Reproduction: From Rights to Justice?

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The Oxford Handbook of Feminist Theory
Edited by Lisa Disch and Mary Hawkesworth

Print Publication Date: Feb 2016
Subject: Political Science, Political Theory, Comparative Politics
Online Publication Date: Jan 2015 DOI: 10.1093/oxfordhb/9780199328581.013.40

Abstract and Keywords

While societies necessarily have stakes in their own perpetuation, the extent to which their female members have managed to control their bodily integrity and reproduction has varied throughout history. This chapter discusses the circumstances under which women have succeeded in retaining authority over their bodily integrity and reproduction, and when this control has been conceptualized as a "right." It offers an analysis of the impact of official population policies, biopower, biopolitics, and neoliberalism in enabling or deterring women from exercising reproductive autonomy. The chapter also reflects upon global challenges to reproductive autonomy and asks whether the more comprehensive notion of reproductive justice provides a superior framework to that of a rights-based paradigm for understanding the broad range of threats to women's reproductive freedom today.

Keywords: abortion, biopolitics, neoliberalism, population policies, reproductive justice, reproductive rights

Introduction

> *No woman can call herself free who does not own and control her body. No woman can call herself free until she can choose consciously whether she will or will not be a mother.*
>
> (Sanger 1919, 7)

THE social organization of human reproductive processes is political by its very nature. The concept of power is therefore omnipresent throughout this analysis because each society's norms about *which* women are entitled (or not entitled) to bear children, how many they may bear, and with whom are necessarily enforced through some means of social control. In both historical and contemporary settings, reproductive pressures on women may emanate from within and outside their own social groups. At the same time, women in every society have independently sought to influence the circumstances of their

pregnancies, regardless of their society's expectations and sanctions. Certain types of sociopolitical conditions better enable women to more effectively act in their own reproductive interests, which may be codified as *reproductive rights*. Historically, this term implicitly referenced motherhood, in that men's reproduction was generally not a site for social control (although under certain conditions, men's fertility has been targeted as well).

The late twentieth-century thrust of neoliberal economic agendas[1] has opened up new possibilities for—and new threats to—women's reproductive freedom. A global trend of declining fertility has been one of the most stunning consequences of the expansion of neoliberal economic and social policies, although the full range of factors responsible for the nearly universal decline in birth rates are in fact multiple and complex. Today, (p. 804) population policies aimed at reducing births are in sharp decline, while pronatalistic policies are gaining momentum. This chapter provides a global analysis of contemporary struggles over women's right to reproductive freedom.

What Are Rights?

The concept of "rights" is a product of the Western cultural tradition and defined as social, legal, and or ethical rules that delineate the range of behaviors deemed appropriate by a given group. "To accept a set of rights is to approve a distribution of freedom and authority, and so to endorse a certain view of what may, must, and must not be done" (Wenar 2011). Rights are necessarily circumscribed by a specific set of social conditions as stakes claimed within a given order of things. They are, by nature, contingent and fluid—that is, subject to the will of those who hold the authority to grant or rescind them. In this regard, rights are not so much granted or endowed as fought for and claimed.

The equivalent of rights in stateless societies (e.g., bands, tribes, chiefdoms) lacking centralized sources of political power, state-backed courts, and institutionalized codes of conduct are sets of principles and restraints on action derived from customs, morals, or ethical standards that correspond to the practices on which everyday conduct is based (Malinowski 1942). They include rules delineating the society's structure of authority (e.g., parents are entitled to tell their children how to behave), and rules stipulating which individuals (e.g., midwives) and groups (e.g., male elders) are legitimately entitled to perform certain activities. The concept of "rights," would not be used in stateless societies to reference these rules and codes of conduct.

Although disagreements as to precisely what the term encompasses have persisted throughout Western history, two general types are recognized: The doctrine of *natural rights*, dating to Greek Stoics and Roman jurists, posits that humans are born with certain universal and inalienable rights that transcend the customs, laws, or beliefs of any particular government or culture. Seventeenth- and eighteenth-century Enlightenment philosophers and political theorists drew upon this doctrine to challenge the "divine right of kings" and lay the foundations for the British, French, and American revolutions (Roth-

bard 1998). *Legal rights*, in contrast, derive from specific sets of laws or established practices.

The doctrine of *human rights* is closely aligned with that of natural rights and rests on the same philosophical assumption of a universal moral order (Freeman 2011). Although the history of this doctrine similarly dates back hundreds of years, in 1948 it gained greater authority when the United Nations General Assembly adopted the Universal Declaration of Human Rights (United Nations 1948). Anthropologists have subsequently documented manifold ways in which human rights discourses may vary by cultural setting, are at times logically inconsistent, and can generate tensions among (p. 805) the constituencies that advocate for humanitarianism, human rights, and other social justice movements (Willen 2011).

What Are Reproductive Rights?

Karl Marx conceptualized biological reproduction as a social activity whose specific form of organization is determined by a society's mode of production and associated social relations. Marxist feminists subsequently expanded this profound insight, perhaps best articulated by pioneering Marxist-feminist scholar Rosalind Pollack Petchesky:

> I start from the premise that reproduction generally, and fertility control in particular, must be understood as a historically determined, socially organized activity (separate from the activity of mothering), encompassing decisions about whether, when, under what conditions, and with whom to bear or avoid bearing children; the material/technological conditions of contraception, abortion, and childbirth; and the network of social and sexual relations in which those decisions and conditions exist… . Feminist theory requires this social perspective in order to explain the great differences—of class, culture, occupation, locale, and history—in women's reproductive experience.
>
> (Petchesky 1984, ix)

Marxist feminists argue that the ways in which human reproduction is enmeshed in social relations is as much a political issue as a biological one, and, further, that the social organization of reproduction is intrinsically interlinked and in dynamic interaction with the production of culture—not a mere reflection of it. Reproductive relations often generate conflicts—or reflect preexisting ones—at every level of a society, from the cohabitating couple to the individual in relation to the state, and between societies as well (Browner 2000). Even in an imagined society characterized by gender, class, and race equality, there would nonetheless be a politics of reproduction based on tensions between the reproductive goals of individuals and those of the larger groups to which they belong.

The past two centuries have seen repeated waves of political struggle as women sought *reproductive freedom*, that is, the ability to decide for themselves whether and when to have children. Although the term *reproductive rights* is used today to characterize the ob-

jectives of these political movements, the meanings of reproductive rights and reproductive freedom are not the same.

Evolutionary anthropologists have shown that, contrary to conventional wisdom, women are "by nature" no less sexually adventurous than men (Hrdy 1981). During the approximately 200,000 years of human evolution that preceded the invention of agriculture (some 10,000 years ago), there was no concept of private property and women (p. 806) selected their own sexual partners. Indeed, data from the Standard Cross-Cultural Sample (SCSS) of 186 preindustrial societies shows that nearly two-thirds (61.7 percent) either permitted or only mildly disapproved of female premarital sex; in almost half (49.1 percent), it was reported to be near universal. Extramarital sex was also common, occurring at universal or moderate levels in 55 percent of the SCSS (Scelza 2013, 262, 264). The invention of agriculture, and with it, formal rights to own property, animals, and other goods of material value also gave rise to patriarchy as the dominant sociopolitical system: a woman's father, spouse, or other male kin came to control her sexuality and the rights to her children. In most societies, the birth of patriarchy signaled the loss of female reproductive freedom.

The term *reproductive rights* dates from the 1970s and was most likely coined in the United States. However, its genesis in ideas of bodily integrity and sexual self-determination has a much longer history (Forte and Judd 1998, 266). The idea that women must be free to make their own reproductive decisions had originated at least by the 1830s in the neo-Malthusian, utopian, and feminist movements in England and the United States. The earliest activists were inspired by, and sometimes aligned with, the antislavery movement and workers' struggles for freedom and equality. In the 1870s, the concept of "voluntary motherhood" became the centerpiece of a loose amalgam of "feminist" organizations (Gordon 1990, 93–113, passim). By then, "voluntary motherhood" had come to mean support for abstinence and a woman's right to unilaterally refuse even marital sex, a revolutionary demand at a time when custom and law dictated sexual submission.

Two Western conceptual frameworks inspired nineteenth- and early twentieth- century demands for reproductive rights. The individualist ("liberal" or reform) approach, emphasizing the individual dimensions of reproduction, derives from concepts of natural rights; reproductive autonomy; and principles of bodily integrity, personhood, and equality. The socialist ("social constructivist" or radical) paradigm draws on the principle of "socially determined needs": given that women are most affected by pregnancy and most responsible for childrearing and child care under the prevailing sexual division of labor, they must have final say in matters of reproduction. A few, such as the communist anarchist Emma Goldman, combined both. Inspired by Goldman, Margaret Sanger initially linked "the problem of birth control" not simply to women's struggle for social and political freedom but also, in Sanger's terms, to their need "to own and control" their bodies and "obtain sexual knowledge and satisfaction." At the turn of the twentieth century, sex radicals and bohemians also embraced birth control as part of a philosophy that valued sexuality independent of reproduction.

But by the 1920s, Sanger's activist agenda had been transformed from the sweeping goals of women's liberation and sexual freedom to a single issue: acceptance and legalization of contraception; she concluded that an alliance with the deeply conservative medical establishment was the most expedient course of action. Physicians supported birth control for eugenic reasons and because medicalizing its dissemination would be to their economic advantage. The consequences of Sanger's compromise were profound: contraception would no longer be regarded as an expression of women's rights (p. 807) to sexual and reproductive freedom but, rather, would be contained within the clinical desexualized rubric of "family planning" (Gordon 1990).

The 1960s antiwar and civil rights movements in the United States sparked renewed recognition among US women of their failure to have achieved parity with men in major sectors of social life and, particularly, of their continued sexual and reproductive subordination. Activists rediscovered the earlier feminist theorists who regarded reproductive and sexual freedom as fundamental preconditions for the pursuit of political, economic, and social equality (Davis 1988). As public opinion came to embrace the idea that forced pregnancy violated a woman's constitutional rights, the emerging women's movement coalesced around demands to reform or repeal laws criminalizing abortion. By 1973, the battle appeared won when the US Supreme Court in *Roe v Wade* ruled favorably on women's right to abortion. Throughout much of Europe, women were simultaneously claiming abortion rights, owing in large part to the devastating morbidity and mortality caused by soaring rates of illegal abortion.

The claim that the concept of reproductive rights was alien to women in the global South[2] because it derived from Western individualistic, secular, materialistic traditions is belied by the reality. Although Southern women's activism may not necessarily have been framed within a rubric of "rights" per se, indigenous women's reproductive health movements mobilized throughout Asia and Latin America in the early 1970s (Corrêa and Petchesky 2007, 300). Since then, Northern and Southern coalitions have worked toward common objectives, most effectively by characterizing reproductive and sexual rights as a subset of human rights, as set forth at the 1994 United Nations Conference on Population and Development:

> Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly on the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence.
>
> (United Nations 1994)

At the time, however, the extent to which women throughout the world actually valued the right to reproductive autonomy was unknown. To cast light on the subject, Rosalind Petchesky and Karen Judd assembled a team to conduct field research in Brazil, Egypt, Malaysia, Mexico, Nigeria, the Philippines, and the United States on how women deal daily with their reproductive health and sexual concerns (Petchesky 1998). Their main findings, subsequently documented by a wealth of other empirical investigations, found that women want to be the ones to decide whether or not to have children and the number of children to have, although many factors may impede their ability to do so (e.g., Browner and Sargent 2011; Fordyce and Maraesa 2012; Ginsburg and Rapp 1995). (p. 808) The reality of motherhood is the primary justification women draw on for what Petchesky terms a sense of "reproductive entitlement": that they themselves bear the greatest burdens and responsibilities of pregnancy, childbearing, and childrearing and should therefore have the right to make decisions regarding them. The notion of "reproductive entitlement" provided a framework for conceptualizing women's moral claims, especially on partners, kin, and other groups to which a woman may belong (a community, for instance), more than their perceptions of any sense of legal or formal entitlement. They found that women who earned money or controlled other economic resources exercised reproductive agency much more effectively than the rest. In some settings, belonging to a community group or labor union was also strongly linked to their ability to do so.

Petchesky and her colleagues further found that one of the greatest obstacles worldwide to women's ability to act on their sense of reproductive entitlement was organized religion, especially resurgent fundamentalisms. But even in societies where such religions are strong, many women reinterpret their church's doctrine to imagine a compassionate God who understands their need to, for instance, have an abortion, use contraception, or refuse sex with their husbands. Nevertheless, the reality that religious authorities wield vast power over women's ability to act on their own behalf should not be underestimated.

The Right to Abortion

> *Of all feminist demands, the right to abortion and sexual freedom appears most threatening to traditional sexual and social values.*
>
> (Petchesky 1984, 244)

Although the right to abortion may be the most contested of all reproductive rights, its existence has been documented in all known societies, although the extent of, reasons for, and attitudes associated with it vary widely (Devereux 1976). George Devereux's comprehensive survey of abortion in ancient and pre-industrial societies found a multitude of socially acceptable reasons for an abortion including political (e.g., a ruling lineage compelling women from competing lineages to abort pregnancies, women aborting pregnancies so that their children will not be born into slavery), stigmatized paternity (e.g., rape, incest, unknown father, or father of incompatible social class), family reasons (e.g., pregnant woman considered too young, youngest child still nursing, parents considered too

old, or already has enough children), social pressure (e.g., premarital, extramarital pregnancies), and economic reasons. He found abortion practiced openly in some settings and secretly in others, and that social acceptance ranged from tolerance to deep disapproval from an entire society, some specific segment, or within a family group.

Throughout the course of Western history, abortion was a private matter, not a crime. Traditional European, British, and United States common law permitted abortion, as (p. 809) did the Catholic Church, until late in the nineteenth century. The general belief was that human life did not begin until the moment of "quickening," when fetal movement is felt for the first time. However by 1880, most of Western Europe and the United States had criminalized abortion. Movements to outlaw it were fueled by its growing use and the associated toll on women's health from unsafe procedures, the push by allopathic (mainstream) medicine to consolidate its monopoly over medical care, and fears of demographic suicide among wealthy whites. Still, the practice remained widespread and even open during most of the twentieth century. The rapid decline in birth rates between the turn of the nineteenth and twentieth centuries is attributed in large part to women's use of abortion (Potts and Campbell 2009).

In 1920, following nearly a decade of war, revolution, and economic turmoil, socialist Russia became the first European country to decriminalize the procedure, based on Leninist doctrine that no woman should be forced to bear a child, coupled with the enormous toll on women's health from unsafe abortions (Heer 1965). As Russia gained hegemony throughout Eastern Europe, its satellite socialist countries enacted similar legislation. Women's labor was desperately needed for rebuilding economies following a massively destructive war and there was a lack of effective female contraceptives. Yet despite its legality and widespread practice, the Soviet government remained strongly pronatalistic, glorifying motherhood and large families and strongly disapproving of abortion (Randall 2011), in stark illustration that contradictory population ideologies and policies may coexist and inhibit or enable women's own fertility desires and needs.

In capitalist Western Europe and the United States, a wide range of legal doctrines defined the terms of access to abortion. Ofrit Liviatan's comparative analysis shows that in some Western European countries (e.g., England), regulating abortion was delegated to the medical system, which circumvented potential moral conflicts between women's and fetal rights (Liviatan 2013). Taking a different tack, Italian legislators reached a compromise between Catholic dogma and the need to protect women's health by keeping abortion criminal—but establishing a wide range of medically, socially, and economically permitted exceptions. In Europe, then, Liviatan argues, abortion-based discourse and debate produced consensus-based regulatory regimes derived from an amalgamation of rights-based arguments and social, economic, and political agendas that effectively diffused conflict over otherwise competing ideological claims.

The United States took an entirely different approach. The Supreme Count granted women the right to abortion based on their constitutionally protected right to privacy (not their natural right to bodily self-determination). But the Court also ruled that the right to

abortion was not "absolute;" that it did not entail "an unlimited right to do with one's body as one pleases," and that in so regulating it, the state had the additional duties of protecting fetal life and women's health (Petchesky 1984, 290–292). Liviatan argues that by legalizing abortion as a privacy right but limiting it through a competing fetal right to protection, the Court laid the groundwork for the volatility that ensued: US abortion politics became a perpetual struggle between activists with diametrically opposed worldviews that appeared to make compromise impossible. The (p. 810) ruling, moreover, allowed for legislative and judicial actions that have progressively restricted U.S. women's rights to abortion (Liviatan 2013, 397–398 *passim*).

Yet, despite the increasingly pervasive atmosphere of secrecy and shaming, more than a million abortions are performed annually in the United States: approximately one in three American women will have at least one abortion during her lifetime (Guttmacher Institute 2014). Within this corrosive setting, feminist studies scholar Carly Thomsen argues that even abortion rights activists have lost sight of their goal:

> "Pro-choice" politicians and reproductive rights activists alike often describe abortion as "one of the most difficult and complex decisions a woman will ever make." A Planned Parenthood state affiliate claims that "reducing the need for abortion is a goal we can all support." When the largest and best-known abortion rights organizations and their pro-choice political allies frame abortion in this way, abortion rights movements have a serious problem.
>
> (Thomsen 2013, 150)

Thomsen challenges reproductive rights advocates to discard this "apologist" framework that invariably characterizes abortion in negative terms: "It is certainly worth questioning the notion that reducing abortion represents progress and that abortion is always a difficult decision" (Thomsen 2013, 150). Indeed, extensive research over the past forty years shows that abortion is often a simple, easily made decision and that the vast majority of women report feelings of relief following the procedure and significantly less distress than is experienced by women denied an abortion. Strong negative responses are in fact rare (Major et al. 2000; Rocca et al. 2013).

Yet women's abortion rights are being eroded, and not just in the United States. The collapse of Communism and the sharp turn being taken throughout the continent toward neoliberalism, with the resultant "austerity" cuts to health and social services, have triggered shifts toward restrictive abortion governance (Europa 2013). Increasing immigrant flows and rapidly declining white birth rates are also contributing factors. The former Soviet republics have imposed the most draconian restrictions, in part the result of the growing power of conservative religious institutions, xenophobic activist groups, and a more generalized "remasculination" of politics (Anton, De Zordo, and Mishtal, n.d.).

Latin America's situation is fluid and complex. After Mexico City legalized first-trimester abortion in 2007, a strong backlash quickly followed, with passage of "right-to-life" laws in sixteen of Mexico's thirty-one states. Other countries (e.g., Chile, Nicaragua, El Sal-

vador, and Haiti) continue to restrict abortion under *all* circumstances, while Latin American activists fighting to legalize abortion encounter unrelenting resistance from the Catholic Church and, increasingly, from evangelical denominations (Morán Faúndes and Peñas Defago 2013). Lynn Morgan fascinatingly shows that some of the dynamics at play throughout the continent include conservative Catholic activists appropriating the liberal language of human and civil rights to advance antiabortion agendas (Morgan 2014).

(p. 811) Even in the Asian Buddhist traditions, the history of the criminalization of abortion followed a trajectory similar to the West's. In Japan, for example, even though abortion was illegal for hundreds of years, it was common and rarely prosecuted—although more aggressively prosecuted in the late nineteenth century, mainly for pronatalistic reasons. It was finally legalized in 1948, amid fears of overpopulation following the end of the Second World War (Norgren 2001). Today, abortion is widely practiced and generally accepted socially. South Korea's situation is generally comparable to Japan's. Although the procedure remains illegal, it is very common, in part, because the concept of the fetus historically had little emotional or religious significance. Today, however, its social acceptance is being threatened by a small group of Catholic South Korean physicians, who are seeking to end abortion for moral reasons, and by government officials, who, because of the country's very low birth rate, are rethinking its tacit acceptance (Sang-Hun 2010).

Before European colonial expansion permanently transformed the African continent, abortion practices in Africa reflected the diversity Devereux describes in his classic cross-cultural survey of abortion (Devereux 1976). Forced Christian conversions and the imposition of European legal systems led to widespread criminalization. Today, the overwhelming majority of African women (92 percent) live in countries that outlaw the procedure (Guttmacher Institute 2012), A small number of countries (Cape Verde, South Africa, Tunisia, and Zambia) have enacted liberalized legislation, but few women can navigate the processes required to obtain a safe legal abortion, and most face additional obstacles (e.g., economic, moral views stigmatizing abortion) that further impede their access to safe procedures.

The Consequences of Global Population Policies for Women's Reproductive Rights

> *The idea of population control is at least as ancient as Plato's Republic, which described how a "Guardian" class could be bred to rule, the unfit left to die, and everyone sold the same myth that political inequality reflected the natural order*.
>
> (Connelly 2008, 7)

A defining feature of ancient and modern states is a centralized population policy administered through a hierarchical structure of concentrated power. States require that individuals filling various social positions, for example, slaves, workers, citizens, soldiers, and, above all, procreators, be assigned a value in ways never seen in kin-based societies

or others based on shared resources. The principal objectives of a state's population policies are to maintain a given social order and to control population size and composition.

(p. 812) The impact of state population policies on women is particularly consequential because women are inextricably linked to broader societal conceptions, including of the status of women, the nature of female sexuality, the conditions of motherhood, and the structures of family organization. While state demographic policies vary markedly across historical and cultural settings, commonalities include pronatalist marriage and family laws and involuntary sterilization, infanticide, and prohibitions on contraception and abortion that are often aimed at reducing stigmatized racial and ethnic minority groups and increasing birth rates among the dominant segments (Gordon 1990; Petchesky 1984).

The rise of hierarchically organized structures of concentrated power with large populations to administer is a relatively recent phenomenon. Prior to the invention of agriculture some 10,000 years ago, the size of the human population was relatively stable. Agriculture sparked a major transformation. While necessitating more laborers than migratory foraging societies, it also allowed for the production of surpluses, which enabled societies to feed more people, which in turn made larger settlements possible. By the mid-eighteenth century, human population growth was a sustained phenomenon. The reactions of social philosophers were mixed. Utopian thinkers, such as Jean-Jacques Rousseau, William Godwin, and Marquis de Condorcet, saw population growth in a favorable light, as evidence of progress toward the perfectibility of man and society. Thomas Malthus asserted the opposite: unchecked population growth necessarily outstrips resources and would be a major obstacle to any real social progress.

As the population of Europe and the rest of the world continued to accelerate into the twentieth century, an amalgamation of Western groups, including neo-Malthusians, eugenicists, pronatalists, and nativists, united in a shared sense of alarm that the world had begun to seem smaller—while population trends appeared out of control (Connelly 2008, 9). The mid-1950s saw a convergence of views among scientists and Western politicians that the world was on the brink of a "population explosion," particularly in the global South. Biologist Paul Ehrlich captured the spirit of the times in his dystopian bestseller *The Population Bomb*. It famously began, "The battle to feed all of humanity is over. In the 1970s hundreds of millions of people will starve to death in spite of any crash programs embarked upon now. At this late date nothing can prevent a substantial increase in the world death rate" (Ehrlich 1968, xl).

Published in 1987, a mere nineteen years later, Betsy Hartmann's *Reproductive Rights and Wrongs* offered a clear-eyed response to the hysteria Ehrlich's book provoked. She demonstrated that the myth of overpopulation was one of the most pervasive in Western culture, so compelling mainly because of its simplicity: a growing population facing finite natural resources inevitably bred hunger, poverty, and political instability. Still, even without much evidence that the South even had a "population problem," governments and international agencies harkened to the idea that the widespread use of contraception would bring about a smaller, healthier, wealthier, and more politically stable world.

There were hidden agendas behind these seemingly altruistic campaigns in that the programs were, in fact, intended to mitigate the socioeconomic disruption caused by (p. 813) capitalist development and exploitation. And, although they were aggressively promoted at the height of a “cold” war, ostensibly between capitalism and communism, at their core lay a struggle between the demographically stable industrialized nations and a far more populous, rapidly growing global South.

Coercive practices were intrinsic to most twentieth-century population control programs. Some top policymakers even openly counseled coercion through, for example, a “stepladder” approach: “start off with soft measures such as voluntary family planning services, and proceed if necessary to harsher measures such as disincentives, sanctions, and even violence” (Hartmann 1987, 122). Yet some countries managed a transition from high to lower birth rates without resorting to overt coercion. Socialist Cuba did so by making contraceptive and abortion services freely available through its national health system, while capitalist Taiwan and South Korea launched intense propaganda campaigns that denounced as unpatriotic families with more than two children.

Yet, curiously, fertility was already declining in most of the world before family planning programs, much less coercive ones, really gained momentum. Studies showed that, despite their decades-long duration and massive bureaucracies costing hundreds of millions of dollars, population control programs explained less than 5 percent of the change in fertility levels (Connelly 2008, 338). Moreover, it remains impossible to determine whether the programs caused even the 5 percent or whether broader socioeconomic and cultural changes were responsible. According to historian Matthew Connelly,

> It turns out that about 90 percent of the difference in fertility rates worldwide derived from something very simple and very stubborn: whether women themselves wanted more or fewer children. … [This is] consistent with both historical experience and common sense. After all, French peasants did not need Napoleon to provide them with pessaries. Even then, avoiding childbirth was less expensive and troublesome than unwanted children.
>
> (Connelly 2008, 373)

Today, we appear on the verge of the opposite situation, as world population begins to decline. In most industrialized nations, roughly 2.1 births per woman are needed to sustain the population; whereas that figure ranges from 2.5 to 3.3 in less industrialized nations because of higher mortality. Globally, then, the replacement fertility rate is 2.33 children per woman.

Today, however, replacement birth rates are seldom seen. Throughout Asia, rates range from 1.7 births per woman in China to 1.2 in South Korea and Singapore. They are 1.5 in most of Europe; at or below replacement in North America (Canada, the United States, and Mexico); below replacement in some Latin American countries (e.g., Chile, Cuba, and Brazil) or close to becoming so (e.g., Colombia and Venezuela). Population is still growing in some parts of the Middle East but at much slower rates than before. Several African

countries are the major exception, although there as well, birth rates have been steadily declining for years. Overall, it is now anticipated that global population growth will cease by the middle of the twenty-first century (World Bank 2014). (p. 814) While this decline is a major achievement from an ecological perspective, it is, at the same time, a reflection of the structural changes undermining reproductive justice worldwide.

The story told by these globally declining birth rates is not what state governments and policymakers would have us believe: that given the means to prevent conception, women will opt for fewer children. Also at work is a neoliberal economic agenda, whose success has made childrearing less attractive and less feasible. Without strong societal commitments to policies that enable women to hold jobs while raising young children, large families become a luxury fewer and fewer can afford.

Indeed, countries with the highest birth rates (Denmark, France, Iceland, Norway, and Sweden) have social policies that encourage women to combine work and family. They share the characteristics of being universal in their coverage, not means-tested, and based on gender equality. In contrast, programs in Italy, Japan, and Singapore, which to date have failed, do not support gender equality and women's work-family balance and have not consistently devoted sufficient resources to make a difference (Kramer 2014). Accordingly, it is not necessarily the case that women want small families or no children at all. In reality, many report that they wish for larger families but already find it difficult enough to survive, let alone thrive.

Biopolitics and the Neoliberal Turn

> *Changes in reproductive governance must be understood within the context of neoliberalism … [and] political rationalities of reproduction that centre, in part, on moral regimes based on rights claims.*
>
> (Morgan and Roberts 2012, 246)

The worldwide turn toward neoliberal economic and social policies during the late twentieth century sparked major transformations in the relationship of state governments, religious institutions, and civil society groups to reproductive rights and practices. Growing interdependencies between labor, technologies, pharmaceuticals, ideologies, and state policies within the reproductive domain reflect neoliberalism's increasingly global grasp (Ginsburg and Rapp 1991, 314–315). On the one hand, many women have more choice and control through access to relatively reliable, safe, and inexpensive forms of birth control, abortion, and obstetric care. On the other hand, this access has been accompanied by increasingly repressive methods of social surveillance and regulation of reproductive practices.

The concept of *reproductive governance* introduced by anthropologists Lynn Morgan and Elizabeth Roberts provides a framework for tracing shifting political configurations enacted through *moral regimes*: the standards that govern a society's intimate behavior and

ethical judgments (Morgan and Roberts 2012, 241–242). Under the pretense of advocating for universal human rights, contemporary shifts in reproductive governance (p. 815) give rise to new constituencies who frame their efforts to limit women's reproductive rights in a human rights rubric, pitting embryos and fetuses against women, native-born against immigrant women, heterosexual against homosexual individuals and couples, and so on (Morgan 2014). These political dynamics reinforce existing inequalities by targeting some individuals and groups with programs aimed at limiting their fertility, while giving other, possibly infertile individuals, the prospect of becoming parents (Colen 1995; Krause and De Zordo 2012). Reproductive governance in the twenty-first century has been characterized by distinctive activist groups and discourses.

Fetal Rights

The United States remains the major battlefield in the struggle over whether fetal rights necessarily supercede those of pregnant women. Fetal rights movements derive from religious and New Right/neoliberal political-social agendas that push the anti-humanist myth that women abort pregnancies chiefly for selfish reasons or to repudiate motherhood. They also invoke the concept of natural law to support the purported universal inalienable rights of embryos and fetuses. The larger issues at stake include who controls the contents of a woman's womb, the competence of adult women to exercise good judgment, and the often-overlooked issue of forced motherhood (Petchesky 1984, 329–375 passim). Further emboldening fetal rights activists are physicians who regard a fetus as their "patient," separate and independent from the woman who carries it (Casper 1998).

Men's Rights

Men's rights movements (MRMs) began in the 1960s and 1970s as part of a backlash by men who claimed feminism was undermining their interests and social status. They advocate restoring men's rights in marriage and divorce, strengthening child custody laws and fathers' rights, and legislation to establish the right of husbands and male sexual partners to block a woman from unilaterally obtaining an abortion. Men's human rights movements (MHRMs), less focused on men's family rights, reference the doctrine of universal human rights to challenge legal systems they perceive as biased toward women, for instance, in cases of rape, sexual abuse, and domestic assault (Matchar 2014).

Providers' Rights

Sharply growing numbers of physicians and ancillary clinicians are claiming a conscientious-objection right not to perform abortions or offer contraceptives. This movement is especially strong in the parts of Europe with declining white birth rates. The (p. 816) consequences are already extreme. At present, *no* public hospitals in Madrid offer abortions, and 69 percent of Italian gynecologists refuse as well (Zampas 2013). The fall of communist regimes, a revitalized Catholic Church, and threateningly high birth rates among immigrants from poorer, non-Christian nations further propel this movement. Providers'

conscientious-objection rights are also being claimed in parts of the United States and, increasingly, in Asia and South America.

Empowerment

Although the term *empowerment*—"to give or delegate power" and "to enable or permit"—dates to the mid-seventeenth century (American Heritage Dictionary 2009), its modern-day reinvigoration is credited to Paolo Freire's renowned 1970 English-language edition of *Pedagogy of the Oppressed* (Archibald and Wilson 2011). Critics challenged Freire's radical idealistic agenda for social transformation as inherently flawed in that it "treats the symptoms but leaves the disease unnamed and untouched" (Ellsworth 1989, 306). Yet, this is also likely the reason the concept is embraced in such diverse fields as health, education, personal development, dispute resolution, management, and marketing, as helping individuals develop the capacity to act effectively within an existing system and its associated structures of power (Grace 1991). Within neoliberal global contexts, empowerment rubrics are popular in international nongovernmental organizations and agencies that work on behalf of women. For example, the recently launched UN Women "offers businesses and foundations a unique opportunity [to help achieve] gender equality and the empowerment of women," and says, "We are strongly committed to working with the private sector on common agendas leveraging collective strengths … [to] advance corporate social responsibility and business objectives (UN Women 2014). Whether a neoliberal global commerce agenda can actually help women achieve greater freedom to control their reproductive lives remains an open question.

From Rights to Justice

> *The "right to have children" and the "right not to have them" are not equivalent rights.*
>
> (Petchesky 1984, 388)

Since the 1970s, some women's health activists—principally women of color—have argued that the concept of reproductive rights is class and culture-bound, relevant mainly for relatively privileged women from individualism-based Northern societies. In that light, it is well to keep in mind that reproductive *choice* assumes that a woman's body is her own, that she can and does make her own reproductive decisions, (p. 817) and has access to resources to obtain any needed health services. Fundamental to the concept of reproductive choice is the assumption that a woman knows she *has* reproductive rights that are recognized by her family, her community, and her nation (Chrisler 2012, 1–2).

A focus on choice also diverts attention from the fact that laws, policies, and public officials differentially reward or punish the reproductive activities of different groups of women. The 1970s rallying cry "My body, my choice!" applied mainly to white middle-class feminists, obscuring a broader, deeper set of needs by a much larger group of less privileged women: for example, freedom from sterilization abuse; access to healthcare

and contraceptives; safe, accessible, and affordable child care; housing; a living wage or adequate public assistance; freedom from discrimination based on sexual orientation; and an end to toxic environments that threaten fertility.

The term *reproductive justice* was coined in the mid-1990s to conceptualize reproductive rights struggles within social justice movements (Luna and Luker 2013, 328). Loretta Ross, one of the small group that originated the term, argues that reproductive justice is a more theoretically productive way to analyze intersectionality: the ways that class, race, gender, sexual and gender orientation, culture, country of origin, and (dis)ability shape politics to produce a "complex matrix of reproductive oppression" (Ross 2011, 1). The reproductive justice framework has expanded beyond the United States to address a much broader range of issues that are not necessarily directly rooted in reproduction per se, including sexual assault, sex trafficking, prevention and control of STIs (sexually transmitted infections), female feticide and infanticide, and a woman's right to choose her own spouse (Kasai and Rooney 2012, 11; Chrisler 2012a).

Global movements for reproductive justice cast light on the interrelationships among the law, social movements, and academic scholarship. Its analytic framework of movement, praxis, and vision reveals aspects social policy previously ignored (Luna and Luker 2013, 328–330). This emphasis on multifaceted analysis and organizing differentiates the reproductive justice movement from reproductive health advocacy, which is principally concerned with unequal access to services, and reproductive rights advocacy, which focuses on legislative means to achieve social change.

Contingent Reproductive Rights

Anthropologist Shellee Colen framed the concept of *stratified reproduction* to describe the power relations that accord differential cultural, economic, and moral value to the children produced by women based on their status within social class, color, and national hierarchies. Fundamentally, this meant privileging the childbearing and childrearing of white, wealthy women over that of others (Colen 1995). As illustrated below, reproductive justice will remain an unrealized aspiration in the absence of broader social transformations in areas ranging from education, healthcare, and employment to human rights, prejudice, and discrimination.

(p. 818) The Right to Biological Children

The United Nations Declaration of Human Rights includes the right for women to make reproductive decisions free from coercion, including the right to the "means to do so." But what, exactly, does this right entail?

> The archeological record shows fertility to be an age-old concern; for example, the ubiquitous female figurines found throughout ancient Eurasia are commonly thought to be fertility offerings. However, no known traditional empirical remedies to treat infertility are consistently effective, and today, infertility is a global problem, and its impact is far greater in the global South. It is difficult to determine

> infertility's prevalence because of the involvement of both male and female factors and inconsistently applied definitions. A 2010 World Health Organization investigation of 190 countries and territories estimates that 48.5 million couples are affected, although worldwide rates vary widely (Mascarenhas et al. 2012). Overall, an estimated 8 to 12 percent of couples have difficulty conceiving a child at some point in their lives.
>
> (Daar and Merali 2002, 15)

Contrary to conventional wisdom, the 2010 study found little evidence of any change in the prevalence of infertility between 1990 and the present, with the exception of Sub-Saharan Africa, where rates fell significantly, possibly due to fewer sexually transmitted infections and improved obstetric care.

The effects of infertility can be devastating, notably in the South, as bioethicists Abdallah S. Daar and Zara Merali explain:

> The experience of infertility causes harsh, poignant and unique difficulties: economic hardship, social stigma and blame, social isolation and alienation, guilt, fear, loss of social status, helplessness and, in some cases, violence. Many families in developing countries depend on children for economic survival. Without children, men and women may starve to death, especially in old age. In some communities, infertile people are ostracized as they are perceived to be unlucky or the source of evil, or they become the object of public humiliation and shame. Some, even, choose suicide over the torturous life and mental anguish caused by infertility. In other communities infertile men and women are often denied proper death rites. For women in developing countries, infertility may occasion life-threatening physical as well as psychological violence. Childless women are generally blamed for their infertility, despite the fact that male factor causes contribute to at least half of the cases. … In developing countries, especially, motherhood is often the only way for women to enhance their status within the family and community.
>
> (Daar and Zara Merali 2002, 16; see also Nahar and van der Geest 2014; Whitehouse and Hollos 2014)

The mid-twentieth century witnessed an explosion of scientific techniques collectively known as ART (assisted reproductive technologies). They are effective to varying degrees in producing healthy children and can allow for the selection of embryos and fetuses imbued with certain traits considered desirable by prospective mothers and (p. 819) parents (e.g., sex, the absence of known genetic anomalies). Despite their great expense, women's desire to become biological mothers, persistent pronatalistic ideologies, and son preference have led many to extreme sacrifice in their efforts to produce a genetically related child.

Overall, the social impact of ART has been mixed. The technologies offer infertile women and couples and other individuals conventionally excluded from becoming parents (e.g.,

homosexuals, transgendered individuals, people living with HIV/AIDS, partnerless and postmenopausal women) the chance to reproduce. But they can also serve as a source of pressure, perpetuate gender inequalities, reinforce women's primary roles as mothers, and, perhaps most significantly, valorize biological reproduction above all other means of family formation.

The most controversial ART is surrogacy, an arrangement in which a woman gestates and gives birth to a child for a couple or another person. The practice has been decried as a commodification of reproduction, and from its beginning, feminists disagreed about its significance. Some liberal feminists defend women's right to be surrogates, using their bodies as they choose. Others are deeply troubled by surrogacy's potential to disrupt deeply held meanings of family, kinship, nature, and local moral orders. This latter has proven particularly salient in Islamic states (Clarke 2009). Moreover, relatively little is still known about the experiences and meanings of surrogacy to surrogates themselves (Bailey 2011; Berend 2010).

Unequal access to ART raises additional bioethical and social justice concerns. The technologies have been aggressively marketed in the North, typically to affluent, white, heterosexual couples. Although questions are sometimes raised about the extent of the burden these costly technologies place on society, there are far fewer opportunities for women lacking economic resources to benefit from them. National health services in Asia and Europe vary widely in infertility coverage and regulation, and in the United States, laws differ by state. Other populations facing obstacles to accessing ART include people with disabilities, prisoners, people living with HIV/AIDS, single women, and same-sex couples.

Perhaps it should not be surprising that despite their low success rate, ART marketing is also expanding in the South, raising standard bioethical concerns about its psychological and physical impact, stigma, and issues associated with identity, body commodification, kinship, and family. Additional unique considerations for Southern populations include far more insurmountable financial barriers; policies and practices set by religious and legal authorities; that the defining feature of female adulthood is biological motherhood; lack of medical resources, including trained clinicians; and a lower priority placed on treating infertility in relation to many other health concerns (Rubin and Phillips 2012, 181).

Connelly eloquently captures the nature of the social justice dilemmas inherent in ART's proliferation:

> If privileged people are permitted to pick and choose, and make themselves a breed apart, how can future generations possibly fight prejudice or promote more equal opportunities? There is therefore the prospect of a new age of population (p. 820) control … [and e]ven without top-down coercion, we may already be witnessing something less pernicious: the privatization of population control. It is governmentality without government, in which people police themselves, unconsciously reproducing and reinforcing inequality with every generation. The process is well underway in India and China because of sex-selective abortions. In

> the United States … it is more subtle … [P]eople ascribe a whole range of behaviors to good or bad genes, faithfully reciting a genetic catechism without the faintest idea of where it comes from or where it can lead. The cumulative effect of individual choices may be to make patriarchy permanent in the largest nations and endow the most privileged with genetic advantages to lord over the world.
>
> (Connelly 2008, 382–383)

The Right to Bear Children

During the first part of the twentieth century, compulsory sterilization laws were passed in countries throughout the world (Mass 1976). While most programs were ended later in the century, some remain. There are contemporary reports of involuntary sterilization in both the North and the South, including among HIV-positive women in South Africa (Essack and Strode 2012), indigenous women in Peru (Gaebler 2011), Uzbekistan (Bukharbaeva 2005), and Native Americans and female prisoners in the United States (Gurr 2012)—all stigmatized groups who are the least able to advocate on their own behalf. Moreover, international and domestic medical and family planning establishments continue to promote “voluntary” sterilization for groups deemed “surplus” or “undesirable.”

Like any technology, the meanings and uses of sterilization are embedded within specific sets of historical and cultural circumstances. For example, at the birth of the modern reproductive rights movement, activists attributed very high rates of female sterilization in Puerto Rico and among US mainland Puerto Ricans to the coercion of unwitting victims by an oppressive state. Anthropologist Iris López takes issue with this formulation to argue that “there are different degrees of agency, resistance, and reproductive freedom and these are not mutually exclusive” (López 2008, xix). Based on thirty years of historical, ethnohistorical, and ethnographic research, López characterizes Puerto Rican women as active decision-makers who choose sterilization as the best option among a set of poor alternatives. Anne Line Dalsgaard makes a similar argument about women in Northeast Brazil, finding that their motives for agreeing to and, in some cases, actively seeking sterilization derive from their desire to attain a sense of control over their lives (Dalsgaard 2004).

Among those who face nearly overwhelming obstacles to bearing children are women with physical and mental disabilities. And regrettably, reproductive rights and disability rights activists have had different agendas for many years. As Marsha Saxton writes, “The reproductive rights movement emphasizes the right to have an abortion; the disability rights movement, the right *not* to have an abortion [when the fetus is disabled]” (Saxton 2013, 88; italics in original). A reproductive justice framework can overcome this impasse by reframing the conversation more broadly than simply whether one is pro- or (p. 821) antichoice. Among the issues that would be considered in this larger conversation are how one’s community supports or impedes particular possibilities and how stereotypes and stigmas are created and perpetuated (Rapp and Ginsburg 2001; Kato 2009).

The Right to Safe Childbirth

Childbirth is necessarily associated with the possibility of complications during pregnancy, labor and delivery, and postpartum. These risks are much higher in the South, due mainly to women's inability to access high-quality healthcare. Each year, an estimated 529,000 maternal deaths are very unevenly distributed worldwide (CRR 2006). In Sub-Saharan Africa, the lifetime risk of maternal mortality is as high as 1 in 16. In South Asia, it is 1 in 43. In contrast, the lifetime risk in Northern Europe is about 1 in 30,000.

Maternal deaths are more likely to occur during labor, delivery, and immediately postpartum, principally from preventable causes, and women in rural and poor populations are the most vulnerable (Ronsmans et al. 2006). Obstetric hemorrhage heads the list of causes; unsafe abortion and HIV/AIDS are also major risks in some settings. Other significant causes of postpartum complications are puerperal infection, preeclampsia, and obstetric fistula, the latter generally occurring as a consequence of protracted labor and in girls whose bodies are not yet ready for childbirth. Considered a disease of poverty, there are 30,000 to 130,000 new cases of obstetric fistula annually, and worldwide, more than three million women live with the condition. In addition to causing urinary and fecal incontinence and repeated vaginal and urinary tract infections, there are often major social consequences. Women who develop fistulae are usually divorced or abandoned by their husbands, often cast out by their families, rejected by their communities, and forced to live in isolation (Wall 2006). Governments must take the lead in ameliorating maternal morbidity and mortality by establishing and enforcing legal guarantees for women's right to the full complement of reproductive healthcare, including contraceptives and abortion.

By contrast, in wealthier countries, a "hypermedicalization" of childbirth has been seen through, for example, intensive monitoring of pregnant women and sharply escalating use of induced labor and cesarean section: Nearly half of babies in China and one third in the US and Australia are delivered by cesarean; in parts of Latin America, cesarean deliveries are more common than vaginal births. (The World Health Organization recommends national rates not exceed 10 to 15%.) (Gibbons et al. 2010). Marjorie Murray has demonstrated a link between rising rates of obstetrical interventions and the privatization of health care systems. She argues that under neoliberalism, maternal health care practices (e.g. scheduled childbirths) constitute new threats to women's ability to exercise authority over their own bodies and to their right to bodily integrity (Murray 2012).

The Right to Parent with Dignity

Efforts by state governments to terminate the parental rights of women deemed unfit to raise children are becoming more widespread in the United States, as deeply indebted (p. 822) states undertake contractual obligations to fill the occupancy quotas of a growing and lucrative private for-profit prison system: far more people in the United States are incarcerated than anywhere else in the world. The mothers in question are generally economically disadvantaged women of color (principally African American) who have been imprisoned for delivering "illegal substances" to their fetuses. The charges derive from feticide, antiabortion, and "personhood" laws (Nelson 2003).

Legal scholar Dorothy Roberts argues that obscured by the politics of fetal rights is the politics of race, which, along with a more generalized hostility toward black mothers, has made prosecuting pregnant women and punishing black women for having babies permissible, and even desirable (Roberts 2008, 369–370). Prosecuting mothers who use illegal substances also shifts public attention away from poverty, racism, and a deficient healthcare system by intimating that poor birth outcomes are due to the mother's behavior, thereby blaming women for the health problems of black communities. Astonishingly, an analysis of criminal and civil cases brought against pregnant women between 1973 and 2005 found that the husband or male partner was not mentioned in fully 77 percent of the cases, a stark reminder that gender, in concert with race and class, can reproduce increasingly complex matrices of reproductive oppression (Paltrow and Flavin 2013).

In parts of global North, the mid-twentieth century saw a woman's right to parent with dignity more subtly challenged through the adoption of a model of childrearing that shifted the locus of legitimate parental authority away from mothers' (and fathers') experiential knowledge to that of expert "authoritative knowledge," that promulgated an increasingly time consuming, supervised, and regimented form of childrearing. By the twenty-first century, these practices were being emulated beyond the global North (Faircloth, Hoffman and Layne 2013). At its core are neoliberal values that privilege individual autonomy and self-interest over collective needs. Low income, ethnic minority, and immigrant women, frequently held accountable for their children's "improper", "deviant" or anti-social behaviors, are offered or required by the state to attend "parenting workshops" that seek to inculcate mainstream middle-class Euro-American values (Jaysane-Dahr 2013). Wealthier women are extolled to engage in "intensive parenting" by investing of massive amounts of energy and economic and emotional resources in their children, who, in turn, are expected to become their mothers' principal sources of identity and self-fulfillment (Hays 1996). Unsurprisingly, perhaps, this insidious erosion of women's right to parent with dignity has coincided with the hollowing out of vital public sectors and the decline of vibrant local communities.

New, complex social, legal, medical, and ethical issues have come to the fore regarding the reproductive rights of transgendered individuals (Green 1994). Historically, medical providers required trans people to relinquish their fertility in exchange for gender reassignment treatments. This is now changing with growing awareness among clinicians that infertility is not an inevitable consequence of transsexualism. Indeed, some providers and transsexuals assert that transsexual people should be entitled to the same range of infertility treatments as those whose reproductive capability is physiologically compromised for any other reason. Still, widespread discrimination continues to challenge (p. 823) the ability of transgender people to receive respectful, knowledgeable reproductive health care (Cascio 2014).

The Right to a Healthy Environment

Historian Ricky Solinger has observed that governments throughout the world have generally been reluctant to consider environmental causes of pregnancy-related death and injury, despite the fact that the right to a healthy environment is essential for safe preg-

nancies and childbirth (Solinger 2013). This problem affects both genders, and indeed, men may be at greater risk of certain exposures. Other factors that put some individuals and groups at heightened risk include socioeconomic and racial disparities, and living or working near industrial sites emitting certain toxins, pesticides, or nuclear radiation (Fang 2014; Freinkel 2014). Exposure to lead and other heavy metals is a well-documented cause of disordered fetal development, including permanently altered gene expression and other reproductive-system abnormalities with lifelong, even intergenerational consequences (Mendola, Messer, and Rappazzo 2008; Woodruff et al. 2008).

Scientists are only beginning to understand the nature of these intergenerational processes (Dias and Ressler 2014). Recent work in behavioral epigenetics is revealing that early maternal trauma (e.g., neglect and abuse) can precipitate genetic changes in gametes that are subsequently transmitted from one generation to the next by leaving "molecular scars" that adhere to DNA (VanZomeren-Dohm et al. 2013). It is crucial to keep in mind, however, that while behavioral epigenetic mechanisms can reinforce weaknesses and deficits, they can similarly enhance strength and resiliency.

The Rights of Displaced and Refugee Women

"Refugeeization" (Allison 2013, 52), the uprooting and circulation of people without fixed homelands, has become a global phenomenon. The United Nations High Commission on Refugees reported upward of 51 million people forcibly displaced by conflict and persecution in 2014, the highest number since World War II. An additional 15.5 million were internally displaced (nearly 800,000 more than the previous year), and an estimated 10 million stateless people, worldwide (UNHCR 2015). In 2012, more than 22 million were displaced by natural disasters (e.g., earthquakes; IDMC 2014).

The complete absence of reproductive rights for displaced and refugee women is a significant, yet sorely neglected dimension of global reproductive injustices. Linda Whiteford and Aimee Eden have shown that when state authority is nebulous or entirely absent, women are excluded from basic reproductive healthcare by the humanitarian organizations ostensibly overseeing their protection. Yet displaced women's needs for such services are generally greater than beforehand because they are more vulnerable to sexual violence, rape, sexually transmitted diseases including HIV/AIDS, unwanted pregnancies, and high-risk abortion. In addition, they are typically cut off from families and other sources of social support. The most active humanitarian agencies fail to offer post-rape counseling, emergency contraception, or abortions. This is partly due to the fact that displacement and refugee camps are administered by men, their governing (p. 824) counsels run by men, and leadership roles held mostly by men who do not prioritize these issues. Many humanitarian aid workers minimize them as well, viewing sexual violence and rape as unfortunate but unavoidable "side effects" of complex emergencies, about which little or nothing can be done (Whiteford and Eden 2011, 227–228). Whiteford and Eden argue to the contrary that these widely held attitudes are in fact abuses of human rights and must be addressed as such.

Only broad-based reproductive justice movements will generate the political, economic, cultural, and ideological conditions for women's reproductive freedom to prevail.

Conclusions

This chapter has shown that the elements animating a society in its governance of reproduction are neither timeless and universal nor unchanging; nor are they univariate among diverse class, racial, regional, religious, and other distinct populations. Rather, as Karl Marx famously explained centuries ago, they are determined by ongoing interactions among historical, material, political, and ideological processes. Any society's reproductive concerns invariably reflect and at the same time produce profound political ramifications.

An often overlooked consequence of the expansion of neoliberal economic and social policies has been their severe impact on women's reproductive freedom: public programs guaranteeing access to reproductive health services and social policies enabling mothers to combine work with raising young children are being eliminated, significantly cut, or never initiated; women must look increasingly to the private sector—or do without.

Therefore, in reproduction—as in much else in life—in the end, individual women have to live with and by the reproductive customs, practices, and policies of the larger groups to which they belong, even though they are usually not the ones setting those reproductive agendas. Nonetheless, there is reason for optimism. Throughout the world, we see demonstrations of resourcefulness, courage, and resilience as women—and men—engineer new ways to persevere and prevail in the face of obstacles intended to deter them from exercising their rights to reproductive freedom. Global reproductive justice movements are supporting women in their fights for these rights as never before.

Acknowledgments

Heartfelt thanks to Elana Buch, Lara Braff, Anna Capitán Camañes, Silvia De Zordo, Matthew Gutmann, Ofrit Liviatan, Susan Markens, Deborah Mindry, Joanna Mishtal, (p. 825) Lynn Morgan, Christine Morton, Marjorie Murray, Nahar Papreen, Loretta Ross, Brooke Scelza, Seinenu Thein, Azumi Tsgue, Muriel Vernon, Shannon Ward, Emily Wentzell, Alice Wexler, and Richard Rosenthal for resources, guidance, feedback, and support.

This chapter is dedicated to Rosalind P. Petchesky for inspiring generations of feminist scholars.

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Notes:

(1.) Neoliberalism is a set of capitalist economic policies associated with the Washington Consensus of the early 1970s, designed to foster a "free" (i.e., unregulated by state controls or oversight) economic market. Hallmarks of neoliberal policies have been decen-

tralization of state controls; privatization of state-owned properties, enterprises, goods, and services by sale to private investors; sharp cuts in government spending on social services; replacement of the social contract and concept of the public good with policies based on market principles to maximize corporate profits; and redefinition of citizenship with reference to individual rights and responsibilities. At the heart of the expansion of neoliberal processes are economic “structural adjustment” programs and austerity policies imposed to foster economic growth, which have produced the upward redistribution of wealth and power. The sovereignty of weakened, deeply indebted states coexists with globalized international or extrastate entities, typically dominated by transnational corporations whose authority is derived from powerful financial institutions (e.g., the US Federal Reserve, the European Central Bank, the International Monetary Fund, the World Bank, and other huge international banking entities).

(2.) We lack satisfactory terms of reference for what used to be called preindustrial and industrial societies, developed and developing countries, or the First and Third Worlds. The global North and global South are commonly used today to distinguish affluent, privileged states from more economically marginalized ones, despite obvious conceptual limitations.

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