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**Foreign policy controlling choices, minds and bodies: the case of
the Mexico City Policy by the United States of America**

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Introduction

The subject of this study is the Mexico City Policy, which is a United States foreign policy covering certain aspects of foreign aid. The policy was originally introduced by President Ronald Reagan in 1984. President Bill Clinton rescinded it, but it was reinstated by President George W. Bush in 2001. The policy denies giving federal development funding for non-governmental organisations that either perform or promote abortion. The Mexico City Policy of the Bush government has not been discussed as widely as for example security issues, but it is part of the government's foreign policy and has clear implications for women around the world as the United States is a very significant aid-giver for various development programs. In addition, abortion is an issue that is still very much relevant political question in the United States and the Mexico City Policy connects to wider debates about abortion and women's position in societies. In this thesis, I will describe and re-describe the policy. The aim of the re-description is to disarm the official political language with the help of three different perspectives.

My guides in re-describing the Mexico City Policy are Caroline Moser, Michel Foucault and Drucilla Cornell. Caroline Moser has concentrated on development and women's role in that. Michel Foucault hardly needs introduction, but I would like to note that the help he offers in my work is in the form of less-often used ideas connected to the bio-politics of population. Drucilla Cornell is a feminist who has combined legal studies with philosophy and among others psychoanalytic ideas. With the help of these thinkers I aim to offer a deepening view on the control aspects of the Mexico City Policy.

The primary sources for my study are three official US government documents. Firstly, sources include a short memorandum, in which George W. Bush reinstated the Mexico City Policy in 2001 and a Contract Information Bulletin, which defined the restrictions in more detail. In addition to these, I will have as a primary source the Strategic Plan for Center for Population, Health and Nutrition, which defines among others the US population policies, of which the Mexico City Policy is a part.

This thesis is divided into three parts. In the first chapter, I will examine shortly general American abortion debates in order to give some background for my paper. In addition, I will give an official description of the Mexico City Policy by going through the basic

documents related to the policy and how they state the content of the policy. In the second chapter, I will re-describe the policy from three different perspectives with the help of previously mentioned thinkers. I will analyse theoretical aspects that are relevant for this paper, and then I will study the documents stating the content of the Mexico City Policy to show how the policy can be read differently. In the final chapter, I will draw these viewpoints together to give an overall account of the United States foreign policy in regards to women's bodies and the ways to control women's choices and life in general.

The re-descriptions of the Mexico City Policy show that the Mexico City Policy exerts control over women at different levels. Caroline Moser's ideas show that the policy defines women as mothers. In the name of family planning, women's choices and their access to information are limited. Foucault's thinking, on the other hand, brings out the post-colonial aspect of the Mexico City Policy and shows how the United States is actually doing biopolitics of population at the international level. Finally, Drucilla Cornell's thinking shows how the Mexico City Policy reaches the individual level. By trying to define the meanings of pregnancy and abortion, the Mexico City Policy, in fact, at its core denies women's chances of becoming whole persons.

The principle aim of this dissertation is to give a gradually deepening view on the aspects of control that can be included in a policy like the Mexico City Policy. At the same time, it will be revealed how the official documents often obscure the principles and the logic behind policies that have concrete effects on women's lives. The Mexico City Policy actually affects some basic elements related to women being able to be human beings, and it is my intention to reveal these aspects by my re-descriptions.

I The Mexico City Policy described

1 Background: From Roe v. Wade to the Mexico City Policy

1. A state criminal abortion statute of the current Texas type, that excepts from criminality only a life-saving procedure on behalf of the mother, without regard to pregnancy stage and without recognition of the other interests involved, is violative of the Due Process Clause of the Fourteenth Amendment.

(a) For the stage prior to approximately the end of the first trimester, the abortion decision and its effectuation must be left to the medical judgment of the pregnant woman's attending physician.

(b) For the stage subsequent to approximately the end of the first trimester, the State, in promoting its interest in the health of the mother, may, if it chooses, regulate the abortion procedure in ways that are reasonably related to maternal health.

(c) For the stage subsequent to viability, the State in promoting its interest in the potentiality of human life [410 U.S. 113, 165] may, if it chooses, regulate, and even proscribe, abortion except where it is necessary, in appropriate medical judgment, for the preservation of the life or health of the mother. (Roe v. Wade, 410 U.S. 113, 1973)

By this decision the United State Supreme Court legalised abortion in the country in 1973. This did not, however, settle the matter. Abortion continues to be hotly debated issue in the United States even today.

Before the Roe v. Wade decision, the legal framework in regards to abortion varied state by state. In colonial times and well after the civil war, abortion had been legal in the United States (O'Connor 1996: 19, Condit 1990: 22). After the civil war, it was physicians who started to campaign for banning of abortion. Their reasons to oppose free abortion were not medical. From medical perspective, abortions had become safer due to advances in hygiene and antiseptic techniques. Male physicians started to oppose abortion among others in order to maintain their own status as "attenders" of birth; furthermore they wanted to consolidate the medical practice and physicians' control over healthcare. In addition, physicians' antiabortion campaign can be seen as a part of conservative reaction against women's rights activists in the postbellum period and in general reaction against middle-class women's perceived rejection of their "traditional role". (Petchesky 1996: 80-82) Physicians did not, however, demand an unconditional outlawing of abortion, but sought legislation that would permit the physician to determine the need for an abortion.

Physicians' campaign did not eradicate the practice, but it assigned it to the realm of medical judgement and thus debate about abortion was removed from public view for a long time. (Ginsburg 1989: 32-33) There continued to be illegal abortionist, who operated with varying degree of secrecy. In addition, a legal abortion could be obtained based on an appeal to a hospital abortion board. There was a list of medical conditions that permitted "therapeutic abortions" performed by doctors. (Solinger 1998a: 17-21)

Abortion was still not widely discussed in the United States in the first half of the 20th century (Ginsburg 1989: 33, O'Connor 1996: 26-27). It was not until in the 1960s that abortion came to be a theme of public debate. This happened through the case of Sherri Finkbine, a television personality who sought abortion after realising that she had taken thalidomide, which caused foetal abnormalities during her pregnancy. She was denied a legal abortion in the United States and was finally forced to go to Sweden to have the abortion. This case was widely covered in the media and it started a public debate about an abortion reform. (Condit 1990: 28-31, Ginsburg 1989: 35-37, O'Connor 1996: 27) At this point, the public was ready for the debate, as, according to a Gallup poll, 52 percent of Americans approved Sherri Finkbine's decision (Solinger 1998b: xi).

Demands for repeal of restrictive abortion laws were formalised in the 1960s and especially women's rights advocates became active in demanding free abortion (O'Connor 1996: 30). Feminist views about access to abortion for all women were conflated with liberal "right to choose" formulations as abortion rights activists consolidated around the goal of elective abortion (Ginsburg 1989: 39). At the same time that advocates of abortions rights started publicly to demand change in laws, the opposition for abortion was also organised. Although many antiabortion groups were independent of religion, the Catholic Church was and continues to be an important support system for the antiabortion groups (ibid. 44). For example, one of the first antiabortion groups, the Family Life Division, was established by the National Conference of Catholic Bishops in 1967 (O'Connor 1996: 31). Other religious groups joined the antiabortion movement in the 1970s, especially after the Roe v. Wade decision. Also the Right-To-Life party was established in 1970. (ibid. 60-63).

One phase of abortion debate ended in 1973 when Roe v. Wade decision, which legalised abortion, was given. However, the American abortion debate continues in different forms even over 30 years after the decision. In many ways, there has been "a cycle of escalating

mobilization and countermobilization throughout the 1970s and 1980s” by pro-choice forces and foetal-rights groups (Goggin 1993: 7). The abortion debate touches in some parts very deeply held convictions and beliefs and often the two sides are not even sharing a discourse in the general sense of the word. One way to systemise the debate is by using Goggin’s (ibid. 8-14) classification of the abortion conflict. According to Goggin (ibid.9-10), the abortion conflict can be political, ideological, religious, moral, social or it can be related to gender, racial or social class difference. There has been several individual political struggles related to abortion and each has had its own groupings, but this classification outlines more general and fundamental questions that are continually present in the abortion debate, although not all of them all the time.

The religious conflict is basically about whether or not the foetus is a human being or not. For example, the Catholic Church and many fundamental Christian groups view that the life beings at conception and because of that abortion is murder. (ibid. 10). In the religious conflict fundamental questions about what is human life, when it begins and whose rights should come first are at the focus.

The political abortion conflict is about the means and ends of government. It is a conflict over ends of government in the sense that both pro-choice groups together with feminists and pro-life groups with antifeminists have a certain kind of view about society and women’s position in that. Right-to-lifers and antifeminists want to maintain existing power arrangements and to restore patriarchal control over whether, how, and with whom women have children. Reproductive-rights movement, on the other hand, is working to change the power structure to achieve equality of conditions for reproductive choice and also create a society in which women are liberated from social and sexual roles of homemakers, wives, and mothers. (ibid. 10-11)

The abortion conflict is also a conflict about the means of government in the sense that abortion has come to symbolise a struggle for control of such branches of government as the judiciary, the executive, and the legislature. (ibid.11). In the United States, abortion is still a relevant political issue for example when choosing the Supreme Court judges. As Stetson (2001: 247) writes: “It [the abortion issue] has claimed attention in every sort of political process: electoral, legislative, judicial and executive appointment, constitutional, political party, interest group, budgetary, administrative, federalist. It has infiltrated

debates on nearly every other issue: education, welfare, sexuality, science and medical research, licensing of professionals, health care, military, foreign aid, labour, taxation. Political leaders have considered and made policy on every aspect of abortion: regulation and legalization; funding; access to services; limits on protest; family planning; reporting requirements; advertising; fetal research; parental consent and notification; spousal consent and notifications.”

The ideological conflict over abortion is essentially a conflict about the idea what it means to be a woman. Feminists have a view of women taking control over their bodies and the claim is for reproductive rights, that is, women’s control over their own reproduction. Feminists demand also sexual autonomy for women. In general, feminists aim to empower women by altering their political, economic, and social status. (Goggin 1993: 12) The movement against abortion, on the other hand, is not just about opposing abortion, but “a much broader offensive against non-traditional families, feminism, teenage sexuality, the welfare state, socialism, and every other target of the right” (Petchesky 1986: 242).

Abortion is also a gender issue. As Goggin (1993: 13) notes, abortion is essentially about the lives of women so they have a vested interest in the issue. Goggin (ibid.) refers to studies that show that men and women think differently about the abortion issue. This is natural, because men cannot personally end up in a position, in which they would have to decide whether to carry a child to a term or not. I would also say that the ideological conflict is related to the gender conflict, because many ideological questions deal with the position and roles of women in the family and in society, and they are very much in the heart of the gender conflict. The gender conflict can be seen also in the way that the debates about abortion are often gendered.¹ Those participating in the debates about abortion try to portray certain kind of concepts and images of women and what it is like to be a woman.

Finally, the abortion issue is a conflict of class and race². Goggin (ibid.14) quotes researches that show that in addition to gender, pro-choice and pro-life activist differ in their socio-economic status and race. The pro-life activists are in general less well

¹ An analysis of how selected policy debates about abortion have been gendered see Stetson 2001

² For more connections between race, reproduction and abortion, see for example Roberts 1998 and Ross 1998

educated, less likely to be in the work force, and poorer than an average pro-choice activist (ibid.). Goggin (ibid.) also notes that blacks are consistently less supportive of legal abortion. Goggin concentrates only on the differences in the support of abortion among different ethnic and social groups. For some people, support for abortion is related to an idea of suppressing the black birth rate (Saletan 2003: 44) and in many cases in the 1960s and 1970s, supporting abortion publicly would have seemed to support arguments of Black genocide, a charge that was not that unreasonable in view of a multitude of attacks on African Americans (Ross 1998: 165). So in many cases, the question about abortion is intertwined with ideas about race and its meaning in society. In addition, religious views have mixed with race (see for example Ross 1998: 166), creating a mix of atmosphere, where among others race, women's rights and religion collide.

In addition to race, the case of class is very relevant in the abortion debate, especially in the case of funding. The Supreme Court based its decision of *Roe v. Wade* on the Fourteenth Amendment, that is to the right of privacy, and this led later to decisions that effectively limited poor women's possibilities of getting an abortion by denying them public funding and this way questioning poor women's access to abortion (see for example Petchesky 1986: 250-252 and 295-302). In addition, the questions of race and class are often combined. As Petchesky notes (ibid. 243) there are historical connections between right-wing economic policies and right-wing sexual-racial policies: "Modern authoritarian, fascist, and anticommunist movements have not failed to link a rigid patriarchal family structure, including the repression of sex outside heterosexual marriage and procreation, with the values of militarism, national and racial chauvinism, and sacred private property." (ibid.)

These classifications give some idea of deep conflicts that are part of the abortion debate. It is difficult to give an all-encompassing description of the people and groups in different sides. Most American voters support or at least tolerate the availability of abortion services (Greenberg 2000: 1165), and according to some information two thirds of Americans think that abortion should stay legal (The Economist 2001). In 1992, 47 percent of public thought that abortion should not be restricted because it is a woman's choice, only 10 percent thought that abortion should never be allowed and 29 percent thought that abortion should be allowed only in cases of rape, incest, or to save the life of the mother (O'Conner 1996: 150).

So it is clear that a majority of Americans support or tolerate legal abortion. This being the case, there is a very broad group of ideas and views why abortion is supported and often these different groups of people do not have anything else in common. The pro-choice groups vary from feminists with a broader agenda in regards to women's position in society to privacy-rights activist who think that abortion should be a private matter (see for example Smith 1993); and as Saletan (2003) shows, these groups can have a very uneasy alliance in the abortion matter. I think that it is also good to notice that even though a majority of Americans support or at least tolerate legal abortion, most of them are not so called activists. They have an opinion, but they are not participating in any kinds of activities to promote their views. Those who are active in pro-choice movement probably have somewhat different opinions about broader social and cultural matters than an average American. According to Ginsburg (1989: 7), "pro-choice activists consider inequalities between the sexes to be rooted in social, legal, and cultural forms of gender discrimination, and they seek to remedy that by structural change in the economic and political system." Legal abortion is seen as an essential safe-guard against the differential effects of pregnancy (ibid.)

In the 1990s, pro-choice activist have widened their agenda to include, in addition to legal abortion, policies that reduce unintended pregnancies, promote comprehensive sexuality education, encourage contraceptive research and development, and increase the availability of prenatal care and early-childhood health services. The aim is to lower the number of abortions, make it less necessary and create a society where unintended pregnancies are minimised and child rearing supported. (Wilder 1998: 87) One instance where the changing agenda of the pro-choice movement can be seen is the name of one of the most visible pro-choice organisation. In 1969, National Association for Repeal of Abortion Laws (NARAL) was founded. In 1973, it changed its name to National Abortion Rights Action League and in 1993 NARAL became National Abortion and Reproductive Rights Action League (Solinger 1998b: xii-xv).

Pro-life groups include also very different kinds of agendas and ideas, but it can be said that most right-to-life activists share, in addition to the goal of re-criminalising abortion, the idea that abortion is symptomatic of other social problems. They are concerned in particular that materialism and narcissism are displacing ties of kin and community.

(Ginsburg 1989: 9) According to Ginsburg (ibid.) in the pro-life movement three metaphorical connections made between abortion and American culture seem to predominate: 1. Antagonism to “irresponsible” sexual behaviour, which is seen natural to men but unnatural to women, 2. A concern for devaluation of dependent people, i.e. the “unborn child”, the elderly, the unwed mother and the handicapped, which all are central images in the pro-life movement. 3. A critique of market rationality and instrumentality in human relations. This is seen to be growing and this dangerous trend should be reversed.

One of the most visible sections of pro-life activism since mid-1980s has been those who have used illegal methods. For example, Operation Rescue’s unofficial slogan was “If you think that abortion is murder, act like it”. In the 1990s, people were injured and even killed in attacks against those working in abortion clinics and their escorts. There have also been blockades, vandalism, arson and bombings against abortion clinics and other violent acts against both clinics and their personnel. Some activist approve the violence against doctors, but especially after some physicians we murdered, less radical activists condemned violence, although they do in some cases show understanding for murders. (Wilder 1998: 81-94) Violence is condemned by many, but according to Wilder (ibid. 84), virtually every anti-choice organisation lobbied against the Freedom to Access to Clinics Entrance Act, a federal law that protects abortion clinics against terrorism.

Pro-choice and pro-life groups have battled about abortion for decades now and they act in several levels in trying to promote their viewpoints. Action varies from illegal violent measures to the U.S. Supreme Court (see for example, O’Connor 1996). One relevant area in the question of legal abortion is funding and since in this study it is of particular relevance, I will give a short overview about the development of abortion funding in the United States after the Roe v. Wade decision.

Public funding of abortion in the United States

As O’Connor (1996: 68) notes, most antiabortion activists wanted to ban abortion altogether, but some pragmatists chose to limit the access to abortion and one way to do that was limit the public funding. By 1974 there were proposals in the Congress to restrict Medicaid funding for abortions and in 1976 the Hyde Amendment was passed. As Dorothy McBride Stetson (2001: 255) notes, proponents of the Hyde Amendment sought to change the debate frame established by the Roe v. Wade decision. Although they tried to put

taxpayers who opposed abortion as the proxy victims of abortion funding, the proponents of the Hyde Amendment aimed really at the recognition of the right of the foetus to life as being at least coequal with the right of the mother to privacy. Opponents of the Hyde Amendment, on the other hand, defended abortion as a women's right to make decisions about her own body. According to them, denying Medicaid funds for abortions deprived poor women a fundamental constitutional right. For women's movement the passing of Hyde Amendment was a failure. Women were not admitted to the policy process in the Congress and only two women participated in the debate there. Women's groups participated in the public discussion of the Hyde Amendment, but they did not get access to the policy process either. (ibid. 255-257) The pro-life movement, on the other hand, succeeded in politicising the question about abortion funding and it became a tool in limiting the abortion access, a tool that is still operating today.

So the Hyde Amendment was passed, after some changes to the original bill, in 1976 in both the House of Representatives and the Senate. The Hyde Amendment did not change *Roe v. Wade*, but it banned the use of federal funds for abortions except "where the life of the mother would be endangered if the fetus came to term" (O'Connor 1996: 68). Ever since the Hyde Amendment was passed, the Congress has renewed it every year with some modifications. In 2000, the Hyde Amendment stated that the federal funds are allowed to use for abortion when the woman's life is threatened by "a physical disorder, physical injury, or physical illness, including life-endangering physical condition caused by or arising from the pregnancy itself", funding is also allowed in the case of rape or incest (Boonstra & Sonfield: 8). As can be seen, the Hyde Amendment emphasises physical side of well-being and does not allow abortions based on other considerations (i.e. for example psychological reasons), except for rape or incest.

The Hyde Amendment was challenged in the Supreme Court in 1980 in the case of *Harris v McRae*. The Court upheld the validity of the Hyde Amendment by ruling that the restriction of the Amendment do not interfere with the due process of liberty recognised in *Roe v. Wade*. (Center for Reproductive Rights 2003). The Court stated:

"Regardless of whether the freedom of a woman to choose to terminate her pregnancy for health reasons lies at the core or the periphery of the due process liberty recognized in *Wade, supra*, it does not follow that a woman's freedom of choice carries with it a constitutional entitlement to the financial

resources to avail herself of the full range of protected choices. Although government may not place obstacles in the path of a woman's exercise of her freedom of choice, it need not remove those not of its own creation, and indigency falls within the latter category. Although Congress has opted to subsidize medically necessary services generally, but not certain medically necessary abortions, the fact remains that the Hyde Amendment leaves an indigent woman with at least the same range of choice in deciding whether to obtain a medically necessary abortion as she would have had if Congress had chosen to subsidize no health care costs at all." (Harris v. McRae, 448 U.S. 297, 1980)

Between 1973 and 1977, the federal government paid for about a third of all abortions. For example, in 1977 this meant 294,600 abortions. After the Hyde Amendment, there was a dramatic drop in numbers. In 1978, fewer than 2,500 abortions were covered by federal Medicaid. By 1992, federal Medicaid paid only for 267 abortions. (Fried 1998: 213) It is good to note that in addition to federal funding, there is public funding by the states. At the moment, 23 states follow the federal standard of the Hyde Amendment and provide abortion in the cases of life endangerment, rape and incest. 17 states use state funds to provide all or most medically necessary abortions, which means a more extensive coverage than stated by the Hyde Amendment. One state (South Dakota) provides state funding only in the case of life endangerment thus violating the federal standard. (The Alan Guttmacher Institute 2004a) Of the 1.3 million abortions performed in 2000, about 14 percent were publicly funded, in practice all of them were paid with the state funds (The Alan Guttmacher Institute 2004b).

According to Heather Boonstra and Adam Sonfield (2000), studies show the importance of public funding. "In the absence of funding, a significant percentage of pregnancies that would have otherwise been aborted are instead carried to term." (ibid. 10). Funding restrictions also delay abortions that would have been done earlier, if funds for them would have been available (ibid.). There is also the danger that inaccessibility of safe, legal abortion makes some women to resort to illegal abortions and self-abortions (Fried 1998: 209)

The Hyde Amendment restricted the public abortion funding domestically. In addition to this, the funding restrictions were put in place in regards to among others foreign assistance. In 1984, President Reagan's administration introduced the Mexico City Policy. This policy limited federal funding to non-governmental organisations that provided

abortion services and counselling abroad. The Mexico City Policy required non-governmental organisations operating in the field of reproductive health services and receiving US federal funding to abandon providing abortion services, even though they would use their own money for it. In addition, any kind of “promotion” of abortion was forbidden, meaning that these organisations could not endorse changes in abortion laws, inform about legal abortion options etc. In the next chapter, I will examine in more detail the historical background of the Mexico City Policy and the content of it. The starting point will be the United States Agency for International Development, which is the federal agency that controls the foreign aid funds.

2 The Mexico City Policy according to official documents

The United States Agency for International Development and population policies

The United States Agency for International Development (USAID) is an independent federal government agency that receives overall foreign policy guidance from the United States Secretary of State. Its work aims to support long-term and equitable economic growth and advances U.S. foreign policy objectives. (USAID 2003) According to USAID itself, “the Mission of the United States Agency for International Development is to contribute to U.S. national interest by supporting the people of developing and transitional countries in their efforts to achieve enduring economic and social progress and to participate fully in resolving the problems of their countries and the world.” (U.S. Agency for International Development 2002)

USAID is the most important U.S. agency providing foreign assistance. The agency has three “program pillars”, i.e. areas, in which it promotes development. The pillars are

1. economic growth, agriculture and trade
2. global health
3. democracy, conflict prevention and humanitarian assistance.

Each pillar has general goals to support the development in the area in question. (U.S. Agency for International Development 2002: 2)

This paper covers only one area of the U.S. foreign policy so I will not go through all the pillars, but concentrate on the second pillar, global health. The general goal of the global

health pillar is to stabilize world population and protect human health (ibid.). Furthermore, the population, health and nutrition sector has five further strategic objectives to support USAID's goal of stabilised world population and protection of human health. The objectives are: "unintended and mistimed pregnancies reduced; death and adverse health outcomes to women as a result of pregnancy and child birth reduced; infant and child health and nutrition improved and infant and child mortality reduced; HIV transmission and the impact of HIV/AIDS pandemic reduced, and the threat of infectious diseases of major public health importance reduced" (U.S. Agency for International Development; Bureau for Global Programs, Field Support, and Research; Center for Population, Health and Nutrition, 1999: 1)

Each of these five strategic objectives has related support objectives that aim to contribute to them. In this study, the most important of these support objectives is the one of "increased use by women and men of voluntary practices that contribute to reduced fertility" (ibid.), which is connected to reducing unintended and mistimed pregnancies. These strategic support objectives have in turn connecting intermediate-level results that guide development programs and activities and allow the Population, Health and Nutrition Center to monitor progress (ibid. 15)

The above mentioned strategic support objective of increased use of practices to reduce fertility has four intermediate-level results, which include "new and improved technologies and approaches for contraceptive methods and family planning programs; improved policy environment and increased global resources for family planning programs; enhanced capacity for public, private, NGO and community-based organizations to design, implement, and finance family planning programs and increased access to, quality of, and motivation for use of family planning and other selected reproductive health information and services" (ibid. 17)

In accordance with these objectives, "USAID's population assistance will focus on improving the accessibility, quality and responsiveness of family planning and related reproductive health services in recipient countries" (ibid. 19). USAID states in its strategic plan that it "has concentrated its efforts on maximizing access to information and services and improving the quality of care in family planning" (ibid.) and that the programs support all the components of family planning programs, "including service provision, training,

information and communication, sound program management, research, commodity procurement and logistics, policy development, and program evaluation” (ibid.). One of the aims is to reduce the number of abortions and according to the strategic plan this is done by “providing broader access to quality family planning services” (ibid. 47). However, there are some restriction to the operation of the Center for Population, Health and Nutrition operating under the health pillar of USAID. Because of foreign assistance legislation “USAID does not provide any support for abortion information and services” (ibid.).

The restrictions on abortion information and services are due to a specific policy regarding the type of activities that the United States does not want to support, namely the Mexico City Policy. Next I will discuss in more detail this foreign assistance legislation that restricts the information about abortion.

The Mexico City Policy

“It is my conviction that taxpayers funds should not be used to pay for abortions or advocate or actively promote abortion, either here or abroad. It is therefore my belief that the Mexico City Policy should be restored.” (Bush: 2001) By these words President George W. Bush reinstated the Mexico City Policy³, introduced by the Reagan administration in 1984 at the International Conference on Population held in Mexico City on August 6-14, 1984. I will shortly recap the history of the Mexico City Policy and after that I will give a more detailed account about the contents of this particular policy.

In 1984, the Reagan administration’s announcement at the Mexico City population conference stated that “population growth is, of itself, a neutral phenomenon. It is not necessarily good or ill.” (The White House Office of Policy Development 1984: 576). The U.S. statement spoke against governmental control of economies (ibid.) and stated that “US aid is designed to promote economic progress in developing countries through encouraging sound economic policies and freeing of individual initiative” (ibid. 579).

³ The Mexico City Policy is also known as “Global gag rule” (see for example Council of Europe, Parliamentary Assembly: 2001, Population Action International 2001 and Population Connection 2003), but in order to avoid any connotations I will use the term “the Mexico City Policy” in this study.

From the viewpoint of this study, the most relevant topic of the statement the U.S. delegate gave at the Mexico City Population Conference dealt with abortion. It denounced abortion, involuntary sterilization and other coercive measures in family planning. It stated: "The United Nations Declaration of the Rights of the Child [1956] calls for legal protection for children before birth as well as after birth. In keeping with this obligation, the United States does not consider abortion an acceptable element of family planning programs and will no longer contribute to those of which it is a part." (ibid. 578)

The United State's position caused controversy at the Mexico City Population Conference and many participants concluded that it was more about ideology and short-term political considerations than about a genuine interest in the demographic substance of the conference (Finkle & Crane 1984 2). However, in the United States, among groups forming a New Right coalition interested in the Mexico City conference and international population issues, there was genuine concern about trends in national and international population programs, namely the liberalisation of abortion policies, the role of international agencies supporting abortion-related activities, increased availability of sterilization etc. The primary agenda was, nevertheless, a domestic one. (ibid. 18-19)

There were mainly three reasons why this new Right Coalition took an interest in the population issues. Firstly, there probably was an idea that antiabortion position by a UN conference would further legitimise and strengthen national efforts. And if there would be no antiabortion stance, it would give an opportunity to dramatise shortcomings of the United Nations. Secondly, preparing for the conference gave right-to-life groups impetus to strengthen international contacts, which would support work at the national level. And thirdly, and most importantly, the New Right coalition needed tangible achievements due to failures in enacting its broader social agenda. Two years earlier, there had been a failure in amending the U.S. constitution to ban abortion and activity on the international level was seen as a means to at least partially recoup their losses and keep the movement going. In addition, due to the up-coming presidential election, the New Right coalition wanted to demonstrate its political influence. (ibid.)

It is difficult to evaluate the U.S. delegates' sincerity in regards to the interest in the population issues at the Mexico City conference, but as has become clear previously in this study, the abortion is a conflict that is fought in many ways and funding is one of them.

This way an introduction of the Mexico City Policy can be seen as a continuation of the domestic abortion politics.

The Mexico City Policy was not in effect from 1993 to 2001, because President Bill Clinton had rescinded the Policy as one of his first official acts (Cohen 2001: 1). According to Clinton's statement that removed the Mexico City Policy restrictions, excessively broad anti-abortion conditions were not mandated by the Foreign Assistance Act or any other law (Clinton 1993). In addition, "they have undermined efforts to promote safe and efficacious family planning programs in foreign nations" (ibid.). I would say that the reinstatement of the Mexico City Policy by President George W. Bush in 2001 was connected to domestic politics the same way that the original introduction of the policy was. Bush's own stance about abortion is clearly anti-abortion (see for example Issues 2000), but it is also quite clear that today most voters support or at least tolerate abortion (Greenberg 2000: 1165) By reinstating the Mexico City Policy, Bush was able to please his anti-abortion constituencies at home without effects on the domestic abortion rights (see for example The Economist 2001 and Kuchment & Masland 2001).

Next, I will examine how the Mexico City Policy is defined in official documents. In addition, I will give an overview about the effects of the policy in order to show that this policy indeed has effects and also to show how the policy is implemented in practice.

The Mexico City Policy "required nongovernmental organizations to agree as a condition of their receipt of Federal funds that such organizations would neither perform nor actively promote abortion as a method of family planning in other nations" (Bush 2001). The policy is divided into two parts: first it says that nongovernmental organization receiving Federal funds cannot perform abortions as a form of family planning. Abortion is defined as a method of family planning when it is used for spacing births. As the White House memorandum (Contract Information Bulletin 01-08: page 17306) puts it: "This includes, but is not limited to, abortions performed for the physical or mental health of the mother, but does not include abortions performed if the life of the mother would be endangered if the fetus were carried to term or abortions performed following rape or incest (since abortion under these circumstances is not a family planning act)."

This means that abortions are allowed when the pregnancy is life-threatening to the mother or it is caused by rape or incest and according to a guide by Population Action International (Population Action International 2001: 5), the mere possession of equipment used in abortions or drugs for menses induction for use in cases of threat to life, rape or incest would not disqualify organization for United States Agency for International Development (USAID) support. However, USAID family planning funds are not to be used to procure or distribute equipment for the purpose of inducing abortions (ibid.). Treatment of injuries or illness caused by legal or illegal abortions, for example post-abortion care is also allowed according to this policy (Contract Information Bulletin 01-08 (R): page 17306).

In addition to the restrictions on performing abortions, the Mexico City Policy forbids NGOs “actively promoting” abortion. According to the White House, actively promoting means “for an organization to commit resources, financial or other, in a substantial or continuing effort to increase the availability or use of abortions as method of family planning” (Contract Information Bulletin 01-08 (R): page 17306). This includes operating a family planning counselling service that provides advice or information regarding benefits or availability of abortion as a method of family planning on its regular program. NGOs are also not allowed to advice that abortion is an available option in the event that other methods of family planning (for example contraception) are not used or have failed. Lobbying a foreign government to legalize or make available abortion as a method of family planning or lobbying a foreign government to continue the legality of abortion as a method of family planning are also forbidden. In addition, conducting a public information campaign in USAID-recipient countries regarding the benefits and/or availability of abortion as a method of family planning is not allowed. (ibid.)

Advice about abortion is allowed by passively responding to a question regarding where a safe, legal abortion may be obtained, “if the question is specifically asked by a woman who is already pregnant, the woman clearly states that she has already decided to have a legal abortion, and the family planning counsellor reasonably believes that the ethics of the medical profession in the country requires a response regarding where it may be obtained safely” (ibid.) As Cincotta and Crane (2001: 525) note, health workers in NGOs accepting US family planning funds are forbidden to take the initiative in counselling for example women with health problems about all legal pregnancy options.

A part of the restrictions mentioned in the Mexico City Policy had already been put in place through another law. Helms Amendment is a law that prohibits U.S. aid from being used directly “to pay for the performance of abortions as a method of family planning or to motivate or coerce any person to practice abortions” (USAID Global Health, 2003). Through Helms Amendment the Federal government money could not have been used to perform abortions already since 1973. In this regard, the Mexico City Policy just restated a law that had been passed before. However, the Mexico City Policy did bring more restrictions on delivering information about and promotion of abortion. In addition, the Mexico City Policy restricts the use of money of such organization (but not governments) that are involved in voluntary abortion activities, even if such activities were undertaken with non-US funds (Population Connection, 2003). This means that those organizations that receive US funds cannot use any money, even received elsewhere than from the US government, to inform about abortion or for example promote the change of laws regarding abortion.

In my opinion, the restrictions on informing about abortions are more important in this case than the restriction on performing abortions. Abortion is banned or attitudes are very negative towards abortion in many developing countries so it may not be possible to perform abortion in many of the countries where USAID funds are used any way. The fact that the Mexico City Policy forbids promoting changes in laws or conducting information campaigns is a significant obstacle in trying to promote women’s own choice in regards to their own reproduction, bodies and lives. In order to give some ideas about how the Mexico City Policy affects NGOs and their work among women, I will next give a short overview about the effects of the Mexico City Policy.

It should be noted that both opponents and proponents of the Mexico City Policy make claims about the effects or non-effects of the policy, but there is not much research data on the issue (Cicotta & Crane 2001: 525-526). John Blane’s and Matthew Friedman’s *Mexico City Policy Implementation Study* published in 1990 is a research assigned by USAID and it studied the effects in Pakistan, Bangladesh, Brazil, Kenya, Egypt and Turkey. In 2003, at least two reports were published by groups operating in the field of reproductive health. *Breaking the Silence: The Global Gag Rule’s Impact on Unsafe Abortions* by the Center for Reproductive Rights conducted in-depth interviews in Ethiopia, Kenya, Uganda and

Peru. *Access Denied: U.S. Restrictions on International Family Planning* by Global Gag Rule Project conducted research in Ethiopia, Kenya, Romania and Zambia.

Firstly, there is no evidence that the Mexico City Policy in 1984-1992 reduced the number of abortions (The Global Gag Rule Impact Project 2003: 2). When the Mexico City Policy was reinstated in 2001 the world had changed, several countries had liberalised their abortion laws and today more than half of all women living in the developing world live in countries where abortion is broadly legal; family planning support from USAID now goes to 35 countries in which abortion is legal under circumstance broader than allowed under the Mexico City Policy (Cohen 2001: 2). This means that the reinstated Mexico City Policy has had potentially more effects to NGOs than it had before.

The potential recipients of USAID funding have two choices: they can either accept the Mexico City Policy as a condition for funding or reject it and thus be disqualified for funding. The effects of these choices are naturally different.

Blane and Friedman (1990) have studied what happens in organisations that accept the Mexico City Policy. According to them (*ibid.* 23), personnel in most organisations indicated that they had little or no difficulty in adjusting to the Mexico City Policy, this is especially the case in those countries where abortion is illegal⁴ and contrary to cultural traditions and religious beliefs. However, several organisations have responded to the Mexico City Policy with overcautiousness that has hampered their operation. The overcautiousness is caused by a fear that any association with abortion-related activities, however indirect, could put the funding in danger. (*ibid.*) This too strict interpretation of the Mexico City Policy restrictions has at least six kinds of practical effects to organisations implementing the policy according to the study by Blane and Friedman, and this is confirmed by other studies.

Firstly, in countries where abortion is legal, NGOs often deny staff making abortion referrals, even in cases allowed under the Mexico City Policy (*ibid.*). According to Blane & Friedman (*ibid.*), “instead of providing information or referrals, clinic staff are often told

⁴ It is good to note Cohen’s (2001: 2) notification that the abortion legislation has been changed in several developing countries in the eight years (1993-2001) that the Mexico City Policy was not in effect. Blane and Friedman’s study was published in 1990.

not to say anything or turn the person away.” For the fear of turning “passive” referrals to “active” promotion, clinics decide to say nothing. As The Center for Reproductive Rights (2003:17) notes, illegal and unsafe abortions remains a severe public health concern in several countries and the Mexico City Policy compels health-care providers to withhold medical information especially from indigent women patients. Providers also struggle with the “tricky situation” of how to counsel rape or incest victims (ibid.). In general, there are difficulties to provide integrated family planning services and lower abortion rates (The Global Gag Rule Impact Project 2003: 4, see also The Center for Reproductive Rights 2003: 19-20).

Secondly, overcautiousness causes incomplete medical histories when NGOs put in place internal policies that restrict documenting their patients’ abortion histories, even when the clients volunteer the information (Blane & Friedman.: 24). Thirdly, the overcautious response has had effects on data collection and a broad range of research activities, when organisations no longer collect statistics for the fear of losing USAID funding (ibid. 25). Some organisations have also not purchased equipment that they may need in gynaecological services, but that may be used also in abortions (ibid.). Fifthly, due to overcautious response, clinics have restricted staff activities, even off duty. For example, staff may not be allowed to mention abortion in their own time or physicians working part-time in a clinic are told that they may not perform menstrual regulation procedures as part of their work with government clinics or in their own private practices, even though these activities are not prohibited by the Mexico City Policy (ibid. 25-26). Finally, collaboration between NGOs that adhere to the Mexico City Policy and those who do not has been significantly reduced. (ibid.26) As Blane and Friedman (ibid.) note, “although the policy does not place restrictions on collaboration between these two groups (provided no funds go to the group performing menstrual regulations), there appears to be a fear of guilt by association.” There are also fears that cooperation with international NGOs affects funding, so this is also restricted. (The Center for Reproductive Rights 2003: 22).

The approval of the Mexico City Policy has also effects on more general level. According to a study by the Center for Reproductive Right (ibid. 10), the policy creates “a climate of censorship”. This “climate of censorship” is seen for example in the fact that NGO representatives cannot take part in public debates about abortion reforms. In addition, according to NGO representatives, policymakers often hide behind the Mexico City Policy

to justify their inaction on law and policy reforms meant to address unsafe abortion. In general, participation that is expected, and is indeed a prerequisite in a mature democratic civil society, is curtailed (ibid. 13-15).

As said earlier, NGOs have also the opportunity to reject the restrictions demanded by the Mexico City Policy. When an organisation does not approve the Mexico City Policy, it will not get USAID funding. In addition to funding, the organisations rejecting the Mexico City Policy are unable to obtain donated USAID contraceptives, including condoms (The Global Gag Rule Impact Project 2003: 4). This means that fighting HIV and AIDS becomes more difficult for these organisations. Losing USAID funding means that organisations have been forced to cut services, close clinics and raise fees. This can have severe effects especially in low-income communities (ibid. 3, The Center for Reproductive Rights 2003: 20).

As can be seen, the general practical effects of the Mexico City Policy restrictions are wide. The policy has also wide-ranging foundation affecting women's position and next I will study the underlying control aspects. This will be done by re-describing the policy three different ways.

II The Mexico City Policy re-described

1 Introduction: aspects of control

The Mexico City Policy is a policy that is a part of international relations⁵. Traditionally international relations has been the most masculine of disciplines. Feminist projects in international politics are a relatively new phenomenon, literature about feminist perspectives on international politics started to appear in the 1990s. (Pettman 1996: vii) In international relations, gender has been invisible and when feminists deconstruct and reconstruct concepts of international politics, the discipline is disrupted by this process. As Pettman (ibid. viii) notes, international relations has traditionally been "high politics". The state has been the central unit in international relations (ibid.); the term 'international relation' itself refers to relations between nations.

⁵ In this, I will use international relations and international politics interchangeably.

Despite international relations being something conducted between nations, what these nations do and how they conduct their relationships have effects on individual people. It is my intention to re-describe a specific policy that aims to control certain aspects of women's bodies. In the previous chapter, this policy was described according to official language, the language of traditional international relations. In that kind of description, gender is invisible. By re-describing the policy with the help of three different perspectives, I aim to make gender and control of women's bodies and minds visible. These perspectives are Caroline Moser's (1991) classifications of development policies, Drucilla Cornell's (1995) ideas about the bodily integrity and Michel Foucault's certain ideas about controlling populations and bodies (for example Foucault 1978).

Caroline Moser's (1991 and 1993) work can be classified as development studies, therefore it is necessary to go through some themes related to development. As a term, development is difficult to define⁶. Its meaning varies depending on the one doing the defining, but for the purposes of this study we can use a basic definition of development being "about the betterment of human kind through the alleviation of poverty and the realization of human potential" (Cowen & Shenton 1995: 27). The population issue, on the other hand, is a sub-theme within development, and is continuously framed in the context of one or another approach to development (Sen 1994: 66).

As Sen & al. (1994: 4) note, due to environmental issues the public and political attention has been re-focused on population, environment and development in the 1990s. There have been extreme assertions that populations control should take precedence over all other development investments (ibid.). According to the simplest line of thought, increasing population produces carbon dioxide, methane, burns rain forests and expands the cultivated land area so that erosion and desertification escalate. According to some thinking, as an environmental problem, population growth is understood to be a reason; an important cause of environmental problems. (Koivusalo 1994: 185)

At the same time that the population issues have once again become more prominent in the discussion about development, the basic premise of population policies has remained the

⁶ For the history of the term, see for example Cowen & Shenton 1995, Watts 1995 and Sen 1994

same: “government (public) intervention has been thought to be necessary to influence or control individual (private) actions in the interest of common good” (Sen & al. 1994: 4). Even though this premise has come increasingly under fire, and in many ways population policies are at a crossroads (ibid.), often population control measures still mean that some outside operator, for example the state, the church or international population organisations, have significant power over individual women’s and families’ decisions (Kajesalo & Topo 1994: 215).

Our understanding of the world’s population development is still based on simplified and unchanged division to “more developed countries” and “less developed countries”. This division is based on an old categorisation of colonies and those colonising. In current debates, it is often stated that over 90 percent of the future population growth will happen in the developing countries and a majority of the world’s multimillion cities are located in the developing countries. (Egerö 1994: 13) This kind of formulation of population and development policies brings us to the question colonialism and postcolonialism

The question of postcolonialism is very wide and cannot be dealt here very extensively. It is, however, in some respect an important sub-theme in this work so it is good to note a couple of things in regards to it. First of all, according to Dirlik (1997: 503) the term “postcolonial” seems to have three prominent usages: “(1) It is used as a literal description of conditions in formerly colonial societies, in which case the term has concrete referents, as in “postcolonial societies” or “postcolonial intellectuals” ... (2) The term is employed as a description of a global condition after the period of colonialism, in which case the usage is somewhat more abstract in reference, comparable in its vagueness to the earlier term “Third World”, for which it is intended as a substitute. (3) The word is used to describe a discourse on the above conditions that is informed by the epistemological and psychic orientations that are products of those conditions.” (ibid.) According to another definition, “postcolonialism refers to ways of criticizing the material and discursive legacies of colonialism” (McEwan 2001: 94). In many cases, postcolonial criticism is directed towards cultural aspects, such as literature and education (see for example Ashcroft & al. 1995).

Development has been one area of criticisms for those interested in postcolonial theory. Jane L. Parpat (1995: 253) notes that some scholars drawing on postmodern conceptions of power and knowledge argue that development discourse is embedded on the ethnocentric

and destructive colonial and postcolonial discourses designed to perpetuate colonial hierarchies rather than to change them. By defining Third World people as the ‘other’, embodying all the negative characteristics, this discourse has provided the rationale for development experts’ belief in modernisation and the superiority of the values and institutions of the North. (ibid.). In addition, the Third World women have been described as ignorant, irrational, poor, uneducated and so on, thus making them victims, and simultaneously defining First World women as rational and liberated. (Wood 2001: 43)

Development is not just an instrument of economic control over the physical and social reality in Asia, Latin America and Africa (Escobar 1995: 212). As Escobar (ibid.) notes, “it is also an invention and strategy produced by the ‘First World’ about ‘underdevelopment’ of the ‘Third World’. Development has been the primary mechanism through which the Third World has been imagined and imagined itself, thus marginalizing or precluding other ways of seeing and doing.”

I would imagine that most people working in aid agencies and other practical forums of development policies have good intentions. But as noted above, by certain discursive ways the Third World⁷ is defined as inferior and Western knowledge as superior. Population policies as a sub-theme of development are a good example of positioning Western ideas as the rational ones. Population growth in the Third World has been seen as problematic, but for example Western consumption patterns have not necessarily been questioned the same way. This rationalisation has given perceived legitimacy to conduct population policies that often have been about controlling especially women’s bodies and women’s lives in general.

The classification of development policies by Caroline Moser that I will present provides examples of the control by those giving aid. Moser herself does not take an announced postcolonial view on the development, but it is good to keep this criticism in mind for later purposes as I will also discuss some postcolonial perspectives. By re-describing the

⁷ I would like to make a note about terms that appear in several places in this paper, namely the Third World and developing nations. In this paper, these terms are used interchangeably. I do acknowledge that these two terms have different histories and thus carry different connotations. However, the main focus of this paper is not development studies or postcolonial analysis, therefore I feel that it is possible to use these terms without further analysis of them. I think it is enough to say that in this paper both these terms refer to the underprivileged areas of the world that are the main recipients of the development aid. In places where I quote someone, I will use the term that is used by this person.

Mexico City Policy, my aim is also to unravel these “self-evident” descriptions included in development policy documents.

As said, for Moser development is a concept that she does not problematise. In order to show, how women and the Third World nations in general are controlled at the international level, I will re-describe the Mexico City Policy also with some help of Michel Foucault’s thinking. Of his work, I will concentrate on his analysis about bio-politics of population. This will be connected with Jane Price’s and Margit Shildrick’s (1999: 389) idea that Foucault’s analysis about regulatory power in the emergence of modern western societies can also be helpful in understanding how the regulatory powers have been used by western societies to control other nations. To be able to analyse this mode of control, I will also introduce some post-development perspectives. As mentioned above, development has been criticised from postcolonial viewpoint. Post-development theory is a strand of thinking that takes some postcolonial worries seriously. Even though development is still present in official declarations and language of many grassroots movements, many, also in the field of development, have been disillusioned about the idea of development and there have been attempts to re-view the developmental mode of reality⁸ (Sachs 1992a: 3-5).

One of the post-development premises is that development is a discursive entity. This means that reality is constructed to certain extent by terms and words that are used for e.g. different societies. As Esteva (1992: 7) notes: “Underdevelopment began, then, on January 20, 1949 [the day that President Truman took office and talked about underdeveloped areas in his speech]. On that day, two billion people became underdeveloped. In a real sense, from that time on, they ceased being what they were, in all their reality, and were transmogrified into an inverted mirror of others’ reality: a mirror that belittles them and sends them off to the end of the queue, a mirror that defines their identity, which is really that of a heterogeneous and diverse majority, simply in the terms of a homogenizing and narrow minority.” As can be seen, post-development is very critical of the idea of development and how it has been used in the 20th century. Post-development theory is not unproblematic, but in this paper it offers some valuable viewpoints in re-describing the Mexico City Polity.

⁸ For more about post-development see for example Sachs 1992b and Rahnema & Bawtree 1997

Finally, in order to be able to analyse control of women's bodies and minds at individual level, I will examine the subject with the help of Drucilla Cornell's ideas about bodily integrity and abortion. When it comes to abortion, feminism has been defending access to it for a long time. There have been different kinds of legal, social etc. justifications for it. I found Drucilla Cornell's thinking somewhat different from many other feminist writing on the matter. She attaches her theory firmly to legal theory, but also employs among others psychoanalytical framework to make her point. I will not go through here the different ways to justify abortion; the general abortion debate in the United States has been covered for the relevant parts in the earlier chapter, but Cornell's ideas about bodily integrity and imaginary domain will be covered in more detail later in this paper.

My intention is to re-describe the Mexico City Policy at different levels, from development policies to personal level and thus offer a deepening view of the control aspect. The starting point is Caroline Moser's ideas about women and development.

2 Women's bodies as object of family planning

As Moser (1993: 1) notes, her work describes gender planning. She is primarily concerned with the equality, equity and empowerment of women (ibid.) and she does not address the problems of postcolonialism. She does, however, give some conceptual tools for me to work with. I wanted to bring in the postcolonial perspective, because when talking about development aid and control, it cannot be overlooked, if one wants to have a more extensive picture. Some of the control perspectives are present in Moser's work, even though she does not analyse them.

Moser bases her theory on the idea of the triple role of women and on an analysis about which of these roles each development policy approach recognises. In addition, each approach can be analysed from a perspective of practical and strategic gender needs and how these needs are met in different kinds of development policies. (Moser 1991: 94).

Here the triple role of women refers to women being not just wives and mothers, but also managing their neighbourhoods (ibid. 86). This means that women have three roles in regards to division of labour: reproductive work, productive work and community

managing (Moser 1993: 27). Reproductive work refers to childbearing/rearing responsibilities and domestic tasks. It includes not only biological reproduction but also the care and maintenance of the workforce and the future workforce. (ibid. 29) Productive work consists of work done for payment in cash or kind, it includes both market production and subsistence/home production (ibid. 31). The community managing role refers to activities done at the community level, “to ensure the provision and maintenance of scarce resources of collective consumption, such as water, health care and education”. It is voluntary and unpaid work. (ibid. 34).

Another perspective that Moser uses in classifying development policies are the concepts of strategic and practical gender needs. These concepts are based on Maxine Molyneux’s ideas (ibid. 37). Strategic gender needs are those that are formulated from the analysis of women’s subordination to men. Practical gender needs are those that are formulated from the concrete conditions women experience, in their engendered position within the sexual division of labour. Practical needs are usually a response to an immediate perceived necessity which is identified by women in specific context. (Moser 1991: 88-90) Strategic gender needs are more general; they aim to equality of men and women. Practical gender needs, on the other hand, refer, as their name indicates, to more practical, every-day needs that women face in their lives.

Moser (ibid.: 94-110) recognises five development policy approaches: the welfare approach, the equity approach, the anti-poverty approach, the efficiency approach and the empowerment approach.

The welfare⁹ approach

The welfare approach was introduced in the 1950s and 1960s (Moser 1993: 58). This approach is based on three assumptions about women’s role: women are passive recipients of development instead of active operators in their own development process, motherhood is seen as the most important role for women and thirdly, childrearing is seen as the most effective role for women from the aspect of economic development. (Moser 1991: 96)

⁹ It is good to note that Caroline Moser presumably uses the term welfare in the British sense of the word her being British (Overseas Development Institute 2004). In the United States the word connotes for many people, especially conservatives, negative things. For them these things can be such as dependence, state-control and too large public sector.

The welfare approach focuses on women in terms of their reproductive role and it assumes that men are the productive part (ibid.). As Pettman (1996: 173) notes, this perspective sees women primarily as mothers, and women are treated as “targets” for development programs, including population control. It does not challenge existing gender relations or class and political interests (ibid.). In addition, these kinds of development programs intrinsically identify women as the problem, instead of a lack of resources. These programs place the solution for family welfare in the hands of women without questioning their natural role. (Moser 1991: 97) The welfare approach is the oldest and still the most popular social development policy for the Third World (ibid. 95).

As I see it, women’s reproductive rights can be seen in this approach in different ways. As women are objects of development policies and thus population policies, for example abortion is just one tool in the tool-box of development programs. Depending on the political orientation of a country or an organization providing development aid, abortion can be seen as a method in the population control and can thus be accepted or even forced. Or it can be prohibited by emphasising women’s role as mothers and caretakers. In any case, there is no consideration what abortion may mean for women, their rights and autonomy.

There are two elements in the welfare approach that I would like to emphasise for later purposes. Firstly, women are defined through their connection with motherhood and childrearing. Women are characterized only by these qualities. Secondly, the active operator is the one giving aid. Women are implicitly or explicitly defined as objects of aid programs; development policies and aid are something that happen to women.

The equity approach

By the 1970s there was widespread dissatisfaction with the welfare approach. Different groups based their dissatisfaction on different things. Mainly female professionals and researchers were concerned with the increasing evidence that the development programs were affecting women negatively. Development economists and planners were concerned with the failure of modernisation theories in the Third World. In addition, the United Nation’s Women’s Decade starting in 1976 made women’s issues more visible and International Women’s Year Conference in 1976 gave legitimacy for a wide variety of

Third World women's organisations. Criticism in the 70s resulted in an advances of a number of alternative approached to the development and development policies. (ibid. 98)

One of the alternative approaches is the equity approach. It recognises that women are active participants in the development process. Women's both productive and reproductive roles are seen as critical, though often unacknowledged contribution to the economic growth. Women must be brought to the development process through access to employment and the marketplace. However, this approach is not concerned just about the economic development, but more fundamental issues; its primary concern is with inequality between women and men, in both public and private spheres. Because this approach identifies the origin of women's subordination to be not just in the context of family, but also in the marketplace, there is emphasis on economic independence of women. (ibid. 99). Claims of equal rights to property, divorce and children have radical implications, because these entail a fundamental transformation of gender relations (Pettman 1996: 173).

If reproductive rights and abortion are examined as a part of development aid from this perspective, it is easy to conclude that free abortion is seen as a woman's basic right to control her own reproduction. In the later analysis, the important factor of the equity approach is the redefinition of women's productive and reproductive roles. Women are seen as oppressed both in the private sphere of family and public sphere of market place.

The equity approach encountered problems from the outset. There was no unified indicator of social status or progress of women and no baseline of women's economic, social and political status and this meant that there was no way to measure the success of the development programs. Politically, the majority of development agencies were against the equity programs, because the equity programs included an intention to meet not just practical gender needs, but also strategic gender needs, which included redistribution of power. This was seen as unacceptable interference with the receiving country's traditions, according to the aid agencies. Also Third World activist had antipathy towards the equity approach. They felt that Western style feminism was irrelevant to a woman who has no water, food or home. Because of this widespread antagonism, the equity approach has been effectively dropped by the majority of implementing agencies. (Moser 1991: 100)

The anti-poverty approach

In a response to the equity approach is the anti-poverty approach. In this approach, economic inequality between men and women is not linked to subordination, but poverty. Thus the emphasis is shifted from reducing inequality between men and women to reducing income inequality. The anti-poverty approach focuses mainly on women's productive role on the basis that poverty alleviation and promotion of balanced economic growth requires increased productivity of women in low income households. The underlying assumption in this approach is that the origins of women's poverty and inequality with men are connected to their lack of access to private ownership of land and capital and to sexual discrimination in the labour market. Consequently, the aim of the anti-poverty approach is to increase the employment and income-generating options of low income women. (ibid. 101-102)

This approach can generate very different kind of results. In some locales, there are small miracles, others often provide only "pocket money" for women, and even then women themselves may not have any control over the money (Pettman 1996: 173). The essential difference between the equity approach and anti-poverty approach is that the anti-poverty approach does not necessarily include greater autonomy for women (Moser 1991: 103), whereas in the equity approach autonomy for women is essential. Because of this difference, the anti-poverty approach can lead burdening women even more when it emphasises the productive work while ignoring women's reproductive work.

In the anti-poverty approach, women's reproductive rights are in the background. Thus the question of abortion is not straightforward. However, as Moser (ibid.) does note this approach does not necessarily mean greater autonomy for women. Based on this, it can be interpreted that women's reproduction is not in their own hands and thus abortion is not necessarily a choice for a woman. The two central things of the anti-poverty approach are the aim of reducing income inequalities instead of gender inequalities and the emphasis on women's productive role.

The efficiency approach

The fourth approach is the efficiency approach, in which the emphasis has sifted away from women and toward development, on the assumption that increased participation for Third World women is automatically linked with increased equity. (ibid. 103) This

approach became popular especially in the 1980s after the debt crisis (Moser 1993: 69). In this approach, women are seen as workers and women in development are seen as a resource-management problem (Pettman 1996: 173-174). It has been argued that the shift from equity to efficiency has reflected a specific economic recognition of the fact that 50 per cent of the human resources available for development were being wasted or underutilised (Moser 1991: 104).

However, the realization that women were essential to the success of total development effort did not mean that women's conditions were necessarily improved. The efficiency approach relies heavily on the elasticity of women's labour in both their reproductive and community managing roles and often only meets practical gender needs at the cost of longer working hours and increased unpaid work. (ibid. 104-106). The focus on economic aspects does not change the existing gender relations.

The reproductive rights question is similar in the case of the efficiency approach to the anti-poverty approach. The reproductive rights are not central to this approach, but if women's strategic gender needs are not taken into account, then it is probable that women do not have clearly acknowledged rights to reproductive choice. The important element in the efficiency approach is women as market resource.

The empowerment¹⁰ approach

Last of Moser's approaches is the empowerment approach. Superficially, the empowerment approach may seem similar to the equity approach, but it has, in fact, been developed in some respects out of dissatisfaction with the equity approach. Although the empowerment approach acknowledges inequalities between women and men and the origins of women's subordination in the family, it also emphasises that women experience oppression differently depending on their race, class, colonial history and current position in the international economic order. This approach maintains that women have to challenge oppressive structures and situations at different levels. Even though empowerment approach acknowledges the importance of increasing women's power, it seeks to define power not in terms of domination over others, but more in terms of capacity of women to increase their own self-reliance and internal strength. (ibid. 106-107)

¹⁰ For background information about the term of empowerment see for example Batliwala 1994

The empowerment approach emphasises women's organisations, and in this, it resembles the welfare approach. However, the welfare approach recognises only women's reproductive role and utilises women's organisations in top-down delivering of services. The empowerment approach, on the other hand, recognises women's triple role and seeks through bottom up women's organisation to raise women's consciousness to challenge their subordination. When the empowerment approach is compared with the equity approach, it can be noted that the very limited success of the equity approach in directly confronting the nature of women's subordination through legislative changes have led the empowerment approach avoid direct confrontation and to utilize practical gender needs as the basis on which to build secure support and a means through which more strategic needs may be reached. (ibid. 108-109) As Pettman (1996: 174) notes "this approach generates a much wider agenda, which attends to women's double or triple load, to gender-specific violence, to ideologies of femininity that entrap women, to women's resistances and strategies for change, and supports women's autonomous organisations."

According to Moser (1991: 110), due to the challenging nature of the empowerment approach, it remains largely unsupported by either national governments or bilateral aid agencies. Even though the number of Third World groups and organisations that essentially have the empowerment approach has increased, they remain underfunded, reliant on the use of voluntary and unpaid women's time and dependant on few international non-governmental agencies and First World governments prepared to support this approach of development (ibid.)

When reproductive rights are examined in the empowerment approach, it does indeed may seem similar to the equity approach in that it supports women's right to decide about their own reproduction. However, there is a difference in that the empowerment approach does not try to force the Western ideas about for example contraception and abortion. I would say that the empowerment approach supports the idea that there is legislation enabling free abortion, but it recognises that there should be consciousness raising that operates, not top-down, but from the perspective of women themselves. There should also be sensitivity to the particular situations that women live in; for example there should not be automatic assumption that women accept abortion. In addition, there should be more comprehensive opportunities for choice, that is, if there is unwanted pregnancy, women should have such

conditions that also keeping the baby after a conscious choice is possible for example from social and economic perspective.

The empowerment approach can be reduced for the purposes of this study to two important things. The first important aspect is contextualism, women's situations are not similar all over the world. There are differences between developed and developing countries, but there are very different kinds of societies also within the groups of developing and developed countries so there cannot be one uniform policy for all. The second important aspect of the empowerment approach is the definition of women's power as self-reliance and internal strength. Power is not seen as a way to control others, but as a way to take care of yourself and be responsible.

Next I will reread, from the perspective Moser's classification, the U.S. Agency for International Development Center for Population, Health and Nutrition Strategic Plan, which states the US government's aims in regards to the population development.

The Strategic Plan of Center for Population, Health and Nutrition re-read

First of all, the approaches of anti-poverty and efficiency are not visible in this particular document.¹¹ Reducing income inequalities and redefining women's productive role are not seen as ways to affect population development in this instance, even though some think that poverty and population growth are strongly linked. Especially in the 1960s and 1970s poverty was seen as the main factor in high death rates and birth rates, strong economic growth being the solution. These views were asserted by some in the 1980. (Sen 1994: 67) However, economic issues are not linked to population growth by the Center for Population, Health and Nutrition and as women's productive role is not seen relevant in the strategic plan, the focus is shifted to the family.

Welfare approach is very clearly present in this particular document. This is especially the case when the strategic support objectives of "Increased Use by Women and Men of

¹¹ It must, however, be said that that the general idea of efficiency of the U.S. program of health and population is present in the document. For example, one of the premises to establish priorities is to promote "cost-effective and sustainable interventions" (U.S. Agency for International Development; Bureau for Global Programs, Field Support, and Research; Center for Population, Health and Nutrition 1999: 6). But it is clear that these kind of references point to the efficiency of the program.

Voluntary Practices that Contribute to Reduced Fertility”¹² (U.S Agency for International Development; Bureau for Global Programs, Field Support, and Research; Center for Population, Health and Nutrition 1999: 17) are examined. All the support objectives mention family planning¹³, that is, the reduction in the number of people happens through family planning programs. The strategic plan states that “an estimated 56 percent of the decline in fertility in the developing world can be attributed to family planning programs” (ibid. 18). So not only they are superior in the effectiveness, the effectiveness of family planning programs can be measured. Because of this measured effectiveness “USAID’s population assistance will focus on improving the accessibility, quality and responsiveness of family planning and related reproductive health service in recipient countries. USAID has concentrated its efforts on maximising access to information and services and improving the quality of care in family planning.” (ibid. 19).

The term family planning brings family into the centre of population control. Of course, a family consists of others than just a woman, but when the USAID document states that “despite important family planning successes, a great deal of work remains to be done.” (ibid. 18) and in the same paragraph notes that “approximately 150 million women have an unmet need for family planning services today” (ibid.), it is clear that the focus is on women. The same chapter does also include a note that the actual unmet need is much higher if young adults, unmarried women, and women and men who use inappropriate methods are included (ibid.). This refers also to men, but still the main idea is that women are the object of family planning, as the idea that “during the next decade, more than 200 million additional women will enter their reproductive years, owing to population momentum, presenting new challenges for delivering needed service” (ibid.) clearly shows.

So it is clear that the first element of the welfare approach of women being seen though childrearing and motherhood is fulfilled in the ideas that are presented in the strategic plan.

¹² The objectives are: new and improved technologies and approaches for contraceptive methods and family planning; improved policy environment and increased global resources for family planning programs; enhanced capacity for public, private, NGO and community-based organizations to design, implement, and finance family planning programs; and increased access to, quality of, and motivation for use of family planning and other selected reproductive health information and services. (U.S Agency for International Development; Bureau for Global Programs, Field Support and Research; Center for Population, Health and Nutrition 1999: 17)

¹³ García-Moreno & Claro (1994: 46) note, family planning programs are generally equated with delivery of modern contraceptives and sterilisation for married women.

The population question is viewed from the perspective of family planning, and in this approach women and especially their decisions about their own bodies are the object of the planning. This is underlined even in the new emphasis of the USAID's program to broaden "the range of services to include, where feasible and appropriate, other selected components of reproductive health, such as HIV/STI prevention, post-abortion care, and prevention of harmful practices, such as female genital mutilation" (ibid.19). These are all very important things, but one can ask, how well for example female genital mutilation can be dealt with, with a piecemeal approach of including its prevention in the family planning services, when it is a much broader social and cultural problem.

Another aspect of the welfare approach is that the active operator is the one giving aid. This is most clearly seen in the accomplishments that the strategic plan lists. The first accomplishment is "Decrease in average family size in developing world (excluding China) from 6 children per woman in the 1960s to 4 in the 1990s. These decreases can be directly linked to USAID's efforts to expand the use of family planning services. Today, more than 50 million couple use family planning, largely as a result of USAID's efforts." (ibid. 8). This way, USAID is defined as the active operator; people in the developing world seem to have nothing to do with the reduction in fertility. Women are invisible; USAID's efforts are something that happens to them.

When the strategic plan is read from the perspective of the equity approach, a hint of this thinking can be seen in the document. There is a note that "the unequal positions of women and men in many societies contribute to the persistence of major challenges in the PHN [population, health and nutrition] sector" (ibid. 10). This is an example of a starting point in redefining women's reproductive and productive role. There is also admission in another section of the document that programs must involve men more fully in family planning (ibid. 19). But these perspectives are not taken into account in the actual intermediate result objects and they are not developed further. So overall, the equity approach is referred to, but not acted on; there is no redefinition of women's productive and reproductive roles. As the equity approach has been deemed by many to be insensitive of local conditions, it can be said that at least in this instance USAID does not promote Western values and ideals feminism very forcefully.

When the strategic plan is read from the perspective of the empowerment approach, very little is found. The word “empowerment” is actually mentioned in the first page of the document, but directly after the word, the document lists all sorts of goals related to women’s reproduction and not actual empowerment. Another point where the empowerment is mentioned is in pilot programs to examine “the linkages between women’s literacy and fertility reduction, reductions in fertility and child mortality and environmental factors, increased women’s empowerment and democracy, and project development in nutrition, food and agriculture” (ibid. 3). Even in this, the empowerment is connected to fertility and its reduction. The idea of empowerment is not developed further and empowerment is not seen as a goal worth aiming itself, but a tool for fertility reduction. The usage of the word empowerment seems more like a lip-service than genuine attempt to include actual empowering elements in the plan.

As noted in the case of equity approach, the document does acknowledge the unequal position of women, and according to the strategic plan, attention to gender issues in development has been paid since 1982 (ibid. 11). According to USAID: “The Gender Working Group is actively contributing to the development of research on gender issues as well as initiatives that enhance sensitivity to gender equity in policy, training, communications, and service delivery programs” (ibid.). The Center for Population, Health and Nutrition also recognises the mutually reinforcing roles of activities in sectors that are related to their area of operation. “These include interventions that improve the role and status of women, facilitate equitable economic growth, reduce environmental degradation, and promoted political stability and good governance. These activities are actively addressed by other units in the Agency.” (ibid. 16). So for example improving the status of women is important, but it is done by others than the Center for Population, Health and Nutrition. The Center admits that the population control and the status of women are linked, but it does not work based on that.

One more example of a piecemeal approach that includes hints of empowerment approach is the strategic support objective of “Increased Use by Women and Men of Voluntary Practices that Contribute to Reduced Fertility”. The objective clearly refers to both men and women. But then the strategic plan notes that “Male responsibility in sexual and reproductive behaviour is critical. Increased use by men of available methods and support by men for women’s use of contraception, breastfeeding and decisions concerning sexual

activity, marriage and childbearing are also essential.” (ibid. 18). Men are mentioned in the heading of the support objective, but the responsibility for fertility is actually turned back at women, and even though there are the noble words about women making decisions about sexual activity, marriage and childbearing, this kind of approach is not taking into account women’s status in society and agency in their own life in general.

So there are hints of efforts to balance the role of women and men, but the idea of empowerment is missing. The times that empowerment is mentioned in the document feel like add-ons that are included there, because certain words have to be there. The idea of women’s real agency and actually offering ways to have internal strength is totally missing in the strategic plan, even though these could offer good results in achieving the target of limiting population growth and birth rates. Based on the description that I have given above, it can be said that the strategic plan of the Center for Population, Health and Nutrition is basically an example of the welfare approach. There are hints of other approaches, but the welfare approach is so strong that it mostly overrides any other ideas that there may be.

So far, I have mostly talked about development and population policies, and reproduction in connection to them. Where are women’s bodies? Control of women’s bodies are inside the development policies all the time and especially so in the case of population policies. In the welfare approach, women’s role is defined through family and this is the case also in the strategic plan of the Center for Population, Health and Nutrition. The notions of agency and empowerment are few and a more comprehensive approach to women’s lives is missing.

The Mexico City Policy fits easily into the welfare approach due to its emphasis on women’s primary role as mothers. In the strategic plan, the Mexico City Policy is seen in the section of “Activities Not Supported”, in which there is note: “Foreign assistance legislation prohibits the use of funds by USAID for the performance of abortion as a method of family planning or to motivate or coerce any person to practice abortions.” Consistent with this legislation, USAID does not provide any support for abortion information and services. Indeed, one of the aims of providing broader access to quality family planning services is to reduce the incidence of abortion. (ibid. 47). So in fact, when the USAID is stating that it “has concentrated its efforts on maximising access to

information and services” (ibid.19) means information not related to abortion, legislation about it or any other information about it.

For family planning policy makers, the aim usually is to prevent abortion and concentrate in the family planning services on contraception, and not on sexual and reproductive health services in a more comprehensive manner. (Germain, Nowrijee & Pyne 1994: 35) In this, the responsibility is placed on women and what they do with their bodies. Family planning deals with the most efficient way of controlling women’s fertility, and this way also bodies in more general sense.

In the US policy, abortion is separated from family planning. This is clearly a political choice and Jodi L. Jacobson (1990: 48-49) even calls it a myth and “a direct abrogation of basic human rights”. As Jacobson (ibid. 48) notes, socially and ethically abortion is usually defined and used as a last resort of birth control, but from purely medical point of view abortion is the most effective method of birth control, and measured against all methods of family planning, except perhaps sterilisation, abortion has the lowest failure rate. However, by separating abortion and family planning, the Mexico City Policy can deny abortion and still claim provide family planning services.

By denying funding for abortion, women’s control of their own bodies is limited. As Jacobson (ibid. 49) notes “without access to abortion, it is impossible for a woman to have total control over her own fertility” and if a woman cannot control her own fertility, she cannot control her own body. Denying the access for abortion controls women’s bodies the same way traditional population control does in dictating the limits of possibilities. Of course, the agency cannot be taken away totally and USAID is not able to control all aspects of women’ s bodies, but by limiting for example the information about legal abortion options, the opportunities for a woman to have an informed say in regards to her own body is limited. Internal political considerations and definitions of abortion in the United States affect women’s possibilities in foreign countries to control their own bodies. This is an issue that will be examined more closely next.

3 Bio-politics of the populations in the US population policies

In the previous chapter, I re-described the Mexico City Policy from the perspective of Caroline Moser's classification of development policies. Different types of policies focus on different things in regards to women and I have tried to show what elements are emphasised in the US policies. The policies are also articulated in certain ways in relation to power and population, and therefore next I will bring in some ideas from Michel Foucault. The intention is to reread the Mexico City Policy with the help of his thinking about population and bio-power.

The basis of my re-description is Jane Price's and Margrit Shildrick's (1999: 389) idea that Foucault's analysis about regulatory power in the emergence of modern western societies is also helpful in understanding how these western societies used the regulatory powers for domination of others. For this purpose, I will describe Foucault's ideas about the emergence of bio-power in the western societies and will then from this perspective re-read the Mexico City Policy.

In addition to Foucault's ideas, I will also examine the Mexico City Policy from a post-development perspective of seeing development as discourse. When development is seen as discourse, discourse is considered to construct the contemporary developing world, development is an apparatus that links forms of knowledge about the developing world with the deployment of forms of power and intervention and it results in the mapping and production of developing world societies. Development discourses and practices are connected to the larger history of Western modernity. (Escobar 1995a: 213) When the basic premises of development were formulated in 1940s and 1950s, there was belief in modernisation as the only force capable of destroying archaic superstitions and relations, industrialisation and urbanisation were seen as the inevitable and necessary progressive routes to modernisation (Escobar 1999: 383).

When development is discursively defined it creates certain understandings and interpretations about what it is to be 'developed' or 'underdeveloped', which then construct the developing world. It can be said that development as discourse creates a space in which only certain things can be said and even imagined (ibid.). Even though this

thinking has some problems¹⁴, I think it is useful perspective for my analysis. Objects of my re-reading are policy documents and even though they do not encapsulate or define reality totally, they are constructing it by presenting issues particular ways. When one of the most important operators in the development field (the government of the United States) talks about things in a certain way, it is bound to have some effects.

Michel Foucault has analysed among others different forms of bio-power, that is, how bodies have been object of power. For example, in his *History of Sexuality* (see for example Foucault 1990), Foucault analyses discourses about sexuality and how they have multiplied since the seventeenth century. Bio-power is a wide-ranging concept for Foucault spanning from sexuality to how prisons are arranged, but I will concentrate on certain aspects of his thought. First, I will shortly recap the concept of power in Foucault's thought, because it is an underlying factor in his thinking about bio-power.

For Foucault power is not a general system of domination exerted by one group over another, a group of institutions and mechanisms to ensure the subservience of the citizens of a given state or the form of law. Power cannot be acquired, seized or shared and it is not something that one holds on to or allows to slip away. (Foucault 1999: 92-94) According to Foucault (*ibid.* 92), "power must be understood as the multiplicity of force relations immanent in the sphere in which they operate and which constitutes their own organization". For Foucault power is not singular force that can be owned by someone like a thing, but it is included in all relations¹⁵ (Pulkkinen 2000: 75-103). Power is a very important background factor here, but I will concentrate more on the actual applications of certain modes of bio-power.

For a long time, one sign of sovereign power was the right over life and death, which was formulated as a right to take life or let live. Later this was replaced by a power to foster life or disallow it to the point of death. Starting in the seventeenth century, this power over life, bio-power, evolved into two basic forms. First there is the form that can be called anatomo-politics of the human body. This centred on the body as a machine, its integration into systems of efficient and economic controls. (*ibid.* 138-140) As Foucault (1995: 138) notes: "The human body was entering a machinery of power that explores it, breaks it

¹⁴ See for example Kiely 1999 and Lehmann 1997

¹⁵ For criticism from the development point of view see for example Kiely 1999

down and rearranges it. A 'political anatomy', which was also a 'mechanics of power', was being born; it defined how one may have a hold over others' bodies, not only so that they may do what one wishes, but so that they may operate as one wishes, with the techniques, the speed and the efficiency one determines. Thus discipline produces subjected and practiced bodies, 'docile' bodies." The second form of power over life is bio-politics of the population. This was formed somewhat later than the anatomo-politics of the human body and it focused on the species body that served as the basis of the biological processes such as propagation, birth and mortality, the level of health, life expectancy and longevity. (Foucault 1990: 139)

The emergence of the population as an economic and political problem happened in the eighteenth century and Foucault (ibid: 25) calls this "one of the great innovations in the technique of power". As an economic and political problem, the population was considered as wealth, manpower or labour capacity. Governments did not perceive to be dealing simply with subjects, but a "population", a specific phenomenon with specific variables, such as birth and death rates, life expectancy, fertility, state of health, frequency of illnesses, patterns of diet and habitation. And as Foucault (ibid.) notes, at the heart of this economic and political problem was sex. Because the variables related to the population were connected to sex, it was necessary to analyse such things as the birth rate, the age of marriage, the legitimate and illegitimate births, the precocity and frequency of sexual relations, the ways of making people fertile or sterile, the effects of unmarried life and the impact of contraceptives. (ibid. 25-26) These are the very same things that governments, NGOs and other international organisations are interested in as they plan modern population policies today. Foucault (ibid. 26) notes: "Things went from ritual lamenting over the unfruitful debauchery of the rich, bachelors, and libertines to a discourse in which the sexual conduct of the population was taken both as an object of analysis and as a target of intervention; there was progression from the crudely populationist arguments of the mercantilist epoch to the much more subtle and calculated attempts at regulation that tended to favour or discourage – according to the objectives and exigencies of the moment – an increasing birthrate." As governments started to regulate their citizens' sexuality population was conceptualised as a single entity, which attributes could be steered and modified, according to needs of a state.

According to Foucault (ibid. 140-141), bio-power was an indispensable element in the development of capitalism, and capitalism would not have been possible without controlled insertion of bodies into the apparatus of production. Anatomico- and bio-politics of the population were created as techniques of power that were present at every level of the social bodies. These techniques were utilised by very diverse institutions, such as the family, the army, schools and the police and they operated in the sphere of economic processes, their development and the forces to sustain the economic processes. Anatomico- and bio-politics of the population as techniques of power also acted as factors of segregation and social hierarchisation, guaranteeing relations of domination and effects of hegemony. (ibid. 141)

As Foucault (ibid.) notes, the differential allocation of profit was made possible in part by the exercise of bio-power in its many forms and modes of application. Foucault talks about this happening inside western states, but this can also be applied at international level. The same way that bio-power is a force securing the existence of and development of capitalism and its social system, it can do the same thing at the international level, and sustain the current system of nations.

Bio-politics of the population saw the emergence of demography, the evaluation of the relationship between resources and inhabitants, the constructing of tables analysing wealth and its circulation¹⁶ (ibid. 140). Starting in the 1960s, bio-politics of the population entered a new stage, as the population control entered the development policies (see Duden 1992). At this point, population growth was started to be seen as a problem and population control became a solution (Duden 1992: 149-151). Population became an endogenous factor in the development process, and for example the United Nation's Fund for Population was established as a specialised agency in 1969. By the 1970s population appears in the development policy statements as a variable alongside with capital, labour, technology and infrastructure. (ibid. 153-154)

From Foucault's thinking, I would like to bring into play two perspectives for my re-reading of the Mexico City Policy documents. Firstly, there is the technical aspect of bio-politics of the population. The population is conceptualised by using demographics and

¹⁶ See for example Duden 1992 about the development of the term population to a statistical term.

statistical methods. Governments have developed and applied administrative and scientific methods to conceptualise and control population as a resource and an economic and political factor. Another aspect of bio-politics of the population is the monitoring of sexuality. In a way, it is both a method and a goal. Population growth is limited by controlling sexuality, but at the same time population control aims at controlling sexuality. I will not analyse the specific techniques to control sexuality in this work, but intend to look at how much there is this type of thinking of control in the official statements of the US government.

I will re-read the American population policies from the view point of bio-politics of the population on two levels. Firstly, there is the more general level of population control expressed in the strategic plan of Center for Population, Health and Nutrition. Secondly, the Mexico City Policy and its specific formulations express one aspect of the US population policy, that is, the stand in regards to abortion.

The strategic plan is a prime example of an approach in which population is an object of bio-power, that is, bio-politics of the population at the international level. It is full of techniques through which populations of other countries and their growth are to be managed. For example, the plan lists as an accomplishment a decrease in average family size in the developing world (with the exclusion of China) from 6 children per woman in the 60s to 4 in the 1990s and states that USAID's technical leadership and research activities have been crucial in this (U.S. Agency for International Development; Bureau for Global Programs, Field Support, and Research; Center for Population, Health and Nutrition 1999: 8). Next the plan lists the research activities and these include:

- “the development and subsequent widespread use of innovative service delivery models, including community-based distribution and contraceptive social marketing
- biomedical research on new and improved contraceptive methods, such and improved IUDs, better surgical contraceptive techniques, and the development of Norplant®
- improved distribution channels; and innovative interventions, including state-of-the-art training techniques and communications strategies; the effective use of evaluation data to improve programs and demonstrate needs; and improve management capacity”(ibid.)

The emphasis in the achievement of decreasing the average family size is on technical and managerial elements. According to the strategic plan, the decrease in the family size has been achieved by right technical and administrative methods, added with the latest medical knowledge. The plan states that such things as social marketing and communications strategies are essential in achieving goals of the US population policies.

Effectiveness of this kind of approach can be questioned. As Barbara Duden (1992: 152) notes social anthropologists' field studies have shown that contraceptives do not work as long as deeply rooted traditional perceptions of fertility do not change and this implies and requires a transformation in thinking about such things as love and lust, the cultural meaning of womanhood, attitudes towards women's bodies, and context in which private acts take place. According to anthropologists' case studies these things are affected by psychological results of an advanced stage of development (*ibid.*). The US strategy paper examined here talks about social marketing, surgical contraceptive techniques and improved management capacity, but not about the people and how their lives actually should or could be changed or developed.

Another example in the strategic plan where the technical and administrative viewpoints are clearly present is the intermediate results of the strategic support objective of reduced fertility. The intermediate results that are meant to monitor progress of each strategic support objective (in this case, the reduction of fertility) include:

- “new and improved technologies and approaches for contraceptive methods and family planning programs
- improved policy environment and increased global resources for family planning programs
- enhanced capacity for public, private, NGO and community-based organizations to design, implement, and finance family planning programs
- increased access to, quality of, and motivation for use of family planning and other selected reproductive health information and services” (U.S. Agency for International Development; Bureau for Global Programs, Field Support, and Research; Center for Population, Health and Nutrition 1999: 17)

First three of the support objectives are clearly technical and managerial in their approach. The reduction of fertility is addressed from the perspective of the system and how to achieve targets the most efficient way. The basic reality of women having babies is defined as a question of allocating the resources the right way and creating the most effective administrative system. In addition, the use of the term family planning program in all support objectives means that there has to be a group or groups of families to be in the program and this way it discursively creates the objects of the planning.

Continual focus on technical and administrative functioning of the program is a very prominent feature of the strategic plan. Above, I have given only two examples of this, but it is a feature that is present continually when the issue of population (and also other matters) are discussed. Another aspect of the bio-politics of the population, controlling sexuality, is much less present in the strategic plan. The fourth strategic support objective listed above does have a hint of controlling how people should conduct their sex lives when it mentions motivation for use of family planning and other reproductive information and services. The strategic plan states also that the Center for Population, Health and Nutrition's activities will increase awareness of and demand for family planning (ibid. 20). This is done by improving the policy environment, public information and communication, and spousal communication on family planning and other reproductive issues (ibid: 20-21). Policy environment again refers to administrative aspects of the population policies, but spousal communication and reproductive issues refer to goals of changing sexual practices by informing for examples about contraceptives, women's health etc. The aim is to affect sexual practices, even though these exact words are not used. The emphasis is on means to change the way people act sexually rather than on the question how exactly people should conduct their sexual relations.

There is, however, even a clearer example of trying to control sexual relations in the area of population control. In a section named "Problems to be Addressed" (ibid. 18), there is a paragraph about a new challenge that young adults present. At the moment, according to the Center for Population, Health and Nutrition's plan, young adults are a neglected group in regards to family planning and reproductive health, and they are exposed to the risk of unintended pregnancies and sexually transmitted diseases. The plan states that to address this problem, the Center for Population, Health and Nutrition has developed a new initiative that encourages among others abstinence and delayed marriage and onset of

sexual activity. (ibid. 19) This is the clearest example of the US government trying to control people's sexuality in other countries based on the government's clear moral choices. The aim is to reduce premarital sex and this is done by giving out certain kind of information about sexuality and sex. It can be questioned how much this approach is about population as an economic and political problem and how much about imposing certain moral views on other people, but since for example abstinence is mentioned in the strategic plan for population, health and nutrition sector, it is defined as an issue in the population matters and as noted earlier, bio-politics of the population is used according to the needs of a state. So it seems that this type of control of sexuality is perceived to be needed by George W. Bush's administration.

As can be seen from these examples, controlling sexuality is also a mode of bio-politics of population that is used by the U.S. government. It is not as central as the administrative and managerial approach, but it is still easily noticeable. The strategic plan deals with the population in more general level. The Mexico City Policy, on the other hand, deals more specifically with the question of abortion, which is one element that population policies usually take a stance on. Here I will examine bio-politics of the population in two documents that formulate the Mexico City Policy: the reinstatement of the policy by President George W. Bush and a White House memorandum that defined the actual application of the policy.

When examining George W. Bush's statement, it can be noticed that the scientific justifications are suddenly in a much less central place. In his statement that restored the Mexico City Policy, President Bush (2001) uses expressions referring to his beliefs to justify the restoration. He states that "it is my conviction that taxpayer funds should not be used to pay for abortion" (ibid.) and "it is therefore my belief that the Mexico City Policy should be restored" (ibid.). This is very different compared to the language that President Clinton used when he removed the Mexico City Policy in 1993. His memorandum justified the removal of the restrictions by stating that "I am informed that the conditions are not mandated by the Foreign Assistance Act or any other law" (Clinton 1993). The administrative side of the Mexico City Policy can be seen in other documents, but the actual statement restoring the policy does not include scientific or administrative justifications. One reason could be that from the medical perspective abortion is one of the

safest of all surgical procedures (Jacobson 1990: 48), and essentially this is a moral choice that cannot be justified based on scientific facts or administrative procedures.

The actual statement reinstating the Mexico City Policy is very short and it does not include more specific definitions about the matter. For this purpose, there is Contract Information Bulletin 01-08 (R), which defines in more detail the restrictions of the policy. All in all, the document is very administrative in its approach. It, for example, lists the conditions under which the US funds can be given, how recipients are monitored, what they are required to agree to as a condition for receiving the funds etc. I will concentrate only on core aspects of the policy as defined in this particular document.

Firstly, the Contract Information Bulletin defines when abortion is family planning and when it is not. There are no medical or other scientific definitions here. It just states that in the cases of rape, incest or threat to mother's life, abortion is not family planning and therefore allowed, but abortion performed for the physical or mental health of the mother is family planning and therefore not allowed (Contract Information Bulletin 01-08 (R): page 17307). Like in the statement reinstating the Mexico City Policy, medical or scientific facts are not used and the reasons are probably the same: this is more of a moral than administrative question. Here the use of bio-politics of the population is seen in a different light. In the strategic plan of the population sector, the control of population was usually explained and justified in administrative or scientific terms. Here this approach is not present. Women are subjected to these controls for political reasons (i.e. reasons that are questions of values and opinions). I would say that here the bio-politics of population is in its most stripped-down mode.

The document also defines what it means to actively promote abortion (see for example *ibid.*). This has more administrative features. It sets rules in which cases the promotion of abortion is active and in which cases it is just passive responding (and thus abortion is allowed), but it is directed more at individual operators (for example medical practitioners) than at the general level of administering population matters. Taking the policies down to the individual level means that for example medical practitioners execute policies defined by a government of another country than their own.

Controlling sexuality is not very visible in the Contract Information Bulletin. It does define “bad” sex (incest and rape), in which cases abortion is allowed, but does not make more definite limitations or try to define how people should conduct their sex lives.

The strategic plan of the population, health and nutrition sector is a clear example of bio-politics of the population. It uses a selection of methods that also individual states have used in controlling their own populations to advance capitalism. By demographic, scientific and administrative methods, populations as unified entities are tried to be controlled and managed to fulfil needs of state. It could be said that the United States does this to the developing countries for the same reasons as individual states control their own populations, but I think this question is more complex and would need more analysis, so I will not examine this side of the question here.

It can be noted that people and their bodies that form the discursive entity of populations are controlled even at the international level. And as I showed in the previous chapter, the US population policies are constructed in a way that the main responsibility for population control is directed at women. The United States polices are implemented by the government agencies and also non-governmental organisations that agree to the US polices in return for funds. As Memmi (2003: 647) analyses, bio-politics of today can take the form of financial supervision and this is done in the case of the Mexico City Policy. By accepting funds, NGOs are agreeing to follow certain procedures that control women’s choices. And by accepting certain policies, developing countries, NGOs and others working in the population sector realise the form of development articulated in the US policy documents. This brings us back to the idea of Price and Shildrick (1999: 389) that the regulatory power can be used, in addition of controlling a population of a country, also in controlling other countries. With this, the question of postcolonialism, in the sense of how colonial aspects are reproduced in current policies, becomes also relevant.

Discourse about development and the Third World have been and still are created in the western societies and often it is others than the Third World countries themselves that are creating meanings and ideas about development¹⁷. Although colonialism in its traditional

¹⁷ It should be noted that this does not mean that the Third World countries themselves do not create meanings and discourses about development, but in countries that provide development aid, such as the United States, western discourses are dominant.

form has to a large extent disappeared since the World War Two, by portraying the Third World a certain way, the western world¹⁸ puts western rationality into a superior position and is able to present the Third World for example as backwards and in need of help. This can be seen as a form of postcolonialism. As Escobar notes (1995b: 8), mainstream development literature has a veritable underdeveloped subjectivity, which includes such features as powerlessness, passivity, poverty and ignorance. These images also homogenise and universalise the Third World cultures (ibid.).

The idea of the Third World people being poor, powerless and ignorant is also present often when the Third World women are discussed. As Mohanty (1988: 49) notes the Third World women are often described as a singular monolithic object. In addition, often women are defined through problems and needs, not choices or freedom to act (see ibid. 60). These kinds of ideas are also present in the Mexico City Policy, which tries to control women's choices in regards to their own bodies. The way George W. Bush's statement articulates the basic idea of the Mexico City Policy and how the policy is further defined in the strategic plan of the population sector and Contract Information Bulletin 01-08 (R) do not give agency to women, but emphasise the administrative and managerial approach or just limit the choices without reasoning. As analysed earlier, these documents are an example of the bio-politics of the population. Foucault talked about this on the national level, but the same kind of bio-politics of populations (not just a population) in this instance is used at the international level. The same tendencies to control people's lives can be seen in the Mexico City Policy and in population policies in general.

The strategic plan of the population sector and Contract Information Bulletin 01-08 (R) connected to the Mexico City Policy are clearly administrative in their nature. In the specific formulations of the Mexico City Policy, the focus from the bio-politics of populations is shifted to controlling individual women's choice about their bodies. In the current policies of the US government, abortion is not a concern for the population growth, which is otherwise seen as a problem, but it is a moral issue related individual women, their bodies and choices. Women are treated as objects of politics that are considered important for the US government and the Third World women are not in any way included in the formulation process or decision-making on the issues that affect their own

¹⁸ The term "western world" should not be understood as a single entity but a mixed and often contradictory group of voices and actors.

opportunities for making choices. It can be said that the Mexico City Policy is an easy way to promote anti-abortion attitudes, as this has been difficult in the domestic political and social setting of the United States.

In order to be able to analyse in more detail the question of individual women's possibilities to make choices, I will next examine Drucilla Cornell's ideas about bodily integrity and abortion.

4 Controlling women's bodies and imaginations

Drucilla Cornell is an American thinker who combines law with philosophical and political thinking and with women's studies. Her account (Cornell 1995) about equality in the sphere of sex and especially about abortion is a helpful viewpoint in re-describing the Mexico City Policy from a more individual point of view. I will go through first some of Cornell's concepts and then with the help of these concepts, will reread some of the Mexico City Policy documents.

One of the most relevant concepts in Cornell's thinking is that of bodily integrity. Cornell bases part of her thoughts on psychoanalytic theories and the concept of bodily integrity has roots in Jacques Lacan's thinking. Human infants, between ages of six and eighteen months display jubilation of their mirror image. Lacan calls this the mirroring process and through this mirroring process the infant comes to have an identity. It is a stage, in which the infant has a perception of bodily integrity, i.e. a perception of the coherence of the body, and the experience of perceiving itself as a whole, although the image of being whole does not match reality. (ibid. 38-39) Cornell (ibid. 39-40) notes: "The power that mirroring has over the infant is not, then, the recognition of similarity in the mirror, a "wow, that looks like me" reaction to the image; rather it is the *anticipated* motor unity associated with bodily integrity that does not match the infant's own body, that *matters*. In a sense, there is always a moment of fictionality, of imagined anticipation, in and through which the ego is constituted." (emphasis in the original) This means that there is not actual coherence of the body, just a perceived one, which is confirmed by others. As Cornell (ibid. 39) notes, "[t]he body's coherence depends on the future anteriority of the projection in that what has yet to be is imagined as already given. ... [T]he self is constituted in and

through the mirroring process as others to its reality of bodily disorganization, and by having itself mirrored by others as a whole.”

According to Cornell, (ibid. 40), the sense of self-identity is internalised in the adult. It continues to involve the projection of bodily integrity and also its recognition by others. The self never really finishes the mirror stage. Cornell notes (ibid.) that the self must continuously guard against social and symbolic forces that lead to dismemberment, disintegration, and total destruction of the self. As Cornell (ibid.) writes: “The idea that we own our bodies is a fantasy that imagines as completed that which always remains in the future anterior.” This also means that in order “to protect “ourselves” from threats to our bodily integrity we have to protect the future into which we project our bodily unity and have our bodily integrity respected by others.”(ibid.) So in order to be able to function, people need to be able to imagine their bodies coherent and complete and be treated by others as such, even though that is not the case in reality.

For Cornell, becoming a person is a project. As she notes: “A person is not something “there” on this understanding, but a possibility, an aspiration which, because it is that, can never be fulfilled once and for all. The person is, in other words, implicated in an endless process of working through personae.” (ibid. 5) This means that we are not “finished” personas, but it is a process that continues through life, as we aspire to become the people that we image ourselves to be. Bodies are a part of that process, its meanings and values are not set, but it is an endless process. An important thing in this process of becoming a person is imaginary domain. Imaginary domain is “the space for the renewal of the imagination and the concomitant re-imagining of who one is and who one sees to become” (ibid.).

Imaginary domain is connected to the concept of traditional legal theory of sexual privacy. Our sense of freedom is tied to the renewal of imagination in our process of becoming who we want to be. (ibid. 8) As Cornell (ibid.) notes: “[T]he imaginary is inseparable from one’s sexual imago, it demands that no one be forced to have another’s imaginary imposed upon herself or himself in such a way as to rob him or her of respect for his or her sexuate beings¹⁹.” This means that we all should have the freedom to imagine ourselves and our

¹⁹ Cornell covers the question of people being able to be sexuate beings more elsewhere in her book, see Cornell 1995: 7-8

sexual imagos, but our imagination should not be forced on others. For this, Cornell uses the term degradation prohibition. By the word degradation, she means a literal “grading down”, meaning that a person is treated as a lesser form of being (ibid.10). As a feminist, it is not difficult to imagine situations in which women are treated as lesser forms of beings²⁰. So in order to be able to become and be a person, there needs to be degradation prohibition, meaning that each one of us should be able live out the selves that we aim to become, but in a way that does not degrade others. We should have a right to try to become what we want to become, as long as it does not affect others’ right to become what they want.

When this thinking is applied in the case of abortion, it has certain specific consequences. Firstly, Cornell rejects the current viability analysis²¹ that has been used to curtail the right to abortion. A fundamental thing to the most basic sense of self is the projection and confirmation of one’s bodily integrity. The body is socially conceptualised and the state and the legal system themselves should be understood as symbolic Other(s) that confirms and constitutes who is established as a person. (ibid. 42-43) As Cornell (ibid. 43) notes, from this perspective “we can see how other-dependent the sense of self is, and why the time frame of its constitution through the future anterior demands the protection of the future’s self’s anticipated continuity and bodily integrity.” If there is denial of the right to abortion, such an anticipation of future wholeness is impossible for women (ibid.). In addition, when the right to abortion is denied, wombs are separated from women’s bodies or women are reduced to their wombs, and at the same time, conditions of selfhood that depend on the ability to project bodily integrity are denied. (ibid. 46-47) As Cornell (ibid. 47) notes: “The denial of the right to abortion enforces the kind of splitting that inevitably and continuously undermines a woman’s sense of self. Her womb and body are no longer hers to imagine. They have been turned over to the imagination of others, and those imaginings are then allowed to reign over her body as law.” It is often forgotten when abortion rights are discussed that a foetus is a part of a woman’s body until it is actually born. There is no foetus without a woman’s body. And as Cornell (ibid. 48) notes, any analogy of a foetus as an autonomous being rests on the erasure of the woman, the woman becomes mere environment. Based on this, there should be recognition of the uniqueness of the state of pregnancy, as there is no other condition like it (ibid.).

²⁰ Cornell’s thinking has effects among others in how sexuality is presented publicly. See Cornell 1995: 8-13

²¹ This means that the viability of the foetus is used as a basis for analysing the right to abortion.

Cornell re-articulates the right to abortion based on the line of thinking presented above. According to her (ibid. 53), “[a]bortion should be protected as a right necessary for the establishment of the minimum conditions of individuation for women, which must include the protection of the individual’s projection of bodily integrity.” In addition, “[t]he right to abortion should not be understood as the right to choose an abortion, but as the right to realize the legitimacy of the individual woman’s projection of her own bodily integrity, consistent with her imagination of herself at the time that she chooses to terminate her pregnancy.” (ibid.) This means that for Cornell, abortion is not a separate right, but a logical conclusion that follows when a woman is allowed to realise the project of becoming a person. If abortion rights are denied, women are treated as lesser people, as in that case they did not have possibilities to imagine their own bodily integrity.

Before moving on to re-describe the Mexico City Policy based on Drucilla Cornell’s thinking, I want to address a point that is central in conservative thinking that aims to deny the right to abortion, that is rights of a foetus. A foetus’ right to life is in conservative thinking considered superior to a mother’s right to abortion. Because a foetus is not able to live outside a woman’s body, for women a right to have a say in matters of her own body is thus denied in this thinking, and thus a woman’s bodily integrity is violated. In some cases, the viability of a foetus is taken into consideration and some think that when a foetus is able to survive outside of a woman’s body, abortion should be denied at this point²². However, in Cornell’s thinking the question of viability does not justify abortion, because the foetus still has to be born and this cannot happen without a woman’s body. So even if the foetus is viable, forcing a woman to give birth still violates a woman’s bodily integrity. According to Cornell (ibid. 68), a woman loses her most basic sense of self, if she is forced to give birth and be a mother. This does not, however, mean that there should not be regulation of abortion. Cornell (ibid.) notes that she takes very seriously the concern for women’s health and on this basis the state must be allowed to pass regulations to ensure basic conditions for safe abortions in the second and third trimesters. However, there should not be the state’s attempt to protect the foetus against the mother, because this legal conclusion implies a view, in which the woman’s body is understood as a container, when, instead, the health of the foetus cannot be separated from the health of the woman (ibid.

²² The question of viability is a more complicated one that I present here, but this definition is enough for the purposes of this paper.

68-69). It should also be remembered that the meaning of abortion should not be defined by law, because it is a matter of the imaginary domain and every woman has her own ideas about abortion and what it would mean to her. By trying to legally define the meaning of abortion, women's ability to realise the person they aim to be is violated.

For my purpose of re-describing the Mexico City Policy, the central elements of Drucilla Cornell's thinking are the ideas of bodily integrity and imaginary domain. Here the bodily integrity refers to the need to imagine the body as complete and whole. Women should not be understood as a collection of body parts, as is done for example when the foetus is discussed as an independent entity. Imaginary domain, on the other hand, is the sphere where the sense of self and the body is created and re-created. Law and foreign policy cannot take the place of the imaginary domain. They should just secure the conditions that do not degrade people. Women should be able to imagine their bodies the way they themselves want. So how the Mexico City Policy manages in this regard? What kind of possibilities women have to imagine themselves and their bodies based on the guidelines given by George W. Bush's reinstatement of the Mexico City Policy and the Contract Information Bulletin 01-08(R)?

The Mexico City Policy from the viewpoint of Cornell's thinking

In the memorandum reinstating the Mexico City Policy, George W. Bush announced that "It is my conviction that taxpayer funds should not be used to pay for abortions or advocate or actively promote abortion, either here or abroad."(Bush 2001). If Bush would take seriously women's bodily integrity, taxpayer funds should, in fact, be used for abortions also in the United States, because in order to be able to realise her projections of bodily integrity, a woman should be able to terminate her pregnancy if she so chooses. By domestically restricting public funding for abortion services, some groups of women are denied this possibility, although abortion is allowed in the US, as they do not have financial means to obtain an abortion in the private sector.

It is totally different question whether the US government is required to fund anything abroad, but this is irrelevant point here because it has already decided to help other nations. When reproductive health services in general are financed abroad, the question of abortion funding becomes similar to the abortion question domestically. So even in this very short memorandum Bush violates women's basic opportunity to realise them selves both

domestically and abroad. Women's ability to realise themselves is violated not only by limiting the access to abortion services, but also by limiting the availability of information. Bush's government hinders women's abilities to have an idea of bodily integrity, which includes the idea of having a say in their own bodies and having enough information to be able to make informed decisions. Even though the bodily integrity is a process, which is not finished, the process demands among others a possibility for access to abortion, as by having this access, there is one thing less to inhibit the sense of control. In a way, right to abortion is a safeguard measure for securing women's right to bodily integrity in the case of unwanted pregnancy and thus it secures the future anticipation of what a woman wants to be.

Another document that I examine at this point is the Contract Information Bulletin that gives more precise definitions of the Mexico City Policy than announced in the presidential memorandum. First of all, it is clear that women's imaginary domain and thus bodily integrity are violated by the definitions of this document. The first instance where this is done is the part where abortion is given specific meanings. This defining is done by the government and thus limits women's own definitions for the pregnancy. According to the Contract Information Bulletin 01-08 (R) (page 17307), abortion is allowed when it is not a method of family planning. Abortion is family planning when it is used for spacing births, including abortions performed for the physical or mental health of the mother. Abortion is allowed, if the pregnancy is a result of rape or incest, or if the life of the mother would be endangered if the foetus would be carried to term (*ibid.*). In this, the government gives abortion and pregnancy definite meanings. Women's possibilities to define freely what being pregnant means for them are limited. When the pregnancy is planned, there is no problem. But by restricting the meaning of abortion and the pregnancy, those who face the most difficult situation are given fewer choices to maintain their bodily integrity. This does not mean that all women accept abortion or that they should, but it does mean that there should be the opportunity to define its meanings so that it is possible to maintain the bodily integrity and the projection that a woman has of herself. As Drucilla Cornell (1995: 64) notes, the individuation project demands that women be valued as beings who can constantly contest and re-evaluate their own self-images in an endless process of recreation.

Cornell (ibid. 65) notes that pregnancy is a unique condition, but there is a shared need for all human beings to project a self-image of bodily integrity. She continues: “This projection includes the protection of some control over the divide between what is inside the body and out, and over what is to be publicly exposed, in order that even the most primordial sense of self may be retained.” If this control is denied for women, they are marked as unequal. And as Cornell (ibid. 66) notes, “[t]o mark them would mean for them to be reduced to a function which is then commanded for the use of others, for the use of the anonymous other of the state which imposes its own meanings on a woman’s reproductive capacity. This imposition denies women their personhood, pure and simple.” It is clear that the logic of the Mexico City Policy follows this as it closes the meaning of the pregnancy and marks women unequal, not worthy of personhood and defined by their reproductive capacities. The Mexico City Policy has also an additional character, when it is remembered that the United States imposes these restrictions on other countries than their own, and that the restriction are not used to the same extent in the United States itself.

Defining the meaning of pregnancy and abortion is taken even further by additional restriction that the Contract Information Bulletin 01-08 (R) state in regards to the counselling services. According to the Mexico City Policy, it is not allowed to actively promote abortion. The Contract Information Bulletin (page 17307) states that “[t]o actively promote abortion means for an organization to commit resources, financial or other, in a substantial or continuing effort to increase the availability or use of abortion as a method of family planning.” This includes among others “[p]roviding advice that abortion is an available option in the event other methods of family planning are not used or are not successful or encouraging women to consider abortion (passively responding to a question regarding where a safe, legal abortion may be obtained is not considered active promotion if the question is specifically asked by a woman who is already pregnant, the woman clearly states that she has already decided to have a legal abortion, and the family planning counsellor reasonably believes that the ethics of the medical profession in the country requires a reasons regarding where is may be obtained safely).” (ibid.) I have earlier noted how this restriction often creates overly cautious atmosphere in the counselling services. In addition, by stating that the family planning counsellor effectively decides whether information about even a legal abortion should be given, a situation is created, in which a woman has no control of her own body. Her own judgement is not trusted enough so that she could make the decision about a legal procedure herself. It is clear that it is not possible

to realise your project of becoming a person in these conditions. This is strengthened by generally denying free speech in regards to abortion, which further hurts the public discussion about matters important to women.

Finally, I want to comment one aspect that is not directly connected to the bodily integrity, but which Drucilla Cornell briefly mentions and which is relevant also here. This is the conservative fear of female sexuality. According to the Mexico City Policy, abortion is allowed if the pregnancy is caused by rape or incest. According to Cornell (ibid. 81), these kinds of exemptions have an implicit moral message: “Women who suffered incest and rape did not choose to have sex, and therefore should not be punished with an unwanted pregnancy; those who chose to have sex should expect such a punishment.”(ibid.) This line of thinking is also very much present in the Mexico City Policy. By making a distinction between abortion as family planning and other abortions (which as noted earlier in this paper is not based on any kinds medical or other kinds of facts but is clearly a statement of values), the Mexico City Policy presents a dissected view of female sexuality. By voluntarily having sex means that women must bear the consequences no matter what. This comes close to the previously mentioned question of “good” sex and “bad” sex. It seems that in conservative thinking, as presented in the Mexico City Policy, sex is for reproduction. This is also limiting imaginary domain as sexual acts are being predefined by the US government.

As have been shown above, the Mexico City Policy degrades women in the sense that Drucilla Cornell uses the word. Women are not valued as total human beings, but are denied the possibility to imagine bodily integrity and thus reduced to their reproductive capacities. The Mexico City Policy aims to close meanings for abortion and also for sexual conduct and thus it limits the possibilities of the imaginary domain, the possibilities that women can imagine having in regards to their reproduction.

III American foreign policy of women’s bodies

Here in Finland, the question about legality of abortion may not seem like a relevant political issue, but in the United States it still is very much that. This can be seen for example, in the 2004 presidential race that is going on at the time of writing this paper.

The Washington Post has on its web pages an interactive section²³, in which readers have an opportunity to compare John Kerry's and George W. Bush's views on "major issues" (as the Washington Post defines them). The categories that can be compared are: foreign affairs, national security, health coverage, energy/resources, education, economy, civil liberties and abortion. Abortion is considered so important a question that it has been given a separate section alongside with economy, national security and foreign affairs. Still today, after over thirty years of the Supreme Court decision that legalised abortion in the United States, it has very much political relevance.

Abortion is primarily a domestic issue, but it does appear in other arenas as well. One of them is foreign policy and in that area the Mexico City Policy has been one of the tools that the conservative governments have used for their benefit. The Mexico City Policy was introduced by President Reagan in 1984 in a mix of domestic and foreign pressures. In many ways, it was a strategic tool, although anti-abortion attitudes were true and real in the Reagan administration. President Clinton rescinded the Policy, but it was reinstated by George W. Bush in 2001. The main content of the Policy is that federal funds are not to be given to such organisations that either perform abortions or promote it as a method of family planning. In the cases of rape, incest or threat to the mother's life, abortion is allowed. I would like to emphasise that the restrictions do not just limit the use of US funds for performing abortions, but they also limit talking about it. Organisations that receive US funds are not allowed for example to campaign for free abortion or for review of existing laws that do not allow abortion.

President Bush reinstated the Mexico City Policy by saying: "It is my conviction that taxpayer funds should not be used to pay for abortions or advocate or actively promote abortion, either here or abroad. It is therefore my belief that the Mexico City Policy should be restored" (Bush 2001). He only referred to his "conviction" and "belief", but did not further elaborate the ideas behind the reinstatement. This quote is a good example that the public policies are not just administrative announcements, but they have certain ideological views behind them. This is why in this paper I have re-described the Mexico City Policy from three different perspectives.

²³ http://www.washingtonpost.com/wp-srv/politics/graphics/issues/bushkerry/issues_pop.html, accessed on July 31, 2004

The aim has been to show what kinds of ideas about women, their bodies and control underpin the Mexico City Policy. I have chosen to use the method of re-describing with the aim to show that this policy, as any policy, is presented officially from one point of view, and when different background factors are uncovered, the effects of the policy become clearer. In my re-description, I have tried to show that the Mexico City Policy follows a certain logic that usually is not stated openly, but which has very serious effects on women. For my re-description, I chose Caroline Moser, Michel Foucault and Drucilla Cornell. I chose thinkers that have worked in very different area of academia, but they all have analysed control from some perspective and this was the theme that I chose from their work for this paper. It was an intentional strategy to choose very different kind of thinkers, as this would reveal the very different aspects of control included in the Mexico City Policy.

The first perspective to help me in the re-description was Caroline Moser's classification of development policies. She divides development policies into five groups. The welfare approach is the most common and is based on assumptions of women being passive recipients of development, motherhood is seen as women's primary role and childrearing is seen the most effective part women can have from the economic viewpoint. The equity approach recognises women as active participants of development. Its most important concern is with the inequality between women and men in public and private spheres. The third approach, the anti-poverty approach concentrates on poverty and the aim is to reduce income inequality. The efficiency approach, on the other hand, assumes that by increasing women's participation in workforce development is advanced. Women are seen as workers. The fifth and final approach is the empowerment approach, which emphasises women's own experiences and how women see for example oppression differently depending on their race, age, class, colonial history etc. This approach sees that oppression should be challenged at different levels and the starting point should be women's own experiences. Due to their focuses, each of these approaches has certain effects on how women's control of their reproduction and bodies is seen. In the welfare approach development policies are something that happens to women and motherhood and childrearing are emphasised. The equity approach and the empowerment approach stress women's rights, although the empowerment approach aims to be more sensitive of different situations. In the anti-poverty and the efficiency approaches, the reproductive

issues are in the background, although this usually means that the traditional modes of operation are not challenged.

With the help of this classification, I analysed the Strategic Plan of Center for Population, Health and Nutrition and especially sections related to the population question, because the Mexico City Policy falls under that segment. The analysis showed that the US government mainly promotes welfare approach in its policies, thus assigning women to their traditional reproductive roles of being a mother and rearing children. In this situation women have limited control of their own bodies. Even information in regards to decisions about their bodies, reproduction and lives in general are limited.

The second perspective to help me to re-describe the Mexico City Policy was Michel Foucault's ideas about bio-politics of population. In the eighteenth century, population became an economic and political problem that governments started to try to manage. Population was started to be considered as a resource, and to help to manage the "characteristics" of population became an object of measurement and analysis. Governments started to analyse such things as birth rates, death rates, marriage age etc. Demography was born and population policies developed. In the 1960s, population policies became a part of development policies and the Third World population growth was started to be seen as a problem.

When the Strategic Plan for Center for Population, Health and Nutrition is read from this perspective, it is easy to note that the US government practice the bio-politics of population at the international level. It tries to manage other countries' populations. The population question is approached by the US administration from technical and managerial perspective, although some features point also to the control of sexuality. In addition, the US policies show some signs of post-colonialism in the sense that they attempt to exert control over the Third World countries (like colonial powers did) through development policies.

When we look at the official documents that define the Mexico City Policy in more specific manner, the attention is shifted to the individual level. For that reason, I introduced ideas from Drucilla Cornell, who draws from among others psychoanalytic ideas, political science, law and philosophy, and merges them in a novel way in her feminist analysis. She

starts her thinking from psychoanalytic point of view. According to Cornell, we are not ready personas, but becoming a person is a project. In that project, we need imaginary domain for renewal of the imagination and for re-imagining who we are and who we want to become. In order to be able to become the persons we want to be, we need to be able to imagine our futures. This is very relevant in the case of abortion as it has certain effects for example to law. If the free access to abortion is denied, then women cannot have total control of their futures, and their bodies and imaginations. They cannot be in control who they want to be, because if abortion is denied women may have to be mothers when they do not want to be, and even in the case that a baby is given for adoption, the one who gave birth is a mother. When the Mexico City Policy is read from this perspective, it is clear that it violates some women's basic rights. By defining the meaning of abortion, the government interferes with the imaginary domain, where women give meanings to abortion themselves. In addition, by denying the right to abortion, women are reduced to their reproductive capacities and not treated as whole human beings. Being a human being means that people have the opportunity to control their imagination and bodies.

As these different perspectives show, the Mexico City Policy can be read different ways, ways that depart from the official reading of the matter. By re-describing the Policy from these different viewpoints, it can be seen that by denying funding for abortion in developing nations, the Bush administration tells a great deal about how it sees women. One part of this is analysing how women's bodies are seen and conceptualised by the administration, and this has been one of the focuses of this study. Men's bodies can be controlled, too in certain situations (for example in the military), but it is clear that population policies and the Mexico City Policy as a part of that is primarily about controlling women's bodies and choices.

It is obvious that in many respects the US government acts in a post-colonial manner when operating with the developing countries. It is trying to exert control over these nations to advance its own position. In population policies, the Mexico City Policy can override local laws and limit the possibilities people would otherwise have. There is control of these countries in the form of funding, even without actual presence of the US representatives. There is also a post-colonial double standard in that something that is allowed in the United States is being attempted to deny in developing countries. The Mexico City Policy

has been a way to take an anti-abortion stance without effects in the domestic availability of abortion.

If we then look at how the Bush administration sees women in regards to their bodies, it can be noticed that they are not something to be valued. By promoting the welfare approach of development policies, women are seen primarily as mothers and wives. The welfare approach also means that women and their bodies are an object of planning and this way women's reproduction is subordinate to other issues. Limiting population in the developing world is something that the US government strives at, and women are denied some of their agency by limiting their choices and information in regards to their bodies. Thus the main agency in the population control is somewhere else than in women, and women's ability to have total control of their bodies is secondary to others goals such as reducing population growth.

The denial of full agency is taken even further. This can be seen in the prohibition of abortion rights as reread with the help of Drucilla Cornell's ideas. It can be said that in the current US policies in regards to women and their right to abortion, women are not seen even as whole human beings. The claim seems strong, but by denying women the full control of their imagination and bodies, their basic human existence is violated. In order to be able to be a full human being, certain rights must be protected by law. This is not the case when it comes to the Mexico City Policy and abortion. The control is taken away from women and even their possibilities to imagine themselves are limited.

The Mexico City Policy can be read as a multilayered system of controlling women. There is the post-colonial control of developing countries in general and women in these countries especially. This control also affects how a country is able to conduct its internal policies of, for example, population and health. The Mexico City Policy controls also the relationships inside families by promoting certain things, such as motherhood. Finally, the Mexico City Policy controls women individually. This control is not limited to the choices in regards to abortion, but there is an attempt control even women's imaginations by limiting what pregnancy should mean for them. By doing this there is a serious attempt to deny women their entire personhood.

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