

Trinity University Digital Commons @ Trinity

Undergraduate Student Research Awards

Information Literacy Committee

2011

Reproductive Rights in Latin America: A Rights-based Approach to Development

Katherine Leonard

Trinity University, kleonard@trinity.edu

Follow this and additional works at: http://digitalcommons.trinity.edu/infolit_usra

 Part of the [Political Science Commons](#)

Repository Citation

Leonard, Katherine, "Reproductive Rights in Latin America: A Rights-based Approach to Development" (2011). *Undergraduate Student Research Awards*. 1.

http://digitalcommons.trinity.edu/infolit_usra/1

This Article is brought to you for free and open access by the Information Literacy Committee at Digital Commons @ Trinity. It has been accepted for inclusion in Undergraduate Student Research Awards by an authorized administrator of Digital Commons @ Trinity. For more information, please contact jcostanz@trinity.edu.

Reproductive Rights in Latin America: A Rights-based Approach to Development

Katherine Leonard

INTRODUCTION:

Reproductive rights are an essential element of the development discourse because without “the right [of women] to decide, jointly or alone if necessary, on the number of children they are prepared to bear, or that their health can sustain – meaningful and rapid strides in public health, education, the protection of the environment and economic development will lag at best and be impossible at worst” (Crossette 2005). With this paper I seek to use empirical evidence from United Nations survey and macroeconomic data to causally link reproductive rights to development because, as Peteschky (2000, 12) argues “it is becoming all too evident that reproductive and sexual rights for women will remain unachievable if they are not connected to economic justice and an end to poverty.”

In the paper that follows, I will first present a review of the current literature concerning reproductive rights and development by discussing traditional views of development, how human rights relate to development, and how reproductive rights in particular relate to education, health, income, and gender equality. I will then explain the methodology of the analysis and perform a regression analysis to test for evidence of causality. Finally, I will conclude with a discussion of the implications of my findings.

REVIEW OF THE LITERATURE:***Traditional views of development***

The neo-Malthusian school looks at the relationship between reproductive rights and development through the lens of population growth, viewing population growth as an impediment to economic development. In fact, women’s reproductive rights emerged as an issue because of the multitude of policies in the last three decades aimed at controlling population growth (Pillai and Wang 1999, 257). This neo-Malthusian stance emphasizes declining fertility as the force that frees women from the extra burdens of child bearing and rearing, thus allowing

them to participate in social and political organizations outside the household (Pillai and Wang 1999, 259). Though this may be true, Correa and Petchesky (1994), Wang (2004) and Petchesky (1995) contend that population growth is only one piece of the puzzle (Petchesky 1995, 157). Wang (2004) highlights that since the United Nations' International Conference on Population and Development (ICPD) in 1994, the main focus of the reproductive rights discourse has shifted from just overpopulation to a broader agenda of promoting rights and gender equality (136). Reproductive rights, not population growth must be the main focus because, empowering women by improving their political, social, economic and health status is essential in and of itself for the achievement of sustainable development (Petchesky 1995, 153).

On the other hand, modernization theory asserts that as societies experience economic growth, technology advances and a transition occurs from traditional rural society to capitalistic modes of production (Wickrama 2002, 261). With this shift, modern value systems that support small family size, egalitarian gender relations and expanding educational opportunities for women appear (Pillai and Wang 1999, 258). Wang (2004) explains that reproductive rights emerge with economic growth because economic growth leads to improved science and technology, which in turn improves health care (137); however, in his 2002 study, Wickrama finds that economic growth is simply an indirect influence on reproductive rights through women's social status (276). Benería and Sen (1981) and Pillai and Wang (1999) concur that women are, in fact, marginalized in the process of economic growth because it "engenders and maintains traditional ideologies which limit women's access to resources" (Pillai and Wang 1999, 276). Though this "trickle-down" ideology has been popular in the past, sustainable human development is now emerging as a more holistic approach to improving people's well-being because it addresses the human being in relation with both resource management and

participation” (Hamm 2001, 1010). As the discourse moves away from economic growth and towards sustainable development, the question arises of what mechanisms can be used to approach development more holistically. In the next section I will discuss one such mechanism.

Norm diffusion

Though it may be true that development preceded norms of human rights in the developed world, now that those norms exist, they can be diffused to the developing world and used as a tool for development. A series of United Nations world conferences, including the World Conference on Human Rights (1993) in Vienna, the World Conference on Women (1995) in Beijing, and the World Summit for Social Development (1995) in Copenhagen, has recently demanded a linkage between human rights and development policy and helped to create the understanding that democracy, human rights, sustainability, and social development are interdependent (Hamm 2001, 1007). Having already been created, these norms are now being diffused into the developing world and beginning the process of rights-based development.

Risse, Ropp and Sikkink (1999) are concerned with the process by which individual beliefs about what is right and wrong become collective expectations about proper behavior (7). By raising moral consciousness, empowering and legitimizing domestic opposition against norm-violating governments, creating transnational pressure, and then habitualizing and institutionalizing new ideas, the creation of norms can be a powerful force to enact change (Risse, Ropp and Sikkink 1999, 5-11). One way to create these norms is by means of a human rights agenda. In the next section, I will discuss how the human rights discourse can be utilized as a tool to create international norms.

Rights-based approach to development

Human rights reached the international dialogue with the United Nation's 1948 Declaration of Human rights. At first, the primary concerns were political and civil rights, however, "while a human rights approach to development refers to all human rights and thus emphasizes the interrelation and interdependence of human rights, it pays special attention to economic and social rights as the authentic concern of development policy" (Hamm 2001, 1005).

Unlike the Millennium Development Goals, which seek a future driven by output goals and try to address the symptoms of poverty, the rights-based approach (RBA) to development seeks to address the root causes (Nelson 2007, 2051). There is considerable evidence that the RBA is more effective because of its link to norm diffusion (Nelson 2007, 2051).

Reproductive rights and development

The original "trickle-down" theories of development were first challenged in the 1970's with the Women in Development (WID) movement. Evidence emerged demonstrating that modernization had a negative impact on women's role in development (Razavi and Miller 1995, 2). Today, the discourse on reproductive rights falls into this more holistic process of development.

By giving women the power to control the number, timing and spacing of births, reproductive rights allow women to have fewer children and when they can better be cared for (Cohen 2001, 2). This is both an individual and a social good because not only do they help empower women, but they also affect their health, education and income.

The health of the mother is essential because when a woman is healthy, she will be more physically able to work productively, learn and care for the family. Wickrama (2002) explains that since women are responsible for approximately three-quarters of the food production and

one-third of the world's wage-labor, their health is essential to the family's income (255). Cohen (2001) and Wickrama (2002) also note that when women have fewer children, their health improves because it reduces the frequency of childbirth and, therefore, decreases more dangerous births (Wickrama 2002, 259). Finally, when the mother is healthy, it improves the health of the children because it is easier to ensure that each child thrives" (Cohen 2001, 1).

Women's education is also vital. When women are educated, they have more knowledge to work and be productive, more knowledge about how to keep family healthy and their children more likely to be educated. Education provides women with opportunities for skill training, which leads to higher productivity and the accumulation of wealth. (Wickrama 2002, 259). Furthermore, education provides prospects for higher levels of income and information, which encourages advantageous beliefs, knowledge, and skills (Wickrama 2002, 259). Above all, an increase in women's education level perpetuates the cycle between reproductive rights and development by enhancing women's power in reproductive decision making" (Pillai and Wang 1999, 261).

Finally, women's productive participation in the work force both provides more resources to care for the family and decreases economic dependence on males. Pillai and Wang (1999) and Cohen (2001) agree that, "having large families may inhibit women's acquisition of earning assets and intensify women's vulnerability and likelihood of dependence on men for economic and social support" (259, 3). When women are brought into the productive sphere, they can begin to make a positive contribution toward development (Razavi and Miller 1995, 5).

These factors are all the more powerful because they have a multiplier effect induced by the beneficial endogenous cycle between health, education and income. Equally important, these factors all increase gender equality and empower women, which allows women to demand more

reproductive rights and reinforce the cycle (Wang 2004, 140; Pillai and Wang 2001). Clearly, reproductive rights “are not luxuries; they are essential to women's lives and by extension, to the well-being of their partners and children and to the future of the societies in which they live” (Cohen 2001, 1).

METHODOLOGY:

In the past, very few studies have focused on reproductive rights as an empirical and theoretical issue; however, international debates on women’s reproductive rights have increased the need for empirical studies and theoretical explanations (Pillai and Wang 1999, 276). Past studies have generally looked at reproductive rights as a function of development. In his 2004 study, Wang found a significant relationship between development, gender equality and reproductive health (149-51), but causality cannot be discerned because data for all variables is taken from the same year and there is no lag. Wang finds a link from economic development and gender equality to reproductive health; however, without a lag in the data, it is difficult to discern which way causality runs. Correa and Petchesky (1994), on the other hand, argues that, “equality for women depends not on development or the economic resources available, but on the political will of Governments and on the cultural setting in which women have to live” (119), suggesting that causality actually runs from reproductive rights to development, not the other way around. This is an integral pillar in the discussion of development because, “having the knowledge, ability and means to control their fertility [is]...recognized both as important to women as individuals and as central to economic, social and political development efforts around the world” (Cohen 2001).

My hypothesis is that there is a significant and positive correlation and causal relationship from reproductive rights to development. The null hypothesis is that there is no significant

correlation or causation between reproductive rights and development. To test this hypothesis, I will first use current data from 19 Latin American countries in a cross-tabulation analysis to test for correlation between reproductive rights and development. I will then apply a multi-regression analysis to a panel study of 19 Latin American countries between the years 1990 and 2010 to discern the direction of causality.

MODEL:

$$Y = \beta_1 + \beta_2 ABOR + \beta_3 ANCARE + \beta_4 CONTRC + \beta_5 EQDEC + \beta_6 MMORT + \beta_7 EDUC + \beta_8 WWRK + \beta_9 GDP + \beta_{10} POPGR + \beta_{11} ARG + \beta_{12} COL + \beta_{13} NIC + \beta_{14} PAN + e_i,$$

where Y is the dependent variable Human Development Index (HDI) and β_1 is constant. The Human Development Index uses per capita income, years of education, literacy rate, and life expectancy to calculate a more holistic “well-being” instead of just economic growth.

Independent Variables

VARIABLE	EXPLANATION	HYPOTHESIS
ABOR	The cases in which abortions are legal, with 0 being illegal in all cases and 7 being legal in all cases. Abortion restrictions adversely affect women's health and unplanned pregnancies adversely affect education and participation in the work force, all of which lead to lower levels of development.	All else equal, more cases in which abortion is legal will lead to higher levels of development.
CONTRC	The percentage of married women using any form of contraceptive. When women have more control over when they have children, they will have better health, more years of education, and participate more in the work force, all of which increases development.	All else equal, a higher percentage of married women using contraceptives will lead to higher levels of development.
EQDEC	The percentage of women married by the age of 18. Women who are married early have less power to choose whom they marry, which leads to less power of decision within the marriage as well.	All else equal, a higher percentage of women married by age 18 will lead to lower levels of development.
MMORT	The maternal mortality rate, or the number of deaths per 100,000 live births. When women die because of a lack of reproductive healthcare, it adversely affects the education and health of the rest of the family.	All else equal, a higher maternal mortality rate will lead to lower levels of development.
EDUC	The ratio of females to males in primary school enrollment. When women are as educated as men, health, income, and education all increase, which in turn increases development. I have included education parity to control for any amount of development due to equality of education instead of reproductive rights.	All else equal, higher ratios of females to males in primary education will lead to higher levels of development.
WWRK	The percentage of the work force that is comprised of women. When more women join the work force, per capita income increases, which in turn affects health and education.	All else equal, higher percentages of women in the work force will lead to higher levels of development
GDP	The GDP growth rate. I use GDP growth instead of GDP per capita to avoid multicollinearity with HDI, which includes per capita income. Modernization theory posits that as societies grow economically, reproductive rights emerge, so a positive coefficient would be expected.	All else equal, higher percentages of GDP growth will lead to higher levels of economic development.
POPGR	The population growth rate. The Neo-Malthusian school of thought sees population growth as an impediment to development, so a negative coefficient would be expected.	All else equal, higher population growth rates will lead to lower levels of development.

The following variables: ABOR, ANCARE, CONTRC, EQDEC, and MMORT; are all attempts to effectively capture reproductive rights.

ARG=1, COL=1, NIC=1, and PAN=1 are dummy variables used to control for specific

circumstances within Argentina, Colombia, Nicaragua and Panama that may cause different regressions for these specific countries. The residuals for these four countries were consistently above or below zero, so controlling for these differences will allow for a more accurate measurement of the effects of reproductive rights on development in the region.

DATA:

The data for this paper were collected from the United Nations and include micro and macro socioeconomic panel data on 19 Latin American countries during the 20-year period between 1990 and 2010. Data were collected for four different time periods: 1990-1994, 1995-1999, 2000-2004, and 2005-2009. The countries included in the study are Argentina, Bolivia, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Guatemala, Honduras, Mexico, Nicaragua, Panama, Paraguay, Peru, Uruguay and Venezuela. Because Latin American countries share a common language, history, culture, the homogeneity of this region in particular excludes many confounding factors.

The independent variable, reproductive rights, is measured using five different socioeconomic data sets. Keeping in mind the definition of reproductive rights from the 1994 Cairo Conference, data on contraceptive use by married women and percent of women married by age 18¹ are employed as a measure of a woman's freedom of choice when it comes to their bodies. Data of actual equality of decision making power within marriages was only available for one year, so I have substituted percentage of women married by the age of 18 because women who are married early have less power to choose whom they marry, which leads to less power of decision within the marriage as well. Furthermore, abortion policy data² is used as a measure of

¹ Data can be found at <http://unstats.un.org/unsd/mdg/Data.aspx> (Accessed October 2011)

² Data can be found at <http://www.un.org/esa/population/publications/2011abortion/2011wallchart.pdf> and http://www.un.org/esa/population/publications/2007_Abortion_Policies_Chart/2007_WallChart.pdf (Accessed October 2011)

the rights of women to have control over their bodies. Finally, percent of births with at least one antenatal care visit and the maternal mortality rate³ are measures of women's reproductive health. A certain amount of collinearity is expected between the variables given the endogenous nature of the development process.

The dependent variable in the study, development, is measured using the Human Development Index (HDI)⁴ from the United Nation Development Program. There is a danger of the estimated coefficients capturing causality from HDI to the independent variables; thus, to ensure that causality runs from the independent variables to development, I have used HDI data for the year after the time period in which the independent variables were collected (e.g. data from 1995 to correspond to the 1990-1994 period).

Where data were missing for ANCARE, CONTRC, and EQDEC, I calculated the mean of the variable for the time period and inserted it for the missing value. Abortion data was only available for the two most recent time periods. Since abortion laws do not change often, I used the values for the 2000-2004 time period in the first two periods as well.

³ Data can be found at <http://unstats.un.org/unsd/mdg/Data.aspx> (Accessed October 2011)

⁴ Data can be found at <http://hdrstats.undp.org/en/indicators/103106.html> (Accessed October 2011)

ANALYSIS:

VARIABLE	REGRESSION COEFFICIENT (STANDARD ERROR)
Constant	0.346 (0.202)
Legal access to abortion	0.014** (0.003)
% births with at least one antenatal care visit	0.001 (0.001)
% of married women using contraceptives	0.003** (0.001)
% of women married by age 18	-0.001 (0.001)
Maternal mortality rate	3.09E-5 (6.00E-5)
Education parity index	-0.038 (0.187)
Women as a % of the workforce	0.003* (0.001)
GDP growth rate	0.002 (0.001)
Population growth rate	-0.016 (0.010)

** $p < .01$ * $p < .10$

With respect to the correlation coefficients between the variables, there is possible collinearity between % of married women using contraceptives and % births with at least one antenatal care visit with a correlation coefficient of 0.615895, between Population growth rate and % births with at least one antenatal care visit with a coefficient of -0.451006, and between Population growth rate and Women as a % of the workforce with a coefficient of -0.473946. This makes sense because of the endogenous nature of the variables. Observing the residuals, positive serial correlation looks possible; the Durbin-Watson statistic of 0.441751 does not rule out positive autocorrelation at the 5 percent level, falling below the lower bound of 1.25408. When I corrected for serial correlation using generalized least squares estimation, all other variables lost

significance. This is expected because most variation occurs between countries and not over time.

Observing the residuals also shows that for Argentina, Colombia, Nicaragua, and Panama, the residuals are consistently above or below zero. Indicator variables for each of these countries are added to control for any effect the individual countries might have on the overall regression. All four coefficients are significant at the one percent level, demonstrating that there are significant differences between each of these countries and the overall regression. This also leads to a significant improvement in the adjusted R^2 term, from 0.653352 to 0.837597. Adding in indicator variables for each country leads to an even higher adjusted R^2 term of 0.951841, however, all other variables lose significance because of a lack of degrees of freedom.

VARIABLE	REGRESSION COEFFICIENT (STANDARD ERROR)
Constant	0.117 (0.153)
Legal access to abortion	0.011** (0.002)
% births with at least one 2antenatal care visit	1.18E-5 (0.029)
% of married women using contraceptives	0.004** (0.000)
% of women married by age 18	0.001 (0.001)
Maternal mortality rate	-3.64E-5 (4.25E-5)
Education parity index	0.281* (0.148)
Women as a % of the workforce	0.001 (0.001)
GDP growth rate	0.001 (0.001)
Population growth rate	-0.020** (0.007)
Argentina	0.077** (0.016)
Colombia	-0.060** (0.017)
Nicaragua	-0.093** (0.020)
Panama	0.056** (0.015)

** $p < .01$ * $p < .10$

The new regression shows notable improvements in R-squared and adjusted R-squared, an improved F-statistic, as well as an increase in the Durbin-Watson statistic, though it continues to indicate positive serial correlation.

Heteroskedasticity was tested using the Goldfield-Quandt test to test the differences in variances between the first two periods and the second two. Because more data points are missing from the first two periods, especially abortion data, heteroskedasticity is expected. In a comparison of the sums of squared errors, the F-statistic is .7798, which is lower than the critical

value of 1.84. Thus, I cannot reject the null hypothesis of homoskedasticity and no precision is lost due to heteroskedasticity.

Surprisingly, several of the coefficients were insignificant. % births with at least one antenatal care visit, % of women married by age 18, the maternal mortality rate, women as a % of the workforce, and GDP growth rate were all insignificant at all levels and the education parity index was only significant at the ten percent level. I suspect that more data points would increase the significance for % births with at least one antenatal care visit, % of women married by age 18, the maternal mortality rate, women as a % of the workforce, and GDP growth rate.

Legal access to abortion, % of married women using contraceptives and the population growth rate are all significant at the one percent level. Legal access to abortion and % of married women using contraceptives both have positive coefficients and the population growth rate has a negative coefficient. Thus, my hypotheses for all three variables were correct.

While the potential variables in determining levels of development are extensive, there is a simple linear functional form. When data from each individual variable was plotted against HDI, all roughly appear to have either straightforward linear relationships with development or absolutely no relationship in the cases of the maternal mortality rate and the education parity index. The Ramsey RESET test on the final regression, however, returns a large F-statistic and significance at the one percent level. Thus, model misspecification is evident. This is most likely due to missing data points and lack of data for several reproductive rights.

CONCLUSION

A significant positive correlation was found between the reproductive rights variables of cases in which abortion is legal and contraceptive use. Despite the specification error, the model explains over 80% of development. There is, of course, a certain amount of endogeneity in the

model. The most complete set of reproductive rights will be less effective if a woman “lacks the financial resources to pay for reproductive health services or the transport to reach them; if she cannot read package inserts or clinic wall posters; if her workplace is contaminated with pesticides or pollutants that have an adverse effect on pregnancy; or if she is harassed by a husband or in-laws who will scorn her or beat her up if she uses birth control” (Petchesky 2000, 13). Clearly, progress in development by means of reproductive rights will not be possible without “the reallocation of resources globally and nationally to assure the full funding of social programs, especially health” (Petchesky 1995, 156).

This study provides the groundwork for much further research. Data availability is a clear obstacle when analyzing developing countries, but as issues of reproductive rights continue to increase in saliency, data on the subject will become more prevalent, providing the opportunity for a more complete study. Survey data on equality of decision-making in marriages, for example, would be integral in more accurately assessing reproductive rights. Furthermore, the data that does exist is often missing important data points. The issue of norm diffusion also leaves much to be examined. If norm diffusion does indeed begin this path towards development, further research into the causal mechanisms will be integral to shaping development through reproductive rights. Questions as to when, why, and how norms are adopted are just beginning to be answered in the current discourse.

Appendix:

Dependent Variable: HDI
 Method: Panel Least Squares
 Date: 11/21/11 Time: 12:12
 Sample: 1990 2005
 Periods included: 4
 Cross-sections included: 19
 Total panel (balanced) observations: 76

Variable ⁵	Coefficient	Std. Error	t-Statistic	Prob.
C	0.346348	0.202109	1.713671	0.0913
ABOR**	0.014090	0.002789	5.052892	0.0000
ANCARE	0.000780	0.000581	1.343210	0.1838
CONTRC**	0.002953	0.000631	4.683391	0.0000
EQDEC	-0.000680	0.000892	-0.761681	0.4490
MMORT	3.09E-05	6.00E-05	0.514649	0.6085
EDUC	-0.037873	0.186908	-0.202631	0.8400
WWRK*	0.002631	0.001369	1.921937	0.0589
GDP	0.001659	0.001116	1.486276	0.1420
POPGR	-0.015567	0.010391	-1.498159	0.1389
R-squared	0.694950	Mean dependent var		0.661618
Adjusted R-squared	0.653352	S.D. dependent var		0.070129
S.E. of regression	0.041290	Akaike info criterion		-3.414327
Sum squared resid	0.112519	Schwarz criterion		-3.107652
Log likelihood	139.7444	Hannan-Quinn criter.		-3.291765
F-statistic	16.70645	Durbin-Watson stat		0.441751
Prob(F-statistic)	0.000000			

⁵ * & ** indicate significance at the 10 and 1 percent levels respectively

Dependent Variable: HDI

Method: Panel Least Squares

Sample: 1990 2005

Periods included: 4

Cross-sections included: 19

Total panel (balanced) observations: 76

Variable	Coefficient	Std. Error	t-Statistic	Prob.
C	0.117095	0.152917	0.765744	0.4467
ABOR**	0.011047	0.002151	5.136964	0.0000
ANCARE	1.18E-05	0.000410	0.028748	0.9772
CONTRC**	0.003646	0.000459	7.945308	0.0000
EQDEC	0.000559	0.000706	0.790718	0.4321
MMORT	-3.64E-05	4.25E-05	-0.856675	0.3949
EDUC*	0.281451	0.148073	1.900764	0.0620
WWRK	0.000773	0.000980	0.788127	0.4336
GDP	0.000560	0.000802	0.698423	0.4875
POPGR**	-0.020096	0.007303	-2.751597	0.0078
ARG**	0.077208	0.015529	4.971967	0.0000
COL**	-0.060010	0.016968	-3.536730	0.0008
NIC**	-0.093058	0.019659	-4.733707	0.0000
PAN**	0.056322	0.015475	3.639575	0.0006
R-squared	0.865747	Mean dependent var		0.661618
Adjusted R-squared	0.837597	S.D. dependent var		0.070129
S.E. of regression	0.028261	Akaike info criterion		-4.129815
Sum squared resid	0.049520	Schwarz criterion		-3.700469
Log likelihood	170.9330	Hannan-Quinn criter.		-3.958228
F-statistic	30.75502	Durbin-Watson stat		0.999809
Prob(F-statistic)	0.000000			

	ANCARE	EQDEC	MMORT	GDP	POPGR	EDUC
ANCARE	1.000000	0.209261	0.100551	0.090816	-0.418040	0.086852
EQDEC	0.209261	1.000000	0.017507	0.139029	-0.092754	-0.203877
MMORT	0.100551	0.017507	1.000000	0.138253	-0.122681	0.091040
GDP	0.090816	0.139029	0.138253	1.000000	0.137188	-0.006535
POPGR	-0.418040	-0.092754	-0.122681	0.137188	1.000000	0.105816
EDUC	0.086852	-0.203877	0.091040	-0.006535	0.105816	1.000000

Works Cited

- Benería, Lourdes and Gita Sen. 1981. "Accumulation, Reproduction, and Women's Role in Economic Development: Boserup Revisited." *Signs* 7 (Winter): 279-98.
- Cohen, Susan A. 2001. "Reproductive Health and Rights: Keys to Development and Democracy at Home and Abroad." *The Guttmacher Report on Public Policy* 4 (December): 1-3.
- Correa, Sonia and R. Petchesky. 1994. "Reproductive and Sexual Rights: A Feminist Perspective." In *Population Policies Reconsidered: Health, Empowerment, and Rights*, eds. G. Sen, A. Germain, and L.C. Chen. Boston, MA: Harvard University Press, 107-123.
- Cortell, Andrew P. and James W. Davis, Jr. 2000. "Understanding the Domestic Impact of International Norms: A Research Agenda." *International Studies Review* 2 (Spring): 65-87.
- Crossette, Barbara. 2005. "Reproductive Health and the Millennium Development Goals: The Missing Link." *Studies in Family Planning* 36 (March): 71-9.
- Germain, Adrienne, Sia Nowrojee and Hnin Hnin Pyne. 1994. "Setting a New Agenda: Sexual and Reproductive Health and Rights." *Environment and Urbanization* 6 (October): 133-54.
- Hamm, Brigitte I. 2001. "A Human Rights Approach to Development." *Human Rights Quarterly* 23(4): 1005-1031.
- Nelson, Paul. 2007. "Human Rights, the Millennium Development Goals, and the Future of Development Cooperation." *World Development* 35 (February): 2041-55.
- Petchesky, Rosalind P. 1995. "From Population Control to Reproductive Rights: Feminist Fault Lines." *Reproductive Health Matters* 3 (November): 152-61.
- Petchesky, Rosalind P. 2000. "Human Rights, Reproductive Health, and Economic Justice: Why they are Indivisible." *Reproductive Health Matters* 8 (May): 12-7.
- Pillai, Vijayan K. and Guang-zhen Wang. 1999. "Social Structural Model of Women's Reproductive Rights: A Cross-National Study of Developing Countries." *Canadian Journal of Sociology* 24 (Spring): 255-81.
- Pillai, Vijayan K. and Guang-zhen Wang. 2001. "Measurement of Women's Reproductive Health and Reproductive Rights: An Analysis of Developing Countries." *Social Indicators Research* 54 (April): 17-35
- Razavi, Shahra and Carol Miller. 1995. "From WID to GAD: Conceptual Shifts in the Women in Development Discourse." *UNRISD Occasional Paper for the Fourth World Conference on*

Women, Beijing.

Risse, Thomas, Stephen C. Ropp and Kathryn Sikkink. *The Power of Human Rights: International Norms and Domestic Change*. Cambridge, UK: Cambridge University Press.

Sen, Amartya. 2004. "Elements of a Theory of Human Rights." *Philosophy and Public Affairs*. 34 (Autumn): 315-56.

Sen, Gita. 1994. "Reproduction: The Feminist Challenge to Social Policy." In *Power and Decision: The Social Control of Reproduction*, eds. G. Sen and R. Snow. Boston, MA: Harvard University Press, 5-17.

Wang, Guang-Zhen. 2004. "Reproductive Health in the Context of Economic and Democratic Development." *Comparative Sociology* 3 (2): 135-62.

Wickrama, K.A.S. and Frederick O. Lorenz. 2002. "Women's Status, Fertility Decline, and Women's Health in Developing Countries: Direct and Indirect Influences of Social Status on Health." *Rural Sociology* 67(2): 255-277.