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SPECIAL ISSUE ARTICLE

Contesting 'Global Sisterhood': The Global Women's Health Movement, the United Nations and the Different Meanings of Reproductive Rights (1970s–80s)

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Abstract

The article contributes to a genealogy of the global articulation of reproductive rights principles, as established at the 1994 United Nations (UN) Conference on Population and Development held in Cairo and the UN Women's Conference held in Beijing the following year. It highlights the key role played by an emerging global women's health movement in the 1970s–80s, in shaping UN debates on family planning, women's rights in procreative choice and women's roles in socio-economic development. The article focuses on the International Campaign for Abortion, Sterilisation and Contraception (est. London 1978) and the Women's Global Network for Reproductive Rights (Amsterdam and Manila 1984; ECOSOC consultative status in 1992). Adopting an intersectional perspective, the paper highlights the local embeddedness of feminist positions, the shortcomings of Western feminism and the ways in which conflicts between women's organisations allowed for an original and evolving concept of reproductive rights to emerge. It is based on UN papers and the archives of the above organisations and family planning movements.

Introduction

At the Fourth World Conference on Women convened by the United Nations (UN) in Beijing in 1995, a platform for action was adopted which called on governments to '[p]rovide more accessible, available and affordable primary health-care services of high quality, including sexual and reproductive health care, which includes family planning information and services'.[1] Herewith, the UN established

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global human rights norms in reproductive rights and health, linking these with other key areas of activity including population policies, access to health services and women's roles in socio-economic development.[2] Scholars have interpreted the Beijing Conference as a milestone in the longer-term, gradual articulation of principles aimed at protecting individual autonomy in procreation. Yet despite significant insights notably by Paige W Eager, Alison Bashford, Betsy Hartmann and Matthew Connelly, the historical processes leading to the UN reproductive rights paradigm as it was defined in the mid-1990s remain under-explored in scholarship.[3] This paper contributes to a post-1945 genealogy of reproductive rights thinking at the international level, focusing on the role played by what I refer to as the global women's health movement. As will be demonstrated, this global network of feminists and health activists, emerging in the 1970s, developed a pioneering concept of bodily autonomy and reproductive liberty, and an original praxis of global co-operation. The article's specific contributions to the growing scholarship historicising the globalisation of feminism and health activism in this period lie, first, in its tracing of the early transnational connections, before the creation of the Women's Global Network for Reproductive Rights (WGNRR) in 1984, usually taken as the birth of the global women's health movement; and second, in its highlighting of calls to regionalise, rather than centralise, global reproductive rights activism.

The article starts by tracing one strand of this movement's origins around 1975: the creation of the International Campaign for Abortion, Sterilisation and Contraception (ICASC) in London. Its transformation is charted from a European to a global network, as the WGNRR was created in 1984. The trajectory from ICASC to WGNRR is taken here as representing developments in the global women's health movement more broadly. I use the term 'global women's health movement' to identify a loose transnational network of activist organisations and service providers focused on women's reproductive, sexual and general health, driven by principles of women's self-determination and global solidarity, and working both at community levels and as advocacy groups vis-à-vis national governments and international organisations, principally the UN system. This movement emerged in the 1970s as a nebula of grassroots groups across four continents, comprising from the 1980s a growing number of NGOs, some of which had UN advisory status. Aside from the organisations discussed in this article, the global women's health movement included the International Women's Tribune Center and the International Women's Health Coalition, both based in New York.[4] Historical research tracing the genesis of this impactful movement at a global level is still in its infancy.[5] Some scholarship has over-emphasised its West European and North American origins, neglecting the fundamental role played by women's groups in Latin America, Asia and Africa.[6] Other authors, working on the 1990s primarily, have instead stressed the significance and originality of the 'Southern feminist approach' to reproductive health and rights.[7] This article aims to offer a key contribution: while primarily written from the perspective of West European activists and using European archives, it points at the limitations of Western feminism, and offers a granularly researched case study of how the latter were influenced by activists in Africa, Asia and Latin America. Ultimately, it demonstrates the crucial contribution made by women's rights groups based in the Global South to the articulation of reproductive rights norms at the UN.

The definition of reproductive rights as developed by this movement occurred at key moments of global activist encounter, which structure the periodisation of the article: the creation of ICASC in London in 1975 followed by a number of West European meetings focused on self-management in abortion; the third conference of the global women's health movement held in Geneva in 1981, and which included a larger number of representatives from Africa, Asia and Latin America; the creation of the WGNRR in Amsterdam in 1984; finally, its growing focus on the UN system, accompanied by both the 'NGO-isation' and regionalisation of the movement from the late 1980s, with the first annual women's health conference held outside Europe (Costa Rica, 1987); and finally, its acquiring consultative status with ECOSOC in 1992. 'Reproductive rights' will here be used as a category of analysis denoting a set of principles protecting individuals' rights in autonomously making decisions on whether, when and in what circumstances to become a parent.[8] In showing the key role played by the global women's health movement in articulating an original and influential concept of

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reproductive rights, three more specific arguments are made. First, through these global encounters, an original definition and praxis of reproductive rights were established; second, it was conflict – differing perspectives based on different standpoints and against the naïve assumptions of some groups in the Global North that 'sisterhood is global' – that gave rise to these novel forms of women's health activism; and third, the discourses and practices of the global women's health movement impacted on discussions at the UN from the 1980s in significant ways.

This global network of reproductive rights activists took shape from the late 1960s against the background of global discussions and conflicts, specifically in the UN, on demography, family planning programmes, 'third world development' and women's role in it and the socio-economic dimensions of human rights.[9] In the General Assembly, the International Labour Organization (ILO), the World Health Organization (WHO), United Nations Educational, Scientific and Cultural Organization (UNESCO) and the Commission on the Status of Women, such debates were framed by the transformation of the UN resulting from decolonisation, and by the global Cold War, pitting North against South and East against West. The global politics of reproduction as debated in the UN during the 1970s crystallised on the issue of family planning: the issue at stake, specifically, was whether and how the UN should respond to the family planning programmes that had been multiplying in the Global South since the 1960s. These were implemented mostly by US- and UK-based organisations such as the International Planned Parenthood Federation (IPPF) and the Population Council – often, though not always, in conjunction with national governments. Underpinned by the theory of global overpopulation and neo-Malthusianism, and given great impulse by new birth control technologies, these programmes were aimed primarily at lowering fertility through the dissemination of contraception ('flooding the third world with contraceptives', as often stated in Population Council documents).[10] By the late 1960s, population control programmes through family planning were operative in over 30 countries, most of these with IPPF or Population Council involvement. As is now well documented, in many instances, including in the Philippines and Kenya in the 1960s and India and Bangladesh in the 1970s, such interventions were accompanied by various forms of coercion, including unconsented abortion and sterilisation, and insufficient information to users in the administering of the intra-uterine device (IUD).[11]

In the UN, global overpopulation and population control started to be discussed from the mid-1960s, at the second World Population Conference held in Belgrade in 1965, the 1968 Conference on Human Rights held in Teheran and the third World Population Conference held in Bucharest in 1974. While by now it had gained consensus among policy-makers and experts in most Western countries, the 'global population' paradigm was critiqued by the USSR and a number of communist regimes, alongside leading Global South nations in the Non-Aligned Movement, including Egypt and Algeria. Human rights principles were now invoked by both the advocates and opponents of population control in the Global South. While opponents pointed at the evidence of human rights abuses in family planning programmes across Asia and Latin America, the USA, UK and West German governments as well as the global family planning movement invoked notions of humanitarianism to justify family planning programmes. As argued by Roman Birke, IPPF and the Population Council had adopted this as a legitimating strategy from the outset.[12] At the 1968 Conference in Tehran, a UN consensus emerged that the UN ought to engage with family planning programmes, while ensuring human rights were observed. The Tehran Plan of Action affirmed that 'all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children'.[13] Conflict over global reproductive politics exacerbated at Bucharest in 1974, as communist regimes supported a coalition of Global South countries (the 'Group of 77', including Algeria, Egypt, India and Pakistan) in their now strong objections to Western-funded family planning programmes. To the shock of many, John D. Rockefeller III of the Population Council acknowledged in his address to the NGO Forum in Bucharest that a conceptual shift in family planning was required, which would envisage a 'two-way relationship' between demographic change and socio-economic development. Rockefeller was herein influenced by women such as Adrienne Germain at the Ford Foundation who foregrounded women's rights in family planning. In turn, Germain later claimed to have been influenced by the global women's health

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movement.[14] Bucharest resulted in a victory of the Group of 77, and national sovereignty was now emphasised in 'the setting of population and fertility targets', against international intervention.[15] However, as astutely noted by ICASC, the conflict over reproductive governance that unfolded in the UN between international family planning organisations and national governments did nothing to advance the cause of women's reproductive liberty.[16]

Around the same time, the UN agency for women's rights, the Commission on the Status of Women, developed a great interest in family planning, appropriating the idea and seeing it as a vehicle not for population control but for women's reproductive agency. The Commission's view was that family planning 'must respect personal freedom and the dignity of the human being', whether she or he wished to have many, one or no children. It framed family planning not in terms of reproductive governance, but as 'a basic human right' that was 'extremely important to women'.[17] In asserting this, the Commission's convenor, Finnish diplomat Helvi Sipilä, was influenced by her conversations with women's NGOs in Asia and Africa.[18] The debates in the Commission on the Status of Women and in the UN Fund for Population Activities (UNFPA), created in 1969, contributed to a sense of momentum in the UN on women's social roles in relation to socio-economic development in the 'third world'. New visions on how women were instrumental to nations and communities – in terms of healthcare, family welfare, agricultural reform and education – were captured in the 'Women in Development' framework. This framework hinged on the expansion of the notion of human rights into the socio-economic terrain, and foregrounded women's multiple economic roles and social responsibilities, crucially in the (extended) family sphere.[19] As discussed below, the global women's health movement entertained conflicted views on such a sweeping 'responsibilisation' of women vis-à-vis their communities in the context of 'third world development'.

The era of global debates on family planning coincided with the radicalisation of feminist activism in the Western world, sometimes referred to as 'second-wave feminism'. In the West, women's changing social roles resulting from greater access to education and waged work, combined with the sexual revolution and youth militancy of the 1960s, led to the emergence of new feminist movements. Their agendas were based on grassroots activist practices including consciousness-raising and bodily self-discovery in small groups, which translated into campaigns for legal reform on contraception and abortion. In countries such as France and Italy, where contraception was legalised in 1967 and 1971 respectively and abortion liberalised in 1975 and 1978, feminists formed the core of a wider social mobilisation for reproductive rights, visibly impacting on political debates and cultural norms. Some of the European feminist groups that were key in managing illegal abortion and in national social mobilisations, also played a key role in creating a transnational women's health movement, first at the European level and then more globally. These include the French Mouvement pour la liberte de l'avortement et la contraception (MLAC), the Rome-based ISIS and the Geneva-based Dispensaire des femmes, all of which were central to the first 'women and health' meetings held in Europe in the late 1970s, as discussed below. They were strongly influenced by one another and by North American women's liberation groups, but initially had little awareness of women's militancy in the Global South or UN debates on women's rights. In this article, the emergence of a globally connected reproductive health and rights movement is inscribed in the broader historiographic aim of 'provincialising' Western feminisms. Drawing on key insights by postcolonial feminist scholars, recent scholarship has aimed to de-universalise and critically interrogate the place of West European and North American feminisms in historical narratives of feminist movements around the world.[20] Building on intersectional feminist theory, this article highlights what Adrienne Rich in the 1970s termed the 'politics of location' in feminist activism: the diversity of perspectives, embedded in distinct local conditions and the different histories of 'particular patriarchies'.[21] Such an approach involves foregrounding organisations from the Global South and communist Eastern Europe, identifying diverse understandings of reproductive freedom, and noting how Western feminists were influenced by actors and developments in other parts of the world. As will emerge, crucial in shaping the global women's health movement was the fact that women from Africa, South Asia and Latin America critiqued family planning programmes, some of which, as they argued, had pressured them into having fewer children and in some cases violently

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denied them motherhood. Such critiques led women's organisations in postcolonial nations to question the focus of Western feminists on abortion and contraception, that is to say, the right not to be a mother. Instead, they stressed the right to motherhood as an equally important pillar of reproductive freedom. In doing so, they paved the way for a notion of reproductive justice that inscribed bodily autonomy in procreation into wider social justice agendas, cognisant of intersections of class, race and gender inequality, and of reproductive injustices that involve both forced motherhood and the denial of motherhood.

At the same time, due to practical constraints, the sources on which this article is based are all located in Europe. The author fully acknowledges the limitations inherent in such an approach, as in much of the material consulted the voices of activists from the Global South remain implicit amidst the recorded perspectives of Western actors. At the same time, reading against the grain allows us to discern the ways in which the worldview of Western feminists was disrupted through encounters with activists from South Asia, Africa and Latin America, and the degree to which the former were influenced by the latter. The collections on which this article is based include papers of activist organisations in France (MLAC, kept at Archives du Féminisme, Angers University), Amsterdam (papers of the ICASC and the WGNRR, kept at Atria, the Institute of Gender Equality and Women's History and at the International Institute of Social History) and Britain (papers of the National Abortion Campaign [NAC] kept at Glasgow Women's Library). By contextualising these regionally based sources with UN published records and conference reports, and the rich recent scholarship on women's health activism in Latin America and Asia, the analysis below sheds new light on global feminism and the tensions within it. In future, it will need to be enriched with activist interviews. Finally, a peculiarity of the groups studied and the documents they have left us with is that many names of key individuals do not feature on the records; this for safety reasons, as many activists were engaged in illegal work (notably, underground abortion work). As a result, much of the analysis presented here is a discussion of discourses and campaigns rather than individual trajectories and experiences.

Radical reproductive politics in 1970s Europe, Asia and Latin America

In April 1975, about forty women were gathered in Paris at a meeting entitled 'Abortion and contraception: a European struggle'. It was organised by the French MLAC, a Paris-based organisation of around 500 active militants, bringing together women and men, including medical practitioners. Using the so-called Karman or aspiration method in their underground abortion work and teaching it to groups around Western Europe, MLAC played a pioneering role in developing grassroots practices centred on bodily autonomy and the right to sexual knowledge.[22] Many of the organisations attending the conference – from France, Italy, Spain, Portugal and West Germany – were engaged in (semi-)illegal abortion work and abortion travel around Europe.[23] Others were engaged in defending existing legal frameworks against conservative attacks and for better implementation following recent liberalisation (the British NAC and several Dutch and Nordic groups). A broad consensus existed among the European attending groups on motherhood as associated with alienation and oppression. Indeed, central to Western second-wave feminism, including abortion campaigning, was the critique of the cultural mystification of motherhood, deeply rooted in Western culture. In the context of a pro-natalist drive specifically in Western Europe, the legal and moral bans on both contraception and abortion were consolidated after 1945. The women's liberation movement of the long 1970s was a fierce and ultimately successful rejection of this. Women's liberation activists around the Western world shared an urgent belief in a clear definition of reproductive rights: legal abortion on demand and full access to contraception. The right not to be a mother thus became central to 1970s Western feminism, leading to a marginalisation of voices pointing at race, class and disability as complicating the picture of what constitutes reproductive freedom.[24] At the same time, a number of the groups at the Paris meeting critically questioned universal discourses of choice, pointing at the ways in which socio-economic context determines the range of reproductive options available to women. MLAC in particular was

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strongly focused on social class: it rejected a universalist language of reproductive choice and liberty and explored the distinct ways in which reproductive injustice affected women depending on social class, immigration status and (perceived) ability – and this included barriers to contraception and abortion as well as barriers to motherhood.[25] Such a perspective, which we now call intersectional, was unusual among feminist campaigning groups in Western Europe at the time, and the groups gathered in Paris, most of which defined themselves as socialist-feminist, occupied an eccentric place in the West European women's liberation movement. Moreover, a non-named Spanish activist at the meeting pointed out that feminists in Mexico were discussing contraception and abortion in different terms and were revealing cases of unconsented insertion of IUDs at family planning clinics. The issue was granted little attention in wider discussions.[26]

The following year, these groups were joined by the main European feminist groups – including the Mouvement pour la liberation des femmes from France and the British Women's Liberation Movement – in Brussels for the First Tribunal of Crimes Against Women. Reproductive violence, including obstetric violence as well as health risks and death caused by the illegality of abortion, formed a key theme, alongside sexual violence. In 1977, then, the first International Women and Health meeting was organised in Rome by ISIS and the Gruppo femminista per la salute delle donne, in collaboration with the Geneva-based Dispensaire des Femmes.[27] These three organisations came out of the radical militancy and underground abortion work of the 1970s, but they had started to move away from the anti-institutionalism of other women's liberation groups. Notably ISIS, following the liberalisation of abortion in Italy in 1978, displayed a degree of professionalisation, with a number of activists working as trained practitioners at hospitals or as university researchers. A growing interest in the UN and in the work of NGOs and women's rights campaigners operating in the Global South formed part of this changing agenda. However, it was only at the third Women and Health meeting, held in Geneva in 1981, that organisations outside Europe were invited, as discussed below. While for now little attention was granted to the different contexts of reproductive rights injustice outside the industrialised world, the Rome meeting did go beyond the focus on access to contraception and abortion that dominated European feminism at the time. For instance, reports were discussed of involuntary sterilisation of marginalised women such as sex workers, drug users and psychiatric patients.[28]

This was also an important theme for the International Campaign for Abortion Rights, soon renamed International Contraception, Abortion and Sterilisation Campaign (ICASC), created in London following the Rome meeting. It was intended as a grassroots organisation that, much like MLAC, would combine political campaigning with self-managed reproductive health provision and information. It presented itself as more radical and more socialist than the NAC, the leading platform campaigning in Britain for further liberalisation of the Abortion Act 1967.[29] ICASC hosted a number of meetings in London over the course of 1978–79, with activists representing groups from Britain, Belgium, Ireland, West Germany, France (LMAC), Sweden, Denmark, Netherlands, Portugal, Italy and Spain.[30] It was agreed to initiate a coordinated reproductive rights campaign, focused initially on gathering information at the European level in three areas: the production and use of contraception; abuses in terms of lack of informed consent, specifically in the administering of unsafe contraceptives Depo-Provera (DP) and Dalkon Shield; unconsented sterilisation. While details on DP follow below, Dalkon Shield was an IUD produced from the early 1970s in the USA by the A. H. Robins Company. It soon became the most commonly used IUD in the USA and was sold also in Puerto Rico. Reports of severe health complications – including pelvic infections, infertility and death – led to various investigations, and in the early 1980s the company declared bankruptcy resulting from numerous lawsuits.[31] Harmful contraceptives were largely ignored by the pro-choice campaigning platforms in Western Europe. As argued by MLAC at a meeting in London in 1979, it was an important issue for socialist-feminists concerned with the distinct injustices suffered by marginalised women. ICASC herewith responded to numerous reports around Britain of unconsented or incompletely consented sterilisations of disabled women, homeless women, sex workers, drug users and women presenting at abortion clinics for 'repeat abortions'.[32] Furthermore, ICASC decided to produce multi-lingual informative leaflets for women around Europe on different contraceptives, their effectiveness, side-effects and risks – in order

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to allow women to make informed choices. Finally, it aimed to gather information on anti-abortion movements around Europe and counter its arguments by producing leaflets with medically accurate information regarding foetus development.[33]

From 1980, ICASC's publications became bilingual (English/Spanish) and its newsletters featured reports from outside the Western world (Mexico, Brazil and Peru). The organisation started discussing the politics of population control in Latin America, including the complicity of family planning organisations and the differentiated treatment of women according to social class and race. The forced sterilisations of indigenous women that had occurred in Guatemala in the mid-1970s were denounced, as was the targeting of poor women for injectable contraception, with reports of lack of informed consent, by family planning clinics in Columbia since 1976.[34] There was now also more information about communist Eastern Europe, including reports on the forced sterilisation of Roma women in Czechoslovakia and the lack of effective contraception in Hungary.[35] In 1981, ICASC, now with a double office in London and Amsterdam, took part in the third International Women and Health Meeting held in Geneva. At this meeting, there were interventions by delegates from the People's Health Centre in Bangladesh and the Feminist Resource Centre in Bombay. Delegations from the Global North included ICASC and the Boston Women's Health Book Group collective – the original authors of feminist health manual *Our Bodies, Ourselves*, which had become a global phenomenon through multiple translations.[36] The workshop themes included abortion practices and safe contraception, but also a number of issues proposed by Global South-based groups which, by and large, been neglected by European 1970s feminism: breastfeeding, childbirth practices and racism and poverty as framing reproductive choices.[37]

Yet when the women from India and Bangladesh put 'Population Control and Imperialism' on the agenda of the Geneva meeting, intense discussion ensued. A number of West European women questioned this as a relevant topic, and some of them clashed with the South Asian women on the impact of local family planning services on women's reproductive autonomy. Many European feminists, including those from France and Sweden, reported positively on working with family planning organisations and questioned any critical assessment of the latter. The Indian women denounced the fact that family planning in many countries was not aimed at granting women bodily autonomy, and yet it was 'especially in the West, propagated as the gateway to women's liberation'. Specifically, the delegates from the Feminist Resource Centre critiqued the theory of the small family as beneficial to women *per se*, as well as women's increased reliance on medical practitioners in the context of recently developed contraceptive devices as compared to traditional methods.[38] While family planning provoked conflicted discussion, much common ground was found on abortion, which was now seen as a litmus test for women's reproductive liberty. Despite the different national experiences, most delegates agreed on the need for a two-pronged strategy at local levels: campaigning for full abortion on demand through legal reform, while continuing the 'core work' of practical, including illegal, abortion work and developing women-centred practices and knowledge.[39]

The discussions in Geneva left a deep impression on many West European women. Upon her return from Geneva, Loes Keysers, a key figure at ICASC's Amsterdam office, discussed in a widely disseminated article 'Does family planning liberate women?' the ways in which the encounters with women from the Global South led her to fundamentally reconsider her understanding of reproductive rights. She now critiqued Western feminism for long holding the belief that the availability of contraception *per se* benefited women. Referring to population control and to the reports she had heard in Geneva of unconsented use of contraception, abortion and sterilisation around the world, she called for a more complex understanding of the relationship between reproductive technologies and women's liberation, and for an understanding of distinct local experiences based on race, social class and ability.[40] More widely, ICASC started to note the vibrancy of reproductive rights activism in Latin America and the complex nexus of reproductive politics, family planning and the legacies of colonialism and slavery in this region. Transnational feminist organising in the region acquired real momentum around the time of the UN's first women's conference, held in Mexico City in 1975. As argued by Leila Rupp, the UN's Decade for Women, scaffolded by the Conferences held in Mexico City, Copenhagen

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(1980) and Nairobi (1985), facilitated the emergence of transnational women's rights networks and their growing influence at the UN.[41] Jocelyn Olcott has mapped the networking among Latin American women's activists around 1975, on issues ranging from health, poverty, education and 'third world development' to family planning and reproductive liberty.[42] Mexico City was a moment of radicalisation, as many Latin American women's groups, and in particular ways those representing indigenous communities in Mexico and Guatemala and Black feminists in Brazil, not only denounced their governments' patriarchal policies, but also critiqued the UN for its strategies of 'responsibilising women' in their local communities. This, they argued, did not necessarily liberate women; instead, their labour and skills were explicitly placed at the service of the community and wider modernisation processes with their own rights falling by the wayside. They also denounced family planning programmes and organisations, notably IPPF, the Ford Foundation and the Population Council.[43]

The NGO Tribune at Mexico City laid bare the distinct perspectives of delegates from the Global South on the one hand, often supported by delegates from the communist world, and activists representing Western organisations on the other. Specifically on reproductive rights numerous clashes occurred, primarily between US feminists such as Betty Friedan of the National Coalition of Women (NOW), and NGOs from Latin America, with leading figures such as Mexican journalist and activist Esperanza Brito de Marti. They accused NOW of claiming to speak for women universally from a North American, white perspective that failed to understand that for many women around the world the denial of motherhood was as much a human rights violation as forced motherhood. Women from the Global South obtained an amendment to the World Plan of Action so that it would define reproductive choice as embedded in socio-economic environment and inscribed in the long history of violations of reproductive bodies in the context of slavery, colonialism and neo-colonialism.[44] At the same time, more productive global-feminist collaborations were established at Mexico City, notably by the US National Committee of Negro Women, which held a closed meeting with NGOs from Africa, the Caribbean and Latin America, benefiting from USAID funding. According to Eager, it was at this encounter that Black US feminist groups coined the notion of 'reproductive rights', as a framework including but going beyond access to birth control and abortion, and based on unalienable bodily autonomy. It encompassed the right to use contraception, have an abortion or be sterilised, as well as the right to be safe from such interventions being enforced. In 1979, the National Committee of Negro Women created the US Reproductive Rights Network, further discussed below.

Transnational exchange was a key feature of feminist practice in Latin America from the mid-1970s onwards, stimulated by the dense migratory movements across the continent. Of key significance were the Encuentros Feministas Latinoamericanas y del Caraibe: meetings held yearly from 1981 in a different country and on a specific topic, with reproductive rights and health dominating in the early years. Thanks to the Encuentros framework, Latin American women's groups were able to have extraordinary influence on global feminisms. A key premise of the Encuentros was a rejection of what was seen as a misguided notion of 'global sisterhood', the idea that all women's struggles worldwide were connected, which had featured prominently in the discourses of US and West European feminists during the 1970s.[45] Instead, the Encuentros women emphasised the need for local embeddedness and local organisational autonomy, and denounced Western feminists' universalisation of their own politics and experiences. However, the middle-class, white Latin American feminists who critiqued their European and North American counterparts for their universalism, were in turn challenged by indigenous and non-white activists. At the Encuentros held in Lima in 1983, Black feminists from Brazil critiqued the platform text on contraception and abortion. They argued that the obstacles to reproductive freedom experienced by women across the continent took on very different shapes, and called for the racist hierarchisation of reproductive bodies to be denounced more explicitly. They drew attention to the right to parent and the long history of Black women's children being removed from them during and after slavery and of forced sterilisation and abortion.[46] Women's movements from Puerto Rico, too, complicated the picture by discussing the legacies of slavery and colonialism, and the aggressive family planning approaches in the country, which since the 1950s had involved unconsented participation in contraceptive trials.[47]

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The budding connections between women's health activists across the Americas, Europe and Asia were expanded in the early 1980s thanks to the momentum around DP. First developed in Britain in 1976 by Upjohn Pharmaceuticals, DP was an injectable contraceptive that provoked three months of temporary sterilisation. It soon became shrouded in controversy, as several international studies evidenced severe side-effects (bleeding, weight gain, depression) and cancer risks were suspected. The US Food and Drug Administration refused to approve it, while in Britain it was approved for use in specific circumstances in 1978, and in 1983 for wider use, though still only if certain conditions were met. Specifically, general practitioners and family planning clinics would offer DP only as the last resort where all other contraceptive methods were unsuitable; women would be fully informed of side-effects and risks; and DP would not be prescribed shortly after childbirth and during breastfeeding due to specific risks. The licencing of DP in Britain in 1983 occurred following a public hearing, at which numerous experts and campaigners spoke against the contraceptive (including cancer researchers, toxicologists and ICASC). IPPF and the British Family Planning Association spoke in favour.[48] In practice, 'freedom of clinical judgement' allowed medical professionals in Britain to prescribe and administer it at will. Campaigning groups reported its disproportionate use, often ill-consented and ill-informed, on Asian and Black women (in London and Birmingham) and the very poor (in the Glasgow area). Medical prejudice regarding women's ability to 'responsibly' regulate their fertility seemed to inform such actions.[49]

The Campaign against Depo-Provera (CADP) was created in London in 1978 by mostly white activists from the Women's Liberation Movement, who were strongly influenced by anti-racism and anti-imperialism and by the emerging Black British feminism, notably the Brixton Black Women's Group, a socialist and anti-racist organisation active in London since 1975.[50] Unique among British feminist groups, the CADP took a critical stance vis-à-vis the British Family Planning Association, denouncing its complicity in the disproportionate prescription of DP to poor and ethnic minority women, as well as its uncritical links with IPPF.[51] CADP was soon incorporated into ICASC, after which the latter discovered a world of DP activism in Africa and Asia. By the mid-1980s, CADP was the most active working group within ICASC, where Western activists learnt from activists in India and South Africa about the global commercial contraceptive chains and the intersections of global population politics, race and imperialism. Specifically, ICACS built contacts with the Women's Group of the South African African National Congress (ANC), which was very active on the issue given the widespread prescription of DP to Black South African women.[52] Neither the ANC women nor CADP called for a complete ban on the contraceptive, but they campaigned for restriction of its use (not after childbirth or during breastfeeding), and for careful monitoring of its administering, specifically in terms of informed consent and the target demographics. After the licensing of DP in Britain in 1983, ICASC stepped up its international campaigning, noting that that the events in Britain were likely to stimulate use of the contraceptive around the world. The CADP connected with US Black feminist groups and was influenced notably by Angela Davis' ground-breaking essay 'Racism, birth-control and reproductive rights'.[53]

DP offered a model for wider global campaigning that was built on locally distinct mobilisations but cognisant of the global ramifications of reproductive injustice. Such insights are reflected in an oral testimony of 2011 by Rowena Arshad, who in the 1980s was a leading BAME and feminist activist in Scotland. She recalled speaking with women in Ferguslie Park (Paisley), a severely deprived area outside Glasgow, where a remarkably high number of women were prescribed DP.

> And I can remember very clearly being sent to work in Ferguslie Park, which is a very poor area in Scotland, very very poor, and learning there that the women had been given Depo-Provera, which was a contraception drug at that time, and thinking, hey, hang on a minute, women in India are being given this as well. […] And then realising of course that the drug was being used to control women who society deemed to be irresponsible, shouldn't be having children, et cetera. […] And when the women in Ferguslie Park discovered this, because in the sessions I was working with them and talking to them, I

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> said, 'Did you know?' and they were just angered, really angered to know this. But it was so good, because they were in solidarity with the women in India, and they were saying, 'Why should the women in India be treated like that? We shouldn't be treated and they shouldn't be treated like that.' [54]

The local conditions in which DP was prescribed and injected differed. However, when meeting internationally these campaigners found that time and time again, implicit or explicit hierarchies were established – by medical practitioners, by the law and in hegemonic culture – between women of different social groups along the lines of race, social class and perceived ability, requiring activists to acknowledge the diverse meanings of reproductive freedom.

The creation of WGNRR

The fourth international women's health meeting was convened by ICASC in Amsterdam in May 1984. Entitled 'No to Population Control, Women Decide', it marked a turning point, albeit not entirely in ways anticipated by the organisers. Far more organisations from the Global South were present than had been the case in Geneva, including the ANC Women's Section; indigenous rights' organisations from Mexico and Guatemala; and the trailblazing Women's Centre from Mumbai. They attended despite their limited financial resources, which was a constant problem affecting their ability to travel.[55] Attendants from the Global North included MLAC, ISIS, the CADP and the Brixton Black Women's Group, as well as a number of US-based organisations. These included the International Women's Health Coalition, chaired by Joan Dunlop and with some links, through Germain, to the global family planning establishment, and the Reproductive Rights National Network, created following Ronald Reagan's election as President in 1981. While ICASC announced at the start of the meeting that questions of 'racism, imperialism, class, compulsory heterosexuality and disability' would be paramount, the ANC Women's Section alongside the Brixton Black Women's Group pointed out that this was gratuitous, as such markers of social hierarchy did not feature prominently in the preparatory documents. The Brixton women 'broke through the initial euphoria' regarding global sisterhood, to demand a radically different discussion than the one proposed in the preparatory documents. South-based organisations tore up the preliminary documents, critiquing, first, the positive references to family planning organisations, and second, the exclusive focus on access to contraception, abortion and sterilisation as defining reproductive rights. Reports on the damaging effects of population control as underpinning family planning programmes were delivered by women's groups from Puerto Rico (where the complicity between pharmaceutical industry and the government in the contraceptive pills trials was denounced), Mexico (where the pressure on indigenous women to get sterilised was denounced) and South Africa, where IPPF was critiqued for supporting the government's racially informed policy of forcing DP and sterilisations onto young Black women.[56] These delegates drew connections between population control measures in the Global South and developments in the Global North: it was argued that the anti-abortion stance of the Reagan presidency in the USA, too, was motivated by global population politics in that it aimed at countering the perceived excessive fertility in the Global South with pro-natalism in the North. The French government's attempts since 1980 to mobilise a consensus in the European Parliament on the need for 'a new pro-natalist policy' was noted in a similar vein.[57]

The conference resolutions revealed a paradigmatic shift with the inclusion of a call to oppose 'both pro- and anti-natalist assaults' on women's reproductive agency. A consensus was reached on the definition of reproductive rights: 'women's right to decide whether when and how often to have children—regardless of nationality, class, race, age, religion, disability, sexuality or marital status—in the social, economic and political conditions that make such decisions possible'. It was added that such rights include access to 'safe, effective contraception and sterilisation; safe and legal abortion; safe, woman-controlled pregnancy and childbirth; safe, effective treatment for the causes of infertility;

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full information about sexuality and reproduction; about reproductive health problems, and about the benefits and risks of drugs, devices, medical treatments and interventions'. The UN's gender-blind language on reproductive rights ('rights of parents'), going back to the Tehran Conference of 1968, was explicitly rejected.[58]

While a moment of open conflict, the Amsterdam conference also provided an opportunity to rethink the parameters of global solidarity. Based on the praxis of the Encuentros, a model was adopted whereby the transnational network was responsible for facilitating encounter, but not for seeking consensus or establishing a shared narrative. Numerous regional networks were either created or formalised at the Amsterdam meeting, some of which were to play a key role in the global women's health movement throughout the 1980s–90s. They included Women Living under Muslim Law and the Latin American Women and Health Network. By 1985, WGNRR had over 400 affiliated groups in over 70 countries.[59] WGNRR presented an original understanding of transnational organising, one that differed significantly from the approaches of other international NGOs. As recalled by Zelda DT Soriano, a founding member of WGRNN from the Philippines, writing in 2008 for the organisation's periodical: 'we had no intention […] to universalise sexual and reproductive health matters around the world […]'. Apart from common denominators such as patriarchy and imperialism, she recalled, the intention was not to rally behind key slogans but rather the opposite – to map global diversity and distinct circumstances in reproductive rights struggles, taking local campaigns as a starting point and globally connecting, rather than leading these. The one slogan that was adopted unanimously was 'women's control, not population control'.[60] Organisationally, an International Advisory Board would be responsible for global communication across national branches. It was decided to establish the organisation's headquarter in Amsterdam; it was acknowledged that Europe continued to be a safer option given the greater chance of repression in many countries of the Global South.[61]

While the precise impacts of the global women's health movement's view on reproductive rights on family planning programmes on the ground in Africa, Asia and Latin America remains to be fully investigated for this period, its impact on UN debates seems clear.[62] WGNRR was first recognised by the UN as an expert organisation in 1983, when it was invited to submit evidence at the UN Conference on Human Rights held in Vienna.[63] An important aspect of the approaches of South-based women's organisations was the far greater interest in the UN as compared with their fellow activists in the Western world. The UN was their strategic point of reference, and they looked to it for funding and recognition, and it created channels for global impact and networking. At the same time, these organisations were to varying degrees critical of UN agendas and priorities, and their engagement with it was always aimed at fundamentally changing UN agendas. In Amsterdam, the ANC Women's Section critically interrogated the UN's language and framework of 'women's development', and the idea of women's social roles as central to 'third world development'. It argued that the UN's recent interest and investment in women's healthcare, family planning, women's education and women's waged work in the so-called developing countries were not aimed at giving women full control of their lives and bodies, but rather reflected priorities and coalitions at the UN that bore the signs of global relations of power. Rather than liberating women, such social responsibilisation of women was, the ANC argued, a matter of 'subtle manipulation'.[64]

The women's health movement and the UN: Mexico City and Nairobi (1984–85)

During these initial years, WGNRR was funded by the departments for Third World Development of the Dutch, Swedish, Danish and Norwegian governments. Resources were always scarce, and the number of volunteers and paid staff always limited (no more than three paid staff in the early 1980s, with a board of about 30 members). One of WGNRR's first interventions was a 'Declaration to the International Conference on Population Issues in Mexico City', in response to the UN Conference on Development held in August 1984. At the Mexico City conference, the connection between 'third world' development and population and the theory on the need to regulate the latter in order to

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strengthen the former were consolidated. It was also a moment at which the language of 'women's social roles' and 'the status of women' in socio-economic development acquired prominence.[65] However, Mexico City coincided with a sharp conservative turn in the US government, whose delegates at the Conference announced that all funding for abortion services and counselling around the world by US NGOs was to be cut. The 'Mexico City Policy', as it came to be known, had profoundly negative impacts on family planning programmes and organisations around the world: IPPF in particular was affected as around 20 per cent of funding for its international programmes came from USAID. The Mexico City rule did not reflect a disengagement from global population control in the US government; rather, it was a specific rejection, religiously motivated, of abortion both at home and abroad. The new rules tightened existing restrictions that were in place since 1974, when the Helms Amendment to the Foreign Assistance Act passed had already prohibited US state funding for any activity that 'promoted abortion' internationally.[66] WGNRR's declaration in response to Mexico City contained a sharp critique of the re-criminalisation of abortion. It also continued to highlight population control ideology as the major obstacle to the fulfilment of women's reproductive agency around the world, and called on the UN to apply human rights standards to family planning interventions, and to articulate reproductive rights principles that were based on women's full control and self-determination.[67] Reagan's presidency and the Mexico City policy impacted on the global women's health movement in another way: it led to a radicalisation of IPPF and the Population Council. Pressured by the UN and by feminist advocates, these organisations had since the 1970s taken the human rights dimension of their operations more seriously. While fuller research on the evolution of these organisations from the 1980s is needed, it is clear that the rise of anti-choice militancy in the USA and its political influence brought them closer to the realm of feminist activism, both at home and internationally. Henceforth, organisations such as WGNRR found themselves often at the same side of the debate as IPPF, at expert and advocacy meetings at the UN.[68]

Motivated foremost by a desire to meet in person with activists from organisations linked to WGNRR, two women from the Amsterdam office, Marge Berer and Elizabeth van Zoetendaal, decided to attend the UN Conference on Women held in Nairobi in July 1985. The Nairobi conference was the last to take place during the Decade for Women after Mexico City in 1975 and Copenhagen in 1980. It was a major breakthrough for women's reproductive rights and was hailed as a success by NGOs around the world, principally because it placed gender-based violence on the agenda. Moreover, myriad transnational women's rights NGOs were created in its wake, especially in Africa and Latin America.[69] The Nairobi conclusions included a statement on 'reproductive health and rights' as essential preconditions for the improvement of women's social status, and a call on governments to implement a series of laws and policies enabling medical infrastructure and training. Upon insistence by groups such as WGNRR, the language had now shifted from 'parents' to 'women'. WGNRR delegates attended five workshops dedicated to women's reproductive health, and which featured testimonies similar to the ones WGNRR had always given voice to: South African ANC delegates reported forced sterilisation after childbirth, as well as widespread use of DP, presented to young Black women as the only contraceptive available. Representatives from indigenous communities in Ecuador denounced 'aggressive family planning programmes' affecting their communities. They reported on the use of Norplant, a hormonal contraceptive implanted with capsules in the upper arm, without women's knowledge.[70]

The fact that Berer and van Zoetendaal initially felt ambivalent about participating in the Nairobi Conference reflected the militant-feminist, anti-institutional background that had shaped many Global North activists within WGNRR. Yet, upon their return from Nairobi the women were hugely enthused by the opportunities for global networking that the UN Conference offered: they had met with dozens of organisations affiliated with WGNRR, and had held a number of fringe meetings at which key priorities for the organisation were established. These included arranging regional meetings in preparation of its next International Conference on Women and Health, scheduled for 1987 in Costa Rica; establishing a women's training programme to produce diaphragms; and producing a series of information sheets jointly with the Boston Women's Health Book Group and ISIS on the diversity of women's

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reproductive health needs around the world (soon critiqued for the Western-only composition of the editorial committee).[71]

The fifth International Conference on Women and Health, the first to first to take place outside Europe, was convened in Costa Rica by Cefemina, the national women's council of Costa Rica, in 1987. This reflected the fact that the centre of gravity of the global women's health movement had shifted to the South. The agenda included: population policies and reproductive rights; community health; environmental health hazards; contraceptive drugs and devices; and healthcare systems. The 'Maternal Mortality and Morbidity Campaign' was launched here, offering a model for single-issue campaigns which became a key method for the organisation over the following years. The Latin American organisations present expanded into a Latin American and Caribbean Women's Health Network, which was to play a major role in reproductive rights activism at the UN and in the mortality campaign specifically.[72] The definition of reproductive rights here was an expansive one, cognisant of the hierarchisation of reproductive bodies according to race, ability and social class. It was centred on the right to choose and reject motherhood, and included the right to health access in all areas of conception, pregnancy and childbirth. The Costa Rica meeting noted a number of successes in campaigning against harmful contraceptives: for instance, in 1985 the trials for Norplant in Brazil were stopped.[73] Much more so than previous Women and Health international meetings, this Conference was a high-profile event, with ample coverage in the Costa Rican and Latin American media, and an opening address by the country's female vice president. Its agenda responded to UN discussions and priorities, and many of the now dominant organisations from the Global South had an NGO status and consultative status with ECOSOC.[74] West European women's groups issued a declaration of solidarity with women in the Global South, expressing their agreement with the latter's priorities taking centre stage:

> Although we live in so-called developed countries, our rights over our bodies and reproduction are neither acknowledged nor guaranteed […] we condemn the fact that immigrants and refugees are not entitled to the same rights as other citizens […]; we condemn the racial, political and cultural discrimination in rural areas, industrial belts and inner-city ghettoes: the same discrimination which is formed all over the world also exists within Europe, between East and West, North and South.[75]

Following the San Jose meeting, it was decided that the time was ripe to move WGNRR to the Global South: Manila was its new headquarter from 1988 (and still is today).[76]

Epilogue: towards the 1994 Cairo Conference

As the global women's health movement re-centred itself on the Global South, entered into the UN orbit and professionalised, tension within it did not diminish. In 1990, wide-ranging discussions took place inside WGNRR with regard to the very definition of reproductive rights and the usefulness of the concept. All the organisation's major conferences now took place in the Global South. At a meeting in Manila in 1990, numerous organisations from the Global South noted they felt uneasy with notions of 'owning our bodies or bodily integrity' which seemed to chime with a 'Western, liberal' concept of ownership. To them, the principle of self-determination was not to be equalled with a Western notion of choice, and they questioned the predominance of the latter term in US activism. They called for further de-centralisation of the organisation, with more frequent regional meetings and targeted campaigns.[77]

At a meeting convened by the Bombay Women's Centre in Madras in 1993, the (self-)critical exploration of reproductive rights principles continued unabated. At the same time, the upcoming UN Conference on Population and Development, to be held the following year in Cairo, provided a focal point, allowing the organisation to reflect on its own definition of reproductive rights as distinct from UN principles. A consensus emerged on the limitations of the UN framework of human rights in

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what it could offer a feminist politics of reproductive rights: first, it was noted that UN human rights language tended to be gender neutral. Second, abortion was systematically absent or neglected in UN discussions of reproductive rights, and this as a result of the fact that the organisation was bound by the 'lowest common denominator', in this case the continued opposition to abortion liberalisation in numerous countries. And third, it was noted that given the genealogy of reproductive rights debates at the UN, the latter's focus continued to be on family planning 'in the narrowest sense', aimed towards the limitation of births rather than more holistically on women's self-determination and health rights. It was concluded that engagement with the UN remained of paramount importance, but that the global women's health movement ought to address and remedy these shortcomings with a woman-centred and social justice approach.[78] More specifically, minds were focused on abortion and strategies to push the issue to the top of the UN agenda. Abortion, it was argued, proved the real litmus test for those claiming to champion women's reproductive rights: it revealed a clear dividing line between population control advocates who may have adopted the language of women's reproductive rights and health but were in fact motivated by controlling women's fertility.[79]

Further, denouncing population control as it framed UN discussions of family planning remained central to the women's health movement. In preparation of the Cairo Conference, WGNRR emphasised the continued influence of neo-Malthusian and population control ideas at the UN, and this among government representatives, demographers, medical experts and family planning organisations. At Cairo, it hosted a workshop entitled 'From Malthus to Cairo', jointly with the Boston Women's Health Book Group.[80] Following the UN Conference, Keysers noted that population control advocates still dominated the global family planning movement as well as UNFPA, even if they had now adopted the principles of women's rights, reproductive rights and the right to effective reproductive health services.[81] Jennifer Yanko, member of the Boston Women's Health Book Collective and of the US branch of WGNRR, amplified this note of caution but also celebrated that the shift in discourse that was evident at Cairo resulted from decades of insistent pressure and the proposition of feminist principles by the global health movement.[82]

In conclusion, the global network of women's health and reproductive rights activists that took shape in the 1970s–80s was shaped strongly by the perspectives of women in Africa, Asia and Latin America. At the same time, women in the Global North played a key role in organisational and logistical terms especially in the early years. The conflicted North-South and East-West perspectives on reproductive rights of the 1970s–80s were never entirely resolved, but they did allow for the teasing out of a novel concept of reproductive rights, one that was centred on both the right to deny motherhood and the right to freely choose it and experience it in safe and healthy conditions. It was a perspective that understood reproductive choice not as a choice that women and men make in a social vacuum, but is rather shaped by one social positionality and economic and cultural context. It was a framework based on the insight that reproductive bodies were always viewed and treated differently – in law, by medical practitioners and in public discourse – according to social class, race and perceived ability – a framework we now call intersectional-feminist. In the West, those feminist groups which through the self-managed abortion work of the 1970s had become aware of the distinct reproductive injustices suffered by poor, marginalised and non-white women (MLAC in France, the DP campaign in Britain, Black feminist groups in London and US Black feminism), connected more easily to the concerns of women's groups in the Global South. Other women's liberation groups in the West – including NOW in the USA, the NAC in Britain and much of the women's liberation movement in France – tended to universalise their own experience of compulsory motherhood as the main obstacle to reproductive liberty and were less willing to learn from activists in the South. For instance, the NAC's national conference held in 1983, entitled 'What future? Abortion rights or reproductive rights?', was entirely dedicated to a proposal to introduce 'reproductive rights' as an umbrella concept, aligned with UN definitions and encompassing access to contraception and abortion as well as the right to motherhood. The proposal provoked heated debates and was ultimately rejected, as a majority of activists felt that such a framework would dilute the focus on abortion. The sense of urgency around abortion clearly resulted from the fact that in Britain the Abortion Act of 1967 had been for years under threat by a

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number of restrictive legislative proposals. At the same time, the rejection of the reproductive rights framework by the NAC revealed the difficulties with which a majority-white organisation accepted that women situated very differently in terms of racialised reproductive politics might have other priorities, as pointed out at the meeting by the Brixton Black Women's Group.[83]

Finally, Southern-based women shaped the agenda of the global women's health movement with their thorough yet critical engagement with the UN, and in their adoption as well as critical interrogation of UN norms and modes of action. This resulted in GWNRR and other global health groups acquiring recognition as experts, a formalised status and funding from the UN between the late 1980s and early 1990s. It was underpinned by a process of gradual professionalisation and 'NGO-isation' of this and other global women's health groups, which had emerged out of militant abortion work. One tangible indication of their impact on the UN was the shift away from the gender-neutral language of 'the rights of parents' to 'women's rights' at the Nairobi and Cairo Conference of 1985 and 1994, then consolidated at the 1995 World Conference on Women held in Beijing. Tracing the precise impacts the global women's health networks were able to have on UN discussions and programmes will, however, require further global research drawing on both archival and oral sources.

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