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ABSTRACT

Contemporary population interventions by states, international organizations and corporates have during the last two decades been effectively reframed in feminist terms of reproductive rights and choices, while continuing to perpetuate and rely upon structural and embodied violence and racialised and gendered constructions of industriousness and altruism on the one hand, and disposability, hypersexuality and excess on the other. I argue that the 21st century resurgence of population control and its reframing cannot be fully understood however, except in relation to processes of ‘accumulation by dispossession’ to which the intensification of women’s labour, and its mobilization for global capital, is central. The advent of the adolescent girl as the agent of international development, I suggest, marks the final stage in a transition from liberal to neoliberal feminism in development. Even liberal feminist critiques that sought to highlight discrimination which ostensibly prevented markets from functioning effectively are now marginalized. The focus on the pre-reproductive, pre-labouring years is thoroughly neoliberal in that intervention via education is constructed as necessary only to produce the idealized neoliberal subject who can negotiate unfettered and unregulated markets with ease, while simultaneously assuming full responsibility for social reproduction. The article goes on to reflect on India’s population policies in the context of the increasing mobilisation of gendered precarious labour for global capital, the escalation of corporate land-grab, dispossession and displacement and the growing dominance of Hindu supremacist ideology and its incitement to genocidal gendered violence against minorities. Against this background, I consider the significance of the concept of ‘reproductive justice’ and the importance of resisting current attempts to appropriate, eviscerate, and redeploy it.

The now dominant post-MDGs approach to population questions has been some time in the making. A key turning point was the 2012 London Family Planning Summit hosted by the British government and the Bill and Melinda Gates Foundation on July 11, World Population Day. Along with USAID, UNFPA and other international organisations, the hosts announced a \$2.6 billion family planning strategy, ‘FP 2020’, to get 120 million more girls and women in the poorest countries to use ‘voluntary family planning’ by 2020. The strategy relies heavily on the mass promotion of long acting hormonal injectable and implantable contraceptives, in particular Depo-Provera, Implanon and Norplant II or Jadelle (produced by pharmaceutical giants Pfizer, Merck and Bayer respectively) all of which have faced sustained opposition from reproductive health activists, who argue that rather than giving poor women in the global South much needed access to safe contraception they can control, these approaches potentially further undermine women’s health and control over their bodies¹. The agenda-setting role of the Gates Foundation², which

was instrumental in influencing Britain to take the lead on population issues³ reflects the increasingly direct role of corporates in global development interventions. With the re-imposition and extension by US President Donald Trump of the ‘global gag rule’ blocking US government aid to any organisation involved in abortion advice and care overseas in 2016, reliance on the Gates Foundation as a donor in the field of reproductive health has inevitably increased further, and its fundamental conflation of questions of population growth with those of women’s access to contraception is, I suggest, therefore particularly concerning.

Like earlier versions dating back to Malthus, contemporary dominant approaches to population can be characterized as shifting responsibility for poverty away from capital and onto the poor themselves. Population growth in the global South continues to be linked to climate change, at the expense of attention to the role of corporate capital, in dominant discourse around the Sustainable Development Goals (see for example UK All-Party Parliamentary Group on Population, Development, and Reproductive Health, 2015⁴). Given the inescapable fact that, as Betsy Hartmann notes ‘The few countries in the world where population growth rates remain high, such as those in sub-Saharan Africa, have among the lowest carbon emissions per capita’⁵, population agencies have begun to argue that ‘family planning is a vital component of climate change *adaptation* rather than mitigation in Africa’⁶.

Similarly, population growth in the global South is held responsible for escalating food crises associated with the expansion of corporate agriculture⁷. Like the earlier versions, today’s population discourse insists that current economic relationships and structures of power do not need to be changed. In particular, it is not predicated on any reversal of the drastic reduction in health spending which characterizes neoliberal policies promoted by the World Bank and the IMF. On the contrary, as we will see, reducing population growth is actively promoted on the basis of its predicted role in limiting the need for future social spending.

But the renewed emphasis on fertility reduction is not only geared towards shifting attention away from global capital’s responsibility for poverty, climate change and food crises. Central to the strategy of which the return of population control is a part, is the intensification of women’s labour, with responsibility for household survival increasingly feminised, and more and more women incorporated into global value chains dominated by transnational corporations. It is this drive to intensify and incorporate the labour of women in poor households in the global South which fuels the appropriation and transformation of feminist ideas of gender equality, and specifically that of reproductive rights, an approach which is epitomised by the now ubiquitous slogan of ‘investing in women’.

The route by which population policy came to embrace the language of reproductive rights is complex however, and one which we will briefly trace here.

Neo-Malthusianism from colonialism to the Cold War and beyond

Thomas Malthus' name has become synonymous with theories of 'overpopulation', but his primary legacy has been to provide 'an enduring argument for the prevention of social and economic change'⁸ by suggesting that the poverty associated with capitalist development is an inevitable consequence of population increase, rather than of the logic of capital accumulation. Thus Malthusianism has not only shaped population control policies, but has influenced many key theories and practices of development similarly based upon the assumption that poverty stems from the behaviour of the poor, which then becomes a target for intervention.

Malthusianism was (and has remained) closely intertwined with Eugenicist ideas and more broadly ideologies of racial supremacy, and was intimately linked to the logic of imperialism. During the course of the 19th century with the beginnings of a demographic transition to lower birth rates as well as mass emigration of the poor as part of the colonial project, Malthusian concerns about overpopulation in England declined. In the second half of the century, the problems of the poor in England continued to be constructed as caused largely by their own lack of morals and irresponsibility - including having too many children. But the application of the notion of overpopulation on a macroeconomic scale had decisively shifted to the global South.

Malthusian ideas became central to colonial policy as the cumulative effects of deindustrialisation⁹, grinding taxation, forced cultivation of cash crops and other forms of integration into world markets combined with El Niño crop failures to produce a series of devastating famines across much of the global South in the late 19th century.

India, for example, experienced a series of famines including that of 1876-9 in which up to 10.3 million people are estimated to have died. The Viceroy at the time, Lord Lytton, invoked Malthusian principles to justify his refusal to prevent these deaths. Finance Minister Sir Evelyn Baring (later Lord Cromer) stated: 'every benevolent attempt made to mitigate the effects of famine and defective sanitation serves but to enhance the evils resulting from overpopulation'¹⁰. Sir Richard Temple, appointed by Lytton to ensure that India continued to produce immense revenues for Britain and its imperial war in Afghanistan even at the height of the famine, implemented the notorious 'Temple wage' in relief camps which combined with hard labour could only lead to slow death by starvation.

As resistance increasingly took the form of organized anti-colonial struggles, colonised populations came to be constructed as a racialised threat. Whereas earlier they were described in terms of 'apathy', 'indolence' and 'fatalism', racist tropes which were used to justify colonial inaction in the face of famine and starvation, from the early 20th century these same populations began to be more often portrayed as

ominously hyperactive, incessantly ‘swarming’, ‘teeming’ and ‘seething’¹¹. These ideas would soon be mobilized to call for direct intervention to limit these populations.

While the ideas which inform them can be traced to 19th century colonialism, population control initiatives aimed at the Global South came into their own in the context of the Cold War, the reconfiguring of imperialism after formal colonialism, and the challenge to the existing global distribution of wealth and resources posed by communist movements in the global South. These were from the outset funded by US corporate and finance capital alongside successive US administrations.

In 1952, birth control advocate Margaret Sanger - who famously shifted from being a feminist and a socialist sympathizer to a confirmed Eugenicist¹² - and Lady Dhanvanthi Rama Rau launched the International Planned Parenthood Federation (IPPF) in Bombay. The funding for the IPPF ‘initially came from the Hugh Moore Fund and Rockefeller Foundation. Soon it attracted funding from DuPont Chemicals, Standard Oil and Shell....U S Sugar Corporation, General Motors, Chase Manhattan Bank, Newmont Mining, International Nickel, Marconi RCA, Xerox and Gulf Oil, a veritable Who's Who of America's corporate and finance capital’¹³.

Cold War population policies drew upon and sustained racialised representations of people in the Global South as hypersexual and sexually deviant, with policy documents littered with references to the ‘bestial’ and ‘primitive’ approach to sex of their ‘targets’¹⁴. In particular, population control discourse is marked by its reduction of ‘Third World’ women to their reproductive organs, and specifically their wombs, which are pathologised as ‘excessively reproductive’ and requiring intervention. As Laura Briggs puts it, ‘Third World women’s sexual behavior was rendered dangerous and unreasonable, the cause of poverty and hence of communism, and needed to be made known, managed, and regulated’¹⁵.

Where population discourses in the Cold War period revolved around the racialised ‘threat’ of communism in the Global South represented by anti-colonial and anti-imperialist struggles – military strategist Thomas Schelling famously described Asia as ‘a large part of the world that is poor and colored and potentially hostile’¹⁶ - today, the demonization of ‘young populations’ and the ‘youth bulge’ theory of security threats developed by the CIA in the 1980s are being redeployed as population growth is being linked to terrorism, embodied in the racialised representations of the ‘angry young men’ it produces and the ‘veiled young women’ who will produce yet more ‘dangerous’ children, and used to justify further US-led military intervention¹⁷. Crucially, population growth is also being linked to migration from the global South, once again constructed as a racialised and gendered threat to the global North, requiring the further violent securitization of borders. Population control initiatives thus fit in neatly with the twenty-first century development/security paradigm, in which development interventions in the global South, now framed in

the discourse of ‘rights’ and ‘choices’, are simultaneously projected as necessary for the ‘security’ of populations in the global North.

The concept of stratified reproduction is useful here at both a global, and, as we will see later, a national level. It is defined as “the hierarchical organization of reproductive health, fecundity, birth experiences, and child rearing that supports and rewards the maternity of some women, while despising or outlawing the mother-work of others”¹⁸. Applying the notion of stratified reproduction globally, we find that population discourse increasingly focuses on differences in the compositions of the population. As Suzanne Schultz and Daniel Bendix note,

Economic development is thought to be directly linked to the age composition of a population and to favorable “age dependency ratios,” meaning a higher proportion of people of employable age than of older people and children and adolescents. Controlling fertility above all in African countries—and supporting pro-natalist measures in the North—thus do not appear as neocolonial policies of racist difference, but as rational answers to differing age constellations¹⁹.

This approach also insists that if only poor people in the global South can be persuaded or compelled not to reproduce, the World Bank and IMF-imposed neoliberal policies in which health provision, along with education, sanitation and other essential public services, has been decimated since the 1980s, can remain in place. Tellingly, for example, erstwhile British Development Secretary Andrew Mitchell has described population policies as ‘excellent value for money’, citing Tanzania which he claims would ‘need 131,000 fewer teachers by 2035 if fertility declines - saving millions of pounds in the long run’²⁰.

Both sterilisation campaigns such as those which have continued to take place in India, and the more explicit promotion of long acting hormonal contraceptives, are taking place in the context of a wider withdrawal and neglect of health provision which is central to neoliberalism (Rowden, 2011). As Schultz and Bendix note in their study of German development aid, there is ‘an imbalance between population and basic health care programs. For example, in 2012, BMZ spent €169 million on population programs, which is €22 million *more* than it spent on basic health care... Within population programs there is also an increase in money spent on stand-alone family planning programs (in contrast to those dedicated to broader reproductive health)’²¹.

Injectable and implantable contraceptives such as Implanon, (manufactured by Merck) Sayana Press/Depo Provera (Pfizer) and Jadelle/Norplant (Bayer) are specifically being promoted as suitable for use in the context of this absence of health provision, as they are presented as simple enough to be administered by

minimally trained health workers - often unpaid women. DfID's recent initiative with Merck²² has aimed to promote the longlasting implant Implanon to '14.5 million of the poorest women' by 2015. Implanon was discontinued in the UK in 2010 because trained medical personnel were finding it too difficult to insert, and there were fears about its safety²³. As well as debilitating side effects, the implant was reported as "disappearing" inside women's bodies²⁴. Merck has introduced a new version, Nexplanon, which is detectable by X-ray, but has been allowed to continue to sell their existing stocks of Implanon. It is this discontinued drug which is being promoted in DfID and UNFPA programmes in the "poorest" countries, despite these countries' huge deficit of trained health personnel. In fact, in Ethiopia, one of the target countries, mass insertions of Implanon are part of "task shifting" where hastily trained health extension workers are being made to take on the roles of doctors and nurses²⁵. Meanwhile Depo Provera is being extensively promoted in sub-Saharan Africa and South Asia under the name of Sayana Press by a collaboration between the Gates Foundation, USAID, DfID, UNFPA, pharmaceutical corporation Pfizer and the US NGO PATH, with the claim that it requires minimal involvement of health professionals and can even be self-administered²⁶, despite compelling medical evidence that Depo Provera may increase the risk of women and their partners becoming infected with HIV²⁷.

From 'population control' to 'reproductive rights'

Debates around reproductive rights epitomized the deep fissures along lines drawn by race, class and imperialism within the women's movement in the 1970s and 1980s. Organizations in Europe and North America which were overwhelmingly white and predominantly middle class focused on abortion rights, rendering invisible the experiences of women of colour who were often the target of forced sterilization or compulsory use of unsafe contraceptives²⁸. Eugenicist ideas have continued to shape policies promoting these interventions. In Europe and North America, and in Israel, Black, indigenous and minority women, women in prison, women receiving state benefits (welfare) and women with disabilities continue to be targeted²⁹. Acknowledging the centrality of already-gendered constructions of race to population control discourse and practice helps us to understand how the violence of population control against women in the global South³⁰ and against black and ethnic minority women in the North³¹ has been sustained and perpetuated.

Women in the global South were both denied access to contraceptive methods which were safe and which they could control, and subjected to the acute violence of population control policies in which targets were set by the international development institutions, including the World Bank. Forcible and coercive sterilization of urban and rural poor women took place on a massive scale: in Bangladesh, sterilization was in many cases made a condition for food relief³². In India, when central and state governments were unable to meet impossibly high targets, local administrations set targets for sterilizations for non-health personnel

like teachers and forest officers, stopping salaries for non-achievement of these targets, leading to large-scale kidnappings and forcible sterilizations³³. The introduction of the 'Two Child Norm' involved a plethora of coercive incentives and disincentives in several Indian states, including exclusion from eligibility to contest Panchayat (local government) elections of women and men who have more than two children³⁴. Population control programmes also created the conditions for large-scale testing of contraceptives on women in the global South, with minimal or no information being given to the participants in these tests³⁵. Where contraceptives were indeed found to have serious side effects, this did not discourage their promotion in the global South as part of population control programmes. In fact for pharmaceutical companies, these programmes have provided massive opportunities for 'dumping' drugs which have been banned in the global North, having been found to be unsafe³⁶.

Injectable and implantable hormonal contraceptives such as Depo-Provera, Norplant and Net-En have been particularly favoured by the population establishment because they are long-acting: it was argued that in contrast to other methods such as the pill or the diaphragm, the woman does not have to 'remember' to take it or to insert it herself. This clearly perpetuates racialized constructions of these women as inherently lacking the ability to act responsibly or regulate their own lives. A consideration of the resurgent focus on population as a development 'challenge' in the twenty-first century, however, reveals a marked shift in these discourses in order to incorporate and mobilize feminist notions of reproductive choice.

Until the 1990s, 'population control' was clearly distinguished from the notion of the right of individuals to control their fertility. For example, in 1984, the UNFPA's representative in Dhaka, Walter Holzhausen, wrote a letter to key officials in the World Bank, USAID and other institutions criticizing the notion of 'voluntarism' in 'family planning' programmes in Bangladesh. The coercive sterilizations already taking place in the country were clearly not enough for Holzhausen, who wanted the government and donors to openly espouse compulsion³⁷.

In the 1990s, however, and particularly after the 1994 UN International Conference on Population and Development held in Cairo, population policies began to increasingly be articulated in the terms of reproductive rights and 'choices'. This shift came in response to the demands of feminist movements which had been opposing coercive population control interventions³⁸. It can be analysed as part of the strategic appropriation of feminist critiques within neoliberal development discourses. Thus injectables and implantables are now promoted as methods which give the woman greater 'choice' and control over her own fertility (as she no longer has to directly confront potential opposition to contraception from male sexual partners). However, as reproductive justice activists note, in practice they actually shift control over her body to health professionals and population control institutions: the effect of injectables is non-reversible, and removing implants is a complex process which health professionals often refuse to perform when requested to do so by women experiencing debilitating side-effects³⁹. In the context of the undermining of already limited health services in many countries since the introduction of Structural

Adjustment Policies in the 1980s, the follow-up services required for those using these contraceptives are rarely available⁴⁰.

Neoliberal feminism, capital accumulation and the intensification of women's labour

The last two decades have seen a growing emphasis on the extension and intensification of women's labour as central to sustaining neoliberal capital accumulation. As in Puerto Rico in the 1950s, where coercive mass sterilization drives were pioneered as part of one of the earliest experiments in increasing profits by outsourcing manufacturing to low-paid women workers in the global South in 'Operation Bootstrap'⁴¹, a reduction in women's fertility is being promoted primarily as it is regarded as facilitating women's entry into labour markets and enhancing their productivity for global capital. For example the World Bank's report on 'Investing in Women's Reproductive Health', begins by explaining why 'investing in reproductive health is smart economics', noting the effects of 'high fertility' on 'female labour supply'⁴².

This is consistent with the approach to gender currently promoted by globally dominant development institutions epitomized by the World Bank's slogan 'Gender Equality as Smart Economics'⁴³ and the current corporate-initiated global development focus on adolescent girls which began with Nike's 'Girl Effect' campaign. Smart Economics is premised on the assumption that women will always work harder, and be more productive, than their male counterparts; further, they will use additional income more productively than men would. Therefore it argues that greater gender 'equality', understood as an increase in women's participation in labour markets, will have a significant impact on economic growth.

Neoliberal practices and discourses of gender and development are deeply racialized in their production of altruistic, entrepreneurial female subjects with an almost infinitely elastic capacity for labour who are now represented alongside, while by no means fully displacing, earlier constructions of 'third world women' as the passive recipients of development, devoid of agency, which have been a focus of post-colonial feminist critiques⁴⁴. The failure of Women in Development and subsequently Gender and Development (GAD) approaches to challenge the racialized power relations inherent within the project of development⁴⁵ informed these critiques, notably Mohanty's influential 'Under Western Eyes' in which she argued that 'third world women' are constructed within gender and development discourses as 'a homogeneous "powerless" group often located as implicit *victims* of particular socio-economic systems'⁴⁶, waiting to be liberated by Western feminists, in a reiteration of missionary women's narratives of rescue and salvation⁴⁷. The impact of post-colonial feminism contributed to a much greater emphasis on identifying women's agency in GAD thinking from the late 1980s onwards.

But agency in this context came to be understood in GAD, as I have explored elsewhere, in limited terms: subsumed into what was effectively the reinstatement of liberal theory's rational individual exercising 'free will' and maximizing self-interest⁴⁸. Influential GAD theorists' growing emphasis on women's rational decisions and 'choices' to conform to gendered expectations or collude in the oppression of other women legitimized the gradual marginalization of questions of both structural violence and the production of gendered subjectivities. As Deniz Kandiyoti argued in a reflection on the widespread adoption of her concept of the 'patriarchal bargain'⁴⁹, a focus on 'subordinates' rational decisions to conform rather than rebel' can mean 'concealing the evidence of hegemony by relabeling its effects'⁵⁰. It is this tendency to 'relabel' the effects of hegemony and inequality as 'choice' which has made discourses of agency in gender and development thinking so prone to neoliberal appropriation. As I have argued, gendered compulsions on women to work harder than their male counterparts and to expend more of their resources on their children were increasingly instrumentalized and celebrated as 'efficiency' rather than being questioned. This made their ideas particularly amenable to incorporation within neoliberal models of development⁵¹.

A shift in neoliberal development policy in the 1990s was to further entrench the emphasis on women's agency and empowerment in discourses of development. No longer able to ignore the evidence of deepening poverty resulting from the neoliberal policies of the 1980s, the World Bank and other institutions sought to address poverty in a way which retained the neoliberal model intact, and in fact could further extend the gains of global capital. This was variously known as the Post-Washington Consensus, the new poverty agenda, or the New Social Policy. As Molyneux explains, in this framework, empowerment and participation were closely related to ideas of individual responsibility and self-help. The growth of cost recovery, co-financing and co-management schemes along with community participation and voluntary work shifted the burden of responsibility onto poor households, and specifically poor women. At the same time, they were directly subordinated to the disciplines of the market in new ways⁵².

Overall, since the 1990s we have witnessed the extension and intensification of women's labour as a central element in processes of capital accumulation. On the one hand, the global contraction of the share of direct producers in profits is achieved through the intensification of unwaged and waged labour of women through which, increasingly, poor households attempt to survive⁵³. On the other hand, the further incorporation of women whom processes of gendering and racialization render 'disposable' workers⁵⁴ into global labour markets is seen as an important ongoing source for expanded reproduction of capital. These two processes taken together form the core of a gendered understanding of 'accumulation by dispossession'⁵⁵. And rather than involving the lifting of gendered constraints on women's time and mobility and the unequal division of household labour, these processes both depend upon and perpetuate these constraints⁵⁶.

The shift to the current emphasis on adolescent girls as the preeminent drivers of development in development discourse and policy has been markedly corporate led⁵⁷. Although the idea that girls' education could be an economically sound 'investment' in future reductions in the birth rate can be traced back to a 1992 speech by Lawrence Summers, then Chief Economist at the World Bank⁵⁸, it was the Nike Foundation set up by Nike in 2004 which arguably led the way in focusing on adolescent girls in the global South more generally as the 'solution' to the 'problem' of development. The Nike Foundation, which was set up in partnership with the Population Council and the International Centre for Research on Women, went on to establish partnerships with the World Bank and DfID. Nike's notion of the 'Girl Effect' has since been adopted and promoted much more widely by international development institutions. In 2007, UNICEF, UNIFEM and the WHO established the UN Interagency Task Force on adolescent girls. In 2008 the World Bank founded its Adolescent Girl Initiative, aimed at improving girls' and young women's economic opportunities. In 2010, the UK government announced that it would focus its development aid on girls and women⁵⁹. This has been followed by campaigns such as the UN's Girl Up, and Plan International's 'Because I am a Girl', as well as corporate social responsibility projects by Nokia, Chevron, Shell Oil, Exxon, Credit Suisse, Walmart, Intel and Goldman Sachs⁶⁰.

Adolescent girls' own bodies, sexualities and fertility are repeatedly represented as the most significant threat to their potential productivity, invoking the neo-Malthusian and Eugenicist population discourses which are an integral aspect of the Smart Economics approach. As we have noted, population control discourse is marked by its racialised pathologisation of women in the global South as 'excessively reproductive' and requiring intervention and of men as hypersexual and sexually predatory. This is particularly explicit in the 2010 Girl Effect campaign video 'The Clock is Ticking'⁶¹, in which a black stick figure, marked as a girl-child by her 'two bunches' hairstyle and triangular 'dress', abruptly grows breasts when she 'turns twelve', faces early marriage and childbirth, and, most strikingly, is then menaced by sinisterly elastic black hands which extend predatorily towards her body from all directions. Having escaped these through the simple 'solution' of school attendance, the figure is rapidly shown transforming into a mother 'when she's ready', and raising a 'healthy' daughter of her own. Again, the 'girl' is represented as conforming to historically gendered patterns of social reproduction, now on terms dictated by global capital.

She is also always understood in relation and in contrast to her already empowered Northern counterpart, mobilizing post-feminist discourses which assume that gender equality has been achieved in the global North⁶². Koffman and Gill highlight the way in which 'girls' in the global North are directly addressed by extensive social media, 'roadshow' and merchandising campaigns such as the Girl Effect or the UN Foundation's 'Girl Up' campaign launched in 2010⁶³. These campaigns reinforce post-feminist notions that women in the global North no longer experience gender inequality, oppression or violence: girls in the

North are invited to endorse feminism but only in relation to the South. They themselves are represented as ‘more educated, socially connected and empowered than ever before’⁶⁴. This difference is also marked in the representation of sexualities, where post-feminist constructions of the ‘global girl’ as sexual subject and self-commodifier⁶⁵ stand in marked contrast to constructions of the ‘localized’ girl in the global South whose sexuality can only be a threat to the global order and is understood, as Switzer argues, solely in terms of racialized constructions of ‘dangerous’ and ‘excessive’ fertility, which also potentially undermines her productivity for the global economy⁶⁶.

The advent of the adolescent girl as the agent of development marks the final stage in a transition from liberal to neoliberal feminism in development, in which responsibility shifts entirely onto the individualized figure of the girl after the initial investment in her human capital: ‘she will do the rest’⁶⁷, and any critique of structures is rendered irrelevant. Even liberal feminist critiques that sought to highlight discrimination which ostensibly prevented markets from functioning effectively are now marginalized. The focus on adolescence which is rapidly replacing any consideration of adult women’s lives is thoroughly neoliberal in that intervention via education is constructed as necessary only to produce the idealized neoliberal subject who can negotiate unfettered and unregulated markets with ease, while simultaneously assuming full responsibility for social reproduction.

The hyperindustrious entrepreneurial racialised ‘girl’ from a low-income household in the global South has emerged then as a central trope of twenty-first century neoliberalism. Just as colonial representations of contented and productive women workers in colonial enterprises like tea plantations discussed by Ramamurthy ‘symbolically affirmed the need for empire’⁶⁸, so these contemporary representations implicitly confirm the ‘empowering’ potential of neoliberal globalization⁶⁹.

Population control and ‘smart economics’ policies are now linked through a neoliberal discourse of potential and possibility in which adolescent girls are ‘helped’ to become altruistic hyperindustrious entrepreneurial subjects via education and access to contraception. However when we look at the practices of population control, which rather than giving women in the global South much needed access to safe contraception they can control, involves coercive sterilizations and testing and dumping by pharmaceutical corporations of long-acting hormonal contraceptives, we can understand that the underlying connection is not one of possibility but of certain workers and their bodies being constructed in terms of racialized and gendered disposability. These processes are explored further through a consideration of India’s contemporary population policies and their implications.

India’s contemporary population policies

In September 2015, the Indian Health Ministry announced the approval of the injectable contraceptive Depo Medroxy Progesterone Acetate (DMPA), or Depo Provera, for use in the National Family Planning Programme (FPP). In contrast, a wide range of reproductive health and women's rights activists and scholars have opposed its introduction, arguing that a number of serious side-effects are associated with the drug and that

the use of Depo-Provera needs continuous medical follow-up by health staff in a well-functioning health system.... The health budget has stagnated while the salary and medicine costs have gone up. Health human power shortages are acute; the shortage of specialists trained in Obstetrics and Gynaecology is even more severe. Hence, the health system remains incapable of dealing with the safe delivery of a contraceptive requiring intensive medical support⁷⁰.

Government approval for Depo Provera has been argued to have spurred on by the recent attention focused on the use of sterilizations in Indian government programmes, particularly after multiple deaths of women at 'sterilisation camps' in Chhattisgarh in November 2014⁷¹. It has been followed one year later by a Supreme Court judgement directing the Government of India to "make efforts to ensure that sterilization camps are discontinued" by state governments within three years. The court also ordered implementation of established legal, medical and technical standards for sterilisation, and proper monitoring of the programme. In response to complaints that government health workers with targets for sterilisation were forcing women to undergo the procedure, the court said that it would "leave it to the good sense" of state governments to ensure that targets were not fixed⁷² (Srinivasan, 2016). However, there is no indication that the newly introduced contraceptives will lead to a phasing out of sterilisation as the most widely available method of contraception in India, particularly in the context of the increased pressure of meeting globally set targets in the form of the commitments made by the Indian government under FP2020.

15 women died in the second week of November 2014 after undergoing sterilisation surgery under appalling conditions in camps in Bilaspur district of Chhattisgarh. According to a fact-finding report by SAMA Resource Group for Women and Health⁷³, these women were all in their 20s and 30s and from Dalit, Adivasi (indigenous) and OBC (Other Backward Classes) communities. Most of them were from landless households and their main source of income was agricultural and other daily wage labour. Yet while their deaths made headlines, albeit briefly, these tragic events cannot be seen as an aberration. Rather they are inherent within approaches to 'Family Planning' which can be better understood as population control policies.

Three aspects of these events and of India's population policies which produce them need to be considered here. Firstly, coercive sterilisations are a form of embodied gendered violence perpetrated by the state and transnational actors, understood both in the sense of direct embodied violence and in terms of the way it

depends on the wider structural violence of social/economic inequality (which also has embodied effects). When feminists and left activists referred to sterilisation deaths in Chhattisgarh in 2014 as a massacre⁷⁴ they were evoking comparisons with whole history of gendered violence against poor women, and Dalit and Adivasi women in particular, by the state and powerful forces. Secondly, although a long term feature of Indian policy, they have, as we will see, been extended and intensified within a framework of neoliberal economic policies and patterns of global capital accumulation. Thirdly, the violence of population control has been intensified in India in the context of the symbiotic relationships between neoliberal development, and the rise of the Hindu right.

In 1952, India became one of the first countries to initiate an official family planning programme. Between 1952 and 1975, the Ford Foundation had spent 35 million dollars to finance family planning programmes, of which India received more than 20 million dollars⁷⁵. Sterilisation of women has been the main method used in India's population control policies since the late 1970s. During the Emergency of 1975-77, men were forcibly taken to camps for vasectomies. This was one of few examples globally where men have been targeted on a mass scale, and it generated massive opposition contributing to the historic electoral defeat of the Congress Party in 1977⁷⁶. The drive for female sterilisation further intensified in the context of neoliberal reforms from the 1990s onwards⁷⁷. Since 2000, approximately 4.5 million tubectomies have been taking place every year in India. Data suggests that in 2005-06 around 37 per cent of married women had undergone sterilisation⁷⁸. In Bilaspur district, where the sterilization camp deaths occurred in November 2014, this figure was as high as 47.2 per cent⁷⁹.

A major feature in this recent period has been the privatization of 'family planning' programmes, with surgeries outsourced to private clinics and hospitals. Doctors, private health centres and NGOs are paid 'incentives' for every woman sterilized. Dr. R. K. Gupta, the doctor who single-handedly conducted 83 surgeries in less than three hours at one of the Chhattisgarh camps, had received an award from the state Health Ministry for performing a record 50,000 surgeries during his career⁸⁰. This was not an aberration – in another case only three months later in January 2015, a doctor was found to have conducted 73 sterilisation operations in four hours in Varanasi, in Uttar Pradesh. Further, as Human Rights Watch reported in 2012, 'in much of the country, authorities aggressively pursue targets, especially for female sterilization, by threatening health workers with salary cuts or dismissals'⁸¹.

After the 1994 Cairo conference on population, the Indian government claimed to have abandoned targets, identified as one of the main drivers of abuses like the Chhattisgarh massacre. But these have in fact simply been replaced with 'Expected Levels of Achievement' at state level. The Indian government's Programme Implementation Plan (PIP) 2014-2015 shows a target for Chhattisgarh state of 1,50,000 tubectomies (and 8,000 vasectomies) for the current financial year (which was to be achieved within only six months between October and March) and an increase in targets in subsequent years⁸². On a national level, officially recorded deaths caused by sterilisation between 2003 and 2012 translate into 12 deaths a

month on average, and actual figures are almost certainly much higher⁸³. These women died after being lied to about the operation, threatened with loss of ration cards or access to government welfare schemes, bribed with small amounts of cash or food, or, as with the Chhattisgarh 2014 case, forcibly taken to camps.

We cannot see the Indian state's population policies in isolation from changes in global population policy however. The day after the 2012 World Population Summit, a Human Rights Watch report warned that the commitments made by the Indian government at the Summit would lead to further abuses⁸⁴. An October 10, 2014 letter from the National Rural Health Mission, under the aegis of the Indian Union Ministry of Health and Family Welfare, confirmed this. It stated that an increase in sterilizations is essential to meet the Family Planning 2020 commitment made by India at the Summit, especially for 11 "high focus" states, ruling out the importance of other possible methods of contraception. The letter ordered an increase in the payment given to all those involved in carrying out sterilization in these states⁸⁵. Meanwhile, aid from Britain's Department for International Development (DfID) was found to have helped to fund forcible sterilizations in the Indian states of Madhya Pradesh and Bihar in which a number of women died in 2012⁸⁶.

In India, the increased pressure of meeting FP2020 commitments has been accompanied by the further undermining of already inadequate health provision since the current government of Narendra Modi's Hindu right Bharatiya Janata Party came to power in 2014. Ahead of the publication on 12 December 2015 by the Lancet of the findings of a major study by Indian health experts which highlighted this⁸⁷, editor of the Lancet Richard Horton commented, 'The problem in India is that health has just completely dropped off the political agenda. Before Modi came in, health was an issue that wasn't as high in the agenda as it should have been but it was definitely on the agenda. Since Modi has come in, health has completely vanished and this is a desperate predicament for the Indian population not having health as a central political objective of the government'⁸⁸.

Yet to fully understand the complex of forces which lead to such deaths, we also have to look at the specificities of the Indian neoliberal state at this moment, currently controlled as it is by the Hindu right, in terms of both the withdrawal from social provision as well as the intensification of intervention on behalf of global capital, and, in the context of widespread resistance, the escalation of repression and state violence. In this context, the next section considers several interrelated processes which shape the targeting of the fertility of women who are marked by their gender, class, caste and religion.

Gendered labour, dispossession and the Hindu Right in India

The strategy of extending and intensifying women's labour in India is currently epitomised by Modi's 'Make in India' campaign. In contrast to the experience of Bangladesh, which had adopted strategies of export-led growth based on predominantly female labour much earlier, India's low female workforce

participation rates⁸⁹ have actually declined since the introduction in the 1990s of economic liberalization policies⁹⁰. This has been linked to women's increased burden of unpaid work as a result of neoliberal reforms, as well as patriarchal rigidities which lead to women being 'withdrawn' from the labour market with even small increases in household income⁹¹. As a result women's labour in India is seen as a still 'untapped' resource by the IMF, the World Bank and other international institutions. 'Make in India', extending existing policy under previous Congress-Party led governments, involves the promotion of India as a location for investment based on the availability of low cost, efficient, 'flexible', largely female labour. This translates into insecure, low-paid temporary jobs in which even India's limited remaining labour laws are consistently flouted⁹². Despite this, as elsewhere, this approach has been represented by the state, international institutions and corporates as unproblematically 'empowering' for women who are given the opportunity to fulfil their 'potential' beyond the confines of the home by entering the labour market. However, a recent study of the experiences of mainly Dalit young women migrant workers in Tamil Nadu's textile industry⁹³ showed how gender and caste based restrictions on mobility and interaction and other coercive and abusive practices are central to the operation of these factories, which supply European and US clothing brands. While practices such as the strict segregation of workers and the bans on going out and on cell phones are enforced in the name of 'culture' and providing 'reassurance' to parents that patriarchal restrictions relating to concepts such as 'family honour' will be maintained, they are also extremely effective for capital: as Kavita Krishnan writes,

by preventing women workers from interacting with other male workers or activists from outside, and discouraging socialization even among women workers on the factory floor, the women workers are very effectively prevented from even visualizing the possibility of unionizing. This suggests that rather than challenging gender norms, the expansion of this form of employment actually builds on and reinforces patriarchal gender values⁹⁴

It also gives an indication of the symbiotic relationship between the Hindu right, (with its violent so-called 'moral policing' of gender norms), on the one hand, and the neoliberal economic project on the other, which I suggest are not only compatible but interdependent in contemporary India⁹⁵.

The labour of rural women from low income households is also being mobilized through the expansion and deepening financialisation of microfinance and Self-Help Groups (SHGs)⁹⁶ and through the recruitment of women as unpaid volunteers (receiving an 'honorarium' rather than a wage) in state schemes for social provision – notably ASHA (Accredited Social Health Activist) Anganwadi (childcare centre) and school Mid-Day Meal schemes. ASHA workers are in fact among those who are expected to recruit women for sterilisation as part of their tasks. In one of several labour struggles currently taking place among this section of workers, Mid-Day Meal workers in Bihar are organising to demand the rights of state employees, and an end to day-to-day abuses in the workplace. In articulating their demands, they make it clear that sexual and other forms of violence at the intersection of gender, caste and class, which

many of the women workers experienced earlier as agricultural labourers, has remained central to their exploitation in these new forms of labour.

The population control initiatives of the Indian state can also be understood in terms of dispossession and displacement of populations through corporate takeover of land and destruction of livelihoods. The mineral-rich BJP-ruled state of Chhattisgarh, where the sterilization camp deaths took place in November 2014, illustrates this. Not only is it one of the poorest states, with abysmal health care provision, but in the last decade and a half the region has seen the influx of transnational mining corporations, and security forces to clear the way for them. This has resulted in the appropriation of agricultural land, the uprooting of entire villages, and the displacement of thousands of Adivasi (indigenous) people⁹⁷. State paramilitaries and armed vigilante groups, among them the relaunched 'Salwa Judum' set up with initial funding from steel companies Tata and Essar⁹⁸, have played a key role in this displacement. Women and girls have been targeted for appalling sexual violence at the hands of the police and paramilitaries⁹⁹. The most widely known case, that of activist Soni Sori, who was targeted for exposing police atrocities¹⁰⁰, is one of many. It is within this framework, in which poor Adivasi and Dalit women, their bodies and their livelihoods are perceived primarily as an obstacle to development, that the intensification of population control violence against these women can be located. The felicitation of doctors who perform unsafe and abusive mass-scale sterilizations as heroes of development disturbingly echoes the medals for 'gallantry' which was awarded to Ankit Garg, the Chhattisgarh police superintendent who supervised the torture of Soni Sori and SRP Kalluri, the Inspector General of Police who is accused of the rape of an Adivasi woman, Ledha Bai, in 2007 and is responsible for ordering the rape and torture of Adivasi women on a mass scale as part of a wider ongoing campaign of terror in the name of anti-insurgency¹⁰¹.

The intensification of the violence of population control, the increasing mobilisation of gendered precarious labour for global capital, and the escalation of corporate land-grab, dispossession and displacement since the Hindu right's ascendance to power and the formation of the Modi government in May 2014 can all be understood as the marked deepening and widening of processes already underway. However, the pervasiveness of Hindu supremacist ideology in public discourse in India under the current regime, and in particular its repeated mobilization of the trope of higher population growth among India's Muslim minority in relation to the Hindu majority¹⁰² and its continuous incitement to genocidal gendered violence against women belonging to minority communities, is creating a particularly hospitable climate for the globally dominant approach to population control, within which, as we have seen, Margaret Sanger's notorious definition of birth control as 'more children from the fit, less from the unfit' continues to reverberate¹⁰³.

Reproductive Justice – contested understandings

In the contexts we have discussed, it is evident how a discourse of reproductive rights and choices within which population policies are increasingly framed, can serve to obscure the acute violence such policies entail, and to invisibilise the structural inequalities of power and resources which makes this violence possible. Given this, many feminist and reproductive health activists in India and elsewhere have adopted instead the demand for reproductive justice.

Whereas the reproductive rights approach claims to grant choices to individuals within a neoliberal framework which remains unquestioned, the demand for reproductive justice makes visible the broader structural forces – economic, political and social which deny women control over their bodies and over wider processes of reproduction. The concept of reproductive justice originally emerged from the struggles of women of colour and indigenous women in response to racialised experiences such as those of forcible sterilization and coercive promotion of unsafe contraceptives in the US. It reflected their experiences of marginalization in mainstream reproductive rights organizations which focused exclusively on abortion rights¹⁰⁴. Reproductive justice ‘represents a shift for women advocating for control of their bodies, from a narrower focus on legal access and individual choice (the focus of mainstream organizations) to a broader analysis of racial, economic, cultural, and structural constraints’¹⁰⁵. This broader analysis potentially encompasses the role of corporate capital which itself adopts the rhetoric of reproductive rights, and has been extended to for example, the violation of the right to parent children in safe and healthy environments, leading to the mobilization of notions of reproductive justice in the context of sustained police violence against African-American children and young people¹⁰⁶. However, this notion too is currently a focus of contested understandings and appropriations, both in the US context where mainstream feminist organizations have adopted the term while continuing to limit their work to legal advocacy around abortion rights¹⁰⁷ and in the context of development institutions. For example a discourse which combines ‘reproductive rights’ with ‘social justice’ is now being used by the United Nations Population Fund (UNFPA) in relation to what are referred to as ‘cultural practices’ such as child marriage, and devoid of any recognition of wider local, national and global structures of power. To explore the full potential of the concept of reproductive justice we need to engage not only with gendered relations of power in households and communities, but also with the complex of local, national and global forces which as we have suggested, combine with them to render certain kinds of violence against certain groups of people invisible, insignificant or even desirable. This also implies locating struggles for reproductive justice in the context of other forms of ongoing resistance to neoliberal dispossession. In turn, questions of reproductive justice need to be incorporated as a central element in our understandings of corporate land appropriation, destruction of livelihoods and the environment, occupation and militarization, and the intensified exploitation of gendered and racialised labour in multiple contexts.

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