

Worlds Apart: Women's Reproductive Health in United Nations Summitry, 1954 to 2005

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Introduction

United Nations (UN) summits responsible for international development initiatives must be evaluated regularly to ensure their relevance, inclusivity, and promotion of equality. International development lacks a universal definition. Therefore, it can encompass everything from the delivery of foreign aid, to academic theory, to programming on the ground. Although international development is multidimensional, it is influenced by dominant philosophical paradigms. Thomas Kuhn is often credited with providing a modern sense of the paradigm (Wray, 2011). In *The Structure of Scientific Revolutions*, he defined paradigms as “universally recognized scientific achievements that, for a time, provide model problems and solutions for a community of researchers” (Kuhn, 1962, p. 10). In the context of international development, “paradigms suggest what kinds of solutions are acceptable and what kinds of problems can be addressed” (Shuftan, 1988, p. 12). The relationship between UN summitry, international development paradigms, and women’s reproductive health has been one of influence and impact, but also of reciprocity and mutual growth.

UN summits play an influential role in the creation and proliferation of international development paradigms. They act as one of the “main sites where discursive and normative contestations occur” (Eager, 2004, p. 184) and “help create a normative framework which structures interaction in a given issue area” (Risse, 2000, p. 2). UN summits have historically shaped paradigms of international development (Weiss, 2001), because they “combine the legitimacy of the UN with the flexibility of informal meetings of states and public displays of concern and action on major global issues” (Pianta, 2005, p. 11). They often examine women’s reproductive health in international development. In fact, the most complete and comprehensive definition for reproductive health arose in 1994 as the result of a UN summit, the International Conference on Population and Development (ICPD). The ICPD 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 to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to

appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. (UN, 1994, pp. 45-46)

This definition was the result of many years of evolving struggles over women, reproduction, health, and rights in UN summitry.

In this paper, I explore the evolution of paradigms for women's reproductive health in international development through the study of UN summitry. I examine three UN summits: the World Population Conference (WPC) held in 1954, the ICPD held in 1994, and the World Summit (WS) held in 2005. I argue that each of these three summits represents a different paradigm about women's reproductive health. The WPC was the first UN summit to focus on variables and determinants in population and development. It was also the first time that reproduction was the focal point of a UN summit. As such, it was a natural choice for the first summit to study in this paper. I chose the ICPD as the second summit due to its influence at the time of its occurrence and decades thereafter. Almost twenty years after the ICPD was held, UN bodies still refer to it as "a milestone in the history of population and development" (UNFPA, 2013). Today, the United Nations Population Fund (UNFPA) uses the ICPD Programme of Action as a guide for international development programming. Because of its initial impact and the continued reliance on its principles today, it was best suited as the second summit in this study. Lastly, I chose the WS because it best represents current UN international development summitry. It functioned as a follow-up to the Millennium Summit (MS) in 2000 where the Millennium Development Goals (MDGs) were adopted. I focus more explicitly on the 2005 WS not only because it reflected the same principles of the earlier summit and fit into the same paradigm, but because it included a particular addition to the MDGs for women's reproductive health. The timing and nature of this addition made it a particularly pertinent summit in the evolution of paradigms for reproductive health. Thus, as a result of its position in the MDG framework and its focus on women and reproductive health, I chose to study the WS as the final summit. As Ines Smyth (1996) explains, UN summits are of great importance in studying reproductive health paradigms "because they reflect the dominant concerns in matters of population. They also influence the direction for thought and strategies for action for the following decades. [UN summits] epitomise the conventional wisdom on population for that

specific decade” (p. 78). The WPC, ICPD, and WS each exemplify the dominant paradigm for women’s reproductive health at the time of their occurrence.

In this study, the main question I address is: how have conceptions of women’s reproductive health in international development been impacted by the changes in paradigms over time? To address this complex question, I rely on three guiding theories: radical feminist theory, postmodern feminist theory, and post-structural theory. I begin this paper by examining each theory individually and collectively because “[f]eminist theories continue to affect development paradigms and thus play an important role in shaping the past, present, and future discourse” (Drolet, 2010, p. 212). Second, I introduce my methodology: feminist critical discourse analysis. This methodology provides an avenue to explore textual representations of reproductive health paradigms in UN documents from each summit. It aims to portray the complex ways in which “gendered assumptions and hegemonic power relations are discursively produced, sustained, negotiated, and challenged in different contexts and communities” (Lazar, 2005, p. 142). Third, I divide this paper into three chapters in which I review specific time periods and relevant literature, identify a paradigm, and analyze one significant document from the UN summit in question. Over time, the UN has changed the type of documents that are adopted as a result of a summit; I analyze them accordingly. In Chapter I, I examine the 1950s and 1960s by focusing on the 1954 WPC. The WPC did not produce an outcome document as it was not within the UN organizational framework to do so at the time. Therefore, I focus on the WPC Proceedings. In Chapter II, I explore the 1970s to the 1990s by concentrating on the 1994 ICPD. The ICPD resulted in the adoption of a Programme of Action. In Chapter III, I explore the most recent period, from 2000 to present, by focusing on the 2005 WS. The WS produced an Outcome Document. Last, in the final section of this paper, I present my conclusions based on my analysis of all three summits, as well as considerations about the future of reproductive health paradigms. Through this research, I have found that conceptions of women’s reproductive health in international development have been heavily impacted by the changes in paradigms over time. These paradigms are represented through the study of UN summitry and discernible through discursive analysis.

Guiding Theories

Radical Feminist Theory

As Børge Holmberg, Michael Graham Moore, and Otto Peters (2000) explain, “without theory there cannot be research; there can be number counting, data gathering, but there cannot be research without theory” (p. 431). To situate my research, I begin with the exploration of my guiding theories.

At its core, radical feminism traces the root of inequality to women’s oppression; it is considered the most fundamental form of oppression (Tong, 1989). Moreover, control over women’s sexuality and bodies is said to be a reflection of patriarchal control (Corrêa, 1994; Rowland & Klein, 1996). Allison Jagger (2008) explains that, “almost every man/woman encounter has sexual overtones and typically is designed to reinforce the sexual dominance of men” (p. 270). As radical feminist theory is concerned with the interplay of patriarchy and sexuality, it is instrumental in my study of paradigms for women’s reproductive health.

In my research, radical feminist theory guides my understanding that control over women’s reproduction reflects male dominance, paternalism, and unequal balances of power. Each chapter of this paper considers such issues in the context of different paradigms. However, radical feminist theory is most useful to Chapter I, in which I deal with the paradigm of population control. In this chapter, women’s reproduction in the WPC is portrayed as something that must be contained, regulated, or restricted.

Radical feminist theory has come under attack, most notably by postmodern theorists. Feminist postmodernists argue that radical feminist theory fails to address adequately differences between women. To combat male dominance, radical feminists assert “women must therefore organize, as women, in order that their own culture be liberated. Women must ‘raise the banner of the female principle’ ” (Donovan, 2006, p. 158). Feminist postmodernists reject the idea of women as a unified collective or the existence of an essential femaleness.

Though contradictory, the juxtaposition of theoretical perspectives from both radical feminist theory and postmodern feminist theory are essential to balance my research on reproductive health. Where radical feminist theory fails to address the importance of difference within the context of reproductive health, feminist postmodernism provides an avenue to explore

it. The use of both theories permits a multidimensional understanding of reproductive health. As such, feminist postmodernism must be examined further as another guiding theory in this paper.

Postmodern Feminist Theory

As a leading theorist in what has come to be known as postmodernism, Michel Foucault demonstrates that “power is not a fixed entity, structure or institution but instead relational, resulting from social processes and realized through the social body. In this way, it operates at all levels of society and is omnipresent” (Foucault, 1977, p. 200). Feminist postmodernists understand this concept of power as it applies to gender. They analyze the ways in which patriarchal dominance often defines the structure of society, and criticize the male/female binary as one of the main organizational structures of society.

Postmodern feminists reject homogeneous or normalizing accounts of women as one group. They seek to “dissolve the universal subject and the possibility that women speak in a unified voice or that they can be universally addressed” (Conway-Turner, 1998, p. 273). Moreover, postmodern feminists reject the notion of a collective understanding of feminism and women’s issues. They claim that “the very subject of women [cannot be] understood in stable or abiding terms” (Butler, 1990, p. 2).

I rely on feminist postmodernism in Chapter II in order to identify a paradigm of reproductive rights. In this chapter, I consider the impact that feminist groups from the North had in UN summitry in the 1970s to the 1990s. These groups built on the foundation of woman’s rights that arose in the 1970s and 1980s, and capitalized on the popularity of human rights in UN summitry in the early 1990s. By the mid-1990s, their influence helped to build a paradigm of reproductive rights. This paradigm was realized, in part, as it positioned women in a universal category. Radical feminist theory explains the power of such a collective, but does not always address how this collective may be problematic (Rowland & Klein, 1996). Postmodern feminist theory allows space for such a critique (Thompson, 1996). In Chapter II, I go beyond a radical feminist understanding of homogeneity for reproductive rights by using a postmodern feminist lens. Postmodern feminist theory guides my deconstruction of the notion that groups of feminists from countries in the Global North could realistically represent all women around the world. Many feminist scholars (Akhter, 1992; Parpart, 1993; Smyth, 1996) argue that such groups of

feminists from the North cannot be representative of Southern perspectives on reproductive rights.

Postmodern feminist theory enables my understanding of power, social structures, hierarchy and gender in UN summitry. In order to allow for a nuanced exploration of reproductive health, I use postmodern feminist theory as well as radical feminist theory at different points in this paper. The juxtaposition between the two theories reflects the complexity inherent in different paradigms for reproductive health. However, neither theory adequately addresses how power and dominance are discursively produced, which is vital in my study of UN summit documents. To fill this void, I rely on post-structural theory. Post-structural theory supports the deconstruction of text, specifically to uncover representations of power and marginalization. Accordingly, I turn now to an exploration of post-structural theory.

Post-structuralist Theory

Jacques Derrida, a leader in post-structuralist theory, defines dominance and text. He explains that in text, “we are not dealing with the peaceful coexistence... , but rather with a violent hierarchy” (Derrida, 1981, p. 41). Words can dominate, or be dominated, as a result of their positioning within a larger text. Moreover, post-structuralist theory contends that “the meaning of a text is never single or fixed” (Hesse-Biber, 2006, p. 237) and that a true meaning may be hidden from the initial view of any document. Post-structuralists highlight that some concepts are affirmed and have a more prominent textual role, while others are marginalized. Jane Parpart (1993) suggests that, according to post-structuralist theory, “[d]ominant meanings are often created through comparison with an ‘other’ which then defines both itself and the dominant reality” (p. 440). Post-structuralist theory is essential to understanding the choice in summit documents for review in this research. Such a theory asserts that we are able to understand the structure of power, and determine hierarchical patterns in a text.

Post-structuralist theory guides my analysis of each UN text. But post-structuralism is most useful in Chapter III, the paradigm of economic growth. In this chapter, I consider why women’s reproductive health was excluded from the original iteration of the MDGs, and how it was represented after its inclusion. Post-structuralist theory suggests that such an omission makes its own statement, and that we are able to understand “the dominant worldview embedded

within [text] as well as the ‘silences’ (what has been marginalized or left out of the text)” (Hesse-Biber, 2006, p. 237).

Discourse analysis reveals social structures, interactions and thematic influences or groupings within text. The theoretical foundations of post-structuralism help to inform and guide such revelations. Thus, there exists a strong link between post-structural theory and discourse analysis, whereby post-structural theory can be understood as *the way*, and discourse analysis as *the means*. Both theory and methodology combine as a mode of knowledge production based on language, subjectivity, and power relations (Gavey, 1997).

Radical feminist theory, postmodern feminist theory, and post-structuralist theory each guide my analysis of UN documents and their representation of paradigms for women’s reproductive health. Each theory addresses different aspects and understandings of women, control, and power. They combine to link the relationship between paternalism, sexism, and racism. These theories overlap and provide different avenues to explore similar issues. Radical feminism guides my analysis of women’s oppression, but fails to account for the important differences between and amongst women. Postmodernism addresses this difference, while maintaining a focus on hierarchies of power and oppression. Post-structuralism further expands postmodern understandings of power and its representation in text. As these theories guide my research of women’s reproductive health in UN summitry, in combination, they also inform my methodology. I use a feminist critical discourse analysis methodology to uncover the connections between power, gender hierarchy, and discourse. I will now explore feminist critical discourse analysis methodology, and how it will be used in my paper.

Methodology and Terminology

Feminist Critical Discourse Analysis

Critical discourse analysis focuses on the way that power, dominance, and inequality are reproduced in text. It is concerned with the politics of representation (Miller, 2000) and suggests that text is a social construction characterized by linguistics and word choice. This methodology is useful in examining the “critical perspective on unequal social arrangements sustained through language use [and] hegemonic power relations [that] are discursively produced” (Lazar, 2005, p. 68). Teun A. van Dijk (2001) explains that critical discourse analysis deconstructs the ways that text presents certain concepts as important, while downplaying others. Aram Ziai (2011) goes

further to suggest that certain discourses are able to reproduce and/or transform relations of power, not only through what is downplayed but through what may be excluded. Critical discourse analysis can thus be understood as a means to analyze both opaque and transparent manifestations of power relations within language (Wodak & Meyer, 2001).

A feminist critical discourse analysis (FCDA) also seeks to uncover discursive representations of dominance, control, and inequality. It deconstructs the complex ways in which text reproduces hierarchical power relations, whether overtly or in subtle ways. However, FCDA methodology is centered in a critical feminist perspective on the nature of gender within text. As Michelle Lazar (2005) explains, the goal of FCDA is to “theorize and analyze from a critical feminist perspective the particularly insidious and oppressive nature of gender as an omni-relevant category in most social practices” (p. 3). Importantly, Lazar (2005) also points out that FCDA is motivated by a fundamental understanding of the need to change existing power relations, particularly gender hierarchies. When examining the three UN documents, I use FCDA methodology to examine, analyze, and critique textual representations of paradigms for women’s reproductive health. Understanding the strategic use of these particular forms of communication is instrumental to the deconstruction of each text.

Terminology

In a feminist critical discourse analysis of international development paradigms, certain terms must be re-examined. The terms “First/Third World”, “Developed/Developing World”, and “Global North/South” or “East/West” are often used when describing high- and low-income countries. These terms must each be explored to understand their significance, and to provide a rationale for their usage.

The “First”, “Second”, and “Third World” terms were used primarily in the context of the Cold War. As described by Leslie Wolf-Phillips (1987), the term “First World” meant industrialised developed, market-economy countries, i.e. capitalist countries. The term “Second World” was used to describe the industrializing, centrally-directed Communist bloc. The “Third World” was considered “the non-aligned world. It was also a world of poor countries” (Wolf-Phillips, 1987, pp. 1311-1312). Despite the dissolution of the “Second World” with the end of the Cold War in 1991, the terms “First World” and “Third World” remain in popular usage. Yet, using these terms in the modern context is problematic. Such a hierarchical system of

classification has been heavily criticized, most notably by feminist scholars such as Cheryl Johnson-Odim and Chandra Talpade Mohanty. Johnson-Odim (1991) explains that “the term Third World is frequently applied in two ways: to refer to ‘underdeveloped’/over-exploited geopolitical entities, i.e. countries, regions, even continents; and to refer to oppressed nationalities from these world areas who are now resident in ‘developed’ First World countries” (p. 335). Mohanty (1991) describes the use of these terms as portraying “a world system dominated by the West” (p. 335). She further critiques the way that the term “Third World” is applied to women. The “Third World woman” (Mohanty, 1991) is often seen as leading “an essentially truncated life based on her feminine gender ... and being ‘third world’ (read: ignorant, poor, uneducated, tradition-bound, domestic, family-oriented, victimized, etc)” (p. 337). Women are thus reduced to a homogenized category based on their race and gender. In recognition of the hierarchical structure that these terms represent, especially for women, I will not be using the “First/Third World” binary in this paper.

The terms “developed” and “developing” world were first introduced in the 1960 publication of Walt Rostow’s *The Stages of Economic Growth: A Non-Communist Manifesto*. Rostow (1960) claimed that countries undergo stages of transition from “underdeveloped” to “developed”. He argued that rich countries such as the United States and much of Western Europe had reached the highest stage of development, and were deemed “developed”. Countries that did not fit this category were in the process of developing and moving through the required stages. With these terms, the “developed” world is portrayed as the ideal which all other nations must strive to reach (Cullather, 2000). The terms “developed/developing”, like “First/Third World”, have also been criticised for their hierarchical representation of development. As explained by Nedervene Pieterse (1989), there is an implicit assumption in the term “developing” which indicates that “things will improve over (some unforeseeable period of) time. However, this terminology has been used to hide the exploitation and oppression of people in the so-called developing countries” (p. 18). Additionally, the terms offer no distinction amongst countries, and suggest homogeneity amongst all developing countries. In this paper, I will not be using the terms “developed” and “developing” world because they preserve a hierarchical and paternalistic perception of development.

Currently, the terms “the Global North/South, and also “the West/East”, have become more common for describing high- and low-income countries. As Mohanty explains,

“‘North/South’ is used to distinguish between affluent, privileged nations and communities, and economically and politically marginalized nations and communities, as is ‘Western/non-Western’ ” (Mohanty, in Chrisler, 2012, p. 58). The terms “Global North” and “Global South” were first used in a 1980 report of the Independent Commission on International Development Issues chaired by West German Chancellor Willy Brandt. The terms were used to divide the world into economic hemispheres, with exceptions for Australia and New Zealand (Brandt, 1980). As explained by Vincent J. Del Casino Jr. (2009), the terms “provide a more open definition of global difference, one based in social relations and cultural differences and political and economic disparity” (p. 20). The Global South refers to “those poorer nations that are not left out of development, but whose labour and lives pay for the affluence of the North” (Prashad, 2008, p. 15). I believe these geographically-based terms best capture the nuances and levels of difference that are necessary for the study of reproductive health in international development. They reject a hierarchical divide, and they are not so rigid as to ignore the differences both between and amongst countries. For example, differences of privilege and wealth exist not only between countries, but within the same country as well. As explained by Anouka van Eerdewijk (2001), these terms account for “what is called ‘the south within the north’, i.e. poor and/or migrant communities in developed countries” (p. 429). Indeed, several feminist scholars (Barton, 2005; Parpart, 1993; Sandoval, 1991) argue that the Global South can and does exist in the North. In many countries, great wealth and great poverty exist simultaneously. To account for such heterogeneity, Mohanty (2003) supports the terms “One-Third World” and “Two-Thirds World”, as originally elaborated by Gustavo Esteva and Madhu Suri Prakash (1998). These terms reflect that one-third of the world can be represented as a social minority, particularly associated with wealth and privilege. Alternatively, the remaining two-thirds of the world represent the social majority which works to support the North. These terms lack any association with geographical or ideological designation. They portray that great wealth and great poverty transcend both national and international boundaries.

Though the terms “Global North” and “Global South” persist in maintaining an international “us versus them” divide, I believe they are the best option for use in this paper. The terms “Global North” and “Global South” represent a departure from historically biased terms in international development. They represent a rejection of the Cold War-era political designation implicit within the “First/Third World” dichotomy, and the economic hierarchy within the terms

“developed/developing” world. Thus, the terms “Global North” and “Global South” present a more nuanced understanding of international development. Importantly, they also allow for consideration of the difference in wealth and privilege both between and within countries. As such, I will use the terms “Global North/South”, or simply “the North/South”, throughout this paper.

Finally, in using a feminist critical discourse analysis on textual representations of paradigms, it is important to note that international development paradigms do not merge neatly with decades. The dominant paradigm from the 1960s may still influence thinking in the new millennium. Therefore, in order to study changes to development paradigms, I focus on the UN as an institution with a distinct and/or singular perspective on international development. Although there are many men and women with different points of view within the UN, it nonetheless presents a unified perspective as a public institution.

Chapter I: The Paradigm of Population Control

Throughout its history, the concept of international development has continued to evolve. It has been considered insufficient as an instrument of assistance (Patterson, 2009), immoral as a practice (Ufford, 2003), half-hearted in its aims (Poku & Whitman, 2011), and a failure on a large and small scale (Dichter, 2003). Others take a more optimistic view, believing that effective methods to achieve development are possible (Thode, Landick, Paterson, & Watkins, 2011), and that new actors in international development are capable of making positive change (Kragelund, 2011). In this chapter, I explore the historical origins of international development attending to women's reproductive health. Second, I consider the paradigm of population control as the dominant paradigm for women's reproductive health in the early history of international development (1950s and 1960s). I review the relevant literature on this topic, grouping key thematic connections. Third, I examine the first UN Conference on population issues, the WPC held in Rome, Italy in 1954. The WPC represents the dominant paradigm that framed women's reproductive health in the 1950s and 1960s. Finally, I analyze the impact of the aforementioned paradigm on women's reproductive health as an international goal.

A Brief History of International Development

Scholarly opinion differs about the origin of international development. Robert Potter (2002) traces its complex roots to the age of "the Enlightenment as the age of reason, which shaped concepts of progress, growth, and social change" (pp. 73-74). Arturo Escobar (1995) argues that international development is "the last and failed attempt to complete the Enlightenment in Asia, Africa, and Latin America" (p. 2). Such a view of development was tied to the "Enlightenment idea of progress" (Cowen & Shenton, 1996, p. 31) where development is seen as "becoming more modern and less traditional [and] guiding the path to progress of distant others" (Potter, 2002, p. 74).

Drawing upon these roots, I focus on international development from the mid-20th century, and primarily the "world-wide development initiative of the post-World War II era" (Cooper & Packard, 1996, p. 1). After the end of the Second World War, ravaged European countries looked to their North American allies to help them rebuild from the destruction and chaos. To that end, the UN officially came into existence on October 24, 1945. Its purpose was "to promote international cooperation and to achieve peace and security" (UN, 2013, para. 1). On December 27, 1945, the International Bank for Reconstruction and Development (now the World

Bank (WB)) was also founded to help rebuild Europe. Its aim was to nurse these ailing states back to their former economic health. The Bank's first loan of \$250 million was to France in 1947 for post-war reconstruction (WB, 2013). After the immediate financial needs of Europe had been managed, global institutions such as the WB and the UN began to consider the Global South and its development. Some scholars have credited this shift to Harry S. Truman (Potter, 2002; Thomas, 2000). In his inaugural address in 1949 he declared:

We must embark on a bold new program for making the benefits of our scientific advances and industrial progress available for the improvement and growth of underdeveloped areas. The old imperialism – exploitation for foreign profit – has no place in our plans. (Truman, as quoted in Thomas, 2000. p.5)

Others argue that the concept of international development for the Global South was conceived even earlier (Hulme, 2008), when President Franklin D. Roosevelt affirmed in his Four Freedoms speech of 1941 that “everyone has the right to a standard of living adequate for the health and well-being of himself and of his family including food, clothing, housing and medical care” (Roosevelt, 1941, p. 1). Certainly a profound shift took place when the concept of international development changed its focus from aid to European states to aid to poor nations, primarily in Africa but also in Asia and Latin America. Seemingly, Truman's and Roosevelt's recognition of the need for global well-being was a starting point for the evolution of international development. However, their motivations for international development were not entirely altruistic and included winning support for the Cold War anti-Communist regime (Painter, 1995) through attempting to curtail a population explosion (Hartmann, 1995).

Once established as a global duty, development institutions like the WB and the UN assumed that the international development in the Global South would work similarly to the way it had in Europe after World War II. As a result, international development for the Global South consisted of giving aid money for funding large-scale industrial projects, such as building roads and schools (Mason & Asher, 1973; Steger, 2009). This model of development was rooted in economic theories from the North, such as Modernization theory (Hettne, 1995).

Modernization theory holds that countries in the Global South, like their European counterparts, would quickly rebound from poverty and join the rest of the industrialized world when given the proper amount of funding. This theory is epitomized by Rostow's *The Stages of Economic Growth: A Non-Communist Manifesto* (1960) which claims: “It is possible to identify

all societies, in their economic dimensions, as lying within one of five categories: the traditional society, the preconditions for take-off, the take-off, the drive to maturity, and the age of high mass-consumption” (p. 4). Modernization theory helped to shape the international development paradigm in the mid-twentieth century (Moyo, 2010; Ish-Shalom, 2006; Patterson, 2009; Wilson & Whitmore, 2000).

Rostow’s theory has since been rejected by many international development scholars and practitioners. It has been criticized as highly Eurocentric (Blaut, 1993) and materialistic (Ish-Shalom, 2006). Furthermore, Rostow’s categories are infused with paternalistic and racialized thinking. In Rostow’s model, “the problem of development became one of bringing ‘backward’ colonial peoples into the modern (i.e. developed) world. This sense of difference and superiority was enshrined in a colonial discourse” (Parpart, 1993, p. 447). It has taken decades of economic, sociological, political, and historical research to understand the failure of such traditional international development theories (Potter, 2002), and the factors that contribute to them (Drolet, 2010; Haddad, Hossain, McGregor, & Mehta, 2011).

Women in International Development

Women’s specific roles in international development have historically been a subject of focus intermittently (Marchand, 1995). Although much debate exists about what can be characterized as “women’s issues” (Alcoff, 1988; Fox-Keller, 1992; Lazar, 2005), UN international development initiatives have, in various ways, included or acknowledged women in international development. One issue that has been recognized is women’s reproductive health. Throughout the 1950s and 1960s, development institutions considered women and reproduction in international development simply because they could impact the rate of population growth. Women mattered only because of their biological ability to bear children. This paradigm led to widescale investigation into the ramifications of a growing global population, and specifically the growth of poor populations in postcolonial nations. The prospect of uncontrolled growth became a subject of anxiety for many institutions, including the UN. Many historical and international development scholars agree that, in the aftermath of World War II, population control was the dominant paradigm for women’s reproductive health in international development (Abouzahr, 1999; Caulier, 2010; Hartmann, 1995; Lane, 1994; Smyth, 1996; Weisz & Olszynko-Gryn, 2009).

Population Control and the Cold War

Population control is at its core a means of altering the rate of population growth artificially (Ng, 1986). To control birthrates, governments and international institutions can increase access to contraception (Eager, 2004; Franks, 2005), implement forced sterilization programs (Akhter, 1992), or legally limit the allowable number of children in a family (Greenhalgh, 2008; Ng, 1986). Population control measures range widely. They can increase in severity, from restrictive immigration policies in countries such as Canada (McLaren, 1990), to forced abortion, as has occurred in China since the early 1970s (Nie, 1999).

Attempts to control birth rates are not new. Thomas Malthus, in his influential publication, *An Essay on the Principle of Population*, argued that we must always keep “a strong and constantly operating check on population” (Malthus, 1798, p. 4). He claimed that the reasons for this check were a “difficulty of subsistence... [and that] by that law of our nature which makes food necessary to the life of man, the effects of these two unequal powers [population and food] must be kept equal” (Malthus, 1798, pp. 4-5). Malthus was a supporter of preventative methods to manage birthrates. As explained by Peter Dunn (1998), Malthus believed that higher classes were able to exercise such methods, including moral restraint, delayed marriage, and sexual abstinence. Alternatively, he considered the poor as incapable of such restraint, and that birth control was the only means by which their numbers could be limited.

In the late nineteenth century, Sir Francis Galton coined the term “eugenics” as “the study of the agencies under social control that may improve or impair the racial qualities of future generations either physically or mentally” (Galton, as quoted in Crook, 1994, p. 86). Eugenics could be either positive or negative. Positive eugenics encouraged reproduction to increase the birth rates of those believed to carry presumably inheritable superior traits, such as morality and intelligence. These traits were most commonly associated with the higher classes. Contrastingly, negative eugenics discouraged presumably inheritable inferior traits which were mostly commonly associated with the lower classes. The most widely known example of negative eugenics began in 1933 when Adolf Hitler came to power. Using negative eugenicist arguments about inferiority, Hitler sought the destruction of the Jewish “race”.

As suggested by Angus McLaren (1990), proponents of eugenics claimed scientific justifications for deep-seeded prejudice based on gender, race, and class. He further states that eugenicist arguments were commonly used within the Global North. In examining the history of

eugenics in Canada until 1945, McLaren highlights Canada's eugenicist policies. Such policies included forced sterilization, immigration restriction, and incarceration in mental hospitals. In the United States, American birth control activist and feminist Margaret Sanger was an important figure in the history of eugenics. Today, Sanger is heralded as a pioneer for women's reproductive choice. She is known worldwide for her work in founding Planned Parenthood. However, Christabelle Sethna, in her reading of Ellen Chesler's research on Margaret Sanger, states that she "was an adherent of eugenics and, later, an advocate of population control" (Sethna, 2006, p. 100). Sanger believed in the eugenic premise of "assist[ing] the race toward the elimination of the unfit" (Katz, Hajo, & Engelman, 2003, p. 132).

In the 1950s and 1960s, the ideological roots of eugenics combined with politically-based fears as Northern nations' colonial possessions in the Global South began demanding independence and statehood. Wars for independence in countries like Algeria (1954) and Viet Nam (1955) contributed to the Northern fears of Southern populations. Citizens of the Global South were increasingly willing and able to go to war against their respective colonial powers in order to gain independence. These countries contributed to the fear of doomsday scenarios whereby the Global South would rise to fight against the North. The driving force behind the population control paradigm in international development during the Cold War era was a fear of the spread of Communism to these newly independent states (Lane, 1994; Momsen, 2004; Steger, 2009; Weisz & Olszynko-Gryn, 2009; Ziai, 2011).

After World War II, tense relations between the Americans and the Soviets divided the world into two politically-based blocs of either capitalist countries or Communist bloc countries. This split characterized the era of the Cold War. Capitalist countries saw the growing masses of people in the Global South as a potential threat. These poor, postcolonial countries were thought capable of making Communist alliances, rejecting a capitalist system and subsequently adopting revolutionary Communist ideologies. George Weisz and Jesse Olszynko-Gryn (2009) explain that, during the Cold War context, it was thought that larger populations "would use up more resources necessary for development and leave many countries more vulnerable to communist takeover, as had occurred in China" (p. 298).

In order to prevent such a threat, the North turned its attention to the practice of international development. As such, "a major purpose of [Northern] aid was to contain any expansion of Soviet influence" (Pratt, 2001, p. 65). Specifically, the women of the poor,

postcolonial countries were targeted for population control. The anti-Communist logic was that by escaping the poverty associated with large families, countries would be less motivated to ally themselves with the Communists if their birth rates were controlled. As explained by Michelle Murphy (2012), “poverty bred communism, and birth control was the solution” (p. 15). Thus, women’s role in international development was reduced to their reproductive capacity.

The population control paradigm of the 1950s and 1960s was further enshrined by the desire to protect economic prosperity in the North (Connelly, 2008; Lane, 1994). Malthus had warned much earlier about the demographic dangers of overpopulation, and during the Cold War, many influential theorists used neo-Malthusian economic theory as a rationale for population control in postcolonial countries. American ecologist Garrett Hardin often cited Malthus in his popular 1968 publication, *The Tragedy of the Commons*. Basing his point of view on Malthusian theory, Hardin (1968) stated that “freedom to breed is intolerable” (p. 1246) and advocated for “mutual coercion, mutually agreed upon” (p. 1248). Because Hardin was an ecologist, he understood that population increase would have a measurable environmental impact. He claimed that overpopulation upsets ecological balance and results in overuse of natural resources. American biologist Dr. Paul Ehrlich was another supporter of Malthusian economic policy and influential advocate for population control. Like Hardin, he also had an environmental background. As a biologist, Ehrlich was often concerned with the ecological impact of overpopulation. In 1968, Ehrlich published *The Population Bomb*, which sold two million copies in its first two years of publication and contributed to a widespread fear of a growing global population. From the beginning, Ehrlich’s alarmist book highlighted that “burgeoning population growth...will continue to its logical conclusion: mass starvation” (Ehrlich, 1968, p. 3). This work functioned effectively in raising “concern about overpopulation and the widespread human and ecological harm population pressure would cause” (Lehner, 2011, p. 3). *The Population Bomb* used neo-Malthusian economic theory to argue that population control was not merely an option; it was a necessity.

As Mathew Connelly (2008) states, during the 1950s and 1960s, “the proportion of North Americans and Europeans shrank by more than a third; cities in Asia, Africa, and Latin America became the largest in the world” (p. 5). Evidently, population control for privileged groups of people living in capitalist nations in the Global North was not the priority. Rather, groups of impoverished people living in the Global South were the targets. Though rooted in economic

theory, Ehrlich was heavily influenced by the racially-driven, anti-Communist political climate of the Cold War era. Ehrlich saw countries in the Global South as “so peopled by brown, black and yellow bodies that capitalism had no room to take root... Ehrlich recommended that countries identified as First World take drastic measures to help nations in the Third World to bring their birth rates to heel” (Sethna, 2006, p. 101).

At the UN, this combination of Cold War fears, racial bias, and neo-Malthusian economic theory combined to drive forward the population control paradigm. Since the influence of the United States on the UN has always been great (Khlaifat & Al-Bashayreh, 2011), American fear of the spread of Communism in postcolonial countries crept into this body:

One of the main concerns of the population control movement was the birthrate of the rapidly growing populations of Asia and Africa, and since it was politically difficult for the US government to become directly involved in projects to curtail these populations, it turned to agencies of the United Nations. (Decter, as quoted in Grimes, 1994, p. 210)

As a result, the population control paradigm became a significant aspect in international development at the UN. The member organizations of the UN were also influenced by the economic argument to control the growing populations in the postcolonial Global South. In 1969, UN Secretary-General U Thant declared:

I can only conclude from the information available to me as Secretary-General that the Members of the United Nations have perhaps 10 years left in which to subordinate their ancient quarrels and launch a global partnership to...defuse the population explosion and to supply the required momentum to development efforts. If such a global partnership is not forged within the next decade, then I very much fear that the problems I have mentioned will have reached such staggering proportions that they will be beyond our capacity to control. (Thant, as quoted in Johnson, 1987, p. 21)

This declaration exemplified the long reach of the population control paradigm within the UN, and its focus on the postcolonial Global South. In the 1950s and 1960s, population control in international development was “as an artefact of the political and intellectual context of the Cold War” (Cullather, 2000, p. 642). Women of the Global South were targets of population control because of their biological ability to produce children (Barton, 2005). The power of this paradigm is highlighted in the first UN conference on population and development.

The World Population Conference

The WPC was held in Rome, Italy from August 31 to September 10, 1954. The UN, the International Union for the Scientific Study of Population, the Food and Agriculture Organization (FAO), the International Bank for Reconstruction and Development (now the WB),

the International Labour Organization (ILO), and the World Health Organization (WHO) all sent representatives to participate in the conference. The purpose of the conference was “an exchange of views and experience among experts on questions relevant to population” (UN, 1955, p. 3).

This conference consisted of 32 meetings and was recorded as a set of Proceedings. A Summary Report was also produced. As stated in the Summary Report, “the sole purpose of the conference was to be an exchange of views and experiences, no resolutions were considered at the meetings” (UN, 1955, p. 4). Producing post-Conference Programmes of Action or Outcome Documents were not standard UN procedure at the time, whereas it is now.

A feminist critical discourse analysis of the 1954 WPC demonstrates the conditions under which women’s reproductive health was considered: mortality trends and fertility trends. This population control paradigm was visible from the outset. The understanding of women’s importance solely in relation to mortality and fertility was a product of gendered power relations (Friedman, 2003), neglect of women’s well-being (Guang-zhen & Pillai, 2001), and a conceptualization of women simply as a means to an end (Eager, 2004).

Preliminary meetings of the WPC consisted of general introductions and the evaluation of demographic statistics. However, I focus on excerpts from Meetings Four, Five, and Eight. These meetings were concerned with mortality, fertility, and as written in the WPC Proceedings, “primitive” communities and “preliterate” peoples (UN, 1955, pp. 6-15). The very words used to describe these meetings underline the “otherness” of the South while reinforcing the power of the North. The following is an excerpt from Meeting Eight, entitled “Fertility Trends, with special attention to areas of higher fertility”:

in most of the underdeveloped areas of the world, populations are increasing at a considerable pace. ...mortality decreases, fertility remains constant, and rapid increase in population is the consequence. ...fertility rates in the underdeveloped areas may be considered high, they are not nearly as high as they might be. Nor is there evidence that any society has reached or even approached the maximum fertility of which they are biologically capable. (UN, 1954, pp. 841-844)

This passage exemplifies the North-South “power-structured relationships, [and] arrangements whereby one group of persons is controlled by another” (Millet, 1970, p. 23). The text presents a sense of urgency and attempts to legitimize population control in the South, without explicitly using the term “population control”. Instead, the text pairs words like “fertility” with “rapid increase”, and “populations are increasing” with “considerable pace”. It highlights the extent to which populations in the South were escalating, seemingly hurtling toward “maximum fertility”.

This language effectively set the stage for intervention to restrict population growth, the central tenets of population control.

The WPC's push for population control in the Global South can be deconstructed using a radical feminist lens. As is often argued in radical feminist theory, the relationship between power and control is the central issue, "and sexuality [is] where this issue [is] critically played out" (Mackinnon, 2000, p. 687). Sexuality is intrinsically linked to reproduction (Firestone, 1970). As Murphy's (2012) research explains, the control over women's reproduction has been characterized as both "a practical and pivotal feature of feminist politics" (p. 2). Control over women's reproduction and fertility is rooted in a radical feminist understanding of sex-based power and hierarchy.

As prominent radical feminist Shulamith Firestone (1970) explains, since women menstruate, undergo menopause, and are the bearers of children, they are seen as being "at the continual mercy of their biology" (p.8). The WPC highlighted that societies in the South had not yet reached "the maximum fertility of which they are biologically capable". As such, it is clear that within the WPC, Southern women were viewed in a similar light as unable to control their own fertility. This interpretation guided the WPC's drive for Northern control of birthrates in the Global South.

The systemic control of Southern women's reproduction has a long history. Dorothy Roberts (1997) examines this history in the American context. Her research shows how control over black women's bodies, sexuality, and fertility has roots in slavery. She explains that black women were portrayed as objects whose decisions about reproduction were subject to regulation, rather than to their own will. Such regulation of women's bodies is mirrored within the WPC. Fertility rates were seen as needing regulation, because of the "rapid increase in population" within the Global South.

The WPC portrayed population growth as a palpable threat. This position stems from a fundamental and historical power hierarchy whereby women and their fertility are seen as controllable, especially in the Global South. The excerpt from Meeting Eight intertwines the tenets of male power and control over women's bodies, as supported by radical feminist theory, with the strategic, anti-Communist interests of the North. Within this passage, the WPC uses the threat of rising populations as a rationale to control the fertility of women in the South. Without

the restriction of birthrates, Southern populations would continue to increase and pose a potential threat to the North.

Further excerpts from Meeting Eight focus specifically on women from the South and their socio-cultural positions. The aforementioned organizations present at the WPC had studied women in the South in order to understand why they had children. Meeting Eight includes the following commentary:

women find it advantageous, particularly in patrilocal societies, to have children and to have them early since it increases their security among their husband's relatives. ... women are generally confined to the household and their careers limited to the home and their children, there is no incentive for them to do otherwise than to reproduce their kind. They are unable to visualize any other role in life. (UN, 1954, pp. 842-843)

This passage explains why women give birth to as many children as early as possible. Women either “find it advantageous” to do so, or they lack “incentive to do otherwise”. As explained by Parpart (1993), such assumptions about women “reflected western patriarchal patterns of ownership, work and control, which... relegated them to a subordinate role in society, particularly in regard to economic and political matters” (p. 448). These women were reduced to their reproductive biology. Thus, Parpart (1993) supports the radical feminist argument that men's fundamental oppression of women is sex-based, and often revealed through control over women's fertility. Indeed, the WPC depicted women as powerless victims of their own fertility because they were “unable to visualize” a life outside motherhood.

However, in Meeting Eight, the universal category of women must be understood as nuanced by race and geography. In postmodern feminist theory, women cannot be understood as a homogenous group (Rowland & Klein, 1996; Thompson, 1996). Thus, there exists a discrepancy within the WPC. Women are portrayed universally in a subordinant position to men yet women from the South are considered the “Other”. The WPC went beyond the universal category of women when considering women from the Global South. These women were seen as “exotic specimens, as oppressed victims, as sex objects, or as the most ignorant members of ‘backward’ societies” (de Groot, 1991, p. 13). This characterization renders the personage of the “Third World Woman” (Mohanty, 1991) as completely dependent upon childbearing in order to secure an advantageous position in her society. She is portrayed as being a prisoner who cannot view herself as other than a mother of many children.

This passage from Meeting Eight presents the dominant opinion at the WPC. Lacking any Northern control, women in the Global South would continue to bear more children, affecting the population dynamics in their nations and making them susceptible to Communism. Consequently, this opinion exemplifies the strong linkages between power, gender, race, and reproduction that are critical to the paradigm of population control.

In line with the population control paradigm at the WPC, another overarching theme appeared in multiple meetings throughout the conference: the need for population-related data from the Global South. As Richard Gardner, a United States delegate to the UN in the 1960s, so precisely stated:

The UN played a major role in encouraging and assisting Member Governments to obtain factual information on the size, composition, and trends of their populations and on the interaction between population growth and economic development. It helped train nationals of less developed countries in census-taking and demography. Slowly but surely it helped alert the new leaders of the developing nations to the dangers of too rapid population growth. (Gardner, as quoted in Johnson, 1987, p. 23)

Throughout the WPC, delegates showed a concern for accuracy in population numbers. In Meeting Four, similar worries appeared. The proceedings display an unease that many countries in the Global South lacked:

the precision attained in the Western advanced countries. . . . accurate statistical data for mortality rates are difficult to obtain. . . . areas or countries possessing a not very advanced or efficient administrative or statistical machinery in which, for various reasons, civil registration of vital events (births, deaths) lack completeness. (UN, 1954, pp. 439-511)

The admission of this difficulty due to the lack of “advanced or efficient administrative or statistical machinery” was significant to these texts. For the WPC, this poor quality of data was evidence of the Global South’s backwardness. Southern countries were unable to match the “advanced countries” in the North and had no “efficient administrative or statistical machinery”. This was a large problem for the North. Inefficient calculation methods led to inaccurate data and loss of control over the North’s understanding of what was happening in terms of population growth in the Global South. If Northern agencies such as the UN were unable to calculate population rates accurately, they would be helpless to understand the depth of the potential problems. Incorrect or insufficient data from the Global South would further degrade the scientific method that the UN used to project population demographics. These worries appear again in Meeting Eight.

Delegates addressed the question of the future of family limitation and:

the need for more wide-spread research in the areas of high fertility on all aspects of fertility. ...to what extent family limitations will be practised in the future is the most difficult question to answer". (UN, 1954, p. 852)

The major concern was that methods to control population growth in the future would be "the most difficult question to answer". A lack of control over population rates indicated that if populations in the Global South could not be accounted for statistically, they may not be controllable demographically. Such a fear reflects the Cold War understanding that a growing population in the Global South would cause negative consequences for the North, thereby reinforcing the need for population control.

The meetings of the WPC demonstrate the paradigm of population control during the Cold War era of the 1950s and 1960s. The text from this conference lacks an explicit mention of the term "population control", but uses the language of fertility and family limitation instead. In this manner, the WPC continued to insist that women required external control over their reproduction. This control was especially the case for "Third World Women" (Mohanty, 1991). The fear of potential population growth within the Global South, a sense of urgency for Northern intervention, gender-based assumptions about Southern women, and the concern for statistical accuracy within the conference combined with an engrained sense of racial hierarchy (Akhter, 1992; Dubow, 2008) to exemplify the population control paradigm.

Impact

The population control paradigm was highly detrimental to women's reproductive health. As Betsy Hartmann (1995) notes in her influential work:

The myth of overpopulation is destructive because it prevents constructive thinking and action on reproductive issues. Instead of clarifying our understanding of these issues, it obfuscates our vision and limits our ability to see the real problems and find workable solutions. Worst of all, it breeds racism and turns women's bodies into a political battlefield. It is a philosophy based on fear, not understanding. (p. 4)

The population control paradigm defined the fertility of women from the South as a problem to be overcome. Because of their biological ability to bear children, "women [we]re portrayed as a barrier to development" (van Eerdewijk, 2001, p. 423). Farida Akhter (1992) further identifies the harm of the population control paradigm: "If it is population control, it is based on eugenic, racist, sexist, and exploitative actions against certain races and classes of people" (p. 6). As explained in the 1962 UN Resolution *Population Growth and Economic Development*, the

population control paradigm targeted “the poorest people in the least developed nations, [which] had the highest fertility” (as quoted in Lane, 1994, p. 1307).

The North conceptualized population control as something that could and should be imposed on women in the Global South. As Paige Eager (2004) explains, it was not men, but “women [that] were conceptualized and treated as the means through which the goal of population control would be realized” (p.1). The population control paradigm prevented women’s reproductive health from being seen as a goal in itself. Instead, the population control paradigm was driven by Northern economic and political interests, such as the prevention of the expansion of Communism in the Global South. Importantly, these interests were strongly grounded in racist and sexist assumptions about women in the Global South. Such assumptions supported the perceived prerogative of the Global North to control their birth rates.

The impact of the population control paradigm in the 1950s and 1960s was so powerful that leaders from the Global South also implemented population control policies in their own countries. For example, in the 1970s, the Bangladeshi government was strongly pressured by the Northern population control paradigm. Northern organizations such as the United States Agency for International Development (USAID), the World Bank, and UNFPA contributed much of Bangladesh’s funding for development. As significant donors, these organizations directed Bangladesh to cut birth rates drastically (Hartmann, 2011, p. 22). As a result, the Bangladeshi government, which was led by President Ershad, initiated a system of small incentive payments for sterilization, and introduced “punitive measures against family planning and health personnel who failed to meet monthly sterilization quotas” (Hartmann, 1995, p. 189). The Bangladeshi government’s sterilization incentives disproportionately influenced the poorest women, as they had the greatest need of the financial reward, however small. In India, President Jawaharlal Nehru also implemented population control policies. Educated at Cambridge University, Prime Minister Nehru developed a governmental infrastructure to monitor and reduce rates of population growth in India. Funding for this initiative was provided by Northern institutions, including the Rockefeller Foundation and the Ford Foundation (Gordon, 1997).

It is important to point out that there were indeed countries in the Global South which implemented population control policies with little direct intervention from the Global North. In the 1950s and 1960s, both Indonesian President Suharto and Thai politician Mechai Viravaidya independently led national campaigns to reduce the population growth of the respective

countries. Jeremy Shiffman (2004) explains that Suharto's implementation of family planning programs in Indonesia was unimpeded by external influences. Instead, Suharto sought to decrease the growth of the Indonesian population to advance his own political strategies. In Thailand, Viravaidya's efforts to decrease population growth were rooted in the assumption that poverty would be alleviated when population growth rates declined (Melnick, 2007). Therefore, direct Northern intervention was not the only factor in the implementation of population control policies in the 1950s and 1960s. Decisions to reduce population sizes were also taking place among the elites of countries in the South. In both Indonesia and Thailand, population control campaigns were based on government priorities to reduce population size. Ultimately, the population control paradigm is detrimental for women's reproductive health, especially for women in the Global South. It denies women's individual choice and power over their own bodies and reproductive capacity. Whether implemented by Northern institutions or propagated by governments in the Global South, population control is a destructive paradigm because it is not rooted in women's choices about their own reproduction.

Chapter II: The Paradigm of Reproductive Rights

The complex relationship between the Global North and South renders any change in paradigm for international development especially difficult. Chapter I of this paper examined the early stages of international development from the end of World War II to the beginning of the Cold War. In Chapter II, I consider the decades that ensued, focusing on the paradigm of reproductive rights in international development. First, I present a brief history of human rights in international development. Second, I examine the major historical events that resulted in the shift to a reproductive rights paradigm. Third, I examine the ICPD held in Cairo, Egypt in 1994. Finally, I analyze the impact of the reproductive rights paradigm on women's reproductive health as an international goal.

A Brief History of Rights in International Development

The UN developed one of the first definitions of human rights in its early history. The 1948 Universal Declaration of Human Rights (UDHR), declared in Article 1, paragraphs 1 and 2:

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood. Everyone is entitled to all the rights and freedoms set forth in this Declaration, without distinction of any kind, such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. (UN, 1948, p. 1)

Despite this definition, the incorporation of human rights into international development took many more decades to occur (Tarantola, 2008). As explored in Chapter I, population control was the dominant paradigm in international development in the 1950s and 1960s. Human rights did not figure into international development at that time. Yet, in the decades that followed, gradual changes in the global political, social, and economic climate caused a shift in paradigm. Human rights became recognized and embraced by the UN and its summits. As this shift was occurring, reproductive health also came to be understood as a human right. By the 1990s, reproductive rights became the dominant paradigm for women's reproductive health in international development (Braveman & Gruskin, 2003; Caulier, 2010; Forsythe, 2012; Ramcharan, 1991; Sano, 2000; Smith, Pagnucco, & Lopez, 1998).

The 1970s and 1980s: Women and Development

Women's roles, and subsequently, women's rights in international development underwent great transformation in the mid-twentieth century. This transformation began with the "Women in Development" (WID) approach of the early 1970s. Sparked by the influential publication of *Women's Role in Economic Development* in 1970 by Esther Boserup, WID focused primarily on the sexual division of labour. It was a vital first step in solidifying the importance of women's specific roles in the broader concept of international development. Within the WID approach, *Women's Role in Economic Development* was used as a theoretical framework for scholars, as well as a foundational background for international development practitioners. In the 1970s, the WID approach gained momentum. WID advocates pushed for its recognition within United Nations agencies, and amongst academics that researched women's work in development and the impact of development processes on women (Young, in Razavi & Miller, 1995). However, the WID approach was criticized as a development model. As argued by Eva Rathberger (1990), WID was too closely linked with the modernization theory that was used in the previous paradigm of population control. It did not seek a role for women in development outside the economic sphere. WID was also criticized for being an "add women and stir" approach (Lind & Brzuzy, 2008, p. 220) which did nothing to question or fight against fundamental gender inequalities.

In the late 1970s, another view of women's roles in international development emerged. It was coined "Women and Development" (WAD). WAD was based on a rejection of WID and its limited conceptualization of women's roles in development as primarily economic. Instead of trying to fit women into an existing development approach, WAD focused first on women's needs (Halfon, 2007). As explained by Marianne Marchand (1995), WAD was influenced by radical critiques of development and patriarchy. It emphasized the importance of women's autonomy from patriarchal and capitalist development structures, and promoted development projects that dealt exclusively with women. However, WAD was also criticized for maintaining a "singular preoccupation with the productive sector at the expense of the reproductive side of women's work and lives" (Rathberger, 1990).

Following WAD, the last of such approaches arose in the 1980s and was termed "Gender and Development" (GAD). GAD was not unilaterally focused on women's roles in development. Instead, it attempted to bring a holistic perspective to development thinking. GAD advocates

maintained that development projects which only targeted women were insufficient and ineffective (Kabeer, 1994). Rather, GAD pushed for recognition of the many roles, responsibilities, and expectations of women and men. The GAD approach aimed to challenge larger, institutionalized inequality in social, economic, and political spheres (Cornwall, 1997; Young, 1987). As a result, GAD has been deemed a “postmodern-oriented” approach (Barton, 2005).

In combination, WID, WAD, and GAD had a profound impact in international development (Chua, Bhavnani, & Foran, 2000). What began as an initial push for recognition of women economic roles in international development continued throughout the 1970s and 1980s to build the case for a holistic understanding of gender in development. As a result, WID, WAD, and GAD shifted the previous population control paradigm. Women were no longer only recognized in international development in relation to their fertility.

The impact of WID, WAD, and GAD was highly visible at the UN throughout the 1970s and 1980s (Lind & Brzuzy, 2008). The UN General Assembly declared the year 1975 to be the International Women’s Year. In the same year, it organized the first World Conference on Women, held in Mexico City. Next, in 1979, the UN adopted the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). This convention pushed for a global recognition of, and reaction to, the discrimination that women face internationally. CEDAW defined discrimination as:

any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. (UN, 1979, p. 1)

Conventions such as CEDAW solidified the focus on women’s rights at the UN. CEDAW was also instrumental in drawing attention to the concept that gender issues were also human rights issues (UNFPA, 2012). However, Charlotte Bunch (1990) argues that in some contexts, women’s rights may not be classified as human rights. Indeed, there exists a debate about characterizing women’s rights as human rights. This characterization has been criticized for what Sonya Andermahr, Terry Lovell, and Carol Wolkowitz (1997) called “saming”, which implies that differences between women from men are ignored or denied. Such claims have been refuted by scholars like van Eerdewijk. Rather than arguing that women are the same as men, van

Eerdewijk (2001) believes that the women's rights as human rights approach actually promotes valuing gendered difference. She states that "the differences between women and men are then seen as something valuable that should be safeguarded and respected" (van Eerdewijk, 2001, p. 425). Since CEDAW, groups of academics (Bunch, 1990; Kerr, 1993), UN bodies (e.g. United Nations Population Fund) and non-governmental organizations (e.g. Human Rights Watch, Amnesty International) have attempted to bridge the gap between human rights and women's rights. As Amnesty International asserts "women's rights are human rights" (Amnesty International, 2013, para. 1). Pietila (2007) argues that there exists yet another connection between women's rights, human rights, and reproductive rights. This link includes the right to control one's own fertility. She explains that women's control over their own reproductive health has a ripple effect. It improves women's chances of controlling their lives in general, and leads to their realizing of other human rights.

The multitude of conventions, declarations, and conferences held throughout the 1970s and 1980s demonstrated the UN's profound understanding that women were imperative to international development (Nowicka, 2011). So much so that the UN declared the years 1976-1985 as the UN Decade for Women. However, another shift in the international climate occurred before reproductive rights became the dominant paradigm for women's reproductive health in international development.

The 1990s: The End of the Cold War and the Rise of Human Rights

Until the dissolution of the Soviet Union in 1991, the Cold War framed international interaction, especially when related to international development (Saull, 2011). As explored in Chapter I, the lead-up to the Cold War had a profound influence on development initiatives and ideology. After the Cold War ended, the paradigm of human rights in international development began to take form. As Aryeh Neier (2012) argues, the end of the Cold War is intricately connected to the rise of human rights in international development. He claims that the human rights paradigm "cannot be separated from the Cold War context in which it took place" (Neier, 2012, p. 138).

Throughout the Cold War, both Communist bloc countries and capitalist countries persevered in their efforts to expand their spheres of influence (Wallerstein, 1993), continually competing for control in the Global South (Cassese, 2005). This struggle resulted in attempts not

only to advance opposing political ideologies, but worldviews that would eventually come to influence the paradigm of human rights (Tarantola, 2008).

In the Global North, the dominant understanding of a human right was in civil or political terms (Braveman & Gruskin, 2003). In the United States, such an understanding can be traced to the civil rights movement in the 1960s. During this time, African Americans fought to have their human rights realized. Implicit in this realization was the right to be free from discrimination and the right to vote. As Doriane Lambelet (1998) explains, the term human right as used by Americans and other Northern countries is intrinsically linked with such individual freedoms. Civil and political rights are understood to be synonymous with human rights. Contrastingly, Brady Tyson and Abdul Said (1993) explain that after the Communist revolutions in the Soviet Union, China, and Cuba, a different model of human rights arose to compete with Northern capitalist models. The Communist model of human rights emphasized a balance of power and economic equality. In the Soviet Union, this conception grew from a rejection of the former czarist Russian empire, whereby citizens suffered massive poverty and great inequities of wealth at the hands of an aristocratic elite. The broader understanding of human rights within the Soviet Union was dominated by a collective search for social justice. Lambelet's research (1998) supports this concept. She explains that the capitalist conception of human rights was markedly different from a Soviet conception, which focused on social justice for society as a whole. This social justice included advancing larger, societal goals through a rebalancing of power and promotion of economic equality. Yet Robert Horvath (2005) importantly points out the irony of this approach within the Soviet Union, as human rights activists were regularly subjected to harassment, repression and arrest.

The conflict between the two different approaches to human rights “spilled over from the beginning into the forums of the United Nations” (Tyson & Said, 1993, p. 594). However, with the dissolution of the Soviet Union and the end of the Cold War in 1991, the Northern, individualistic approach to rights rose to prominence in the UN (Saul, 2011; Tarantola, 2008). As Jutta Joachim (2003) argues, “the end of the Cold War placed the U.S. in an unprecedented position to pursue its interests in... individual rights and freedom at the UN” (p. 248). This created an avenue for the US to become a more dominant and influential force worldwide as countries in the Eastern Bloc began to renounce Communism. Ironically, many such countries, including Russia, embrace capitalism today. Certainly, the end of the Cold War paved the way

for a Northern interpretation of human rights in international development and within the UN (Khlaifat & Al-Bashayreh, 2011).

Development Economics and Human Rights

In the post-Cold War period, a change in development economics helped to push for a recognition of human rights in international development. Prominent Indian economist Amartya Sen was instrumental in this regard. Sen was born in India, but was educated in the Global North at Cambridge University. He understood the basic tension between the opposing understandings of human rights but argued that there was “rather little sense in such a grand dichotomy” (Sen, 1998, p. 42). Instead of focusing on this dichotomy in his economic work, Sen introduced the concept of increased capabilities and freedoms as rights in development. Throughout the 1990s, Sen was credited with “focusing international attention on the significance of fundamental human freedoms and human rights for development theory and practice” (ODI, 2001, p. 2).

Furthermore, though he was an economist by training, Sen argued against traditional economic development models. Such traditional models measured development as growth in Gross National Income (GNI) or Gross Domestic Product (GDP). Sen believed these models to be too narrowly focused. Instead, he developed a theoretical framework in development economics which instead focused on the primacy of people within the development process (Fukuda-Parr, 2011). In one of Sen’s most famous works, *Development as Freedom*, he explained that development can be understood “as a process of expanding the real freedoms that people enjoy” (Sen, 1999, p. 3). As stated by Polly Vizard (2005), Sen “deepened and expanded theoretical discourse on human rights in important and influential ways” (p. 1), thereby taking new approaches that focused on such matters.

Mahbub ul Haq was another prominent economist whose work concentrated on human rights in the post-Cold War era. ul Haq was born in pre-partition Punjab State, in India. After receiving his first Bachelor’s degree from Punjab University, he went on to study at Cambridge University. In 1995, ul Haq published *Reflections on Human Development*. This book expanded upon the fundamental understanding of the importance of human rights in development (Baru, 1998). ul Haq believed that “after many decades of development, we are rediscovering the obvious – that people are both the means and the end” (ul Haq, 1995, p. 3). To promote the concept of human development, ul Haq developed a set of indices to measure life expectancy, education, and standard of living. He created the Human Development Index (HDI) to be used as

an alternative to economic indicators, such as GDP and GNI. ul Haq's statistical analysis provided a much more comprehensive measurement of development which focused more on people, rather than economic indicators. The HDI grew in popularity in the 1990s and is still used to measure development in the new millennium.

Sen's and ul Haq's work had a profound influence at the UN. Their influence was exemplified with the UN launch of the Human Development Report (HDR). The report opened with a simply stated premise: "People are the real wealth of a nation" (UN, 1990, p.1). Sen was a consultant for the report, and ul Haq led its development. The HDR used ul Haq's composite statistical method to rank the nations of the world in terms of their human development. Once the UN began to promote ul Haq and Sen's approach, human rights became the focus of subsequent UN summits and conferences.

The 1990s exploded with human rights-based conferences. Between 1990 and 1999, the UN held thirteen different summits and conferences, including the World Conference on Human Rights, the World Summit for Children, the World Conference on Education for all, and the World Summit for Social Development. These conferences were successful in mobilizing international attention on human rights (Hulme, 2008).

The Lead-up to the International Conference on Population and Development

The ICPD was also held in the middle of this peak period of summitry, in 1994. As argued by David Hulme (2008), feminist groups became strong and active lobbyists at the UN during the frenzied period of conferences and summits in the lead-up to the ICPD. By the early 1990s, "feminists had become seasoned participants in UN intergovernmental conferences and had come to see them as a promising area in which to expand their political access" (Higer, 1999, p. 132). Prominent feminist groups which were active before the ICPD included the International Women's Health Coalition (IWHC) and the Women's Environment and Development Organization (WEDO). The IWHC was established in the 1980s in New York. Former U.S. Congresswoman Bella Abzug and American journalist and feminist Mim Kelber founded WEDO in 1991. Although feminist groups from the Global South, such as Development Alternatives with Women for a New Era (DAWN), were also involved in the ICPD, Northern feminists groups were larger in number and in influence (Cohen & Richards, 1994). The period preceding the ICPD "reflected the continued dominance of Northern donor countries and institutions" (Petchesky 1995, p. 159).

Northern feminist groups sought to bring reproduction to the forefront of the upcoming ICPD. They intended to reject the population control paradigm and bring the issue of women's fertility to the centre stage of international development summitry in a new way (Cohen & Richards, 1994). These Northern feminist groups, together with the Ford Foundation, the Population Council, and the WHO developed an approach to reproductive health which placed women at its center. Such an approach "strengthened the achievements of existing family planning and health programs, while helping women to attain health, dignity, and basic rights" (Lane, 1994, pp. 1309-1310). This reproductive health approach quickly gained popularity.

The next step before the ICPD was to connect reproductive health to human rights, a strategy which played into the current popularity of human rights summitry at the UN. Reproductive rights were the ideal combination of human rights, women's rights, and reproductive concerns. As a concept, it brought together issues like sexual and reproductive health, choice, women's empowerment, and gender equity (Langer, 2006). Guang-zhen Wang and Vijayan Pillai (2001) summarize this logic by the simple statement: "reproductive rights are women's rights, and women's rights are human rights" (p. 233). This strategy of positioning women's reproductive health as a human right was quite successful. Reproductive rights quickly became central to the ICPD discourse.

Abortion was one of the most contentious issues within this new reproductive rights paradigm (Sai, 1997). It was termed the ICPD's "most prominent controversy" (UNFPA, 2012, para. 12). The potential inclusion of abortion as a fundamental part of reproductive rights garnered criticism from religious institutions such as the Vatican (Higer, 1999). The Vatican then drew support from fundamentalist allies and from some Islamic supporters who insisted upon "dominant moral authority over issues concerning women's bodies, sexuality, the family and motherhood, not only in their own territories but in the world at large" (Petchesky, 1995, p. 159). The Vatican and Islamic countries also gained support from American fundamentalists in the United States in their efforts to block the inclusion of abortion at the ICPD (van Eerdewijk, 2001). To combat such religious-based arguments, unlikely alliances between U.S. feminists and population planners were built. Indeed, feminist groups and population planners found, as Amy Higer (1999) states "a common enemy" (p. 129) in the Vatican. They worked together to counteract fundamentalist views about abortion and promote a holistic understanding of reproductive health in the lead-up to the ICPD.

Despite these efforts, the ICPD Programme of Action did not explicitly include the right to abortion in the definition of reproductive health. Rather, it acknowledged that “in no case should abortion be promoted as a method of family planning... [and that] every attempt should be made to eliminate the need for abortion” (UN, 1994, pg. 70). The exclusion of abortion from the ICPD has been criticized by scholars such as Marge Berer (2009). She contends that the ICPD did not do enough to promote safe, legal, and accessible abortions for women. Further controversies surrounding the ICPD include its dominance by Northern feminist groups. Scholars such as Margaret Hempel (1996) argue that Southern feminist groups were equally invested in the reproductive rights approach. Yet, others claim that reproductive rights were driven primarily by Northern feminist groups in the lead-up to ICPD (Charlesworth, 1996; Friedman, 2003; Joachim, 2003).

Overall, the shift to a reproductive rights paradigm at the UN was a product of the developments that occurred throughout the 1970-1990s. First, the UN recognized the importance of women in development, and the concept of women’s rights began to arise. Then, the end of the Cold War changed the nature of international interaction, and human rights took precedence in development economics. Finally, feminist groups pushed for the integration of reproductive health as a human right at the UN. In combination, these factors led to the reproductive rights paradigm in international development. This paradigm was manifested at the 1994 ICPD.

The International Conference on Population and Development

Between September 5 and 13, 1994, 11,000 registered participants from governments, UN agencies and organizations, intergovernmental organizations, and NGOs met in Cairo, Egypt at the ICPD. This conference aimed to address population and development in a new way. It was the first UN conference on reproduction that included the word “development” in the title, which was a strong signal that it was a shift from the previous paradigm of population control (Hulme, 2008). Unlike the 1954 WPC, the ICPD produced a Programme of Action as a way to encourage participants’ accountability and responsibility. Signatory States then pledged to reflect the resolutions at the ICPD within their own legislation and reproductive health-related policies (Abrejo, Shaikh, & Saleem, 2008).

The ICPD was based on a set of core principles that guided the conference. Analysis of the discourse used in the ICPD Programme of Action shows a strong focus on human rights from the first principles. For example, Principles 1 and 2 state:

- 1) All human beings are born free and equal in dignity and rights. Everyone is entitled to all the rights and freedoms set forth in the Universal Declaration of Human Rights, without distinction of any kind, such as race, colour, sex, language, religion, political, or other opinion, national or social origin, property, birth, or other status.
- 2) Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature. People are the most important and valuable resource of any nation. Countries should ensure that all individuals are given the opportunity to make the most of their potential. (UN, 1994, pp. 8-9)

In both principles, human rights retained the utmost priority. The conference drew upon a historical understanding of human rights (Bunch, 1990). By citing the “rights and freedoms set forth in the Universal Declaration of Human Rights”, Principle 1 acknowledged the importance of historical progression since the Declaration’s emergence in 1948. Though rights were largely ignored in previous development initiatives, the ICPD Principles asserted that their recognition would be immensely important in moving forward.

Moreover, these principles demonstrated a clear rejection of past population and development approaches. Instead of viewing women’s fertility as a threat, these Principles shifted the focus to “sustainable development” with “human beings...at the centre”. This was a strong signal. Whereas the WPC focused on the negative impact of population growth, the ICPD focused instead on people. Reproductive health advocates such as Fred T. Sai, president of the International Planned Parenthood Association (IPPA) in Ghana, credits this shift to the powerful influence of the feminist groups in the lead-up to the ICPD. He explains that these groups campaigned strongly to shift the understanding of women’s bodies away from demographic and target-based population programs (Sai, 1997). van Eerdewijk agrees (2001), and commends such groups for successfully developing a power strategy to envelop sexuality and fertility into “the realm of human rights” (p. 424).

Principle 2 reflects Sen’s influence in the paradigm of reproductive rights. The statement that people must be able to “make the most of their potential”, echoes Sen’s understanding that development is not simply a result of a rising GDP, and that human beings must be free to reach their potential. As Hempel (1996) explains, Sen’s influence reinforced the ICPD’s departure from the WPC and its focus on human potential and rights, including reproductive rights.

Principle 4 of the ICPD Programme of Action brought together the concepts of gender equality, women’s rights as human rights, and reproduction:

Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes. The human rights of women and the girl child are an inalienable, integral and indivisible part of universal human rights. (UN, 1994, p. 9)

Principle 4 demonstrated that the ICPD was primarily concerned with the "equality and equity and the empowerment of women". This priority was a great departure from the WPC, which did not prioritize or even mention women's equality. The WPC focused on "Third World women" (Mohanty, 1991) who ostensibly sought to advance their position in their own societies through childbearing. Instead, the ICPD recognized the importance of "women's ability to control their own fertility". Principle 4 demonstrated a rejection of the population control paradigm wherein Northern population control specialists sought control over women's fertility. It also reflected the strong link between women's rights and human rights, using the term "the human rights of women". As Ruth Dixon-Mueller (1993) argues, such a conceptualization draws on both feminist principles of women's right to control her own body, and the human rights concept of freedom and entitlement. Furthermore, by citing "the elimination of all kinds of violence/discrimination against women", the ICPD acknowledged the influence of CEDAW. Thus, the preceding decades of feminist action, including CEDAW and other approaches like WID, WAD, and GAD were instrumental in shifting to a reproductive rights paradigm (Chrisler, 2012; Rathberger, 1990).

Chapter VII of the ICPD Programme of Action, entitled "Reproductive Rights and Reproductive Health" included the most enduring outcome of the ICPD: a comprehensive definition for reproductive health. Reproductive health was furthermore defined 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 to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. (UN, 1994, pp. 45-46)

This definition was a turning point for reproductive health discourse. In Chapter VII, the ICPD had effectively created the first internationally recognized normative definition of reproductive

health (Charlesworth, 1996; Sadana, 2002). By creating the definition, the ICPD solidified the integral role that reproductive health plays not only for women's but also for men's lives all around the world. Importantly, this definition did not concentrate solely on women's fertility. It emphasized the multidimensional aspects of female and male fertility by acknowledging the impact of social factors. Indeed, fertility is often impacted by external social factors, such as gender inequality. Implicit in the ICPD's definition is the understanding that "fertility behaviour is often strongly related to gender inequality, especially the way in which inequality is embedded in a society's kinship structure and cultural context" (Malhotra, Vanneman, & Kishor, 1995, p. 281). This definition highlighted the social hierarchies, financial constraints, and legal blocks to reproductive health faced by so many women and men. By stressing the importance of "freedom to decide", "affordable and acceptable methods of family planning", and "choice for regulation of fertility which are not against the law", it reflected a multidimensional (Miller & Roseman, 2011), equality-focused (Sai, 1997), and comprehensive understanding of reproductive health.

Perhaps the most important part of the ICPD Programme of Action lay in its "Actions". These "Actions" referred to ways in which signatory states could incorporate the ICPD principles and objectives in their own governmental policies as follows:

All countries should strive to make accessible through the primary health-care system, reproductive health to all individuals of appropriate ages as soon as possible and no later than the year 2015. Reproductive health care in the context of primary health care should, inter alia, include: family-planning counselling, information, education, communication and services; education and services for prenatal care, safe delivery and post-natal care, especially breast-feeding and infant and women's healthcare; prevention and appropriate treatment of infertility. (UN, 1994, p. 47).

The ICPD explicitly stated the necessary actions that signatory states would have to take in the future, including the timeline to do so: "no later than the year 2015". Unfortunately, like all UN summits and conferences, the ICPD had no formal power to enforce the Programme of Action amongst the participating governments. Instead, as Mario Pianta (2005) argues, the ICPD's effectiveness was greater in terms of how it framed a larger international understanding of the link between reproductive health and human rights.

Still, by suggesting a clear and measurable action plan the ICPD made a concerted effort to advise signatory states, and provide policy options for implementation. The detailed examples of steps towards the realization of reproductive health included "family-planning counselling" and "education and services for prenatal care, safe delivery and post-natal care". These steps

demonstrated an improvement on past conferences such as the WPC. They reflected an understanding that primary health care systems in the Global North and South must make reproductive health services accessible to all. This was not simply a measure to enhance development, but it was necessary as a human right (Petchesky, 1995).

The next “Action” from the ICPD detailed the division of roles in achieving international reproductive health. Action 7.10 declared:

Without jeopardizing international support for programmes in developing countries, the international community should, upon request, give consideration to the training, technical assistance, short-term contraceptive supply needs and the needs of the countries in transition from centrally managed to market economies, where reproductive health is poor and in some cases deteriorating. Those countries, at the same time, must themselves give higher priority to reproductive health services, including a comprehensive range of contraceptive means, and must address their current reliance on abortion for fertility regulation by meeting the need of women in those countries for better information and more choices on an urgent basis. (UN, 1994, p. 48)

Despite the ICPD’s clear and distinct thematic focus on human rights and equality, Northern hierarchical power structures remained intact. The use of the term “countries in transition...to market economies” suggests a paternalistic view of economies that were not part of the Global North. There was an implicit understanding that all other countries were in a process of transitioning economically to be more like the North. It demonstrated “an assumption of convergence, that there is one best form of political economy and that all states are moving toward it” (Cullather, 2000, p. 642). This reinforced the “Other”-ness of the South (Said, 1979), and underlined the North-South hierarchy (Chase-Dunn, et al., 2009).

Furthermore, when addressing the different roles for the South and North, Action 7.10 uses markedly different language. The North must merely “give consideration to” the ICPD’s suggestions of training, technical assistance and contraceptive supplies. This use of soft qualifiers again reflected a power divide between the North and the South. It was clear that the Programme of Action was giving suggestions, not requirements, to the North. This type of language was markedly different from that used in reference to the Global South, termed “countries in transition”. These “countries in transition” were addressed in a much more authoritative tone. “Action 7.10” showed that “countries in transition...*must* [emphasis added] themselves give higher priority to reproductive health” and “*must* [emphasis added] address their current reliance on abortion for fertility regulation”. Such a tone commanded countries in the

Global South, while merely making suggestions for the North. This reinforced the power divide between the North and the South.

The ICPD Programme of Action represented the larger shift in paradigm for women's reproductive health from population control to reproductive rights (Halfon, 2007). As Rosalind Petchesky (1995) points out, this shift is visible as the Programme reflects no trace of the previous paradigm's Malthusianism and demographic targets. Instead, the Programme replaces the language of population control with the language of reproductive rights. However, the Programme still suggests the fixation to a hierarchical North-South power structure.

Impact

The permeation of the reproductive rights paradigm in the 1990s was brought to light by the ICPD. It was a landmark conference which marked the first time that women's reproductive health and rights were placed at the center of population issues. The IWHC called this change the "Cairo paradigm shift" (IWHC, 2011, para. 1). The ICPD marked the ending of the population control paradigm, whereby control over women's fertility was promoted with no regard for their autonomy or human rights. Instead, the ICPD "erected the banner of reproductive rights and the principle of individual choice" (Wheeler, 1999, p.778).

The resulting legacy of the ICPD was the prioritization of women's reproductive rights. However, this legacy could not have been realized without the preceding decades of political, economic, and social change. The early focus on women in development, the collapse of Communism and the end of the Cold War, the rise of human rights in economic theory, and the power of feminist groups at the UN all contributed to the creation of a reproductive rights paradigm in the 1990s. All of these factors combined and provided the ammunition needed for a shift in paradigm at the UN from population control to reproductive rights.

However, the reproductive rights paradigm in international development was not flawless. A North-South hierarchy remained, both within the ICPD Programme of Action and in the foundation of the reproductive rights paradigm itself. This paradigm implicitly assumed universality; reproductive rights would be a global, collective goal for women from the North and South alike. As Higer (1999) points out, studies of the ICPD bring up important questions of representation, such as "who spoke for whom in the debate? And whose voices were left out?" (p. 139).

At the ICPD, reproductive rights were developed and driven forward primarily by feminists from the North. Smyth (1996) explains that the idea of reproductive rights was based on a Northern, individualistic understanding. She argues that such an approach ignored important regional and historical differences that impact the lives of women living in the Global South. Such differences shape Southern women's understanding of reproduction and rights. She claims that, during the ICPD, reproductive rights were assumed to be a common goal for women all around the world. According to a postmodern view, this is problematic (Alcoff, 1988; Parpart, 1993) and "ignore[s] the possibility of differences among women themselves" (Spelman, 1990, p. 443).

Many prominent Southern feminists have rejected such concepts of universal women's issues. Mohanty (1991) denounces the construction of an "(implicitly consensual) priority of issues around which apparently all women are expected to organize" (p.334). Akhter (1992) also rejects the assumed universality of reproductive rights as a common demand for all women in all countries. Instead, she argues that reproductive rights were rooted in Northern understandings of rights, and were being pushed primarily from women's groups from the North. The assumption of a universal understanding of reproductive rights ignored the history of abuse that surrounds the concept of reproduction in international development. In many cases, women from the Global South associated reproduction and development with coercive sterilization programs led by the North and implemented in the preceding decades. Akhter (1992) considers the case for Bangladesh, stating:

If having reproductive rights means we have to accept a contraceptive method by which a woman can control her reproduction functions while decisions are made by a particular class of people and implemented on others, then it is nothing but a new innovative strategy of the population controllers for coopting feminists to implement population control. (p. 6)

Akhter's work epitomizes the argument against a universal understanding of reproductive rights.

Although the paradigm of reproductive rights was a vast improvement over the paradigm of population control, the concept itself can be seen as too narrow. It was driven by feminists from the North who assumed that all women would organize around their understanding of reproductive rights (Northern) understanding. Unfortunately, the following years did not result in a more universal and inclusive understanding of reproductive rights. Instead, another direction was taken in the 2000s, as explored in Chapter III.

Chapter III: The Paradigm of Economic Growth

In the 1950s and 1960s, the paradigm of population control framed reproductive health in international development. As Sethna (2006) explains, during this period, the fear of overpopulation meant that population control advocates like Ehrlich believed the South was unfit for capitalist development. Throughout the 1970s to 1990s, the paradigm of population control through which women's reproductive health was understood was gradually overtaken. The rise of human rights in development resulted in another paradigm that focused on reproductive rights. Today, there is yet another paradigm for women's reproductive health. The arrival of the new millennium renewed global interest in international development. The dawn of the 21st century prompted an optimistic imagining of what might be possible for the world. In part, this feeling was manifested in a sense of international unity and concern for the eradication of global poverty. The year 2000 also marked the inauguration of the MDGs. These goals sought to address prevailing issues in international development. Celebrated as a public relations success, many people who live outside the purview of international development were aware of the MDGs and were excited at the prospect of their realization. The MDGs have since become the dominant international development initiative.

In this chapter, I acknowledge the broad scope of the MDGs in international development, but focus on how the current paradigm of economic growth shapes women's reproductive health within the MDGs. First, I present some of the causes that led to the creation of an economic growth paradigm. Second, I introduce the Millennium Summit, held in 2000, and its resulting MDGs. I demonstrate how these goals amalgamated many of the international development initiatives of the preceding decades, including reproductive health. Third, I examine the 2005 WS in New York and its Outcome Document. Finally, I analyze the impact of the current paradigm of women's reproductive health as economic growth.

Economic Growth

Since 2000, international development has continued to evolve, while retaining much of the rights rhetoric of the 1990s. The UN maintains that it is committed to “international peace and security, developing friendly relations among nations and promoting social progress, better living standards and human rights” (UN, 2012, para. 2). However, another motivation has resurged in international development policy and programming, particularly in regard to women's reproductive health. Today, the dominant international development paradigm

disregards human rights in development in favour of economic growth but deploys the language of human rights (Attaran, 2005; Brinkerhoff, 2002; Freeman & Higgenson, 2007; Hulme, 2008). This strategy is reminiscent of the early era of international development in which large-scale aid projects were implemented and guided by Rostow's modernization theory. Here, development was believed to occur as a result of financing from the North. Such a strategy prioritizes financial and economic capability over human capacity (Nelson, 2007).

The dominant paradigm for women's reproductive health in international development favours economic growth for several reasons. New technologies have greatly influenced many aspects of international development (Madon, 2000; Heeks, 2008). They have not only facilitated international communication (Odendaal, 2002), but have encouraged and sustained global relationships between people (Petrazzini & Kibati, 1999). Internet and wireless telephones are constantly evolving. In fact, such information communication technologies (ICTs) are regarded by some as the future of international development (Heeks, 2002).

One of the most interesting outcomes of the newest technological revolution is the rise of microcredit delivery systems (Waller & Woodworth, 2001; Overseas Development Institute, 2011). Microcredit is a general term that describes "programs that extend small loans, and other financial services such as savings, to very poor people for self-employment projects that allow them to generate an income, allowing them to care for themselves and their families" (The Microcredit Summit Campaign, 2012, p. 1). International microcredit organizations such as Kiva use the internet as a platform to collect and distribute small loans internationally. Kiva functions as a bridge between Northern donors and Southern recipients. This type of business development has a major impact on the relationship between the Global North and South because it simplifies and personalizes international aid.

Microcredit's impact on women may be even more significant. It is often portrayed as an effective means for a woman living in the Global South to escape the bonds of her so-called patriarchal culture and poor living conditions (Merchant, 2001). It is also marketed as a means to empower such women (The International Alliance for Women, 2012; Women for Women International, 2012). Supposedly, through advances in technology, women in the Global South will be able to cross borders and facilitate independent business development electronically, particularly when they lack easy access to credit. Accordingly, women and development are understood through economic terms and financial relationships (Drolet, 2010). The rise in

women-focused microfinance development models portrays a change from the concept of empowerment through realization of human rights (Barton, 2005). It asserts that microcredit-enabled borrowing “tends to enhance women’s incomes *and* [italics in original] their empowerment” (Oppenheim, 2005, p. 9). In the paradigm of economic growth, money facilitates women’s empowerment and international development.

Feminist economists Susan F. Feiner and Drucilla K. Barker (2006) critique the wide scale implementation of microcredit institutions. They claim that microcredit programs fail to address the fundamental, structural conditions that create poverty. Carol Barton (2005) agrees, and notes that ironically, the process of globalization itself can be detrimental for women and can increase poverty in the South. She explains that women worldwide are experiencing a backlash against equality and human rights through the process of economic globalization. Additionally, she argues that globalization is simply the imposition of a hegemonic culture of markets which undermines traditional livelihoods. Joanna Brenner (2003) also criticizes microcredit lending programs, suggesting that they are merely a new form of marketization. She argues that governments in the South should be focusing on domestic policy changes to correct economic injustice, and not rely on microcredit as a substitute. Anne Marie Goetz and Rina Sen Gupta’s (1996) research on microcredit has also discredited it as a means of female empowerment. They cite examples from Bangladesh whereby loans for women are often overtaken by male relatives. In such situations, women assume the risk and liability for repayment without actually benefitting from the use of the loans. Ina Freeman and Nancy Higgenson (2007) further claim that microcredit is simply an “imposition of masculine business models” (p. 171) that are derived from the capitalist nature of the Global North. Whatever the impact of microcredit institutions, their rise in popularity has contributed greatly to an economic growth paradigm that emphasizes women’s economic roles in international development.

The popularity of the economic growth paradigm in international development can also be attributed to a global shift in national security. Since the attack on the United States on September 11, 2001 a fear of terrorism has greatly influenced international relationships (Piazza, 2006). This fear has provoked a focus on international development because it is viewed “as a means of addressing 'looming threats' emanating from the Global South towards the North” (Beall, Goodfellow, & Putzel, 2006, pp. 2-4). As Stephen Brown (2012) explains, since 2001, there has been a dramatic increase in donor emphasis on security in international development

policies and programming. Barton (2005) agrees and argues that development aid is now often attached to funding for anti-terrorism programming. The threat of terrorist attack is reminiscent of the threat Communism posed in the 1950s and 1960s. Today, the threat is no longer seen as Communism. Instead, terrorist attacks are portrayed as the main threat (Norris, Kern, & Just, 2003).

Within the paradigm of economic growth, the solution to the terror threat is also portrayed as economic. Certainly, the “presumed link between material want and terrorist activity... has found its way into mainstream economic development” (Piazza, 2006, p. 159). According to this logic, the Global South harbors potential terrorists who are likely to attack prosperous nations in the North. Such logic poses a striking similarity to the fears of population controllers in the 1950s and 1960s. This previous line of thinking, based on Malthusian theory, promoted the belief that poor and overpopulated Southern nations could potentially go to war against the North.

Today, the logic within the paradigm of economic growth suggests that if countries in the Global South were to improve their economies, they would free themselves from persistent poverty. Consequently, wealthy Northern countries would no longer be the targets of their antagonism. At the Monterrey Development Financing Summit in March 2002, former U.S. president George Bush expressed this logic when he declared: “We fight against poverty because hope is an answer to terror” (Bush, as quoted in Piazza, 2006, p. 160). Once again, the relationship between economic growth and effective international development is clearly demonstrated. By facilitating the financial security of the Global South, the North is rendered more secure against terrorism. Such a relationship “is a major departure from recent norms in development thinking and has more in common with Cold War era imperatives” (Beall, Goodfellow, & Putzel, 2006, p. 10).

At the UN, the consternation over international terrorism resulted in the adoption of Resolution 1373: Threats to International Peace and Security Caused by Terrorist Acts, and the striking of a Committee of the Council to monitor its implementation. This resolution was established in the wake of the September 11, 2001 attacks on the United States and constitutes “a wide-ranging, comprehensive resolution with steps and strategies to combat international terrorism” (UN, 2001, p. 1). Within this resolution, the UN highlights that socio-economic marginalization is a primary factor that can lead to the spread of terrorism. The WS also

highlighted this resolution and its strategies. The WS Outcome Document encourages the adoption of the strategies in Resolution 1373 “without delay [and] with a view to adopting and implementing comprehensive, coordinated and consistent responses, at the national, regional and international levels, to counter terrorism” (UN, 2005, pp. 22-23).

A final contributor to the spread of the economic growth paradigm in the new millennium is the emergence of the private sector as a player in international development. Since its initial appearance in the late 1990s (Buse & Walt, 2000), the role of the private sector has been a source of much curiosity and debate among international development actors. Simply defined, the private sector is the part of the economy that is not state-controlled. It is run by individuals and companies for profit. Based upon revenue creation, a successful private company is continually growing and penetrating new and larger markets in business.

In international development, many private sector concepts have grown in popularity. Such concepts include profit-maximizing approaches in development projects (McKague, 2004) and the potential of North-South business partnerships (Warner & Sullivan, 2004). Some believe strongly that private sector development and business models are vital to poverty reduction (Davis, 2012) and that the private sector is actually “the most important engine of development” (Wolfowitz, as quoted in Davis 2012, p.427). Others advocate for partnership models between the private and public sectors that would presumably adopt best practices from both (Warner & Sullivan, 2004). While such partnerships “bring major resources...and have the potential to benefit large populations, they also blur the traditional distinctions between the public and private sector’s aims and responsibilities” (Buse & Walt, 2000, p. 699). The inclusion of private sector models and strategies in international development has increased dramatically in the new millennium, especially at the UN. Recently, UN Secretary-General Ban Ki-moon has publically acknowledged this relationship. In reference to private sector business, he explains that:

The United Nations and business need each other. We need your innovation, your initiative, your technological prowess. But business also needs the United Nations. In a very real sense, the work of the United Nations can be viewed as seeking to create the ideal enabling environment within which business can thrive. (UN, 2007, p. 2)

Thus, not only does the UN seek to incorporate business models, but a new direction for international relationships has been defined in terms of business. Development outcomes are increasingly considered through a private-sector lens (Alston, 2005). As the focus on private sector goals such as profit and growth becomes stronger and more prominent overall, the rights-

based relationship between the Global North and Global South is superseded. This influence of this shift is clear for women in international development, especially in regard to reproduction.

A New Role for Women

As the broader international development community begins to focus more on economic growth, the role for women and their reproductive health has also shifted. The concept of reproductive rights appears regularly in UN rhetoric and policy papers (UN, 2013; UNFPA, 2012). The UN has retained the language of human rights that became common in the 1990s (Alston, 2005). However, the rights-based rhetoric conceals a different motive in modern international development initiatives. Women's reproductive health now is seen as important because it is necessary to achieve the financial security of the Global South (Crossette, 2005; Malhotra, Vanneman, & Kishor, 1995; Mohindra & Nikiéma, 2010).

Within the current paradigm of economic growth, there is a strong correlation between women's reproductive health and a healthy economy. This correlation suggests that infrequent pregnancies or fewer complications from abortion result in more time spent in the formal or informal marketplace. A recent research project, funded by the Hewlett Foundation, called this phenomenon the "Reproductive Health, Economic Growth and Poverty Reduction Nexus". It asserts that "[r]eproductive health increases well-being directly, and enables production of goods and services" (Ajakaiye & Mwabu, 2007, p. 3). Women's reproductive health is valued because it leads to increased economic output and consumer demand.

Simultaneously, Wang and Pillai (2001) argue that the paradigm of economic growth suggests a correlation between a lack of fertility control and diminished economic output. As such, if women have large families, their role as mothers and caregivers consumes most of their time and energy. This results in a diminished participation in economic activities (Wang & Pillai, 2001). Thus, reproductive ill health can impinge on women's abilities as workers and consumers. Barbara Crossette's (2005) research on the relationship between reproductive health and a healthy economy also supports this concept. She found that many development institutions are often concerned with the economic benefits presumably generated by greater reproductive health for women. For example, she highlights the World Bank's claim that, in East Asia, there is a strong link between the rising economic prosperity and greater reproductive choices for women. Women's reproductive health is no longer valued as a right or as an end in itself (Mohindra &

Nikiéma, 2010). Within the paradigm of economic growth, economic priorities take precedence over human rights or reproductive rights.

The connection between women's reproductive health and economic growth is repeated in many different contexts (WuDunn & Kristof, 2010). Numerous global development institutions and initiatives now understand women's reproductive health to be a vital factor in growing the economies of the Global South. As a result, international development institutions have attempted to quantify women's reproductive health into dollars lost or gained, all while retaining rights-based rhetoric. A very influential USAID report from 2001 has calculated that maternal mortality leads to US\$15 billion in lost potential productivity globally every year (USAID, 2001). Leading international development institutions such as the WHO (2001), the United Kingdom's Department for International Development (DFID, 2010), and agencies of the UN (UNFPA, 2010) rely heavily upon this calculation. Since a dollar figure has been assigned to women's reproductive health, its connection to economic growth is now cemented.

The paradigm of economic growth figures prominently in the presentation of women's reproductive health within the dominant development initiative of the 21st century, the MDGs. I turn now to the background of the Millennium Summit and its resulting MDGs. I argue that the MDGs failed to include explicitly women's reproductive health in their original iteration. As well, at the five-year review when women's reproductive health was finally included, it was no longer justified as a fundamental human right. Instead, reproductive health was prized as a means to increased economic growth.

The Millennium Summit and the Millennium Development Goals

As addressed in Chapter II, UN conferences held in the 1990s marked the shift towards a rights-based international development paradigm. Yet the many conferences held throughout this decade, including the 1994 ICPD, overwhelmed the international development community. International development practitioners and policymakers developed "a sense of overload, over engagement and summit fatigue" (Bradford, 2002, p. 4). Every new development-related concern was presented as an apparent emergency. This sense of urgency forced international focus on the latest global challenge. Each activist group wished to prioritize their specific concern over the others. This overburdened agenda was invariably detrimental to each cause. Such a variety of development goals resulted in fragmented and scattered policies, neglecting the multisectoral approach necessary to effective development (Brinkerhoff, 2002).

The answer to this state of affairs was the creation of a unified set of international development goals. Between September 6 and 8, 2000, over 150 world leaders gathered at the UN headquarters in New York City. They met to discuss the future of the UN in the new millennium. This conference aimed to “offer the world's peoples a unique occasion to reflect on their common destiny, at a moment when they find themselves interconnected as never before” (UN, 2000). Unlike the ICPD which developed a Programme of Action, the MS resulted in the adoption of a document called the Millennium Declaration. It was endorsed by 189 countries, binding them together in the fight against poverty through the creation of a set of targets known as the MDGs. Importantly, many of these goals were not new. The eradication of global poverty and hunger had been attempted for many decades, especially throughout the 1990s. Nonetheless, the MDGs included these development objectives into eight goals for the twentieth-first century:

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV/AIDS, malaria, and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

Each of these goals includes time-bound targets to monitor their progress¹. The signatory states have made a commitment to “a new global partnership to reduce poverty and achieve the Millennium Development Goals (MDGs) by 2015” (UN, 2000, p. 1).

The creation of the MDGs has garnered both acclaim and criticism from within the North and the South. Since their inception, there have been “fierce debates in academic and professional circles about their [the MDGs’] value” (Hulme, 2008, p. 4). Prominent American economist, influential academic, and development professional Jeffrey Sachs praises the MDGs. He feels optimistic that the MDGs are “a blueprint for the transformation of the human condition” (Sachs, as quoted in Hulme, 2009, p.4). Vice President of the Centre for Global Development Todd Moss has also praised the MDGs for finally focusing the international development community on outcomes instead of outputs; the MDGs focus on holistic

¹ As with the “Actions” in the 1994 ICPD, there are no penalties for not reaching the MDG “targets”. Instead, the MDGs simply present suggestions for member states for measure progress and promote accountability (Hulme, 2008).

accomplishments, like achieving universal primary education, rather than counting the number of schools built (Moss, 2010).

Simultaneously, the goals have been heavily criticized by development academics from the North and the South, such as American economist William Easterly, Iranian-Canadian lawyer and professor Amir Attaran, and Indian economist Ashwani Saith. Easterly (2009) suggests that the MDGs are unfair to many African countries. Saith (2006) argues that they are alarmingly weak in theory, method, and scope, while Attaran (2005) characterizes them as unrealistic and dispiriting.

The MDGs are multidimensional. They are not influenced by one singular vision of international development, as they incorporate eight different goals with distinct targets. As a whole, the MDGs focus on poverty reduction and improving the lives of people around the world. However, their particular representation of women's reproductive health remains problematic. Initially, the MDGs did not explicitly include women's reproductive health as a goal. As previously stated, the amalgamated MDGs were the answer to the UN's many development conferences in the 1990s, including the 1994 ICPD. However, the MDGs failed not only to include the ICPD discourse on women's reproductive health, but the holistic understanding and rights-based focus that it garnered at that time. When the MDGs were created, a "commitment to the reproductive rights of women was nowhere to be found" (Crossette 2005, pg. 4).

The MDGs omitted reproductive health for many reasons. One of the primary factors in this omission was the impact of conservative and religious organizations. Hulme (2008), Crossette (2005), and Rebecca Cook (1993) explain that the push for excluding reproductive health from the MDGs was spearheaded by the Vatican. The Vatican then drew support from the UN delegations of conservative Islamic countries in the G77 (the UN's informal association of countries from the Global South), and conservative, evangelical Christian groups from the United States. These groups worked together to block the inclusion of reproductive health as a goal in the MDGs. Initially, the G77 was unable to reach a consensus concerning the addition of reproductive health. Ultimately, though, the G77 opted for its exclusion in order not to offend the most conservative members of the group (Crossette, 2005). This consensus also meant that the

MDGs would exclude any mention of abortion² as a part of reproductive health in order “to appease the Vatican and the Islamic states” (Basu, 2005, p. 134).

The impact of religious and conservative groups at the UN is reminiscent of the same struggle faced at the ICPD in 1994. However, feminist groups that were active in ICPD, such as the IWHC, faced a compounded challenge in the lead-up to the MDGs. Representative of the IWHC Françoise Girard (2001) credited the exclusion of reproductive health from the MDGs to the combined power of the Vatican, the G-77, and the United States. Focusing on the United States, she argues that the Bush administration played an active role in blocking organizations which sought to include the words “reproductive health” in summit documents. She explains that the administration argued that the phrase might force countries to offer abortion services.

Crossette’s (2005) research also focused on the omission of reproductive health from the MDGs. She interviewed UN representatives, such as Stan Bernstein of the UNFPA, and John Gerard Ruggie, former chief advisor for strategic planning to former UN Secretary-General Kofi Annan. Both men were present in the lead-up to the MDGs, and provided further insight into the exclusion. Bernstein explained that, after the strong efforts of NGOs in the 1990s, some groups became either overconfident or exhausted. He claimed that they did not shift the focus of their attention quickly or effectively enough to the MDG process. Ruggie claimed that the UN Secretariat did not want to reopen what he called “the mess” of Cairo (Ruggie, as quoted in Crossette, 2005 p.10) which was deemed a heated conference. In the lead-up to the ICPD, there was heated controversy over the inclusion of abortion within the definition of women’s reproductive health. Feminist groups and conservative, religious organizations strongly debated this issue. Ruggie claimed that the UN sought a consensus devoid of such debates in order to push the MDGs through to universal adoption.

Barton (2005) found yet another reason for the exclusion of reproductive health from the MDGs. Her research focuses on the Latin American feminist groups which rejected the MDG agenda. Barton (2005) interviewed the Latin American feminist group Flora Tristan, which refused to engage with the MDGs because, in their words “We don’t want a few goals, we want all of the platform!” (p. 32). In Barton’s work, Flora Tristan representative Susan Chavez explained that the group was disillusioned because the MDGs were in the process of lowering

² The MDGs, in both iterations from 2000 and 2005, do not include any language specific to the prevention of unsafe abortion or promotion of legal abortion.

the standards achieved at the ICPD. As a result, they chose not to engage in the MDG agenda at all.

In lieu of reproductive health, the MDGs made maternal health a goal. Maternal health alone was a grossly insufficient recognition of the role and the importance of women's reproduction in international development (Mohindra & Nikiéma, 2010). This focus on maternal health harkens back to the paradigm at the 1954 World Population Conference. In 1954 as in 2000, women were only considered as relevant in international development issues if they became mothers.

The exclusion of reproductive health from the MDGs demonstrated that it was no longer the high priority in international development that it became in the 1990s. The reproductive rights paradigm had little impact in the new millennium. As explained by Steven W. Sinding, director general of the International Planned Parenthood Federation (IPPF) in London: "If you're not an MDG, you're not on the agenda... If you're not a line item, you're out of the game" (Sinding, as quoted in Crossette, 2005, p.14). By ignoring women's reproductive health, the MDGs vastly undermined its importance as a vital element of human rights.

A New Addition to the MDGs

In their original iteration, the MDGs were an enormous blow to the paradigm of reproductive rights. The omission of reproductive health in the MDG discourse on development was a strong signal that it was no longer considered a priority (Hesse-Biber, 2006). The influence of other sources such as the Vatican mattered more (Hulme, 2008). Soon after the MDGs were established, reproductive health advocates such as the IPPF became more active and involved in the MDG agenda. The IPPF's *raison d'être* is to "campaign for sexual and reproductive health and rights... especially for poor and vulnerable people" (IPPF, 2012, para. 1). In 2000, the IPPF began emphasizing that "the MDGs could not be reached without implementing Cairo" (Peeters, 2010, p. 1). Other institutions such as the World Bank were also staunchly determined to ensure an explicit continuum between the MDGs and the ICPD (Peeters, 2010). With the support of prominent American development economist Jeffrey Sachs, the push for including reproductive health became stronger. Sachs directed the Millennium Project, an independent advisory body that was commissioned by then UN Secretary-General Kofi Annan in 2002 to recommend an action plan on poverty alleviation. Within this group, Sachs advocated for an expansion of the MDGs, focusing specifically on the inclusion of the ICPD Programme of Action, and its

language on reproductive rights (Barton, 2005). In combination, the IPPF, the World Bank, and the Millennium Project became a strong force for the addition of reproductive health to the list of MDGs. This addition would take place at the 2005 WS.

The World Summit

Between September 14 and 16, 2005, country leaders and heads of development institutions once again gathered in New York. The purpose of this WS was to review the progress made in the five years since the MS. Then UN Secretary-General Kofi Annan announced: “the 2005 World Summit is a once-in-a-generation opportunity for the world to come together and take action on grave global threats that require bold global solutions. It is also a chance to revitalize the United Nations itself” (Annan, as quoted in Stewart, 2005, p.1). The 2005 WS produced an Outcome Document. The power of this document lies in its adoption by the UN General Assembly as a resolution; although non-binding, it retains informal power. Analysis of the discourse in the Outcome Document from the 2005 WS clearly displayed a bifurcated focus. Rights-based rhetoric was evident; however there was an underlying focus on economic growth in relation to reproductive health that becomes visible upon analysis.

Section 1 of the 2005 WS Outcome Document began with a subcategory called Values and Principles. It acknowledged the UN’s prioritization of rights rhetoric. Principle 1 states:

We reaffirm that our common fundamental values, including freedom, equality, solidarity, tolerance, respect for all human rights, respect for nature and shared responsibility, are essential to international relations. (UN, 2005, p. 1)

The use of the terms “fundamental values”, “equality”, and “human rights” made a strong statement regarding UN priorities. Human rights were constructed as an issue of the utmost importance. Hulme (2008) contends that these words show a strong “human rights flavour” (p. 45) at the UN, which was the result of the push for rights-based development initiatives that gained popularity in the 1990s (Neier, 2012). Yet, Peter Uvin (2004) argues that incorporating the language of human rights was merely a rhetorical gesture. He claims that the prioritization of human rights was represented in language only. Philip Alston (2005) agrees, and notes that there was a sense of necessity to include the language of human rights. He claims that, if the language of human rights was excluded, it would have negated the previous decades of mainstreaming human rights in development.

Conversely, it is important to apply a post-structural lens in the examination of this passage. Uvin (2004) and Alston (2005) argue that human rights were represented solely through text within the WS Outcome Document. However, this criticism discounts the post-structural concept that discourse relates to the production and reaffirmation of power (Parpart, 1993). This passage reveals the prominent position of the words “freedom”, “equality”, and “solidarity.” .Yet,, this passage leaves out any textual presence of reproduction. In the 1970s and 1990s, reproduction and reproductive rights were of the utmost importance. Reproductive rights also took a prominent textual role within the ICPD. Yet within the current paradigm, women’s reproductive health has been discounted and excluded. It is no longer prioritized in the WS text as a fundamental component of human rights.

Reproductive health was not addressed until Section 57 of the WS Outcome Document, which dealt with health-focused development initiatives in the MDGs. It provided the language for a new addition to the MDGs based on reproductive health:

We commit ourselves to:

Achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development, integrating this goal in strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration, aimed at reducing maternal mortality, improving maternal health, reducing child mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty. (UN, 2005, p. 16)

This paragraph is the first explicit mention of reproductive health within the MDG agenda. Yet the MDGs relied on the language from the ICPD rather than making an original contribution to the discourse on reproductive health. At the WS, reproductive health became a new target for the MDGs, under MDG5: Improve maternal health. Since 2005, the MDGs have included Target 5b: Achieve universal access to reproductive health by 2015. This inclusion can be seen as an important addition. Nonetheless, it reflects that women’s reproductive health is no longer portrayed as a human right. When referring to reproductive health, Section 57 of the Outcome Document stated a commitment to “universal access”. The UN no longer promotes the “right” to reproductive health; instead, it uses the language of “access”. This term remains problematic. What does access look like? To whom will access be granted? How is this access to be ensured? As explored by Jesse Ribot and Nancy Lee Peluso (2003), the term “access” is frequently used without an adequate definition. Importantly, they make the distinction between access and right, defining “access as the *ability* [italics in original] to derive benefits from things as opposed to the

right [italics in original] to benefit from things” (p. 1). Women indeed have the ability to benefit from measures to improve reproductive health. However, due to a wide range of social, economic, or legal constraints in many countries in the Global South, access may be difficult to achieve. In choosing to promote “access” to reproductive health instead of specifically and definitively stating the “right” to reproductive health, the 2005 iteration of the MDGs fell short of its declared “Values and Principles”.

Furthermore, by referencing the concept of reproductive health “as set out at International Conference on Population and Development”, Section 57 acknowledged the important history of the ICPD. The previous decades of work by women’s groups and other activists was finally recognized (Barton, 2005). Yet, in this same sentence, reproductive health was connected to other “internationally agreed development goals [sic]”. Thus, reproductive health is portrayed as a means to achieve other objectives. The MDGs reflect the current thinking that is pervasive within the UN, meaning that improved reproductive health leads to improved economies in the South (UNFPA, 2012). Katia Mohindra and Béatrice Nikiéma (2010) argue that there is a:

persistent tendency of international agencies, and of public policies in many countries influenced by them, to view women purely instrumentally—that is, where the justifications made for attention to gender are in terms of how this will facilitate other development objectives rather than being an end in itself. (p. 545)

Cecile Jackson (1996) agrees that reproductive health and other gender-focused development concerns are not considered valuable enough on their own. Instead, they are justified in their facilitation other development objectives, specifically related to economic growth. Reproductive health is a means, rather than an end in itself.

In 2005, the reproductive rights paradigm was effectively superseded at the UN as economic growth was enshrined as the new priority (Mohindra & Nikiéma, 2010). Section 58, entitled “Gender Equality and Empowerment of Women”, exemplifies the focus on economic growth. It details how reproductive health could be an important driver for the pursuit of economic priorities:

We resolve to promote gender equality and eliminate pervasive gender discrimination by: ... (c) Ensuring equal access to reproductive health; (d) Promoting women’s equal access to labour markets, sustainable employment and adequate labour protection; (e) Ensuring equal access of women to productive assets and resources, including land, credit and technology. (UN, 2005, pp. 16-17)

Again, the linkage between reproductive health and economic growth is actively reinforced. Here, “access to reproductive health” is equated with “equal access to labour markets” and

“productive assets and resources”. Women’s access to reproductive health is portrayed as instrumental in creating economic growth; it is not prioritized as a goal on its own (Ziai, 2011). Mohindra & Nikiéma (2010) argue that this approach exemplifies the current backwards logic for women and development. It negates the role that development plays for women, and focuses rather on the role that women can play for development. They suggest that in the new millennium, women’s reproductive health is considered as a means of investment to achieve other goals, rather than a goal in and of itself. Certainly within the WS, reproductive health was not prioritized as a human right. Rather, it was a path toward economic growth.

Impact

The MDGs remain a source of both hope and contention for international development academics and practitioners. In a broad sense, the MDGs aim to reduce poverty and improve the lives of people around the world. Each development goal is distinct and attached to specific indicators that measure its progress. Although many of the objectives within the goals interact and overlap, the goals remain unique. Indeed, the history and discourse surrounding each goal is very different.

Within the MDGs, the paradigm surrounding women's reproductive health is that of economic growth. In their original iteration in 2000, the MDGs publicly signalled that reproductive health was not a priority. It was excluded as a development goal (Crossette, 2005; Hulme, 2008). Reproductive health was included five years later at the WS in 2005 as a target under Goal 5, but this inclusion remains problematic. The use of rights-based rhetoric hid an underlying focus on economic growth and women’s reproductive health as merely a means to this end (Mohindra & Nikiéma, 2010; Ziai, 2011).

The erosion of the human rights paradigm for women’s reproductive health represents a step backward in the evolution of international development paradigms involving reproductive health. As Alston (2005) explains, “any approach ignoring human rights altogether or treating them solely in a token fashion, neglects a crucial dimension of the development equation and overlooks the empowerment potential of rights” (p. 797). The paradigm of reproductive rights has been subsumed by economic growth, where the right to reproductive health is understood in terms of potential financial security (Jackson, 1996). As a result, women in the Global South are relegated to a position where their worth as human beings is quantified as potential economic

gain (Ziai, 2011). This paradigm has the potential to degrade reproductive health as an international development goal. As explained by Lynn Freedman (1995), reproductive health:

has intrinsic – and not merely instrumental – value; although control over reproduction and sexuality is certainly an essential precondition for women’s ability to exercise other rights and to fulfil other basic needs, it is also a worthy and valuable end in its own right, and not merely a means to reach other ends...if women’s control over reproduction is regarded only as instrumental, as a means to other ends, then theoretically it becomes dispensable. (pp. 5-6)

Indeed, a focus on human rights “provides an important perspective on the relationship between reproduction and health as well as an essential tool for ensuring that reproductive health is achieved and reproductive rights are protected” (Gable, 2011, p. 1). Yet the reproductive rights of women in international development have become secondary to economic growth.

The ultimate impact of the economic growth paradigm for women’s reproductive health cannot yet be known. What is evident, however, is that the primacy of rights in has greatly diminished. In the new millennium, international development has gone through yet another fundamental transformation.

Conclusion

Paradigms for women's reproductive health in international development have a long and complex history. Since the end of the Second World War and the early days of international development, myriad different economic, political, and social phenomena have influenced women, reproduction, and health.

Women's reproductive health in international development was considered biologically in the 1950s and 1960s. Since women were biologically capable of producing children, they were believed to affect the rates of population growth and decline. This limited understanding of women and reproductive health had many implications in a Cold War context. Cold War fears about the growing threat of Communism combined with neo-Malthusian economic policy and resulted in the manifestation of a population control paradigm. The first UN conference to address women's reproductive health, the WPC, was a clear example of the population control paradigm. Throughout the WPC, racist, paternalistic, and sexist assumptions about women in the Global South were abundant. These assumptions fed into the population control paradigm and provided rationale for Northern intervention on women in the Global South. The paradigm of population control was a destructive way of thinking about women's reproductive health. It reflected Northern priorities such as stopping the spread of Communism, and Northern prejudices such as an assumed superiority over the nations in the Global South. It took decades before this paradigm was overtaken.

In the 1970s, the tide began to turn with the gradual introduction of the WID approach. WID brought women into international development in a more meaningful way. WID focused on the sexual division of labour, a concept further built upon by WAD, and expanded by GAD to include a comprehensive, gendered understanding of development. As a result of the WID, WAD, and GAD approaches of the 1970s, the UN recognized and acknowledged the importance of women in international development and named 1975 as the International Women's Year. These decades also marked the beginning of a recognition of women's rights at the UN.

The next step towards the paradigm of reproductive rights was a change in international relationships. In 1991, the Cold War ended. At the UN, this meant that the capitalist, Northern view of individual and political rights grew to prominence. Following the end of the Cold War, Sen and ul Haq drove the Northern focus on human rights to international development economics. In 1990, the Human Development Report was published and human

rights soon permeated the UN. Throughout the 1990s, the UN held many conferences related to human rights, and created a space for feminist groups. These groups worked to marry the concepts of women reproductive health and human rights, and fought to bring reproductive rights to UN summitry. A paradigm of women's reproductive rights was exemplified at the 1994 ICPD. The ICPD resulted in the creation of a rights-based definition of reproductive health, and is often regarded as a pinnacle for reproductive rights in development.

The reproductive rights paradigm was a vast improvement on the population control paradigm of the 1950s and 1960s. However, women's reproductive rights remained conceptualized in a Northern sense. Feminist groups from the North could have and should have done more to include voices from the Global South in their determination of rights. They ignored the fact that, for many women in the Global South, reproductive rights could be considered as a Northern concept that was abusive and coercive. The next shift in paradigm happened more quickly, as it drew many of the same concepts from the paradigm of reproductive rights.

The paradigm of economic growth for women's reproductive health arose in the early 2000s. The internet and other technological advancements have contributed to shaping this current paradigm. Since the internet has become increasingly accessible worldwide, international development innovations such as microcredit have gained popularity. For women, microcredit has been heralded as a means of empowerment and an innovative form of individual, personal, woman-to-woman development assistance. Women are increasingly understood in economic terms, where financial success equals empowerment and development. Another cause for the rise in the economic growth paradigm is a change in the modern global security dynamic. The threat of terrorism in the Global South has become pervasive, especially within international development. This looming threat of terrorism today mirrors the fear of Communism during the Cold War. Today, the logic in the paradigm of economic growth explains that terrorism can be fought by increased economic growth in the Global South. Lastly, the rise of the private sector as an influential actor in international development has solidified the paradigm of economic growth. International development institutions and practitioners have co-opted private sector models and incentives within their own development work.

This paradigm of economic growth has permeated the UN's interpretation of women's reproductive health. On the heels of the human rights paradigm of the 1990s, international development in the new millennium retained much of the same rights-based language, while in

fact reflecting a paradigm of economic growth. Nowhere is this more clear than with the representation of women's reproductive health in the dominant development initiative of the 21st century: the MDGs. Originally, women's reproductive health was left out of the MDGs. This demonstrated that reproductive rights were no longer a priority. Then, when reproductive health was finally included in the second iteration of the MDGs at the WS in 2005, the concept of reproductive health as a right was lost. Instead, the focus shifted to women's reproduction as a means of economic growth. This shift in paradigm from reproductive rights to economic growth is a loss for women's rights in international development. Since the worth of women's reproduction has been quantified, it is no longer a fundamental human right. Instead, women's reproduction is important because it can impact economic growth for countries in the Global South. This degrades the human rights approach that is so vital to development.

The future of paradigms for women's reproductive health is unknown. Perhaps the paradigm of economic growth will continue to dominate. This may be the case for Canada's contribution to international development, as demonstrated by the amalgamation of Foreign Affairs and International Trade Canada and the Canadian International Development Agency in 2013. In line with the paradigm of economic growth, the Government of Canada is heralding the amalgamation as a way "to enhance coordination of international assistance with broader Canadian values and objectives, and to put development on equal footing with trade and diplomacy" (CIDA, 2013, para. 1). Development scholars (Brown, 2013) and Canadian NGOs (Canada World Youth, 2013) have already begun to dissect how this amalgamation may be unlikely to benefit men and women in the Global South. Canada's specific contribution to global reproductive health also faces an uncertain future. In 2010, the Canadian government, led by conservative Prime Minister Stephen Harper, spearheaded the Muskoka Initiative. This internationally renowned initiative led to the commitment of \$7.3 billion towards international development programming on maternal health worldwide. However, the initiative has been rightly criticized because of its absence of funding designated for the provision of abortion services (Barot, 2011). Without funding to promote and ensure safe access to abortion services, the future of Canada's impact on improving women's reproductive health globally is seriously compromised.

Conversely, the paradigm of economic growth may be superseded in the near future. Perhaps the future holds an improvement from the paradigm of economic growth. In order to

progress, I believe the next paradigm for women's reproductive health must be fundamentally rooted in the local contexts, cultures, and histories of women in the Global South. As Parpart explains, we need "a new form of development, one that is based on the knowledge and needs of Third World peoples rather than the so-called 'expertise' of Western (and Third World) development agents" (Parpart, 1993, pp. 442-443). Instead of forming development goals and objectives on reproduction *for* women in the South, rather, the UN and other institutions must make more space for women themselves to dictate their own priorities and desires for development. These concepts are reflected in a newly-emerging idea: reproductive justice.

The Southern activist group, Asian Communities for Reproductive Justice (ACRJ), defines reproductive justice as:

The complete physical, mental, spiritual, political, economic, and social well-being of women and girls, and will be achieved when women and girls have the economic, social and political power and resources to make healthy decisions about our bodies, sexuality, and reproduction for ourselves, our families and our communities in all areas of our lives. (ACRJ, 2005, p. 3)

The concept of reproductive justice promotes inclusion and diversity. As Kimala Price explains, "reproductive justice activists encourage more women of color and other marginalized groups to become more involved in the political movement for reproductive freedom" (Price, 2010, p. 43). van Eerdewijk (2001) describes reproductive justice as focusing more on the needs and choices of many different types of women. Moreover, the reproductive justice promotes spaces for examinations of intersectionality. It recognizes how "the interconnections and mutual influences of culture, race, ethnicity, sexual orientation, age, religion, and/or gender intersect with women's economic, cultural, and sociopolitical context allows us to appreciate the realities of women's lives and their access to power" (Norsworthy, McLaren, & Waterfield, 2012, p. 58). Feminist organizations such as la Colectiva Mujer y Salud, Sistersong, and Resurj are becoming active in the promotion of reproductive justice globally, oftentimes engaging with the UN. Resurj is using online platforms to "urge a realiz[ation] of sexual and reproductive justice" (Resurj, 2013, para. 1) in the post-2015 development agenda. If reproductive justice continues to grow and gain momentum, perhaps it will in fact contribute to the creation of the next paradigm for reproductive health.

Women's reproductive health in international development is a complex issue, further complicated by the many paradigms that have shaped it over time. Indeed, "it is essential to understand how the concepts of sexual and reproductive rights are part of a development

discourse and hence contribute to the construction of a difference between a developed and developing part of the world” (van Eerdewijk, 2001, p. 427). This paper is an attempt to be a part of the evolution of such an understanding about women, reproduction, health, and rights by deconstructing the paradigms for women’s reproductive health in UN summits. From the WPC to the ICPD to the WS, there has been an evolution of paradigms within UN summitry for women’s reproductive health. Three major shifts in paradigm have occurred, from population control to human rights to economic growth. Each of these paradigms are revealed through discursive analysis of documents within each summit. Indeed, conceptions of women’s reproductive health in international development have been heavily impacted by the changes in paradigms over time.

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