



Sustainable Development Policy Institute

Working Paper Series no: W-03

**Sex, Lies and Population: A View
from the North?**

Wendy Harcourt

31 October 1992



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A publication of the Sustainable Development Policy Institute (SDPI).

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Mailing Address: PO Box 2342, Islamabad, Pakistan.
Telephone ++ (92-51) 278134, 278136, 277146, 270674-76
Fax ++(92-51) 278135, URL:www.sdpi.org

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Sex, Lies and Population: A View from the North

Wendy Harcourt

Abstract

This paper looks at the contradictory issues around population and gender. It works towards a redefinition of population to open the way for a more people oriented transformation of gender, equity, and political, economic and social justice. The paper starts by defining the population debate in Europe and goes on to the history of the term "population." The author provides a feminist critique of the female body and of the reproductive technologies which have developed over the years and highlights the missing male factor in the global debates on population. She examines the international population debate in which population is seen as a problem of the southern countries and which stresses the need to drastically reduce the population of the developing countries in order to improve the standard of living of the people in those countries. She argues that this debate should emphasize improving the status of women and how the men should assume the responsibility for contraception. Another missing factor from this debate is the part of the western countries in the population explosion. It is emphasized that it is not the over population in the South but the over consumption of the North which is the cause environmental degradation. In conclusion the author suggests that the issue of population should take into consideration the rights of women as a part of human rights, which are crucial for more balanced development, and the population debate should focus on providing new ways of knowledge on population and different sets of political and social practises.

Introduction

At the Earth Summit held in Rio de Janeiro in June of this year, population emerged as one of the most contentious issues. The players in the debate were many: the traditional conservative elements associated with the church and moral movements, governments and UN agencies women's groups from the South and North environmentalists and development NGOs. Arguments ranged from those who directly linked environmental degradation to excessive population growth in the South to those who argued that it was not a matter of the South being too many but of the North being too greedy. From the gender perspective, in general, the women from the North looked at population in terms of reproductive choice issues whereas the South saw the issues in terms of "social control".

Defining the population debate in Europe

On March 25th 1992, the day of the Italian 1991 census results, the headlines of all major Italian newspapers announced "Here is an Italy without babies". (De Rita March 25, 1992: 1-3) Inside the pages columnists debated "the role of the mother" -- why were women no longer choosing to have children? (Majai March 25, 1992:1,4) And as the debate in the media continued, women replied that "if we don't

have children it is also your fault" -- their point was that in a society which fails to provide adequate facilities for mothers what choice do women really have? (Longo March 26, 1992:6).

To take another angle on the European reproductivity debate: in one of the many articles published in both popular and scholarly journals (Williams 1990) three women who have taken part in In Vitro Fertilization Programmes (IVF) describe why they desperately would like to have children and are willing to undergo IVF, though the procedure is tedious, uncomfortable and often unsuccessful. (Klein and Rowland 1989) They state clearly that without children they would feel unfulfilled as women, "unfeminine and deviant". (Veevers quoted in Williams 1990:544)

These two examples give the ambience of what is identified in Europe as the population debate. The first example illustrates how the debate operates on both a social and individual level. The population discourse links the numbers gleaned from the census statistics directly to women's individual choices. The falling birth rate of the modern nation state of Italy is interpreted as the personal choice of Italian women isolated from any social, political or economic context. In the second example, we see how medical science is central to the debate with highly complex techniques to enable infertile women to become mothers. We also glimpse how much women still value motherhood even to the extent of their undergoing uncomfortable and arduous medical treatment.

Within the apparent contradictions -- according to the interpretation of the census, modern European women do not want children and yet modern western medicine is proving highly expensive technology to help childless women to be fertile -- what is at the centre of the European population debate is women's choice and control over her own reproductivity. The "health" of the social body (is Europe an aging or young population, do women produce enough babies for the renewal of the modern State etc.) is linked directly to the individual reproductive (female) body. Hence there is a public debate over women's individual choice to have or not to have children. This is an entirely different focus from the population debate of the Third World where social, environmental, political and economic links are to the forefront and women's freedom of choice submerged.

But this does not mean that there are not economic, political and social dimensions to the European population debate. Although the argument is stated in terms of choice as illustrated by our two examples, it is in fact a much more complex set of debates. What I wish to uncover in this paper are the several hidden agendas, unspoken histories, missing items and contradictions of the current European population debate. The paper explores the population question in Europe by looking at: first, the historical background to the discussions; secondly the medicalization of the female body and development of reproductive technologies; thirdly the missing male factor in the whole debate; and finally the need to focus on the broader social and political context.

The History of the Term "Population"

Let us first take up the history of the concept of population in Europe. Historians and philosophers have traced the emergence of the modern western concept of population as the "body politic" to be measured and calculated as originating in the 1800s with the rise of the enlightenment and interest in studying society as a whole. (Foucault 1986) In the 20th Century the concept of population changed from being a more people oriented study to a subject of the science of statistics. Hence population was described in mathematical and statistical formulations and reproductivity became one of the many variables ("let P = population") to be aggregated and graphically depicted in order to compare figures on contraception,

nutrition and abortion across nation states. (Duden 1992:148-9) The complexity of the human condition was reduced to figures in a scientific language which, as the example of the debate around the Italian 1991 census suggests, is brought into public discourse as "objective" evidence on complex ethical and social, profoundly human subject.

Another historical development was the focus on the female body as the key to the control and management of population. As Foucault (1986) and others (Sayers 1982; Rubin Suleiman 1986; Stanworth 1987; Jacobus et al., 1990) have pointed out this has been linked to a sexualization and medicalization of the female body from the late 18th Century onwards. At the turn of the century as the social movements for a healthy population became popularized in the eugenics movement (Harcourt 1987) the female body became subject to medical scrutiny and control. (Jacobus et al., 1990) What was once outside medical interest, the female reproductive process, became the subject of intense medical concern. Women's reproductivity was no longer seen as a natural social event but put into the terms of a modern medical discourse based on pathology and illness. Female reproductivity became interpreted as a general disorder of femaleness which needed medical intervention and supervision not only for the individual patient's health but also for the good of the State. The social, political and economic factors determining an individual woman's reproductive health were obscured by the objective and medicalized practice of modern reproductive medicine which was in the hands of the (largely) male medical profession.

In these historical development on the one hand, women's reproductivity is understood as the key to the health and growth of the population as objectively measured in population statistics, and on the other hand, it is in need of close medical supervision removed from social needs and constraints. In both cases women as subjects with choices, histories and social, political and economic concerns rather than as objects of the scientific medical gaze are missing.

The Medicalization of the Female Body and Reproductive Technologies: The Feminist Critique

As the outline of the historical development suggests, reproductive technologies and the medicalization of the female reproductive process in general, are important forces in shaping the lives of women in Europe (and much of the West) today. The development of the medical specialisms gynaecology and obstetrics during the 20th Century has led to a high degree of medical intervention in women's lives with the development of genetic engineering, synthetic contraceptives and manipulation of eggs, sperm and embryos outside the environment of the human body.

Although these techniques are presented as offering greater choice to women these choices are predefined in limiting ways where the female body is seen as a medical object to be experimented on and to be understood by the expert rather than as a physiological entity belonging to a woman who has a particular economic and social history. Feminist critics in Europe (as well as in other western countries) (Stanworth 1987; Spallone 1989; Klein 1989) have raised the issue of what do these technologies mean for the health, safety and choice over reproduction for women; the "bodies" on which these new technologies are developed. (Stanworth 1987:3) This literature described how women are treated essentially as objects for medical trials with the underlying assumption being that women will undergo any amount of medical interference (from hormones to operations) in order to become fertile or to prevent fertility or to have a "safe pregnancy". In the name of science, vast sums of money are spent which focus narrowly on women's reproductive function: women as complex social beings are reduced to reproductive bodies. In

order to help infertilization in "couples" the female partner is subject to numerous techniques with poor results. (Klein and Rowland 1989) As routine preventative procedures, coercive practices are introduced at all stages of a woman's pregnancy, indeed women's entire reproductive life is increasingly placed under medical monitoring. (Rose in Stanworth 1987:162) However, the development of these practices is determined by the technical feasibility, scientific ingenuity and funding available (based on the proven record of the scientist, medical institute or lab) rather than on the needs or acceptability of these techniques for women.

The new reproductive technologies, grafted onto the logic of an impersonal and gender blind medical science, have produced not greater choice, but according to FINRRAGE (Feminist International Network of Resistance to Reproductive Technology and Genetic Engineering) "a destruction of women's procreativity, and yet another attempt to undermine women's struggle for control of our own reproduction". (Spallone 1989:1)

In terms of contraceptive practices, medical hormone treatments and in particular "the pill" have been heralded as the great liberation for women since the 1970s (there was a grand scale celebration of the 20th "birthday" of the pill in 1990 (Hynes 1991:477). Despite the demonstrable risks of uterine cancer from hormone replacement and strongly suspected risks from the pill and menopausal estrogen at all stages of women reproductive cycle medicine (and pharmaceutical companies) continue to treat women with synthetic hormones. (Hynes 1991:476) The pill and other medical treatments are all part of a modern "technical fix" which have led to a host of "side effects" at times greater than the "problem" they were designed to solve.

Feminist critiques point out that in all these developments women's choice and control is not the goal. It is the medical profession who are the "experts" on women's reproductivity and who devise the choices. Rather than reproductive self-determination which advocates improvement in women's social and economic status where health and safety are the primary concerns and safe and effective birth control are a component of health care services, we have a male dominated cultural legal and social system which define women by their reproductive role.

European Women's Response

One of the issues for European women has been to take back their right to control their own bodies, contraception and reproduction from the medical profession. In doing so they have had to fight not just a powerful profession aligned with drug companies and other which profit greatly from the new technologies but also with the cultural ideology which depicts women's greatest fulfilment as that of the mother. The point here is not whether women want to become mothers but the implications of motherhood for women in modern European society. In such a medicalized environment women have lost the knowledge of their own bodies as experts tell them what to do. So called "old wives tales", herbal recipes, listening intuitively to the needs of the body are all arts which have been dismissed by modern medicine. The new technologies offer women a safer pregnancy for the few who need it and the possibility (at a considerable personal price) for conception, but at the cost of lack of control and self-management for all women. The new techniques push us "beyond conception" where surrogacy is possible, where infertility is no longer accepted as natural but as medically treatable, where pregnancy is monitored on every level, where the traditional power of women as mothers is being squarely challenged by science. All these medical "advances" are so fast our ethical and legal system have not had time to catch up.

There are also contradictory messages about women's reproductive role. On the one hand women's reproductive role is crucial, and considerable sums of money are spent in "breaking" medical frontiers to help solve women's health problems, provide female contraception, solve infertility problems, but on the other hand, women are not being provided the social services which would allow them to have fulfilled productive and reproductive roles. Women, as the article in *La Repubblica* (Longo 26 March 1992: 6) states, have to choose between being mothers or having a career. Rarely do European state services, policy planning or modern environs, transport or housing take into account women's needs as mothers, rather they are systems designed for stereotyped male citizens with modern life-styles organized around their careers. Women, are therefore obliged to choose "male" life-styles and, internalizing a social devaluation of women's role as mother and house carer. At the same time women are expected to take the full responsibility for birth control and parenting, individually and socially. The question aired in these debates is always "why are women not producing babies" not "why are men not siring children" or "why is the State not providing a welcoming environment for more offspring". Women are not given the possibility to make a socially or culturally informed choice beyond potentially dangerous and intrusive medical interventions.

This may sound profoundly luddite, but let me hasten to add that I do not wish to advocate an enforced return to a "natural" non-medicalized world, even if one could do so. This would in its turn be a blind not to say naïve response. My argument is that modern medical discourse operates to produce a series of practices which define and capture the female reproductive body as a medical object which is manipulable and dominated by science and technology rather than modern medical discourse being an enabling or liberating set of practices for women.

Feminists such as Donna Haraway emphasize that we need to resist the myth of the natural world in a decoding of the interests and power relations in science and technology. She proposes as a potentially positive step, and one which at any rate we have to face in our present reality, that western power relations have blurred the boundaries between science and nature, in what she calls our "cyborg world". She sees both the monstrosities of the "cyborg myth" but also a potential for a politics which could provide new ways out of the present relations of domination and offers fresh sources of power. (Haraway 1990: 205-207) She suggests in the apparent abstractions of science and the capturing of the female body there is also embedded the power of resistance to which people can have access. Haraway argues that people should take up their responsibility for the social relations of science and technology "embracing the skilful task of reconstructing the boundaries of daily life, in partial connection with others, in communication with all of our identities" and this means "both building and destroying machines, identities, categories, relationships, spaces, stories."

The Missing Male Factor

Part of the quest which Haraway proposes is to move "beyond gender" to a world where we are liberated from our sexual identities and are free to choose our reproductive and productive roles. But before we enter that fantasy world (Haraway herself describes it as a political fiction) first let us look at the missing male factor in the current population debate in order to identify non-dominating strategies which people can embrace.

Why in the present population debate is it the female body not the male body which is subject to such medical scrutiny? Why have we forgotten the male parenting role? Where is the male identity as a

reproductive being and father? Where are the new reproductive technologies for men? Why are we not questioning the European man's lack of desire for children? Where are the "objective" numbers on the male unfulfilled high career achievers (i.e. the (many) career men without wife and child)?

In focusing on the female body and new reproductive technologies as the central issue of the debate we have neatly sidestepped the underlying sexual politics of the whole population question. Beneath the push for the pill and focus on the female body is the tacit recognition that women are the reproductive beings and those responsible for reproduction "no women can entirely rely on her partner to avoid pregnancy". (The Guardian 1990 quoted in Hynes 1991: 477) Men are not expected to take up their reproductive responsibilities, either in terms of contraception or in terms of their social role as parent. In building up a whole armory of medical techniques to give women "choices" men are freed from even thinking about their reproductive cycle in terms of life choices (women are the once responsible for contraception, child care etc.). The male body is not seen as a reproductive body and the primary role of men is productive.

Ironically the male reproductive function is much more accessible to simple medical interventions (physiologically being more external). Whereas we all know about the inadequacies and dangers of the pill for women who are still encouraged to accept it, despite the dangers, as it is the "simplest most effective method", we know very little about male contraception -- apart from the condom and vasectomy. The first of which is not condoned by the medical profession as safe (although AIDS is changing this) and the second of which is seen as a radical intervention and demasculating. However, there are eight other methods of male contraception: "nonsurgical vasectomy; permanent contraception by injection to close the sperm ducts; inserting an injectable plug in the sperm ducts; implanting a shug in the sperm ducts; coating the interior of the sperm ducts with a sperm killing solution, effective for five years; the wet-heat method -- testes are bathed in hot water every night for three weeks providing contraception for up to six months; wearing special shorts during the day to hold the testes close to the body achieving a heat effect which prevents sperm production; an ultrasound method ultra-sound waves are applied to the testes for five to ten minutes every six months. (Lissner 1992) All of these methods are non-hormonal and not prone to complicated side effects. Reasons given by the medical profession (and drug companies) for why these methods are not more widely known and used is that "there is no public demand" and that (male) researchers are reluctant to "tinker with the male body". (Lissner 1992) Our whole way of addressing the reproductive issue precludes the male body and the male social reproductive role from being the focus of research and attention.

In order to move forward in the European population debate we have to remove the female body and women's "choices" as provided by the medical profession from the center of the debate and place the issue into a broader political and social context.

The International Population Debate

We need to begin by looking at how this European debate (widely paralleled in other western societies) should be viewed in the international context. In the international arena population is seen as a state and national matter, largely of southern countries, which need "family planning" and "birth control" to contain the world wide "population explosion". (Spallone 1989; Hynes 1991; Duden 1992: *In Context* No. 31 1992) In this argument "women's bodies" [become] the primary site of population planners" (Spallone

1989:6) but concurrently women as subjects and individuals disappear in a morass of figures which demographers, policy and population experts pour over in their race to conquer the spectre of "over-population".

In recent years this debate has become heightened within the development discourse where it is commonly argued that the improvement of human standards of living in poor countries cannot be achieved or maintained unless population growth rates are drastically curbed. This has been extended in the debates around UNCED to the contention that population growth in developing countries is the primary cause for the depletion of natural resources. As "linkages" between population and environment issues have gained visibility the complex realities of men and women's lives and their relation to their immediate environment have been obscured. In most cases the discourse has been framed within the simple population-environment balance equation and technological solutions sought which have contributed little to the quality of life of the poor women involved, or indeed the threatened natural resources.

It is interesting to note that while western women are condemned for not producing enough babies and the search to cure infertility in western childless couples continues apace, women in third world countries are blamed for producing too many babies, increasing the rate of poverty and accelerating environmental destruction and thereby preventing the development of their countries. In the four development decades population programmes have had major support by industrialized countries to assist in the "depopulation" of the "over-populated" South. National governments through the support of international programmes have built up powerful and centrally controlled population programmes. (Duden 1992:154) Though focused on the control of female reproductivity these programmes put economic development goals and, in recent times, the environment before women's needs and choices. The programmes fund and promote medical teams to introduce injectable and oral contraception and to surgically intervene in cases where the women involved are commonly ill-informed of the consequences. Third world women's rights to chose are rarely on the agenda. Even when programmes promote women's education, health, social and economic status they do so in order to make "acceptance" more likely in the overall aim to "defuse the population bomb" (Hynes 1991:477).

Women's reproductive self-determination is scarcely heard in the population debate of the South but what is equally disturbing are the inherent racist and eugenic practices underpinning such birth control practices. Methods declared unsafe in the West are used unquestioningly on third world women. Destitute women are invited to "choose" sterilization in return for food or assistance. State propaganda encourages the perfect two child (western unclear) family while giving little or no thought to the cultural needs of their own people or the reasons behind large families (the value given to large family to help with work and the care of the old, the preference for sons, lack of access to resources which would allow choices). These western controlled (ideologically and materially) population programmes "reflect western cultural, ideological and technological imperialism. It is a differential interpretation of Malthus: people in the west have a divine right to multiply and consume; the rest of the world succumbs to the miserable fate of Malthus' prediction and must be saved from over-reproducing and from messing up the world for the privileged consumers in the West." (Spallone, based on Farida Akhter 1989: 152).

As Hynes (1991:477) points out, the international population debate is built on the assumption that rapid population growth is the cause of third world problems and threatens the entire natural world. Poor people in the third world must be persuaded (or forced if necessary) to have fewer children whether or not the conditions of poverty change. Birth control (like many aid programmes) can be delivered top-down to poor women with the right combination of finance, personnel, technology and western management

techniques. The call for population control by technological means to save the earth's environment by preventing the birth of too many poor (non-white) babies prevents rather than enhances third world women's chances for greater self-autonomy, integrity and dignity and completely neglects the question of how men should take responsibility for contraception and path the way for social and economic "gender" justice for women.

Over-consumption or over-population?

What is also missing from this "international debate" is the West's part in this population "explosion". In the "green" debate of the early 1990s (largely a western led movement) "over" population (of the South) has moved up to become the "first and final cause of environmental degradation." (Hynes 1991:474) But in looking to medical techniques directed at women as the most efficient means of population control the debate has once again neatly sidestepped a crucial issue -- that of general political and economic imbalance North and South. As Vandana Shiva stated at the Global Forum in Rio, echoed by many others, instead of population control of the South should we not be talking about consumption control of the North?

The numerically smaller number of people in industrial countries use 25 per cent more energy, 70-80 per cent more natural resources (Brown et al., 1992) than the more populous but far poorer South. Industrial countries generate most of the world's waste. A family of eight in Rwanda pollute far less than a family of four in Europe. Some have argued, notably at the Global Forum in Rio that rich nations have borrowed from the Earth's common ecological systems and have incurred an environmental debt in order to finance their economic development. On the other hand, while some governments and non-governmental groups in low-income countries claim that population growth is not an issue, the majority do understand the need for stabilizing population growth in order to promote sustainable socio-economic development in their countries. However, they do so by asking that population programmes must be based on the respect of the State's sovereignty with regard to the definition and implementation of their national population policies; and on the recognition that social and economic development is the central factor in the solution of demographic problems. For the South population growth should be seen in the context of the international imbalance in economic growth and social development. In their opinion, fertility trends could only be slowed down through appropriate and equitable socio-economic development aimed at primary health care and education for women on a micro level and at the macro level, readjustment of the present unjust global economic system.

It is inappropriate to blame southern nations for their own poverty, environmental degradation and "over-population". But to offer technological fixes to reduce numbers and to impose even narrower choices for southern people as a poor substitute for equitable socio-economic and environmentally sound development policies borders on international injustice.

Conclusion

What then would be an appropriate population strategy in Europe and internationally? First, we should seek to remove the medicalized female body from the centre of the arena and place living women and men in all their complexities - social, political, cultural and economic as the subjects of the debate. Statistics should be a guide to what development could offer people rather than, as statistics tend to be used today to inform people "objectively" what is "happening" to them. Demographic knowledge should be based on a far more interactive method of producing knowledge based on a more comprehensive understanding of the social and political context of the people studied. This new type of knowledge could

then be used to indicate and suggest the most appropriate life choice. This could well mean several different sets of choices, for example more self-determined medical knowledge and less consumption in the North, more education, better health care and GNP growth in the South.

As the debates around UNCED indicated, there is a growing recognition that there are limits to economic growth and population growth in relation to the carrying capacity of the Earth's living ecosystems. Nor can we fail to recognize the accelerating crisis in economic development and environment. Progressive people, whether in the North or South, need to look at how to respond responsibly to these crises by challenging the dominant modes of knowledge/power in the population discourse, by seeking the modes of resistance which would allow a more efficient and empowering use of the technologies available and a better organization and sharing of resources. Technology should be people, men and women, centred. The medical discoveries which allow for healthier reproductive practices need to be used for reproductive self-determination based on what women and men want, not on impersonal demographic figures, interpreted by central national and international bureaucracies in order to tell people what they should do for the "social good". There needs to be some reverse "awareness building", bottom up, not top down.

The "population" issue, as it is understood, is inadequate to deal with the world's present inequalities and mal-development. The whole issue needs to be redefined so that human rights, including women's rights, are central to a more people and environmentally balanced development. This new discourse on population would not be practiced solely in terms of reproductive freedom focusing on the female body's functioning but in terms of a new ways of producing knowledge on the population and different sets of political and social practices. This discourse would move beyond the present relations of domination to create strategies for political, economic, social gender justice and equity so that women, in the South and the North, can choose equally with men how and when they choose to enjoy their reproductivity.

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SDPI is an independent non-profit research Institute
on Sustainable development

Mailing Address: PO Box 2342, Islamabad Pakistan

Street Address: 3rd Floor, Taimoor Chamber, 10-D West,
Fazal-ul-Haq Road, Blue Area, Islamabad.

Telephone: +(92-51) 2277146
2278134 2278136 2270674-6

Fax: +(92-51) 2278135

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