

Empowerment, Resistance, and the Birth Control Pill:

A Feminist Analysis of Contraception in the Developing World

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The advent of contraception is commonly understood as a benchmark in the development of the socioeconomic well-being of women and their families. The vast majority of literature on the use of contraception focuses on its frequently documented connection to socioeconomic development. However, there are contrasting conclusions when delineating the relationship between contraception use and women's autonomy in fertility decisions; some studies show that increased education and economic independence are associated with increased use of contraception.¹ Other studies counter this; they have shown that even when women's autonomy is increased via socioeconomic development, men often remain in control of decisions regarding fertility due to pervasive traditional norms.² Therefore, studies on the connection between economic development and women's autonomous choice to use contraception are far from conclusive; nevertheless, the presentation of contraception as a socioeconomic tool of development holds a consistent presence in the discourse regarding contraception in the developing world. Alternatively, an analysis informed by a variety of feminist theories allows the use of contraception to be viewed as women's assertion of autonomy over their reproduction, and therefore as an act of resistance in a patriarchal society.

This alternative view of contraception is essential for recognizing the potential of contraception to allow women to reclaim their agency and transform the societies they live in. Yet, this is not the way contraception has been presented in discourse. This is significant according to a Foucauldian conception of discourse used in this analysis, which reveals discourse to be a mechanism of power, possessing the ability to affect the subject whom is objected to it.³ Women's decisions to limit their reproduction have been written about in regard to demographic, health and

economic concerns and consequences. However, a feminist analysis illuminates an alternative viewpoint that examines the resistant nature of a woman's decision to control her fertility, the conditions that determine whether she has the ability to do so, and the implications for making this choice in societies in which woman's autonomy over their fertility is resistant to the patriarchal order. This examination of contraceptive use by women in the developing world utilizes postcolonial feminist theory as the starting point for analysis. Postcolonial feminist theory destabilizes traditional theories in which the colonized subject is absent or rendered inferior, shifting focus to the experience of the colonized to articulate and understand the subject's lived experience.

Informed by postcolonial feminist theory, along with insights of other feminist theories which have enriched and evolved postcolonial feminist thought, I argue that discourse around contraceptive use in the developing world must construct women as active subjects and include a discussion of women's individual agency to resist cultural norms in the choice to use contraception. While contraception initially presents as an opportunity of liberation for women, I analyze discourse from organizations that advocate for women's use of birth control in the developing world, as well as deliver contraceptive services themselves, in order to uncover the dominance of liberal, capitalist assumptions therein. Postcolonial feminist scholarship has exposed such assumption for being, at best, inapplicable and, at worst, further oppressive.⁴ I examine the implications of these assumptions within the context of contraception as an act of resistance by an active subject.

I argue that the discourse of economic development stems from a liberal feminist perspective that focuses on economic empowerment as a crucial element of gender equality. This narrow focus neglects broader elements of a woman's being. It privileges a western, capitalist perspective that ties women's value to capital production and accumulation, further binding them to the patriarchal

capitalist system that historically has oppressed women. Further, it perpetuates the binary between modern, “liberated,” western women who use contraception, and traditional, oppressed women for whom contraception is delivered as a gift from the western saviors in their mission to “improve” the developing world by achieving goals informed by progressive values. The aim of this study is not to deny that contraception is a fundamental human right, as well as an important element of women’s reproductive and maternal health. Rather, the aim is to uncover a problematic binary in which contraception is marshalled as a defining marker between the “first world” and “third world” woman.⁵ Discourse around contraception in the developing world informed by a feminist analysis must present women as active subjects, whose choice to control her reproduction in a world in which fertility choices are dominated by men is an act of resistance.

Critical Discourse Analysis of 12 Organizations

In order to expose the liberal, capitalist assumptions in the discourse surrounding contraception in the developing world, I engage in a critical discourse analysis of published material from eight NGO’s and four IGO’s which provide contraception to women in the developing world (*see Appendix*). The overrepresentation of NGO’s in this selection is a telling representation of the “NGO boom” since the 1980s.⁶ This reflects the way hegemonic neoliberalism has diminished the role of the state and government-related institutions, placing greater trust in private organizations such as NGOs. NGOs are viewed as market-based actors with greater capacity for efficiency than government-related IGOs.⁷ I selected the data set based on the following criteria: each organization has a country of origin in the global north, the majority or all of their “target” countries are in the global south, and their services include the distribution and/or education of contraceptive methods. These contraceptive methods may include oral contraceptives, long-acting reversible methods such

as the IUD, and abortion, but do not necessarily include all of these methods. The material for the analyzed discourse includes published material released by the organization. Most of this material was sourced from the website of the organization and includes official published reports as well.

I divide this published discourse into two broad categories which I have labeled “Problem Framing” and “Solution Framing.” *Problem framing* refers to discourse used to name and describe the issue of unmet need for contraception in the developing world. *Solution framing* refers to the discourse describing the organization’s proposed solution and rationalization for its efficacy and appropriateness. The analysis is attentive to the three levels of discourse analysis identified by Norman Fairclough: discursive practice, text analysis, and social practice.⁸ Discourse practice will inform my understanding of which discourses are called upon to inform these organizations’ perspectives. Text analysis will illuminate how this discourse is translated into agenda-setting. Lastly, analysis of the social practice will reveal the impact of this discourse on the construction of social and cultural relations and structures in the developing world.

Problem framing discourse falls under Fairclough’s category of discursive practice as it explains how the problem presents in the minds of those thinking about and working on it. *Solution framing* discourse provides the material for text analysis as it describes how the proposed solution is translated in the work of these organizations. *Solution framing* is also the material for analysis of social practice as the broader cultural impact of these policies and programs is considered. Fairclough’s method frames my consideration of the discourse as it is analyzed with a feminist analysis drawing upon a range of contributions to feminist theory. The following section discusses the problem and solution framing of contraception using Fairclough’s tools of analysis. The next section exemplifies these findings through the case of contraceptive delivery in Puerto Rico. Following, I discuss the alternative conception of contraception in the developing world that is

centered around women as active subjects, for whom contraception is a tool of resistance in a patriarchal society. I conclude with summarizing remarks and a call for reconceptualization of contraception to guide further policy.

Contraception in the Developing World

Problem Framing

In this section I use Fairclough's discursive practice to investigate how the lack of contraceptive access in the developing world is framed as a problem, by exposing the narratives relied upon to explain this issue in the discourse of western organizations. A lack of available contraception is referred to in the literature as women's "unmet need" for contraception. Unmet need is defined as "nonuse of contraception among women stating a desire to avoid pregnancy."⁹ As a postcolonial feminist, Mohanty problematizes western feminists' construction of the "third world woman" as a homogenous category with uniform challenges and desires.¹⁰ Prevalent in the discourse is naming of "lack of access" to contraception, with the singular and universal solution being access or "met need." In this way, these organizations' conception of unmet need contributes to the "discursive homogenization and systemization of oppression" of developing world women by reducing the explanation of women's fertility decisions to contraception access.¹¹

A frequent theme in the discourse revolves around what the World Health Organization describes as “cultural or religious opposition” to contraception in the developing world.¹² Population Council also refers to “family or community opposition to family planning.”¹³ Similarly, the Bill and Melinda Gates Foundation speaks of “cultural and knowledge barriers.”¹⁴ While cultural perspectives on the use of contraception do vary, it is problematic to organize those variations along a binary that perpetuates what Mohanty describes as the “third world difference.”¹⁵ Eurocentric assumptions construct a binary between the western and third world woman described by Mohanty:

This average third-world woman leads an essentially truncated life based on her feminine gender (read: sexually constrained) and being ‘third world’ (read: ignorant, poor, uneducated, tradition-bound, religious, domesticated, family-oriented, victimized, etc.) This, I suggest, is in contrast to the (implicit) self-representation of western women as educated, modern, as having control over their own bodies and sexualities, and the ‘freedom; to make their own decisions.’¹⁶

This binary is relevant to the issue of contraception when the problem is reframed as women’s reproductive control as a tool of economic empowerment and therefore indicator of socioeconomic development. Unmet need, in these organizations’ discourse, is framed as a problem of cultural “backwardness” which opposes modern participation of women in the capital labor market. A capital-producing, industrialized, liberalized and globalized society is framed as the universal progressive ideal, and the problem rests in unmet need for contraception as an obstacle in society’s inevitable trajectory.

Marxist feminist theory is useful in understanding how this framing is problematic as it explains how the sexual division of labor produced by capitalism and industrialization contributes to women's subordination.¹⁷ For Mohanty, a postcolonial critique of capitalism draws upon Marxist feminist theory to explain the way these phenomena situated wage labor as the "real 'productive role'" for men. The housewife is relegated to a "maintenance" role which produces no exchangeable value in a capitalist society.¹⁸ This strand of feminism points to the root of this binary in capitalist structures which historically have oppressed women by confining them to the domestic sphere, where they cannot produce or acquire capital. In supplement, postcolonial feminism explains the necessity of historical and cultural context, which further complicate the narrative put forth in the problem framing by western organizations.¹⁹ For example, it neglects to explain the way being the head of the household may not be an oppressive role for women, instead a choice not previously available to them. Therefore, the problem of unmet need is a reductionist explanation which positions "met need" as the gateway to modern societal development. This imagination should be questioned in light of the way it further entrenches the creation of the monolithic third woman in the developing world.

Another way in which the *problem framing* of unmet need for contraception in the developing world is problematic is the way it creates what Mohanty calls "politics of location." *Politics of location* refers to the "historical, geographical, cultural, psychic and imaginative boundaries" which substantiate political definitions and self-definitions for western feminists.²⁰ *Politics of location* is constructed frequently when feminists are working cross nationally and across racial differences and unintentionally reproduce internal power hierarchies. This occurs in congruence with a universalization and essentialization of third world women's needs, desires and experiences, as well as the patriarchal societies they inhabit. Consider UNESCO's

International Planned Parenthood Foundation's characterization of "misinformation, prejudice and gender discrimination" as well as "violence" at the "community level."²¹ Marie Stopes International also writes of reducing the "stigma" in these communities and the Bill and Melinda Gates Foundation also speaks of "cultural and knowledge barriers."^{22,23} Pathfinder International states explicitly the need to "talk to male religious leaders, and other key players to eliminate all biases and misconceptions."²⁴ The Population Council describes the problem of women having to "face family or community opposition," similar to the "cultural or religious opposition" cited by the World Health Organization.^{25,26}

These characterizations prove problematic in several ways. Firstly, they construct a universal depiction of societies in the developing world which are community or kinship based, bounded by tradition, and subject to religious domination. Secondly, these "backward" communities are constructed in contrast to the liberal and liberated world occupied by western feminists, along with the staff of these organizations.²⁷ In this way, Mohanty's *politics of location* are in full force. *Politics of location* are problematic in the way they rely upon collectivities based on broad identity categories, eliminating both cultural and historical relativity, as well as the agency of the individual. Mohanty argues that "historicizing and locating" this agency is a necessary alternative to narratives of gendered oppression which rely upon universal characterizations and assumptions.²⁸ In the case of access to contraception, the act of resistance taken by a woman choosing to control her reproduction via contraception in a world dominated by patriarchy should be deemed as so. Concerningly, this notion is lost when subsumed under the grand narrative of contraception as a tool of development to lead developing societies out of the "backward," traditional conditions described in this discourse. The reconceptualization of reproductive control as an act of resistance is explored in later sections.

In summary, *problem framing* provides the substance for what Norman Fairclough labels *discursive practice*. Discursive practice examines the way the text is produced, specifically which discourses are called upon in its production. In the discourse examined, the problem of unmet need for contraception draws upon a tradition of thought which envisions “progress” and “modernization” as achieved through liberal conceptions of the individual, community and the state. This is evident through the binary constructed between modern, liberated women in the western world who have access to contraception, in comparison to oppressed women in the developing world who are denied access to contraception due to “backward” illiberal cultures. This viewpoint stems from these organizations’ origins in the western world, in which liberal, modern, industrial, secular and capitalist societies are viewed as the goal of historical and economic evolution.

Solution Framing

Solution framing explores the ideas put forward to address the issue of unmet need for contraception. I utilize Fairclough’s lenses of text analysis and social practice to examine the relationships between the producers of the discourse, subjects of the discourse, and the actions these relations are translated into. A feminist analysis often draws upon Foucault’s ideas regarding the production of power as Foucault offers an alternative to resource theories of power viewed as something men possess, and women are suppressed with.²⁹ Instead Foucault focuses on *how* power is produced through knowledge and discourse. Foucault describes *objects* of power, those whom power is wielded upon, who possess *concepts* which describe their distinctive character traits. In our setting of contraceptive delivery, the *objects* of this setting are women who live in developing countries. The *concepts* relating to these objects can be recalled

in Mohanty's description of the "Third World Woman"—a woman who is distinctly traditional, uneducated, poor, oppressed, religious and domestic. For Foucault, *modes of authority* represent the subjects which wield exercised power. In our setting, *modes of authority* consist of the organizations which promote contraception use in the developing world: non-governmental and inter-governmental organizations that are involved in the production and distribution of contraceptive tools. Importantly, these are the groups which have authority in determining the moral standard regarding reproduction. This means these groups, which represent significant economic, political and cultural power globally, uphold the belief that controlled reproduction is essential to liberation and prosperity.

Lastly Foucault names the *lines of strategic action* which define the subjects through which power is exercised.³⁰ Foucault sees power as productive, meaning it is able to produce subject identities, whom internalize their position.³¹ In this sense, this is a power which figuratively and physically transforms people. In our setting, *lines of strategic action* consist of the ways in which contraception is promoted in the developing world: the conception of contraceptive methods, their distribution and advocacy in communities it is brought into. Foucault conceptualizes power as a force that is deployed to facilitate specific outcomes, processes and practices.³² Further, it may be deployed by both dominant and subordinate forces which both possess agency, even though they both experience outcomes of exercised power.³³ This provides a framework to view the way in which developing world women's bodies are regulated through fertility control.

Foucault believed that sexuality in modern society has a close connection with structures of power, and his "repressive hypothesis" argues that sexuality tends to be oppressed. It is important to not equate the repression of sexuality itself with contraception. However, the

repressive hypothesis is useful in understanding how the control of fertility became a desired standard in a modern, liberal society. Nevertheless, contraception is considered here as a tool of that Foucault labels “biopower.” He explains biopower has two levels: the first exists on the individual level, on which political significance is placed in the defining of medical norms of a healthy body. In the case of reproduction, “health” is a major theme of the discourse. Medical norms defined by western organizations are translated into controlled fertility. The World Health Organization indicates this desirability through its discourse of “[limiting] size of families, “invest more in each child” and “slowing unsustainable population growth and the resulting negative impacts on the economy.”³⁴ USAID writes that contraception “mitigates the impact of population dynamics on natural resources and state stability.”³⁵ This discourse reveals limited fertility as desirable according to this western organization’s values and dovetails into the second level of biopower.

This level exists at the national level, at which the nation’s population is viewed as a “resource” that the nation holds the duty of safeguarding.³⁶ In the case of contraception in the contemporary era, the conception of the “nation” as used by Foucault is eroded by the primacy of transnational organizations and groups as the subjects wielding biopower in a political era of dominant neoliberalism (rather than statism). However, given these groups’ unilateral national origins in western countries, the national disparity between countries promoting contraception and those nations which become the objects of biopower holds some national significance.

The significance of biopower is the way in which objects of its disciplinary control internalize its projected norms, resulting in a monitoring of their own behavior and a self-formulation of subjects of their own knowledge.³⁷ This is the process occurring in the solution framing of discourse around contraception. Foucault himself was hesitant of sweeping

teleological narratives and instead closely examined tools masked as “inventions of efficiency” which, in reality, serve to form a new system of control, the objects of this control being human bodies.³⁸ The discourse of “efficiency” is prevalent in the solution framing of contraception. This discourse resembles elements of what Deborah Stone describes the “market model” of policy. Stone argues that the discourse of economics and society as a market is hegemonic in the formulation of policy.³⁹ The problem with the market model, Stone describes, is the way it reduces relationships to individuals trading with one another in pursuit of maximum individual gain. In this way, the market model is born out of the liberal conception of individualism, the ideological imaginary that dominates the western world.

As stated, the discourse around contraception consists of the language of market efficiency. Consider the language which forms the Bill and Melinda Gates Foundation’s solution framing around family planning in the developing world. For example, the Foundation places a great emphasis on the cost-effectiveness of contraception, stating it is one of the “most cost-effective investments a country can make;” citing the fact that “every dollar spent on family planning can save governments up to 6 dollars.”⁴⁰ PSI echoes the assertion of family planning as a “proven and cost-effective solution.”⁴¹ In this case, we can directly see the imagination of contraception as the national level of biopower described by Foucault. Contraception is framed as a market-friendly solution to aid the government in achieving this level of social control.

The discourse analysis reveals an emphasis on “choices” in the method of contraception. Marie Stopes International advocates offering women the “widest range of methods” while “reducing restrictions.”⁴² PSI speaks of “commodity stockouts,” the need to “create demand for family planning and improve service delivery, “[utilize] existing wholesale and retail distribution infrastructure” and “[create] franchised networks.”⁴³ AWID writes of the importance of

“ensuring access to RH [reproductive health] commodities they [women] want when they need them.”⁴⁴ Additionally, PATH speaks of “innovative financial models” that focus on digital health and data to, as the Population Council would say “prepare the market” for contraception in the developing world.^{45,46}

These examples illustrate the *concepts* of discourses around contraception to be market-centered. This is a result of contraception discourse of organizations originating in the western world’s reliance on capitalist, neoliberal principles. Attentive to Fairclough’s level of analysis “discursive practice,” it is necessary to understand which discourses are relied upon to produce the discourse utilized by the organizations. As a postcolonial feminist, Mohanty writes that careful attention must be paid to cultural and historical contexts. The western and capitalist context utilized to produce this discourse is then translated to the methods utilized to wield power. Cooper adds “ideology” to the modes of power of knowledge and discipline that Foucauldian feminists emphasize.⁴⁷ In this example, ideology is a powerful force in generating outcomes and processes, as it informs the goals and strategies of organizations aiming to deliver contraception. The danger of this lies in its neglect of a postcolonial feminist analysis which would reveal that the privileging of western, capitalist ideology ignores the cultural and historical context in which this contraceptive delivery is taking place, as well as reinforces the hierarchy in which this ideology is deemed superior.

Feminist writers have critiqued an emphasis on “choice” as it “hides the operations of power that construct choices” and neglect to acknowledge or address the patriarchal structures which perpetuate oppression.⁴⁸ Additionally, it emphasizes a women’s ability to make a “choice,” while denying the way that the selection was created without that woman’s input.⁴⁹ A study in Oman, where the government has provided free contraception to all married couples since 1994, found

that fertility rates did not decrease, as patriarchal culture structures continued to dominate fertility decisions.⁵⁰ In this case, a misplaced emphasis on the ability to “choose” contraception obscured the root cause of women’s lack of fertility control. In consideration of Fairclough’s text analysis which analyzes how discourse is translated into agenda-setting, a rhetoric that relies heavily on choice will make little progress in achieving women’s reproductive liberation.

These sentiments are evident again in the discourse’s desired outcomes of increased use of contraception in the developing world. Pathfinder International begins generally by stating that contraception means “better health, more girls in school, greater resources for families, communities and nations.”⁵¹ PSI echoes by stating that “women with the ability to control their fertility have better access to education and employment opportunities, bringing economic benefits and improved livelihoods.”⁵² USAID writes that contraception “[improves] women’s opportunities for education, employment, and full participation in society” and “reduces poverty by contributing to economic growth at the family, community and national levels.”⁵³ The World Health Organization states that access to contraception is essential for “supporting development” and an “opportunity for women to pursue additional education and participate in public life, including paid employment.”⁵⁴

The element of this discourse of particular consequence rests on its belief in contraception as a vehicle to encourage women’s participation in the labor market. Kalpana Wilson argues that liberal feminism has evolved into “neoliberal feminism” in the area of development. “Women in Development” (WID) approaches translated liberal feminism’s focus on “including women” to women’s inclusion in the production and accumulation of capital via the labor market in development models.⁵⁵ Wilson writes that WID initiatives “focused on women’s education, training and access to technology which would make them more productive and improve their

access to the market.”⁵⁶ Clearly, contraception is viewed as a *line of strategic action* to accomplish this aim. Evident in the above-mentioned discourse is the promotion of contraception of a tool that allows women to stay in school and participate in paid labor activity with the ultimate goal of economic development. Wilson notes this approach rests on the neo-classical economic assumption that “individuals are utility maxing and economic growth comes from the exercise of individual choice...supported by the free market” (Stone’s market model).⁵⁷

Postcolonial and Marxist feminism informed the subsequent “Women and Development (WAD) movement, which challenged WID’s approaches by pointing how women’s exploitation is an inherent element which sustains the process of capitalism and imperialism.⁵⁸ Later, Gender and Development (GAD) offered an even more comprehensive counter to WID by explaining how the emphasis on inclusion of women in the paid labor market reproduces gendered social inequalities. This is because WID approaches only recognize labor performed in the capital labor market, ignoring labor produced by women in the domestic sphere as it does not result in the production of capital. WID reproduces these relations by assuming equal gender distribution in the household in which each individual seeks to maximize individual utility.⁵⁹ The influence of the WID approach in the discourse of these organizations.

WID approaches seek to transform the domestic, uneducated, powerless “third world woman” through market processes and contraception is a *line of strategic action* to accomplish this aim. We return to Foucault’s claim that these inventions of efficiency create a new system of social control which ultimately exerts power over human’s bodies. Several studies have complicated the linear narrative that contraception directly produces autonomous benefits for women, and instead supports GAD’s assertion that gendered social inequalities exist intra-household. For example, Mason points that in some societies, children are essential social capital

for women. This is especially true when a woman marries into extended-kin households, where they cannot gain security or respect until she has a child.⁶⁰ Additionally, lack of fertility control is not always related to social and/or economic oppression; in western African societies, women are expected to be both self-supporting and have high fertility desires.⁶¹ As mentioned previously, a study in Oman showed that traditional and community influences remained strong, despite access to free contraception. The study used a bivariate link to also measure women's education and employment [economic autonomy]. The fertility rate in Oman remained high, revealing that autonomy doesn't always increase women's choice in contraception in the face of remaining strong traditions of men making decisions regarding fertility.⁶²

The significance of these studies is the way they complicate the narrative embraced by the western organizations examined here and the WID discourse they rely upon. *Solution framing* represents both Fairclough's text analysis and social practice. Text analysis, through wording, metaphors and other linguistic characteristics, explains the relationship and specifically interactional control between the creator and subject of the text. Further, it illuminates how these texts understand events and social relations and construct their own version of reality perception of these subjects. We have established the connection between these discourses and the power they wield in establishing these western organizations as modes of authority. Finally, social practice explains the relationship between the discourse itself and the way in which it is disseminated, informing social and cultural relations and structures. We have explored how these discourses produce biopower which is used to exert control of women in the developing world's bodies, the impact of which is explored in the following section. This use of biopower occurs within the practice of contraceptive delivery which masks the way in which power is exerted through subsuming it under the practice of development.

Theory in Action: Contraception and Reproduction in Post-Colonial Puerto Rico

The case of post-colonial Puerto Rico is useful in demonstrating the *problem framing* of overpopulation and the *solution framing* of contraception as a socioeconomic tool of development. Briggs explains the history of contraceptive delivery in Puerto Rico which occurred concurrently to Puerto Rican nationalist struggles against colonialism and U.S intervention. She introduces two nationalist parties holding opposing positions on the use of contraception in Puerto Rico. The first was the nationalist movement of Albanizu, which relied upon Catholic values and rhetoric to frame contraception as an attempted genocide of Puerto Ricans by the American missionaries and aid workers which were promoting and distributing it. This group held up motherhood as a glorified symbol of nationhood and Puerto Rico itself.⁶³

The opposing nationalist group consisted of liberal professionals; these were Puerto Rican and North American nurses, social workers, and feminists who contrastingly saw contraception as key to modernizing the nation and increasing its inhabitant's wealth and quality of life.⁶⁴ Briggs describes this group as "feminists equally possessed of a modernizing nationalism," and birth control was central to this vision.⁶⁵ Like American feminists, this group sought to connect maternalism, the state and social advancement; they promoted birth control as crucial for producing healthier and wealthier families in which "healthy mothers are able to educate a small number of children and transmit values of progress and modernization."⁶⁶ These feminists set up birth control clinics which targeted working-class women.

The efforts to improve the well-being of working-class Puerto Rican women through reproductive health and choice may seem benign, and a preferable alternative to Albanizu's

glorification of motherhood and female fertility as central to the nation. However, the dark side of this modernizing, liberalizing project was its support of “progressive eugenics,” which the movement saw as positively linked to infant and maternal health.⁶⁷ Progressive eugenics became another tool for the colonial gaze, that saw the control of native women in their colonies to be essential to successful rule, in particular women’s forced adoption of the imperial country’s cultural values.⁶⁸ Progressive eugenics supported these efforts through restricting the reproduction of native women in the name of development and modernization.⁶⁹

At this point, it is necessary to examine the origins of contraception in the developing world, which was the practice of eugenics. In the mid-19th century, the British Malthusian League began to advocate for birth control as a remedy for excess reproduction which they viewed as a cause of poverty. Briggs describes how this study of population democracy emphasized “class, racial, and geographical differences with respect to reproduction.”⁷⁰ Specifically, Malthusians were concerned with rising fertility rates in non-Anglo-Saxon, non-white populations. In Puerto Rico, the term “overpopulation” was framed as a problem of excessive sexuality and fertility among working-class Puerto Rican women. This *problem framing* of overpopulation saw it as responsible for poverty, delinquency, homelessness, prostitution, and disease.⁷¹ In Puerto Rico, Clarence Gamble (the heir to Proctor & Gamble at the time), actively pursued a eugenics project through which he sought to limit reproduction among working-class and non-Anglo-Saxon women.⁷² In the 1930s, sterilization became available, and the Eugenics Sterilization Board authorized the use of involuntary sterilizations, with the clear goal of limiting reproduction among poor, dark-skinned Puerto Rican women.⁷³

The discussion of race as central to the eugenics movement is critical. Black feminism has drawn attention to the way in which women of color experience a “double-discrimination” of

race and gender.⁷⁴ Crenshaw coined the term “intersectionality” to name how this combination of racial and gender-based oppression is an “intersectional experience greater than the sum of racism and sexism.”⁷⁵ Further, an intersectional approach criticizes mainstream feminism for treating race and gender as exclusive categories, arguing this further marginalizes the experiences of women of color.⁷⁶ The contributions of critical race feminists such as Crenshaw are crucial in examining the racism integral to reproduction control. This is evident in publications released on the topic in the 1930s. For example, an article titled “Overpopulation or Underpopulation? - A Review of Conflicting Opinions” was published in the *Journal of Heredity*; the author Guy Burch came to the conclusion that the “worst quarter” of the population was growing, and native-born whites were decreasing in numbers. Similarly, Lothrop Stoddard wrote in *The Rising of Color* that high fertility rates among non-“Nordic” and non-“Anglo-Saxons” were a threat to society.⁷⁷ These titles represent a few among many examples of how the issue of race was central to fears about rising population and poverty among non-white population.

An intersectional feminist analysis reveals that both sexism and racism intersect with other forms of inequality. The issue of reproductive control could not be more exemplary of the way in which racism intersects with classism and sexism. As intersectional feminism illuminates, women of color experience concurrently various forms of oppression as a “complex interaction of race, gender and class that is more than the sum of its parts.”⁷⁸ Roberts, a black feminist, argues a harmful mythology exists which devalues black women as mothers. She explains this myth has developed and perpetuated in three ways. The first was the condition of slavery, in which black women were denied reproductive autonomy, as reproduction had capital value to slave owners. The second experience is the way in which the child welfare system disproportionately takes children away from black mothers. Lastly, is the history of forced

sterilization of black women, and the encouragement of government-funded sterilizations of black and poor women which continues today.⁷⁹ While these primarily speak to experiences of black female Americans, they illustrate the devaluation of black mothers which began with eugenics and has continued to evolve and inform reproductive policy, as well as contraceptive delivery to women of color in the developing world. Eugenics projects by western scientists in developing countries, which later evolved into birth control programs, was an act of racism, sexism and classism in the way it was designed to limit the reproduction of poor women and women of color.

The timing of the development of the oral contraceptive pill further reveals its racist origins. Briggs states by following scientific and technological breakthroughs, the development of the contraceptive pill should have begun in the 1940's, rather than 1956. Studies occurring as early as the 1920's had proved that estrogen and progesterone could be used to prevent ovulation, and more than several studies that followed indicated methods to utilize this finding to create contraception for humans.⁸⁰ However, the timing of the oral contraceptive tool coincided with the beginning of U.S. involvement in development in the postcolonial world. Therefore, Briggs argues that the particular framing of overpopulation as a global social problem was a "critical precondition" for the development of the contraceptive pill. This was the beginning of the viewpoint that birth control was a key tool in economic development. This belief permeated the mindset of the liberal nationalist Puerto Ricans, evidenced by the founding of the Population Association in Puerto Rico. This was a group of mainly feminists who operated on the conviction that modernization, technology and science were the keys to social progress.⁸¹ Therefore, the contraceptive pill was itself a "product" of postcolonial development.⁸²

The example of competing nationalisms in Puerto Rico – one in which maternity is glorified as an integral symbol of the nation, the other which views limited fertility as crucial to modernization – represents the way in which postcolonial struggles encompassed a battle over the regulation of black, brown, and working-class women’s bodies. It also illustrates the way in which the development and promotion of birth control by western countries in the developing world has a racist, classist history when considered in relation to its roots in the practice of eugenics. An intersectional feminist analysis seeks to understand the various forms of oppression that may be operating on a woman simultaneously. Racism and classism were at the center of contraceptive delivery because before it was “development,” it was eugenics.

The acknowledgement of this history is crucial given the American origin of the organizations examined in this paper. Nine out of twelve organizations whose discourse was analyzed in this paper originate from the United States. This example illustrates racial conflict present in the United States, but these tensions are not absent in other western and historically imperialist nations. These organizations cannot easily be separated from the racialized history of their country of origin and its connection to the evolution of birth control. The implication of an analysis informed by an intersectional feminist analysis complicates the problem framing of unmet need for contraception and subjects the solution framing of contraceptive delivery to be viewed as a contemporary mode of colonial engagement.

An Alternative Vision: Women as Active Subjects

The discourse used by the organizations examined in this paper unilaterally view contraception as a socioeconomic solution to aid development in the global south. Women’s

bodies become victims to the mission of neoliberalization and women's empowerment serves as a disguise for labor participation. This discourse is problematic in the way it perpetuates the phenomenon Mohanty calls *originary power relations*. *Originary power relations* refer to binary power structures in which men are the "unilateral" and "undifferentiated" source of power. On the other hand, women occupy the roles of a cumulative reaction to this power; the binary between men as the powerful, and women as the powerless, is created.⁸³ Mohanty points that western feminist literature recreates this binary wherein western women occupy the "subject" role of power, and the less educated, poorer, women of color "objects" in the global south are the powerless.⁸⁴ In this way, colonial relations are recreated, and women in the developing world are constructed as powerless and their political agency is denied.

Contraception is undoubtedly a human right and a vital tool for women to embody full autonomy. However, the discourse around contraception must focus less on its function as a tool of socioeconomic development, and instead on its potential to transform women as subjects of resistance. Claudia Leeb explicitly recognizes the connection between power and discourse and the ways in which discourse "constitutes subjectivity itself."⁸⁵ Her work focuses specifically on the way in which discursive subject formation occurs in capitalist modes of production, and I examine the case of contraceptive delivery in light of her analysis.

Foucauldian-inspired feminist discourse examines the construction of the subject as created through subjection to discourse.⁸⁶ However, as Leeb points out, this is problematic as it denies the feminine subject the opportunity to engage in constructing themselves as an active subject. An active subject is "capable of expanding its own powers and projects, an alternative to the reactive subject which defines itself merely in terms of what it opposes."⁸⁷ In the case of contraception delivery, women in the developing world are constructed in "object" status

through the binary of originary power structures which situate western women as modern, liberated, and in possession of full reproductive control. However, the discourse around contraception can be viewed alternatively through Leeb's concept of *the moment of the limit*, which refers to the way the discourse cannot completely define a subject, as the real* and non-identity† create a gap in the discourse. Identity thinking‡, as defined by Adorno, lumps the needs and desires of white, middle to upper class, western, heterosexual women to make up the whole subject of "woman." However, this renders women who do not fall into this category as non-identical.⁸⁸ In our case, the non-identical consists of women in the developing world whose reproductive needs and desires are defined with the falsely whole "woman" identity.

Thus, it is evident that discourse does not have total control over constructing subjects. Therefore, existing within the discourse around contraception is the opportunity to understand women in the developing world's use of contraception instead as an expression of active resistance in a patriarchal society. Leeb writes of this potential, "In this moment of the limit, the possibility of a political subject with the capacity of transformative agency emerges."⁸⁹ Thus, contraception becomes an area in which non-identity women – women of the developing world – transform themselves as active subjects.

* The "real" is a concept described by Jacques Lacan which refers to a "fault, a hole," in the symbolic order and its signifier (Leeb 35). The "symbolic subject" is created through an identification performed by a signifier. The signifier exists in the domain of the "big Other," which is the domain of language (Leeb 24). This meaning is established in two ways: the first is being linked to a chain of signifiers (a signifying chain), and the second is the symbolic value attached to each signifier through being opposed to another signifier. For example, "woman" is created in meaning through its opposite "man" (Leeb 27). However, the "real," according to Lacan, resists symbolization. Due to this hole, the Lacanian symbolic order is not wholly dominating and does not hold exclusive power in determining people's subjectivities.

† Adorno explains that subjects cannot understand the object in its totality, and non-identical aspects are lost in acceptance of the whole concept. The non-identity is the "blind spot" in identity thinking; this parallels Lacan's description of the "real" in the signifier. Therefore, the subject can never fully know a concept, meaning power structures are not all-powerful in object definition (Leeb 38).

‡ According to Adorno, the thinking subject understands an object through placing it under a conceptual category; he refers to this as "identity thinking."

It is important here to avoid the trap described by Mohanty in constructing a “Third World Woman,” meaning, assuming all women in the developing world are using contraception for the same reasons and desires. This can be evaded through understanding the woman of the developing world as what Leeb calls a *political subject-in-outline*. By this she means the subject “moves within a tension of a certain coherence (the subject) necessary for agency, and permanent openness (the outline) necessary to remain inclusive.”⁹⁰ This conceptualization of the active subject accomplishes two important tasks. Firstly, it does not presume a subject based on identity to compose of an exclusive collective body. At the same time, it retains the subject’s agency. Therefore, women in the developing world are constructed as active subjects who are non-exclusive yet have the capacity to transform the world around them.

Women using contraception in the developing world are not necessarily conscious of the task of becoming active subjects. This process is nonetheless essential for understanding the opportunity for resistance to the dominant forces of patriarchy and capitalism which contraception presents. If the discourse regarding contraception fails to acknowledge women as active subjects, women’s empowerment through contraception is rendered hollow, as its discourse further binds them to the capitalist, neoliberal structures which led to their oppression. Alternatively, framing the use of contraception as an act of resistance transforms the woman into an active subject with the ability to resist objectification.

Organizations which work in contraceptive delivery can allow room for women to be active subjects in their choice to use contraception by giving the developing world women they are working with full subject status in their conceptualization, strategy and interaction. In practical terms, this would look like the abandonment of their paternal, we-know-best nature which presumes contraceptive use to be the proven solution to developing world women’s liberation.

Instead, the woman herself - her needs, desires, concerns and aspirations - would be centered in their discourse. This includes a recognition of variation among individual women, and that the homogeneous group of 'women in developing world' organizations refer to in their discourse does not exist.⁹¹ Thus, women as active subjects are "centered around a notion of being," that is not constructed as part of or in opposition to a universal entity.⁹² Importantly, for this to happen, the market-centered discourse that characterizes fertility choices as rationally-made calculations must cease to "ignore the intricate webs in which women live their lives."⁹³ Instead, it must acknowledge women's full lives with relational experiences in the communities in which they live, along with their own desires for reproductive control which cannot be reduced to market-based considerations.

This also means that contraceptive delivery would need to be designed in light of an intersectional feminist analysis described aptly by Johnson-Odin when she writes, "It is not that black or other Third World feminists take a position against contraception, but that they seek to frame the discussion in a context which incorporates the impact of race and class on reproductive issues."⁹⁴ At first glance, contraceptive delivery in the developing world is seemingly logical in appealing to feminist notions of equality and autonomy. However, in order to enact fundamentally feminist policy, it is essential organizations offering contraceptive delivery design their programs in consideration of these contributions derived from various feminist analyses. When this occurs, organizations can provide contraception in a truly feminist manner that is empowering for the women they serve.

Contraception as the "Master's Tool" and Concluding Thoughts

The promotion and delivery of contraception in the developing world must be considered in a feminist context with a lens sensitive to issues of gender, race and class. As we have discovered, the problem framing of unmet need of contraception is focused on the ways in which unintended pregnancies prevent full participation of women in the paid labor market. In this way, overpopulation provided a socioeconomic explanation for poverty in the developing world. The issue with this framing is dual-fold. Firstly, it abdicated both global capitalism and colonialism of any responsibility in producing structures which have impoverished the global south. Secondly, it perpetuates these structures through the encouragement of female participation in the capitalist system which oppresses them.

Another significant issue with the problem framing of contraception is the way in which it relies upon the essentialization of non-western culture which is rendered as “backward.” This discourse reproduces *originary power relations* which construct women in the developing world as powerless. Painting women as agentless reinforces their *object* status in a patriarchal society, denying their choice to use contraception as an expression of self-determined active subjectivity.

The solution framing of contraception in the discourse of these organizations is problematic in its construction of contraception as a tool of socioeconomic development. Contraception is painted as a tool for women to enter the labor market, which effectively places women’s value solely in the field of capital production and accumulation, rather than as a whole person. This narrative of contraception as a development tool fails to leave room for the construction of a woman as an active subject, whose choice to use contraception can alternatively be viewed as an act of resistance in a patriarchal society, in which fertility is traditionally controlled by men.

The discourse around the delivery of contraception in the developing world is predicated upon difference. This is the difference between the powerful and the powerless, from the western

and the third world woman, from the one who possesses little blue pills to control her fertility and one who cannot. It is the difference between the developed world and the underdeveloped, between the secular and the religious, the liberated and the oppressed. This difference is necessary for these western organizations to establish themselves as the producers of discourse and knowledge and therefore as those who wield power. This difference is their power source.

Concurrently, the discourse relies upon assumptions of homogeneity. It expresses the belief that developing world women collectively possess the same issues, motives, needs and preferences, as do the communities they inhabit. They are assumed to share the universal desire of what western feminists already hold: liberation through reproductive control. What is not the same, is rendered inferior. Audre Lorde speaks from the perspective of a woman who has been “forged in the crucible of difference” among other women of color, poor women, and women of the developing world. Lorde warns those women that “the master’s tools will never dismantle the master’s house.”⁹⁵ Contraception as a tool of socioeconomic development is a master’s tool which sustains the master’s house of hegemonic colonial, white, western, capitalist patriarchy. As such, western organizations which were born in this house will never offer women in the developing world the tools to achieve their full active subject status in reproductive choice.

Appendix

Organization	Type of Organization	Country of Origin	Region(s) of Operation	Service(s) Provided
AWID	NGO	USA	Global	Advocacy, feminist movement
Bill and Melinda Gates Foundation	NGO	USA	All	Contraception, family planning, education
International Planned Parenthood Federation - UNESCO	IGO	Global	Afghanistan, Macao (China), Democratic Republic of the Congo, Equatorial Guinea, UK, Democratic People's Republic of Korea, South Sudan	Contraception, HIV/AIDS prevention, abortion, gender equality
Marie Stopes International	NGO	USA	Africa, Europe, Latin America, North America, Pacific Asia, South Asia, West Asia, Middle East	Contraception
Pathfinder International	NGO	USA	Africa, South America (Peru), Central Asia (Bangladesh, India, Pakistan)	Contraception, family planning, sex education, abortion
PATH	NGO	USA (Seattle)	Africa, Asia-Pacific, South America	Contraception education, delivery, product development
Population Council	NGO	USA (New York)	50 countries in Africa, Asia, Latin America, Middle East	Family planning, HIV prevention, research, product development, education, awareness
PSI	NGO	USA (DC)	Africa, Asia, South America	Contraception delivery and product development
United Nations Population Fund	IGO	Global	All	Family planning
USAID	IGO	USA	Central and South America, Africa, Eastern Europe, Asia-Pacific	Family planning
WCG	NGO	USA	Africa	Contraception, education, product regulation
World Health Organization	IGO	Global	All	Contraception, education, maternal health

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