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# The Politicization of Sexual and Reproductive Health and Rights

In the Post-Millennium Development Goals negotiations

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# Abstract

Sexual and Reproductive Health and Rights (SRHRs) emerged from a fragmentation of different meaning of SRHRs coming together to form one complex policy area. SRHRs has been politicized in the past by predominant activist groups such as human rights and feminists (including those working with both fields simultaneously). Politicization refers to the process by which an issue becomes prominent in a given political space. Despite its loose term, politicization can occur at different levels, international, national and local. At the international level, the post-Millennium Development Goals is an ongoing hotspot for a myriad of negotiations. SRHRs is an excellent example of a politicized concept, whereby two coalitions can be discerned; an advocate coalition for the inclusion of SRHRs in the post-MDG agenda and a counter coalition. This thesis explores how SRHRs is politicized within the post-MDG negotiations by using frame theory. Frame theory illustrates how a human rights frame is preferred by the advocate coalition, while the counter coalition uses the natural family frame. Within the advocate and counter coalition considerable differences are identified. The paper concludes that SRHRs, as they are currently framed by both coalitions, could lead to an over emphasis on women and girls which could be problematic in the long-term perspective and have a negative effect on other goals. However, the next set of goals should not commit the same mistake as the MDGs and SRHRs need to be included from its very inception.

*Key words:* Sexual and Reproductive Health and Rights, Human Rights, Post-MDGs, Women's health, advocacy networks

Words: 9,594

# Abbreviations

<b>DAC</b>	<b>Development Assistance Committee</b>
<b>ICPD</b>	<b>International Conference on Population and Development</b>
<b>IDG</b>	<b>International Development Goals (OECD-DAC)</b>
<b>IMF</b>	<b>International Monetary Fund</b>
<b>MDG</b>	<b>Millennium Development Goals</b>
<b>NGO</b>	<b>Non-Governmental Organizations</b>
<b>OECD</b>	<b>Organization for Economic Cooperation and Development</b>
<b>OIC</b>	<b>Organization for Islamic Cooperation</b>
<b>RHSC</b>	<b>Reproductive Health Supplies Coalition</b>
<b>SDG</b>	<b>Sustainable Development Goals</b>
<b>SRHR</b>	<b>Sexual and Reproductive Health and Rights</b>
<b>STI</b>	<b>Sexually Transmitted Infection</b>
<b>TAN</b>	<b>Transnational Advocacy Networks</b>
<b>UDHR</b>	<b>Universal Declaration of Human Rights</b>
<b>UNDP</b>	<b>United Nations Development Programme</b>

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# 1 Introduction

## 1.1 Background

Among the myriad of definitions of SRHR, and within the framework of poverty reduction, in 1978, the World Health Organization (WHO) conference in Alma Ata, defined comprehensive primary health care as the ‘attainment by all peoples of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life’ (WHO, 1978) which included; services regarding prevalence, prevention and control of health problems (including infectious and endemic diseases); food and safe water supply; and family planning. Sixteen years later, the definition has evolved considerably and several authors and scholars<sup>1</sup> refer back to the Cairo definition (UN, 1995). At the 4th International Conference on Population and Development (ICPD) in Cairo, in 1994, there was a plea for universal access to reproductive health services, as an essential element to the attainment of the Millennium Development Goals (MDGs) 3, 4, 5 and 6. It is noteworthy that the framework of the MDGs lies within The Declaration of Human Rights, and will be further discussed. The Cairo conference led to the widely used definition of reproductive health which puts great emphasis on:

*‘...complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and they have the capability to reproduce and the freedom to decide if, when and how often to do so’ (UN, 1995).*

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<sup>1</sup> Approximately all the authors of academic journals cited in this thesis refer to the working definition of reproductive health at the 4<sup>th</sup> International Conference on Population and Development, in Cairo.

The Cairo definition of SRHRs recognizes gender equality, empowerment of women and most important the elimination of all kinds of violence against women. Beyond this a woman's ability to control her own fertility and body, is the hallmark of population and development programmes as well as the overarching aim of the MDGs (Glasier et al., 2006:1597). In 2002, the WHO convened a group of experts and differentiated between sexual health, sexuality and sexual rights <sup>2</sup>(Glasier et al., 2006:1596). Sexual health relates to the overarching physical, emotional, mental and social well-being and not the mere absence of disease. Sexuality is more complex and includes a variety of aspects such as sex, gender identities and roles, sexual orientation, reproduction and intimacy. All of which can be experienced and expressed and are largely affected by the interaction of the biological, psychological, social, economic, political, cultural, ethical, legal, religious and historical factors. Sexual rights refer to the human rights which are already recognized by international and national laws, human rights declarations and statements (See Chapter on Human Rights for examples).

Since the Alma Alta Conference (WHO, 1978) the definition of health and what it means to be healthy has come a long way, from vaguely mentioning a variety of ways to tackle and attain a level of healthy living standard which leads ‘to a socially and economically productive life’, to a definition which is widely used in the international and academic spheres<sup>3</sup> today (UN, 1995). Currently, the definition often referred to is the Cairo definition<sup>4</sup>; it includes a multitude of aspects and identifies specific important elements of SRHRs. In addition, the WHO recognizes the importance of SRHRs as a method to enhance and empower women in particular, rather than just counseling or advice giving. Cook and Plata (1994: 216) add that the definition should embrace the multi-faceted SRHRs in order for international organizations, member states, local NGOs and civil society to provide comprehensive reproductive health programs and health services.

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<sup>2</sup> These are working definitions, as a result of WHO convened consultation on sexual health in January 2002, and are therefore do not represent an official WHO position. However, offer a contribution to ongoing discussions on SRHRs ([http://www.who.int/reproductivehealth/topics/sexual\\_health/sh\\_definitions/en/](http://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/)).

<sup>3</sup> These academic spheres refer to the ones drawn from in this thesis. For example; anthropology, behavioral science, feminism, gender studies, gynecology and obstetrics, human rights law, health policy, international relations, international law, nursing, political science, population dynamics, public health, sexuality education, sociology, social psychology and the like.

<sup>4</sup> For full definition of reproductive health and reproductive rights used in the ICPD report, see Chapter 7 (7.2 and 7.2 respectively). Noting that Chapter 7 (page 40), the report contains a footnote stating the following; ‘The Holy See expressed a general reservation on this Chapter’.

This paper will be focusing on all aspects of SRHRs, at times more emphasis is put on the clinical aspect of reproduction (for example, the reduction of maternal mortality rate), however, this paper does not exclude the social and psychological well-being of a person, which I perceive to be equally important to the clinical aspects of SRHRs. With specific regard to SRHRs, I will be referring to the definition of the Cairo Conference definition of what constitutes reproductive health. Reproductive health care services are defined by the UN as a group of ‘methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems’ (UN, 1995). Five core elements can be identified as core aspects of reproductive health: 1) antenatal, perinatal, postpartum, and newborn care; 2) family planning, including infertility services; 3) elimination of unsafe abortions; 4) prevention and treatment of sexually transmitted infections, including HIV, reproductive tract infections cervical cancer, and other gynecological morbidities; 5) and promotion of healthy sexuality’ (WHO, 2004).

In 2015, the current set of Millennium Development Goals (MDGs) is coming to an end. Despite the call for universal access to reproductive health services at the 4th International Conference on Population and Development in Cairo, it was omitted from the MDGs due to contention over the definition and later added in 2007, as goal 5B (Glasier et al., 2006). The omission was the result of lobbying by a counter-coalition of various state and non-state actors, such as the Holy See, Organization of Islamic Cooperation (OIC) and the coalition of World Congress of Families (Chappell, 2006), frequently called the ‘UnHoly Alliance’. This is the foundation definition of the counter-coalition, which I have used throughout this thesis; a group of organizations coming together to omit SRHR goals in the post-MDG negotiations.

The contention over the inclusion of universal access to reproductive health services is not a new phenomenon. The politicization of reproductive health occurred because of its very definition and what it entails. A contemporary example of a politicized concern is abortion; both in politics and media it is no longer viewed as a medical service but instead it has become one of political debate and political bearing (Joffe, 2013).

Although the inclusion of reproductive services can be seen as a major step forward for the advocate-coalition, it remains to be seen whether or not it is included into the new set of goals, called the Sustainable Development Goals (SDGs). To gain political support, coalitions

are formed by various actors in order to push the agenda in their favor. These actors include nation states, non-governmental organizations (NGOs), civil society, foundations and research institutions. Once these coalitions are formed they frame their issue in a particular way to attract the attention of international actors and gain further support. In contemporary debates over SRHRs, the politics is fractured along two lines; coalitions advocating for the inclusion of SRHRs oriented goals in the Post-MDG negotiations and a counter coalitions aiming to retain the *status quo* oppose the inclusion of SRHRs.

## 1.2 Aim and Significance

Universal access to reproductive services is an ambiguous target and open to interpretation by member states and NGOs that implement this goal. Before the inclusion of goal 5B, into the MDGs, there was contestation among member states and NGOs predominantly around what reproductive services entail and for whom the service caters to. Previous research has been carried out on a single-study or comparative-study basis, for example the UN and the EU (Joachim, 2003). Despite the merit of the aforementioned research done, I felt that some contributions to the field was insufficient to take into consideration the numerous NGOs working within the field of SRHRs. NGOs are important however I also found a lack of acknowledgement and studies on medical services, pharmaceutical industry and even pedagogy of sexuality education, which are important factors when thinking about SRHRs. Considering SRHRs issues can be highly politicized due to some of its controversial branches such as abortion or female genital mutilation, it is important to look at how these coalitions frame their issue in order to push their issue into an international development agenda, such as the in the post-MDG negotiations (Joffe, 2013; Sen; 1999; Underwood, 2010). I was interested in explaining how each coalition frames SRHRs, and how they differ between them.

The purpose of this study is to gain an understanding of how SRHRs are being framed in the post-MDG negotiations, in order to better understand how the advocate and counter-coalitions differ in the international negotiation process, in the field of SRHRs. In order to do so, a desk-study was conducted.

This thesis contributes to the field of SRHRs by adding a new perspective into the frame theory on Transnational Advocacy Networks phenomenon which has already been studied at the UN and EU level (Joachim, 2003). The intention is to look at the politicization of SRHRs, within a contemporary case of on-going post-MDG negotiations.

Negotiations can be described by Mautner-Markhof (1989: v) as ‘the peaceful resolution of disputes and for maintaining stability in international relations’. Post-MDG negotiations are currently occurring at various official levels; the Open Working Group, UN General Assembly, UN Development Group and the High Level Panel are just to name few. In the context of this thesis, the negotiations are in the form of documents produced by various organizations, as a byproduct of the negotiations which occur continuously behind closed doors. The documents are limited to the coalitions in this thesis, that are in no way representative of all the actors involved in the negotiation of SRHRs. The documents are a mere fraction of SRHRs, and what is available online. The significance for choosing a fraction of documents is that it allows others to access the information so that the study provides a stepping stone for others to see how SRHR are currently being framed within the post-MDGs, and then molded into the Sustainable Development Goals.

### 1.3 Research Question

***How are Sexual and Reproductive Health and Rights politicized within the Post-MDG negotiations?***

### 1.4 Delimitations

The coalitions have been identified, in this research, as a group of various organizations which may include member states of the UN, who advocate for the same end result. However, this has been done throughout the process of the literature review, whereby several authors indicated various groups and clusters of allies (Chappell, 2006; Fathalla, 1992; Fried et al., 2013; Goldberg, 2012; Joachim, 1999; Haslegrave, 2013; Lane, 1994; Sen, 1999; Underwood, 2010). By researching further into the literature it became more evident who the international actors were in the UN-led post-MDG process, namely member states and NGOs according to the thematic areas (UN Thematic Consultation on Health and Population Dynamics). I began

to make a list of the cluster advocating for the inclusion of SRHRs, and those against SRHRs or simply wanting to keep the status quo from the current MDGs. The ‘Unholy Alliance’ (Chappell, 2006; Lane, 1994; Halsegrave, 2013) was the first and rather easy to map out since it has received great attention both in academia and the media. However, the advocate coalition is so vast that I opted for the larger and broader actors, for example the thematic papers of health and population dynamics have been rigorously debated and revised by both member states and NGOs.

I searched for my material both from academic sources and from one of the official websites<sup>5</sup> of the Post-MDG process. After reading documents that mentioned the ‘Unholy Alliance’, with particular attention to footnotes and references, it was always balanced by mentioning an organization which supported and advocated for SRHRs. I also realized that my sample needed to include both UN and non-UN documents<sup>6</sup>.

Therefore, I have limited myself to the time frame of 2011-2014, with the exception of one document which is from 2006. Although this lies outside the timeline of the post-MDG negotiations it is an extremely important micro coalition that works within the framework of the UN and includes many stakeholders. The material was abundant therefore; I have limited myself to isolating the most relevant material to the advocate and counter coalition within SRHRs. Thus, four documents for the advocate coalition and four documents from the counter coalition. The reason for choosing a limited number of documents to analyze is to get an in-depth understanding of how SRHRs are being politicized.

As mentioned above, the negotiations refer to the existing documents produced as a result of the negotiations, which are available on the internet to the public. These negotiations occur mainly in the framework of the UN, and UN related bodies. For the

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<sup>5</sup> <http://www.beyond2015.org/>

<sup>6</sup> The outcome document of the Rio+20 Conference on Sustainable Development (held in June 2012) stated that an inclusive process to develop a set of sustainable development goals must be set up. In order to do so, it was suggested that this new framework should be Member-state led and by external stakeholders such as civil society organizations, the private sector and businesses, academia and scientists. The role of the UN is to facilitate these negotiations and provide technical, scientific or field expertise. In addition, the Secretary-General will continue to provide overall leadership to the process.

(<http://www.uncsd2012.org/content/documents/814UNCSD%20REPORT%20final%20revs.pdf>)

advocate coalition, I have chosen two UN organized series of thematic consultations<sup>7</sup> on the issue of health and population dynamics. The thematic consultation on health was led by a combined effort between World Health Organization and United Nations Children's Fund and hosted by the government of Botswana and Sweden<sup>8</sup>. The thematic consultation on population dynamics was led by United Nations Population Fund, United Nations Human Settlements Programme (UN HABITAT), UN Department of Economics and Social Affairs (UN DESA) and the International Organization for Migration (IOM), hosted by the government of Switzerland<sup>9</sup>.

The main objective of choosing these two documents is that the thematic consultations in this case refer concretely to SRHRs and they are key processes of the post-MDGs, whereas other consultations do not. The report by the UN Task Team on the Post-2015 to the UN Secretary General<sup>10</sup> which draws on all major UN bodies, including the thematic consultations and is meant to be an umbrella document which introduces the proposed outline of the SDGs. I have also decided to include a report from non-UN body called Reproductive Health Supplies Coalition (RHSC) which is a global partnership of public, private, and NGOs from low- and middle-income countries, constituting of over 250 entities<sup>11</sup>. The reason for doing this is because although the UN is the major hub for the negotiations, I would like to present a more holistic view and avoid projecting any biases.

To represent the counter coalition I have chosen also documents which are available on the internet to the public, with the same intention as mentioned above. However, I have not chosen UN-centered documents. Instead, I went directly to the source of the actors which

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<sup>7</sup> The Thematic Consultations are a collection of themes; education; inequalities; health; governance; conflict and fragility; growth and employment; environmental sustainability; hunger, nutrition and food security; population dynamics; energy; and water. Each thematic consultation is led by two or more UN agencies working closely together with representatives from civil society, the private sector and academia as well as with co-hosting governments. Each thematic consultation is a summary of inputs from various organizations.

<sup>8</sup> Thematic Consultation on Health was published in April 2013, however consultations took place as early as 26 January 2012 until 29 January 2013, and more than 100 papers were submitted by academic institutions, governments, global agencies and partnerships, civil society organizations, and individuals.

<sup>9</sup> Thematic Consultation on Population Dynamics was published in February 2013, however consultations took place approximately between November 2012 until publication.

<sup>10</sup> The UN System Task Team, created in September 2011, to support UN system-wide preparations for the post-2015 UN development agenda, in consultation with all stakeholders. The Task Team is co-chaired by the Department of Economic and Social Affairs (UN DESA) and the United Nations Development Programme (UNDP) and brings together over 50 UN bodies and international organizations. To see full list of membership of the UN Task Team see: [http://www.un.org/en/development/desa/policy/untaskteam\\_undf/untt\\_members.pdf](http://www.un.org/en/development/desa/policy/untaskteam_undf/untt_members.pdf)

<sup>11</sup> To see list of all members see: <http://www.rhsupplies.org/about-us/who-we-are/members.html>

oppose universal access to reproductive health services in the MDGs, and who are members of the ‘Unholy Alliance’. The Statement of the Permanent Observer Mission of the Holy See to the United Nations, who’s role is to follow attentively the work of the UN. In this synthesis, the Holy See communicates the experience of the Catholic Church to humanity, and at the disposal of the United Nations to assist in humanitarian cooperation and assistance. Secondly the World Congress of Families<sup>12</sup> which is a micro-coalition of NGOs, religious insitutions and US governemnt support to affirm that the natural human family is essential to society. Thirdly a report from the Christian Right NGOs with the aim to eradicate poverty and lastly a report of the Organization of Islamic Cooperation Secretary General which is the second largest inter-governmental organization that has membership of 57 states spread over four continents<sup>13</sup>. Even though they are in fact micro-coalitions in themselves, they all have the same objective albeit to different extents, and in fact they work together within the framework of the post-MDGs process to ensure that the interests of this coalition are represented.

I tried to retrieve documents from the same year however this was not possible because meetings occurred at different times. It is important to acknowledge that patterns of influence cannot be identified because the negotiations are not complete.

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<sup>12</sup> The World Congress of Families was founded in 1997 by Allan Carlson and a project of The Howard Center for Family, Religion & Society in Rockford, Illinois, USA. Currently, it is an international network of pro-family organizations, scholars, leaders and people of goodwill from more than 80 countries that seek to restore the natural family as the fundamental social unit.

<sup>13</sup> To see list of membership of the Organization of Islamic Cooperation see: <http://www.oic-oci.org/oicv2/states/>

## 2 Contextualization

To understand the frames being used by the different coalition, it is imperative to shed light on the concept of SRHRs. On the one hand we have health, on the other rights, both have distinct histories.

### 2.1 Human Rights

Adding ‘rights’ into the concept of reproductive health is interconnected yet adds to its complexity. Rights imply the ability to make autonomous decisions, assume responsibility and meet the needs of both the individual and the population. The construction of rights implies ‘re-balancing of power relations and a horizon of justice’ (Corrêa, 1997: 111).

In this context, rights refer to the human rights which are already recognized by international and national laws, human rights declarations and statements. Rights embrace the right to information, expression, education, and services, freedom from violence, torture and inhumane treatment (WHO, 2004). Although sexual and reproductive have common grounds in the rights mentioned above, they have been formulated differently. Reproductive rights in the past have been utilized more freely as ‘a question of social reproduction’ (Miller & Roseman, 2011:104). Sexual rights, on the other hand, have been used more recently to argue about socially constructed reproductive rights.

Reproductive rights has its roots from the ICPD, where they were defined as the ‘recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right of each individual to make decisions concerning reproduction free of discrimination, coercion and violence’ (UN, 1994: para. 7.2). In addition, during the ICPD negotiations also involved the language to be used with regards to the right to access to abortion. It stated clearly that, where it is legal, it must be accessible; where illegal, and women should not die

or encounter morbidity because of the effects of unsafe or illegal abortion (Miller & Roseman, 2011:104).

Human Rights are the core foundation of the UN itself. In 1947, the UN produced its first consensus and standard setting of human rights. The Universal Declaration of Human Rights (UDHR) approved by UN's 51 original members and now all countries that have joined since. International human rights law, although authoritative, is not legally binding and often referred to as 'soft law'. However, the UDHR has gained legal force through a series of international treaties also known as 'hard law'. Currently, we have ten human rights treaties; for example the International Covenant on Civil and Political Rights<sup>14</sup> and the International Covenant on Economic, Social and Cultural Rights<sup>15</sup>. These principles are then reflected into regional conventions (with specific protocols, for example if rights are violated or the degree to which individuals are protected under the convention) such as the European Convention for the Protection of Human Rights and Fundamental Freedoms<sup>16</sup>, the American Convention on Human Rights<sup>17</sup> and the African Charter on Human and Peoples Rights<sup>18</sup>. And even more specific to SRHR: The Convention on the Rights of the Child<sup>19</sup> and The Convention on the Elimination of All Forms of Discrimination Against Women<sup>20</sup>. From these international conventions, national constitutions and laws are drawn upon. Although the treaties themselves do not explicitly refer to what 'sexual rights' are, they include rights that have a direct effect on sexual health and sexual rights.

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<sup>14</sup> <http://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx>

<sup>15</sup> <http://www.ohchr.org/EN/ProfessionalInterest/Pages/cescr.aspx>

<sup>16</sup> [http://www.echr.coe.int/Documents/Convention\\_ENG.pdf](http://www.echr.coe.int/Documents/Convention_ENG.pdf)

<sup>17</sup> [http://www.hrcr.org/docs/American\\_Convention/oashr.html](http://www.hrcr.org/docs/American_Convention/oashr.html)

<sup>18</sup> <http://www.achpr.org/instruments/achpr/>

<sup>19</sup> <http://www.ohchr.org/en/professionalinterest/pages/crc.aspx>

<sup>20</sup> <http://www.ohchr.org/Documents/ProfessionalInterest/cedaw.pdf>

## 3 Theoretical Framework

The aim of this thesis is to explore how the advocate coalition and counter coalition have used framing to politicize their concerns in the Post-MDG negotiations. Therefore the theoretical framework draws upon frame theory within Transnational Advocacy Networks (TANs), by Joachim's (2003) perspective on framing. To analyze the findings, the theory will be simultaneously intertwined into the analysis and discussion, in order to build a theoretical understanding of how the different types of organizations use frame theory to politicize SRHRs. However, the concept of politicization will be discussed first, because politicization is crucial to understand because it is a very flexible term which can be molded into a specific context.

### 3.1 Defining Politicization

The term 'politicization', like 'poverty' and 'participation' are terms constantly used within the field of development which is loaded with connotations. Often these words are used without careful considerations which may lead to the surfacing of questions can arise about its analytical utility (Lyons, Baldwin & McNemar, 1977). To a large extent they have become buzzwords, yet they play a large role in development policy and how the former are implemented (Cornwall & Brock, 2005).

There is a growing consensus, among academia, that the definition of politicization is problematic. Marrin (2013) and Goldberg (2012) critically analyze the concept of politicization and its use, at the macro-level. They agree that politicization is poorly defined and the literature contains virtually no precise definition of politicization (Goldberg, 2012: 45). On the other hand, Marrin (2013) states that politicization 'is really just a naturally-occurring consequence of analysis and interpretation in a policy or political context'. Moreover, Satel (1996) argues that politicization is the mere direction that the field of academia has taken; from one of a solid scientific and medical basis to one of social science

and policy-makers. Goldberg (2012) claims there are two intrinsic factors to politicization: 1) the intrinsic fact that administrative structures and actors are the primary sources of public health, show that public health is determined by its political and politicized nature, and 2) historical evidence, from Great Britain and USA, show that from its very inception it has been politicized. Goldberg uses abortion as a contemporary example of a politicized public health, it is no longer an issue of providing a clinical service, it has become one of political debate and political bearing (Joffe, 2013).

Lyons et al. (1997) offer a more concise definition and they conclude that an organization, or in this case coalition can politicize an issue to the degree that the issue at hand is controversial. For this to occur, they argue, there needs to be at least two opposing parties, for controversy to occur. For the purpose of this research politicization is meant by advocate coalition and the counter coalition disagreeing about the inclusion or exclusion of SRHRs in the post-MDG process leading up to the creation of the SDGs. Whereby, countries, NGOs and civil society make their stance in the negotiations, largely within the UN-led post-MDG negotiations.

## 3.2 Frame Theory

The term *frame* is borrowed from Goffman's work (1974: 21) to demonstrate that it is a *schemata of interpretation* that allows scholars to *locate, perceive, identify, and label* occurrences within a given timeline or space. At large, framing refers to the process by which people or organizations adopt an understanding about a particular issue. It is used reestablish their understanding of an issue, previously known with a different interpretation (Chong & Druckman, 2007: 104). In this context, frame theory is to identify the common frame used in the coalitions and see what the arguments tell us surrounding complex socio-political issues. Frame theory is a technique for approaching any given texts by asking the following question; what holds these elements/texts together? What is the common ground? (Creed, Langstraat & Scully, 2002: 36).

Coalitions, either advocating or counter coalition, aim to obtain government or international attention for their concerns through a process called framing (Keck & Sikkink, 1998b: 17). The reason for doing so, Snow et al. (1986: 17) argue is that it is the means which events or

issues become meaningful and use the appropriate language to discuss the issues (Luna, 2010: 555). Joachim (2003: 250) goes further and elaborates on the concept of framing and proposes two common characteristics in the UN and NGOs. Firstly, the way in which actors intentionally frame policy ideas to persuade other actors and secondly the general public opinion whether a particular issue is worth the investment, in order to solve a wider social problem. In Payne's (2001: 39) research with regard to norms and normative change, coalitions are able to frame normative ideas in such a way that it resonates with relevant audiences. Therefore, framing can be viewed as a central element towards successful persuasion.

Second, framing involves conflicts over meanings and shared understandings of the definitions of issues (Luna, 2010: 555; Payne, 2001). Schön and Rein (1994: 29) highlight the importance of conflicts over meanings and whereby definitions are 'symbolic contests over the social meaning of an issue domain, whereby meaning implies not only what is the problem but what is to be done and how'. In other words, frames are created in highly contested areas, such as SRHRs, where their ideas must compete with other frames (Payne, 2001: 38). Not only does this relate to the two coalitions but it is also likely to occur within each individual coalition since it is made up of smaller entities consisting of various actors.

Keck and Sikkink's work is mainly directed towards TANs has guided the theoretical approach. TANs help to identify with the type of structure a coalition might have, whereby they are most commonly seen as horizontal and voluntary actors where the links between state and non-state actors are severed and serve as the driving force for communication and political change at large. The key term here is transnational, whereby national boundaries become insignificant and their aim is to use their contacts and influence to amplify important issues (Keck & Sikkink, 1998a: 89). Although it is important to state that the main actors are indeed state actors since the post-MDG negotiations occur greatly within the UN and UN bodies related to the post-MDG process. However, it is important not to exclude other actors such as NGOs, civil society, foundations, institutions and the private sector (Chappell, 2006: 491), for this has greatly influenced the choice of documents presented for analysis. On the other hand, Crotty (2007: 5) argues that non-profit organizations are far more likely to be actively engaged in negotiations when policies prevent them from providing a service, and the probability of success is highest when they are in accord with 'allies'.

Frame theory has been applied to various contentious issues, like SRHRs, including abortion, death penalty, child labor, nuclear disarmament and even welfare (Creed, Langstraat & Scully, 2002: 38). Keck and Sikkink (1998a, 1998b) for example, document that effective employment of frames related to human rights and affiliated norms show that frames help name, interpret and highlight issues allowing advocates to explain broader socio-political contexts of a particular issue (Brsyk, 1995; Price, 1998). With this in mind it is important to understand that frames are not a static (in a given time) but they are shaped through time and adapt to current circumstances. In other words, coalition's frame their issues to the audience that sees the evolution between newly proposed frames and already accepted ideas and practices (within a broader social and historical setting). In line with Payne's (2001) argument that frames must compete with each other, an individual is unlikely to hold two incompatible thoughts or beliefs, which creates internal discomfort or dissonance. In this case, individuals are unlikely to support the advocate and counter coalition because their views are opposite. Thus to reduce or avoid feelings of dissonance an individual will alter the thoughts and behavior in order to avoid inconsistency (of behavior). Resulting in having to choose one frame, this process stems from the social psychology theory of cognitive dissonance<sup>21</sup>. In public health an example might be that an individual is a HIV prevention educator and their job is to encourage others to use condoms, but does not use them personally. If this person is made aware of their contradictory behavior, two incompatible types of behavior occur and therefore a person will avoid dissonance by altering one of the behavior patterns (Freijy & Kothe, 2013; Stone et al., 1994).

Thus, frames are important and can have a versatile usage for the coalitions, where an issue is framed in order to make sense of the situation and determines what is acted upon, on the international, national and regional level (Rein and Schön, 1991:263). Once frames are established and in order to gain a wider-political support frames must be aligned to resonate with people's experiences and empirical context (Luna, 2010: 557; Joachim, 2003: 251). However, researchers found that a single outcome can potentially be explained by multiple frames and any given frame can conceivably validate more than one possible outcome (Payne, 2001:45; Rein & Schön, 1993:151).

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<sup>21</sup> For more information read, Festinger, L. (1957). *A Theory of Cognitive Dissonance*. Stanford, CA: Stanford University Press.

### 3.3 Limitations of Theoretical Framework

Marrin (2013) argues that politicization is a naturally-occurring consequence of analysis and interpretation in a political context. The political context of the post-MDGs is largely within the context of the UN. However, this only holds true if we assume that beyond the meetings and conferences no unofficial dialogue occurs. This I see as a major weakness with the concept of politicization because as a researcher at this stage I can only use what is available in the internet (in the form of a cyber-public space). What is not available to the researcher, unless present during all meetings and conferences related to SRHRs, is my interpretation from the entire research process. Therefore, I have chosen to collect UN and non-UN official published documents, with the aim to provide a more holistic view of what the general public can make sense of. In addition, it is important to acknowledge that once the documents are available, online, it is vulnerable to scrutiny; an external factor which politicization fails to take into consideration.

Moreover, frame theory assumes that frames are created by an 'elite' group (Chong & Druckman, 2007: 117) which include actors such as distinguished political figures, the media, the UN and even scientific experts. However, the formation of a frame is perhaps not exclusively one-way. On the other hand, Chong & Druckman (2007: 119) argue that the influence of frames is asymmetrical, although this has not been empirically explored. In addition, frame theories within TANs do not extend to the factor of influence. Potentially, this could be a downfall of frame theory. Influence is highly problematic, although Joachim (2003: 247) argues that NGOs attempt to influence states by framing an issue purposefully to gain political action. This raises questions such as: how can influence be measured? Which coalitions have more influence? Although the factor of influence appears in the literature time and time again, how influence could be measured is not addressed.

## 4 Methodology

This chapter describes the methods of this research, frame analysis and the formation of my data analysis. The aim of my research is to uncover process of politicization of SRHRs, rather than determine the outcome of the Post-MDG negotiations. Laws & McLeod (2004) suggest that while a quantitative research identifies and isolates specific variables, qualitative research focuses on a holistic perception of what is being studied. Consequently, I adopted a qualitative study using frame analysis to enable me to understand how SRHRs are being politicized, with the post-MDG time-frame.

### 4.1 Reflexivity

It is also meaningful to discuss the reflexive position and assertion about knowledge. Knowledge is produced from a particular point of view (Creed, Langstraat & Scully, 2002: 48). The interpretivist school of thought rejects the notion that there is some ‘objective’ reality we make our own account. Instead researchers should focus on the effect that a social action has on the object of study. However, researchers should use the opportunity to engage in continuous self-interrogation about the interpretations, the studied objects, and to what extent this can alter the perception of the latter (Ibid, 2002: 48).

### 4.2 Data Sample

During the literature review process it was rather difficult to distinguish what my sample would constitute and the major challenge was to limit myself to which actors are crucial and which are not. Moreover SRHRs has had a long history which extends long beyond the post-MDG negotiations. The shape SRHRs have today, in the post-MDG negotiations, is due to a myriad of actors coming together contesting for a space in the international negotiations for over 40 years. Considering the UN is the main body for the post-MDG negotiations I began

looking at the detailed process description and which actors did what and when, on one of the official websites<sup>22</sup>. I overcame this difficulty by limiting myself to the following data (See Documents for references).

Despite the numerous actors involved in SRHRs negotiations, the academic literature made explicit references to two distinct types of actors (Chappell, 2006; Lane, 1994; Halsegrave, 2013); those wanting SRHRs to be included in the SDGs, and those who were against this inclusion. In fact the counter coalition was easier to identify, considering they have received much media and academic attention. Throughout the literature and media the counter-coalition was often referred to as the 'UnHoly Alliance' (Chappell, 2006; Lane, 1994; Halsegrave, 2013). With due consideration, I opted to remove this term assigned by media and academia to this group. The main reason for this is that I wanted to remain as impartial and neutral as possible. Thus the core actors within the counter coalition have been represented in the choice of my data. The advocate coalition was more difficult to map out; however, I have opted for UN-produced documents. Therefore I have chosen 3 (out of 4) documents which have been written by UN bodies such as: WHO, United Nations International Children's Emergency Fund and United Nations Population Fund. The main reason for doing this is because the UN is the umbrella under which all major negotiations takes place. Not only is the UN a facilitator but it also has a large number of experts on various specific topics. This does not mean that each individual member state is in agreement with the UN position, but it is a way of gathering a huge number of stakeholders under one roof, one document, one objective; the creation of the next set of goals.

The exception to this has been my choice to present a document by the Reproductive Health Supplies Coalition (RHSC), is a micro-coalition of various actors such as; government institutions, NGOs, commerce and industry, foundations and institutions for higher learning, civil society and several others. In fact RHSC is a hub that has gathered a large support group, working together to ensure that SRHRs will be negotiated in the post-MDG negotiations and included into the SDGs targets. I could have opted to choose solely from health negotiations, however this would not represent the entirety of SRHRs, and vice versa; choosing solely from human rights organizations would only show a one-sided version of SRHRs. The variety from

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<sup>22</sup> <http://www.beyond2015.org/>

which I have chosen, despite not showing the full spectrum of actors involved in SRHRs negotiations, I think has enough variety to discuss my research question at length.

The sample is relatively small and limited to four sources for each coalition; all documents are available in English and on the internet. The logic behind a purpose data sample is that it is available to all those who have an internet connection and thus a wide range of people are able to retrieve this material, for further research for example. In addition, it is the only way to access official material from the negotiations. The negotiations occur behind closed doors where only a select few participate and attend. Therefore I rely on the assumption that the documents produced are results based on the negotiations. For this reason, I have collected documents which are UN-based and non-UN based documents.

### 4.3 Data Analysis

According to Punch (2005: 109) a coherent step from each section leading to the analysis, is that it should be continuous since the beginning of the research. Considering that the UN is the nucleus where all the official negotiations take place it would have been easy to acquire all my data from UN-based websites or UN-bodies. However, I have refrained from only using UN produced documents as this could result in selective bias. Therefore, this study has taken an inductive shape where the research question guided me to narrow the scope of the data, which varies in sources.

Theory and method are intertwined since I want to understand how frames are used to politicize SRHRs. Frame theory is a theory and a technique to analyze the relationship between a coalition's interpretations of an issue, which are influenced by its own history but also through frame clashes and an on-going interactive negotiation process (Luna, 2010: 557). Frame theory not only clusters the texts together, but it also allows me to explain why a particular text is meaningful (Creed, Langstraat & Scully, 2002). At the coalition level, I have looked at how they differ in their use of SRHRs frame. However, I have also looked at how each entity, making-up the coalition, has framed SRHRs. The reason for doing so is that knowing that my sample size is limited, it does not allow me to make generalizations; of the coalitions or each individual entity and therefore I think it is important to state there are differences between coalitions and within a coalition.

Bearing this in mind, I have looked for key words or phrases in the text that discuss or imply SRHR. Interestingly enough the counter coalition does not mention SRHRs specifically but it implies various points relevant to SRHRs. Although this might be trickier to discuss, it is important not to forget that it is also what the texts are not saying that should be looked into and discussed. Therefore in the analysis chapter I have presented brief excerpts from the text themselves, however, it is to be remembered that the snippets presented are part of a larger set of writing and context. Therefore, the analysis presented may include more information that is not necessarily included in the presented excerpts.

## 4.4 Limitations

The limitations of this thesis are first and foremost that it does not do justice to the pivotal efforts made prior and leading to the ICPD. However, limiting it to the post-MDG negotiations has directed to an on-going process taking place now. On the other hand, the final member state contributions are yet to come and are extremely important debates leading up to the final agreements of the goals and targets.

An important aspect to acknowledge, the literature available is of the most part written by Western officials, involved in the negotiation processes which could render to a bias in the literature and a heavy focus on the ICPD. Although this is the case the literature is optimistic and gender balanced, across different actors and disciplines.

Although the sample size is limited, to eight documents in total, it does not allow me to make generalizations to the entirety of the SRHRs, however, it allows me to place advocate coalition and counter coalition on the same level for analysis. On the other hand, the sample chosen does not represent all the actors but it reflects key actors (as justified in the section on delimitations and data sample).

## 5 Analysis

Politicization might well be another buzzword in development, truth of the fact is that it is used time and time again in research and policy-making (Cornwall & Brock, 2005). At times the importance of wording can be underestimated, however, this is in fact can be extremely important. The wording of a document can decide that funds be placed in policy X, rather than Y, even though they are connected and both important to save lives. It is through words that frames are created; continuously through time, in a given political sphere, as Marrin argues (2013). Although this thesis does not allow for the exploration of numerous efforts made towards current frames, in detail. Acknowledging that the ICPD is mentioned throughout the data tells us that it was an important conference that shaped SRHRs frame that is discussed in this thesis. As stated in the theoretical chapter, frames are continuously being adapted to the socio-political environment. Lyons et al. (1997) suggest that for politicization of frames to occur there has to exist at least two opposing views that disagree on a particular issue. SRHRs has shown this divide; a side that advocates for the inclusion of SRHRs in the MDGs, and another that opposes this and tries to limit the means where SRHRs are implemented.

### 5.1 Advocate Coalition

On the surface, interpreting the advocate coalition on a whole, SRHRs are essentially framed as a human right, throughout the literature and in the documents analyzed in this coalition. Looking back to the roots and the context of how SRHRs came to be, it is no surprise that human rights frame takes the lead. Throughout the texts (Beyond 2015, 2012; Beyond 2015, 2013; RHSC, 2011; UN Task-Team on Post-2015 UN Development Agenda, 2012) using the human rights frame means that individuals are entitled to it, regardless of external factors which may act as an obstacle. These can include, age, gender, sexual orientation, ethnicity and the like, which are factors that discriminate or limit access to SRHRs. The advocate coalition adopted the understanding that (at large) women's reproductive health needs are unmet, and

therefore women's and children's lives are at risk. By adopting this understanding of SRHRs, ensuring that each individual's rights are protected is the best way of tackling the unmet needs of women and children (Goffman, 1974).

However, it is important to note that despite human rights is the dominant frame; it is imperative to acknowledge there are different nuances to each text analyzed. The Thematic Paper on Health (Beyond 2015, 2012) states that the focus should be shifted from the WHO Alma Ata Declaration of 1978 (WHO, 1978) Primary Health Care to Universal Health Coverage. Despite this change, *the essence remains the same* (Beyond 2015, 2012: 3). UHC is put across as a human right because providing health services *should be recognized as a right in and of itself as well as being clearly linked with other development sectors* (Ibid: 3) and that *the post-2015 framework should facilitate a transition from the current MDG framework. Health should remain an integral part of the new post-2015 Development Framework and ensure that the unfinished business of the MDGs is not forgotten. Health should be adequately financed. It should not backtrack from global commitments, in particular the unmet health-related MDG-goals development sectors* (Ibid: 5). The Report to the Secretary General (UN Task-Team on Post-2015 UN Development Agenda, 2012) also takes a similar path; reiterating human rights, equality and sustainability for the next set of goals to come. Human rights are fundamental to all work of the UN and *these values include equality and non-discrimination, peace and security, freedom from fear and want, respect for fundamental principles and rights at work and to food, social and cultural dignity, solidarity, tolerance, shared responsibility, accountable and democratic governance, and sustainable development* (Ibid: 23).

In contrast, the Thematic Paper on Population Dynamics (Beyond 2015, 2013) takes another path, one that puts SRHRs at the center stage of demographic issues. In accordance with human rights, SRHRs is the 'glue' to piece the puzzle together. This paper takes a more holistic approach to SRHRs and links it to other areas of development, such as education, migration, aging population urbanization and others (Ibid: 15) which is important to ensure that the goals are reached. On the other hand, the Reproductive Health Supplies Coalition (RHSC) has a unique way of framing SRHRs. Referring to and acknowledging that human rights need to be respected, the frame adopted is a mixture between supply-demand and evidence-based knowledge of women's situation. Unlike the human right frame that advocates that SRHRs are a fundamental part of an individual's freedom, the logic behind

supply-demand and evidence-based policy-making. Following the microeconomic model of supply and demand; if there is an increase in demand there will be an increase in supply to meet those needs and therefore making them affordable. However, this micro-coalition states that *over the longer term, the dynamic of unmet need for family planning will persist as increases in supplies are met by increases in demand* (RHSC, 2011). In addition to supply and demand frame, the micro-coalition uses evidence or scientific-based policy-making a frame in the post-MDG context because it sees the need to *establish a solid evidence-base to ensure information for decision-making, resource mobilization, policy formulation, monitoring, and informed advocacy increases in demand* (Ibid).

The RHSC provides with an interesting frame to look into. Having expected the human rights frame to dominate, supply demand and evidence-based policy making to increase the demand is an interesting point for discussion. Logically the microeconomic model of supply and demand makes sense; if women know that there is X product or service available to their specific needs, the demand of the product or service will also go up. The evidence-based policy-making is crucial. Why? Because using data, as they have done in the document analyzed; reaching MDG 5A and 5B could mean that *the world will see 96 million fewer unintended pregnancies, 54 million fewer abortions, 110,000 fewer mothers dying in pregnancy and childbirth, and 1.4 million fewer infant deaths* or by stating that *215 million women who wish to protect themselves from unintended pregnancy but do not use modern contraception* (Ibid). It means that for policy-makers, having this knowledge, it can turn into achievable markers, allocation of budgets and the like. It is worth noting that the RHSC is unlike the previous documents analyzed due to its different definition of what it means to achieve SRHRs. The previous documents have referred to SRHRs in the Cairo definition of reproductive health. Here, however, it is defined as;

*‘any material or consumable needed to provide reproductive and sexual health services—including but not limited to contraceptives, drugs, medical equipment, instruments, and expendable supplies for family planning, for prevention and treatment of sexually transmitted infections including HIV and AIDS, and for ensuring safe delivery and postpartum care’* whilst ensuring that *‘all individuals can choose, obtain, and use affordable, high-quality reproductive health supplies of their choice whenever they need them*(RHSC, 2011)‘.

Although one could say there are some similarities with the Cairo Definition of reproductive health, I would say this definition encompasses both human rights but

most important a holistic medical frame to SRHRs. SRHRs, is not only about the ability to take control of an individual's reproduction but also the need to provide medical assistance to those who need them. The frame adopted in the document by RHSC is unlike the rest; it combines supply demand micro-economic model with that of evidence-based policy making to target SRHRs and to continue the work already accomplished by the MDGs. There are other frames that vary within the umbrella frame that is human rights; RHSC is an example of this.

## 5.2 Counter coalition

While the advocate coalition uses the human rights frame as the umbrella frame with differences between them, a similar pattern can be discerned within this coalition. The overarching frame used by the counter coalition is the 'family', 'human family' and 'natural family'<sup>23</sup> as referred to in the texts (Chamberlain, 2006; Intervention of H.E. Archbishop Francis A. Chullikatt Apostolic Nuncio and Permanent Observer of the Holy See to the United Nations, 2014; Organization of Islamic Cooperation, 2012; World Congress of Families, 2012). In this context, family is the nucleus of society and where family planning and maternal policies should direct their efforts towards. The Holy See puts it across as; *Sustainable Development Goals should provide the opportunity to confront inequality through the promotion of women's engagement on an equal basis in society without disregarding entirely the family relationships in which women exist* (Intervention of H.E. Archbishop Francis A. Chullikatt Apostolic Nuncio and Permanent Observer of the Holy See to the United Nations, 2014). More simply said; *the natural family...is the fundamental unit of society* (World Congress of Families, 2012: 2).

Although all texts used the family frame, this is done in different degrees. The statement by the Holy See and the report by the OIC are rather progressive, in comparison to the Madrid Declaration and the Christian-Right NGOs. The Holy See and the OIC make refer to the current MDGs and state that it is important to continue the work that has been done and

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<sup>23</sup> Family, in this context is defined as the 'union of a man and a woman through marriage', whereby the 'marital union of a man and a woman to be the authentic sexual bond, the only one open to the natural and responsible creation of new life' (World Congress of Families, 2012: 2).

achieve the goals that have not been obtained. Both documents contain language that resembles that which is widely used in the Report to the Secretary General (UN Task-Team on Post-2015 UN Development Agenda, 2012). The OIC provides an example of this by stating that *women are among the most vulnerable* and therefore the OIC has mainly focused their efforts towards;

*protecting the rights of women; elimination of all forms of violence against women; eradicating poverty; providing adequate resources and support as essential components towards achieving gender equality and empowerment of women; raising women's' participation in decision making; providing equal opportunities for women through access to quality education; and elimination of all forms of discrimination against women including violence including domestic violence* (Organization of Islamic Cooperation, 2012: 1).

The statement by the Holy See follows the same lines; however, the same cannot be said with regard to the Christian-Right NGOs. Although the Christian-Right NGOs document falls outside the post-MDG negotiation timeframe it is an extremely important micro-coalition of NGOs working within the UN framework. The document reveals that it is not as progressive as the statement by neither the Holy See nor the report from the OIC; it lies between those two and that of the Madrid Declaration. Here, again the family is seen as the nucleus of society and a priority which is under threat by new policies which are more progressive. However, Christian-Right NGOs *tried to impose a narrow moral frame for sexuality on the world at large and have made substantial progress towards the goal of making 'pro-family' ...words across the globe* (Chamberlain, 2006: 12). Although this report refers to the Bush Administration which is no longer in office, it has implications for example the US did not ratify the UN Convention on the Elimination of All Forms of Discrimination Against Women. The international convention opposed strongly against any form of discrimination towards women but included human rights language such as 'access to health care services, including those related to family planning'<sup>24</sup>, where Christian-Rights NGOs claimed this would lead to the right to abortion (Chamberlain, 2006: 12).

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<sup>24</sup> See Article 10 (h), Article 11 (1.h), Article 12, Article 13 and Article 14 (2.a & 2.b) of the Convention for examples of the references made to health care services and family planning see: (<http://www.ohchr.org/Documents/ProfessionalInterest/cedaw.pdf>)

I think there is an important note to make here; the importance of language used in conventions, treaties, action plans and indeed the post-MDG negotiations is crucial. It is from the sentences created that member states and non-member states can then interpret them, and implement them. Here lies the problem, any language used that could suggest or imply reproductive health or the ability to make choices causes concern among NGO like the Christian-Right NGOs (Chamberlain, 2006: 10). This is not limited to the Christian-Right NGOs however, this document clearly shows that successes can be measured by ensuring the wording of official documents such as the SDGs do not contain words that could suggest or imply reproductive health service and the like. In addition to asserting that the documents are printed with ambiguous language, another why in which the Christian-Right has succeeded is by limiting funds from member states into UN-related programs. Joachim (2003) observed some organizations using similar tactics, in the EU and UN, by taking command of the wording and reduces funds. Similar to TANs, the Christian-Right is a non-state organization that work across borders and in this particular context, these NGOs have gained consultative status at the UN thus giving the organization the access to official delegations and activities (Chamberlain, 2006: 7). Another characteristic similar to those observed by Joachim's (2003) work on TANs.

On the other side of the spectrum, the Madrid Declaration by the World Congress of Families (2012) to be argued as the most regressive of the documents analyzed in the counter coalition. Firstly, the Declaration clearly defines what constitutes a family (see footnote), and that current *ideologies of statism, atomistic individualism, and sexual revolution challenge the very essences of marriage and family* (World Congress of Families, 2012). Framing family in this way openly means that marriage should occur between a man and a woman and that this is the only way to produce future generations. The concern with such regressive language is that it ignores the vulnerabilities that women face, even within a marriage, for example domestic violence or rape. The Declaration does not address any health or human rights violations, with particular regard to women and children. The only exception, in this context, is the reference to the right to live (referring to abortion);

*...from conception to natural death; each newly conceived person holds rights to live, to grow, to be born, and to share a home with its natural parents bound by marriage. Abortion, euthanasia and all forms of manipulating human beings in their embryonic or fetal state are therefore attacks on human life* (World Congress of Families, 2012).

However, this does not address the problems and deaths resulting in illegal abortions. The death toll and long-term medical problems women face, is real and a large portion of the advocate coalition is indeed to help women and children who have been affected by problems such as abortion<sup>25</sup>. Once analyzing this document carefully I found that the family frame used by the Congress of Families, despite being the most regressive, is convincing and clearly marks what is right and what is not.

With regards to the post-MDG negotiations, it is important to acknowledge who the major proponents of the two coalitions are and how they frame SRHRs. It is not as evident on the surface, however, looking deeper and more carefully one begins to see the nuances the advocate and counter coalition portray at large but also the differences between each micro-coalition.

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<sup>25</sup> For more information of latest global and country abortion policies see;  
<http://www.un.org/en/development/desa/population/publications/policy/world-abortion-policies-2013.shtml>

## 6 Discussion and Conclusion

To answer the research question, in essence SRHRs are framed in two very different ways, which could lead to very distinct outcomes, in the SDGs. Understanding that SRHRs is a complex concept which brings together four comprehensive sub-concepts; sexuality, reproduction, health and rights. Together SRHRs becomes a macro concept which attempts to address all the important issues surrounding the creation of future generations. From the conference in Cairo definition, in 1994, SRHRs still very much put forward in the same way. Although the accomplishments made at the ICPD are to be commended, it was 20 years ago. Human rights have grown stronger, population structures have changed and health demands have to be adapted to current circumstances. SRHRs lies in between these policy areas, yet 20 years later the international community still seems to struggle to thrust this crucial piece of the puzzle into the 21<sup>st</sup> century.

On the one hand we have human rights, on the other we have family frame being used. Although the data revealed different nuances, one can make some key observations. Firstly, the human rights frame dominates the advocate coalition, health comes second and demographics come last. In contrast, the natural family overshadows the counter coalition frame. Within the frame of natural family, each coalition has used it to a slightly different degree. The OIC and Holy See are the most progressive, in terms of family frame used throughout the text. In comparison, the World Congress of Families and the Christian Right being the most regressive and concrete about what is admissible and what is not. Family planning is considered accepted within the boundaries of marriage and pregnancy within a marriage (between a man and a woman). Both frames are highly political on their own, when discussing them in tandem it becomes even more volatile. I see both frames as highly competitive and successful (albeit in different ways), I also found that despite these differences of frames they have one thing that holds them together; women and girls. Throughout the research process and in the analysis, both the frame of human rights and family were directed towards females (in the context where male and female exist). Despite

the fact that women and young girls are indeed at risk, and we cannot ignore this, it leaves me perplexed with questions.

If SRHRs has no predisposition towards females it is very much tainted with an increasing focus on women and girls. Indeed, women of child bearing years and young girls are at high risk for numerous reasons, I find this to be rather problematic. The problem with overemphasizing women and girls is; men disappear from the negotiations and SRHRs risks becoming ‘a woman’s issue’<sup>26</sup>. The implications of this could well possibly be that reproductive responsibilities will rely solely on women, health services only with a focus on women and a rolling back of gender equality (Harman, 2012). Including men into SRHRs in the post-MDG negotiations and SDGs will be crucial and has been argued since before the turn of the century (Sen, 1999). Monitoring the level of inclusiveness of SRHRs programs could be an area with potential further search.

These observations are limited to the data available and the time frame, an interesting study would be to bring together the two different coalitions and study them in a longitudinal study, pre-MDGs, during the MDGs and post-MDGs. However, in this research I have tried first and foremost to illustrate that SRHR is not a straight forward concept; it involves various actors each with their own objectives. I have attempted to stay true to what the texts say, rather than reading into the ideological interests or religious affiliations that might be connected to the coalition. The SDGs are a step forward in global leadership, equality and most importantly sustainability. Yet the outcome of the negotiations is merely speculation. Despite this, each and every goal should be interlinked so that one goal relies on the next, without this SRHRs might not be able to thrive and SRHRs might be left out once again, only to be added in the middle of the process. Words turn into goals, objectives and concrete actions where funds get steered, in turn help those who greatly need it and whose lives depend on it. In the final stages of the post-MDG negotiation process, all frames need to be taken into account and include SRHRs.

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<sup>26</sup> Dr. Jackson Katz presentation for TEDx organization on November 2012. Available here: [http://www.ted.com/talks/jackson\\_katz\\_violence\\_against\\_women\\_it\\_s\\_a\\_men\\_s\\_issue](http://www.ted.com/talks/jackson_katz_violence_against_women_it_s_a_men_s_issue)

## 7 References

- Brysk, A 1995, Hearts and Minds: Bringing Symbolic Politics Back In, *Polity*, 4, p. 559
- Chappell, L. L., 2006. Contesting women's rights: Charting the emergence of a transnational conservative counter-network, *Global Society*, 20, 4, p. 491-520.
- Chong, D, & Druckman, J 2007, Framing theory, *Annual Review Of Political Science*, 10, pp. 103-126.
- Cook, R., & Plata, M., 1994. Women's reproductive rights. *International Journal of Gynecology & Obstetrics*, Vol. 46, p. 215-220.
- Corrêa, S., 1997. From reproductive health to sexual rights: Achievements and future challenges, *Reproductive Health Matters*, 5, 10, p. 107-116.
- Creed, W., Langstraat, J., & Scully, M., 2002. A Picture of the Frame: Frame Analysis as Technique and as Politics, *Organizational Research Methods*, 5, 1, p. 34.
- Crotty, J., 2007. Politics, Policy, and the Motivations for Advocacy in Nonprofit Reproductive Health and Family Planning Providers. *Nonprofit And Voluntary Sector Quarterly*, 36, 1, p. 5-21.
- Cornwall, A, & Brock, K 2005, What Do Buzzwords Do for Development Policy? A Critical Look at 'Participation', 'Empowerment' and 'Poverty Reduction', *Third World Quarterly*, 7, p. 1043.
- Fathalla, M 1992, Reproductive health: a global overview, *Early Human Development*, 29, 1-3, pp. 35-42.
- Festinger, L. (1957). *A Theory of Cognitive Dissonance*. Stanford, CA: Stanford University Press.
- Freijy, T, & Kothe, E 2013, Dissonance-based interventions for health behaviour change: A systematic review, *British Journal Of Health Psychology*, 18, 2, pp. 310-337.
- Fried, S., Khurshid, A., Tarlton, D., Webb, D., Gloss, S., Paz, C., & Stanley, T., 2013. Universal health coverage: necessary but not sufficient. *Reproductive Health Matters*, 21, 42, p. 50-60.
- Glazier, A., Gulmezoglu, A., Schmid, G., Moreno, C., & Van Look, P., 2006. Sexual and reproductive health: a matter of life and death, *Lancet*, 368, 9547, p. 1595-1607.
- Goffman, Erving. 1974. *Frame Analysis*, Cambridge: Harvard University Press.
- Goldberg, D. S., 2012. Against the Very Idea of the Politicization of Public Health Policy, *American Journal Of Public Health*, 102, 1, p. 44-49.
- Harman, S., 2012. A source of information in: Hulme, D., and Wilkinson, R., ed 2012. *The Millennium Development Goals and Beyond: Global development after 2015*. London: Routledge Global Institutions. Ch. 4
- Haslegrave, M 2013, Feature: Ensuring the inclusion of sexual and reproductive health and rights under a sustainable development goal on health in the post-2015 human rights framework for development, *Reproductive Health Matters*, 21, pp. 61-73.

- Joachim, J. J., 2003. Framing issues and seizing opportunities: The UN, NGOs, and women's rights, *International Studies Quarterly*, 47, 2, p. 247-274.
- Joffe, C., 2013. The politicization of abortion: And the evolution of abortion counseling, *American Journal Of Public Health*, 103, 1, p. 57-65.
- Keck, M. E., and Sikkink, K., 1999. Transnational Advocacy Networks in International and Regional Politics. *International Social Science Journal*, 51, 159, p. 89.
- Keck, M. E., and Sikkink, K., 1998a. *Activists Beyond Borders: Advocacy Networks in International Politics*. Ithaca, New York: Cornell University Press.
- Keck, M. and Sikkink, K., 1998b. Transnational Advocacy Networks in the Movement Society, IN Meyer, D, & Tarrow, S (eds) *The Social Movement Society : Contentious Politics For A New Century*, p. 217-238. New York: Rowman and Littlefield.
- Keck, M, & Sikkink, K 1998c, *Activists Beyond Borders : Advocacy Networks In International Politics*. New York: Cornell University Press
- Lane, S. D. 1994. From Population Control to Reproductive Health: An Emerging Policy Agenda, *Social Science & Medicine*, 39, 9, p. 1303-1314.
- Laws, K., and McLeod, R., 2004. Case Study and Grounded Theory: Sharing some alternative qualitative research methodologies with systems professionals. In *Proceedings of the 22nd International Conference of the Systems Dynamics Society*.
- Luna, Z., 2010. Marching Toward Reproductive Justice: Coalitional (Re) Framing of the March for Women's Lives. *Sociological Inquiry*, Vol. 80, No. 4, p. 554-578.
- Lyons, G, Baldwin, D, & McNemar, D 1977, The 'Politicization' Issue in the UN Specialized Agencies, *Proceedings of the Academy of Political Science*, 4, p. 81.
- Marrin, S., 2013. Rethinking Analytic Politicization, *Intelligence & National Security*, 28, 1, p. 32-54.
- Mautner-Markhof, F., 1989. *Processes of International Negotiations*. Westview Press, Boulder, CO, USA.
- Miller, A, & Roseman, M 2011, Sexual and reproductive rights at the United Nations: Frustration or fulfilment?, *Reproductive Health Matters*, 19, 38, p. 102-118.
- Payne, RA 2001, Persuasion, Frames and Norm Construction, *European Journal Of International Relations*, 7, 1, p. 37.
- Price, R 1998. Reversing the Gun Sights: Transnational Civil Society Targets Land Mines, *International Organization*, 3, p. 613.
- Punch, KF 2005, *Introduction To Social Research : Quantitative And Qualitative Approache*. London : SAGE, 2005.
- Rein, M., and Schön, D., 1991. Frame-Reflective Policy Discourse. In *Social Sciences and Modern States: National Experiences and Theoretical Crossroads*, edited by Wagner, P., Hirschhorn Weiss, C., Wittrock, B., and Wallmann, H., pp. 262-289. Cambridge: Cambridge University Press.
- Rein, M., and Schön, D., 1993. Reframing Policy Discourse, In Frank Fischer and John Forester (eds) *The Argumentative Turn in Policy Analysis and Planning*, p 145-66. Durhan: Duke University Press
- Satel, S., 1996. The Politicization of Public Health. *The Wall Street Journal*. Available at: <http://www.sallysatelmd.com/html/a-wsj12.html> [Accessed: 3 May 2014].

Schön, A., and Rein, M., 1994. *Frame Reflection: Toward the Resolution of Intractable Policy Controversies*. New York: Basic Books.

Sen, A. K., 1999. *Development as Freedom*. New York: Anchor Books

Snow, David A. and Benford, R., 1992. *Master Frames and Cycles of Protest*. A source of information in: *Frontiers in Social Movement Theory*, edited by A. D. Morris and C. M. Mueller. New Haven, CT: Yale University Press. P. 133–55.

Snow, D. A., Rochford, Jr., Worden, S. K., Benford, R., 1986. Frame Alignment Processes, Micromobilization, and Movement Participation. *American Sociological Review* Vol. 51: p. 464-481.

Stone, J, Aronson, E, Crain, A, Winslow, M, & Fried, C 1994, Inducing hypocrisy as a means of encouraging young adults to use condoms, *Personality And Social Psychology Bulletin*, 20, 1, pp. 116-128.

Underwood, A., 2010. Bridging Ideologies. *Harvard International Review*, 32, 3, p. 26-30.

United Nations. *Report of the international Conference on Population and Development*, Cairo, 5-13 September 1994. New York: United Nations, 1995. Available at: [http://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/icpd\\_eng.pdf](http://www.unfpa.org/webdav/site/global/shared/documents/publications/2004/icpd_eng.pdf) [Accessed: August 15, 2014]

United Nations, 2014. *Universal Declaration of Human Rights*. Available at: <http://www.un.org/en/documents/udhr/history.shtml> [Accessed: March 9, 2014]

UN Millennium Project. Available at: <http://www.unmillenniumproject.org/goals/index.htm> [Accessed: 9 March 2014]

United Nations, 1995. *Report of the International Conference on Population and Development*. Cairo, September, 5-13, 1994. New York: UN.

WHO, 1978. *Declaration of Alma-Ata*. International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978.

WHO, 2004. *Reproductive Health Strategy to Accelerate Progress Towards the Attainment of International Development Goals and Targets*. Geneva: World Health Organization.

## 8 Documents

### 8.1 Advocate coalition:

1. Beyond 2015 (April 2013). *The Post-2015 Development Agenda: What good is it for health equity?* Global Thematic Consultation. Available at: <http://www.beyond2015.org/sites/default/files/Health%20Beyond%202015%20paper.pdf> [Accessed: 22 May 2014]
2. Beyond 2015 (Feb. 2013). *Population Dynamics in the Context of the Post-2015 Development Agenda*. Global Thematic Consultation. Available at: <http://www.beyond2015.org/sites/default/files/Population%20Dynamics.pdf> [Accessed: 22 May 2014]
3. UN Task-Team on Post-2015 UN Development Agenda (Jun. 2012). *Realizing the Future We Want for All: Report to the UN Secretary General*. New York: UN. Available at: [http://www.un.org/millenniumgoals/pdf/Post\\_2015\\_UNTTreport.pdf](http://www.un.org/millenniumgoals/pdf/Post_2015_UNTTreport.pdf) [Accessed: 22 May 2014]
4. RHSC (Jun. 2011) *Call to Action: Access for All: Supplying a New Decade for Reproductive Health*. Reproductive Health Supplies Coalition. Available at: [http://www.rhsupplies.org/fileadmin/user\\_upload/Access/new\\_page/Call\\_to\\_action\\_July\\_25\\_2011.pdf](http://www.rhsupplies.org/fileadmin/user_upload/Access/new_page/Call_to_action_July_25_2011.pdf) [Accessed: 22 May 2014]

### 8.2 Counter Coalition:

1. Intervention of H.E. Archbishop Francis A. Chullikatt Apostolic Nuncio and Permanent Observer of the Holy See to the United Nations (Feb. 2014). *Promoting Equality, including Social Equity, Gender Equality, and Women's Empowerment*. Eighth Session of the Open Working Group on the Sustainable Development Goals, New York. Available at:

[http://www.holyseemission.org/pdf/OWG\\_8th%20session\\_%20Equality\\_Empowerment%20of%20Women\\_Statement.pdf](http://www.holyseemission.org/pdf/OWG_8th%20session_%20Equality_Empowerment%20of%20Women_Statement.pdf) [Accessed: 22 May 2014]

2. World Congress of Families (May 2012). *The Madrid Declaration*. Available at: <http://worldcongress.org/pdf/Madrid%202012%20Declaration.pdf> [Accessed: 22 May 2014]
3. Chamberlain, P., 2006. Undoing Reproductive Freedom: Christian Right NGOs Target the United Nations. *A Report from Political Research Associates*. Available at: <http://www.politicalresearch.org/wp-content/uploads/downloads/2012/12/UNdoing-Repro-Freedom.pdf> [Accessed: 22 May 2014]
4. Organization of Islamic Cooperation (Dec. 2012). *Strengthening Women's Participation and Roles in Economic Development in the OIC Member States*. A Report of the OIC-Secretary-General on Women Affairs Presented to the Fourth Session of the Ministerial Conference on Women's Role in the Development of the OIC Member states. Available at: [http://www.oic-oci.org/english/conf/Women/4th/sg\\_rep\\_en.pdf](http://www.oic-oci.org/english/conf/Women/4th/sg_rep_en.pdf) (in English) [Accessed: 22 May 2014]