

An Evaluation of Stephen Harper's "Global Gag Rule" Foreign Maternal Health Policy through the Ethics of Care

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In early February 2010, Prime Minister Stephen Harper announced his government's plan to head to a "signature initiative" with the rest of the Group of Eight, focussing on maternal and children's health issues.¹ Later that month the government's foreign minister, Lawrence Cannon, announced that this initiative would exclude "family planning programs – which include abortion in some countries" from this overseas initiative and would not state if funding for organizations that promote the use of contraception was still secure.² Only a day later, after other politicians and health advocacy groups ridiculed the Harper government for its "no condoms to Africa" strategy, the federal government amended the initiative into its current state; programs utilising contraception may receive funding, but programs offering abortions will not.³ This new policy is similar to the global 'gag rule' policy of the Reagan and both Bush administrations that the Obama administration removed in January 2009.⁴

This essay evaluates Stephen Harper's emerging policy through the theoretical framework of the ethic of care. This theoretical framework is an ethics system, designed by Carol Gilligan and later expanded by other feminist theorists, that judges decisions based on the action's responsiveness to the particular needs of an individual or group in tangible ways within its political and social context.⁵ Since this is such a new issue in Canadian politics and the policy has an apparent similarity to the global gag rule policy of the George W. Bush administration between 2002 and 2009, this essay often refers to the global gag rule to strengthen the analysis of Harper's policy.⁶ Care ethics is used rather than a traditional rights-based ethical framework based on

abstract rights, whose atomistic ontology differs greatly from the ethic of care.⁷ This paper addresses the concerns that the methodology of care ethics is faulty and assesses its suitability to consider political questions. The essay concludes that Harper's "signature initiative" falls short of comprehending the policy's social implications that arguably disproportionately marginalize women and perpetuate gender-based inequalities for many of the same reasons critics criticize the global gag rule.⁸ The paper contends that if the Harper government plans to truly address maternal health and the place of women it is essential that Canadian policies address the larger societal structures that lead to the dire but everyday maternal-health situations existing worldwide.⁹ This paper then turns to a common concern of many feminist post-colonial theorists: international aid is often neo-colonial, perpetuates patterns of dependency, and oversimplifies the cause of strife overseas.¹⁰ However, others argue that globalization, which magnifies the danger of creating potentially harmful policy, is a poor excuse to ignore the highly gendered injustices women face overseas.¹¹ This essay, through the ethics of care, judges the Harper government policy as highly immoral. Despite the problematic nature of international intervention, the government should continue to work towards a better and more caring policy instead of neglecting its responsibility to care because of the increasingly connected global system of capital, people and ideas, and because clear scientific proof shows the importance of abortion and the availability of contraception.¹²

Traditional contractarian rights-based ethical systems are arguably not as able as care ethics approaches to analyse societal situations such as the effects of the two policies in question.¹³ Many feminists declare that rights-based approaches excessively generalize about the human experience and are at fault for "stripping people of their socially defined identities and sending them off to be an 'Archimedean point' choosing among or between moral conceptions asks us to do the impossible – namely, to abstract ourselves from our socially defined identities to reveal

some sort of transcultural truth.”¹⁴ It is arguable that no theorist has convincingly shown that his theory relies only upon “morally pure starting points” and does not include sexist or racist “ideas or intuitions that an unjust society can encourage upon its victims.”¹⁵ Rights-based ethics are useful but are less focused on the actual situations individuals and groups face.¹⁶ This essay does not argue that the ethic of care is unbiased; in contrast, it appreciates that it asks the reader to reflect upon one’s position in the world and reflect upon the biases that the individual has rather than deny the existence of biases as some rights-based theorists do.

The theoretical framework of the critical ethic of care focuses on the interrelations between states, societies and individuals rather than being abstract and universalizing.¹⁷ It sees the importance of caring and nurturance in the political community. As Sarah Ruddick notes in *Maternal Thinking*, the morality of nurturing is often associated with females because the “practice of mothering gives rise to specific metaphysical attitudes, cognitive-capacity and conceptions of virtue.”¹⁸ Perceived limitations include gender essentialism, unsound empirical evidence and inescapability from parochialism. However, Carol Gilligan asserts that the ethic of care presents an alternative way of interpreting morality rather than a feminine one and thus not meant to essentialize the women’s experience and this nurturing conception of morality is neither “biologically determined nor unique to women.”¹⁹ Gilligan states that the study that informed this theory is useful due to its interpretive findings and the interesting questions that emerge from its use. To respond to the unease that the decisions evaluated using the ethic of care is too partial to evaluate important global decisions Fiona Robinson contends that the ontology of what Robinson calls the critical ethics of care allows for the shift from the impersonal nature of traditional international relations to a more personal and societal context that sees the relationalities between different components of the system and undermines the abstract and disconnected nature of rights-based ethics and is not too partial.²⁰

At the 1984 Mexico City Conference, the Reagan government publicly decreed that it would not fund overseas abortions or contraceptives.²¹ The Bill Clinton administration later removed this policy. The George W. Bush administration later reinstated it in an extreme form.²² Under the Bush administration, abstinence education was the sole method used to address maternal health. The policy removed funding for groups that promoted contraceptives or abortion even if the funding for the abortion came from a source independent of the United States Government.²³ Funding for many international non-governmental organizations (IGOs) was removed and highly successful programs were terminated including over ten million dollars for the International Planned Parenthood Federation.²⁴

The global gag rule derailed much of the work done to promote reproductive justice throughout the world and allowed for the continual subjection of women to the authority of the patriarchy since without contraception, many poor women were unable to control their bodies.²⁵ Research by the United Nations showed that global gag rule restricted options for safe and legal abortions:

In 33 of the 56 countries (59%) that receive U.S. aid, abortion is legal on grounds broader than just to save the pregnant woman's life: either to preserve the woman's health, for socioeconomic reasons, in cases of fetal impairment, or without restriction as to reason. Under the global gag rule, U.S.-funded NGOs that either provide abortions or refer or counsel on abortion in these countries where it is legal will no longer be able to do so.²⁶

Given that the global gag rule undermined the ability of developing countries to act autonomously and for health care providers to provide reproductive health care for women; it is paternalistic and arguably neo-colonial.

In January 2009, one of the first policies removed by Barack Obama's Administration was the global gag rule; Obama removed the policy because the gag rule policy "undermined efforts to promote safe and effective voluntary family programs in foreign nations."²⁷ This administration recognized the perceived unresponsiveness of this policy to the needs of women. This decision brought the United States' stance regarding maternal health into alignment with the European Union who too had found the global gag rule to be a harmful and dogmatic policy, the United Nations whose Human Rights Committee affirms the importance of legal access to abortion and many other groups in the world.²⁸ This essay predicts that the problems and ethical concerns that resulted from the global gag policy are likely to occur through the implementation of the Canadian policy although with a lesser global impact because of Canada's level of power relative to the states. Stephen Harper's government's evolving view on maternal health is in stark contrast to most other nations who see the importance of access to contraceptive and to abortions as important parts of maternal health.

The Harper government, as stated in the essay's introduction, has created a policy similar to the global gag rule. Unlike the policy under the George W. Bush administration, abstinence-only programs are not the only way in which sexual health can be addressed.²⁹ Instead, funding may exist to support family planning initiatives, although the question has been raised that even if the possibility for these programs to be funded exists, will they actually receive funding? A possibility exists that the initiative could entirely avoid the use of contraceptives in family planning or budget little towards it. Many groups such as Christian and anti-feminist groups support this initiative, while other scientific and feminist groups do not.³⁰ This policy puts organizations that support and care for women overseas at risk such as the International Planned Parenthood Federation and will change the way in which many overseas programs that receive Canadian funding may interact with the recipients. The impacts are likely to

be very similar to the global gag rule and it seems unfortunate for Canada to imitate a policy deplored for its lack of care.

One of the most obvious concerns regarding these two policies is that it prevents organizations and staff from providing proper medical care to women and around the world and will stop programs that have been in place for years as was the case with the American policy.³¹ Lack of funding forces different groups to stop great initiatives and consequently, gaps in the level of care provided for the obtainment of reproductive rights emerge.³² The World Health Organization defines reproductive rights as:

The ability to reproduce and the ability to regulate their fertility; that women are able to go safely through pregnancy and childbirth; and that reproduction is carried to a successful outcome through infant and child survival and well-being.³³

This policy prevents groups from helping women gain their reproductive rights; without funding for abortion a woman who is raped is forced to carry the burden for the rest of her life or the child may end up in an orphanage hungry and living in a meagre way. Without the ability to control the timing of their pregnancies and consequently their reproductive organs, the care work women do to take care of their children is impeded, since the resources the family has would have to stretch too far; thus abortions allow for the better care of children and allow them to have more enjoyable lives. Without access to reproductive care, other parts of a woman's life may suffer such as her access to schooling, her ability to improve her socioeconomic standing and her capacity to be a leader in the workplace or community.

The tangible access to reproductive rights does much more than allow a woman to responsibly schedule when she does and does not want to have children; the ability to do so relates to a women's capacity to improve her life in the private and social

realm.³⁴ Thus, the Harper government, by denying a woman the right to reproductive justice by revoking funding is potentially limiting the ability for her to fully enjoy her life, self-determine the use of her body, take care of her children, and contribute to society.³⁵

The Harper government's reliance upon water, nutrition and medicine are well intentioned and do contribute to the overall reproductive health of an individual and her ability to care for children.³⁶ However, by not having a firm commitment to promotion of contraceptives in order to prevent spread of sexually transmitted diseases, especially in a time when AIDS is rampant in much of the developing world, is unethical and uncaring. This policy does not orient itself towards the purpose of empowering women to have full reproductive rights and full autonomy of their bodies and thus may solidify the subordinate social and positions women hold to men within their societies. It is an unfortunately simplistic policy that does not comprehend the different factors that necessitate the use of abortions in saving lives and allowing women to live a more fulfilled life.³⁷ This policy privileges the children's lives and the existence of the foetus over the life of women. Thus, these policies inadvertently characterize women as baby vessels rather than self-determining human beings. However, when a woman has better reproductive rights it benefits her, the existing children, and her ability to contribute to society.³⁸

The instalment of a Canadian maternal health policy that does not fund abortions does not take in account the need of policy to address the specific needs that diverse and vulnerable groups of women face and is thus uncaring and problematic as was the case of the American global gag rule. For the American gag rule, funding was withheld from vulnerable populations such as refugees, and women who have been raped in war or whose lives are in severe danger without an abortion.³⁹ At the 2002 U.N. Children's Summit, the American policy makers went as far as to "oppose efforts to provide special rehabilitations for girls who are

victims of war crimes, which usually means rape. The U.S. justified this position by saying that measures would be construed as providing information about emergency contraception or abortion to girls who had been raped.⁴⁰ This cruel focus on their ideological stance rather than documented realities of women's lives is another reason the ethic of care sees the policy as highly unethical. It would be highly uncaring if the Canadian policy proceeds in the same way. In the case of the Canadian policy, reasons given for not allowing abortion are not overtly religious and some members of the Conservative cabinet minister, such as foreign minister Donald Cannon, see themselves as pro-choice.⁴¹ Instead, the government refuses to openly discuss the issue at hand and simply says abortions are too costly of an option for this signature plan that is supposed to promote maternal health.⁴² This does raise the question: to what extent can Canada take care of the world's problems and at what financial cost? But the decision to stop care-giving international organizations from accessing funds to facilitate the care of individuals such as rape-victims and those who will be physically and economically unable to care for the children, and is neglectful of those groups who have previously depended on overseas funding and leaves important health needs unmet.⁴³

As a major interest group in Canada, and with its official capacity of meeting with the government, the right-wing group REAL Women Canada, places major pressure on the Harper Government not to promote abortion. Thus, the federal government can be seen as looking to its own self-interest by pandering to its right-wing base of voters, rather than looking to the actual needs of women when making overseas abortion policy.⁴⁴ REAL Women Canada, accused politicians such as Michael Ignatieff who opposes this policy because he sees it is ineffective, not driven by scientific evidence, not caring, and as attempting to use abortion as a political tool. REAL women assert that the women of the world "don't need Mr. Ignatieff's elitist and imperialistic approach taken from previous decades, to interfere with their cultural and religious

beliefs by the importation of western practices such as abortion.”⁴⁵ The assertion by REAL Women Canada that by making abortion part of an overseas plan is imperialistic and does not take in account the diversity of the third world’s views on abortions. REAL Women Canada’s caricature of the third world homogenizes all the developing nations and does not realize that many of them do support abortion rights for women.⁴⁶ It asserts that it is uncaring to provide a tool for women to use to remain self-determiners of their own life. Thus, it is not fair to say that providing funding for abortion access is imperialistic, although it hard to determine what is not. In this case, intervention would not be seen as a substantive issue to the ethic of care. Protection of women’s reproductive rights are at least in theory, promoted and agreed upon by most African countries in the African Union as outlined in the “Protocol To The African Charter On Human And Peoples' Rights On The Rights Of Women In Africa.”⁴⁷ Thus, imperialism and ideological imposition is not, in this case, a reason to withhold funding for abortion.

When abortion is in particular cases, the most effective way to save a women’s life and to allow her to live autonomously rather than suffer a terribly debilitating pregnancy, there is something fundamentally disturbing about this policy’s unwillingness to allow abortions to occur. However various groups such as Action Canada for Population and Development (ACPD), were pleased when the Harper government amended its policy to allow for family planning funding because “500,000 women die every year from complications of pregnancy and family planning could save one-third of those women,” but the spokesperson noted that there is still a need for the availability for abortions since contraception does not meet the needs of those who were raped, are at risk of dying or whose contraception did not work.⁴⁸ The Harper government’s continued denial of abortion as part of the initiative is disturbing because there were serious consequences of not including abortion as a part of gag rule.⁴⁹ Many women died of botched abortions, malnutrition and other by-products of the rule.

The fact that the global gag rule was harmful, and that the Harper Administration designed a similar policy shows unwillingness to care and learn from the past on their part. The unwillingness to learn from similar experiences in the past may be one of the most unethical and uncaring parts of the Harper policy. It denies many women the chance for the attainment of reproductive justice who wish to access these services in times of need and are thus forced to seek out dangerous options of abortion to gain control of their bodies.

When women do not have access to contraceptives and legal abortion the amount of abortions does not decrease, instead it increases and more women are harmed and killed.⁵⁰ The logical implications are that this policy increases the likelihood of unsafe abortions, which does not promote maternal health and does not promote reproductive justice and the ability for self-determination of one's life. Reproductive justice will not exist for impoverished women who depend on aid and have depended on initiatives from the Canadian government to maintain level of bodily freedom once the new policy initiatives take place.

This essay considers the idea that Stephen Harper's policy, just like the American equivalent, sees foreign aid as a political tool and that its primary objective is not truly to look after the needs of the individuals who the policy will affect. This was explicitly recognized Dr. Khama Rogo, former president of the Kenya Obstetrical and Gynaecological Society in Kenya who said of the American gag rule:

Many people in your country see abortion as a political tool, but in my part of the world, abortion is an issue of life and death. We have to see it in the context of the women who is living out there in a rural part of Africa who has very little information on how to prevent a pregnancy, who has even less access to contraception, but has a twelfth or thirteenth

pregnancy. She haemorrhaged after the last delivery and barely survived.⁵¹

Preventing care giving organizations from delivering proper care prevents the process of nurturing and promoting real health from occurring and is fundamentally an unethical prospect according to the ethic of care. Gita Sen articulates that implications of development initiatives are not a “secondary or academic matter, but at the heart of human survival.”⁵² Thus, the ethic of care sees the reliance upon ideology, as was the case in the United States gag rule, as dogmatic and uncaring.⁵³ The majority of the Conservative Party Members of Parliament are anti-choice and this ideological allegiance is an indication that this policy is likely one that was highly motivated by personal opinions, rather than by actual engagement with the realities women face abroad.⁵⁴ This reluctance to move away from one’s ideological beliefs and engage with the dire situations many women face and the scientific proof that shows the importance of the availability of abortions for the proper obtainment of reproductive justice is callous and again adds to the unethical nature of this emerging policy. The Harper government is unwilling to engage in critical discussion surrounding this issue as shown by Minister Bev Oda’s statement in the Canadian House of Commons: “And as we have been saying all along, we are not opening the abortion debate.”⁵⁵ Thus, by not allowing for a debate to take place the Conservative Party has ended the debate on their terms and has ignored alternative points of view that could potentially weaken support for the Harper government and this initiative.

Although the Canadian policy allows for the funding of contraceptives and plans to increase access to clean water and food and other life necessities, the solution if not also addressing the global structural inequalities that Canada contributes to, oversimplifies the solution to poor maternal health. This points to the fact that the Harper government looks at the issue of maternal health simplistically. Thus the government is likely not showing

enough reflection upon the societal and economic forces that have led to the poor health of women. It seems faulty and morally bankrupt to see contraception and some provisions as the magical solution to help women. The mandate of this initiative, will arguably not allow for long-term self-sufficiency of the women, and instead perpetuate subsistence level living while maintaining their entrenchment within a state of economic and political dependence, which is common of many overseas programs.⁵⁶ Instead, a morally sound program according to the ethics of care would be the continual reflection of the Canadian government to see how its economic and social practices contribute to the continued domination of women overseas and contribute to poor maternal health, and subsequently, the revision of Canadian policy to address systematic global inequalities. Thus, not even the addition of abortion to allow for the potential for full reproductive health would be fully caring if Canada did not address its internal structures that marginalize women worldwide.

As stated in the last paragraph, the ability to properly care in the context of our highly connected world is important. This essay argues that geographical distance does not relieve a country from helping another. Joan Tronto provocatively states that:

To say we will care for a stranger at our door but not for starving children in Africa is to ignore the ways in which the modern world is intertwined and the ways in which hundreds of prior public and private decisions affect where we find ourselves and which strangers show up at our doors.⁵⁷

Fiona Robinson's critical ethic of care finds that moral boundaries cannot be premised on how far we decide to extend our caring, especially due to the highly modernized society in which we exist. To the critical ethic of care, it is not ethical for western societies and feminists not to use its wealth to create initiatives to help with maternal health. However, as previously stated initiatives must

comprehend their implications on the tangible realities of the recipients who receive funding and how it affects the recipient within the overall structure of her society. The Harper government must engage in thoughtful and deep discussion in order to create a more suitable, caring and ethical initiative that moves past the deep flaws within the current one in order to avoid the grave and serious ethical ramifications of the American global gag rule.

This essay now addresses the difficult tension that exists between acting ethically within the framework of ethical care in a global context and that despite how well intended the initiative may be, it can end up as paternal and neo-colonial. Feminists such as Alison Jaggar see that much of what western feminists and policymakers do is export their ideology to third world countries and view women of the non-western world as agentless and backwards and thus essentialize and homogenize the third world, leading them to approaching overseas policy in a callous fashion.⁵⁸ It is important that the Harper government critically examines how diverse the desires of women overseas are and that they operate in partnership with these women and informed local group and IGOs and allow for directives to originate from them.⁵⁹ Even if a policy was seen as able to effectively create a plan to promote reproductive rights needs of women within a society it is hard to understand the needs of those who do not interact with you directly or share a common culture. It is much easier to other and homogenise groups abroad and to create a very generalized and paternalistic policy that does not properly account for the cultural specificities of a group. However, Martha Nussbaum argues that feminists and policy makers cannot become moral relativists and thus decide that no interaction or discussion can be made over foreign policy regarding reproductive rights. Gender-based inequalities do exist and it is naive to take a post-colonial feminist stance that is entirely against essentialism because of the everyday realities that these women face.⁶⁰ Canadian politicians and policy makers cannot accurately speak for the diverse groups of women in the third world, but they can take information, such as the statistics

of needless deaths of tens of thousands of women from unsafe abortions and actively use their judgement and scientific fact to create policy in agreement with scientific facts rather than policy based on uninformed opinion and dogma. By doing this, politicians could avoid some of the ethical pitfalls that exist in the Harper government initiative and the American global gag rule.⁶¹

The issue of greatest contention within discussion around the ethic of care is the inability to predict the effects of any given policy. It is hard to know if one can act ethically, especially when creating policy in partnership, though the reality is that in partnerships between the first and third world, the first world is the almost always the one to decide upon the direction of the policy. It is hard to act but sometimes there are moral imperatives that necessitate action. In times like these, the policy makers must take into account the ethic of care. Contrary to the Harper government policy, an ethical policy must learn from similar policies that caused substantial harm, such as the global gag rule, work hard to transcend ideological boundaries, engage with scientific facts rather than succumbing to pressure groups, and comprehend the complex nature of overseas' development policy.

In culmination, this essay makes the case that, because of the omissions in the Harper government policies and the likely effects that the policy will have on women it has a global responsibility to, the initiative is not ethically sound. The essay's analysis employs inductive reasoning in structuring the argument and draws a correlation between the American global gag rule and the recently emerging policy of the Canadian Conservative government. Due to the freshness of the policy and its ever-changing dimensions, the empirical facts herein may soon be erroneous. However, what is significant about the use of the ethic of care are the questions raised by this policy about the ability of the Harper government to focus on the actual lives affected by the policy rather than his party's political ideology and the fine and fuzzy line that exists

between properly caring overseas and care that becomes paternal and neo-colonialist.

Notes

- ¹ Shawn McCarthy “Cannon Backs Maternal Health Initiative,” *Globe and Mail* 04 Apr. 2010, Accessed on 04 Apr. 2010 <<http://www.theglobeandmail.com/news/national/cannon-backs-maternal-health-initiative/article1522685/>>.
- ² Juliet O’Neill and David Akin. “Cannon Backs Maternal Health Initiative,” *Times Colonist*. 31 Mar. 2010. Accessed on 02 Apr. 2010 <<http://www.timescolonist.com/news/Canada+step+maternal+health+Ignatieff/2749036/story.html/>>.
- ³ O’Neill, “Harper approves 'condoms for Africa' but shelves abortion debate,” *Times Colonist*. 18 Mar. 2010. Accessed on 30 Mar. 2010 <<http://www.timescolonist.com/news/Harper+approves+condoms+Africa+shelves+abortion+debate/2698920/story.html/>>.
- ⁴ Rob Stein and Michael Shear. “Funding Restored to Groups That Perform Abortions, Other Care,” *The Washington Post* 18 Mar. 2010. Accessed on 30 Mar. 2010 <<http://www.washingtonpost.com/wp-dyn/content/article/2009/01/23/AR20090123028114.html>>.
- ⁵ Robinson, 40.
- ⁶ Feldt, 208.
- ⁷ Joan Tronto, “An Ethic of Care,” Ann E. Cudd and Robin O. Andreason eds. *Feminist Theory: A Philosophical Anthology*, 250.
- ⁸ Susheela Singh et al., *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*, New York: Guttmacher Institute and United Nations Population, Fund, 2009.
- ⁹ Alison M. Jaggar, “Global Responsibility and Western Feminism,” Barbara S. Andrew, Joan Keller, and Lisa H. Schwartzman eds. *Feminist Interventions in Ethics and Politics: Feminist Theory and Social Theory*, Oxford, Rowman and Littlefield Publishers, 2005, 191. Later in the essay I address the difficulty of being ethical in global system.
- ¹⁰ Jaggar, 186.
- ¹¹ Anthony Giddens, *The Consequences of Modernity*, Cambridge: Polity Press, 1990, 18.
- ¹² In reference to interrelated world see Natalie Brender, “Political Care and Humanitarian Response,” Rebecca Whishnaut and Peggy Desautels eds. *Global Feminist Ethics: Feminist Ethics and Social Theory*. Maryland: Rowman and Little Publishers, 2001, 214. In reference to moral relativism, Martha C. Nussbaum, “Women and Cultural Universals,” Ann E. Cudd and

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- Robin O. Andreasen eds., *Feminist Theory: A Philosophical Anthology*. Oxford, Blackwell Publishing, 2005, 303. In reference to scientific proof see Susheela Singh et. al., *Adding It Up: The Costs and Benefits of Investing in Family Planning and Maternal and Newborn Health*, New York: Guttmacher Institute and United Nations Population, Fund, 2009.
- ¹³ Joan Hampton, "Feminist Contractarianism," Ann E. Cudd and Robin O. Andreasen eds. *Feminist Theory: A Philosophical Anthology*, Oxford: Blackwell Publishing., 2005.
- ¹⁴ Hampton, 287.
- ¹⁵ Hampton, 287.
- ¹⁶ Fiona Robinson, *Globalizing Care: Ethics, Feminist Theory and International Relations*, Oxford: Westview Press, 1999, 24.
- ¹⁷ Hampton, 288.
- ¹⁸ Sara Ruddick, *Maternal Thinking : Toward a Politics of Peace*, Boston: Beacon Press, 1995, 123.
- ¹⁹ Robinson, 22.
- ²⁰ Robinson, 35-39.
- In Reference to the focus of the ontology of the ethic of care see Geoffrey Hawthorn, *Plausible Worlds: Possibility and Understanding in History and the Social Sciences*, Cambridge: Cambridge University Press, 1992, 182.
- ²¹ Feldt, 202.
- ²² Ibid, 212.
- ²³ Ibid, 214.
- ²⁴ Ibid, 214.
- ²⁵ Reichenbach and Roseman, 15.
- ²⁶ Guttmacher Institute, "The Bush Global Gag Rule: a Violation of Human Rights," Centre for Reproductive Rights, Accessed online on April 5, 2010 www.reproductiverights.org
- ²⁷ <http://www.washingtonpost.com/wp-dyn/content/article/2009/01/23/AR2009012302814.html>
- ²⁸ Regarding the E.U. refer to Joan Kaufman, "Measuring Reproductive Health: From Contraceptive Prevalence to Human Development Indicators," Mindy Jane Roseman and Laura Reichenbach eds., *Reproductive Health and Rights: A Way Forward*, Pennsylvania, Pennsylvania University Press, 2009, 74. Regarding the U.N. refer to Marge Berer, "The Cairo 'Compromise' on Abortion and its Consequences," 161. This article is from *Reproductive Health and Rights: A Way Forward*.
- ²⁹ O'Neill, "Harper approves 'condoms for Africa' but shelves abortion debate."
- ³⁰ *Ibid*.
- ³¹ Mindy Jane Roseman and Laura Reichenbach, "Global Health and Reproductive Rights: Reflecting on the ICPD," *Reproductive Health and*

Rights: A Way Forward, Pennsylvania, Pennsylvania University Press, 2009, 13.

³² Roseman and Reichenbach, 19.

³³ Roseman and Reichenbach, 8.

³⁴ Roseman and Reichenbach, 18.

³⁵ I understand that this seems patriarchal but it is true, having abortions available allows family size stay to small and allows for families to better care for children.

³⁶ O'Neill, "Harper approves 'condoms for Africa' but shelves abortion debate."

³⁷ Feldt, 211.

³⁸ Rosemary and Reichenbach, 18.

³⁹ Feldt, 203.

⁴⁰ *Ibid*, 219.

⁴¹ McCarthy, "Cannon Backs Maternal Health Initiative."

⁴² Juliet O'Neill, "Harper approves 'condoms for Africa' but shelves abortion debate."

⁴³ Feldt, 200.

⁴⁴ Jacquetta A. Newman, and Linda A. White. *Women, Politics, and Public Policy : The Political Struggles of Canadian Women*, Toronto: Oxford University Press, 2006, 142.

⁴⁵ REAL Women Canada, "Liberals Reject Motherhood," Media Briefs, 2010, accessed on April 2, 2010 from

<http://www.realwomenca.com/page/mediareleases.html>

⁴⁶ Guttemacher Institute, "The Bush Global Gag Rule: a Violation of Human Rights."

⁴⁷ African Union, "Protocol To The African Charter On Human And Peoples' Rights On The Rights Of Women In Africa" African Commission on People and Human Rights. 2010, 6 Apr, 2010,

http://www.achpr.org/english/_info/women_en.html.

⁴⁸ Anna Portela, "Canada's Foreign Aid Plan Won't Include Birth Control,"

EmpowHer. 08 Apr. 2010, Accessed on 08 Apr. 2010 <

<http://www.empowher.com/news/herarticle/2010/04/08/canadas-foreign-aid-plan-wont-include-birth-control?page=0,1>>.

⁴⁹ Feldt, 205.

⁵⁰ Feldt, 205.

⁵¹ Feldt, 210.

⁵² Sen, Gita. "Ethics in Third World Development: A Feminist Perspective," Eve Browning Cole and Susan Coultrap McQuin eds. *Explorations in Feminist Ethics: Theory and Practice*, Indiana: Indiana University Press, 1992.

⁵³ Feldt, "Exporting Extremism"

⁵⁴ Abortion Rights Coalition of Canada, "Position Paper #50: Abortion and the Conservative Party (Tories) Vancouver, BC. August 2007.

⁵⁵O'Neill, "Harper approves 'condoms for Africa' but shelves abortion debate."

⁵⁶Brender, 214.

⁵⁷Joan Tronto, "Women and Caring: What Can Feminists Learn about Morality from Caring?", Virginia Held and Alison Jaggar, eds., *Justice and Caring*, Boulder: Westview Press, 1995, 111-112.

⁵⁸Jaggar, 186.

⁵⁹Uma Narayan, "The Project of Feminist Epistemology: Perspectives from a Nonwestern Feminist," Carole R. McCann and Seung-Kyung Kim eds., *Feminist Theory Reader: Local and Global Perspectives*, London: Routledge Press, 2003. 313.

⁶⁰Jaggar, 186.

⁶¹Jaggar, 191.