

Chapter 6: Public Interactions and Sources of Legitimacy

This chapter provides answers to my research questions concerning how organizations working on reproductive issues conceptualize and bring in the local and/or diverse issues. How does this affect who is seen as having expertise to define the issues? In doing this, I focus on examining organizations' sources of legitimacy, how this affects their framing of reproductive issues and how this framing resonates with diverse women and activists in public settings.

Legitimacy is connected to interpretations of reproductive rights and inclusion of diverse views through the frameworks of neo-institutionalism and feminist theories of globalization. Neo-institutionalism argues that actors are concerned about being seen as legitimate by the international system in order to receive benefits such as funding. Thus, actors follow international global norms even if they do not mesh with local circumstances as they are concerned with being seen as legitimate by the international system not the local. On the other hand, feminist theories of globalization point out that global norms are not always accepted by the local and therefore global norms are not seen as legitimate. Thus, utilizing these different theories to understand concerns of legitimacy means that organizations that are more concerned about status and legitimacy in the international system will be less inclusive of diverse reproductive issues and their legitimacy to diverse women. Organizations more concerned about diverse reproductive issues, even with working within in the international system, will be more concerned about their legitimacy by diverse women. I empirically examine these possibilities by analyzing organizations' public presentations and reactions to these by diverse women. In addition, I analyze organizations' websites to further understand whom the organizations aim their messages at and with whom they interact.

Ethnographic Observations

My first time at the UN CSW meetings in 2005 was both overwhelming and exciting. During this time, I was still developing my research agenda and questions. I

attended numerous plenary sessions, caucuses, caucus updates and linkages, and NGO side sessions. I felt myself drawn towards the side events, which were mainly held across the street from the UN headquarters building at the Church Center. I enjoyed these side events not only to hear about the diversity of issues NGOs were working on across the globe from mental health to violence against women, but also the sessions tended to be more interactive. The fewer people in smaller quarters allowed for a more intimate setting to engage the ethnographer and sociological imagination within me. I could gauge not only the discourse of the presenters of organizations, but also how the organizations set a tone to their work through their presentation style and “personal” or “organizational” touches such as food and handouts. Furthermore, I could locate myself in the room as both a participant (as a NGO representative for SWS) and an academic observer. I could also assess the diversity of the audience and their reactions to and interactions with the presentation, presenters, and others in the room. For the purposes of my dissertation, I focus on three presentations during the 2005 CSW meetings.

Furthermore, I also attended the International Women’s Day celebration at the University of Minnesota for two years; 2005 and 2006. I only attended presentations on issues related to reproduction. During 2005, this included a panel on Abortion Rights and Challenges, in which representatives from Minnesota NARAL, Pro-Choice Resources, and the Abortion Provider Expansion Project presented. I interviewed the latter two organizations. During 2006, I attended a panel focusing on health disparities of minority women through the lens of HIV/AIDS and teen pregnancy. One group talked about teen pregnancy (MOAP), while the organization I later interviewed, Minnesota International Health Volunteers discussed their work on HIV/AIDS with the Somali community in the Twin Cities. As explained in the previous chapter, the audience for these presentations was less diverse than the UN and included more people associated with the University and organizations.

As an ethnographer trained under Professor Penny Edgell, my field notes from events contain at least two specific parts: a description of the event and then analysis. A description without analysis is important to alleviate as much bias as possible in recording the situation. In transcending from my written field notes and memories of the

events, I have adopted an ethnographic presentation style that follows the description and analysis style. I believe to do it this way is important for the reader to both assess the story and my analysis of the story. Thus, in this chapter my description of the events are provided as a narrative, with the caveat that the narrative is told from my eyes and vantage point. This is followed by in-depth analysis of the presentations.

My coding scheme for observations was articulated in Chapter 4. To reiterate, I looked for specific mention of forms of contraception and family planning, how needs and desires of diverse women were framed, and the mention of funding and partners. I also honed in on environmental and status factors to compare across organizations, but also how this linked to the information in the presentations (See Table 4.2). Visual cues were used to assess the status, size and other factors such as the type of food served, the literatures available to attendees (the number and look of them), to how non-presenters of the organization, if present, situated themselves. I also noted information about the speakers themselves: race/ethnicity/nationality, gender, age, and tone of their presentation. This further relates to my examination of how technology was used by the presenters (i.e. microphones and power point). Lastly, but importantly, I also examined audience reaction and interaction. This included examining how the diverse audience reacted towards the presented information during and after the presentations, but also how the audience interacted with both the speakers of the organization and other audience members.

49th Meeting on the Commission on the Status of Women; Beijing +10

Investing in Sexual and Reproductive Health: Sponsored by the Allan Guttmacher Institute

Description. This presentation actually included speakers from three different organizations: Allan Guttmacher Institute (now the Guttmacher Institute-GI), the Global Health Council (GHC), and Population Action International (PAI). In having three organizations presenting, I had to make an analytical decision regarding how to treat the organizations in this session. As I only interviewed the Guttmacher Institute and considering both that the whole session was sponsored by the GI and that the copy of the

powerpoints given for the whole session included all the organizations presentations, I analyze this session as the GI. This is done to be able to compare the different types of data.

Environmental factors are key to examine for this session. First at this session, a catered lunch of sandwiches, fruit, cookies, and soda was provided. Granted, the session took place during lunchtime, but I think this display of food is symbolic of the organizations' professionalism and funding. This is based on comparing the food to other sessions where food was served, but most times, it was snacks, such as cookies and coffee. In addition, twenty plus pages of the powerpoint for the session was given to everyone who attended until they ran out. There was also lots of literature from the organizations; though GI's literature dominated. Many of the reports and pamphlets were in color and glossy. The last two things I want to highlight in terms of environmental factors are the number of staff present from the organizations in addition to the use of technology. Many staff from the three organizations were there in addition to the speakers. They were handing out the powerpoints, arranging the food after it arrived, and in general helping to organize the event. Lastly, all the speakers utilized power point. In fact, they all generally read from the power point slides. Some other sessions I attended during various CSW meetings did use some technology, but if any, they used microphones or showed short video clips. Thus, again, the environmental factors of this session point to professionalism.

AGI: "Adding It Up". The presentation given on behalf of AGI focused on their report "Adding It Up.". The speaker was a middle-aged white woman who mainly read from the power point and at times gave some extra examples. She presented in a monotone voice and was not particularly engaging. The presentation focused on the idea of "Investing in Women's Lives: Building Broader Coalitions." AGI believes in investing in this topic for three reasons: health care, achieving the Millennium Development Goals and benefits for individuals, families, and societies. By providing contraceptive services, maternal health would improve and sexually transmitted infections would be reduced. Moreover, these contraceptive services would increase educational and employment

opportunities for women, allow parents to give more attention to *each* child, and reduce public spending on education, health care, and other services.

In speaking of contraception specifically, the speaker honed in on the unmet need for contraception and Sub-Saharan Africa. As stated from the powerpoint by “providing contraception to the 500 million women in developing countries who do not wish to become pregnant” there would be a reduction in abortions, unintended pregnancies, infant death, pregnancy related deaths, and children losing their mothers. She transitioned into discussing Sub-Saharan Africa with her next slide with the proclamation “[a]bout 200 million women have an unmet need for effective contraceptives; the need is particularly great in Sub-Saharan Africa.” On this slide to accentuate the point and exemplifying how the organization defines the unmet need for contraception, there was a table comparing numbers of women not using contraception and those using traditional methods. In justifying the 3.9 billion dollars to provide contraception, the presenter (and slide) argued that by providing this contraception, children’s lives would be saved, there would be a reduction in abortions and pregnancy related illnesses, and lastly preserve healthy lives. Furthermore, according to the presentation, “low-income countries would reap most of the benefits if all need for contraceptives were met”, which was supplemented with statistics on abortion and maternal deaths. In coming to a conclusion, the presenter argued that funding for sexual and reproductive health fell short of what was needed. Thus, one of the last slides argued that mobilizing resources for this is important in terms of preventing maternal and infant deaths, allowing couples to balance work and family, and help turn back the HIV/AIDs epidemic. The presenter’s last slide noted that the presentation was developed with support from UNFPA.

Global Health Alliance: “Banking on Reproductive Health: The World Bank’s Support for Cairo the MDGs”. The next speaker was from the Global Health Alliance and her talk was entitled “Banking on Reproductive Health: The World Bank’s Support for Cairo and MDGs.”¹ The speaker was a white middle-aged woman who presented in a monotone voice. She claimed that the population issue was not dead and that the poor countries were still having population increases. According to her, reproductive health is

¹ MGDs refer to the Millennium Development Goals.

linked to breaking the poverty cycle. We should care about population because increasing population creates “unending need for education, health services, jobs, housing, roads, water, and sanitation.” The presenter linked the lack of quality in family planning and reproductive health programs to the unmet need for contraception. Giving statistics, she stated that the “unmet need for contraception as high as 35% indicates lack of quality FP/RH² services”.

Like the previous speaker, Sub-Saharan Africa was a location of concern. In discussing the poverty cycle, she argued the poor quality of family planning programs accounted for 40% of disease for women in Sub-Saharan Africa and had an impact on the economic toll of AIDS. Furthermore, she argued that girls’ education is a top social investment, but a small percentage of these African girls were in school. This led her to advocate for a multi-sector approach to keep girls in school. This included access to water, firewood, sanitation facilities, preventing pregnancy-related school dropout through reproductive health information, services, and childcare.

Before talking about the contentious subject of the World Bank, she stressed the point that high populations create strains on governments and the environment. In addressing the World Bank, her main points were to highlight what it was doing, not doing, and the importance of reproduction to the election of the new World Bank president at the time. She stated the World Bank was becoming more involved in HIV/AIDS, girls’ education, and gender mainstreaming. However, they were paying less attention to reproductive health issues. In relation to this latter point, she listed issues centering on demographic knowledge and framing of population, poverty, and development³.

The conclusion part of her presentation connected low quality of service and the World Bank. Concerning the World Bank, she recommended they be the ones to make the “business case” for why population and reproductive health as non-partisan issues are

² FP/RH is an acronym for family planning and reproductive health.

³ : The issues she listed specifically were: “1) support for analytical work on population issues has declined; 2) fewer Bank staff have appropriate skills and expertise to build evidence bases and provide technical assistance to countries; 3) many country poverty reduction strategies fail to consider population growth, momentum and age structure in development plans; and 4) new financing mechanisms including sector-wide approaches require better informed policy makers within countries.”

important to all sectors of the economy. Furthermore, the World Bank should help poor countries develop indicators for reproductive health, work on poverty reduction, and lastly, train staff and country partners in demographic knowledge. In coming back to low quality services, she had a slide indicating that poor countries had the least access to the services and thus, this should be strengthened. Furthermore, she argued low utilization of services is tied to incompetent and disrespectful providers. However, in another slide the presenter highlighted a contradictory idea. The slide stated that demand should be generated “among the poor and youth for client-centered, Cairo friendly RH services and include protection of rights to privacy and confidentiality, and constructive involvement of men.” She ended her presentation by highlighting that the election of the new World Bank president is critical because there is concern reproductive health issues will be further marginalized by the Bank.

Population Action International: “Progress and Promises: Trends in International Assistance for Reproductive Health and Population”. The last speaker was a middle-aged white woman from Population Action International who was a more engaged speaker than the other two. Her speech was titled ‘Progress and Promises: Trends in International Assistance for Reproductive Health and Population.’ She talked about trends in donor financial support for international reproductive health and population activities including HIV/AIDS. This also included assessing donor countries based on commitments made at the Cairo Population and Development Conference. She talked about ICPD countries and financial responsibility for population. She specifically noted that the US, based on its financial status, should be contributing more, but all countries could contribute more. Even the developing countries need to contribute more resources. She also had on her slide that a special topic was the impact of the global gag rule (or also known as the Mexico City policy by the US) in Kenya. However, this was not discussed in the talk. Important to highlight is that the language in the slides/presentation was technical and full of jargon.

Diverse Women Respond. The question and answer period was chaotic and hard to follow with many side conversations happening making it difficult to hear all the questions from the audience and answers from the speakers. For the purposes of my

work, I am going to summarize most of the comments and hone in on the ones that relate more directly to my analysis of inclusion. Though there were questions asked and some comments given, many of these were critical.

The first question was from an East Coast American woman presenting a list of names asking the speakers which they thought was acceptable for the new World Bank president. This turned into a conversation among many of the US East Coast women there. Other women from various places asked general questions such as where the commitments were coming from or how gender based violence fit into population activities. In response to a question on the global gag rule, the last presenter stated that supplies have been affected and that European countries have stepped up because of this. Furthermore, a man from Ireland commented on the ABC approach to HIV/AIDS⁴. The first speaker responded stating this was working in Rwanda and Uganda. However, the most telling observation of how this session did not resonate with diverse views is when an Indian woman made critical statements about the World Bank. She said that the World Bank should have policies that do not undercut the people and they want less of the World Bank. Other people in the audience clapped after she said this. The first speaker from the GI replied to this comment by stating there needs to be more partnerships among civil societies and she understood the Bank's role was contentious in some countries.

Analysis, Legitimacy and the International System. In analyzing the GI's claims, I focus on three elements of their presentation: individualized Western framing of rights, the unmet need for contraception, and their link with UNFPA. All of these elements lead to the interpretation of their claims as Western assumptions that they believe apply universally, lacking in diversity and local view. This also links to how the organization(s) direct their legitimacy to the "top" which is also exemplified by the interview data.

One of the first things to notice about GI's presentation is the grand claims they make in regards to providing contraceptive services that relate to individualism.

⁴ During this time, I did not know what this meant. However, during the CSW 2007 meetings during a session sponsored by the Girl Guides/Girl Scouts, I found out this approach is tied into abstinence only-education until a certain age (fifteen is what was said at the meetings).

Specifically, they argued that the HIV/AIDS epidemic could be turned back. There is no doubt that condoms prevent HIV/AIDS, but what is missing is *how* the use of contraceptives would be achieved as it is not always an individual choice in every culture where gender power differentials may make negotiations difficult (Bankole and Singh 1998; Bledsoe 1990b). Furthermore, their claims about achieving work-family balance and giving attention to each child because of higher contraceptive use and smaller families is rooted in Western individualized framing of human rights (Boyle, Smith, and Guenther 2007). Although this is certainly the view the UN and the international community endorses through human rights conventions and treaties, not all cultures view individuals' rights as a paramount to society (Winkler 2002), nor children as a discrete protected group (Guirdy 2007). What this leads to is a view of human rights and reproductive rights as a Western conception rooted in individualism (Matua 2001).

Furthermore, GI focused on the *unmet need* for contraception, also known as the "Kap-Gap" in the demography literature, in Sub-Saharan Africa and low income countries. The GI supported their argument by comparing women who do not use contraception to those who use *traditional* methods. According to Bongaarts (1997), the Kap-Gap was first documented in the 60's by surveying women regarding family planning. Demographers found that women were not practicing contraception, but wanted to stop having children. Thus, the Kap-Gap is defined by "the discrepancy between reproductive preferences and birth control practices" (Bongaarts 1997, 293). As Bongaarts (1997) explains the term "unmet need" stems from the idea that "analysts would consider these women *in need* of contraception" (297).⁵ Although some argue that this is the best measure available to assess contraceptive use, other scholars are more critical of its meaning. They take issue with the idea of *unmet need* because they see it rooted in population control, a tool of coercive family planning programs, and furthering global inequality (Dixon-Mueller 1993; Hartman 1995; Kuumba 1999).

In addition, I argue that the *phrase* "unmet need" expresses a lack of women's agency to define their own needs as what is measured as *need* is defined by the demographer (Fraser 1989). This leads to questions about using the phrase of *unmet need*

⁵ This infers modern forms of contraception.

in this setting and how it is understood by the audience. What effect does women's geographic locations and other statuses have on this perception? It is likely that women from the global south and/or developing nations may be more critical of this phrase (Correa 1994; Hartman 1995; Harkavy 1995).

GI's link with UNFPA and support for the World Bank can be seen in different ways. In alignment with neo-institutionalism, this gives legitimacy to the presentation through an affiliation an official international organization. Yet, even if they are seen as legitimate in the international system, this link may discredit GI in the eyes of women from developing countries, which was exemplified by the audience's critiques of the World Bank. The UNFPA and World Bank links discredit the claims presented because they are seen as Western organizations that direct the actions of developing nations at the expense of civil society. In alignment with neo-institutionalism, decoupling may occur when organizations or nation states endorse international norms but localized practices are in violation of these norms. Although the GI's link with UNFPA is not an example of decoupling, it reflects one way that localized practices may not necessarily align with international standards. GI did mention in the question and answer period that more partnerships need to be fused with civil society. Although this response could point to elements of inclusiveness, for the most part the claims made by GI were not inclusive.

The GHA's presentation was by far the most contentious based on their push for the World Bank to be more involved with population issues. Beyond the audience critique and focus on the World Bank, other elements of their presentation are important to address. One is the statement that the population issue is not dead, along with how high population has negative effects on the environment and societies' resources. Critical reproductive rights scholars might view this as being part of a population control agenda where the Third World, and in particular women, bears the blame for these problems, ignoring how the West also contributes (Correa 1994; Hartman 1995, Kuumba 1999). Thus, centering on targeting practices in the developing world, the organization is not inclusive of diverse practices in interpreting universal reproductive rights norms.

However, the GHA also mentioned things that may be considered more inclusive of diverse views in light of writings by international feminists. For instance, they

mentioned issues such as water and sanitation need to be addressed (Kemp et al. 1995). Furthermore, they addressed not only that girls' education is paramount, but *how* to keep girls in school. In addition, despite the criticisms of the World Bank, they addressed issues about the World Bank that reproductive scholars have found problematic such as lack of quality services and provider training (Hartman 1995).

PAI utilized a Western and demographic interpretation of universal reproductive rights norms. An argument could be made that it is a positive thing for reproductive rights that rich countries should be donating more for reproductive issues. However, what was not mentioned in the presentation was how this could be seen as negative because of the implications of accepting funding from the US and other countries, which aligns with neo-institutionalism. Accepting funding from the US does stipulate a certain version of reproduction, which would be a top-down Westernized approach to reproductive rights and not inclusive of diverse views.

Taking these three organizations' presentations together, all discussed reproduction in developing or poor nations as paramount. This might be seen as positive in terms of addressing issues in resource poor countries. Alternatively, this same focus can also be questioned based on the human rights and globalization literatures' critiques that developed nations know best about how to address these issues and these problems do not exist in developed nations (Matua 2001; Merry 2003) and that these countries have not always agreed that family planning is the ultimate route to development (Harkavy 1995). Moreover, these presentations utilized demographic research and terms. According to Riley (1999), conventional demography tends to use universal definitions of gender, universal reproductive concepts, and ignores power as part of a demographic process. And, lastly, as I previously stated, this shows the organizations' legitimacy concerns rest with the international system and not the women themselves.

“Giving Beijing the Force of Law” Sponsored by The Center for Reproductive Rights

Description. This event was also at the Church Center. Like the GI one, there was lots of information from the organization on the tables in the room. There were also

cookies and coffee at this session. Unlike the GI presentation, the only technology used was microphones. All the speakers sat at a table in the front of the room. The staff from the CRR first helped set up the information and food, but then took seats in the audience for the duration of the presentation. The staff present did not speak. The presentation started with the president of the CRR stating that no recorders could be used because she ensured the speakers of this. She also asked for those who were with the media to raise their hands. She began the actual session by describing why the CRR sponsored this panel and introduced the speakers.

The first speaker was Barbara from Slovakia who talked about the sterilization of Roma women in Eastern Europe, the largest ethnic minority. She gave stories of how these women have been sterilized against their will. This stemmed from incentives from the Communist government in the 1970's. As a lawyer, she discussed what she and the CRR had been doing about this issue. They started by documenting the problem. They then did a report with a NGO in Yugoslavia to pressure the government on this issue, so that the government now requires consent before sterilization. They also prepared a case for the European Court. They had filed and lost cases in all other courts first. She said that in the European Convention there is nothing on reproductive rights. However, she did mention what is in the European Convention that they could use to discuss reproductive rights. I could not hear all of things she listed, but they included the right to family and gender and race discrimination. She said the case had not yet been decided, but had been given authority. After this presentation, the center staff asked the staff to give up their chairs for the people standing in the room.

The second speaker was Spandi from Nepal who spoke dramatically about the issues she had worked on in Nepal from a legal standpoint and with the women's movement there. She discussed the litigation strategy they had used to transform reproductive rights. Although abortion was legalized in Nepal, they had to work on counter-bills and utilized litigation pressure. She said they had to do continual research and advocacy. They utilized CEDAW and Beijing as tools and she highlighted marital rape as one the cases they used with these. She ended by advocating for lawyers to be trained in a human rights framework.

The third speaker, a woman in charge of the Latin American Legal Project at the CRR, spoke of the importance of integrating political commitments with legal power by giving Beijing⁶ the force of the law. She stated this was useful in committing governments to repeal discrimination laws. She used the example of Poland and Chile as violating women's rights by restricting abortion rights in relation to the BPFA. She said it was not enough to be politically committed, but there needs to be laws and enforcement. She specifically talked about Latin American strategies in relation to the language of treaties in five reports to the Special Rapporteur for the Right to Health. They filed a case with the Latin American Commission on Human Rights. A Peruvian woman was raped by her doctor and they reached a friendly settlement. There was also a case with Mexican woman who was raped and became pregnant. She was denied an abortion though she was entitled to one. To argue this case, they used the language of Beijing in that abortions should be safe. She also talked about how the distribution of emergency contraception was being challenged. They used Beijing wording that men and women should have access to contraception. Her concluding remarks centered on the problem that political commitments can shift and the law can be a tool to express human rights violations.

Diverse Women Respond. Unlike the question and answer session during the presentation by GI and colleagues, after the presentation by the various CRR staff, there were many questions and comments from the audience. Moreover, a dialogue among occurred among the audience and the CRR staff.

A woman from Slovakia in a wheel chair gave the first comment. She claimed that because she is disabled she is not seen as a sexual being and that many disabled women have ensued forced sterilizations. She asked that we do not leave out these types of women in these discussions. The CRR staff stated that these concerns could be addressed through international law. The next question raised asked about the enforceability of CEDAW. The reply of them woman from Nepal centered on the human rights framework for jurisprudence, noting that once ratified, there should be national laws in the country.

⁶ References to Beijing during this presentation mean the Beijing Platform for Action (BPFA).

Another audience member asked about the political process in Nepal in relation to changing both attitudes and the law on abortion. She asked if it was framed as a health problem or human rights issue. Her concern was that they do not use the human rights framework in Africa on these issues. Spandi from Nepal answered this by stating they did talk about high maternal mortality, but it was raised as a rights issue through women's groups, even though they still talk about the mortality issue.

A middle-aged woman from Taiwan talked about the abortion laws in her country noting there had been a backlash from Church groups. In addition, there are five thinking days before an abortion and spousal and parental consensus is needed. She asked how others have faced these challenges. In response, someone in the audience mentioned that the Taiwan birth rate is low, while the birth rate in Nepal is high. Spandi from Nepal responded by stating that before the Hindu fundamentalists did not do anything because the women's movement was so strong.

A young woman studying abortion and communication at the University of Massachusetts-Amherst commented that the US has not signed on to CEDAW because it would undermine national laws. She asked how to utilize ideas from CEDAW when a country has not ratified it. Someone from Sri Lanka replied that whatever is going on there rolled back because of US policy. In direct relation to the question, one of the CRR staff stated that there is international pressure from the Center to have the US ratify, which is a challenge but there are other ways to enforce human rights. For example, the International Covenant on Civil and Political Rights is something the US has signed and it makes interesting recommendations on reproductive rights that can be used for advocacy. She mentioned the power of the law and that we do, inferring the US, have a commitment to the political declaration, but Beijing and Cairo are political platforms that can be used for political and legal strategies. Barbara, the speaker from Eastern Europe, also mentioned the European Court in relation to these discussions. Spandi from Nepal advocated using your own country to pressure.

This discussion became lengthy and the president of the Center jumped into the conversation regarding fundamentalism in the United States and the Supreme Court. She mentioned that there are religious forces on both sides of the issue and this is not about

which religious side is correct. She pointed to Roe, argued on privacy rights, which puts a strain on relations between church and state. She mentioned the Nebraska case about partial birth abortion, argued a few years back, and stated that the constitution exists to govern people who disagree. A woman from Iran in the audience stated that Iran had not yet signed on to CEDAW, but utilized International Covenant on Civil and Political Rights and Beijing.

A woman in the audience from Catholics for the Right to Decide in Brazil mentioned that there was a Brazilian government study of law to decriminalize abortion, which was the result of feminist action in Brazil. She argued that one strategy to take is that once a country has signed on to the convention, they must implement it. She also talked about how Brazil is a Catholic country, but the idea of the separation between church and state is supported. She said that the country is diversified and to respect religion, you cannot be happy if laws are based on any religion. Furthermore, she believed the right to be a religious person or not is based on the freedom of democracy. Lastly, she argued that discussions need to take place, but the Bishops said there is only one choice to be a good Catholic in terms of how you view abortion.

Beyond CEDAW, the global gag rule was another topic that engaged the audience and speakers for a long time. A woman from Africa in the audience asked if the Center was aware of the global gag rule. A woman from Uganda followed this by stating that because of this she could not do The Vagina Monologues. The president of the Center stated that they had sued the US government over the global gag rule. One of the staff who was involved in this case mentioned that the rule has an effect on reproductive health issues when NGOs speak. They did research with NGOs in Kenya, Ethiopia, Peru, and Uganda and many reported that because they were taking the money they could not participate in national debates on reproductive issues. A few other things were mentioned on this were big population organizations that take funding and the politics of the US in being a sovereign nation. In addition, a woman from a Canadian Peace Organization made a statement that the government in Canada is also conservative and that we need to be diligent about things in the world.

Coming back to CEDAW, a woman from Hong Kong asked why the American women's movement was not able to pressure the US government to sign CEDAW, because she had witnessed the Hong Kong women's movement successes on this. The president of the Center responded that she thought it was because of cultural reasons. Feminists in the US have grown up in a culture that is not international. She talked about the focus on the US Constitution and mentioned law school as an example. She said the only positive thing right now is that there is impetus because we are going backwards.

In relation to the inquiry about the women's movement in the US and CEDAW, an American woman in the audience mentioned that the California National Organization for Women had helped to implement the Equal Rights Amendment in cities and states, such as San Francisco, that have also adopted CEDAW. The woman from Hong Kong replied to this by stating that it was not international law. This turned into a debate regarding law and politics. Yet, another person in the audience mentioned that there were 190 organizations trying to work on this and they had been stopped by the current political situation. The last question was what to do about women being punished. One of the CRR staff stated that they should document what is going on and use the reporting mechanisms.

Analysis, Linking the Local Concerns with the International. In contrast to the GI's session, the CRR's interpretations of universal reproductive rights norms were inclusive. Not only did the speakers highlight diverse reproductive rights issues, such as sterilization and abortion, they made their claims based on documenting what has happened to women on the ground. Furthermore, the organization first pointed women to resources in their own countries to deal with issues and the organization's representatives did not act as if they were the experts. This gave women agency to define their own reproductive rights. The audience reaction also supports conceptualizing the CRR as inclusive because the women in the audience asked the CRR for advice instead of critiquing them.

Although the CRR was by far the most inclusive and developed their claims based more on an intersectional and inclusive framing of gender and reproductive rights, there are a few points that need to be addressed. First, international human rights law and

norms were promoted as a means to secure reproductive rights. On the one hand, this does not dismiss them from being inclusive because they first suggested to women to utilize their own networks and resources. On the other hand, it leads to a question posed in the globalization and human rights literatures. Do international treaties and conventions promote a Western vision of human rights? I do not think the point of the CRR would be to do this. Instead, I think they suggest for women to use international law as part of their tool-kit to help give “legal force” to their concerns, which increases the legitimacy of their arguments. Thus, this fits with feminist theories of globalization that argue that the local and global both matter. However, at the same time it is interesting to think about neo-institutionalism in relation to the organization’s claims because international law is still being advocated for by the organization for legitimacy reasons. Thus, the organization is drawing from multiple sources of legitimacy by incorporating reproductive rights into international law and by helping women who have experienced reproductive rights violations.

“Celebrating Young Women’s Activism for Sexual and Reproductive Rights”
NGO side session sponsored by Family Care International

Description. This was a session sponsored by the NGO Family Care International.

The youth presenting were from the UN Youth Caucus, which was formed in the past as a way to get youth more involved in the meetings. Furthermore, the youth presenters were involved with other organizations that worked together under the umbrella organization the Youth Coalition. One of these organizations was the World Youth Alliance. This event was held on the first Monday of the meetings at a room in the Church Center.⁷ Ten youth were presenters and/or part of the youth caucus sitting up front⁸. The presenters wore shirts that said “Youth for Women’s Rights” and on the wall behind them hung a handmade sign utilized the single words to form the phrase “Our Bodies, Our Health, Our Rights.”

⁷ The two organizations I interviewed based on this event are Family Care International and the World Youth Alliance.

⁸ The UN considers young persons to be below the age of 25; I would guess that the people there ranged between 14 and 21.

As the focus of the session was on youth and reproductive and sexual health issues, the youth talked about these issues in their own countries. The presenters spoke in an order based on challenges to reproductive rights, which was mainly youth from the Middle East, Africa, and Latin America, to best practices, which was a youth from the Netherlands. A young man from Nigeria gave a global overview at the end. There were both male and female presenters. As it was difficult to hear all the speakers clearly because of their either limited English or soft-spoken tone, I focus on what I could hear clearly.

When I first walked in the packed room, after the session had started, a girl from Africa was discussing something about sex, but her presentation ended quickly. Next, a girl from Lebanon, who seemed comfortable speaking to the large group, first discussed her work with the organization HELEM, which protects LBGT rights. She then discussed how abortion was still practiced in her country even though it was illegal and thus the practice was not always done safely. Lastly, she pointed out that even if reproductive services exist in her country, they are not talked about to young people because of cultural reasons.

Crossing the line from challenges to best practices started with a White girl who I only knew at the time was from Europe. In talking later to her outside the meetings, I found out she was from the Netherlands. Her talk centered on principle problems in Europe. She highlighted the lack of access to education about sexuality and contraception that related to teen pregnancy. Yet, she mentioned that in Europe, there are more reproductive choices than in Africa, but there are still issues in European countries such as Portugal, Ireland, and Russia. She talked about how women in some of these places were still prosecuted for abortion and denied the morning after pill.

The “best practices” part was presented by a male youth from the Netherlands. He explained the availability of comprehensive sexual education, including both biological and cultural aspects, in his home country. The sex education is less hetero-normative and a wide range of contraception was available. He noted that most youth in the Netherlands became sexually active at the age of seventeen, which might be attributed to the comprehensive sex education. Furthermore, he related that his home country had low STI

rates and abortion was legal. He also discussed the legalization of sex work in the Netherlands. He concluded his talk by including a quote from MLK, highlighting the importance of the involvement of men in women's rights. The last speaker, a young man from Nigeria, gave a global overview.

Diverse Women Respond. The audience was mainly adults and one Canadian woman dominated the discussions. People's reactions ranged from actual questions, to general comments, to outright critiques. The first audience member to speak was the middle-aged Canadian woman. She asked the youth how they were funded to come to the meetings. She thought that lack of funding might have been a hindrance to participation. Moreover, when asking this question to the youth, the woman was snide in her tone and stated that she assumed if the organizations did not provide funding, the youth's parents probably did. The woman from Lebanon answered her question politely by stating she was supported by her organization. The Canadian woman continued with her banter by making a remark about human slavery as an issue young people should care about (or even inferring people should be scared about) and that she is afraid when her twenty-year-old daughter travels the world. People in the audience were quite frustrated by her demeanor and were rolling their eyes.

Although there were a few other comments and questions before the Canadian woman talked again, I want to come back to her later remarks. In a demanding tone, she asked the youth what they were going to do about the US delegation's proposed changes to the CSW 2005 draft declaration.⁹ She specifically asked them if their groups were planning any protests. The youth conferred with each other in answering this question and spoke the consensus that they would have to think about this more. But, she clearly did not like their answer as she told them that she knew they had more to say because she had talked to them before. Others in the audience acted uncomfortable during this exchange and it was at this point I heard people whispering comments about the woman's demeanor towards the youth.

⁹ The proposed change includes the following wording: "Reaffirm the Beijing Declaration and Platform for Action Adopted at the Fourth World Conference on Women and the outcome of the 23rd Special Session of the GA, *while reaffirming that they do not create any new international human rights, and they do not include the right to abortion.*" (Italics are the proposed new language).

In between the Canadian women's remarks, a woman from Norway made a pronouncement that there was no difference between forced or free prostitution. Although some in the audience seemed to agree with her by smiling, this idea was not taken much further because of the Canadian women's insistence on speaking. As an audience member, I asked the youth why they had become interested in reproductive rights. The Dutch woman responded that reproductive rights are not guaranteed everywhere and for young people there are often hindrances and obstacles to obtaining them. The Nigerian youth stated his concern was that there was a lack of information and empowerment in relation to reproductive rights. It was through regional trainings he became aware of this. A girl from Japan on the panel noted there was no direct translation for reproductive rights and that it can be explained as the right to decide life. Her remark could infer many things, but I believe what she meant in the context of the session was that if reproductive rights are supposed to be a positive human right, this does not translate the same into all cultures and places.

A woman from India in the audience asked the youth why they focused on reproductive and sexual rights instead of other rights, for example like land rights. One of European youth answered her by stating this was the focus of her organization. The girl from Lebanon also replied to this question by noting that this was not the only issue of concern. Questions and comments continued for a short time after this. I would like to end this section with a remark made by one of the presenters from Latin America during this part of the sessions. She claimed that there are problems if you do not have the authority to decide for your life and your own body.

Analysis, Youth and Reproductive Rights. In the session sponsored by Family Care International at CSW, it is important to note that this session was on *youth* and reproductive rights, which a title of supporting women's rights. While most of the literature states that women are the target when any group(s) is mentioned regarding reproductive rights, from youth to couples and families, this session really did highlight youth's perspective on reproductive issues and rights in addressing factors that seem unique to this demographic. These include sexuality education, lack of access to information and contraception because of their age, but also issues related to general

women's rights such as control over bodies. I say this latter part as it applies to debates about the status of youth, from miniature adults, to a protected class, to young persons with the same rights as adults (see Venkatesh and Kassimir, Eds 2007). Moreover, with focusing on youth, the youth represented themselves without adults translating their issues. Thus, going back to the question of who gets access to settings such as the UN to define reproductive rights, the youth were beginning to be able to access this setting in terms of looking at this issue from a youth perspective.

Yet, holistically the order of the presentations from challenges to best practices must be analyzed in light of ideas of global inequality and debates on human rights in relation to the countries associated with challenges and best practices. The challenges spoken about were linked to the developing nations or places with strong Catholicism and/or histories of Communism, while best practices were associated with Western Europe and particularly the Netherlands. What does this say?

On one level, what the youth talked about as challenges are part of ensuring comprehensive reproductive rights with issues such as access to information, contraception, and safe abortion (i.e. see Dixon-Meuller 1993; Hartman 1995). And the Netherlands has been praised not only for its social equality and generous welfare state, but also related, comprehensive sexual education that promotes ideas of relationships and emotions beyond the "facts" of contraception and pregnancy, low STIs, and the legalization of sex work on a level that has tried to ensure the safety and health of these workers. However it is by associating challenges to best practices on a continuum of countries from less developed to developed that may reinforce not only global inequalities, but the idea that reproductive rights is a Western concept. What might have made the presentations more inclusive is a diverse framing of reproductive rights that includes both challenges and best practices from all locations.

The next point to analyze is how best practices can be translated, which is related to questions on how universal concepts of human rights can apply everywhere. The language of universal human rights can be ambiguous, but as Matua (2001) and Merry (2003) point out, we still often equate violations of human rights with non-Western cultures. As I was listening to the young man from the Netherlands talk about best

practices and the girl from Japan noting reproductive rights does not translate everywhere, I was left wondering how the youth felt things should change and in general if the idea of best practices meant transplanting a Netherland's model into other places and cultures. I will come back to the first point in the next chapter regarding the organization the World Youth Alliance, where I will discuss their individualized youth centered human rights philosophy. In regards to the latter point, I think neo-institutionalism and feminist theories of globalization are useful in examining best practices.

From a neo-institutionalist standpoint, first it is important to see the notion of children's rights being institutionalized in global discourse. Next, we can see how best practices might be diffused globally in diverse cultures. For example, Boyle's (2002) work shows that the global community considers female genital cutting a violation of human rights. Thus, this idea is diffused globally, but not necessarily followed in local contexts. She describes the case of Egypt in which the Health Ministry made a declaration against FGC, but the country still has one of the highest rates of this practice, which denotes decoupling occurring. From this perspective countries could advocate for agreed upon best practices, but the question is would they be endorsed or enforced locally? This raises a few issues. The first is how are best practices defined? Based on the presentation given, few developing countries were engaged in best practices and the notion seemed to be their practices could not be included in this kind of model. Furthermore, it also raises the question of if and how the best practices followed in the Netherlands could work or apply in other locations with different cultural and religious circumstances. Although, it was youth presenting and I give them credit for speaking at a large international UN meeting, these questions were left unanswered.

Taking the critiques I just discussed into account, feminist theories of globalization would ask similar questions. Arguing that top-down global norms are important, but that the local is not a passive receptor of these norms, feminist theories of globalization might point out that first, by the youth talking about these issues, the local does come involved in the process of globalization. However, I believe a critique of the session from this view would include asking how reproductive rights are both engaged

and contested in the developing nations. How can the practices in these nations help us with a model that is inclusive and not just based on one country or part of the world? Thus, best practices stemming from developed nations are legitimate and reinforce global inequalities, but the voices of youth were seen as legitimate in naming the issues.

Minnesota Sites

International Women's Day Celebration at the University of Minnesota, 2005 "Abortion Rights Challenges: Local, National and International Perspectives"

In Chapter 5, I detailed both the history and rationale of this event and my justification for including it in my research. This event had speakers from three organizations detailing issues regarding abortion at the state, national, and international levels. For the state level, this was a speaker from the organization Midwest Health For Women, a clinic providing abortions in Minneapolis. A presenter from Minnesota NARAL discussed the national level while the international was presented by a representative from the Abortion Providers Expansion Project. All three organizations are located in Minnesota, albeit Minnesota NARAL is a state affiliate of the national organization. Although not presenting, Pro-Choice Resources (PCR), a unique organization located in Minnesota, was involved with the event, as many of their staff were present, all the organizations work with PCR and APEP is affiliated with PCR. I interviewed PCR and APEP.¹⁰

Midwest Health: Minnesota Laws and Abortion. The speaker, Kathleen, a white middle-aged woman, highlighted in her presentation what was happening during the year at the Minnesota Legislature concerning abortion. Kathleen began by giving an overview of the Minnesota legislature in defining political terms such as biennium and committee deadlines. Much of her presentation centered on the proposed parental notification laws

¹⁰ I tried to contact MN NARAL for an interview, but after 3 failed attempts of setting up an interview, I did not try anymore. I did not contact Midwest Health for Women as they work only locally. APEP presented on international issues and PCR is a unique organization that does grapple with questions on diversity and reproductive rights.

concerning abortion being debated in the legislature. Her next topic was about MCCL's¹¹ request that more money be given to crisis pregnancy centers. She stated that she thought on one level that this was good because they wanted to help women, but it was bad because the money is going to the wrong places. The money should go to organizations that are not ideologically driven, such as crisis pregnancy centers. Lastly, she talked about her dislike for abstinence only education programs, which had been discussed last year. In conclusion, she stated she believed that the senators did not know what they were really doing in signing the MCCL proposed bills.

Minnesota NARAL: National Level Issues. The second speaker was Tim Stanley, the director of Minnesota- NARAL, a white male who appeared to be maybe in his late 30's or 40's. He was a more animated speaker than the other two. He began his talk by stating Lobby Day would be April 14th at the Capital, which was the 2nd anniversary of Governor Tim Pawlenty signing the 24 hour waiting bill for abortions¹². After this announcement, he delved into federal issues. After announcing the issues, he rhetorically asked for a word to describe the state of reproductive rights in Washington, DC. He answered his own question by stating it was "in the toilet" and bleak. Bush, according to him, was the most anti-choice president as after he enacted the global gag rule on his first day, there had been three anti-choice measures. He gave an example by discussing an act that made it a federal crime to export a minor across states lines to avoid abortion laws in one state. Furthermore, he discussed the judicial nominee process as being detrimental to abortion rights.

He noted some positive things happening in relation to abortion rights such as the rider in the House and Senate to the Federal Refusal Clause, which he claimed was the back door to the gag rule. Later, he spoke more in-depth about the global gag rule. He provided a definition to the audience and gave some statistics from the State Department.

¹¹ The organization Minnesotans Concerned For Life (MCCL) is the largest pro-life group in Minnesota. The group has much funding, lobbies for bills at the legislature and has been involved in a battle with Minnesota pro-life groups and health care centers regarding abortion, family planning, and money.

¹² The 24-hour waiting period bill required women to wait 24 hours before an abortion in which they had to read state approved information on the risks of abortion. This was highly contentious because many activists claimed the information was biased towards the pro-life side.

He gave statistics about family planning and abortion. I interjected and asked him where the numbers came from, to which he replied the United Nations. He then read a statement about the number of people who do not have access to family planning.

Abortion Providers Expansion Project: International Focus on Abortion Providers. The speaker from the Abortion Provider Expansion Project (APEP) was a middle-aged woman. She commented that the rationale for the organization is that without providers there is lack of access. She listed the low number of abortion providers in Minnesota and the reasons why residents do not want to learn how to do abortions. She then spoke about the worldwide shortage of abortion providers. One of the concerns she raised associated with the lack of abortion providers was that there is a link between unsafe abortion and maternal morbidity. Thus, because of the lack of training for abortions, this becomes the number one cause of fatality. Like domestic reasons for the shortage of abortion providers, she spoke about the complexity of different countries and the lack of providers in developing countries. In discussing this, she also brought up concerns about politics and universal health care. She ended her presentation, similar to others during this session, in stating that the commonality of all three levels, state, national, and international, was that low-income women have the least access to abortion.

Question and Answer. Unlike the CSW sessions, the question and answer period was not as long or intense. I attribute this to that most of the audience members are alike in terms of political attitudes about the subjects being discussed. Most of the conversation centered on agreeing with what was said during the presentation, though there were some specific questions on the bills and laws discussed.

After session, I introduced myself to Tim. As I had asked him during the presentation where his statistics came from, we talked about this for a few minutes. He stated that he was pretty sure UNFPA, but he could find the exact source if I wanted him to. I told him that was fine and discussed the UN CSW meeting I had just attended. I told him about how a woman was a bit critical of the connection between UNFPA and the World Bank. Furthermore, I also discussed some of the literature for my dissertation that argues that family planning programs can be synonymous with population control

policies. He seemed interested in what I was saying, but also expressed that he had not heard of these critiques before.

Analysis, Poor Women and Statistics. When looking at all three presentations and their respective organizations I was struck the most by Tim's, from MN NARAL, presentation and answers to questions. As MN NARAL is linked with the national NARAL, it makes sense that he could talk about national issues affecting abortion. But, the information and style of delivery seemed stale in that he did not seem engaged or knowledgeable about all the topics he was talking about. He was the most passionate about abortion laws affecting minors in crossing state lines. However, I found it intriguing when I asked him where some of his other statistics came from that he did not seem confident of the source. Furthermore, when I talked to him after the session about the critiques of family planning issues from both the academic and activist literatures, in addition to what I had heard at CSW, he noted that he had not heard these critiques before. As a director for a well-known and long standing abortion rights group, I did expect him to be aware of some of the critiques of reproductive issues, including abortion, that exist beyond pro-life groups. Yet, this may relate to the two different histories of Planned Parenthood: one about Margret Sanger being for all women (i.e. helping the poor women who had too many kids) and the one of her being part of the Eugenics movement, along with her classist and racist views. Lastly, this might have to do with the audience at the event. As I already noted, most people had similar views to the presenters and the audience was mainly homogenous in their race, academic, and political backgrounds. How might have the reactions been different if more minority women were in the audience?

All three presenters honed in on the ideas that poor women have the least access to abortion. This can be read in many ways since not all the speakers detailed the importance or consequences of this. A question could be asked on why they think it is more important for poor women to have access to contraception. The most obvious point that I think they were referring to is that poor women do not have the money to pay for abortion services. However, how is this claim about poor women constructed? Is it based on some demographic statistics about who does not use contraception and thus it is

inferred that these women must want it or “need” it? Maybe they do want it, but how is this assessed or is it only inferred? Based on neo-institutionalism, access to abortion is institutionalized as part of the women’s movement and based on rights of individualism. Feminist theories of globalization would not automatically reject poor women’s lack of access to abortion, but ask how local women not only view their own access to abortion, but how norms about abortion as part of a global human rights framework are experienced by these women. Thus, it seems that the organizations want to be seen as legitimate by all sides of the issue from women themselves to legal institutions.

International Women’s Day 2006; University of Minnesota, Minneapolis, MN

During this year’s International Women’s Day Celebration, I only attended one session related to reproductive health and rights. The title of the session was “Minnesota’s Widest Health Disparities: Teen Pregnancies and Women with HIV.” Four organizations were represented during the session: the Office of Minority and Multicultural Health, Minnesota Department of Health; Minnesota Organization on Adolescent Pregnancy Prevention and Parenting; and Minnesota International Health Volunteers. I later interviewed a representative from Minnesota International Health Volunteers because of their work on reproductive health issues with Somalia women in Minnesota.

Description. The speaker was a white woman who appeared to be in her twenties. She first introduced the organization by telling the audience the organization was started twenty-five years ago by doctors who did overseas work on child and maternal health. Four years ago, they started applying their skills in the United States, in particular with the Somali community here. She emphasized that the organization did research first and then used the results for targeted interventions. In noting the importance of research, she highlighted that they had publications on their website that discuss the methodology, such as sampling, for their research, which she would not talk about during the presentation.

She first talked about perceptions of HIV/AIDS in the Somali community in Minnesota. With their work in the Somali community, they found that many of the Somalis associated HIV/AIDS with fear and danger, but also utilized the caveat that god

would protect them from it. She explained that fears exist in this community because the people think HIV/AIDS is acquired because of bad deeds or leaving their religion. She discussed the transmission of knowledge about HIV/AIDS among Somalis in that misconceptions started in the refugee camps and then transcended to Minnesota.

Given the misconceptions, the organization did research with the community to gauge their knowledge on HIV/AIDS. In terms of prevention, the community noted that they should get a pre-marital check up by a doctor, as they understood the disease could be spread through marital relations. But this was also said in relation to the common theme that the disease happened to bad people. In terms of detection, the speaker noted that the community knew the ways to detect HIV/AIDS.

She continued to discuss the Somali community's knowledge of the disease and cultural factors that affect this. She noted that in terms of knowledge about HIV/AIDS programs in Minnesota, one hundred percent of the women they talked to knew about programs. The women thought men needed to be educated more on HIV/AIDS because of its stigma. Moreover, the speaker stated that HIV/AIDS is not spoken about in the Somali community because of the stigma attached to it. They believe there is no cure and it is a "killer." If you have the disease, you will be isolated. This relates to how there is a general reluctance to talk about sex openly in the community. Furthermore, ideas, such as that HIV/AIDS does not affect the Somali community because there are no bad deeds, exist. In addition, both women and men in the study, agreed that the Islamic religion is the most important to convey information on the disease.

Minnesota International Health Volunteers asked the Somali community what type of education they would like on HIV/AIDS. One of the results stated they wanted health education in community forums. The idea of being an oral community was emphasized, so a medium, such as the television, was recommended. Furthermore, in the focus groups conducted, they found the community wished education to be directed at youth because of the challenges they faced with the elderly. Furthermore, members of the focus groups advocated for health care providers to be educated so they know culturally appropriate ways of working with the community.

Question and Answer. Most of the questions were actually comments and none were particularly directed at MIHV. A woman, wearing a hijab, made a comment about HIV prevention in South Florida and commented that race, class, and gender affect these disparities. She asked a question on what to focus on to the speakers. The speaker from the teen pregnancy organization stated they do it by focusing on teen pregnancy and that education is paramount to these girls in getting jobs later. The rest of the questions and answers were to and from to the representative from the Minnesota Department of Health discussing teen pregnancy.

Analysis, Concerns of a Diverse Group are Paramount. First and foremost, Minnesota International Health Volunteers is a unique organization in my study for two reasons. One, they work domestically in the United States with an immigrant population. Two, they are only working with one group in the United States. This latter factor comes out more in my analysis of the interviews in relation to their ability to address universal norms by only working with one group. However, here I am going to focus on their presentation.

The organization made it clear that they did a research study with the Somali community in their aim to look at reproductive and sexual health and in this case, presented specifically looking at HIV/AIDS. In terms of being inclusive of diverse views, it is quite important to mention their study sought the opinions of the Somali community. They could have asked health care providers and social service workers that work with the community about the issues, but they focused on the Somalis themselves to find out what the issues were and how to address and implement interventions. Though the organization's concern might have stemmed from stories of others, they did look to the people themselves. However, this is also unique as the Somalis are living in the United States. Therefore, it is hard to compare or differentiate if this concern and study would have happened in their homeland or refugee camps. Meaning, we still must question the concerns of the study. Is this because we are concerned with Somali culture and its link with American culture? This could be the case, but since the issue spoken of was HIV/AIDS and looking at my data from the CSW meetings where this is a global

problem, I think the concern was more with health of the group and not cultural assimilation.

However, this does mean that issues specific to this culture, such as Islamic views on HIV/AIDS, were not addressed as a concern. One the hand, this could be seen as a cultural view that violates human rights (i.e. caring of the sick instead of social isolation), but on the other hand, I do not think the view that HIV/AIDS happens to bad people is only unique to the Islamic religion. Furthermore, men were important in assessing barriers to preventing and treating HIV/AIDS. Another interesting finding from their study was the notion of oral culture in the Somalis asking for education to be through oral means. In addition, they wanted to have community education in addition to doctors being trained on cultural sensitivity in dealing with these issues. Based on their presentation, MIHV seems concerned about being seen as legitimate by the Somali community, though this story is more complicated when the interview data is analyzed.

Comparison with Websites and Interviews

How do the organizations' conceptualizations of reproductive rights align with how they present themselves on their websites? I use the websites to examine whom the websites are aimed at in terms of the information presented, what is presented, and how it is presented. The answers to these questions further supplement my analysis of sources of legitimacy, how this affects the organizations' framing and interpretation of reproductive rights, and if the organizations' interpretations and framing are more or less inclusive of the ground level and/or diverse views. Furthermore, I supplement this with various information from the interviewees with organizational representatives in the conclusion of this chapter to further highlight that most organizations have multiple sources of legitimacy and the importance of this in how they are or are not inclusive of diverse women and reproductive issues in their interpretation of universal reproductive rights norms.

Guttmacher Institute

I will begin with the Guttmacher Institute, which has a professional website with lots of information. Beyond listing the typical things for an organization such as funding, locations, missions, and goals, the organization also has much information. This includes,

but is not limited to, publications, a state center, a media center, table makers, media kits, fact sheets, policy briefs, and research articles. There are also statistics and free slide shows available. The website shows that the organization examines women, men, and adolescents. While the information is well organized, this is not a site for a typical person scouring the internet. It seems intended for policy makers, researchers, educators, and other advocates to find the information they need. Furthermore, the site is objective and free of emotional language. This aligns with my analysis that the GI is a research organization who wants to disseminate their information to people who will use it such as policy makers. It also reinforces the point, assessed from my observations and interview data I discuss more in the next chapter, that they are about rationality, objectivity, and numbers in their approach to reproductive health. The site is aimed at people who have legitimacy to make a difference and thus, issues are framed top-down.

Center for Reproductive Rights

Likewise, the Center for Reproductive Rights has a professional organized site with lots of information. But, both similar and dissimilar to the GI, it is clear from the site what the organization does: legal work. They have information on domestic and foreign policy priority issues. They also have information on what is happening in the states regarding reproductive issues and there is a search engine to search worldwide. In addition, they also have a few free publications for download, toolkits for action, shadow reports, and an online bookstore. This site, like the GI, does not seem to be aimed at an average person, but instead at reproductive rights advocates in the legal or social context. Furthermore, the site only mentions reproductive issues in relation to women's rights. They use the law to advance reproductive rights and are inclusive of diverse regions and issues. However, it might be questionable if women in general would go this website to find out about reproductive issues. I would argue that it would be either advocates or those who have some interest in the subject, but this was not tested empirically. The website aligns with my analysis of the organization's presentation at CSW in that the CRR derives their legitimacy from diverse women and partners around the globe in addition to trying to legitimize reproductive rights as part of mainstream human rights.

Family Care International

Family Care International's website has similar information to the others, but less of it. The website contains information about the organization, news, programs, issues, where they work, and resources. However, the website is vastly different from the CRR's and GI's websites in that it is more personal. Both their website and publications available on the website contain pictures of diverse people. This website seems to be aimed at a broader range of people than the websites of the CRR and the GI. The site expresses that FCI wants to help people, which is exemplified by the issues they work on: safe motherhood, HIV/AIDS, and adolescent and sexual reproductive health. However, the site is not aimed particularly at providers, but instead a more general audience. Furthermore, since FCI sponsored the youth presentation at the 2005 CSW meetings, and the site is easier to navigate than the GI's or CRR's, this site could be a resource for youth around the world to seek information. The site seems to be a way to tell people what the organization is about and thus find supporters and potential donors for their work providing technical assistance. Thus, based on the observational and website data and also supported by the interview data discussed later, FCI derives legitimacy from varied sources: the people they serve (i.e. adolescents and women), actors who fund their work, and those providing the skilled care.

Minnesota International Health Volunteers

Minnesota International Health Volunteers' website was also similar to FCI's in that it had many pictures of people in addition to resources and reports of their work. The site was professional, but it was obvious that this was a smaller organization with less funding than some of the others in my study. One of the interesting things from the site is that the organization's vision is listed which includes the notion of envisioning "a world in which communities are organized to improve their own health." They also list many projects that they have worked on with the Somali community in addition to child spacing and HIV/AIDS. Some of these include breast cancer and a tobacco research. The site has an information center in which there is a newsroom, fact sheets, and publications. In analyzing the website, it is clear that the organization is focused on the health of the

Somali community in Minnesota. Thus, compared to the other sites, this one is more specific and local in its approach. As the organization is smaller, this might be why they are so specific. The site in general seems aimed at other health care providers, but in some cases, it might be of interest to Somali community leaders with the research reports. The organization is inclusive in some ways of the diverse ways of the local Somali community, which was apparent in their presentation at the International Women's Day Celebration. However, on the other hand, the organization also promotes Western-centric ideals of pregnancy and child spacing discerned both from their website and through my interviewee with a representative of the organization. Does a site aimed at health care providers reinforce inequalities about cultural practices or does it work to erode these to be more inclusive of diverse reproductive practices? This question, which I cannot answer with my data, does relate to how the organization enacts a middle role in relating concerns of both of their constituents, the Somali community and health care providers, to each other and thus derive legitimacy from multiple sources.

Pro-Choice Resources

Pro-Choice Resources has the most personalized site and one that is aimed most at women and advocates and thus does not just focus on a certain group of people. The organization's mission listed on the site is "to aid women in realizing their right to make decisions regarding their bodies by breaking down the barriers to reproductive health that keep women from fully expressing their personal freedom." The website contains information on their Birds and Bees Project (their educational aspect), their Hershey Abortion Assistance Fund, the Abortion Providers Expansion Project, Community Outreach, and their group Emerge (a support group for post-abortion women). They have a link to how to be an activist where there are ideas on what to do and an opportunity to receive email alerts on issues. They also have their annual reports and newsletters on the website. The site seems to be aimed at younger women. Despite the fact they have a picture of young white women on the main page, they do also talk about their work with diverse groups, including their speaker series of reproductive justice. In summary, the page is aimed at women who want information on reproductive issues. Part of their aim

might be at younger women, exemplified by a picture of white younger woman on their website, but this is part of the struggle the organization faces. In my interview with the PCR's executive director, she described the struggle of being inclusive of diverse reproductive realities with older activists who argue for the traditional pro-choice framing. Thus, like many of the other organizations, PCR also derives legitimacy from multiple sources including those it wishes to include in their work, diverse minority women, and those who have been longstanding pro-choice advocates in the mainstream feminist movement.

Abortion Providers Expansion Project

As the Abortion Providers Expansion Project is part of PCR, their website is linked to the PCR site. This is the only site out of my sample that directly mentions medical personnel and abortion. The site is small and contains information on their education and training opportunities that Stacey, the sole employee, discussed in our interview. The website is specific in framing the issue as the lack of abortion providers. Based on the observational data, website, and my interview with Stacey, APEP is concerned with first increasing the number of abortion providers, and in doing so, they try to make abortion provider training a legitimate endeavor. Thus, APEP derives their legitimacy not from local and diverse women per say, but from medical students and funders, who generally have the same political orientation. Yet, like the CRR and MIHV, they seek to legitimize what they are doing. In other words, they seek to have abortion training as a legitimate part of the medical school curriculum, which also includes being seen as legitimate by political actors.

World Youth Alliance

Lastly, the World Youth Alliance's website did exemplify contradictions in comparison to the youth's presentation at CSW and information gleaned from my interview with an organizational representative. The website contained more general statements than ideas, facts, or assertions. This relates to the post-modern framework of the organization in which they want to avoid both meta-narratives and specifics. On the website, the organization explains the work they are doing, but not why it is important or

if it is working. The site focuses on the history of the organization, with emphasis placed on expressing youth's basic needs, and the philosophical rationale for the group with a heading stating, "Who is man?". Within this section, there is a comment that states, "On a global scale the dignity of the person is being threatened in real ways. Human cloning, abortion, HIV/AIDS and the ways in which we distribute foreign aid are all symptoms of a flawed understanding of the human person." Thus, abortion seems to be problematic for the organization, which is interesting as the youth's presentations at CSW did point out abortion as a wrong. Moreover, in their declarations and statements section, there is a list of issues. One is labeled the human person which states life begins at conception. Furthermore, under HIV/AIDS they advocate abstinence education. Though this contradicts with what the youth talked about during their presentation at the CSW, this makes sense in relation to my interview with Ann Marie from the organization. She was quite hesitant in answering my questions about reproductive rights issues and would not give specifics. Furthermore, it also makes sense as to why the founder was so concerned about youth talking about reproductive issues when she founded the organization. So what does this say about the organizations interpretation of reproductive rights? One the hand, the organization is concerned with the person and defining issues from the ground, which can be inclusive. On the other hand, the organization does have a philosophical ideology regarding reproduction, particularly abortion and sexual activity, which states a particular view. Thus, their framing is complex and in being a post-modern organization based on the philosophy of individualism, everything fits, but nothing fits when it goes beyond the individual. Thus, I argue their interpretation could be inclusive, but they are too afraid of making any statements beyond individuals to make it this way because they derive their legitimacy from "individuals" on the ground. Yet, the organization also operates within the United Nations in relation to the organization's history, training of youth to be able to speak for the organization, utilizing common ideals on human rights stemming from the UN, and as forum to present an alternative view of human rights as discussed in my interview with Ann Marie. So, like so many of the other organizations in my sample they have multiple sources of legitimacy stemming from individuals on the ground, the international community, and to enact the legitimacy of youths' voices.

However, they place more emphasis on legitimacy derived from individuals on the ground.

Conclusion

The Guttmacher Institute wants to be seen as legitimate by people on the top and is not necessarily concerned if local or diverse people see them as credible. As I present in the next chapters, the organization is concerned with objective, credible social science research for those at the top to use. Thus, the GI is the expert on the issues, not local and diverse women or non-legitimate organizations from other places. This aligns with how the organization presented issues at the CSW in a scientific demographic framework that did not resonate with the diverse women there.

The Center for Reproductive Rights considers diverse women's reproductive realities legitimate and thus looks to them and regional/country partners as a source of legitimacy. But at the same time in using the framework of international law to mainstream reproductive rights issues, they also want to legitimize these concerns of diverse women and regions to the mainstream human rights movement and those who shape international law. This relates to their ability to interpret universal reproductive rights norms utilizing both international norms and local and diverse concerns as they use the local concerns to make the law something real as explained in my interview with a representative from the organization.

Like the Center for Reproductive Rights, Family Care International derives their legitimacy from multiple sources. They not only are concerned about being seen as legitimate by the people they serve, but also based on their website, want to have their work be seen as credible by people who may fund them. Lastly, though not as apparent through the analysis of observations and websites, but mentioned by interviewee from the organization, is that in providing skilled care, they document the concerns of their constituents in enacting the delivery of skilled care. Thus, like the CRR already discussed and the MIHV discussed next, they legitimize concerns of their constituents to others.

Minnesota International Health Volunteers is an organization working on improving the health of the Somali community in Minnesota. In doing this, they must

document the concerns of the Somali community, relay these to health care providers to provide culturally sensitive care and help the Somali community navigate the United States's health care system. In focusing on reproductive issues, they are inclusive of the Somali community's concerns, more so with HIV/AIDs, but in focusing on birth and pregnancy seem to take a more Western stance on the issues. Thus, in their multiple roles addressing the health of the Somali community and cultural sensitivity of health care providers, they derive legitimacy from both sources which helps explain why they are both inclusive and exclusive of the Somali community's traditional practices.

Pro-Choice Resources attempts to derive legitimacy from multiple sources. The organization wishes to be inclusive of diverse women's reproductive realities and wants to be seen as legitimate by these women at the same time that they are trying to legitimize diverse women's reproductive concerns to long-standing pro-choice advocates with a certain viewpoint. Although including diverse reproductive concerns is important to the PCR, as discussed in my interview with Lea, the White, mainstream pro-choice advocates are an important part of the organization's history and a large percentage of their volunteers. Thus, they do not dismiss this group in relation to concerns over legitimacy, but struggle with how the organization can be seen as legitimate by both groups. Lastly, the organization struggles the most with sources of legitimacy. This is because in being more a grass roots reproductive rights' organization with a political history, stance, and name, the organization is often discredited by diverse groups, particularly immigrants, even though the organization has made strides to work with these groups.

The Abortion Providers Expansion Project is concerned with increasing the number of abortion providers and thus legitimizing training to become a provider. Furthermore, in doing this they derive legitimacy from multiple sources including students interested in this work, medical students in general, and stakeholders, such as politicians, that control funding and the medical school curriculum. As this organization is unlike the others in my sample in that it does not work with women on the ground, I cannot make the claim that they are inclusive of diverse women's views based solely on their legitimacy concerns. However, analytically piecing together data I collected about the organization, by emphasizing mortality statistics associated with abortions and thus

trying to solve the problem by training providers, they seem to be inclusive of the idea that women are getting abortions, whether it is safe or legal. Furthermore, looking at the organization's main work in the United States on such a politically contested issue, in which laws change with the political climate, it is difficult to say without political bias who the organization is being inclusive of in their work. However, based on the stance of the reproductive rights, international law and human rights literatures, access to safe abortion is deemed as part of a reproductive rights framework.

Lastly, the World Youth Alliance also derives legitimacy from multiple sources, but seems most concerned about one, local youth across the world. As they are an organization built on human rights philosophy stemming from individual realities, to be more concerned about local individual youth links with their post-modern philosophy avoiding meta-narratives. However, in being more concerned with this source of legitimacy and enacting a post-modern philosophy means that the organization can in theory include every issue and person in their work and be completely inclusive, but on the other hand, they do not have the ability to speak past the individual because this would be counter to their mission and philosophy. This also leads to problems in discussing how to solve problems, such HIV/AIDs, in which victim blaming can occur by believing the person did not enact good choices that are respectful to him/herself. Furthermore, by focusing heavily on this source of legitimacy, the organization appears contradictory in what they express as their mission and goals on their website and in the interview compared to how the youth representing the organization discuss reproductive concerns at the CSW meetings at the UN.

Thus, in conclusion, this chapter shows that most organizations derive legitimacy from multiple sources and this affects not only how they interpret reproductive issues in relation to diverse views but also the tensions organizations face in interpreting universal norms in trying to be inclusive. For example, organizations such as the MIHV, PCR, and FCI must navigate the concerns of different groups and legitimize these different views to the other group. The CRR is similar in that it has multiple sources of legitimacy, but it also deals with less tension because they are most concerned with diverse women's reproductive realities, but have the ability through their legal knowledge and training to

legitimize these concerns within international human rights law. However, organizations that have multiple sources of legitimacy deal with tensions and have to make trade-offs between universality and inclusivity, but appear to be the most inclusive. On the other hand, organizations that have one source of legitimacy, or put more emphasis on one source, are the least inclusive of diverse concerns, but for different reasons. For example, the GI is less inclusive because it derives legitimacy from the international system and both characterizes and defines reproductive issues in a rational, scientific framework that is both not accepted by diverse women nor seems to include their concerns. The WYA differs in that it places so much emphasis on the individual that it is not able to incorporate diverse issues into a framework that can speak more universally or even about groups or cultures.

How do organizations working on reproductive issues conceptualize and bring in the local and/or diverse issues? How does this affect who is seen as having expertise to define the issues? As I argued in the introduction and have shown through this chapter, these questions can be answered by examining organizations' sources of legitimacy in terms of how this affects framing of the issues. Multiple sources of legitimacy lead to more inclusive framing of reproductive issues, even if organizations must navigate trade-offs and tensions in doing so. These organizations must then include various concerns, from those on the bottom to those on the top, in their work to be considered legitimate by different actors. Furthermore, because these organizations must address multiple concerns, they tend to have a more nuanced vision of expertise. For some organizations with multiple sources of legitimacy, they place more emphasis on the local in terms of defining issues while others struggle with navigating expertise between different groups, such as diverse constituents and medical providers. Yet, all the organizations with multiple sources of legitimacy do not just frame issues in a top-down fashion, but instead utilize multiple sources (such as international law or Western medicine) or groups (such as diverse and/or local women) in their framing of issues that thus utilizes both the top and bottom.

Organizations with only one source of legitimacy, or that place more emphasis one international system, tend to be less inclusive. Thus, organizations with only one

source of legitimacy that stems from the top have a more top-down framing of reproductive issues. Lastly, organizations that have multiple sources of legitimacy, but place emphasis on *individuals* on the ground level, do see these individuals as the experts, but are not able to speak in any universal terms or about groups, which is not always inclusive of diverse concerns when interpreting international norms.