

**3. Population and Development:** Objectives of the Cairo International Conference on Population and Development (ICPD)

The 1994 Cairo International Conference on Population and Development (ICPD) represented a fundamental shift in global population thinking. Unlike previous trends, the conference focused on the rights and needs of individuals to empower them<sup>17</sup>. The Cairo Conference's objectives clearly reflected the adoption of a rights-based approach. Consequently, attention shifted from narrow demographic goals based solely on demographic transition (such as reducing fertility rates) to a comprehensive framework linking population issues with sustainable development and human rights, particularly with regard to women's rights and individuals' right to access reproductive health services and make decisions freely.

The most prominent objectives were as follows:

- **First objective:** to launch the concept of reproductive rights and expand the scope of health to include reproductive and sexual health, as well as family planning. The intention is that all individuals should have the opportunity to benefit from these services. This objective will be achieved by ensuring the provision of necessary healthcare services for all

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<sup>16</sup>- Nader Farajani (1995), 'Population and Development', Al-Arabi Magazine, National Council for Culture, Arts and Letters, Kuwait, Issue 434. Kuwait, Issue 434. Available at: <https://alarabi.nccal.gov.kw/Home/Article/2587>.

<sup>17</sup>- Souad Douba (2025), 'The Dynamics of Epidemiological Transition in Algeria: From Communicable Diseases to the Burden of Chronic Diseases'. Algerian Review of Human Security, Folder 11, No. 1, pp. 747–765. Available at: <https://asjp.cerist.dz/en/article/279281>.



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individuals, including health education, the prevention and control of prevalent diseases, the provision of contraceptive methods and the promotion of reproductive health.

- **Second Objective:** To strengthen education and promote its broad availability, especially for girls, and to support women's economic empowerment. This involves providing education for girls and women, enhancing their participation in the labour market and securing their economic rights.
- **Third objective:** to strike a balance between population growth and economic and environmental development. This is pursued by providing services that limit population growth, improve quality of life and address environmental issues. Significant progress in health, education, and development has been achieved in many countries worldwide thanks to international commitment to these objectives.

Alongside other central pillars of the document, such as justice, gender equality, empowering women, fairness, equity, non-discrimination, reducing infant, child and maternal mortality, enhancing population capacities (particularly among young people and women), and the need to adopt national and local population policies linked to fundamental human rights, there was also an emphasis on deepening the understanding of the relationship between population, development and the environment, and raising awareness of the impact of investing in human capital<sup>18</sup>.

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<sup>18</sup>- United Nations (1995). International Conference on Population and Development, 5–13 September 1994, Cairo Report, p. 197. Available at:

A detailed presentation of the most important sections included in the Conference Programme is available on request.

### **The Shift Toward Comprehensive Human Development:**

The document stated that population growth should be viewed within a broader framework that emphasises improving quality of life and ensuring the basic needs of all people are met, rather than limiting efforts to fertility control policies. This could be achieved by implementing population policies that prioritise quality of life and address fundamental needs such as health, education, and housing<sup>19</sup>.

### **Achieving a Balance Between Population, Development, and the Environment**

The conference emphasised that population policies must consider the sustainability of natural resources and that sound environmental management is essential for long-term development. This can be achieved by integrating environmental considerations into population planning and by adopting strategies aimed at sustaining natural resources<sup>20</sup>.

### **Strengthening the Concept of Reproductive Health**

Item 7.2 is a key part of the conference document as it provides the first internationally agreed definition of reproductive health. Within this framework, reproductive health encompasses sexual health, family planning services,

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[https://www.un.org/development/desa/pd/sites/www.un.org.development.de/files/a\\_conf.171\\_13\\_rev.1.pdf](https://www.un.org/development/desa/pd/sites/www.un.org.development.de/files/a_conf.171_13_rev.1.pdf).

<sup>19</sup>- Op. cit. (Chapter 1, paragraphs 1.2 and 1.6).

<sup>20</sup>- Ibid. (Chapter 3, paragraphs 3.4, 3.16 and 3.25).



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antenatal care, safe childbirth and the prevention of sexually transmitted diseases<sup>21</sup>.

### **Empowering Women and Achieving Gender Equality**

The Cairo Conference (1994) is regarded as the most significant international document to move the issue of women's empowerment from the margins to the centre of population policies. The conference recognised that stabilising global population growth and achieving sustainable development are impossible without gender equality. Progress on population issues was linked to empowering women and ensuring their full participation in political and economic life. This would be achieved by enacting legislation to combat discrimination and violence against women and ensuring women's participation in decision-making processes<sup>22</sup>.

### **Reducing Maternal and Child Mortality**

The Programme of Action of the Cairo International Conference on Population and Development (1994) placed strong emphasis on reducing mortality as an integral component of sustainable development, dedicating the entire eighth chapter to the topic of "Mortality and Morbidity Rates."

The programme affirmed its commitment to reducing maternal mortality by at least 50% and infant and under-five mortality rates by improving primary healthcare services. This would be achieved by strengthening primary healthcare

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<sup>21</sup>- Ibid. (Chapter 7, paragraphs 7.2 and 7.6).

<sup>22</sup>- Ibid. (Chapter 4, paragraphs 4.1 and 4.4).

services, training medical personnel, and providing nutrition and healthcare for mothers and children<sup>23</sup>.

### **Ensuring Education for All, Especially Girls**

The Cairo International Conference on Population and Development (1994) recognised that education is the primary driver of demographic change and of improving quality of life. The Programme dedicated a whole chapter (Chapter Eleven) to ‘Population, Education, and Communication’, focusing intensively on closing the gender gap. Universal basic education, especially for girls, was identified as a key objective and an effective means of reducing fertility, improving health outcomes and promoting economic growth. This included expanding access to basic education for girls, as well as developing curricula to incorporate health education<sup>24</sup>.

### **Entrenching Human Rights in Population Policies**

The document from the 1994 Cairo International Conference on Population and Development is regarded as a landmark text that brought about a ‘conceptual revolution’ in population policies. It shifted population policies from being based merely on demographic numbers and statistics to adopting a human rights-based approach. In this regard, it emphasised individuals’ freedom to decide how many children they want and how far apart they want to space their births, in line with internationally recognised human rights. The document also affirmed respect for individuals’ freedom to make reproductive decisions and the provision of information and services that support this freedom.

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<sup>23</sup>- Ibid. (Chapter 8, paragraphs 8.16, 8.21 and 8.22).

<sup>24</sup>- Ibid. (Chapter 1, paragraphs 11.1 and 11.6).



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## **Economic Development and Poverty Reduction**

The Cairo Conference (1994) closely linked population issues to sustainable economic development and the eradication of poverty.

The Conference did not view poverty as merely a shortfall in income, but as a fundamental obstacle that prevents individuals from exercising their basic rights, including their reproductive rights. Accordingly, the Programme of Action called for the integration of economic and social dimensions into population programmes, promoting sustained economic growth and combatting poverty. This would be pursued alongside the implementation of programmes to create employment opportunities, achieve equitable resource distribution, and improve infrastructure<sup>25</sup>.

## **Integrating Youth and Adolescents into Development Plans**

The Cairo Conference (1994) was among the first to recognise 'adolescents and youth' as a distinct age group with specific needs and rights, rather than simply subsuming them under the categories of children or adults. The Programme focused on protecting and empowering this group as a core pillar of sustainable development, through comprehensive programmes for young people that include health education – especially concerning reproductive health – as well as providing opportunities for education, training, and employment. Additionally, it called for the launch of educational and health initiatives, as well as the provision of training and employment opportunities for young people<sup>26</sup>.

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<sup>25</sup>- Ibid. (Chapter 3, paragraphs 3.14 and 3.15).

<sup>26</sup>- Ibid. (Chapter 6, paragraphs 6.7 and 7.41).

## **Enhancing International Cooperation**

International cooperation within the Programme of Action of the Cairo Conference (1994) is essential for turning theoretical commitments into tangible outcomes. This is particularly important given that the conference recognised that developing countries cannot achieve the goals of human and population development alone. Therefore, the Conference appealed to the international community, particularly developed countries and international organisations, to provide financial, technical and professional support to help developing countries implement population and development programmes<sup>27</sup>.

### **4. Family rights, reproductive health and family planning**

According to the 1994 Cairo International Conference on Population and Development,

The 1994 Cairo International Conference on Population and Development emphasised that family rights and reproductive health are integral to comprehensive development. The most important rights-related issues addressed in the conference document are as follows:

#### **4.1 Family Rights**

In the Programme of Action of the International Conference on Population and Development (ICPD, Cairo, 1994), the family was not merely treated as a traditional institution. Rather, it was considered the basic unit of society, and ensuring its stability was presented as a condition for achieving development.

The Programme set out a number of family-related rights, which can be summarised as follows:

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<sup>27</sup>- Ibid. (Chapter 14, paragraphs 14.1 and 14.4).



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- The right to form a family, protect it and ensure its stability: every individual has the right to marry and form a family with full consent and without coercion. The family must also be protected from discrimination, violence and disintegration and supported as a natural environment for raising children. Couples and individuals should be free to decide how many children they want and how far apart their births should be, with access to information and safe healthcare to support those decisions.

- The right of families to social security, which aims to address the social, economic and cultural factors underlying the rising costs of child-rearing. It also requires providing social protection for families, especially poor families or those living in precarious conditions, and recognising the family's role in achieving economic and social development and ensuring social stability.

The Programme calls for the right to equality among all family members, particularly women and children, to be strengthened. This includes eliminating discriminatory practices within the family that diminish the status of women or girls, and ensuring that the principle of equality between men and women is upheld when making family decisions.

- The right of poor families to grants and social assistance, including access to comprehensive health services, particularly reproductive health services and maternal and child care. It also includes the right to housing and an appropriate living environment. This includes services that ensure families can live decent lives, such as access to clean water and sanitation.

- The right to protection from harmful practices within families related to pregnancy and childbirth, which is

achieved by eliminating traditional practices that threaten family stability and health, such as early marriage and domestic violence, and by supporting programmes that raise awareness within families to ensure relationships are built on mutual respect.

According to the document, these family rights cannot be realised in full unless governments formulate policies that align with families' interests in areas such as housing, health, employment, education and social security. This also includes facilitating a balance between participation in the labour force and parental responsibilities. Such measures may include health insurance and social security, childcare provision, part-time employment arrangements and paid maternity leave<sup>28</sup>.

The family is therefore viewed as the natural setting in which to exercise reproductive rights, raise children and achieve gender equality, with an emphasis placed on the state's role in providing Legal, Social, and Health Aspects of the Family protection.

## **4.2 Women's Rights**

The Programme of Action adopted at the 1994 Cairo International Conference on Population and Development took a revolutionary approach by placing women's rights and empowerment at the heart of development and population policy. Rather than being treated as merely a 'number' in statistics, women were recognised as individuals with rights. The most important aspects related to women's rights include the following:

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<sup>28</sup>- United Nations, 1995, ICPD Cairo 1994 Report, *ibid*.



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- Recognition of women's (and couples') rights to freely determine the number of children they have, the spacing between births and the timing of those decisions, without coercion by the state or society, through access to family planning services.
- The right of women to access reproductive health services and safe childbirth, provided through local health systems.
- The right of women to education, information and guidance, including access to information and counselling related to reproductive health and family planning.
- The right of women to participate in decision-making related to family matters and reproductive health.

### 4.3 Children's rights

In the Programme of Action of the 1994 Cairo International Conference on Population and Development, children's issues were not addressed separately from reproductive health and women's empowerment. Instead, the Conference reaffirmed children's rights within a comprehensive framework of human rights and sustainable development. It emphasized that children's rights to life and health, education, protection from discrimination and violence, and protection from harmful practices are an integral part of population and development policies. These include:

The rights of children and adolescents to:

- - protection from early marriage and pregnancy;
- - the elimination of female genital mutilation and other harmful traditional practices affecting children's physical and psychological health.

- The rights of children and adolescents to education, and to raising community awareness about their empowerment. This includes affirming the obligation to provide universal, free basic education, especially for girls, and recognising that eradicating illiteracy is a prerequisite for achieving development.
- The right to protect children from discrimination on the basis of sex, origin, social status or disability, and to eliminate the causes behind the preference for sons. Emphasis is also placed on the rights of girls, who are the group most exposed to deprivation.
- The right to life, survival and development, through improving children's well-being in relation to health, education and nutrition, and ensuring children have access to essential healthcare, proper nutrition and immunisations.

According to the conference document, achieving these goals requires governments to prioritise the various dimensions of children's and young people's development and protection, ensure equality of educational opportunity for boys and girls at all levels, and address sexual exploitation and physical and mental abuse. This also includes providing support and rehabilitation services, as well as raising awareness and educating communities about the harms of early marriage.

#### **4.4 Rights Related to Reproductive Health**

Reproductive health was one of the most significant new topics incorporated into the 'Programme of Action' of the 1994 Cairo International Conference on Population and Development. These rights represented a significant change in the way population and development issues were



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approached internationally. The key recommendations regarding individuals' reproductive health rights can be summarised as follows:

Recognising reproductive health as a fundamental human right: the programme emphasised that everyone has the right to enjoy the highest attainable level of reproductive health, encompassing physical, mental and social well-being. This includes sexual health, with the assurance that sexual life and relationships are free from coercion, violence, and discrimination.

The right to access reproductive health services: the Programme affirmed individuals' right to obtain comprehensive services, including maternal care, infertility treatment, care related to sexually transmitted diseases, and appropriate sex education. It also stressed the importance of ensuring the availability of safe and effective family planning services.

- Good healthcare. Women and men should take responsibility for their sexual health by consulting a physician regularly for examinations of the reproductive system and to detect any health problems.
- Early medical consultation: planning for parenthood should begin before the intended pregnancy, involving examinations and consultations with qualified medical specialists.

These measures aim to ensure access to reproductive healthcare services, support responsible and voluntary decision-making regarding pregnancy and family planning methods, and respond to changing reproductive health needs while taking into account the diversity of local community

circumstances<sup>29</sup>. The Programme also recognised that improving reproductive health contributes to lowering maternal and infant mortality rates, as well as improving quality of life. Therefore, it constitutes a fundamental element of economic and social development.

Based on the foregoing, the 1994 Cairo Conference can be considered a turning point in the incorporation of a rights-based approach into population policies. It shifted human rights concepts from the general legal sphere into the field of population and development. It also adopted a human rights-based approach to development, integrating the standards, principles and objectives of the international human rights system into development plans and processes<sup>30</sup>.

Although the rights-based approach to development, which is grounded in the idea that people have rights rather than being mere instruments for achieving demographic goals, predated the Cairo Conference, the Conference was a pivotal moment in putting this approach into practice in population policies. It did so by redefining population issues in light of individuals' rights, particularly with regard to reproductive health. Consequently, the 1994 Cairo International Conference can be viewed as having recontextualised the rights-based approach within the field of demography, resulting in a shift in population policy priorities — from controlling fertility to empowering individuals.

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<sup>29</sup>- United Nations, 1995, ICPD Cairo 1994 Report, *ibid*.

<sup>30</sup>- Jakob Kirkemann Boesen and Tomás Martín, 2007, 'Applying a Rights-Based Approach: An Inspirational Guide for Civil Society', The Danish Institute for Human Rights. Denmark, p. 9. Available at: <https://www.humanrights.dk/files/media/migrated/applying-a-rights-based-approach-2007-an-inspirational-guide-for-civil-society.pdf>.



This shift in priorities can be presented as follows:

### **A. The fundamental rights-based shift (from demography to human dignity).**

The 1994 Cairo Conference represented a radical shift from numerical demographic objectives towards a human-centred approach<sup>31</sup>. It reframed issues of reproductive health, women's rights and sustainable development as fundamental rights rather than statistical targets. Legally and in terms of rights, this transition reflects a conceptual revolution in international law: the conference document moved away from the logic of 'population control' towards the logic of 'empowering individuals'. This distinction is crucial because it alters the nature of the relationship between the state and the individual, changing it from one of control and regulation to one of obligation and assurance (duty of protection).

### **B. The instrument's legal framework**

Reproductive rights as universal human rights

The instrument established an explicit link between reproductive health and human rights for the first time. Consequently, women are no longer merely instruments for implementing population programmes; rather, they become bearers of an inherent right<sup>32</sup>. Her reproductive capacity shifts

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<sup>31</sup>- 31. Oomen C. Kuria and Nimisha Chadha, 2024.

Thirty Years after the Cairo Conference: Assessing the ICPD Programme of Action 1994. Observer Research Foundation. Available at:

<https://www.orfonline.org/expert-speak/thirty-years-after-the-cairo-conference-assessing-the-icpd-programme-of-action-1994>.

<sup>32</sup>- Carmel Shalev (1998): 'Rights to Sexual and Reproductive Health: The ICPD and the Convention on the Elimination of All Forms of Discrimination Against Women. International Conference on Reproductive Health, Mumbai (India),

from being an object of demographic control to becoming a means through which she can exercise her personal autonomy. However, this universality raises a significant legal issue: are reproductive rights absolutely unconditional, or can they be limited through a national margin of appreciation recognised in international law? The instrument itself recognised this dilemma and acknowledged the resulting tension when it affirmed the right of each state to implement these rights in accordance with its domestic laws, religious values, and culture.

### **The right to reproductive health (from concept to obligation)**

The instrument explicitly required that everyone should have access to comprehensive reproductive healthcare services, including voluntary family planning, safe pregnancy and childbirth services<sup>33</sup>, and the prevention and treatment of sexually transmitted diseases. From the perspective of international human rights law, this is understood as a positive obligation on states, meaning they are required to act, as well as to refrain from interference. This entails substantial financial and legislative burdens, particularly for developing countries.

### **Gender equality as a structural requirement**

The instrument asserts that comprehensive sustainable development is impossible without prioritising human rights,

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15–19 March 1998. Mumbai, India, 15–19 March 1998. Available at: <https://www.un.org/womenwatch/daw/csw/shalev.htm>.

<sup>33</sup>- United Nations Population Fund (UNFPA), 2019.

Explainer: What is the ICPD and why does it matter? Available at: <https://www.unfpa.org/news/explainer-what-icpd-and-why-does-it-matter>.



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including reproductive rights, empowering women and girls, and addressing forms of inequality. This reveals an interwoven legal logic in which women's empowerment is not only an end in itself, but also a prerequisite for realising the remaining rights. For example, reducing maternal mortality requires enabling women to make health-related decisions independently and autonomously.

### **Ambiguity in the drafting of certain rights**

Some parties have attempted to interpret the term 'reproductive health' as including abortion as a means of family planning, or even as a guaranteed right. However, these interpretations do not reflect the consensus actually reached at the conference. Furthermore, this ambiguity is not accidental; it is a common negotiating technique in international law. It enables parties with different views to sign the same document while interpreting it differently, creating ongoing tension between the text and its implementation.

### **C. Internal legal contradictions within the instrument**

The deepest analytical inquiry lies here, as the instrument embeds contradictions within some of its key concepts.

Universality versus cultural sovereignty: on the one hand, the instrument proclaims universal rights. However, it also grants each state the right to make reservations and implement these rights selectively. This raises a fundamental legal question: if a right can be suspended through reservations, does it remain a right in the strict legal sense, or does it instead become a moral recommendation with no legal force?

- Individual rights versus the authority of the family and the state: The instrument grants individuals the right to make reproductive decisions independently, without any external authority – including parental authority in the case of adolescents. This conflicts with the concept of the family as a unit of rights rather than as individuals, corresponding to the prevailing model in many non-Western societies.

- Rights that are required to be implemented without an enforceability mechanism: Despite progress in disseminating contraceptive methods and reproductive health since 1994, millions still lack access to a safe and free sexual and reproductive life due to their sex, origin or socioeconomic status<sup>34</sup>. This highlights a crisis in the implementation of rights, since the instrument lacks the enforceable monitoring mechanisms found in other international treaties, such as the CEDAW Convention. Consequently, in practice, it is closer to a political undertaking than a directly enforceable legal norm.

#### **D. The instrument's genuine contribution to human rights**

Despite all the contradictions, the instrument undeniably makes a genuine contribution to human rights, which can be presented as follows:

Linking health to dignity: the instrument did not treat reproductive health as a purely medical matter, but rather framed it as a dimension of human dignity. This constitutes an important philosophical foundation within the architecture of international law.

- Instrumentalising reproductive rights for development: The Cairo document affirmed the principle that economic and

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<sup>34</sup>- Valentine Becquet et al., 2024, 'Sexual and reproductive rights 30 years after the Cairo Conference on Population and Development', Population and Societies, No. 625. <https://doi.org/10.3917/popsoc.625.0001>



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technical development requires governments to enable individuals to make informed and conscious choices about their sexual and reproductive lives<sup>35</sup>.

- Ongoing reference value: The Cairo document continues to be a valuable reference point in the development of national policies. Indeed, policies issued after the conference referenced the concept of 'rights' more frequently than policies prior to the conference<sup>36</sup>.

In conclusion, the instrument represents a hybrid rights-based model. It is more substantial than a mere political declaration, yet less binding than a fully enforceable legal norm. Its true strength lies not only in the text itself, but also in the impact it has had on framing international discourse and national policies over the course of three decades.

## **5. Objections and reservations raised regarding the Cairo Document of the 1994 International Conference on Population and Development**

The most prominent issues included in the Cairo Document of the 1994 International Conference on Population and Development provoked strong opposition. These issues were met with condemnation and severe

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<sup>35</sup>- Mindy Jane Roseman and Laura Reichenbach (2010), 'International Conference on Population and Development at 15 Years: Achieving Sexual and Reproductive Health and Rights for All'. *American Journal of Public Health*, March 2010, Vol. 100, No. 3, pp. 403–406. Available at: <https://doi.org/10.2105/AJPH.2009.177873>.

<https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2009.177873>.

<sup>36</sup>- Win Brown and Karen Hardee (2024), 'Can the International Conference on Population and Development Programme of Action and Cairo Consensus Normalise the Discourse on Population?', *Global Health: Science and Practice*, Vol. 12, No. 5. <https://doi.org/10.9745/GHSP-D-24-00121>.

reservations by some states, primarily due to the absence of any reference to religious and moral commitments, the failure to consider the religious beliefs of states, and the disregard for the cultural backgrounds of countries and societies. This is evident in the wording of certain provisions, especially in the presentation of the measures required to achieve the prescribed objectives, since they all begin with the phrase 'Governments should...' without making any exceptions for states that have entered reservations, opposed this approach or, at the very least, expressed an initial lack of agreement in principle.

Among the issues that generated this controversy are:

Recognition of sexual relations between men and women in general, without limiting this to married couples (Article 3 of Chapter Seven of the document).

- Providing advice and support for education and services related to family planning for sexually active adolescents and pregnant teenagers (Article 47 of Chapter Seven of the same instrument).

Integrating various reproductive rights into population and development policies, pursuant to Articles 15, 3 and 25 of Chapters One, Seven and Eight, respectively. This includes expanding the distribution of contraceptive methods to reduce unintended pregnancies. These are among the most debated provisions and the subject of reservations. Furthermore, discussion of the entire Programme of Action proceeded in English except for paragraph 25 of Chapter Eight, which was accepted for discussion in all six official languages of the United Nations.

Granting the highest priority and full authority to reproductive and sexual health within the broader context of health-sector reform (Article 49, Chapter Seven).



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- Establishing action plans for adolescents and youth at the national level and other levels when appropriate, and educating them, in accordance with Article 49 of Chapter Seven of the instrument.
- Encourage the distribution of appropriate and voluntary methods used by men to prevent pregnancy among boys and adolescents through schools, youth organisations and places where they gather.
- Ending pregnancy and treating abortion as a reproductive service, as mentioned repeatedly in the Programme of Action.
- Using multiple terms to legitimise abortion by rendering it legally recognised and accepted, through expressions such as: 'ending pregnancy', 'mitigating the consequences of abortion', 'unintended pregnancy', 'unsafe abortion', and so on.
- Calling for equality between spouses in all matters, including inheritance.
- Raising the marriage age implicitly through the phrase 'appropriate age', with the aim of reducing growth rates and limiting population increase.
- Providing information and sex education for adolescents, permitting sexual practices and affirming their right to confidentiality regarding these matters, ensuring these rights are not violated by the family.
- Encouraging practices that fall outside the scope of lawful/legitimate relationships.

Repealing laws that restrict individuals' ability to engage in sexual activity and characterising sex and reproduction as a personal freedom rather than a collective responsibility<sup>37</sup>.

Alongside provisions containing phrases such as 'different forms of families', 'other forms of union', and similar formulations recognising same-sex relationships and equating 'normal' and 'deviant' family structures, there are many other models requiring governments to implement measures that some states had opposed. These provisions then became follow-up benchmarks upon which states assessed and evaluated the implementation of the Programme of Action adopted by the Population and Development Conference.

The objections raised regarding the 1994 Cairo Conference document were not a simple matter limited to a single dimension; rather, they expressed real and deep tensions in which religious, political, cultural, and legal aspects became intertwined. These tensions can be classified into distinct levels of analysis, instead of reducing them to a single position or to an overly simplified binary confrontation.

Accordingly, the parties that expressed reservations differed, as did their underlying references, in a fundamentally meaningful way that requires them to be distinguished:

- **Religious objection:** this was represented, on the one hand, by the Vatican and, on the other, by states with Muslim-majority populations. Although they converged in rejecting specific provisions, such as abortion and relationships outside the framework of marriage, their theological references differed fundamentally. This means that this alignment was

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<sup>37</sup>- United Nations (1995). ICPD Cairo 1994 Report, op. cit.



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tactical and temporary, rather than being based on an authentic doctrinal consensus. Several Muslim-majority states and Catholic states issued formal written reservations regarding particular provisions of the document<sup>38</sup>.

- **Political and sovereignty-based objection:** Many developing states viewed the document as an extension of Western domination over global development decision-making. Some analysts argued that the conference represented a revival of colonial aspirations, not through direct occupation, but by using an international organisation to impose policies that reflect the interests of the 'First World' at the expense of developing societies<sup>39</sup>.

- **Procedural and negotiating objection:** This was the most widespread objection. In many cases, the states that reserved did not reject the document's underlying substance; instead, they objected to its wording and the potential for future interpretations. Evidence of this can be seen in the fact that almost all states approved the final programme despite ideological and religious disagreements, with many of them reframing their national policies to address individual needs rather than pursuing demographic objectives in a purely technical sense<sup>40</sup>.

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<sup>38</sup>- UNFPA, 2016, 'Religion, Women's Health and Rights: Points of Contention and Paths of Opportunity'. Available at:

[https://www.unfpa.org/sites/default/files/pub-pdf/Religion\\_Womens\\_Health\\_and\\_Rights.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/Religion_Womens_Health_and_Rights.pdf).

<sup>39</sup>- Greg Noakes (1995), 'Cairo Population Conference Still Controversial', Washington Report on Middle East Affairs. Available at:

<https://www.wrmea.org/1995-april-may/cairo-population-conference-still-controversial.html>.

<sup>40</sup>- Lori S. Ashford (2004): 'What Was Cairo?' The Promise and Reality of the ICPD', Population Reference Bureau. Available at:

From the standpoint of the core contentious issues, abortion was the most prominent and deepest source of disagreement, primarily due to the drafting's ambiguity. However, careful analysis reveals that the instrument adopted a deliberately negotiated formulation<sup>41</sup>. The Cairo Conference reached a precise consensus that abortion should not be promoted as a method of family planning and that, where it is not prohibited by law, it should be safe. Nevertheless, this consensus has not withstood the divergent interpretations that have emerged over the years.

This highlights a specific legal problem: the true objection was not always to what the instrument explicitly stated, but rather to how it might be interpreted in future in light of legislative and judicial developments at an international level. In this sense, these reservations are more profound than mere religious opposition; fundamentally, they reflect legitimate concerns about the progressive, expansive interpretation of international texts.

Another controversial issue was the call for governments to provide sexual and reproductive health services that would enable everyone to establish "healthy" sexual relationships – relationships in which individuals can find sexual gratification. This could occur within or outside lawful marriage, and regardless of whether the relationship involves a man and a woman or a same-sex couple. It also implies that both parties to a sexual relationship should have the freedom to decide whether or not to have children, and that no person or entity should have the right to restrict that freedom – even if the individuals in question are the parents. From the

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<https://www.prb.org/resource/what-was-cairo-the-promise-and-reality-of-icpd/>.

<sup>41</sup>- Lori S. Ashford (2004), 'Ibid'.



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opponents' perspective, this essentially involves targeting the Muslim family at cultural, social and legal levels and imposing Western cultural family norms<sup>42</sup>.

The issue of adolescents and sexuality also sparked significant debate. A deep legal contradiction is evident between two models here: the model of individual rights, endorsed by the instrument and treating the adolescent as an autonomous actor with the right to make decisions concerning their health; and the model of collective/family rights, upheld by societies with traditional social structures and treating the individual as part of their familial and community context.

Additionally, the concept of 'different forms of families' has far-reaching legislative implications, as the instrument relies on phrases such as 'different forms of families' and 'other forms of unions'. These formulations attracted substantial objections, too.

The stance itself is not what merits academic analysis here, but rather the possible legal effect of this drafting in light of the principle of evolutionary interpretation in international law. Historically, international adjudication tends to interpret international instruments more broadly over time. In contrast, many studies in the scholarly literature that has examined the document from the 1994 Cairo International Conference on Population and Development support its contents. These studies argue that the conference document addressed certain practices that are rejected on religious

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<sup>42</sup>- Kamilya Helmy Mohammad (2018), 'The Family between International Conventions and the Islamic Family Charter', Family Security Conference: Reality and Challenges', Istanbul, Turkey, 13–14 October 2018, p. 3. Istanbul, Turkey, 13–14 October 2018, p. 3.

grounds, such as abortion or sexual conduct outside the legal framework of the family, as realities that already occur in particular parts of the world. In their view, the instrument neither legitimised nor ignored or condemned these practices outright<sup>43</sup>.

These scholars also argue that articulating the relationship between population issues, development and economic growth does not remove the human dimension from the topic<sup>44</sup>. According to their assessment, the document notably linked population policy to human rights in general and women's rights in particular. They also argue that the document went further than any other international instrument in promoting the empowerment of women and advancing equality and gender equity. According to this interpretation, the document focuses on correcting global trends concerning women by treating them as the true starting point for any serious, humane and progressive approach to the population question<sup>45</sup>.

Moreover, the internal contradictions in the positions of the dissenters should not be overlooked. For instance, the opponents framed the Conference to public opinion as a forum for promoting abortion, homosexuality, and promiscuity, while the term "development" in its title was completely disregarded. This suggests that the popular oppositional discourse drew its force from a distorted framing of the document rather than from an actual reading

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<sup>43</sup>- Mohammad Al-Sayid Said (1995). 'Population and Development within the New Global System'. Al-Arabi Magazine, National Council for Culture, Arts and Letters. Kuwait, issue 434. Available at:

<https://alarabi.nccal.gov.kw/Little/Article/2590>.

<sup>44</sup>- Mohammad Al-Sayid Said, 1995, 'Same reference as above.'

<sup>45</sup>- Greg Noakes, 1995. Op. cit.



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of its provisions. In addition, the Islamic states that entered reservations regarding specific items of the Conference had<sup>46</sup>, at the same time, signed the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which contains substantively similar guarantees.

Furthermore, the Islamic position was not homogeneous. Thirty-one Muslim-majority countries attended the Conference, and several of them submitted written reservations concerning particular provisions without withdrawing entirely. This indicates that the Islamic stance represented a broad spectrum, from partial acceptance to total rejection, rather than a rigid binary position.

In summary, objections to the Cairo document can be divided into two distinct categories. The first is legitimate: objecting to the imposition of a particular cultural model as 'absolute and universal' is supported by international human rights law through the important principle of margin of appreciation. This recognises states' right to adapt the implementation of international obligations in accordance with their cultural and religious particularities, provided such adaptation does not undermine the essence of fundamental human rights. By contrast, the second dimension is problematic in that it uses cultural and religious particularity as a pretext to suspend the fundamental rights of women and children, as well as essential reproductive healthcare. This approach is inconsistent with the document's preamble, which affirms the necessity of respecting internationally recognised human rights alongside respect for cultural particularities.

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<sup>46</sup>- UNFPA, 2016. Op. cit

Additionally, the objections and reservations regarding the Cairo Document highlight an enduring structural conflict within the international human rights law system: the conflict between the concept of universal rights and the notion of cultural distinctiveness. Academically, what makes this tension especially significant is that the document itself did not resolve it, but rather embedded it in the framework and left it to time and domestic policies to negotiate between its two poles. This helps to explain why the Cairo Conference remains relevant to this day, despite more than three decades having passed since it was convened.

## **6. The evolution of reproductive rights from Cairo (1994) to the Nairobi Summit (2019).**

After more than twenty-five years, specifically in November 2019, the Nairobi Summit – also known as the International Conference on Population and Development (ICPD) +25 – was held in Nairobi, Kenya. The summit was held to mark the 25<sup>th</sup> anniversary of the 1994 Cairo Conference, which for the first time explicitly recognised that sexual and reproductive rights are human rights<sup>47</sup>.

At the summit, 179 governments unanimously called for the empowerment of women and girls in all areas of their lives, including reproductive health and rights. The Cairo document was not an endpoint, but rather the foundation stone of a legal trajectory that unfolded over three decades to confront twenty-first-century challenges. While the Cairo Conference (1994) shifted the focus from digital demographic targets to meeting individuals' needs within a human rights

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<sup>47</sup>- UNFPA (2020), The Report on the Nairobi Summit on ICPD25. Available at: [https://www.unfpa.org/sites/default/files/pub-pdf/Nairobi\\_Summit\\_Report\\_on\\_ICPD25.pdf](https://www.unfpa.org/sites/default/files/pub-pdf/Nairobi_Summit_Report_on_ICPD25.pdf).



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framework, subsequent developments reinforced this approach through the “Three Zeroes” initiative, adopted by the United Nations Population Fund (UNFPA) at the Nairobi Summit (2019).

1. **Zero unmet need for family planning:** This builds on the affirmation at the Cairo Conference that individuals have the right to determine the number of children they want and to space births freely and responsibly.
2. **Zero preventable maternal deaths:** This reinforces the obligations set out in the Cairo Programme of Action, including the commitment to halving maternal mortality by 2015, while placing emphasis on improving the quality of emergency obstetric and reproductive care.
3. **Zero gender-based violence and harmful practices:** This involves intensifying international efforts to permanently eliminate female genital mutilation and child marriage. The Cairo Conference was among the first to recognise these issues as impediments to development.

In contemporary practice, the evolution of these rights can be presented in two ways:

1. The technical-rights trajectory, where reproductive health concepts were integrated into the Sustainable Development Goals (SDGs) for 2030, specifically Goals 3 (Good Health and Well-Being) and 5 (Gender Equality). This integration has turned these rights into internationally measurable indicators for assessing countries' progress.

2. The discursive and axiological trajectory: the division witnessed at the Cairo Conference regarding 'values, cultural backgrounds and religion' remains in place to this day. While some international agendas push for the expansion of the concept of "reproductive health" to encompass more liberal rights, many countries, especially Islamic societies, continue to assert their sovereign right to implement these recommendations in a manner consistent with their religious and national values. This right is safeguarded by the preamble of the Cairo document.

This confirms that the Cairo Programme of Action continues to influence government policies. At the same time, however, there is still a need to carefully balance rights' universality with cultural particularity in order to protect and stabilise the family.

## **Conclusion:**

Despite the diversity of their approaches and programmes, international conferences and global instruments concerned with population and development seek to achieve shared objectives, even as they introduce new patterns and forms of social and economic life. They aim to link population growth with poverty to such an extent that development becomes difficult or 'impossible'. Accordingly, limiting population growth is presented as the most appropriate path to development and social well-being, as affirmed by the 1994 Cairo International Conference on Population and Development. This is achieved by granting everyone equal rights and establishing supportive policies and laws that take into account the diversity of family structures. The document



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also called for fertility regulation, encouraged contraceptive use and improved access to abortion.

However, many of the recommendations and provisions set out in the Cairo Programme of Action (1994) appear to constitute objectives, procedures and means of achieving desired development, well-being and the eradication of poverty in its various forms. Upon closer examination, however, it becomes apparent that they embed values that conflict with religion and ethical principles. As such, they are not aligned with the values of many societies, particularly Islamic societies.

An important lesson learned from the Cairo Conference is that national population goals cannot be achieved without some form of general oversight, whether at a local or international level. Furthermore, if the viewpoints and needs of individuals are ignored, policies are likely to be met with evasion or overt resistance.

More than thirty years have passed since the historic conference in Cairo, and growing evidence demonstrates the links between women's status, population growth trends and the increasing influence of women's groups. It is therefore difficult to imagine issues relating to women's health and rights disappearing from population policy discussions. Matters relating to sex and reproduction are complex and value-laden, ensuring that political debate around them will continue.

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