INTERSECTIONALITY AND THE STRUGGLE FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS:

AN ANALYSIS OF UN DISCURSIVE PATTERNS

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A Thesis

Submitted to the Victoria University of Wellington in Partial

Fulfilment of the Requirements for the Degree of

Master of International Relations (MIR)

School of History, Philosophy, Political Science and

International Relations

Victoria University of Wellington

2012

ABSTRACT

This thesis makes the normative argument that intersectionality should be taken seriously by the United Nations in their efforts to address Sexual and Reproductive Health and Rights (SRHR). This work suggests that, in spite of widespread recognition of the value of intersectionality for approaching issues of SRHR, the UN has insufficiently adopted the theory into its policy and practice. At the international policy level, intersectionality is nearly absent as a paradigm, yet its central components are dominant within mainstream development discourse. These components include discourses of women's empowerment, human rights, and men's involvement. Drawing on critical feminist and race theory, I argue that a narrow gender vision of SRHR is not sufficient and that intersectionality should be recognized both in discourse and practice by UN agencies. This argument is examined along the parallel tracks of the population movement within the UN system and the evolution of the global women's movement (GWM). This study shows that the UN system has traditionally adopted the approaches and discourses of the global women's movement, as analysed over four decades of UN population movement discourse. However, a shift occurring at the new millennium, as well as significant political barriers barring a discussion of race and racism, have led to a break in this relationship, damaging the take-up of GWM discourse. The conclusion drawn from this argument is that SRHR is an intersectional issue and the new and emerging intersectional paradigm must be adopted by the UN in order to effectively address SRHR on a local and global scale.

Acknowledgements

CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CESA	Committee to End Sterilization Abuse
DAWN	Development Alternatives with Women for a New Era
ESOSOC	United Nations Economic and Social Council
FAO	Food and Agriculture Association
FGC	Female Genital Cutting
GAD	Gender and Development
GWM	Global Women's Movement
ICPD	International Conference on Population and Development
ILO	International Labour Organization
IMF	International Monetary Fund
IPPF	International Planned Parenthood Federation
IWRAW	International Women's Rights Action Watch
LPP	Law of Popular Participation
MDG	Millennium Development Goal
NIEO	New International Economic Order
NGO	Non-governmental Organization
PEPFAR	President's Emergency Plan for AIDS Relief
POA	Programme of Action
PRSP	Poverty Reduction Strategy Papers
SAP	Structural Adjustment Program
SRHR	Sexual and Reproductive Health and Rights
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNDP	United Nations Development Program
UNFPA	United Nations Fund for Population Activities
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
USAID	United States Agency for International Development
WCAR	World Conference against Racism
WHO	World Health Organization
WID	Women in Development
WPPA	World Population Plan of Action

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CHAPTER 1: INTRODUCTION

1.1 OVERVIEW

Population control policies have had a history of negative effects on women's health and rights. Responsibility for reproduction has and continues to be placed largely on women. From forced sterilization of women to the scarce promotion of male methods of contraception, population control has traditionally been a female affair. Reflected in the advancement of female-used contraceptive technology, as well as health and family planning education directed towards women, family planning programs have used women's bodies as vessels for population control measures and for the promotion of political interests. This traditional approach to population control is founded on a broader interest in the economic development of the masses and the maintenance of quality of life for the few.

Over the past few decades, thanks to research and activism on the part of the global women's movement and global reproductive health allies, the terms population control and family planning have become old fashioned and unusable in most settings. Instead, Sexual and Reproductive Health and Rights (SRHR) have been adapted into the discourse of nearly every organizational body and program documentation. While there is debate as to the behavioural changes accompanying this discursive shift, the importance of the evolution of SRHR discourse, specifically within the United Nations (UN) system, is the focus of this thesis. The role of the global women's movement (GWM) in influencing these shifts is analysed in order to argue that the UN has not taken the new and emerging theory of intersectionality seriously, marking a change in its traditional adoption of feminist and global women's movement terminology and approaches.

Visible patterns and movements of growth in the UN's approach to sexual and reproductive health have followed the lessons and growth of the global women's movement. The global women's movement has had a strong influence on the UN system and mainstream development for several decades. Since 1945, the women's movement has worked within the UN and has focused on enhancing the knowledge base and

expanding practice. This activity has included finding new ways of looking at work and challenging hierarchies in how economic and social contributions are valued; insisting women have a right to development, questioning models of development and creating new ones[1]. Throughout this process, the feminist movement became a visible political entity which garnered strong influence on UN systems and within mainstream development, especially in reference to SRHR and development.

The success of gender mainstreaming as a globally recognized approach to development policy and practice speaks to the influence of the global women's movement on a discursive policy and institutional level. Among international NGOs, governments worldwide, and international bodies, gender mainstreaming has become the primary tool for challenging gender inequality. It has achieved near global acceptance since its introduction into political discourse in the mid-1990s[2] . While the strategy has been adopted by the UN and its many agencies, as well as the OECD, APEC, OAS, and the European Union[3], the success and value of the policy itself, has been largely contested and the move from policy to practice has been challenging. Sixteen years after its acceptance as the standard in development policy, interpretations of what gender mainstreaming means and how it should be implemented in different situations are still widely discussed.

The failings of gender mainstreaming to understand racial and class divisions among women has contributed to the discussion of a need for a broader approach to identity formation[4]. Some argue that the gender mainstreaming approach is slowed by not incorporating aspects of identity such as class, race, religion, age, ethnicity, sexuality, and ability[5]. As Beveridge and Nott argued[6], a broader agenda must address these other

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[1] For a detailed account from 1945 to 2005, see Jain Devaki, *Women, Development, and the UN* (Bloomington, IN: Indiana University Press, 2005)

[2] Cynthia Walby, "Introduction: Comparative Gender Mainstreaming in a Global Era," International Feminist Journal of Politics 7, no. 4 (2005): 459; Teresa Rees, "Mainstreaming Equality," *in Engendering Social Policy*, ed. Sophie Watson and Lesley Doyal (Buckingham: Open University Press, 1999), 165-183.

[3] Jacqui True and Michael Mintrom, "Transnational Networks and Policy Diffusion: The Case of Gender Mainstreaming," *International Studies Quarterly* 45, no. 1 (2001): 27-57.

[4] Caroline Moser, "Has Gender Mainstreaming Failed?" *International Feminist Journal of Politics* 7, no. 4 (2005): 576-590; Marianne Marchand and Jane Parpart, F*eminism/Postmodernism/Development.* (London: Routledge. 1995)

[5] Joanna Kerr, "International trends in gender equality work," *Association for Women's Rights in Development.* November no. 1 (2001)

[6] Fiona Beveridge and Sue Nott, "Mainstreaming: A case for optimism and cynicism," *Feminist Legal Studies* 10 (2002): 299-311.

aspects which account for exclusion and difference. It is quite common when reading development frameworks to find that "poor women are especially impacted" or "racialized women have different experiences" but these are often where the concept is left. In these cases, the experience of those racialized or poor women are obscured. Intersectionality is a feminist theory and methodology for research which addresses these "different experiences" and how the interrelation of different forms of oppression creates systems of discrimination. Emerging in the late 1980's, and coined by Kimberlé Crenshaw, intersectionality was introduced as a theory that could highlight "multiple grounds of identity when the social world is constructed"[7] and has since grown to be the newest and most widely respected framework within feminist development circles. As a theoretical approach, it "conceptually represents the racial, ethnic, economic, sexual, cultural, and gendered dimensions of multiple forms of discrimination against women"[8].

Despite the separated inclusion and usage of its central components, the theory and discourse of intersectionality has not been adopted as a whole. Instead, gender mainstreaming, with all of its problems, remains the go-to gender policy. The components of intersectionality analysed in this thesis remain separated from an inclusive recognition of intersectional dynamics functioning within SRHR. The components identified in this thesis include women's empowerment, the inclusion of men, and human rights. Essentially, these components are representative of periods of growth and change within the global women's movement; lessons which have then been adapted and transformed into the UN system and mainstream development. While some feminists accuse the mainstream of co-opting feminist terminology and approaches, this thesis maintains the adoption of rhetoric and terminology is transformative and essential to eventually changing practice[9]. As such, the absence of

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[7] Kimberle Crenshaw, "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color," *Stanford Law Review*, 43, no. 6 (1991): 1244.

[8] Marsha Darling, "Human Rights for All: Understanding and applying 'Intersectionality" to confront globalization," *AWID Forum*, 3-6 October 2002, Guadalajara, Mexico: 2.

[9] For example, Mukhopadhyay concludes that feminist concerns with the political projects of equality are being normalized in the development business as an ahistorical, apolitical, decontextualized, and technical project that leaves the prevailing and unequal power relations intact. According to her analysis, gender mainstreaming is being interpreted as getting rid of the focus on women, regardless of context. See Maitrayee Mukhopadhyay, "Mainstreaming Gender or streaming gender away: feminists marooned in the development business" in *Feminisms in Development: Contradictions, Contestations, and Challenges*, ed. Andrea Cornwall, Elizabeth Harrison, Ann Whitehead (New York, NY: Zed Books, 2007): 135-149.

intersectional discourse is of great importance, especially in reference to SRHR which is heavily imbued with varying forms of intersectional discrimination.

Issues of race, or ethnicity, find their way into documents and conferences specifically devoted to race and racism, such as the World Conference against Racism (WCAR). However, a discussion of race and racial discrimination, as well as its intersection with gender-based and economic discrimination, is largely absent when discussing SRHR. Considering the racial discrimination that occurred throughout the history of the population movement, and the racial hierarchies operating in our global community, this thesis argues a discussion of race and racial discrimination is of utmost importance to SRHR. Further, classism and issues of economic discrimination are widely present in SRHR. However, they too are not recognized as intersecting with gender and race to create unique systems of domination. As this thesis argues, this lack of intersectional analysis and discourse among UN SRHR documents and programs damages the SRHR agenda.

This work offers a transformative feminist[10] contribution to the study of International Relations, particularly in the field of Gender and Development and the study of intersectionality and systems of oppression. It calls for a politics that addresses power and powerlessness in all its forms. Taking a critical theoretical approach and using the extant literature on Gender and Development (GAD) theory and UN policy towards SRHR, this thesis makes the normative argument that while intersectionality is the most advanced and comprehensive approach to issues of development and SRHR, the UN has not taken it seriously, effectively limiting the transformative possibilities of SRHR programs and policy.

This thesis does not have space to define the growing forms of intersectional analysis nor can it examine the inherent challenges of implementation in detail[11]. Rather, I focus

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[10] "Transformative feminists from all parts of the world challenge the dominations of class, race, and colonialism as well as gender; they present feminist perspectives on the whole of society and not just selected 'women's issues;' and they reject the assumptions and value judgements underlying the 'modernization' project which is being imposed by the West to the detriment of the whole of nature and most of the world's people in all regions" from Angela Miles, "North American Feminisms/Global Feminisms: Contradictory or Complementary?," in *Sisterhood, Feminisms, and Power: From Africa to the Diaspora*, ed. Obioma Nnaemeka (Trenton, NJ: Africa World Press, 1998): 165-166.

[11] See Helma Lutz, Maria Teresa Herrera Vivar and Linda Supik, eds., *Framing Intersectionality: Debates on a Multi-Faceted Concept in Gender Studies* (Burlington, VT: Ashgate, 2011).

on the broader need for the adoption of intersectionality and address the absence of intersectional discourse in UN SRHR documents, specifically those published by the UNFPA and the World Bank. This analysis highlights a break in UN adoption of the strategies and terminology of the global women's movement, revealing a deeper aversion to addressing issues of intersectional discrimination, especially those involving race. The limitations of this thesis prevent a thorough discussion of why intersectionality as a framework has not been adopted as readily as other approaches. However, several suggestions are made throughout the discussion as to the causes of this distance, specifically in reference to the racial systems of domination and privilege that would be threatened. Further, while the political climate and power dynamics at play in the field of SRHR are acknowledged, references to the specificities of internal UN politics and internal SRHR politics are minimal.

The UN Millennium Development Goals (MDG), which have subsumed development agendas and funding worldwide since their creation in 2001, exemplify the importance of analysing approaches to SRHR. Despite the significant progress and commitments to women's reproductive health and rights enshrined in the Cairo Programme of Action only six years prior, the set of eight MDGs were announced with no reference at all to reproductive health and rights. There is no reproductive health MDG and the only mention of contraception was in reference to HIV/AIDS, an issue area which has been politically kept separate from SRHR. This dramatic shift in discourse and commitment is due to several factors, influenced primarily by the neo-liberal economic development forces which, at the time, had become increasingly militarized and conservative.

Since 2001, reproductive health has been added as a target to MDG 5 on reducing maternal mortality. However, the gains made at Cairo have suffered significantly since the Millennium Summit, and access to sexual and reproductive health and rights remains out of reach for the majority of women worldwide. While it is true that a change in discourse does not equate behavioural change, the usage of progressive and transformative discourse is vital to ensuring progress. The MDGs, drafted behind closed doors and out of contact with feminist groups and NGOs, demonstrate the ease with which changes can occur and the effects that discourse does in fact have on outcomes.

Words do matter and, while they may not lead to immediate action, as the evolution of the population control movement shows, they do provide a guide toward change.

1.2 OUTLINE OF THESIS

This thesis comprises of six chapters. Chapter 1 has provided an introductory outline to the argument. Chapter 2 lays out the theoretical framework serving as the basis for analysis. Gender mainstreaming has gained superstar status within the development field and is the most widely accepted approach used by states and organizations worldwide. Those most critical of gender mainstreaming are the feminists who first developed it. The lessons learned through its implementation are addressed as are the positive aspects of the approach. Intersectionality is then introduced as the latest and emerging theory, originally developed by Black feminists and critical race scholars. Its purpose and the central components leading to its evolution, including women's empowerment, a respect for human rights, and the involvement of men, are defined in the context of SRHR. Lastly, in order to underline the processes of mainstream development, a very brief introduction to post-colonial development theory is provided.

Chapter 3 provides a historical and political overview of the population control movement and the eventual evolution to SRHR. This chapter focuses on key actors, principle outcomes of UN Population conferences, and the parallel growth and evolution of the global women's movement. The aim of this chapter is to provide an understanding of the evolution of SRHR, the relationship between the global women's movement and UN policy and discourse, and to highlight underlying power systems within SRHR.

Chapter 4 provides an analysis of discourse used in selected UN documents, mainly those published by the United Nations Fund for Population Activities (UNFPA) and the World Bank. The three components that led to and cement the importance of an intersectional framework are analysed separately. These include women's empowerment, human rights, and the inclusion of men. An analysis of intersectional discourse in recent UN documents and discourse is undertaken in the final section of Chapter 4 and concludes that the framework is missing. While gender, race, and class

are visibly present within general UN discourse, this occurs to varying degrees and is not reflected in an intersectional approach to SRHR. This is true of both the micro and the macro levels.

Chapter 5 addresses the question of why an intersectional framework matters in the field of SRHR. Several examples are provided to show why an intersectional framework is necessary for understanding the issues and for progressing successfully. It provides an understanding of what intersectionality can prevent, from misunderstood situations to problematic relationships in aid practices. Further, this chapter articulates the politics that might in fact limit the possibilities of intersectionality being adopted into mainstream SRHR efforts.

Chapter 6 concludes this thesis, stating that the theory and discourse of intersectionality, while overwhelmingly present in feminist theoretical debate and among GWM activists, is largely absent from UN discourse. Unlike most feminist approaches to SRHR and development, the intersectional paradigm has not been adopted, marking a significant break in the pattern evident over the course of the SRHR movement. This conclusion rests on the importance of intersectionality as a framework to approach SRHR and the UN's reluctance to adopt the paradigm into its discourse and policy.

CHAPTER 2: THEORETICAL FRAMEWORK

2.1 GENDER MAINSTREAMING

While the concept of gender mainstreaming was developed in the 1970s, and gained strength as an approach under the WID movement, it was discussion at the Beijing Fourth World Conference on Women in 1995 that propelled it to development approach superstar status on a governmental and international policy level. Gender mainstreaming, adopted by the General Assembly as official UN policy in 1996 and, as defined by the UN Economic and Social Council (ESOSOC) is:

> *The process of assessing implications for women and men of any planned action, including legislation, policies or programmes, in all areas and at all levels. It is a strategy for making women's as well as men's concerns and experiences an integral dimension of the design, implementation, monitoring and evaluation of policies and programs in all political, economic, and social spheres so that women and men benefit equally and inequality is not perpetuated. The ultimate goal is to achieve gender equality.* [12]

Gender mainstreaming developed in response to criticisms of development practice and policy which did not address gender inequality and did not adequately attack "patriarchal power relations"[13]. Concerned with more than just integrating women into the field, gender mainstreaming was welcomed as an approach which would transform mainstream development and unequal gender structures globally. Rather than asking women to act like men, as the 'equal treatment' did, or 'paying' women for their disadvantage, as the 'positive action' approach did, gender mainstreaming attempts to transform the male standards and norms. Gender mainstreaming approaches attempt to go further than treating 'equality' as an add-on to established, male-oriented norms[14]. As such, it focuses on gendering as a process rather than a state. Further, gender values

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[12] ECOSOC, *Agreed Conclusions on Mainstreaming the Gender Perspective into all Policies and Programs in the United Nations System* (New York: United Nations, 1997): 2. This definition is that which is most widely accepted and used by the UN and its agencies, as well as by NGOS and development organizations.
[13] Elisabeth Prugl and Audrey Lustgarten, "Mainstreaming Gender in International Organizations" in *Women and Gender Equity in Development Theory and Practice: Institutions, Resources, and Mobilization*, ed. Jane S. Jaquette, and Gale Summerfield (North Carolina: Duke University Press, 2006): 55.
[14] Jacqui True, "Gender Specialists and Global Governance Organizations: New Forums of Women's Movement Mobilization," in *Women's Movements: In Abeyance of Flourishing in New Ways?* ed. Marian Sawer and Sandra Grey (New York: Routledge, 2008): 91-104.

and judgements are evaluated for their effect on both men and women. This has led to growth in programs directed toward men and an increase in gender education.

While the introduction of gender as a mainstream development tool is a huge achievement, and the attention paid to feminist theories and practice of gender equality are more visible now than ever before[15], many remain unsatisfied. Since its acceptance in the offices of the United Nations and national governments worldwide, gender mainstreaming has incited harsh criticism for its lack of analytical content and detailed mechanisms towards implementation. The spirit and early intention of the notion of gender mainstreaming was to imbue "all systems, structures, and institutionalized cultures with awareness of gender-based biases and injustices, and to remove them"[16]. It was meant to exist separate from international politics, power hierarchies, and mainstream development modernity theories while also equipping the masses to promote gender equality in development[17]. As Woodford-Berger points out, these intentions turned myths are part of the reason why various communities of feminists continue to question the value of pursuing the strategy in its current form.

There are a variety of reasons which explain the failure of gender mainstreaming to deliver its objectives. Some common problems include the partial implementation of programs, the challenge of integrating mainstreaming into existing workloads, the limits to (and need for) conceptual clarity, further analysis of good practice and outcomes, a lack of practical analytical frameworks and tools, a limit to training, and the difficulty of assessing accountability and individual responsibility at all levels[18]. In theory, the concepts are vague and do not offer a system of accountability. In practice, concepts are being adopted without an understanding of what they mean locally, yet time-driven checklists are being outputted.

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[15] Teresa Rees, "Reflections on the Uneven Development of Gender Mainstreaming in Europe," *International Feminist Journal of Politics* 7, no. 4 (2005): 555-574.

[16] Prudence Woodford-Berger, "Gender Mainstreaming: What is it (about) and should we continue doing it?" in *Feminisms in Development: Contradictions, Contestations, and Challenges, ed.* Andrea Cornwall, Elizabeth Harrison, Ann Whitehead (New York, NY: Zed Books, 2007): 122.

[17] Ibid.

[18] Jenny Riley, "Some reflections on gender mainstreaming and intersectionality," *Development Bulletin* 6 (2004): 82-86.

Further, as analysed by Wendoh and Wallace[19], local implementation of gender mainstreaming policies is challenged by local resistance and hostility to gender equity. This is largely related to the need for understanding of local beliefs and realities as well as time enough to allow for attitudinal change in local people and NGO staff[20]. In his keynote address as UNFPA Director, Thoraya Ahmed Obaid[21] pointed to the case of overturned achievements in Central America due to the fact that the success was not locally grounded in broad community alliance and beliefs. This is also indicative of a lack of political will on a community level and the idea that externally imposed procedures may not be accepted locally[22].

Clisby[23] points to the failure of Bolivia's Law of Popular Participation (LPP) to mainstream gender as resultant from a lack of analysis of structural barriers to women's participation as well as a failure to support capacity building at all levels during implementation. Women were found to be "time poor" as a result of community roles which were undervalued as apolitical or made invisible by socio-cultural expectations. Hence, women had less time and capability to participate in LLP programming than was assumed.

To present, most scholars and practitioners agree that gender mainstreaming has been integrationist rather than agenda-setting or transformative[24]. Originally distinguished by Rounaq Jahan, gender mainstreaming is separated into 'integrationist' and 'agenda-setting' approaches. The integrationist approach essentially involves broadening the roles of women and fitting them in without challenging the existing structures. The agenda-setting approach aims to challenge the direction of the mainstream through

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[19] Senorina Wendoh and Tina Wallace, "Rethinking Gender Mainstreaming in African NGOs and communities," *Gender and Development* 13, no. 2 (2005): 70-79.

[20] Ibid.

[21] Thoraya Ahmed Obaid, *Promoting the Right to Sexual and Reproductive Health and Gender Equality in Diverse Cultural and Religious Settings*. Keynote Address as UNFPA Director. Oslo. 15 November 2009. Accessed http://www.unfpa.org/public/News/pid/4291.

[22] The power hierarchies involved in imposing gender mainstreaming on developing bureaucracies is astutely analysed in Hilary Standing, "Gender, Myth and fable: the perils of mainstreaming in sector bureaucracies" in *Feminisms in Development: Contradictions, Contestations, and Challenges*, ed. Andrea Cornwall, Elizabeth Harrison, and Ann Whitehead (New York, NY: Zed Books, 2007): 101-111.

[23] Suzanne Clisby, "Gender Mainstreaming or just more male-streaming? Experiences of Popular Participation in Bolivia*," Gender and Development* 13, no. 2 (2005): 23-35.

[24] Maxine Molyneux and Shahra Razavi, "Beijing Plus Ten: An Ambivalent Record on Gender Justice," *Development and Change* 36, no.6 (2005): 983-1010; Emilie Hafner-Burton. and Mark Pollack, "Mainstreaming Gender in the European Union," *Journal of European Public Policy* 7, no.3 (2002): 432-437.

women's influence from positions of power within the existing system. While the aforementioned approaches are beneficial to an extent, it is generally agreed upon that in order to address inequality, a transformative approach must be applied[25]. Seeking to transform structures and processes rather than trying to add gender to existing policy systems or add women into positions of policy-making, the aim of the transformative approach is to uncover gender-based discriminations which are entrenched in and perpetuated by institutional norms[26]. The transformative process takes into account both "gender-specific and often diverse interests and values of differently situated women and men"[27].

The failings of gender mainstreaming to understand racial and class divisions among women has contributed to the discussion of a need for a broader approach to identity formation. Some argue that the gender mainstreaming approach is slowed by not incorporating aspects of identity such as class, race, religion, age, ethnicity, sexuality, and ability[28]. Several scholars have suggested the importance of including other forms of discrimination alongside gender[29]. Intersectionality is the paradigm which has developed from the local lessons of implementing gender mainstreaming and offers an approach that takes into account not only gender discrimination, but other forms of discrimination, including race and class-based discrimination.

2.2 INTERSECTIONALITY

We may have to remain agnostic over the relevance and utility of the category of gender itself if it lessens our alertness and sensitivity to the myriad forms which social

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[25] Ranouq Jahan, The Elusive Agenda: Mainstreaming Women in Development (London: Zed Books, 1995)
[26] Carol Bacchi and Joan Eveline, "What are we Mainstreaming when we Mainstream Gender?" *International Feminist Journal of Politics* 7, no. 4 (2005): 507; Judith Squires, "Is Mainstreaming Transformative? Theorizing Mainstreaming in the Context of Diversity and Deliberation," *Social Politics: International Studies in Gender, State, & Society* 12, no. 3 (2005): 370.
[27] Jacqui True, "Mainstreaming Gender in Global Public Policy*," International Feminist Journal of Politics* 5, no. 3 (2003): 371.
[28] Kerr, "International trends in gender equality work", 2001.
[29] Cynthia Walby, "Gender Mainstreaming: Productive Tensions in Theory and Practice," *Social Politics: International Studies in Gender, State & Society* 12, no. 3 (2005):321-343; Squires 2005; Beveridge et al., 2002.

organization and hierarchy may take and it is results in extracting men and women as
social categories from the contexts in which they are embedded. [30]

Exemplifying critical race feminist theory, the term intersectionality is attributed to Kimberlé Crenshaw who first used it to exemplify the compounding discrimination against Black women in the United States[31]. Prior to the 1980s when the approach was first proposed, single grounds of discrimination were isolated and treated as though no other factors came into effect. As previously mentioned, gender mainstreaming was at the forefront of feminist policy and intersectionality has only recently become popular among the wider feminist community. As discussed in Chapter 3, an awareness of intersectional discrimination was present in the 1970s, and was actively used by certain women's organizations.

After Crenshaw, feminist and critical race scholars continued suggesting that race, class, and gender were dominant forces that shaped people's lives[32] and that the intersections were hierarchical, mutually reinforcing, and simultaneous.[33] It was also widely recognized that identity categories are fluid and contingent upon time and place, and that the systems and processes which place value on intersecting identities shift temporally and spatially, culturally and historically[34]. In this sense, intersectionality was found to reflect the socially constructed nature of reality and to open up a point from which to redefine and challenge existing oppressions.

It is important to note that intersectional analysis does not suggest that the subordination stemming from several points of discrimination increases one's burden. The result in this intersection is a distinct and layered experience of discrimination which may not be fully understood when viewed through one form of discrimination. As

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[30] Deniz Kandiyoti, "Gender, power and contestation: 'rethinking bargaining with patriarchy'", in *Feminist Visions of Development*, ed. Cecile Jackson and Ruth Pearson (London: Routledge, 1998): 146.

[31] The concept that people suffer from intersecting and interrelated forms of discrimination existed prior to Crenshaw's publication and is evident in the Combahee River Collective's (1977) articulation of their experiences of oppression as Black lesbian women and how their lived realities could not be attributed to only one factor, i.e. gender, race, or sexual orientation. See Combahee Collective, *The Combahee River Collective Statement*, April 1977. Accessed http://circuitous.org/scraps/combahee.html.

[32] Bonnie Dill Thornton and Maxine Baca Zinn, *Women of Color in US Society* (Philadelphia: Temple University Press, 1994)

[33] Patricia Hill-Collins, "It's all in the Family: Intersections of Gender, Race, and Nation," in *Decentering The Center: Philosophy for a Multicultural, Postcolonial and Feminist World,* ed. Una Narayan and Sandra Harding, 156-176. (Bloomington: Indiana University Press, 2000)

[34] Wendy Hulko, "The Time and Context-Contingent Nature of Intersectionality and Interlocking Oppressions," *Journal of Women and Social Work* 24, no. 1 (2009): 44-55.

Crenshaw argued, the experiences of Black women were not represented in an understanding of being a women or of being Black; the intersection of both being Black and a woman create a unique point of discrimination which cannot be understood through analysis of one construction alone.

Over the past few decades since its inception, the approach has mainly been applied to political and socioeconomic realms, and largely in reference to Black women and feminist concerns[35]. Many feminists have contributed to the current understanding of the term and to further expansions and clarifications. In Moyo and Kawewe's piece on Zimbabwean women, they describe a society so fundamentally organized by race that a discussion of gender issues without consideration of race makes little sense. In this case, an analysis of race in the Zimbabwean context further requires making sense of the legacy of colonialism. Intersectionality recognizes that issues such as race, class, religion, sexuality and gender intersect to form separate and unique points of discrimination and oppression. As such, analysis which does not recognize these various interlocking systems of oppression does not accurately socially, historically and culturally locate the 'real lives' of individuals. On a wider level, intersectionality also allows scholars and activists to examine how systems of power are deployed, maintained, and reinforced through varying axes, most commonly race, class, and gender[36].

Since individual experience is linked to structural forces, Weber[37] suggests that meaning should be derived from both the micro and macro levels. Identified as the interdependence of knowledge and activism[38], an intersectional approach lends itself to both the acquisition of critical insight as well as approaching social injustice with a

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[35] More recently, intersectionality has been discussed and used in reference to the processes and frameworks of law and psychology, social work and education. See Elena Marchetti, "Intersectional Race and Gender Analyses: Why Legal Processes Just Don't Get It," *Social and Legal Studies* 17, no. 2 (2008): 155-172; Elizabeth Cole, "Coalitions as a Model for Intersectionality: From Practice to Theory," *Sex Roles* 59 (2008): 443-453; Hulko, 2009. Moreover, the locations of intersection have expanded from race, class, and gender, to include other points of discrimination such as faith, ethnicity, age, sexuality, ability, and nationality.
[36] Lynn Weber, "Reconstructing the Landscape of Health Disparities Research: Promoting Dialogue and Collaboration Between Feminist Intersectional and Biomedical Paradigms," in *Gender, Race, Class, & Health*, ed. Amy J. Schulz and Leith Mullings (San Francisco, CA: John Wiley & Sons, Inc., 2006): 21-59.
[37] Lynn Weber, "A Conceptual Framework for Understanding Race, Class, Gender, and Sexuality" in *Feminist Perspectives on Social Research* (ed.) Sharlene Nagy Hesse-Biber and Michelle Yaisier (New York: Oxford University Press, 2004): 121-39.
[38] Ibid.

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broader understanding of the factors and systems involved. Intersectionality's focus on empowerment is about whose voices are heard and whose positions are recognized. Intersectionality is useful for linking the "grounds of discrimination to the social, economic, political and legal environment that contributes to discrimination and structures experiences of oppression and privilege" (AWID 5). It requires that we think differently about power, identity and equality from a bottom-up approach to research, analysis and planning. Hill-Collins, responsible for the term "interlocking oppressions", makes the following distinction:

> *First, the notion of interlocking oppressions refers to macro level connections linking systems of oppression such as race, class, and gender. This is the model describing the social structures that create social positions. Second, the notion of intersectionality describes micro level processes – namely, how each individual and group occupies a social position with interlocking structures of oppression described by the metaphor of intersectionality. Together they shape oppression.[39]*

As Dahmoon[40] clarifies, the term *intersectionality* is used in conjunction with identities and categories, whereas *interlocking oppressions* applies to systems and processes. Conceptualizing race, class, gender, and sexuality as systems of oppression, we can define these systems as (1) contextual, (2) socially constructed, (3) reflective of power relationships, (4) both social structural and social psychological, and (5) simultaneously expressed[41].

While some argue that more attention paid to analysing class would dilute the attention on gender, if the intention is to challenge dominant systems of oppression, then acknowledging the intersection of race, class, religion, gender, and so forth, is necessary to uncover the oppressive norm, which extends far beyond dominant masculine values. Many argue this combination would strengthen the challenge that the current process of gender mainstreaming poses to the status quo[42]. Not only standards of masculinity would be contested, but also racist worldviews, and the neo-colonial systems which

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[39] Patricia Hill-Collins (1995) quoted in Paula Dressel, Meredith Minkler, and Irene Yen, "Gender, Race, Class, and Aging: Advances and Opportunities" *International Journal of Health Services* 27, no. 4 (1997): 583.
[40] Rita Kaur Dahmoon, "Considerations on Mainstreaming Intersectionality," *Political Research Quarterly 64, no. 1(2008): 230-243.*
[41] Weber, "A Conceptual Framework for Understanding Race, Class, Gender, and Sexuality", 2004
[42] Beveridge et al, 311; Walby, "Gender Mainstreaming: Productive Tensions in Theory and Practice", 330.

feed international modernization and militarization. The inequality between men and women would then be recognized as a small piece of a much larger and more complex puzzle. As such, the involvement of men, and recognition that men are not an enemy, representative of patriarchy or absolute oppressors, is a central component of intersectionality. Further, the distribution of power and upsetting power hierarchies is achieved both through gender education, as well as empowerment programs.

It must be understood that some women privilege their social, ethnic or national interests above their gender needs, tending to the household and their groups' interest before their own as marginalized women[43] (Crenshaw 2000: 21). As such, approaches to gender equality must acknowledge these intricacies and address those challenges posed by other factors of identity, which may or may not be immediately visible to Western feminists. "Intersectionality, therefore, is a tool for building a global culture of human rights from the grassroots to the global level" (AWID 3). As such, an intersectional approach to development and gender equality has to be informed by voices from the Global South. This necessity of actively involving the "subjects" of development practice is one of the benefits of using intersectionality as an analytical approach as it requires both *an outward looking analysis as well as an inward looking analysis.*

A human-rights based approach provides a way of escaping neo-liberal macro-economic agendas and is the most common approach to using an intersectional paradigm. Rather than providing women's education so they can work and reduce family size, a true human-rights based approach provides education as a human right. A human-rights based approach to development is one example where factors other than gender are being analysed to address issues of inequality. As intersectional analyses address issues of class, race, and gender, a human-rights based approach is the most recognized framework to approach the intersecting points of discrimination. Most rights, and the fulfilment of those rights, are dependent upon one another, similarly to the way an individual's experience and access to their rights is provisional on intersection systems of oppression and dependent factors. Studies indicate that reproductive rights are strongly related to reproductive health, suggesting a rights-based approach is most

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[43] Kimberlé Crenshaw, "Gender-related aspects of race discrimination" *Background Paper for the Expert Group Meeting on Gender and Race Discrimination*, (Zagreb, Croatia, November 2000).

beneficial for achieving SRHR goals. As reproductive rights are considered human rights, understanding the role of human rights as well as the intersectional social and structural factors which constrain a woman's ability to exert those rights are co-dependent systems of achieving progress in SRHR. The human rights framework as a discourse of SRHR will be further discussed in Chapter 4.

The perspective intersectionality offers has been gained from both successes and failures within the feminist movement, as well as local implementation of development initiatives and approaches such as gender mainstreaming. It has grown out of the varying branches of the global women's movement and comprises several key aspects of those approaches and frameworks which developed alongside. As discussed, these include women's empowerment, a respect for human rights, and the inclusion of men. These theories and the ways in which they developed will be expanded upon in the following chapter which addresses the growth of the SRHR movement.

2.3 POST-COLONIAL DEVELOPMENT THEORY

The racialized dualities and power hierarchies, which have long been established in the development field, are critical in understanding how issues of SRHR are not simply based on health conditions or access to funding, but are determined by intersecting forms of discrimination. Understanding development through a critical, post-colonial lens aids in understanding the importance of an intersectional framework, both at the local and global levels. This is true because much SRHR programming comes in the form of development and humanitarian aid, and is reliant on international NGOs and state and multilateral funding. Also, it underlines the importance of treating race and racism as visible forms of discrimination that continue to function in global SRHR initiatives and discourse, alongside gender and class-based discrimination. Moreover, it helps to illuminate how the absence of an intersectional framework and discourse, as discussed in Chapter 4 serves to hinder progress.

For example, the Eurocentric logic which informs analyses of SRHR in development must therefore be recognized as possibly being unrepresentative of the women it aims

to support. As Brewer, Conrad and King explain[44], the issues of power, culture, and language remain a challenge to a universal feminist endeavour.

> *Right now we have to deal with a multiplicity of terms meeting singly and in combination around notions of sex, gender, grammar and representation. It may be that this will enrich our theorizing, just as questioning the unadorned singular, "woman" has wrested feminist theory in English out of its monism, forcing recognition of the different ways in which one is a woman, depending on race, class, ethnicity, age, sexuality is key. Feminist theory... now knows that gender is never unmodified, and the struggle to locate gender within the constraints of different kinds of social organization stands to strengthen our theory, as well as complicate our task.* [45]

It is important to note that while underlying racial codes are present in development discourse and practice, they are often masked by alternative, more respectable markers of differentiation. As such, it cannot be expected to find a wide acknowledgement of racial markers of difference, especially in reference to the relationship between the Global North and South. "Today, hegemony is much more subtle, much more pernicious than the form of blatant racism once exercised by the colonial West"[46]. Difference is no longer marked by race, but culture and ethnicity. As such, discussions of culture and values should be carefully analysed for underlying racial discrimination and judgements. The discussion of post-colonial development theory will be revisited in Chapter 5 to help in understanding problematic relationships in SRHR aid.

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[44] *Rose Brewer, Cecilia A. Conrad and Mary C. King, "A special issue on gender, color, caste and class," Feminist Economics 8, no. 2 (2002): 5.*

[45] Amy Kaminsky. *Reading the Body Politic: Feminist Criticism and Latin American Women Writers*, (Minneapolis, MN: University of Minnesota Press, 1997): 13.

[46] Minh-ha Trinh, *Woman, Native, Other* (Bloomington, IN: Indiana University Press, 1989), 162.

CHAPTER 3: SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

The concept of reproductive and sexual health and rights moves beyond simple family planning measures of supplying contraceptives to also addressing sexually transmitted diseases, cervical cancer, and, men's sexual health concerns. At its most genuine, it would also include services directed toward infertility. This concept of SRHR, however, has developed over decades of conferences, programming, interventions, and discussion and is not representative of family planning as it was understood in the early days of the UNFPA and the population movement. In fact, the idea of addressing infertility would have been entirely counter-productive to the neo-Malthusian[47] population concerns of the global community. This chapter provides a review and history of the population movement and the key actors in the evolution from the programs and discourse of population control to sexual and reproductive health and rights. It defines SRHR as it is understood today and expands upon the roles and influence of the Global Women's Movement. Further, in order to set a contextual and historical context for Chapter 4 and the discussion of discursive patterns, critical moments in the evolution are discussed alongside strategies and growth in the GWM.

3.1 WHAT IS SRHR?

The International Conference on Population and Development (ICPD) Programme of Action (POA) defined reproductive health as "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 its functions and processes"[48]. Reproductive health includes: a safe and satisfying sex life, free choice in the number and timing of children, the right to information and access to contraception, the right of access to services to allow safe pregnancy, delivery, and infanthood, and access to reproductive

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[47] Neo-Malthusian refers to the belief that population growth is exponential while food production is arithmetic and is based off of the 1798 writings of Thomas Robert Malthus. Neo-Malthusians believe population should be controlled to ensure resources for future generations.
[48] United Nations. *International Conference on Population and Development: Summary of the Programme of Action* (New York: ECOSOC, 1994) Accessed http://www.un.org/ecosocdev/geninfo/populatin/icpd.htm.

and sexual health services, including those related to HIV and other sexually transmitted infections[49].

The safeguarding of sexual and reproductive health is dependent upon a multitude of factors. A woman's ability to exert her reproductive rights is often constrained by social and structural factors which limit her ability to protect her reproductive health[50]. Such social and structural factors include gender-based inequalities, racial discrimination, poverty, and cultural norms and expectations. Low status in the household, economic dependence on a male partner, unequal rights in marriage, divorce, and inheritance all constrain a woman's reproductive health[51]. There is perhaps no other example that most exemplifies the differential factors that affect a person's access to sexual and reproductive health than HIV/AIDS. While it affects both sexes, the disease is becoming an increasingly female affair[52]. The increase in HIV-positive females is due in part to their increased biological vulnerability[53], but is also due to the social construction of male and female sexuality as well as the profound inequalities that characterize heterosexual relationships worldwide, including constraints on their ability to protect themselves[54].

The recognition that attitudes towards sexual and reproductive health and rights differ spatially and temporally is critical. While pleasurable sexual experiences and the ability to plan one's family are idealized in Western feminism, many women in South Africa equate sexuality as an assertion of male power and female submission and pleasure

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[49] Rachel Sullivan Robinson, "UNFPA in Context: An Institutional History," Background Paper for the Center for Global Development Working Group on UNFPA's Leaderships Transition, 2010.

[50] Roger Clark, "Three Faces of women's power and reproductive health," *International Review of Modern Sociology* 32, no. 1 (2006): 35-45.

[51] Jacques Du Guerny, and Elisabeth Sjoberg, "Interrelationship between gender relations and the HIV/AIDS epidemic: some possible considerations for policies and programmes," *AIDS* 7, (1993): 1027-1034.

[52] Marge Berer and Sunanda Ray, *Women and HIV/AIDS: An International Resource Book* (London: Pandora, 1993).

[53] Lesley Doyal, "Sex, gender and health: A new approach" in *Engendering Social Policy* ed. Sophie Watson and Lesley Doyal (Philadelphia: Open University Press, 1999).

[54] Nancy Zierler and Sally Krieger, "Reframing Women's Risk: Social Inequalities and HIV Infection", *Annual Review of Public Health* 18, no. 1 (1997): 401-436; Jacques Du Guerny and Elisabeth Sjoberg, Interrelationship between gender relations and the HIV/AIDS epidemic: Some possible considerations for policies and programmes, 1993.

does not enter the equation[55]. While of course this is not true of every woman, this example is indicative of how notions of female sexuality are fluid and vary temporally and spatially. Norms, attitudes, and decisions toward SRHR and fertility are determined as much by culture as they are by the provision of services, availability of technology, and health education.

Human-rights based approaches to reproductive health and education have shown to produce massive incremental change in social norms towards FGC in areas of West Africa and are indicative of the need to commit time and resources to fully understanding local culture and social norms before embarking on any SRHR programming. The issue of Female Genital Cutting (FGC) is perhaps that which Western feminists are most hesitant to address as it is least understood, and yet is one which affects millions of girls worldwide. One common reason for mothers to involve their young daughters in the practice is to ensure their social standing and suitability for marriage. This indicates, then, that a girl's right not to be cut does not necessarily outweigh her social 'need' to be married in a patriarchal society. As such, social norm transformation and cross-village decisions must be made in order for FGC not to be a requirement for marriage among communities of inter-marrying villages[56]. Moreover, a detailed and complete understanding of local sexual and reproductive norms, as well as values, is required along with the understanding that attitudes towards SRSH shift from one community to another[57].

In the provision of SRHR services and education, many approaches have been undertaken; some resulting in success, while others have proven ineffective. Challenges include limitations in funding, inadequate training, limited time for programs, and lack of sufficient contextual analysis prior to providing services. For their part, NGOs are heavily reliant on donor funding, without which capacity building and sustainability of programs suffer, impeding the ability to deliver services and programs. The donor's political agenda heavily influence the direction of funds and the limits to programming

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[55] Sue Armstrong, "Rape in South Africa: an invisible part of apartheid's legacy," *Focus on Gender* 2, no. 2 (1994): 35-39.
[56] For more information on changing social norms and FGC, see www.tostan.org.
[57] It is worth noting the emerging trend in Western countries to cut the labia down to "porn star size" in order to meet societal expectations. See *The Perfect Vagina*, directed by Heather Leach and Lisa Rogers, (United Kingdom: North One Television: 2008)

possibilities. As the major funder of population activities and the largest donor for population and reproductive health activities[58], USAID is a key example. Its population and reproductive health program currently operates in over 60 countries and had a budget of approximately $500 million in 2009[59]. However, due to the US restrictions on abortion spending, much of that funding gets directed towards organizations who agree not to provide full contraceptive and abortion education and services, limiting their potential impact.

Cultural factors and social norms are highly influential in the success of service provision. Beyond underlying mistrust resulting from colonial legacies of violence, and more recent programs of forced sterilization, societal stigmas and myths hinder advancements in SRHR. So too do local understandings of sexuality and reproductive needs, as detailed above. Religious tradition also plays a huge role in certain countries with regard to the level of SRHR a woman is entitled to and receives. For example, the Catholic Church's policy against abortion has raised significant barriers to SRHR in countries like the Philippines and Ireland. US Republican support of the Catholic Church' anti-abortion policy has also indirectly affected countries through the Global Gag Rule[60].

Further, as this thesis contends, racial, gender, and class-based discrimination account for disparities in health provision and access[61]. For example, access to AIDS treatment remains gender and race-biased. Even in countries where budgets for health care and research are more abundant, as in the United States, funds are spent disproportionately on men[62] and, as with most issues of healthcare, services and treatments remain out of reach for those oppressed by systems of poverty and discrimination. Furthermore, cases of cervical cancer are 80% more prevalent in developing countries than high

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[58] John Kantner and Andrew Kantner, *International Discord on Population and Development* (New York: Palgrave Macmillan, 2006)

[59] Steven Sinding, Duff Gillespie, Elizabeth Maguire, and Margaret Neuse. *Making the Case for U.S. International Family Planning Assistance* (Baltimore, MD: Gates Institute for Population and Reproductive Health, 2009).

[60] See Section 3.3 for Mexico City Policy

[61] See Toni Cade, *The Black Woman: An Anthology* (New York: New American Library, 1970); Angela Davis, "Sick and Tired of Being Sick and Tired: The Politics of Black Women's Health," in *The Black Women's Health Book* ed. Evelyn White (Seattle, WA: Seal Press, 1990);

[62] Ann Kurth, *Until the Cure: Caring for Women with HIV* (New Haven: Yale University Press, 1993).

income countries and resulted in 275,000 deaths in 2008, as registered by the WHO[63]. While the disease is easily preventable with vaccines and routine pap smears, access to such regular services is restricted by a number of factors, all of which are largely related to the distribution of wealth and power, both globally and locally. While developing countries carry 90% of the global disease burden, they only account for 20% of the global gross domestic product and for only 12% of global spending on health care. After adjusting for cost of living differentials between the two groups of countries, each person in rich countries spends 30 times more on their health[64].

The debates and discussion surrounding SRHR continue and focus largely on provision of service, terminology, inclusive mechanisms, and the role of state and non-state actors. With limited space, this thesis does not focus on the challenges and experiences of programming SRHR policy, but rather the global evolution of SRHR and the development of approaches. The following section addresses the forum within which this evolution occurs and the actors who play a central role.

3.2 KEY ACTORS AND THE UN

The population movement, defined as a set of actors surrounding goals relating to population, is divided into two strands[65]. The macro strand reflects concerns over the number of people on the planet and sees population growth as a threat to security, food supply, the environment, and development. The second micro strand reflects the concerns of individuals being able to control their own reproductive health and labor. Various actors move between both strands and the strands are inextricably linked. For the purposes of this thesis, these broad categories are reflected historically in the United Nations and mainstream development policy as the macro strand, and the women's movement as composing the micro strand. The highest level location where these two strands meet is in preparation for and in discussion of SRHR at global conferences, and this is the site of focus.

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[63] World Health Organization. *Fact Sheet N.297: Cancer.* (World Health Organization, 2012) Accessed http://www.who.int/mediacentre/factsheets/fs297/en/.

[64] Gita Sen, "SRHR and Global Finance: Crisis or Opportunity?" *DAWN Informs* (October 2009).

[65] Steven Sinding, "Overview and Perspective" in *The Global Family Planning Revolution*, ed. W. C. Robinson and J. A. Ross (Washington, DC: The World Bank, 2007): 1-12.

World leaders meet at UN summits to discuss, renew, review, or recommit to goals; the UN is a high profile space for discussion and policy commitment, decision making at international level, resolutions, and public commitments. As a site for state and non-state actors to engage in critical debate, hundreds of NGOs and GWM leaders are able to intervene and influence debates and processes. The UN global conferences represent an opportunity for civil society and global social movements to influence state's behaviour and international policy and discourse. As the most effective forum for changing international public discourse, the GWM learned to use the global UN conferences to promote their agendas. As such, the UN serves and has served as the core space for the development of SRHR policy and discourse. "As the only true universal international organization with unparalleled legitimacy, (it) is a primary site for the contestation of international norms as well as the creation, maintenance, and alteration in international public discourse on a whole host of global policy issues[66]."

The principle actors of the movement include such UN agencies as the WHO, FAO, UNESCO, ILO, UNICEF, and the World Bank. Non-UN actors like states and civil society actors also play a crucial role. While there are a variety of factors, this thesis focuses mainly on the work and discourse of UNFPA, the World Bank, and transnational women's and health organizations including DAWN and Engender Health, as well as extant feminist literature and the work of activists within the global women's movement.

3.3 THE EVOLUTION OF SRHR

It was the Cairo ICPD which institutionalized the right to reproductive health as a global norm and solidified the movement away from the demographic targets and population control programs of the 1960s. The agendas laid out in the ICPD Programme of Action and the MDGs have served as the organizing principle for the UNFPA since their creation. This section will briefly address the two major conferences on population that led up to these meetings, including Bucharest in 1974 and Mexico City in 1984[67], as well

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[66] Paige Whaley Eager, *Global Population Policy: From Reproductive Control to Reproductive Rights* (Vermont: Ashgate Publishing Company, 2004).
[67] It was at Mexico City that the US announced its decision to withdraw all funding from UNFPA, largely over claims of UNFPA's involvement in abortion in China, and since that point, US funding to the UNFPA

as the shifts and actors which evolved over the course of the population movement. Further, it outlines the beginnings of the population movement and public concern over private matters.

Prior to the creation of the UNFPA in 1969, economists, demographers, and development planners inside and outside the UN pointed out the relationships between population and economic growth[68]. The effect of over-population on the type of civilization possible and its rate of advance was highlighted by UNESCO's first Executive Director in 1948. The FAO expressed concern in 1951 that food production was not keeping up with the pace of population growth. In 1952, the Population Council was formed under the leadership of John D. Rockefeller 3rd. Together with organizations like International Planned Parenthood Federation and the Ford Foundation; they represented an eminent yet unfocused group of men and institutions who were dedicated to controlling population growth and the onset of a much larger movement. The issue of population control in the 1950s, however, was not yet ripe for the United Nations, nor was population control an issue of focus for the United States government, as evident by President Eisenhower's remark in 1959 that he could not "imagine anything more emphatically a subject that is not a proper political or governmental activity or function or responsibility". Nonetheless, at its tenth session in 1959, the US Population Commission recognized for the first time that population growth could jeopardize hopes for economic progress. In its report, the Commission says:

> *The question must be frankly raised as to whether, in certain of these nations (the less developed countries), population growth has reached such a point as to make economic development more difficult or slower in its progress, or to make it dependent on special kinds of measures.[69]*

Further to that, in 1955, the Population Division presented figures showing undeniably rapid population growth in developing countries. In 1959[70], it was suggested by the Draper Committee's Report studying US military aid that the US should try to slow

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has depended on the party in office. Named the "Global Gag Rule" by opponents, it bars funding from any organization which promotes abortion-related activities, even if funded through non-US donations.

[68] Stanley Johnson, "World Population and the United Nations: Challenge and Response" (New York: Cambridge University Press, 1987).

[69] Richard Symonds and Michael Carder, "*The United Nations and the Population Question: 1945-1970*" (London: Sussex University Press, 1973): 87.

[70] Kanter and Kantner, *International Discord on Population and Development,* 2006

population growth[71]. However, no action was taken until the 1960s. The 1960s marked a global population of three billion[72] and the United Nations Development Decade. An increase in UN membership of countries from the Global South marked a change in Western domination of the UN and stirred the beginning of global action to control population. This was due in large part to the presence of developing nations and their newly gained ability to voice their concerns. Thus, population concerns became a priority for the United Nations and in 1967, a Trust Fund, which would in 1969 become the UNFPA, was created. This began the UN's involvement and leadership in population activities and its response to the challenge of population growth.

At this point, the discussion surrounded economic reasons and concerns over ensuring the safety and interests of the Western nations. While concerns were directed toward the developing world's populations and economies, this concern was very much based in Western economic and military interests. The United States, for example, pursued population control policies and the adoption of population growth reduction targets. This is also evident in the World Bank's policies and approaches at the time.

The World Bank's Department of Health, Nutrition and Population was formed in 1969 at a time when the World Bank's provision of aid to developing countries was limited to interest-bearing, repayable loans. The World Bank's involvement in the control of population growth grew with dramatic changes in the Bank's lending, expanding to Latin America and Asia, and also into the sectors of education and agriculture. In reference to population growth, the President of the World Bank at the time, Robert McNamara, stated that "the World Bank is concerned above all with economic development, and the rapid growth of population is one of the greatest barriers to the economic growth and social well-being of our member states"[73]. With a focus on the wealth gap between the rich and the poor, he further proposed three courses of action "to lift this burden from the backs of many of our members":

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[71] Stanley Johnson, *World Population and the United Nations* (Cambridge: Cambridge University Press, 1987).
[72] The last billion having been added in only 30 years.
[73] Cited in Johnson, *World Population and the United Nations,* 41

First: to let the developing nations know the extent to which rapid population growth slows down their potential development, and that, in consequence, the optimum employment of the world's scarce development funds requires attention to this problem.

Second: to seek opportunities to finance facilities required by our member countries to carry out family planning programmes.

Third: to join others in programmes of research to determine the most effective methods of family planning and of national administration of population control programs.[74]

Over time, the World Bank's focus shifted alongside mainstream development towards a more health-centred, women's empowerment approach. Its discourse remains focused on health and it endorsed the Cairo Programme of Action in 2000[75]. As explained by Robinson, the World Bank treats health as a "best buy": a cost effective way to have a large impact on maternal and infant mortality[76]. More recently, the World Bank published their Reproductive Health Action Plan 2010-2015[77] in which "women's empowerment" played a dominant role. This document is further analysed in Chapter 4.

BUCHAREST 1974 – THE POLITICIZATION OF POPULATION

The ancient philosophers of Asia, in their wisdom, stressed the need for a balance and harmony between man and his world. Without a sane and orderly approach to the problems of population, there can be no balance and no harmony. (UNFPA Director Rafael Salas' statement to the World Population Conference, Bucharest, Romania, 20 August 1974)[78]

Bucharest marked the first intergovernmental conference on population and the opening of critical international debate regarding population policy. Bucharest was important because it marked the first time the hegemonic norm propagator, the United

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[74] Ibid.

[75] World Bank, *Population and the World Bank: Adapting to Change* (Washington, DC: The World Bank, 2000).

[76] Rachel Sullivan Robinson, "UNFPA in Context: An Institutional History," Background Paper for the Center for Global Development Working Group on UNFPA's Leaderships Transition, 2010: 11.

[77] *World Bank. Better Health for Women and Families: The World Bank's Reproductive Health Action Plan 2010-2015. World Bank: 2010. Accessed via http://www-wds.worldbank.org.*

[78] Cited in Johnson, *World Population and the United Nations,* 126.

States, was challenged by the Holy See, the G-77, and even Communist bloc countries[79]. Bucharest was the first international gathering since the New International Economic Order and the G-77, who at the time held a majority within the UN General Assembly, was intent on using the conference to change international economic relations. The developing world was criticized for the compartmentalization of world population discussion from other concerns in the developing world. Critical debate surrounding US-funded population control programs and concerns over population were recast to include population *and* development and became holistic rather than solely focused on the developing world. This led to a reversal in the mainstream Neo-Malthusian belief that population growth was a barrier to development. Instead, fertility increase was seen as a *consequence* rather than a *cause* of lack of development[80]. Developing countries were championing for such points as those outlined by the New International Economic Order (NIEO), including: to rectify an unequal and unjust distribution of global wealth, to restructure existing debt repayments and engage in debt forgiveness, to make technology transfers to the Global South, and to seriously address a host of other issues championed by the developing world. Though developing country leaders had argued this approach for ten years prior to Bucharest, it was the conference itself, and the challenge to the US which led to significant changes in the World Population Plan of Action (WPPA). These included more focus on human rights, growth reduction targets were dropped, and population growth was placed in a much broader socio-economic context.

The tenacity with which the United States pursued population control programs in developing countries is due to several factors, the principle one being national security interest. As argued by Eager, this national interest was socially constructed on factors including, but not limited to 1) the Cold War, 2) the growing power of the developing world in the form of the G-77 and calls for a New International Economic Order, and 3) the causal link made by security analysts between overpopulation, and violence, political instability, and threats to a world capitalist economy constantly in need of expanding markets[81]. Further, the US pursued a policy of soft power to influence

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[79] Eager, *Global Population Policy: From Population Control to Reproductive Rights.* Burlington, Chapter 3.
[80] Dennis Hodgson and Susan Cotts Watkins, "Feminists and Neo-Malthusians: Past and Present Alliances," *Population and Development Review* 23 (1997): 487.
[81] Eager. Chapter 3

developing countries' approaches to population control. This was achieved through the use of US demographers, foundations, and research universities, as well as the UNFPA. While of course there are counter arguments to this view, the strong influence of US domestic policy on international family planning programs, and the amounts of funding from the United States for international reproductive health programs demonstrate a strong role and influence.

Bucharest was pivotal in that it created a space for new actors, such as the global women's movement and civil society representatives, to function on the scene and for critical debate to emerge. The vital role of NGOs in the field of family planning and population control was officially highlighted in the World Population Action Plan, Paragraph 81: "The success of this Plan of Action will largely depend on the actions undertaken by national Governments. The major burden of development of a country will continue to fall on the country itself and governments are urged to utilise fully the support of inter-governmental and non-governmental organisations"[82]. The utilisation of NGOs and civil society by state governments has increased dramatically in the SRHR sector with the provision of health service delivery, health promotion and information exchange, policy setting, resource mobilization and allocation, and monitoring quality of care and responsiveness[83]. "NGOs play a crucial role in the development of civil society as they convert monetary assistance to reproductive health goods and services"[84].

This growth and strengthened influence occurred at the same time and in conjunction with the growth of the global women's movement, a connection that cannot be understated. Over the next few years, women's NGOs became effective bridges between local NGOs and communities, those closest to grassroots issues and cultural nuances, and the global stage where actors such as the United Nations (UN), the World Health Organization (WHO), and state governments work toward promoting policy and discourse – as exemplified in the UN conferences process[85]. This discussion of NGOs

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[82] United Nations. *Bucharest World Population Action Plan*, United Nations, 1974. Accessed http://www.population-security.org/27-APP1.html
[83] World Health Organization, S*trategic Alliances: The Role of Civil Society in Health*, (Geneva: WHO, 2001).
[84] Vijayan K. Pillai and Leigh Johnson, "Reproductive Health and Millennium Development Goals: Sustaining and planning for target attainment," *International Journal of Sustainable Society* 2, no. 1 (2001): 19.
[85] While community-level NGOs are allowed to attend and perform on the global level, they are most often restricted by funding and resources.

points to the huge influence and important role of civil society and its close ties with the global women's movement. Information exchange, policy setting and health promotion are the functions which most affect mainstream discourse, and as evident in this analysis, those follow trends in the global women's movement.

THE GLOBAL WOMEN'S MOVEMENT

The women's movement gained a great deal of momentum and attention in the mid-1970s and its growth within the United Nations system began with the UN declaration of 1975 as International Women's year. The Mexico World Conference on Women declaration (1975) recognised that "under-utilisation of half the world's population is a serious obstacle to social and economic development".[86] While the Declaration called for "the full integration of women in the development effort"[87], the language of the various documents from Mexico City defined women according to traditional patriarchal images and within the patriarchal ideologies and structures of national and international relations[88]. The focus of Mexico was far more about involving women in development initiatives rather than challenging gender inequalities and working towards women's rights. This is in line with the economic incentives and strategies noted in the World Bank at this time.

The UN Decade for Women (1975-1985) marks the point at which the American feminist movement went global and the global women's movement began to grow. The feminist term "reproductive rights" was also coined in the mid-1970s and was founded on principles of bodily integrity, personhood, and equality. While the women's health movement began early in the twentieth century[89], it only began to grow and strengthen in the 1960s and 1970s. The movement first focused on access to birth control[90] in the United States and, as support and strength grew, it expanded to a focus on abortion. As the movement of women's groups and women's rights activists became increasingly professionalized and organized, they worked to expose the dangers and effects of

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[86] United Nations. *Declaration of Mexico on the Equality of Women and their Contribution to Development and Peace.* (United Nations, 1975): Paragraph 15. Accessed http://www.un-documents.net/mex-dec.htm
[87] Ibid: Paragraph 14.
[88] Judith P Zinsser, "From Mexico to Copenhagen to Nairobi: The United Nations Decade for Women, 1975-1985," *Journal of World History* 13, no. 2 (2002): 144
[89] Margaret Sanger's efforts to promote birth control to poor American women started in the 1920s.
[90] It was in the 1960s when the birth control pill and intrauterine device became available in the US.

population control on women and slowly influenced a change in the mainstream development outlook and discourse. However, at the time, the mainstream development approach to population remained focused on the economic benefits of decreasing population. Further, while human rights language had picked up, as well as an interest in the empowerment of women, the underlying foundation remained an interest in economic growth and stability. It was only in the late 1980s that the transition from family planning programs and maternal and child health programs to reproductive health care programmes began to become visible within official development discourse and assistance.

The 1970s and 1980s also marked an important period of growth for the Black women's movement and Black feminists. The challenges posed to the Western feminist movement were critical in the evolution of the intersectional paradigm. The Black feminist movement grew out of the misguided representation and co-optation of Black women's experiences by Western feminism – or a feminism of white, middle-class women. Acting from a place of privileged ontological power, Western feminists had been criticized for constructing the image of the "Third World" woman and speaking for her as part of a universal feminist voice. Paradigms generated from a Western perspective were extended unto "others" "whose lives and practices become absorbed into a homogenizing overarching feminist narrative"[91]. Mohanty's *Under Western Eyes[92]* sought to make the operation of discursive power visible, to draw attention to what was left out of feminist theorizing, namely, the material complexity, reality, and agency of "Third World" women's bodies and lives"[93]. Mohanty articulated a critique of "Western feminist" scholarship on Third World women via the discursive colonization of Third World women's lives and struggles. As a foundational text in the study of divisions among Western and Third World feminists, "Under Western Eyes" exposes how Western, largely American white feminists, represented their "subjects" as the "Other" through analysing them as outside of their own lives, and as a counter to the liberated, Western feminist. Mohanty sought to put issues of race and racism into feminist

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[91] Ella Shohat, "Area Studies, Transnationalism, and the Feminist Production of Knowledge," *Signs* 26, no. 4 (2001): 1270.
[92] Chandra Talpade Mohanty, "Under Western Eyes: Feminist Scholarship and Colonial Discourse" *Boundary 2* 12, no. 3 (1984): 333-358.
[93] Chandra Talpade Mohanty, "Under Western Eyes' Revisited: Feminist Solidarity through Anticapitalist Struggles," *Signs* 28, no. 2 (2003): 510

politics, contributing to a growing movement of "Third World", Black feminists, or Womanists[94]. As she describes,

> *The 'statuses or 'positions' of women are assumed to be self-evident, because women as an already constituted group are placed within religious, economic, familial structures. However, this focus on the position of women whereby women are seen as a coherent group in all contexts, regardless of class or ethnicity, structures the world in ultimately binary, dichotomous terms, where women are always seen in opposition to men, patriarchy is always necessarily male dominance, and the religious, legal, and economic and familial systems are implicitly assumed to be constructed by men.[95]*

Bonnie Thornton Dill, called for more recognition of women's class and race differences and argued that wider acknowledgement of difference, of both oppression and privilege, would enable an "all-inclusive sisterhood" which would encourage genuine and progressive exchange among different groups of feminists[96]. Dill joins a number of scholars and activists whose perspectives have brought immense growth and important lessons to the global women's movement[97]. The importance of recognizing privileges as well as different markers of discrimination are the specific lessons which have led to the intersectional paradigm.

Through this period, it was also acknowledged that what empowers relatively well socially privileged women will not likely work to empower deeply marginalized and socially excluded women[98]. This also relates to the lesson that, in many cases, certain women's privilege is upheld by the subordination and marginalization of other women. This is a reality that has led to enquiries into the power dynamics inherent in the development process as well as issues of privilege and oppression. It has meant challenging the privilege men receive simply for being men, but also the privilege

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[94] See Alice Walker, *In Search of Our Mother's Gardens* (New York: Harcourt, Brace, Jovanovich, 1983); Toni Morrison, *Beloved* (New York: Knopf, 1987); Bell Hooks, "Feminism is for Everybody: Passionate Politics" (Cambridge, MA: South End Press, 2000); Obioma Nnaemeka, *Sisterhood, Feminisms and Power: From Africa to the Diaspora* (Trenton, NJ: Africa World Press, Inc., 1998).

[95] Mohanty, "Under Western Eyes: Feminist Scholarship and Colonial Discourse", 350.

[96] Bonnie Thornton Dill, "Race, Class, and Gender: Prospects for an All-Inclusive Sisterhood," *Feminist Studies* 9, no. 1 (1983): 131-150.

[97] Women's of color health organizations and activists from the 1960s also played a key role in producing movement-grounded theory and advancing intersectional progress in the GWM. For example, the National Black Women's Health Project (NBWHP), National Latina Health Organization (NLHO), Native American Women's Health Education Resource Center (NAWHERC), etc.

[98] Marsha Darling, "Human Rights for All: Understanding and applying 'Intersectionality" to confront globalization," *AWID Forum*, 3-6 October 2002, Guadalajara, Mexico: 3.

experienced by women in dominant social groups. Sarah White argues a white person in development must recognize the privileged position given by their own colour, as well as the power of that position – especially the power inherent in defining and speaking for the "Other", as Mohanty articulated.[99]

While mainstream development discourse did not catch on to these elements of racial hierarchies and power systems (or chose to ignore them), critical race and development theorists have created a wealth of literature on "development as imperialism"[100] which has played a significant role in feminist approaches to issues of development and is reflected in the global women's movement's discourse, beginning in the 1970s but most visible since the 1990s. As discussed in Chapter 2, an understanding of post-colonial development theory is necessary in understanding mainstream development's approaches and discourse surrounding SRHR. It is important to note the lessons which came out of this period. Specifically, the recognition of various forms of oppression affecting women globally, the privilege and power associated with being a Western feminist, and the reality that racial oppression is just as important as gender-based oppression, if not more so.

Of the three major conferences which happened over the course of the UN Decade for Women, the Copenhagen Second World Conference on the World's Women in 1980 and the Nairobi Third World Conference on the World's Women in 1985 both showed signs of progress for the global women's movement in the sense that they began to move towards transformative goals, rather than integrative economic incentives. Economic development still remained the primary goal at Copenhagen but women were being introduced to central roles rather than staying on the periphery of development. Copenhagen sought to increase women's participation rather than transform

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[99] Sarah White, "Thinking Race, Thinking Development," *Third World Quarterly* 23, no. 3 (2002): 407-419.
[100] The concept of international development started largely under US President Truman when he called for economic progress and prosperity for the world's poor. Development has since been criticized for resting on racialized hierarchies established during the colonial and post-colonial periods. See Sarah White, "Thinking Race, Thinking Development," *2003*; Arturo Escobar, *Encountering Development: The Making and Unmaking of the "Third World"* (Princeton, NJ: Princeton University Press, 1995); Uma Kothari, "An Agenda for Thinking About 'Race' in Development," *Progress in Development Studies* 6, no. 1 (2006): 9-23; Mark Duffield, "The Symphony of the Damned: Racial Discourse, Complex Political Emergencies and Humanitarian Aid," *Disasters* 20, no. 3 (1996): 173-193.

recognized patriarchal structures and institutions. Nonetheless, the portrayal of women as passive and dependent began to shift to a language of engagement and agency[101].

The Nairobi Third Conference on the World's Women in 1985 expanded the debate and a deeper analysis of the images and positions of women was produced. Far greater numbers of women representing developing countries and third world liberation movements were present and discussions expanded to include indigenous women, immigrant women, single mothers, and refugees.[102] It could no longer be said that the global health and women's rights movement was white, Western and middle class. Broader structures and underlying causes for women's inequalities were analysed and the focus was less on what women can do for development, but how existing development institutions and power structures affect women's status. As stated, "The continuation of women's stereotyped reproductive and productive roles, justified primarily on physiological, social, and cultural grounds, has subordinated them and in fact contributed to the increased burden of work placed on women". Important networks developed out of the Nairobi Conference, including a group of developing country experts who would create DAWN, as well as the International Women's Rights Action Watch (IWRAW). The UN Decade for Women served as an important period of growth for the global women's movement. Unfortunately, mainstream attention toward SRHR did not follow as closely and resulted in some backward steps for the progress that had been made.

MEXICO CITY 1984

> *Rapid population growth during the past three decades has led to the renewed perception than equilibrium between population and life support systems has to be achieved... Our goal is to stabilize the global population within the shortest period*

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[101] Zinsser, "From Mexico to Copenhagen to Nairobi: The United Nations Decade for Women, 1975-1985," 155

[102] United Nations, *Report of the World Conference to Review and Appraise the Achievements of the United Nations Decade for Women: Equality, Development and Peace*, (New York: United Nations, 1986). Accessed http://www.un.org/esa/gopher-data/conf/fwcw/nfls/nfls.en

possible before the end of the next century. (Rafael Salas as Secretary General of the ICP, Mexico City, Mexico, 6 August 1984) *103*

The International Conference on Population, held in Mexico City in August 1984 acknowledged progress in mortality rates and a decline in the global population growth rate. It also reconfirmed that "countries which consider that their population growth rates hinder the attainment of national goals are invited to consider pursuing relevant demographic policies, within the framework of socio-economic development. Such policies should respect human rights, the religious beliefs, philosophical convictions, cultural values and fundamental rights of each individual and couple to determine the size of its own family"[104]. The Mexico City Recommendations are the first place abortion is mentioned explicitly in the context that it should never be promoted as a method of family planning. The most significant outcome of the Mexico City Conference was the Mexico City Policy, or the Global Gag Rule as opponents call it. This policy restricts NGOs that receive USAID family planning funds from using their own non-US funds to provide legal abortion services, lobby their own governments for abortion law reform, or even provide accurate medical counselling or referrals regarding abortion. The challenges of reliance on bilateral and external funding are exemplified by the Global Gag Rule. Even in countries where abortion is legal, the Global Gag Rule forces indigenous organizations to choose between providing legal abortion-related services in their own countries, or receiving desperately needed funds for providing family planning services. This choice means that millions of women are denied access to essential sexual and reproductive health care due to the abortion politics of the US Republican party, both domestically and internationally. Within the US itself, many newly formed women's health organizations did not even survive the backlash from the right, the antiabortion movement, and policies of the Reagan and Bush administrations in the 1980s[105].

The World Bank's early focus on infrastructure grew to health and family planning programs in the 1980s and 1990s. This focus on population policies was promoted in conjunction with structural adjustment programs (SAP) which have proven to be

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103 Johnson, *World Population and the United Nations*, v.
104 United Nations. *Mexico City Declaration*, (New York: United Nations, 1984)
105 Sandi Morgen, "Movement Grounded Theory: Intersectional Analysis of Health Inequities in the United States," in *Gender, Race, Class, & Health*, ed. Amy J. Schulz and Leith Mullings (San Fransisco, CA: John Wiley & Sons, Inc., 2006): 394-423.

tremendously detrimental for women in developing countries[106] as well as for the strength of local civil society and national health systems[107].

CAIRO 1994

It was at the ICPD that the macro and micro strands of the population movement started to compromise, marking a significant step for SRHR. For the women's movement, the conference was a possibility for further recognition of sexual and reproductive rights and preparations began as early as three years prior. A significant number of NGOs who attended the 1992 Earth Summit in Rio de Janeiro later met to discuss strategies for influencing the ICPD.

Due to a variety of factors including the continued fertility decline, decreases in funding for population programs, and charges of coercion and forced sterilizations[108], among other political reasons, the neo-Malthusian strand was also eager to adopt a more politically correct approach to their ultimate goal. This was achieved by joining the women's movement in their discourse of women's rights and wellbeing[109].

The ICPD Programme of Action maintained an emphasis on socioeconomic development, but de-emphasized contraceptive and fertility targets and promoted women's empowerment and reproductive rights. This emphasis on empowerment and rights adopted at Cairo highlights the way in which mainstream discourse adopts feminist terminology and approaches, while also exemplifying the importance of feminist participation in such debates.

The 1994 ICPD brought to international recognition two guiding principles: 1) the empowerment of women and the improvement of their status are important in themselves and are essential for sustainable development, and 2) reproductive rights are inextricable from basic human rights, rather than something belonging to the realm

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[106] Ann Whitehead, "Failing Women and Sustaining Poverty," *Gender in Poverty Reduction Strategy Papers*, (London: Christian Aid, 2003)

[107] Ibid.
[108] For example, forced sterilizations occurred in India during the Emergency and in China under the one-child policy.
[109] Hodgson and Watkins, "Feminists and Neo-Malthusians: Past and Present Alliances," 487.

of family planning. The Fourth World Conference on Women in 1995 reaffirmed this consensus[110]. Further, among the shifts expressed in the ICPD were a change in delivery methods (SRH as part of primary care services) and the recipients of care to include men and children. These approaches are representative of movements in both SRHR and mainstream development at the time.

3.4 RECENT SHIFTS: THE MDGS AND THE POLITICS OF AIDS

Chapter 3 has dealt with the evolution of SRHR, the actors which influenced it, and the UN population conferences which hosted interactions between the mainstream and the global women's movement. This discussion has already illuminated key points during the past three decades which have contributed to global approaches to gender-related development issues, specifically SRHR. This current section brings the evolution of SRHR up to date and contextualizes the recent change in interactions between the GWM and the UN system. This section maintains that both the MDG process and the way the politics of AIDS has played out have worked against the take-up of GWM themes. As the next chapter shows, this take-up of GWM themes occurred throughout the previous decades and shifted with the new millennium, exempting intersectionality from the tradition. This section seeks to provide a partial understanding of the new millennium context and briefly addresses how the politics of SRHR might in fact limit the adoption of intersectionality into mainstream SRHR efforts.

MILLENNIUM SUMMIT 2000

The set of eight MDGs were announced in 2001 after the 2000 Millennium Summit with the goal of reducing poverty and improving overall wellbeing by 2015. From the 1999 report written by the Secretary General which began the Millennium process, to the 2000 Millennium Declaration, to the 2001 MDGs, there was no mention at all of reproductive health and rights. There is no reproductive health MDG and the only mention of contraception was in reference to HIV/AIDS. Since 2001, progress has been made through The Millennium Project, which was charged with evaluating and

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[110] These two documents represent the most advanced and clear definitions and concepts of SRHR; however do not have any legally binding recourse.

organizing the financing of MDGs. This group was able to add universal access to reproductive health as a target to MDG 5 on reducing maternal mortality. While many fought hard for the inclusion of reproductive rights language[111], this was unsuccessful and there remains no mention of rights nor do the MDGs reflect the ultimate goal of women's unrestricted regulation of fertility[112].

The politics of these decisions are addressed by feminist activists and the question of why there is no specific reproductive health MDG has been the focus of many studies[113]. Factors including the desire to avoid abortion discussions, as well as the staunch opposition to reproductive health by the G-77 countries contributed to this result[114]. The Millennium Summit was also a closed-door, streamlined process which did not allow for participation by civil society groups[115]. Crosette's analysis illuminates some of the key actors in this occurrence and how, namely, the United States and the conservative politics regarding reproductive rights influenced the agenda[116]. Further, the quantitative targets and top-down approaches of the MDGs are widely criticized. The challenge to engage the MDGs in certain contexts is argued to be due to the lack of, and resistance to, holistic and human rights approaches to health within the document[117].

The monoculture and centralisation of the MDGs has undermined the success experienced by SRHR in the 1990s. It has done so by reversing much of the discourse back to population and development-agenda focused language, relying on women's empowerment and human rights themes. Moreover, the quantitative measures of progress equate changes in social and gender norms with statistics which do not accurately reflect improvements in SRHR across the board. Further, the monoculture of the MDGs has resulted in a lack of understanding and support for the multitude of

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[111] Barbara Crosette, "Reproductive Health and the Millennium Development Goals: The Missing Link," *Studies in Family Planning* 36, no. 1 (2005): 71-79.

[112] Ruth Dixon-Mueller and Adrienne Germaine, "Fertility Regulation and Reproductive Health in the Millennium Development Goals: The Search for a Perfect Indicator," *American Journal of Public Health* 97, no. 1 (2007): 45-51.

[113] Naila Kabeer, "Gender Equality and women's empowerment: a critical analysis of the third Millennium Development Goal," *Gender and Development* 13, no. 1 (2005): 13-24; Pillai et al, 2010.

[114] Rachel Sullivan Robinson, 2010

[115] It also coincided with a leadership change in the US to Republican President George W. Bush.

[116] Crosette, "Reproductive Health and the Millennium Development Goals: The Missing Link", 2005.

[117] Carol Ruiz-Austria, "ICPD+15 at the Crossroads: Health, Rights and Citizenship," *DAWN Informs Supplement*, 2009.

positions and identities in question. Speaking of health and development in vague and universalist terms results in a focus on "poor women" without any encouragement for further, more inclusive analysis.

HIV/AIDS

While the majority of HIV/AIDS transmission occurs through sex, the linkage between the disease and the broader sexual and reproductive health agenda has been weak. From the outset of the disease in the 1980s, it took several years before it was taken seriously by governments and UN bodies. However, it has since become one of the mainstream development field's principle preoccupations, health or otherwise[118]. The primary UN advocate for HIV/AIDS action is UNAIDS, formed in 1992, and whose actions are currently guided by the 2001 United Nations Declaration Commitment on HIV/AIDS. This document acknowledges sexual and reproductive health once in response to achieving human rights,

> *By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including for sexual and reproductive health, and through prevention education that promotes gender equality within a culturally and gender-sensitive framework;* [119]

The links between HIV/AIDS and SRHR continue to be tenuous. The availability of generic antiretroviral therapy in the early 2000s caused a shift towards the treatment of HIV rather than prevention, which furthered the disease's separation from reproductive health. This is important as the prevention of HIV as a sexually transmitted infection and addressing it in line with broader reproductive health activities may have led to more successful efforts in combatting the disease.

In terms of funding, 2007 global disbursements for HIV/AIDS stood at $7.6 billion per year while those for family planning were less than half a billion dollars per year[120].

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[118] UNFPA's role in HIV/AIDS has been surprisingly minimal since the first report of the disease in 1981. The creation of UNAIDS signified the separation of HIV/AIDS from UNFPA's focus on population. It was only in 1993 that HIV/AIDS appeared in the table of contents of UNFPA's annual report.
[119] United Nations, *United Nations Declaration Commitment on HIV/AIDS*, 2001 Accessed www.unaids.org
[120] UNFPA, *Financial Resource Flows for Population Activities in 2007* (New York: UNFPA, 2009).

Funding trends over time indicate HIV overtaking funding for other health areas[121] and policymakers and providers perceive a loss of focus on family planning and health programs as a result of AIDS[122]. While the funding of treatment and prevention of AIDS is critically important, studies have shown that incorporating AIDS into a wider SRHR agenda and programming efforts leads to greater progress. However, making the links between HIV and sexual and reproductive health would require new measures of addressing HIV, which fall outside of the current conservative focus on treatment and abstinence. In fact, affirming the link between sexual health and HIV would mean dealing with sex in a way that moves beyond abstinence and, at the most extreme, recognizing it as a human right. However, the adoption of these perspectives by conservative and fundamentalist groups is highly unlikely. As such, the politics of keeping AIDS separate from issues of SRHR, and emphasizing AIDS over other themes in reproductive health, helps to protect conservative right-wing interests, while also undermining the SRHR agenda.

UNFPA serves as one of UNAIDS' ten cosponsors and has recently called for linking HIV with sexual and reproductive health. As stated on its website, "UNFPA, along with the rest of the international community, strongly advocates for closer linkages between HIV/AIDS interventions and sexual and reproductive health care". Despite this rhetoric, however, and the obviously strong connection between the two, HIV/AIDS remains separated from reproductive health and rights in most cases. The current UNFPA mission statement includes HIV/AIDS, and describes their current role in the fight against AIDS as through the provision of condom programming and prevention efforts among women and youth. HIV is treated as a "cross-cutting concern" along with culturally-sensitive and human rights based approaches; supporting adolescents and youth; and assisting in emergencies.

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[121] Jeremy Shiffman, "Has Donor Prioritization of HIV/AIDS Displaced Aid for Other Health Issues?" *Health Policy and Planning* 23 (2008): 95-100.
[122] Ann K. Blanc, and Amy O. Tsui, "The Dilemma of Past Success: Insiders' Views on the Future of the International Family Planning Movement," *Studies in Family Planning* 36 (2005): 263-276.

The question of the shift in MDGs and the way the AIDS issue has played out lead to a discussion of the politics behind those processes. While the dominance of national interests over morals[123] in decisions regarding "humanitarian aid" should come as no surprise, the depth to which one nation's interests can influence and undermine progressive efforts is exemplified in the US administration of George W. Bush (2001-2009). Bush and the Republican Party have been harshly criticized for their policies toward women's reproductive health and access to essential healthcare[124].

The smoke and mirrors AIDS routine that Bush performed during his presidency provides an excellent framework to explain how the power politics of one country can influence the SRHR agenda, both in policy as well as through funding. While many US conservatives avoided referring to HIV in the 1980s and 1990s, conservatives latched onto African HIV as a key issue after the new millennium[125]. In his 2003 State of the Union address, Bush announced his plan to ask Congress for $15 billion to fight the global AIDS pandemic. This plan eventually amounted into the President's Emergency Plan for AIDS Relief (PEPFAR) which remains the largest effort by one nation to combat a disease. In 2008, PEPFAR was reauthorized for five more years (2009-2015) with a commitment of $48 billion.

While changes were made in 2008 to eligibility requirements, country focus, and program directives, PEPFAR has been widely criticized for its disregard for international consensus, its pro-drug industry policies, and unilateralism. Rather than supporting existing and proven international programs and studies, the Bush plan consistently undercut and circumvented them in order to promote US right-wing politics. For example, rather than joining the multilateral Global AIDS Fund, whose

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[123] "Morals" is noted as having varying and layered meanings, but in this case refers to choosing human health and lives over profit.

[124] The on-going Republican "War on Women" is currently being fought through challenges to abortion, birth control access, and pressured funding cuts to long-time SRHR advocates such as Planned Parenthood. For example, see "The War on Women", *New York Times*, February 26, 2011. http://www.nytimes.com/2011/02/26/opinion/26sat1.html; Tobias Barrington Wolff, "The Republican War on Women: Invading the Vagina in Virginia," *Huffington Post* February 15, 2012. http://www.huffingtonpost.com/tobias-barrington-wolff/virginia-ultrasound-bill_b_1278832.html

[125] Shawn Smallman, "Five Years Later: Judging Bush's AIDS Initiative," *NACLA Report on the Americas* 41, no. 4 (2008): 18.

funding they cut by 64% in 2004[126], PEPFAR created a parallel funding mechanism functioning outside of established and proven guidelines for HIV/AIDS prevention. The focus of PEPFAR is on the care and treatment of the disease rather than prevention. Prevention, of course, would lead to engaging with politically difficult issues like teen sex, homosexuality, condom usage, and prostitution[127]. PEPFAR further requires that education efforts focus on abstinence and fidelity training rather than sexual health education. Abstinence training, when it works, does nothing for those who are already sexually active, married women, babies, or sex workers who cannot realistically consider abstinence. Another critique has been the policy's anti-prostitution requirement. In 2005, Brazil sought funds from PEPFAR, but, unwilling to sign an oath affirming their opposition to prostitution, was deemed ineligible. For Brazil, reaching out to marginalized groups like sex workers and drug addicts has proven hugely successful in combatting the spread of HIV[128].

Further, challenges posed by the Catholic Church are also constrictive to SRHR progress. The political strength of the Vatican within the United Nations system has proven very challenging for advancing women's reproductive rights where issues of abortion and contraception are continuously challenged. Further, the religious right in the US shares the politics of the Church and, as discussed above, much strength is gained through that relationship. Considering the political climate and attitudes toward HIV and issues of sexual health, it comes as no surprise that the Millennium Summit and the MDG process resulted the way it did. This is not to say that the US dominated the proceedings, but it has been noted by many that political, religious, and funding pressure seriously affected the outcomes. Further, it provides insight into why the relationship between the mainstream UN system and the GWM suffered over this period, preventing the usage of previously agreed-upon discourse, such as the words 'sexual and reproductive health and rights'.

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126 "Bush, AIDS, Big Pharma," *The Nation* 278, no. 16 (2004): 4-6.
127 Smallman, "Five Years Later: Judging Bush's AIDS Initiative," 2008
128 Ibid.

CHAPTER 4: SRHR DISCURSIVE PATTERNS

Discourse is powerful and does not restrict itself to words and terms, but constructs and constricts groups and relationships of power. In as much, it provides an important reflection of power relations. As Sharp and Richardson write, discourse "is a complex entity that extends into the realms of ideology, strategy, language and practice, and is shaped by the relations between power and knowledge"[129]. As Lene Hansen explains, the ambition of a discourse analysis is "not only to understand official discourse, and the texts and representations which have directly impacted it, but also to analyse how this discourse is presented as legitimate in relation to the larger public and how it is reproduced or contested across a variety of political sites and genres"[130].

The extent to which terminology and rhetoric leads to practice and the implementation of policy, however, is open to question. In the movement for SRHR, while a change in mainstream discourse does represent significant progress, it does not mean that policy or programmes will follow suit. Nonetheless, in a global struggle consisting of many actors and power dynamics, the language used by those players does matter. The language used by states matters as does the language documented in UN platforms and declarations. As such, while "reproductive rights" has been challenged as a simple euphemism for "population control"[131], it does matter than governments and agencies changed the way they talk about an issue. Legitimated discourse influences program and funding direction as well as provides a point from which further progress can be made. The changes in discourse from the ICPD to the MDG documents highlight how certain words and phrases can be omitted despite their previous acceptance. However, this does not expunge them of influence nor does it lessen the importance of their meaning.

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[129] Liz Sharp and Tim Richardson, "Reflections on Foucauldian Discourse Analysis in Planning and Environmental Policy Research," *Journal of Environmental Policy and Planning* 3, no. 3 (2001): 209.

[130] Lene Hansen, *Security as Practice: Discourse Analysis and the Bosnian War* (New York, NY: Routledge, 2006): 67.

[131] Betsey Hartmann, *Reproductive Rights and Wrongs: The Global Politics of Population Control and Reproductive Choice* (New York: Harper and Row, 1987)

This chapter compares the discursive patterns of SRHR and the uses of key terminology by the UN. Three approaches are outlined and include women's empowerment, human rights, and the involvement of men. These patterns are evident not only in the SRHR field, but also in the language of mainstream development. Further, they are representative of crucial lessons and stages within the GWM and feminist literature. Most importantly, however, these three approaches are all components of what led to an intersectional framework. It is possible, then, to determine that while the discourse of intersectionality is not being directly used, its main components and the lessons of the approach are present. The issue of race, however, is largely absent and hinders the UN's ability to approach SRHR. This absence prevents intersectionality from being adopted and signifies a break in the discursive exchange between the GWM and the UN.

4.1 WOMEN'S EMPOWERMENT

Claiming the centrality of gender to socioeconomic change and development, women have become the central focus of many community development initiatives. Their "empowerment" is supported by the United Nations Development Program (UNDP) and USAID, among other organizations, as being the key for eradicating poverty and furthering human rights. The "empowerment" approach developed from an understanding that women, who represent over half of the world's population, are instrumental in developing and supporting their communities. The mainstream belief is that without educating and empowering women, communities are wasting half of their resources. The focus in this section is not on the question of what "empowerment" means in the "Women in Development" versus "Gender and Development" debate. Nor is it a discussion of development practice – both of which inspire serious enquiry. Rather, the term "empowerment" and how and where it is used in SRHR by the UN is the primary focus.

As declared by the ICPD, the second domain of SRHR is women's empowerment and education. This approach speaks to mainstream development's central focus on the role of women in development. There is much discussion surrounding what it means to "empower" and the power dynamics inherent in this approach are widely discussed among feminist theorists. The term empowerment does connote a lack of power to

begin with, as well as suggests the need to receive power from an external influence. Within development discourse, however, empowerment refers mainly to economic empowerment through micro-credit loans and land rights, and often personal empowerment through education. Within SRHR, this means addressing issues of gender inequality and power in society as well as addressing public and private expectations of sexual and reproductive roles. Women's education plays a central role in this form of development and has shown to significantly impact health factors, such as reductions in mortality, lower fertility rates, a reduction in family size, and the postponement of marriage age.

According to the UNFPA, "Where women's status is low, family size tends to be large, which makes it more difficult for families to thrive. Population and development and reproductive health programmes are more effective when they address the educational opportunities, status and empowerment of women. When women are empowered, whole families benefit, and these benefits often have ripple effects to future generations."[132] The use of the term empowerment is widely visible in UN documents and has been since the 1980s. The UNFPA's State of the World's Population document in 1989 was titled "Investing in Women: The Focus of the Nineties" and focuses largely on the empowerment and the role of women in changing the direction of population growth and development. Since, women's empowerment has been consistently mentioned and plays a large role in approaches to SRHR. This is also true of the World Bank whose Reproductive Health Action Plan 2010-2015 references women's and girl's empowerment as central to achieving lower fertility and lower infant mortality rates.

4.2 THE OTHER HALF OF GENDER: INCLUDING MEN

The Gender and Development (GAD) movement is rooted in post-development theory and focuses on gender roles and relations, moving beyond women as vessels for economic progress. There is a concrete focus on shifting the association of gender from sex and instead recognizing gender as a process of gendering identity, roles, and values. This has resulted in a rise of interest in men and masculinities and their involvement in development programs, most specifically SRHR programs. The interest in and

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[132] UNFPA. *Gender Equality*. (2011). Accessed http://www.unfpa.org/gender/empowerment.htm

involvement of men represents a significant step away from the constraints of an approach focused solely on women's empowerment.

Since the 1990s, male involvement in development has become hugely important in certain development circles, especially SRHR programs[133]. It has been shown that the involvement of men, especially in societies where men hold positions of power and influence within the communities, is an essential part in advancing women's health[134]. As such studies have shown, men most often want to play a role and have their own concerns about their wives and daughter's reproductive health[135]. The importance of involving village elders and traditional leaders has also been highlighted in literature and reflected in the success of local SRHR programming[136].

Some women are suspicious of men's participation in SRHR, viewing it as way for men to win back power[137]. This is supported by some evidence that men's involvement in family planning has actually increased men's control over the fertility of women, rather than resulting in women having more choice[138]. This leads to re-establishing a male-dominated and oriented agenda[139] and taking funds away from women and children. "What were traditionally defined as female/feminized spaces – as a result of their association with the private/domestic/local spheres – are now, through greater political power and resources, becoming an increasingly contested environment"[140]. The most

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[133] Andrea Cornwall, "Missing Men? Reflections on Men, Masculinities, and Gender in GAD," *IDS Bulletin* 31, no. 2 (1998): 18-27.

[134] Fenella Porter and Caroline Sweetman, "Editorial", *Gender and Development* 13, no. 2 (2005): 2-10 ; Pranitha Maharaj, "Promoting Male Involvement in reproductive health," *Agenda* 16, no. 44 (2000): 37-47; Peter Sternberg, "Challenging Machismo: Promoting sexual and reproductive health with Nicaraguan men," *Gender & Development* 8, no. 1 (2000): 89-99; Ann K. Blanc, "The effect of power in Sexual Relationships on Sexual and Reproductive Health: An examination of the evidence," *Studies in Family Planning* 32, no. 3 (2001): 189-213.

[135] Engender Health, "Transforming Men into Clients: Men's Reproductive Health Services in Guinea," *Compass* 2 (2003)

[136] Kristin Palitza, "Traditional Leaders Wield the Power and they are almost all Men: The importance of involving traditional leaders in gender transformation." *Cape Town: Sonke Gender Justice Network,* 2010.

[137] Marge Berer, "Men", *Reproductive Health Matters*, 7 (1996): 7-11.; Angela Mackay, "Mainstreaming Gender in United Nations Peacekeeping Training: Example from East Timor, Ethiopia, and Eritrea" in *Gender, Conflict and Peacekeeping*, ed. Dyan Mazurana, Angela Raven-Roberts and Jane Parpart (Oxford: Rowman and Littlefield Publishers, Inc., 2005): 265-279.

[138] Andrea Cornwall, "Missing Men? Reflections on Men, Masculinities, and Gender in GAD," 1998

[139] Judith Helzner. "Men's involvement in family planning", *Reproductive Health Matters*, 7 (1996): 146-154; Berer, "Men", 1996.

[140] Suzanne Clisby, "Gender Mainstreaming or just more male-streaming? Experiences of Popular Participation in Bolivia," *Gender and Development* 13, no. 2 (2005): 29.

extreme of these visions is perhaps that making processes of patriarchy visible to men could encourage new ways of maintaining or increasing their power.

These concerns, however, have not been expressed within UN discourse and have instead been adopted quite readily. The 1994 ICPD in Cairo, and the 1995 Fourth World Conference on Women in Beijing, formally recognized the role of men in promoting gender equality and better reproductive health for men and women[141]:

> *Special efforts should be made to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behaviour, including family planning; prenatal, maternal and child health; prevention of sexually transmitted diseases, including HIV prevention; prevention of unwanted and high risk pregnancies; shared control and contribution to family income, children's education, health, and nutrition; and recognition and promotion of the equal value of children of both sexes. Male responsibility in family life must be included in the education of children from the earliest ages. Special emphasis should be placed on the prevention of violence against women and children.*[142]

As the Beijing World Conference on Women Programme stated one year later, "Shared responsibility between men and women in matters related to reproductive and sexual behaviour is essential to improving women's health"[143]. The engagement of men and the focus on programs and education involving men has continued since the 1990s into the latest documents and programs organized by the UNFPA. Sexual and reproductive rights were a focus at the 2009 Global Symposium Engaging Men and Boys which was hosted by UNFPA and supported in large part through UN funding. As the world population reached 7 billion in October 2011, the UNFPA stated that in order to promote SRHR for women, civil society should "support organizations and networks that aim to engage men and boys in gender equality efforts, including through the enhancement of resource tools, exchange of programme experiences, and development of community practices"[144]. The focus on men continues to promote the interests of

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[141] Maharaj, "Promoting Male Involvement in reproductive health," 2000

[142] United Nations, *International Conference on Population and Development Programme of Action,* (New York: United Nations, 1994): 197.

[143] United Nations. *Beijing Platform for Action*. (New York: United Nations, 1995): 180. Accessed http://www.unesco.org/education/information/nfsunesco/pdf/BEIJIN_E.PDF

[144] UNFPA, "Women and Girls in a World of 7 Billion" *7 Billion Population Issue Briefs* (UNFPA, 2011) Accessed online at www.unfpa.org

gender mainstreaming and approaching by gender systems and values rather than women and men as such. Interestingly, it was found that documents and policy related to the involvement of men also tended to focus on the structural causes of poverty and such issues related to trade, aid, debt, and the evisceration of public services[145]. While these macroeconomic issues are discussed in feminist literature concerning unequal gender roles, they are not addressed in UN discourse concerning women.

4.3 HUMAN RIGHTS

In the current political climate, and within the neoliberal development system, a human rights-based approach is one of the only legitimated and recognized languages available. While reproductive rights were discussed at Beijing and Cairo, it is clear that they mean very little to women and men if human rights instruments are not used to ensure government compliance with Cairo and Beijing commitments. This thesis maintains that a human-rights based approach is essential to making progress. Further, it provides an excellent framework for discussions of discrimination and the recognition of difference.

A human rights discourse has been present in mainstream population control policy since the 1970s and earlier. The UN declared at the 1968 International Human Rights conference in Tehran that "the ability to determine the number and spacing of one's children [is] a basic right"[146]. As the World Population Plan of Action states in Paragraph 97, "national policies should be formulated and implemented without violating, and with due promotion of, universally accepted standards of human rights".[147]

The UN Universal Declaration of Human Rights of 1946 serves as the foundational document for the international human rights discourse, appeals, and legislation. Criticized for being a product of Western values, it resulted from participation from a wide variety of UN members and remains at the forefront of discourse in international development, both locally and globally. Further, its applications cross-culturally and expansion outside of the Western-dominated Cold War focus on civil and political rights

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[145] For example, see Lucille C. Atkin, *A Summary Report of the Global Symposium on Engaging Men & Boys in Achieving Gender Equality: Cross cutting themes, lessons learned, research results and challenges,* (Washington, DC: Promundo, 2010).

[146] Peter J. Donaldson, *Nature Against Us: The United Sates and the World Population Crisis: 1965-1980.* (Chapel Hill, NC: The University of North Carolina Press, 1990): 120.

[147] Johnson, World Population and the United Nations: Challenge and Response, 121.

has led to a wider focus on the social, economic, and cultural rights into the agenda. As Yuval-Davis[148] describes, this is due in large part to the visibility of the impact of hegemonic neoliberal globalization and the shrinking of the welfare state in the West. Further, the adoption of rights-based approaches by various UN agencies, bilateral government agencies and international development NGOs has allowed human rights language to enter the world of development programming. Though some argue that the development industry has adopted the language of rights without any changes in policy or programs[149], it has been a counterbalance to prevailing functionalist and instrumentalist approaches.

Women's rights and reproductive rights under international human rights law are a composite of a number of different human rights treaties including the Universal Declaration of Human Rights; the International Covenant on Economic, Social, and Cultural Rights; the Convention on the Elimination of All Forms of Discrimination Against Women; and the International Covenant on Civil and Political Rights. Further, the rights of girls and mothers are protected under the Convention on the Rights of the Child. The rights referenced to in international instruments that make specific reference to SRH include the right to decide the number and spacing of children; the right to access SRH education and family planning information; the right to be free from practices that harm women and girls; the right to be free from sexual and gender based violence; and the right to enjoy scientific progress. The various human rights-based protection mechanisms of SRHR signal a widespread recognition of a human rights discourse, both on the part of the GWM as well as the UN.

However, while the language of human rights has been present in UN documents and discourse since the organization's creation, the ways in which "rights" is used and which "rights" are acknowledged is critically important. As the shift since Cairo shows, an acknowledgement of SRHR in past documents does not mean it follows through into programs or subsequent documents, nor does the protection given by the documents stated above ensure that governments will comply with their commitments. In fact, the

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148 Nira Yuval-Davis, "Intersectionality and Feminist Politics," *European Journal of Women's Studies* 13, no. 3 (2006): 193-209.
149 Peter Ulvin, "On High Moral Ground: The Incorporation of Human Rights by the Development Enterprise," *PRAXIS: The Fletcher Journal of Development Studies* XVII (2002): 1-11.

widespread use of human rights discourse has become a useful rhetorical tool which has not necessarily led to advances in SRHR. This is evident in the comparison of how many states have ratified human rights treaties and the degree to which these states have incorporated that law into their domestic and foreign policy decisions. Since rights are widely present in UN discourse and documents, it is *where* and *how* and which rights are used which is of interest. Further, the absence of rights discourse is telling.

Despite human rights playing a significant role in SRHR discourse, the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) in 1979 is the only human rights treaty that addresses women's reproductive rights through acknowledgement of pervasive social, cultural, and economic discrimination against women. Article 12 requires states to "eliminate discrimination in access to health services throughout the life cycle, particularly in the areas of family planning, pregnancy and confinement, and the post-natal period". The 1994 ICPD Programme of Action maintains that people have the right to make reproductive decisions without discrimination, coercion, or violence[150]. There are numerous examples of human rights language in UN discourse, used in reference to SRHR, as well as poverty, environmental degradation, export labour, and nearly every development issue.

For example, the change in the mission statement of the UNFPA from 2004 reflects the changes in the organizations discourse and focus, very much a reflection of the MDGs and the political climate within which they were born. While the 1997-2003 mission statement recognizes that "all human rights including the right to development, are universal, indivisible, interdependent and interrelated" and one of three main goals expressed is to "help ensure universal access to reproductive health, including family planning and sexual health, to all couples or individuals on or before 2015", the updated 2004 mission statement reflects neither of these visions.

> *UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth*

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[150] ICPD Programme of Action, 7.3

is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with
dignity and respect.[151]

The 2004 statement is much shorter and includes no reference to "reproductive health and rights" and in it, the UNFPA identifies itself as a development agency. This represents a more explicit identification with development work and represents a move to broader development goals and away from reproductive health and rights. Further, the right that is listed, "the right to enjoy a life of health and equal opportunity" does not include reference to the factors which constrain opportunity. It also restricts the treatment with dignity and respect to girls and women, as if gender inequality is the only form of discrimination that comes into play, harkening back to integrative Women in Development (WID) approaches.

The treatment of HIV/AIDS indicates the dramatic shift in discourse and approach from the ICPD to the announcement of the MDGs. While the prevention and treatment of HIV/AIDS is outlined as a goal of sexual and reproductive rights in the ICPD POA, in the MDGs, it is treated as separate from SRH and the goal of improving maternal health. This separation is due to decisions made by WHO, UN agencies, the UN Millennium Project, and major donors, specifically the US. This separation fractures investments in policy, research, and programmes and constricts health systems ability to deliver universally accessible sexual and reproductive health information and services[152]. Further, avoidance of the term SRHR and those advances and politics achieved in that sector moves HIV/AIDS away from rights language and the associated forms of discrimination which are protected under them. It is indicative that separating AIDS from sexual and reproductive rights and placing it into a category of disease (such as malaria and tuberculosis) also removes much of the accountability and responsibility to respect the rights that are now associated with SRHR.

Adopting the human rights framework for reproductive health and rights helped form alliances between the global women's health and rights movement and the human rights community. Among these influential actors of the global women's movement is

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[151] UNFPA 2011 Mission Statement. Accessed www.unfpa.org
[152] Adrienne Germaine, Ruth Dixon-Mueller and Gita Sen, "Back to Basics: HIV/AIDS belongs with sexual and reproductive health," *Bull World Health Organ* 87, no. 11 (2009): 840-845.

DAWN, a network of women from the Global South who actively engage in feminist research and analysis of global issues related to economic justice, environmental sustainability, reproductive health and rights, and debt restructuring. In 1994, in preparation for the ICPD, DAWN released the following statement exemplifying some of the concerns mounting within the women's movement since earlier decades:

> *DAWN asserts that population is absolutely inseparable from issues of women's rights, women's empowerment, and the provision of comprehensive health services – and all of these are integral to development. DAWN does not consider it is possible to talk about 'development' without addressing the fundamental equity issue of women's empowerment, which itself is central to all discussions on population. It is also not possible to consider issues of women's reproductive rights and reproductive health without considering the crucial impact which different development models have on women. For instance, structural adjustment policies have devastated the very health services without which women cannot attain reproductive health or gain access to their reproductive rights.*[153]

4.4 WHAT'S MISSING? INTERSECTIONALITY AT THE UN

We have seen that components of intersectionality are made visible in UN discourse, as evident through the adoption of the three prior approaches. As accepted approaches throughout the growth of the women's development movement, their individual usage in efforts to promote SRHR is appropriate. So too is the theory that brings these approaches together. However, intersectionality as a whole, as representative of the intersections of race, class, and gender, is absent. Issues of gender and class are widely visible, as are discussions of human rights. However, a discourse of race within SRHR is absent. This section asks where is race present and how is it approached? Is there a recognition of intersectional discrimination in SRHR and how does this occur, if at all? An analysis of UN documents used to explore the use of race and the absence of an intersectional approach within UN discourse. This is particularly evident in the approach to cervical cancer treatment and access to contraceptives.

Presently, the UN recognizes gender and race as two separate streams and organizes them as such. They are developed along parallel but separate tracks, such as the

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[153] Peggy Antrobus, "The Road to Cairo," *Focus on Gender* 2, no. 2 (1994): 55-56.

Conventions on the Elimination of all Forms of Racial Discrimination and all Forms of Discrimination Against Women. Issues of race and racism within the UN are largely constrained to UNESCO and audiences of women's groups and NGOs. The first World Conference against Racism was held in 1978 and focused largely on South African Apartheid. Since, there have been three more conferences, the majority of which were unproductive and centred on the situation in Israel and Palestine. As such, true discussion over institutional and systemic racism is not addressed on a global scale within the mainstream.

In collaboration with the Office of the High Commissioner for Human Rights and the UN Development Fund for Women (UNIFEM), the UN Division on the Advancement of Women discussed gender-related dimensions of racial discrimination at the Expert Group Meeting held in Zagreb, Croatia in 2000. It was declared that:

> *69. We are convinced that racism, racial discrimination, xenophobia and related intolerance reveal themselves in a differentiated manner for women and girls, and can be among the factors leading to a deterioration of their living conditions, poverty, violence, multiple forms of discrimination, and the limitation or denial of their human rights.*[154]

This meeting was followed by the World Conference against Racism, Racial Discrimination, Xenophobia, and Related Forms of Intolerance (WCAR) in 2001. It was declared that:

> *The committee notes that racial discrimination does not always affect women equally or in the same way. There are circumstances in which racial discrimination only or primarily affects women, or affects women in a different way, or to a different degree than men. Such racial discrimination will often escape detection if there is no explicit recognition or acknowledgement of the different life experiences of women and men, in areas of both public and private life.*[155]

In preparation for the 2001 WCAR in Durban, South Africa, Kimberlé Crenshaw was invited to introduce the topic of intersectionality to the special NGO forum. In April

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[154] United Nations. *Gender and Racial Discrimination, Report of the Expert Group Meeting*, (Zagreb, Croatia, November 2000). Accessed: http://www.un.org/womenwatch/daw/csw/genrac/report.htm.
[155] United Nations Committee on the Elimination of Racial Discrimination. *General Recommendation XXV Gender Related Dimensions of Racial Discrimination*. (United Nations, 2000). Accessed http://www.wfrt.org/humanrts/gencomm/genrexxv.htm.

2002, at the 58th session of the UN Commission on Human Rights, the resolution on the human rights of women stated in the first paragraph that it:

> *...recognized the importance of examining the intersection of multiple forms of discrimination, including their root causes from a gender perspective.[156]*

As the background briefing paper on intersectionality of the Working Group on Women and Human Rights of the Center for Women's Global Leadership claims, "developing of new and augmenting of existing methodologies to uncover the ways multiple identities converge to create and exacerbate women's subordination" is critical.

> *These methodologies will not only underline the significance of the intersection of race, ethnicity, caste, citizenship status for marginalized women etc. but serve to highlight the full diversity of women's experiences.[157]*

Intersectionality, then, has been recognized as a beneficial and critical approach to ameliorating women's rights and experiences within the UN. However, this is not apparent in documents which relate to SRHR.

The Programme for Action from the International Conference on Population and Development, which marked a paradigmatic shift with respect to the recognition of reproductive rights as fundamental human rights, recognized contraceptive information and services as essential to ensuring reproductive health and rights. The briefing paper on contraceptive access[158] assesses the benefits of contraceptive access, lays out human rights framework underpinning this right, identifies the normative elements of this right, and provides an overview of how to apply a human rights based approach to the provision of contraceptive information and services. However, nowhere is there mention of race or racism.

Interestingly, the term "race" is not present in any recent UNFPA document which deals with SRHR. However, the one time in which it was used in the 7 Billion Issue Briefs is in

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[156] United Nations Commission on Human Rights, *Resolution E/CN.4/2002/L.59. (*United Nations, 2002): P. 1

[157] Center for Women's Global Leadership, *A Women's Human Rights Approach to the World Conference against Racism* (2001): 1. Accessed http://www.cwgl.rutgers.edu/globalcenter/gcpubs.html

[158] *UNFPA and* Centre for Reproductive Rights, *Briefing Paper: The Right to Contraceptive Information and Services for Women and Adolescents*, (UNFPA, 2010).

reference to using the approach of intersectionality to address women and poverty. As recommended, academia should "Utilize an intersectional analysis in order to build knowledge on the life experiences of different groups of women, including the effects of compounding effects of a person's gender, age, marital status, race, health, income level and religious and ethnic affiliation." This recognition of the benefits of intersectional research on issues of poverty, and health, as stated in the recommendation, illuminates the fact that the UN is aware of the importance of intersectional analysis, yet does not advocate it for SRHR. On the other hand, poverty and economic factors are considered when discussing the current state of SRHR worldwide. As stated in a 2011 fact sheet on Reproductive Health and Rights, "The risk is greatest for women in poor countries and for poor women in all countries"[159]. However, there is no mention of race or intersectionality.

While the suggestion that RH should be framed simply as a health issue is out-dated, The World Bank's Reproductive Health Action Plan 2010-2015 does note cross-sectoral linkages:

> *RH should not be framed purely as a health issue. It is important to recognize and leverage cross-sectoral linkages (transport, communications, gender esp. women's empowerment, girl's education, and human rights, and poverty) in addressing reproductive health.[160]*

The question of race is not mentioned, nor is there any discussion of macro-level linkages which also affect SRHR. Further, this mention is found in the Annex, so is not given extreme importance.

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[159] UNFPA, *Reproductive Health and Rights: The Facts of Life, The World at 7 Billion.* New York: UNFPA, 2011. Accessed on www.unfpa.org
[160] World Bank, *Better Health for Women and Families: The World Bank's Reproductive Health Action Plan 2010–2015*, (Washington, DC: World Bank, 2010).

CHAPTER 5: WHY INTERSECTIONALITY MATTERS

The rich descriptions produced through intersectional analysis illuminate the actors, institutions, policies and norms that intertwine to create a given situation. Such textured analyses are critical to our ability to effect progressive change in the face of the fundamentalist forces, neoliberal economic policies, militarization, new technologies, entrenched patriarchy and colonialism, and new imperialism that threaten women's rights and sustainable development today.[161]

The SRHR agenda is being damaged by not taking intersectionality seriously. The current framework, based on a human-rights and women's empowerment approach, inhibits the extraction of class and race from the complex matrix of power relations that shape inequality. While gender inequality is most certainly a critical factor in issues of SRHR, so too are other forms of discrimination, especially when dealing with international approaches. The following chapter provides several reasons why intersectionality matters in the SRHR agenda and what it offers that is otherwise missing.

To begin, the current framework does not enable a broad enough understanding of what reproductive freedom and health entails for lack of intersectional analysis. The basis for the intersectional approach is to fulfil in-depth analysis of differing markers of identity and discrimination in order to obtain a clear and accurate contextual understanding. The framework itself not only encourages a deeper analysis and understanding, but requires it. An intersectional analysis exposes compounding discrimination and points of intersection which would otherwise be missed. Further, it enables a letting-go of the gender-hold, resulting in, for example, the recognition of privileges which lie outside of simply being a man[162]. Further, it can help to question unhelpful discourses of man the oppressor and man the enemy, which the "male involvement" approach has already begun.

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[161] Alison Symington, "Intersectionality: A Tool for Gender and Economic Justice," *Women's Rights and Economic Change* 9 (2004): 1-8.
[162] Class oppression is not restricted to gender, with the middle-class often contributing to the oppression of the lower class. See note 101.

The current lack of contextual understanding is glaringly obvious in certain policies which do not take into account even one form of inequality. For example, the PEPFAR suggestion of preventing HIV with abstinence and fidelity training are grossly unrepresentative of the realities of many people becoming infected with the virus. Firstly, women who are married and who suffer gender-based inequality in their own households are omitted from this approach. For example, a large proportion of new HIV infections in Oaxaca occur among housewives who have only had one partner in their lives[163]. In such cases, discussions of abstinence are null. Furthermore, young children sold into sex slavery are also excluded from such programming. For them, poverty, and sometimes racial discrimination, leads to a situation where they lose their ability to choose abstinence. Moreover, the intersectional analysis of sexuality, along with gender, could create inroads for discussions of the homosexual transmission of the disease.

By not analysing race and class-based discrimination, alongside gender inequality, there is risk that certain issues will not be recognized, and therefore not dealt with by powerful actors. An excellent example is the issue of sterilization abuse in the United States. As a result of the intersectional analysis of the Committee to End Sterilization Abuse (CESA), it came to be understood as a "product of racist eugenic policies, disregard for women's right to control their reproductive lives, the reliance of poor women on public teaching hospitals or the Indian Health Service, and the exclusion of women, especially poor women, from health policy decision making[164]". While progress was made and national guidelines were enacted, this resulted almost entirely from political pressure from local women of color organizations, specifically CESA, who used an intersectional approach to expose the discriminatory injustices of sterilization abuse. This issue had been overlooked by the white middle-class feminist movement whose focus was centred on abortion.

Another example is the work of activists who challenged the Hyde Amendment using an intersectional approach. The Hyde Amendment of 1976 was passed to halt the use of federal Medicaid funds to pay for abortion. Going beyond the discourse of rights,

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[163] Smallman, "Five Years Later: Judging Bush's AIDS Initiative", 2008.
[164] Morgen, "Movement Grounded Theory: Intersectional Analysis of Health Inequities in the United States," 399.

intersectional activists showed how capitalist social relations prevent the poor from enjoying their fundamental rights[165]. Without such intersectional analysis, other forms of discrimination and violation can fall through the cracks, even, and especially, within mainstream SRHR efforts. As a result, particular reproductive health issues are not addressed. For such issues to be dealt with, intersectional analysis must be taken seriously within the UN system and promoted as the paradigm for SRHR research and action.

Secondly, and on a similar point, an intersectional paradigm also promotes inward-looking analysis, which as the growth within the global women's movement has shown, can lead to incredibly valuable and important insight. This primarily involves the recognition of privilege. When analysing intersections of race, class, and gender, the power hierarchies that are operating both on individual as well as systemic levels become clearer. Further, an intersectional paradigm promotes the analysis of privileged positions, as well as points of oppression. Recognizing the power inherent in one's own privilege allows for a re-evaluation of interests, and perhaps the de-centring of interests of those holding power. This is valuable for individual advocates of SRHR, such as members of the donor community, as well as for organizations and systems in themselves. Of course, a system cannot recognize its privilege, nor do institutions change easily. However, for the privileged people within those institutions to recognize the power they maintain simply for being themselves (white, male, wealthy) and for them to extend this analysis to the system around them is significant, albeit hopeful.

This recognition of privilege leads into another way an intersectional paradigm can benefit the SRHR agenda. The paradigm exposes structural and systemic inequalities which are otherwise reduced to individual level or country-level problems based on bias, discrimination and stereotyping. These stereotypes and forms of discrimination are often institutionalized yet unspoken. Race, class, and gender are historically specific and socially constructed power relationships. They represent hierarchies of domination that are simultaneously operating on micro and macro levels[166]. Further, these power

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[165] See Angela Davis, *Women, Race, and Class* (New York: Vintage, 1981)
[166] Lynn Weber, "A Conceptual Framework for Understanding Race, Class, Gender, and Sexuality" in *Feminist Perspectives on Social Research* (ed.) Sharlene Nagy Hesse-Biber and Michelle Yaisier (New York: Oxford University Press, 2004): 121-39.

hierarchies centre on the exploitation of one group over another for a greater share of resources – amongst them, wealth, income, access to healthcare, and education.[167] It must be noted that these systems are based on social relations between dominant and subordinate groups. As mentioned above, the power functioning within SRHR, as in most development issues, is structured along historic racial and economic hierarchies and systems of oppression. In her study of low-income women in Harlem, New York City, Leith Mullings describes the global and local socioeconomic relations that form the context for stratified reproduction, whereby "some categories of people are empowered to nurture and reproduce, while others are disempowered"[168]. This explains why in the mid-1970s, as high as one third of Puerto Rican and at least 25 % of Native American women of childbearing ages were sterilized[169] while white, middle-class women often faced considerable difficulty in getting physicians to sterilize them[170]. This example points to both the results of individual physician racist bias as well as deeper structural discrimination.

On a wider scale, intersectional analysis of macro-economic systems and the international development industry can lead to a better understanding of how systems of power are maintained, deployed, and reinforced through gender, race, and most explicitly, class. The damage done to women's health by the PRSP process is due to several factors, one of them being the fact that governments are reducing spending on social and health services in order to meet trade requirements. This leaves the local community and NGOs to fill the service gap, placing the NGOs in a difficult position of increased responsibility and power[171]. The economic pressures placed on developing countries by the West, as well as their unwillingness to provide debt relief, creates very real problems for women attempting to exercise their rights, to SRHR or otherwise.

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[167] Charles W. Mills, *The Racial Contract* (Ithaca, NY: Cornell University Press, 1997).

[168] Leith Mullings, "Households Headed by Women: The Politics of Race, Class, and Gender" in *Conceiving the New World Order: The Global Politics of Reproduction*, ed. Faye D. Ginsburg and Rayna Rapp (Berkeley, CA: California University Press, 1995), 123.

[169] Helen Rodriguez-Triaz, "Sterilization Abuse," *Women and Health* 3 (1978): 10-15.

[170] Dorothy Roberts, *Killing the Black Body: Race, Reproduction and the Meaning of Liberty* (New York: Pantheon Books, 1997)

[171] See Patricia S. Coffey, Allison Binghman, Harriet Stanley, and John W. Sellors. "The Role of Nongovernmental Organizations in Promoting Women's Health in Low-Resource Settings," in Women's Health in the Majority World: Issues and Initiatives, ed. Laurie Elit and Jean Chamberlain Froese (New York: Nova Science Publishers 2007): 155-178.

The emerging role of NGOs as health service providers exemplifies the problematic relationships embedded in the aid industry. As noted previously, the donor community pulls a lot of weight in program direction and content. NGOs are beginning to play very large roles in the public health care systems of certain countries, and the long term effects of this responsibility and role are widely questioned[172]. This power, and the power inherent in providing and organizing aid, limits the freedom available to local voices and decision-making. An intersectional approach to macro systems, or as Hill Collins described them, interlocking oppressions [173], allows the mainstream development system to view SRHR struggles as part of a larger matrix of power hierarchies. While the existence of these power relationships may not surprise actors in the UN system, enshrining a commitment to intersectional analysis within the SRHR agenda would increase visibility and pressure for change.

Overall, the intersectional analysis helps to refocus the lens on SRHR in important ways that can no longer be ignored by the UN. Through an intersectional paradigm, we can understand race, class, and gender as relational concepts,

> *not as attributes of people of color, the dispossessed, or women but as historically created relationships of differential distribution of resources, privilege, and power, of advantage and disadvantage. Attention to the historical and contemporary processes by which populations are sorted into hierarchical groups with different degrees of access to the resources of society shifts our analysis to racism rather than race, toward gender subordination as well as sex as biology, and to resource distribution as the larger context that constrains and enables what appears as voluntary lifestyle choices[174].*

For the in-depth and inward-looking analysis an intersectional paradigm requires, and its ability to expose interlocking systems of oppression as well as health issues otherwise left out, the intersectional paradigm must be taken seriously by the UN for the SRHR agenda to advance. The following section will briefly address some of the reasons which prohibit intersectionality from being adopted.

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[172] Ibid.
[173] See footnote 38.
[174] Leith Mullings, "Resistance and Resilience: The Sojourner Syndrome and the Social Context of Reproduction in Central Harlem," *Transforming Anthropology* 13, no. 2 (2005): 79-91.

5.3 WHEN IT DOESN'T MATTER

This thesis argues that the politics of race might prevent intersectionality from being taken seriously by mainstream SRHR actors. Similarly to how male hegemonic norms of masculinity must be maintained, racial hierarchies and systems of oppression also must be protected in order to survive. There are vested interests in keeping an analysis of racial hierarchies off the agenda, especially when it comes in the form of a powerful intersectional framework. A formal recognition of the intersecting forms of discrimination, including race, and not only class and gender, would challenge the status quo. Further, it would acknowledge the continued functioning of historical and entrenched racial categorizing within international systems. In a post-race world of equal opportunity and liberal ideals of equality, the issue of racism being a factor in SRHR outcomes, or any development issue for that matter, is literally unspeakable. As articulated by Sandi Morgen, "to introduce racism as a topic in policy circles in the current political climate is to evoke a series of tensions and meanings that those in power prefer to avoid"[175].

Ironically, US health policy has recently paid attention to racial and ethnic "health disparities". Federal health policy at least nominally recognizes racial and ethnic disparities in health and health care[176]. The Department of Health and Human Services' "Initiative to Eliminate Racial and Ethnic Disparities in Health" and the Healthy People 2010 Initiative" identify the reduction of racial and ethnic disparities in health as a major goal. Still, there are serious differences in how these disparities are understood and how they are approached in federal initiatives.

Morgen's analysis of two health policy reports on racial and ethnic health disparities outlines the differences between taking an intersectional approach and using a positivist medical paradigm. *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* was commissioned by the US Congress in 1999 and published by the Institute of Medicine. Interestingly, while it was charged with assessing

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[175] Morgen, "Movement Grounded Theory: Intersectional Analysis of Health Inequities in the United States," 412.
[176] Virginia Cain and Raynard Kington, "Investigating the Role of Racial/Ethnic Bias in Health Outcomes," *American Journal of Public Health* 93, no.2 (2003): 191-192.

disparities, it was to do so without addressing "known factors such as access to care, e.g., ability to pay or insurance coverage."[177] Essentially, congress took off differential access to health care, which is one critical factor which also relates to larger socioeconomic inequalities, which are often stratified by race. Beyond illuminating this serious limitation, Morgen notes how the report avoids analysing disparities in the context of "racism", but instead uses words like discrimination, prejudice, and stereotypes. While the term "racism" appears in the document, it is used minimally and in specific locations:

> *Racial and ethnic disparities in health care emerge from an historic context in which health care has been differentially allocated on the basis of social class, race and ethnicity. Unfortunately, despite public laws and sentiment to the contrary, vestiges of this history remain and negatively affect the current context of health care delivery. And despite the considerable economic, social and political progress of racial and ethnic minorities, evidence of racism and discrimination remain in many sectors of American life.[178]"*

Interestingly, the term "racism" disappears from this exact paragraph in the Executive Summary and instead is referred to as "evidence of persistent racial and ethnic discrimination"[179]. Morgen's study further exposes how the document differentiates between "bias", "discrimination", "prejudice", "stereotyping", and "racism", the former being used much more frequently. The differences between examining racism and examining bias, discrimination, prejudice, or stereotyping are hence highlighted. Racism refers to deep systemic and structural problems within social, economic, and political institutions. Prejudice is much more individualized and can be fixed with attitudinal adjustments. It is for this exact reason that the use of intersectionality is important. Yet, its use may in fact be limited by the very systems it attempts to expose.

The discussion of the millennium shift has shown that even issues of gender equality in access to health pose serious threats to those in power, whether they lie outside of or within their national interests. The question of bringing class-based and racial discrimination into the discussion, and analysing issues such as HIV treatment and

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[177] Brian Smedley, Adrienne Stith, and Alan Nelson, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* (Washington, DC: National Academy Press, 2003): 3
[178] Ibid. 123
[179] Ibid. 6-7

access to contraceptives along these lines, is wishful thinking under such an unfriendly political climate. However, as the feminist movement has shown, it is not impossible for discourse and attitudes to change with the appropriate political pressure. It took decades for gender to become a priority issue in development, and while the work is on-going, change does occur.

CHAPTER 6: CONCLUSIONS

> *The politics of fertility control is about the role of the state in regulating individual behaviour. It is about the influence academics and intellectuals exert on fertility reduction policies at both the national and international levels. It is about the role of international donors, who are influenced by the political climate in their own countries. It is about the behaviour of bureaucrats, which is in turn conditioned by the structures of governments and donor agencies. And the politics of fertility control is about the control of one class or ethnic group over another, and about the gender relations within and beyond the household.[180]*

The current political climate towards women's sexual and reproductive health and rights has become increasingly aggressive. With conservative attacks consistently being made on women's health and reproductive rights, approaches to SRHR must be critically addressed and improved upon. This thesis maintains that an acknowledgement of varying forms of discrimination and power hierarchies on both the individual as well as structural level is the first step in moving the agenda forward and achieving transformative results.

This thesis has shown how the global women's movement undertook an important period of self-critique and growth which occurred alongside the evolution of the population movement. Issues of privilege, representation, and the problematic use of universality arose to redefine the global women's movement as well as to illuminate the various struggles within it. Lessons learned through decades of feminist theory and practical approaches have thus resulted in a wealth of knowledge and tools for challenging injustice and inequality. Traditionally, these lessons have been reflected in mainstream discourse. This is visible through the adoption of themes such as women's empowerment, the involvement of men, and the human rights-based approach. However, while these aforementioned components are representative of the intersectional framework, the intersections of race, class, and gender are not addressed within the discourse. This is especially true of the discussion of race and racism, which

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[180] Anrudh Jain, *Do Population Policies Matter? Fertility and Politics in Egypt, India, Kenya, and Mexico* (New York, NY: The Population Council, 1998)

is not at all apparent in UN SRHR discourse. As such, the mainstream SRHR agenda has failed to adopt the latest and most widely recognized approach, eschewing the value of addressing race, class, and gender as intersecting factors which influence access to SRHR. Instead, the UN system remains focused on gender, eliminating the possibility of wider and more inclusive analysis, both on the micro and macro levels.

This thesis makes the normative argument that the UN must take intersectionality seriously in its approaches to SRHR. While gender-based inequality is a hugely significant component of SRHR violations, race and class analysis is critical in understanding the varied and lived experiences of men and women as well as the oppressive systems operating on a macro level. The current gender mainstreaming framework inhibits the extraction of class and race from the complex matrix of power relations that shape inequality. The benefits of approaching issues of SRHR with a gender focus alone are outweighed by the need to address how other forms of discrimination interact with gender to create both individual and structural systems of oppression.

As the global women's movement undertook a period of self-critique and growth, so should mainstream actors and the UN system. This growth and redirection must acknowledge both the oppression and privilege associated with varying intersecting identities and locations. Much the same way intersectional analysis must "explicate the linkages between broad societal level structures, trends, and events and the ways in which people in different social locations live their lives"[181], this thesis argues that the local realities of policy implementation and approaches to SRHR must be informed by an understanding of the broad power dynamics and hierarchies which constrict their advancement.

It is evident that behavioural and attitudinal changes are slow coming. Even within the population movement itself, many believe that only a semantic revolution has occurred and that realities in practice have not been dislodged. In certain countries whose population control policies have been aimed at family planning and growth reduction, adopting policies which meet individual women's reproductive needs is a challenge.

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[181] Lynn Weber, "A Conceptual Framework for Understanding Race, Class, Gender, and Sexuality," in *Feminist Perspectives on Social Research* ed. Sharlene Nagy Hesse-Biber and Michelle Yaisier. (New York: Oxford University Press, 2004): 128.

Nonetheless, as explained before, the language used by international organizations and governments does matter. As there are many factors and power systems which affect progress locally, the discourse and approaches used by the UN helps in securing a connection between local realities and global systems. In efforts to move forward, intersectionality and the components it entails – not as separate issues but as intersecting factors that affect SRHR access, provision, status, and attitudes – must be acknowledged.

This thesis points to several factors which may hinder the adoption of intersectionality into the UN system and further research into this area is encouraged. Those who hold power have a vested interest in averting discussions of racial and economic oppression as these lead to discussions of racial and economic privilege. The threat posed by intersectional analysis to the status quo is perhaps the most significant reason why it has not been taken seriously outside of critical race and feminist circles. With discussions of gender now holding a strong position in mainstream development discourse, it is clear that much has been achieved for those seeking gender equality. In our efforts toward equality and justice in Sexual and Reproductive Health and Rights, perhaps it is now time for gender to take a supporting role alongside race and class.

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