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**Family Planning Policy and Development Discourse
in Trinidad & Tobago:
A Case Study in Nationalism and Women's Equality**

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Abstract

This working paper examines the influence of development discourse on family planning policy in Trinidad and Tobago in the first decade of the nation's independence and investigates questions concerning nationalism and women's equality. The government's adoption of family planning as an official program was based on the asserted need to control population growth for the sake of the nationalist development project. The state's family planning program enlisted women as the principal agents of the nationalist project by encouraging them to reduce their fertility for the sake of economic progress. But while women were included as active participants, their interest in political and social equality was neglected in the program's philosophy and aims. After examining the negative consequences of this development strategy, Roberts concludes that the national program seriously constrained—but did not preclude—the creation of a new nationalist discourse grounded in women's equality and social justice.

I. Introduction

This paper examines the influence of development discourse on family planning policy in Trinidad and Tobago in the first decade of the nation's independence. The government's adoption of family planning as an official program was based on the asserted need to control population growth for the sake of the nationalist development project. The link between fertility control and economic development was critical to the widespread acceptance of birth control, despite resistance from the Roman Catholic Church and concerns about women's sexual license. Family planning was also fueled by support from U.S. agencies, such as US-AID and International Planned Parenthood Federation, that advocated population control in developing countries. Thus, women's reproductive health was subsumed in the nationalist and international development project and not advocated as vital to women's equality and bodily autonomy.

When I came to Trinidad as a Fulbright scholar during 2002-2003, I began to consider whether Black feminists' opposition to racism in the U.S. birth control movement was relevant to the history of family planning in the Caribbean. Did the critique of population control policies used by whites in the U.S. to control Black women's fertility and reproductive decision making apply to nationalist development programs in the Caribbean? From a feminist perspective, does it matter whether women's reproductive health is subsumed in a nationalist rather than a white supremacist population control program? What do these inquiries reveal about the pitfalls and potential for women's equality in nationalist struggles?

Trinidad and Tobago's use of development discourse to justify the national family planning program provides a case study to investigate these questions concerning

nationalism and women's equality. The state's family planning program enlisted women as the principal agents of the nationalist project by encouraging them to reduce their fertility for the sake of economic progress. But, while women were included as active participants, their interest in political and social equality was neglected in the program's philosophy and aims. After examining the negative consequences of this development strategy, I conclude that the national program seriously constrained, but did not preclude, the creation of a new nationalist discourse grounded in women's equality and social justice.

II. The Adoption of Family Planning in Trinidad and Tobago

The Post-War "Population Problem"

Trinidad and Tobago, the two southernmost islands in the British Caribbean, became an independent nation in 1962. For most of the nation's history as a colony of Spain, France, and Britain, population policy was based on the need to import labor in the form of African slaves and indentured servants from India.¹ In the early twentieth century, however, the British began to consider the colony to be overpopulated because of a labor surplus and high unemployment.² From 1900 to 1930 -- a period of high birth and death rates -- the population grew slowly.³ Like many developing countries, Trinidad and Tobago experienced rapid population growth in the decades following World War II as a result of declines in the death rate combined with a persistent high birth rate.⁴ As early as 1945, the West India Royal Commission expressed concern about the region's population increase, warning that its proposals for social, political, and economic reforms would be ineffective "if the present growth of numbers continues

unabated."⁵ To address this population problem, the Commission recommended "the establishment of birth control clinics 'where public opinion is in a mood to appreciate the importance of the question' and the 'awakening of public opinion' in other areas as to the need for a solution to this problem."⁶

The 1946 Census seemed to confirm claims of overpopulation. According to a paper published by Colonial Development and Welfare vital statistics officer G.W. Roberts, the Census revealed that Trinidad and Tobago had the highest gross population growth rate in the British Caribbean.⁷ The publication of Roberts's paper, along with another by Public Health Secretary of the Caribbean Commission, P.H.J. Lampe, on "Human Fertility in the British Caribbean," in the *Caribbean Economic Review* launched a spate of demographic and sociological research on fertility and reproductive behavior in the Caribbean. Numerous scientists studied the interrelationship of fertility, development, and family planning in the region.⁸ Researchers meticulously measured such indicators as crude birth rate, total fertility rate, crude death rate, life expectancy, and population growth to produce demographic profiles of the islands. A chief aim of these studies was to "develop a demographic data base from which to evaluate the factors influencing the acceptance of fertility control."⁹ By the mid 1950s, this demographic research bolstered a consensus that overpopulation was the cause of the region's economic and social problems and the main obstacle to development.¹⁰

The convergence of two prevailing development models fostered the link between family planning and development in Caribbean policy making. First, the Commonwealth Caribbean adopted development strategies based on the work of Sir Arthur Lewis, which equated development with economic growth and industrialization.¹¹ Second, international

population experts and organizations, such as the International Planned Parenthood Federation (IPPF), promoted the idea that development required a reduction in fertility. The United States government and private foundations sponsored a sterilization program in Puerto Rico, for example, that resulted in the sterilization of a quarter of women of child bearing age.

The origins of population control policy in Trinidad and Tobago can also be traced to the scientific approach adopted by US officials to perceived problems with the Caribbean family.¹² They attributed social problems such as extreme poverty and infant mortality to weaknesses in family structure, particularly the absence of a male breadwinner and women's work outside the home and prescribed a social welfare policy aimed at strengthening the nuclear family.¹³ Moreover, the US military believed that unemployment created by overpopulation held the potential for social unrest that threatened the security of its bases in the region.¹⁴

Family planning programs initially met with opposition from the Roman Catholic Church and anemic community interest when first introduced in Trinidad and Tobago in the 1950s.¹⁵ Representing more than one-third of the population, Roman Catholics were the largest religious group in the country.¹⁶ Roman Catholic and Anglican leaders reacted angrily to the 1945 West India Royal Commission report that recommended establishing birth control clinics to curb population growth.¹⁷ In Trinidad and Tobago's general election in 1956, many Roman Catholic officials opposed the People's National Movement (PNM), led by Dr. Eric Williams, on grounds that the party supported birth control.¹⁸ The PNM disclaimed an official position on family planning, arguing that birth control was a matter for private decision rather than government policy, the common

position of politicians at the time.¹⁹ The political power and social influence of the Roman Catholic Church in Trinidad and Tobago, as well as the island's status as a British colony, thwarted any attempt by the US to import the sterilization program it implemented in Puerto Rico.²⁰

The first family planning clinic was opened privately in Trinidad and Tobago in 1956 in Point Fortin, an oil field town in south Trinidad. Dr. Beric H. Wright, a physician in the Shell Petroleum Company hospital whose mother, Helena Wright, was a British birth control advocate and member of the International Planned Parenthood Federation, ran the clinic.²¹ Other small rural clinics followed but closed quickly owing to lack of community support.²² The first urban and stable clinic opened in the capital, Port of Spain, in 1959. In 1961 the Family Planning Association of Trinidad and Tobago (FPA) was formally established and became the thirty-second member of IPPF.²³ It opened a clinic in San Fernando, the country's second largest town, the following year.

Thus, birth control was introduced in Trinidad and Tobago in the context of and with the assistance of the global population control campaign headed by U.S. private and state agencies. But family planning became widespread and popular in Trinidad and Tobago only as an institutionalized social service integrated in the *nationalist* development project. The number of clinics and clients willing to use contraceptives increased dramatically when the newly independent government officially adopted a family planning program in 1967.

The Nationalist Family Planning Program

Soon after Trinidad and Tobago became an independent state in 1962, the governing PNM party reconsidered its position on birth control. On January 6, 1965, the PNM General Council appointed a thirteen-member ad hoc committee with the charge "[t]o consider and report on what should be the Party's attitude towards family planning having regard to the social, economic, medical and moral considerations involved."²⁴ The committee submitted a 70-page *Report on Family Planning* on March 31, 1965, reviewing the results of its investigation and making recommendations. The Report painstakingly presented the country's demographic trends, the problems caused by population growth, the positions of various religions on birth control, and the arguments for and against government support for family planning. Although portions of the Report were published in the PNM weekly newspaper in 1965, the party held off publication of the entire document until after general elections in November 1966 out of concern about a potential political backlash.²⁵ After the PNM won the election by a substantial majority, the General Council approved the publication of the Report. Party members attending a one-day conference on family planning in April 1967 unanimously approved the Report and directed the government to implement its recommendations.²⁶

The Report adopted the theory tying economic development to fertility espoused by U.S. population planners. Its premise was that rapid population growth aggravates social problems such as poverty, unemployment, poor housing, and inadequate schools, as well as retarding government efforts to address them. After noting the social and economic disadvantages of population growth, the Report concluded, "[i]t appears,

therefore, that if hard won economic and social gains are not to be completely nullified and if economic development is not to bog down under the weight of increasing numbers, the question of population control has to be tackled urgently and vigorously." The Committee recommended that "population control should be an integral part of Trinidad and Tobago's programme for economic and social development, and, as has been shown, such control must necessarily centre around reduction in the birth rate."²⁷ It also advised the government to "give all necessary support" to the Family Planning Association of Trinidad and Tobago for expansion of its voluntary services, including licensing of clinics, remission of customs duty on contraceptives, permission to use government buildings for clinics, and financial assistance.

In June 1967, the government of Trinidad and Tobago established a twelve-member Population Council, including representatives of the Family Planning Association, the Catholic Marriage Advisory Bureau, and the Ministry of Health, to organize a National Family Planning Programme. The National Family Planning Programme was approved in 1968 with the aim to cut the birth rate from 28 to 20 per thousand in ten years.²⁸ Trinidad and Tobago became the third Caribbean nation to adopt a government policy of reducing population growth, following Barbados and Jamaica.²⁹

The national family planning program was fueled by overseas support from US-AID, IPPF, Population Council, and the Pathfinder Fund.³⁰ Trinidad and Tobago was selected by IPPF in 1968 as one of the areas in the Western Hemisphere to receive special attention. The government received a \$3 million World Bank loan to build various health-related institutions, including a family-planning institute.³¹ The FPA participated in clinical testing of IUDs sponsored by the Population Council.³² Attending to foreign

funders' interest in population control, the Minister of Finance reported the adoption of the family planning program to the Inter-American Development Bank in Washington in September 1967 as evidence that the government had taken "decisive steps with respect to its population problem."³³

Pressure by the FPA for government support of its family planning services was also instrumental in the government's adoption of the national program.³⁴ According to a report by FPA Executive Director Hubert De Four, the national initiative was sparked not only by the PNM report, but also by a working paper that the FPA submitted to the Ministry of Health in 1967.³⁵ The FPA saw its role as complementing the national program and characterized its mission in terms of a population control philosophy: the FPA would assist the national government in promoting fertility reduction "by creating greater awareness of the health, economic, and social benefits of family planning and responsible parenthood."³⁶

Under the national program, family planning counseling and contraceptives were made available to the public at government and FPA clinics free of charge.³⁷ The Population Council aggressively promoted family planning in its advice to the Ministry Health, as well as in a public education campaign that employed radio programs, public meetings, and leaflets.³⁸ The government of Trinidad and Tobago devoted substantial financial support to family planning, with 15 percent of its capital expenditure in health allocated to family planning during the period from 1969 to 1973.³⁹

Government backing of family planning gave the nation's handful of clinics new momentum. There were only six clinics in the country at the end of 1967, all operated by the FPA. During 1968, the FPA increased its clinics to eight, the government opened

eight additional clinics, and the Catholic Marriage Advisory Council opened one.⁴⁰ In one year, then, the number of family planning clinics had almost tripled. By 1970, there were 28 government clinics in Trinidad and Tobago.

The number of women using contraceptives mirrored this rapid increase in the number of clinics. Surveys show that the number of "new acceptors" remained stagnant at 450 from 1960 to 1962.⁴¹ That number grew to 2,770 in 1967 and then skyrocketed in 1968 to 7,900 in FPA clinics and 4,760 in government clinics as a result of the national family planning program. In 1969, the FPA and government clinics served a total of 15,620 new patients.⁴²

Thus, the development rationale for family planning had remarkable success at overcoming objections to birth control. Indeed, the Roman Catholic Church, once seen as the primary obstacle to family planning, accepted the idea of "planned and responsible parenthood" and was represented in the state agency, the Population Council, in charge of organizing the national program.⁴³ But defending the nationalist program in terms of prevailing theories on population and development subordinated another critical reason for family planning -- women's interest in assuring their health and equality. Rather, women were enlisted to serve the nationalist development project that required that they use contraceptives to reduce their fertility and lower the nation's birth rate.

The role of women in the national family planning program was reflected in demographic research of that period on the program's impact. The Population Council commissioned Jack Harewood, the nation's leading demographer and head of the University of the West Indies' Institute of Social and Economic Research, to undertake a survey of women's fertility, contraceptive use, and attitudes about birth control.

Harewood conducted the Family Planning Survey-Females in 1970 and issued a final report on his findings in 1973.⁴⁴ Just as revealing as the survey's findings are the questions the survey asked. The first part of the survey, which sought information about women's attitudes about birth control and public action concerning family planning, mirrored the government's development rationale for family planning. According to Harewood, two questions were designed to measure respondents' awareness of "the population problems of the country."⁴⁵ The first asked, "Do you think that problems in our country, such as unemployment, insufficient school places, poor housing and poverty are in any way caused by there being too many people?" The second asked, "How many children do you think a woman should have in her life-time?".

The responses were encouraging. Harewood found that 75 percent of women were aware of the nation's population problems.⁴⁶ Eighty-four percent gave unqualified approval of birth control practice and an additional eight percent approved its use in some circumstances.⁴⁷ Most women approved of government family planning clinics (59%) and the Family Planning Association (52%). Fewer women approved of the National Family Planning Programme (34%) because most had never heard of it or did not know enough to approve or disapprove. Less than one percent disapproved of any of these national family planning efforts.⁴⁸

Harewood also concluded that 88 percent "implied an acceptance of family limitation" because they provided an "ideal number of children," though 40 percent gave four as the ideal number and 13 percent gave five or more.⁴⁹ Given this preference for large families, Harewood recommended that "there is still need for much effort to be put into a programme of 'education' aimed at making the population aware of our population

problems and in fostering a preference for smaller families."⁵⁰ To Harewood, the most effective way of increasing women's contraceptive use was to make them more aware of the nation's population problem and resulting need to reduce fertility.⁵¹ Women would subscribe to family planning in service to the nation, not to gain greater control over their own reproductive lives or to improve their own health.

Also encouraging was the decline in fertility during the 1960s. The annual population growth rate fell precipitously from 2.9 percent during the period 1946 to 1960 to 1.2 percent during the period from 1966 to 1970.⁵² Harewood reported in *Population Studies* a keen interest in discovering "to what extent, if any, increased contraceptive practice, and more specifically, organized family planning activity, have contributed to the decline in fertility."⁵³ Harewood could not answer these questions and noted evidence that "much of this contraceptive use might be associated with the desire to postpone the next pregnancy rather than to have no more children at all."⁵⁴ Moreover, crude birth rates had been declining significantly in virtually every Caribbean country since 1960, before family planning programs were established.⁵⁵ Nevertheless, it was clear that the national family planning program, relying on development discourse, had a huge impact on the acceptance of birth control as beneficial to the nation.

III. The Consequences of Nationalist Discourse

What are the implications of subsuming women's reproductive health in Trinidad and Tobago's nationalist project? What are the consequences of adopting a nationalist program that implemented a population control philosophy and neglected women's health and equality as critical aims of policy?

Nationalism and Male Interests

The development Trinidad and Tobago's family planning program fits the historical pattern of gender and nationalism. With rare exception, modern nationalist movements have been masculinist.⁵⁶ These movements adopt a patriarchal viewpoint that gives men authority over political decision making and relegates women primarily to the domestic sphere. New nations often replicate the inequitable gender structure of the old regime, with nationalism becoming the contemporary "language through which sexual control and repression (specifically, but not exclusively of women and homosexuals) is justified, and masculine prowess is expressed and exercised."⁵⁷ Men in nationalist movements typically equate the nation's interests with male interests and fail to see the need to address structural inequities that subordinate women. The nation and men become "each other's extension."⁵⁸ As Ann McClintock summarizes, "Not only are the needs of the nation here identified with the frustrations and aspirations of men, but the representation of male national power depends on the prior construction of gender difference."⁵⁹ Therefore, the nationalist agenda is typically governed by patriarchal values that discount or even ignore women's particular concerns and that may adversely affect women's status and welfare.

Men often use calls for national unity as an excuse to reject women's claims for equality and to preserve their own privileged position within the new social order. Women's concerns are seen as secondary and an impediment to achieving national objectives. Femininity, too, is defined in relation to the national identity in a way that supports male supremacy. This maneuver is so common that Deborah Gray White writes, "Everywhere male nationalists (and their female supporters) have condemned

feminism as divisive, asked women to wait until nationalist goals are met, accused women who press for change of being somehow 'less than a woman.'"⁶⁰

In the developing world, the masculinist meaning of nationalism is manifested in the gendered structure of development strategies that typically direct benefits to men. Scarce development resources are allocated through structures that are dominated by men and that institutionalize traditional patriarchal norms.⁶¹ Nkiru Nzegwu notes that, despite issuing statements about increasing gender equality in development programs, "development coordinators and programme evaluators still make unwarranted assumptions about the capabilities of rural African women, and assume that their interests are served adequately in projects controlled by men."⁶² Women's organizations and feminist scholars have criticized traditional development strategies for ignoring the role of gender, for failing to integrate women the process of development, and for having an adverse impact on women.⁶³ Three world conferences during the United Nations Decade for Women, 1976 to 1985, legitimized women's concerns in the eyes of national governments and development bureaucracies, in addition to mobilizing women to form organizations in developing countries and international networks to advocate for inclusion in development policies, programs, and research.⁶⁴

In the Anglophone Caribbean, nationalism expressed the "political maturity" of formerly colonized people whose nationalist project involved mass mobilization in support of independence and sovereignty.⁶⁵ The men who dominated these movements utilized and reproduced many of the gendered structures that existed under colonialism. Linden Lewis explains, "having seized the opportunities for leadership provided through

nationalist struggles, men then proceeded to consolidate their positions in power at every level of society.’⁶⁶

Women's role in Trinidad and Tobago's nationalist family planning program reflected women's participation in the emerging nationalist politics of the 1950s and 1960s generally. The post-war period marked a political awakening among Afro-Trinidadian women in the middle-class and the formation of a number of women's organizations.⁶⁷ World War II improved women's economic position and the granting of universal suffrage in 1946 made women an important political constituency. The PNM was distinguished by its solid support among working-class and lower middle-class women of African descent. Eric Williams gave women unprecedented prominence in developing his popular base in the 1950s and formed the Women's League as a strong branch of the PNM firmly integrated within the party structure.⁶⁸ In *Women, Labour & Politics in Trinidad & Tobago*, Rhoda E. Reddock notes that the powerful sense of Black nationalism became the focus of Williams' political mobilization of women.⁶⁹ She credits Williams' astute cultivation of this grass roots political base among women as the "main source of the party's strength" and "the secret of its survival."⁷⁰

Yet, despite women's invaluable political work for the PNM, the party consigned women to a supportive role. The Women's League primarily defended and campaigned for PNM men and rarely advocated for its members' interests *as women*.⁷¹ Women's political contribution was largely confined to the domestic sphere. An article by Lynne Beckles in *The PNM Weekly's* Women's Page identified women's role as making "the home atmosphere more 'congenial' for the menfolk, 'especially those who are in government, City Council or County Council and last but not least, the unsung heroes of

party groups, central executive and other such committees where the spadework of the party is being done."⁷² Beckles ended the article by exhorting women, "Let us stand squarely behind our political leader for his is an almost superhuman task."⁷³

Because the Women's League was seen as an avenue for women to become better homemakers and "citizens working together for 'community betterment and mutual uplift,'" its activities included lectures on child welfare, classes on home economics and flower arranging, and a national good manners campaign.⁷⁴ After reviewing women's crucial participation in events leading to independence, Reddock concludes, "[i]n spite of their numerical strength in the PNM, [women] did little to challenge either the existing relations of power or the sexual division of labour in the party and in society."⁷⁵

Given this patriarchal orientation, men interpret women's mobilization in the nationalist struggle as emancipation. Despite women's supportive role in PNM politics in the 1960s, for example, Eric Williams saw this involvement as evidence of gender equality. "One of the outstanding achievements of the People's National Movement," Williams wrote in 1964, "was the emancipation of the women of the country and their incorporation with equal rights on an equal footing with men in the political life of the country."⁷⁶ Male leaders mistake women's active participation in the nationalist movement as women's political liberation when they are blind to the nation's persistent gender inequities.

Reproduction and Women's Role in Nationalism

Family planning was a critical site for Trinidad and Tobago to define itself as a new nation. Feminists have identified reproduction generally as a critical site of women's

disadvantage and control over reproduction as essential to women's equal participation in society.⁷⁷ In her history of birth control in the United States, *Women's Body, Women's Right*, Linda Gordon concludes that "reproductive freedom cannot be separated from the totality of women's freedom" because "there is a complex, mutual, causal relationship between birth control and women's overall power."⁷⁸ Men have a huge stake in regulating reproduction. Indeed, Elizabeth Moen argues the political and economic power inherent in fertility control is a major reason for patriarchy: "[M]en dominate and control women in order to control fertility."⁷⁹ It is not surprising, then, that reproduction is frequently the focus of male nationalists' attempts to keep women in a subordinated position.

More fundamentally, control over reproduction and the discourse that frames reproductive health policy is a principal means for men to define the nation.⁸⁰ Conversely, enlisting women's reproductive service for the sake of the nation helps to define gender and to inscribe sex inequality in the nationalist social order. Not only do women physically produce future members of the nation, but norms regulating which women may legitimately bear children and under which conditions contribute to the construction of national and gender identity.⁸¹ While men maintain authority over imagining the nationalist project, women participate as the literal and symbolic – the biological and cultural -- reproducers of the nation. Patriarchal ideology facilitates the mobilization of women for nationalist population projects. One of the chief tenets of a patriarchal social order is that women naturally and voluntarily bear and raise children without public recognition or compensation.⁸²

The government of Trinidad and Tobago relied on political discourse rather than state coercion to enlist women's voluntary participation in the family planning program. The use of discourse may be as effective as repressive force to generate popular support for official reproductive policies and norms for the sake of the nation. As Nira Yuval-Davis has catalogued, national leaders deploy three common discourses to pressure women to conform their reproductive decisions to nationalist ends.⁸³ Trinidad and Tobago's family planning policy illustrates a "Malthusian discourse," which asserts that population reduction is essential to national stability and to the success of nationalist economic and social programs.

A contrasting nationalist discourse contends that increasing population size is necessary for national survival and competition with other nations. For example, Serbian leaders in the former Yugoslavia blamed the "white plague" of low birth rates, stemming from women's selfishness, for their nation's vulnerability and exhorted women to save the nation by bearing more children. Women who had abortions were condemned as "mortal enemies of the nation."⁸⁴ Finally, a eugenicist discourse claims to improve the quality of the national population by encouraging socially desirable people to procreate and by deterring child bearing by those deemed socially unfit.⁸⁵

The population control ideology underlying Trinidad and Tobago's family planning program was ineffective and inequitable in the hands of nationalists as well as imperialists. Evidence shows that population control strategies do not work to reduce fertility because they ignore the social reasons for rapid population growth in developing countries. Family size cannot be ordained by government fiat, but is tied to "the family's

economic position, the value of the woman, which depends on the roles that she performs for the family and the community, and the structure of social inequalities."⁸⁶

Moreover, the goal of population control is misguided for several reasons. If fertility reduction is the aim of family planning, family planning loses its salience once the "population problem" is solved. The government has less stake in supplying birth control if fertility rates are no longer deemed excessive. The state may discount other compelling reasons for supporting reproductive health services, such as improving women's status and health.

Indeed, the nationalist agenda might turn to encouraging women to bear more children to increase the population. At the very time that women in Trinidad and Tobago were being urged to use contraceptives for the sake of national development, Black women in the United States were urged by some Black men to reject contraceptives for the sake of national liberation. In the 1960s, many Black nationalist men adopted the position that birth control was a form of racial genocide and that Black women should bear more children "for the revolution." Stemming from a history of eugenic birth control programs and sterilization abuse, the suspicion about family planning was not confined to revolutionary radicals: two studies published in the *American Journal of Public Health* showed a widespread worry among Blacks that family-planning programs were a potential means of racial genocide, especially if the programs provided sterilization and were run by whites.⁸⁷

The Black Power conference held in Newark in 1967, for example, passed a resolution opposing birth control. A cartoon in the Nation of Islam's newspaper *Muhammad Speaks* depicted a Black woman in an advanced state of pregnancy standing

in a jail cell, with the caption: "My Only Crime Was Refusing to Take Birth Control Pills."⁸⁸ In her anthology on Black women published in 1970, Toni Cade confronted the question, "The Pill: Genocide or Liberation?," about the rift between men and women over the role of birth control in the Black liberation movement.⁸⁹ Cade recalled a political meeting in which a tall brother stood up and "castigated the Sisters to throw away the pill and hop to the mattresses and breed revolutionaries and mess up the man's genocidal program."⁹⁰

David A. Yeboah, a senior fellow at the Sir Arthur Lewis Institute of Social and Economic Studies, highlights the need for Caribbean family planning associations to develop new funding strategies in light of declining funding from international donor organizations.⁹¹ Many Caribbean countries have experienced dramatic declines in population growth in the last 20 years, resulting in a United Nations Population Fund (UNPF) assessment of reduced "population need." Yeboah notes that IPPF has decided to scale down its support of Caribbean family planning services based on the UNPF downgrading. Caribbean countries could rely on substantial support for birth control from organizations like IPPF as long as their birth rates were perceived as too high. Yeboah cautions that the retreat of this major funding source may jeopardize Caribbean family planning programs that address high rates of HIV/AIDS infection. Thus, the focus on population control blinds policy makers to other reasons for reproductive health services that are crucial to citizens' welfare.

More fundamentally, promoting fertility control as a solution to social inequalities reinforces an unequal social order. Population control policies identify barriers to development as the product of nature rather than unjust social arrangements. By

identifying procreation as the cause of underdevelopment and deplorable social conditions, they divert attention away from the need for social and global change. Moreover, population control policies are rarely enforced equitably. Rather, the most socially marginalized people tend to become the subjects for fertility control because their procreation is viewed as chief source of national problems.

The history of family planning policy in Trinidad and Tobago illustrates the importance of a feminist critique of nationalist struggles. Although women were the principal participants in this nationalist program, it reinforced a patriarchal model of reproductive health based on population control rather than women's health, equality and autonomy. The failure to include women's interests in the meaning of development and aims of family planning resulted in a nationalist project with limited potential for improving citizens' welfare.⁹²

IV. The Perils and Potential for a Feminist Nationalism

Is Nationalism Inherently Male?

The persistent historical equation of national and male interests and the feminist critique of this convergence might suggest that nationalism is *inherently* masculinist and opposed to women's interests. Ann McClintock writes, "all nationalisms are gendered, all are invented and *all are dangerous*"⁹³ -- especially for women.

As discussed thus far, the history of family planning in Trinidad and Tobago clearly illustrates the association between nationalism and male interests. Yet this case study also demonstrates that the association is neither total nor inevitable. The national family planning program, which opened free clinics throughout the islands, served women's practical interest in controlling their childbearing. It also created a space for

women to redefine a nationalist reproductive health policy in feminist terms. To be precise, by subsuming women's reproductive health in a development strategy, the national family planning program seriously constrained, but did not preclude, the creation of a new nationalist discourse grounded in women's equality and social justice.

One problem with the theoretical opposition of nationalism and women's interests lies in the conception of "women's interests" that are neglected by national leaders. Women realize some benefits from nationalist struggles while failing to benefit on equal terms with men. In her study of women's participation in the Nicaraguan revolution, Maxine Molyneux grapples with the proposition that women's interests are not served by socialist revolutions.⁹⁴ Socialist, like nationalist, revolutions require the subordination of women's specific interests to the broader, universalizing goals of overthrowing the current regime and establishing a new social order.⁹⁵ Noting that the interests of women cannot be generalized, Molyneux proposes the term "gender interests" to describe certain general interests that women have in common. While strategic gender interests entail goals such as women's emancipation or gender equality, practical gender interests respond to women's immediate needs.

Trinidad and Tobago's national family planning program improved women's status and well being in many respects. Although it did not serve women's strategic gender interests, to use Molyneux's terms, it met women's practical need for access to family planning services. Development discourse provided a language that enabled a broad spectrum of the political personae, including the Roman Catholic Church, to endorse family planning. The PNM's development rationale was more successful than the Sandinistas' revolutionary ideology in Nicaragua at subverting conservative Roman

Catholic opposition to “unnatural” methods of birth control.⁹⁶ The United Nations Commission on the Status of Women concluded in 1973 that “the ability to regulate the timing and number of births is one central mean of freeing women to exercise the full range of human rights to which they are entitled.”⁹⁷ Access to contraceptives allowed Trinidadian women to participate more freely in politics and the labor market.⁹⁸

Policymakers viewed improvements in women's welfare, however, as beneficial side effects of a program whose chief aim was fertility reduction. Molyneux asks, “Are gender interests *articulated into* a wider strategy of economic development (for example) or are they irretrievably *subordinated to it*?”⁹⁹ In the case of Trinidad and Tobago’s family planning program, women’s gender interests were subordinated to a population control ideology. For the nationalist program to fundamentally integrate gender interests, the PNM government would have had to recognize women’s emancipation and equality as “specific and irreducible” aims.

Trinidad and Tobago's nationalist family planning program differed significantly from white-dominated programs that sought to reduce the Black birth rate in the United States. The birth control movement in the US from its inception was based as much on a racist ideology as a feminist one. It was concerned as much about keeping people deemed socially inadequate from reproducing as it was about emancipating women. As the crusader Margaret Sanger allied with the burgeoning eugenics movement, the call for birth control veered away from its radical, feminist origins to include programs to regulate the poor, immigrants, disabled, and Black Americans based on theories of genetic inferiority and social degeneracy. The first publicly-funded family planning

clinics in the United States were established in the South to reduce the fertility rate of poor Blacks.

As Black Americans agitated for their civil rights, the white backlash included reproductive regulation. During the 1960s and 1970s, thousands of poor Black women were coercively sterilized under federally funded programs. State legislators of that period considered a rash of punitive sterilization bills aimed at the growing number of Blacks receiving public assistance. More recently, efforts to encourage poor Black women to use long-lasting contraceptives such as Norplant and Depo-Provera, which coincided with welfare reform measures designed to deter births among women receiving public assistance, have resurrected the debate about race and birth control in the United States.

I found no evidence in my research of any use of racial and ethnic differences in Trinidad and Tobago, primarily between citizens of African and Asian Indian descent, to promote the family planning program. Norma Andrews, Director of the Office of the Population Programme, noted in a 1975 publication:

No attempt has ever been made to alter through immigration, emigration, differential fertility, or any other measures the ethnic-racial composition of the country.... This is not to say that Trinidad is free from ethnic or racial tensions, and the whiter skinned minority is likely to be concerned with the rate of growth of the darker skinned majority made up of Africans and Indians. However, there have been no calls for a population policy to alter composition.¹⁰⁰

A more likely scenario would be the PNM's use of the national family planning program to reduce the Indo-Trinidadian birth rate. Aaron Segal notes that "[t]here was concern in the PNM that population control be national, embracing the rural area, lest it affect the fragile racial balance by lowering the urban Negro birth rate more rapidly than the Hindu."¹⁰¹ However, this did not entail any effort to encourage *greater* use of birth control by Indo-Trinidadian women.

Although the national family planning program was fundamentally flawed by population control ideology, its aim of national development also fundamentally distinguishes it from racist family planning programs in the United States. In the same way, Blacks' advocacy of birth control as a tool for racial betterment in the early twentieth century sharply differed from the contemporaneous eugenic agenda. White eugenicists promoted birth control as a way of preserving an oppressive social structure; Black leaders like Mary McLeod Bethune and W.E.B. DuBois promoted birth control as a way of toppling it.

Placing reproductive health within a nationalist agenda may create space for recognizing its relationship to social justice. African American women have historically placed birth control within a broader social context that must include racial injustice as well as gender inequality and religious traditions. In *Killing the Black Body*, I used Black women's struggle for reproductive freedom to advocate making social justice a central concern for reproductive health policy. Basing reproductive health claims on individual rights has not succeeded in granting Black women in the U.S. true freedom and control over their decisions. The dominant focus on individual choice ignores the social and economic barriers to exercising reproductive choice and provides no claim to government

resources. Black women have developed a distinctive voice in the reproductive rights movement that condemns the deplorable social conditions that constrain their ability to have healthy children, as well as the coercive use of family planning as a means of population control.¹⁰² As the experience of Black women in the US makes clear, it is important to see reproductive freedom as an issue of social justice and not just the individualistic right to choose. Understanding reproductive health policy as a national rather than individual concern may be more conducive to considering social justice issues.

The Potential for a Feminist Nationalism

A feminist analysis of nationalism, then, must turn to identifying women's efforts within nationalist struggles to define a national identity and agenda that incorporates women's strategic interest in equality. Deborah Gray White notes that women of the Black Atlantic have been united by "the belief that women's liberation cannot be separated from nationalist struggles against racism, imperialism and classism," as well as by the problem of "how to integrate women's needs into nationalist agendas."¹⁰³

Most Black women in the U.S., for example, did not passively accept the male admonition to cast aside birth control and have more babies for the revolution. Nor did most of those involved in the movement drop out because of sexist demands. Rather, many re-articulated the relationship between birth control and liberation and demanded the inclusion of women's reproductive rights in the nationalist project. Shirley Chisholm, the first Black woman in Congress, rejected the genocide argument against birth control as "male rhetoric, for male ears" and testified before a Senate committee about her female constituents' pleas for family planning services. As head of the Black Women's

Liberation Committee of the Student Nonviolent Coordinating Committee (SNCC), Frances Beal wrote in 1969 “Black women have the right and the responsibility to determine when it is in *the interest of the struggle to have children or not to have them and this right must not be relinquished to any ... to determine when it is in her own best interests to have children.*”¹⁰⁴

In her essay, Toni Cade rejected the sexist implication that women’s only role in the struggle was to bear children and the naïve faith that simply producing more children would improve conditions for Black Americans. She demanded to learn from Black men what plans they had to care for children and noted that the Pill enabled women to participate more fully in political activism. The conflict over family planning sometimes escalated into grassroots confrontations along gender lines. In 1969, Black women in the National Welfare Rights Organization in Pittsburgh battled William “Bouie” Haden, a community leader who worked to discontinue federal funding for Planned Parenthood clinics in six poor neighborhoods and threatened to firebomb any family planning projects in the area. The women successfully organized to restore clinic funds and to remove Haden as a delegate from the Homewood-Brushton Citizens Renewal Council.

The Contemporary Debate on Legalizing Abortion

One of the consequences of tying family planning to development in Trinidad and Tobago rather than to women's equality and autonomy is the absence of laws and policies that protect women's reproductive health or a strong women's movement for reproductive freedom.¹⁰⁵ Abortion is unlawful in Trinidad and Tobago, although it is widely practiced. The impact of family planning’s origins on the contemporary debate in Trinidad and

Tobago about the legalization of abortion shows both the limitations of a male-dominated nationalism and the potential for its feminist revision.

Beginning in 2002, a grass roots organization called ASPIRE, Advocates for Safe Parenthood Improving Reproductive Equity, began campaigning to make abortion legal in Trinidad and Tobago. ASPIRE frames its argument in terms of the nation's public health. Using data on hospital admissions, ASPIRE makes a compelling case that the current law results in high rates of maternal mortality and morbidity because of deaths and illness from unsafe abortions. [Add figures]

ASPIRE characterizes this public health crisis as an issue of both social and gender justice, because it affects primarily poor women while wealthier women have access to safe services. Thus, ASPIRE uses a nationalist discourse that frames access to safe abortion as a public health issue, but that places women's interests at the forefront. By eliciting facts about maternal mortality and morbidity, ASPIRE also uses a feminist methodology that challenges prevailing assumptions about women's reality and calls attention to the concrete impact of the current law on women's welfare.¹⁰⁶ Rebecca Cook notes the importance of feminists' deployment of empirical evidence in establishing official violations of women's human rights. "In using such empirical studies," she writes, "feminist analysts attempt both to expose the negative effects of law on women's reproductive health and to make governments more accountable."¹⁰⁷ ASPIRE replaces the dominant family planning idiom focused on fertility rates with demographic data more attentive to women's welfare.

In her study of the politics of family planning policy in Indonesia, Leslie K. Dwyer discovered that Indonesian women respond to government programs promoting

birth control in multiple ways that include creating alternative and potentially disruptive cultural discourses.¹⁰⁸ Dwyer cautions against a theory of nationalism that ignores these “local resistances” that “percolate through Indonesian nationalist space”: “[T]o focus primarily on nationalism as an agent of sexual control or repression is to lose sight of the possibility that the everyday encounter between sexuality and nationalism may be more complex.” Although public protests against family planning policies are rare, Indonesian women “rework state discourses” by refusing to use certain types of contraceptives and by using meetings officially aimed at promoting birth control to discuss issues of concern to them.¹⁰⁹

ASPIRE’s re-articulation of the nation’s interest in promoting women’s reproductive health is a similar use of nationalist space to challenge the dominant male discourse. To completely explore the relationship between nationalism and the development of family planning policy in Trinidad and Tobago, we would have to investigate the meaning of the policy for the women who were enlisted to implement it in the 1960s -- a perspective omitted from the historical record.¹¹⁰

By framing the legalization of abortion as a national public health issue rather than using the rhetoric of individual choice and rights adopted by Western liberal abortion activists, ASPIRE also challenges the dominant feminist discourse. I confess that when I first encountered ASPIRE’s argument, my initial response was to view it as an extension of the nationalist family planning policy grounded in development discourse. I was thrown off by ASPIRE’s failure to state the organization’s claims in the familiar terms of individual rights to bodily and decisional autonomy. Further thinking

led me to realize that, to the contrary, ASPIRE was constructing an alternative nationalism centered on social justice.

The original defense of family planning as a development project does have implications for ASPIRE's campaign, however. Despite ASPIRE's appeal to the national interest, the issue of maternal health has failed to galvanize support for changing the abortion law.¹¹¹ The media in Trinidad and Tobago have paid little attention to the deaths of women resulting from unsafe abortions, for example. ASPIRE has been unsuccessful at persuading even one legislator or government minister to publicly support abortion reform.

The failure to accept maternal health as a reason to legalize abortion contradicts the historical importance placed on development as the rationale for family planning. Reducing the maternal death rate should be a primary concern of development efforts. Halfdan Mahler observes that "the most striking fact about maternal health in the world today is the extraordinary difference in maternal death rates between industrialized and developing countries."¹¹² This aspect of maternal death can be attributed in part to differences in abortion law reform between industrialized and developing countries.¹¹³ The medical community's support for the national family planning program in the 1960s stemmed in part from the concern over the safety of illegal abortions, which were widespread in Trinidad and Tobago.¹¹⁴ In 1963, 5,000 women were admitted to Port of Spain General Hospital for medical complications resulting from illegal abortions.¹¹⁵ One researcher noted in 1969 that "[t]he figures indicate that illegal abortion [sic] may be more frequent than FPA sponsored methods of contraception."¹¹⁶

Why didn't the government of Trinidad and Tobago make safe abortion services, along with birth control, part of the national family planning program? The reasons are complicated, including vehement opposition to abortion by the Roman Catholic Church. Had the national family planning policy been grounded in a concern for women's health, equality, and autonomy, however, ASPIRE's arguments supporting legalization of abortion would probably carry greater weight today. Thus, while women can and do create alternative nationalisms, masculinist structures and ideologies place constraints on what they can accomplish.

The experience of abortion law reform in the new South Africa demonstrates a similar pattern of feminist potential inhibited by roadblocks placed by the former regime. [More on South African Constitution and abortion law]

Thus, the potential for a feminist redefinition of the national identity and project is constrained, but not foreclosed, by structures and ideologies put in place by the existing masculinist nationalism. As Sharp observes, "the postponement of a consideration of gender issues in the name of the construction of the nation-state will irrevocably alter the direction the emerging nation-state will take."¹¹⁷ This case study shows that this observation is correct to the extent that it recognizes the limitations imposed by nationalisms that exclude gender issues. We can imagine, for example, that ASPIRE's argument in support of abortion reform would carry more weight today had the PNM made women's health and equality, rather than fertility reduction, the central aim of the national family planning program. This case study also shows, however, that the nation is not inherently, inevitably, or totally controlled by male interests and opposed to women's interests.

IV. Conclusion

This case study of family planning policy in Trinidad and Tobago shows the dangers of subsuming women's interests within a nationalist agenda. My argument is not that women's interests inherently conflict with a nationalist mission, a charge that men often use to disregard women's claims for equality and preserve the nation's patriarchal order. Rather, I am arguing precisely the opposite point. Women should be treated as equal citizens of the nation and their interests -- in health, autonomy, and equality -- should be integrated in the nationalist agenda for development. This means more than enlisting women's active participation in programs that privilege men's dominant position. As Rhoda Reddock observes in the epilogue of *Women, Labour & Politics in Trinidad and Tobago*, "The lesson to be learnt from our history is that it is not enough to fight for a more dominant role in this inequitable, patriarchal system. The challenge is to work towards transforming this system through the creation of new forms of human and social relations."¹¹⁸

In the 1960s and 1970s, the government of Trinidad and Tobago mobilized women in a patriarchal model of family planning based on population control that failed to tackle the global and structural inequities that created the nation's underdevelopment. The work of ASPIRE in advocating for abortion reform based on concern for women's health and social justice illustrates the potential for a nationalist development project based on feminist ideals.

Endnotes

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¹ Harewood, *The Population of Trinidad and Tobago*, p. 132; Rhoda E. Reddock, *Women, Labour & Politics in Trinidad & Tobago: A History* (Kingston, Jamaica: Ian Randle Publishers, 1994), pp. ____ - ____.

² Harewood, *The Population of Trinidad and Tobago*, p. 132.

³ Norma Andrews, "Trinidad and Tobago," in Aaron Lee Segal, ed., *Population Policies in the Caribbean* (Lexington, MA: Lexington Books, 1975), p. 73.

⁴ Jack Harewood, *The Population of Trinidad and Tobago* (St. Augustine, Trinidad & Tobago: Institute of Social & Economic Research, University of the West Indies, 1975), pp. 9-10)[**check publisher**]; Harewood (1973)

⁵ West India Royal Commission of 1938 quoted in Reddock, *Women, Labour & Politics in Trinidad & Tobago*, p. 223.

⁶ Ibid.

⁷ Reddock, *Women, Labour & Politics*, p. 224.

⁸ Scott Menard & Elizabeth W. Moen, "The Relative Importance of Family Planning and Development for Fertility Reduction: Critique of Research and Development of Theory," in Scott W. Menard and Elizabeth W. Moen, eds., *Perspectives on Population: An Introduction to Concepts and Issues* (New York: Oxford University Press, 1987), p. 229.

⁹ Reddock, *Women, Labour & Politics*, p. 224.

¹⁰ Reddock, *Women, Labour & Politics*, p. 225.

¹¹ Ralph Henry, "Jobs, Gender and Development Strategy in the Commonwealth Caribbean," in Patricia Mohammed & Catherine Shepherd, eds., *Gender in Caribbean Development* (Barbados: Canoe Press, University of the West Indies 1988), p. 176.

[Handbook of Development Economics; Handbook of Population Economics]

¹² Reddock, *Women, Labour & Politics*, p. 223.

¹³ *Ibid.*, pp. 213-222.

¹⁴ See Reddock, *Women, Labour & Politics in Trinidad & Tobago*, p. 223.

¹⁵ Andrews, "Trinidad and Tobago," p. 73.

¹⁶ According to the 1960 census in Trinidad and Tobago, Roman Catholics were about 36 % of the population, Anglicans were 21 %, and other Christians were 14 %. Hindus composed the second largest religious group, with 23 % of the population, while Muslims were 7 %. Harewood, "Recent Population Trends and Family Planning Activity in the Caribbean," p. 885, n. 14.

¹⁷ Reddock, *Women, Labour & Politics in Trinidad & Tobago*, p. 223.

¹⁸ Harewood, *The Population of Trinidad and Tobago*, p. 195. See generally George W. Cadbury, "Outlook for Government Action in Family Planning in the West Indies," in Clyde V. Kiser, ed., *Research in Family Planning* (Princeton, NJ: Princeton University Press, 1962).

¹⁹ Andrews, "Trinidad and Tobago," p. 75.

²⁰ Reddock, *Women, Labor & Politics in Trinidad & Tobago*, p. 225.

²¹ Harewood, *The Population of Trinidad and Tobago*, p. 195; Mrs. Ian McBride, "History of the FPA in Trinidad and Tobago" (unpublished paper, 1968).

²² McBride.

²³ The first Family Planning Association in the Commonwealth Caribbean was established in Barbados in 1955. William C. Gilmore, "Demographic Trends and Governmental Policy Options in Barbados: Abortion Law Reform in Perspective" (unpublished paper, 1979), p. 4 & n.13.

²⁴ (PNM 1965, p. 1). See Segal, *Politics and Population in the Caribbean*, p. 64.

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- 25 Segal, *Politics and Population in the Caribbean*, p. 65.
- 26 Ibid.
- 27 PNM 1965, pp. 60-61.
- 28 Harewood, *The Population of Trinidad and Tobago*, p. 196. [Check figures; Segal writes 37 to 25/1000]
- 29 Segal, *Politics and Population in the Caribbean*, p. 59.
- 30 Harewood, *The Population of Trinidad and Tobago*, p. 196; Andrews, "Trinidad and Tobago," p. 80. See generally Segal, *Politics and Population in the Caribbean*, pp. 28-32 (discussing foreign aid to family planning programs in the Caribbean). IPPF provided 70.38 % of the FPA's income in 1968, 75.2 % in 1969, 62.08 % in 1970, 60.87 % in 1971, and 63.72 % in 1972. De Four, Progress Report, p. 6, Income Table.
- 31 Andrews, "Trinidad and Tobago," p. 80.
- 32 Segal, *Politics and Population in the Caribbean*, p. 62.
- 33 De Four, Progress Report, p. 3.
- 34 Segal, *Politics and Population in the Caribbean*, p. 63.
- 35 Hubert De Four, Family Planning in Trinidad and Tobago Progress Report (paper presented at the IPPF/WHR Executive Committee Meeting Held at the Trinidad Hilton, January 29-30, 1976), p. 3.
- 36 1983 FPA Annual Report; find similar quote in reports from 1960s.
- 37 Harewood, "Recent Population Trends and Family Planning Activity in the Caribbean," p. 886.
- 38 Andrews, "Trinidad and Tobago," pp. 75, 77.
- 39 Andrews, "Trinidad and Tobago," p. 80.
- 40 Harewood, *The Population of Trinidad and Tobago*, p. 196.
- 41 Ibid, p. 197.
- 42 Harewood, *The Population of Trinidad and Tobago*, p. 198.

⁴³ Harewood, "Recent Population Trends and Family Planning Activity in the Caribbean," p. 892. See also Aaron Segal, *Politics and Population in the Caribbean* (Rio Piedras, Puerto Rico: Institute of Caribbean Studies, University of Puerto Rico, 1969), pp. 25-26 (listing factors that explain Trinidad government's ability to adopt a national family planning policy, including local Roman Catholic hierarchy's change in position).

⁴⁴ Jack Harewood, *Female Fertility and Family Planning in Trinidad and Tobago: Final Report on the 1970 Family Planning Survey-Females* (1973). See also Jack Harewood & Norma Abdulah, *What Our Women Know, Think and Do About Birth Control: A Graphic Summary of the Results of the Family Planning Survey-Females* (St. Augustine, Trinidad & Tobago: University of the West Indies, Institute of Social & Economic Research).

⁴⁵ Harewood, Final Report, ____.

⁴⁶ Harewood, Final Report ____.

⁴⁷ Harewood, Final Report ____.

⁴⁸ Harewood , Final Report, ____.

⁴⁹ Harewood, Final Report, ____.

⁵⁰ Harewood, Final Report, ____.

⁵¹ See also Harewood, Final Report, ____ ("It is apparent that the higher the proportion of a group who are 'aware' of the population problem the greater the likelihood that persons in this group will practise birth control. Thus, efforts to increase 'awareness' would be more than justified if it is desired to increase contraceptive practice.")

⁵² Harewood, *The Population of Trinidad and Tobago*, pp. 50-56; Harewood 1973, p. 33.

⁵³ Harewood 1973, p. 33.

⁵⁴ Harewood, *The Population of Trinidad and Tobago*, pp. 194, 209.

⁵⁵ Jack Harewood, "Recent Population Trends and Family Planning Activity in the Caribbean Area," *Demography* 5 (2) (1968), pp. 874, 879-881.

⁵⁶ Deborah Gray White, "Nationalism and Feminism in the Black Atlantic," in Patricia Grimshaw, Katie Holmes, & Marilyn Lake, eds., *Women's Rights and Human Rights : International Historical Perspectives* (Palgrave, 2001), pp. 231, 234.

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- ⁵⁷ Tamar Mayer, "Gender Ironies of Nationalism: Setting the Stage," in Tamar Mayer, ed., *Gender Ironies of Nationalism: Sexing the Nation* 1,1 (London: Routledge 2000).
- ⁵⁸ Ibid. at 19. See generally Ann McClintock, *Imperial Leather: Race, Gender and Sexuality in the Colonial Contest* (London and New York: Routledge, 1995).
- ⁵⁹ McClintock, p. 262.
- ⁶⁰ White, "Nationalism and Feminism in the Black Atlantic," p. 235.
- ⁶¹ White, "Nationalism and Feminism in the Black Atlantic," p. 236; Kathleen Staudt, "The Impact of Development Policies on Women," in M.J. Hay & S. Stichter, eds., *African Women: South of the Sahara* (New York: Longman Group, 1995), p. 225.
- ⁶² Nkiru Nzegwu, "Recovering Igbo Traditions: A Case for Indigenous Women's Organization in Development," in Martha Nussbaum & Jonathan Glover, eds., *Women, Culture and Development: A Study of Human Capabilities* (New York: Oxford University Press, 1995), pp. 444, 461.
- ⁶³ Irene Tinker, ed., *Persistent Inequalities: Women and World Development* (New York: Oxford University Press, 1990); Ester Boserup, *Women's Role in Economic Development* (New York: St. Martin's Press, 1970); Peggy Antrobus, "Women in Development Programmes: The Caribbean Experience (1975-1985)," in Patricia Mohammed & Catherine Shepherd, eds., *Gender in Caribbean Development* (Barbados: Canoe Press, University of the West Indies 1988), p. 35.
- ⁶⁴ Irene Tinker, "The Making of a Field: Advocates, Practitioners, and Scholars," in Irene Tinker, ed., *Persistent Inequalities: Women and World Development* (New York: Oxford University Press, 1990), pp. 27, 31-32. 52-53. Feminist critiques of development have challenged the overemphasis on economic growth in most development schemes, proposed new concepts of development focused on ending social inequities, and demanded women's active involvement in the formulation of development strategies and in structural transformation. Bunch & Carrillo, "Feminist Perspectives on Women in Development," pp. 74-82; Peggy Antrobus, "Women in Development Programmes: The Caribbean Experience (1975-1985)," in Patricia Mohammed & Catherine Shepherd, *Gender in Caribbean Development* (Barbados, Jamaica & Trinidad & Tobago: Canoe Press, University of the West Indies, 1988), pp. 35, 42-48.
- ⁶⁵ Linden Lewis, "Nationalism and Caribbean Masculinity," in Mayer, *Gender Ironies of Nationalism*, pp. 261, 263.
- ⁶⁶ Ibid. at 270.
- ⁶⁷ Reddock, *Women, Labour & Politics in Trinidad & Tobago*, p. 238.

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- ⁶⁸ Reddock, *Women, Labour & Politics in Trinidad & Tobago*, pp. 302-304.
- ⁶⁹ *Ibid.*, p. 247.
- ⁷⁰ Reddock, p. 307.
- ⁷¹ Reddock, p. 308.
- ⁷² The PNM Weekly, quoted in Reddock, pp. 305-06.
- ⁷³ *Ibid.*
- ⁷⁴ *Ibid.* (citation omitted).
- ⁷⁵ Reddock, p. 322. See also Lewis, "Nationalism and Caribbean Masculinity, p. 275: "Active involvement of women in mobilization around the issue of self-determination did not necessarily or automatically suggest a feminist consciousness." [But note: Housewife Association of T&T criticized social and medical services for mothers.]
- ⁷⁶ Quoted in Reddock, p. 308.
- ⁷⁷ Elizabeth W. Moen, "What Does 'Control Over Our Bodies' Really Mean?," in Scott W. Menard and Elizabeth W. Moen, eds., *Perspectives on Population: An Introduction to Concepts and Issues* (New York: Oxford University Press, 1987), pp. 277, 278; Reva Siegel, "Reasoning from the Body: A Historical Perspective on Abortion Regulation and Questions of Equal Protection," *Stanford Law Review* 44 (1992), p. 261.
- ⁷⁸ Moen, "What Does 'Control Over Our Bodies' Really Mean?," p. 282, quoting Linda Gordon, *Woman's Body, Woman's Right* (New York: Grossman, 1976), p. 418.
- ⁷⁹ Moen, "What Does 'Control Over Our Bodies' Really Mean?," p. 283.
- ⁸⁰ Mayer, "Gender Ironies of Nationalism," p. 2.
- ⁸¹ Dorothy Roberts, "Who May Give Birth to Citizens.
- ⁸² "Precisely because the production of children is so fundamental to the social order, an ideology exists which asserts that motherhood is natural, intrinsic, and most

important, voluntary." Kristen Luker, "Review, Of Women Born," *American Journal of Sociology* 83 (1978), p. 1561 (emphasis deleted).

Many scholars attribute gender inequality in development programs to the sexual division of labor and the attendant belief that women's role is naturally confined to the domestic sphere. See Martha Alter Chen, *A Quiet Revolution: Women in Transition in Rural Bangladesh* (Cambridge, MA: Schenkman Publishing Co., 1983); Eleanor Leacock & Helen I. Safa, eds., *Women's Work: Development and the Division of Labor by Gender* (1986); Barbara Rogers, *The Domestication of Women: Discrimination in Developing Societies* (London: Tavistock, 1980). Development programs often shortchange women in the distribution of benefits by viewing them as dependent on male wage earners while devaluing the labor that they perform. As Martha Chen observes in her study of rural women in Bangladesh, "so long as policymakers make the artificial distinction between the farm and the household, between paid work and unpaid work, between productive and domestic work, women will continue to be overlooked."⁸² Chen, *A Quiet Revolution*, p. 220.

⁸³ Nira Yuval-Davis, *Gender and Nation* 22 (London: Sage, 1997).

⁸⁴ Julie Mostov, "Sexing the Nation/Desexing the Body," in Mayer, *Gender Ironies of Nationalism*, pp. 89, 98-99.

⁸⁵ Rebecca Cook characterizes official disregard of women's reproductive health and freedom as a violation of international human rights law: "Fertile women are coerced by governments to use their reproductive capacities to serve population agendas. State policies to boost population size by withholding means to limit pregnancy, and state policies to limit population growth by denying women the opportunity to realize their own desired family size, warrant no less attention than has been given to state policies to acquire peoples for their aggrandizement, or to eliminate unwanted populations." Rebecca J. Cook, "International Protection of Women's Reproductive Rights," *New York University Journal of International Law and Politics* 24 (1992), pp. 645, 655.

⁸⁶ Vina Mazumdar, "Fertility Policy in India," in Scott W. Menard and Elizabeth W. Moen, eds., *Perspectives on Population: An Introduction to Concepts and Issues* (New York: Oxford University Press, 1987), pp. 259, 267.

⁸⁷ William A. Darity & Castellano B. Turner, "Family Planning, Race Consciousness, and the Fear of Race Genocide," *American Journal of Public Health* 62 (1972), p.1454; William A. Darity & Castellano B. Turner, "Fears of Genocide Among Black Americans as Related to Age, Sex, and Religion," *American Journal of Public Health* 63 (1973), p. 1029.

⁸⁸ Daniel J. Kevles, *In the Name of Eugenics: Genetics and the Uses of Human Heredity* (New York: Knopf, 1985), p. 118.

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- ⁸⁹ Toni Cade, *The Pill: Genocide or Liberation*, *Onyx Magazine* (August 1969), reprinted in Toni Cade, ed., *The Black Woman: An Anthology* (NY: Mentor, 1970), p. 162.
- ⁹⁰ *Ibid.*, p. 163.
- ⁹¹ David Achanfuo Yeboah, "Strategies Adopted by Caribbean Family Planning Associations to Address Declining International Funding," *International Family Planning Perspectives* 28:2 (June 2002), available at www.guttmacher.org/pubs/journals/2812202.html.
- ⁹² Feminists have argued that women's participation in development will not improve women's status if the very definition of development incorporates patriarchal ideologies. As Lucille Mathurin Mair, secretary-gender of the 1980 Mid-Decade Conference in Copenhagen, observed, "'Women in Development' became the Decade's overnight catchphrase, a seductive one, which for a time, at least, could evade the question of what kind of development women were to be drawn into." Quoted in Irene Tinker, "The Making of a Field: Advocates, Practitioners, and Scholars," in Irene Tinker, ed., *Persistent Inequalities: Women and World Development* (New York: Oxford University Press, 1990), pp. 27, 31. See also Charlotte Bunch & Roxanna Carrillo, "Feminist Perspectives on Women in Development," in Irene Tinker, ed., *Persistent Inequalities: Women and World Development* (New York: Oxford University Press, 1990), p. 70 (distinguishing between two major forces in the women's movement, women in development and global feminism, that had begun to converge by the 1985 End of the Decade World Conference on Women in Nairobi).
- ⁹³ Ann McClintock, *Imperial Leather* (emphasis added).
- ⁹⁴ Maxine Molyneux, "Mobilization without Emancipation? Women's Interests, The State, and Revolution in Nicaragua," *Feminist Studies* 11 (1985), p. 227.
- ⁹⁵ *Ibid.* at 229.
- ⁹⁶ Molyneux, "Mobilization without Emancipation?," p. 243.
- ⁹⁷ U.N. ESCOR, Commission on the Status of Women, *Report of the Special Rapporteur: Study on the Interrelationship of the Status of Women and Family Planning*, 25th Sess. \$ 31, U.S. Doc. E/CN.6/575/Rev.1 (1973).
- ⁹⁸ Henry, "Jobs, Gender, and Development Strategy," p. 181.
- ⁹⁹ Molyneux, "Mobilization without Emancipation?," p. 251.
- ¹⁰⁰ Andrews, "Trinidad and Tobago," p. 82.

¹⁰¹ Segal, *Politics and Population in the Caribbean*, p. 67. [Eriksen, Ethnicity Versus Nationalism, 28 *Journal of Peace Research* 263 (1991); Munasinghe, Callaloo or Tossed Salad]

¹⁰² See, for example, Angela Davis, "Racism, Birth Control, and Reproductive Rights, in Marlene Gerber Fried, ed., *From Abortion to Reproductive Freedom: Transforming a Movement* (Boston: South End Press, 1990), p. 15.

¹⁰³ White, "Nationalism and Feminism in the Black Atlantic," p. 234. See also **Kumari Jayawardena, *Feminism and Nationalism in the Third World* (1986).**

Similarly, the feminist approach to development demanded not only inclusion in development, but a redefinition of development that addresses issues of women's equality, such as domestic violence and reproductive rights, in relation to economics. Marie Angelique Savane of AAWORD (Association of African Women for Research and Development) wrote: "...[I]t is possible not only to introduce feminism into the development process but even more critical to render development more feminist. It is clear that the subordination of women emerges out of a dialectical relationship between culture, the economy and politics. Because of this fundamental reality we cannot separate feminism from development or vice versa." Marie-Angelique Savane, "Feminizing Development: A Perspective," *Development* 4 (1984), pp. 1, 3. **[check cite]**

¹⁰⁴ Quoted in Loretta J. Ross, "African –American Women and Abortion: 1800-1970, in Stanlie M. James & Abena P.A. Busia, eds., *Theorizing Black Feminisms: The Visionary Pragmatism of Black Women* (London: Routledge, 1993), pp.141, 156.

¹⁰⁵ Dylis MacDonald. **[Other sources]**

¹⁰⁶ Katherine T. Bartlett, "Feminist Legal Methods," *Harvard Law Review* 103 (1990), pp. 829, 856.

¹⁰⁷ Cook, "International Protection of Women's Reproductive Rights," p. 674.

¹⁰⁸ Leslie K. Dwyer, "Spectacular Sexuality: Nationalism, Development and the Politics of Family Planning in Indonesia," in Mayer, *Gender Ironies of Nationalism*, pp. 25, 28.

¹⁰⁹ Ibid. at 43.

Kumari Jayawardena, *Feminism and Nationalism in the Third World* (1986).

¹¹⁰ Of course, many of the women who participated in the creation and early implementation of the national family planning program are still alive and could be interviewed.

¹¹¹ Author's interview of Dylis McDonald, St. Augustine, Trinidad & Tobago, May 19, 2003. See also Andrews, "Trinidad and Tobago," p. 80: "There has been no pro-abortion pressure group in Trinidad, and the likelihood of determined Catholic opposition has probably deterred any government initiatives."

¹¹² Halfdan Mahler, "The Safe Motherhood Initiative: A Call to Action," *Lancet* 1987, pp. 668, 670.

¹¹³ Rebecca J. Cook, "Abortion Laws and Policies: Challenges and Opportunities," *International Journal of Gynecology & Obstetrics* (Supp. 3, 1989), pp. 61, 69.

¹¹⁴ Andrews, "Trinidad and Tobago," p. 80; Segal, *Politics and Population in the Caribbean*, p. 62.

¹¹⁵ Segal, *Politics and Population in the Caribbean*, p. 62.

¹¹⁶ Segal, *Politics and Population in the Caribbean*, p. 62.

¹¹⁷ J. Sharp, "Gendering Nationhood: A Feminist Engagement with National Identity," in N. Duncan, ed., *Body Space: Destabilizing Geographies of Gender and Sexuality* (London and New York: Routledge, 1996), p. 103.

¹¹⁸ Reddock, pp. 336-27