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Introduction

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Introduction

Cassia Roth and Diana Paton

Abstract: The Introduction provides an historiographical essay on the history of fertility control, connecting scholarship to current events and introducing and connecting the various articles of the issue through the concept of ‘control’.

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Across the globe, women have always controlled their fertility through intimate efforts ultimately tied to larger political processes and gendered power dynamics. Women's biological reproductive capabilities have been contested sites of power struggles, shaping the formation, rule, and dissolution of nation-states and political regimes throughout history.¹ From the concept of *partus sequitur ventrum*, in which slavery was passed on through the mother's womb, to settler colonial projects that supported "desirable" reproduction while restricting "undesirable" migration in Australia and the United States, to abortion as the most common form of birth control in some communist regimes, the politics of the state have played out on the bodies of women.² Yet the intersection of larger political, economic, and social processes with women's intimate and embodied experience of fertility control remains understudied in the historical literature. This special issue places the intimate experience of fertility control at the heart of political and social approaches toward women's bodies.

'Intimate Politics: Fertility Control in a Global Historical Perspective' explores these questions from the perspective of multiple time periods, geographic locations, actors, and methods. Articles analyze how women's individual or social practices of fertility control, including contraception, abortion, and infanticide, alongside methods for achieving and sustaining pregnancy and birth, intersected with larger political, economic, and cultural trends. Others problematize the ideas of 'control' and 'agency' in the history of reproduction. What did it mean to 'control one's fertility' in different historical periods and geographical regions? How did historical actors understand and practice what we now call fertility control? How can we expand conventional definitions of fertility control to interrogate ideas of infertility, menstruation, and heteronormativity? Contributors also highlight how race, ethnicity, and class intersect with gender to shape if, and how, women and men approached fertility control.

Understanding these historical precedents is crucial in the face of the recent, ongoing global resurgence of authoritarian, nationalist, and pro-capital political movements among which women’s ability to control their fertility—particularly access to abortion—has been a hotly contested political issue. In the last decade, for example, right-wing governments in Poland and Turkey have targeted abortion law as part of a broader politics promoting traditional male authority within the family and limiting women’s freedom.³ This politics connects to a base, often religiously motivated, that seeks to reverse social changes in gender roles for which women’s ability to control their fertility is both a cause and a symbol. In the United States, a religiously based “fetal rights” movement, buoyed by technological advances, has slowly recriminalized abortion in certain regions of the country.⁴ The elevation of the fetus over the mother goes beyond abortion, however, and the criminal justice system has begun interpreting involuntary pregnancy losses as possible crimes.⁵ Women living in Alabama, then, face a reproductive regime more similar to that of El Salvador, where both women and physicians face lengthy prison sentences for accessing or performing abortions, than to that of California, where abortion remains, in relative terms, accessible.⁶ Nevertheless, not all right-wing populist governments have followed the same path. The Russian Federation, for example, has retained a politics inherited from the Soviet Union of relatively easy access to abortion and contraception, despite campaigns from the Orthodox church to restrict abortion provisions.⁷

The left has in many places mobilized to combat right-wing crackdowns on abortion access. Large demonstrations took place in Turkey in 2012 against proposed restrictions on abortion, and in 2016 public opposition to proposals for a complete ban on abortion in Poland were a broader rallying point for opposition to the far-right Law and Justice Party government. The ‘Black Protests’ across Poland, dominated by women, successfully led to the withdrawal of

the proposed law, shifted public opinion in favor of abortion access and catalyzed broader opposition to the government's authoritarian measures.⁸ Alongside defensive actions like these, there have been important proactive mobilizations in countries with longstanding restrictive laws on abortion. In 2018, Irish feminists won a referendum to repeal the country's constitutional prohibition on abortion.⁹ Meanwhile, abortion on demand in the first trimester is now legal in Mexico City and Oaxaca state and in Uruguay.¹⁰ Argentina now has a growing campaign for the decriminalization of abortion.¹¹

Such important developments are only the most visible aspects of a broader world in which control of fertility is frequently contested. The availability of all aspects of sexual and reproductive healthcare, including safe termination of pregnancy, is interwoven with broader issues of inequality and of availability of welfare services—an apparently more mundane but critically important factor influencing women's lives.¹² Indeed, more recent political efforts to organize around the concept of reproductive justice demonstrate the importance of placing fertility control within its larger, multifaceted context. When a group of Black feminists came together in the mid-1990s in Chicago, they critiqued the white-dominated reproductive rights movement in the U.S. for disassociating abortion from all other issues. They argued that the right to *have* children was as important as the right to *not* have children, and that all families should be able to raise children in safe and humane environments.¹³

In some places, conflict has revolved around state interventions to prevent childbearing rather than on restriction of contraceptive and abortive technologies. Such struggles in Africa, Asia, and Latin America address the legacy of concern about 'overpopulation' that dominated the international politics of development in the 1960s and 1970s. The Chinese state's interventionist population policies, beginning significantly before the introduction of the one-

child policy in 1979 and continuing after its relaxation in 2016, have targeted women's bodies, through compulsory use of IUDs, pregnancy testing, and forced abortion.¹⁴ Its current policy toward the Uighur ethnic minority population includes forced sterilizations.¹⁵ In India, state-led efforts to persuade women to have fewer children continue to be an important part of public policy, despite the discrediting of 'population control' in the aftermath of forced sterilization scandals in the 1970s.¹⁶ A new discourse of 'voluntary family planning' elides the impossibility of 'choice' in contexts of extreme poverty and inequality. Increasingly, Hindu nationalist politicians and activists target such efforts on Muslim and Dalit women, whose reproductive activity they perceive as a hindrance to the country's development or a threat to Hindu dominance.¹⁷

Understanding the similarities and differences in the contemporary global politics of reproductive justice requires an awareness of historical patterns. 'Intimate Politics' explores some of the historical contexts from which current conflicts and practices relating to fertility have developed. Articles demonstrate, for instance, that today's pattern of contested control of women's bodies is hardly new. Authors point to an earlier moment of confluence in the late nineteenth and early twentieth centuries in which self-consciously modernizing states including Japan and Mexico collectively increased legislative restrictions on women's access to abortion as part of elite political efforts to establish their nations' status as civilized in the context of high imperialism. Within the European empires at this time, states also attempted to impose policy and practices across colonies. Under British imperial rule, laws restricting abortion and infanticide, like those outlawing sexual intimacy between men, were exported across the Empire, creating greater uniformity than had previously existed.

Nevertheless, specific formations of class, gender, race, and region have produced diverse outcomes. Although the articles do not attempt to provide a complete global history of every time and place, the range of locations—Mexico, Brazil, and British Guiana in the Americas; Ireland and Spain in Europe; Japan, China, and India in Asia; along with ancient Rome—allows us to sketch the outlines of a more global history of the politics of fertility control than we have thus far had available. We see similarities despite contrasting religious and political contexts. And there are differences within regions and countries.

Definitions

Reproduction—in all its biological and social aspects—has long been the site of scholarly analysis.¹⁸ Women’s efforts to deliver children in humane conditions; the discourse and practice of motherhood; medicine and biopower; these are all topics that take a wide lens to examine reproductive politics. Reproduction itself is a broad term encompassing the biological, generational, and social: the first, the bearing of children; the second, the rearing of children; and the third, the reproductive labor of cooking, cleaning, and companionship that often exclusively falls on women.¹⁹

In this issue, we are interested in a certain aspect of biological reproduction—fertility control, in both its negative and positive connotations. Our contributors take a broad approach to the term. Although the practice of abortion and its regulation by church, state, and family is an important theme, we emphasize that fertility control entails much more than the deliberate ending of pregnancy. As Rebecca Flemming argues for ancient Rome, for most of history and in most societies, the maintenance and expansion of lineages and families has been a more pressing concern than the restriction of reproduction. Studying fertility control in Rome entails

investigating measures designed to increase the size of families or at least of available heirs, such as the adoption of adults. We should think of fertility control as involving the positive methods—physiological, spiritual, material, technological—that women have used to achieve and sustain pregnancy and childbirth and to maintain the life of infants. Scholarship on infertility in history, for example, points to the necessity to expand our historical definition of fertility control while still locating it in specific times and places.²⁰ Involuntary pregnancy losses further complicate the definition of ‘control’.²¹ Studies of international adoption, surrogacy, and IVF highlight how the ‘positive’ aspects of fertility control (in the sense of providing means and methods to *have* children) go beyond any one woman’s reproductive body to encompass global movements of people and even biological material.²² LGBT+ individuals’ and families’ decades-long global efforts to push for civil rights, in addition to new technologies, has challenged the heteronormative framework that surrounds reproduction in some national contexts.²³ But what can be ‘positive’ (in the sense of good) for one woman can be ‘negative’ for another. Adoption and foster care within national contexts demonstrate this two-sided definition and underscore the importance of social and cultural forces that create situations in which some families ‘lose’ or ‘give away’ their children.²⁴

State policies designed to expand populations have, since at least the early modern period, necessarily involved intervention in people’s intimate lives. One of the most extreme form of this practice took place in Romania in the 1960s and 1970s, where abortion was prohibited, and women were routinely subject to pregnancy testing in the workplace.²⁵ But variants of pronatalist interventions can also be found across modern Europe, at certain moments in the European-dominated slave societies of the Americas, and the positivist eugenics programs in Latin America that sought to encourage white women to reproduce.²⁶

By fertility control we also mean methods taken to restrict fertility, again taking a broad approach. As with their positive counterparts, some of these measures were coercive, and the product of state policy. Alongside and deeply intertwined with pronatalist programs have been modern state efforts to restrict reproduction by groups deemed less desirable, usually due to race or disability, definitions that intersected with one another.²⁷ Thus, in the United States in the early twentieth century, tens of thousands of women deemed ‘feeble minded’ were surgically sterilized without giving meaningful consent.²⁸ Germany in the early Nazi era forcibly sterilized hundreds of thousands of women, largely those in institutions for people with mental illness or disabilities.²⁹ While its association with Nazism and the Holocaust brought eugenics into disrepute in the post-World War II period, less directly coercive state-sponsored efforts to restrict fertility continued.³⁰ And many political regimes have swung between anti- and pronatalism. Communist states allowed abortion on-demand and then outlawed it outright, depending upon the population priorities of the government in any given period.³¹

But individuals have also sought to control their fertility—in the negative sense of preventing pregnancy or ending it. This issue looks at various ways aspects of this, from contraception to infant exposure. Abortion is the most prominent method that comes to the fore, as Ling Ma, Juanita de Barros, and Elizabeth O’Brien show. In the post-World War Two era, Laura Kelly’s article on Ireland and Aiko Takeuchi-Demirci’s on Japan investigate contraceptive techniques including the contraceptive pill. Infanticide as a form of fertility control is discussed in Daniel Grey’s article on India, Cassia Roth’s on Brazil, and Nazanin Sullivan’s on Spain, while Rebecca Flemming addresses the exposure of infants in ancient Rome, who were then sometimes brought up as foundlings and were often enslaved. In many contexts, the analytic separation of infanticide, abortion, and contraception is unhelpful—all are means by which

people have attempted to limit procreation, while single categories like infanticide and abortion contain widely disparate activities and different actors define them (or confuse them) in different ways. Abortion, for instance, can mean both a medical abortion via pharmaceuticals, and a surgical abortion, itself encompassing a range of possible procedures. And abortion is not just a medical procedure. As Juanita de Barros reminds us, in many historical (and contemporary) contexts, ‘abortion was at once a means of birth control and a crime’.

Moreover, definitions of fertility control have not been static over time. Elizabeth O’Brien highlights how obstetricians in nineteenth-century Mexico negotiated both Catholic and positivist ideologies within their own practice, renaming certain abortion procedures and thus legitimizing their use in certain medical situations. An ‘artificial preterm birth’ was an acceptable medical procedure; after all, in name, it was not an abortion. Abortion, according to O’Brien, ‘is an unstable category’, which requires us to look closely at local contexts. This issue bases its analysis in time and place, but the articles, when read together, show a broader narrative of change taking place across regions, political regimes, and historical periods.

Across Time, Space, and Spheres of Influence

‘Intimate Politics’, by exploring fertility control across geography and time and as a practice that *moves* across geography and time, questions the East/West divide that often structures the history of gender and reproduction. For instance, this issue challenges the idea that China and India, with long histories of sex-selective abortion and infanticide practices, have opposite historical trajectories to those of Europe or the Americas.³² Our contributors demonstrate that the criminalization of abortion in the West and the ‘Rest’ is a more intertwined process with similar characteristics that play out within local and national contexts. Moreover,

this issue's exploration of fertility control from different scales (both geographic and temporal) and spheres of influence challenges the dominant narrative in western historiography that juxtaposes women's choice and individual freedoms with state intervention as the best lens with which to approach fertility control, and abortion in particular.³³ We see the importance of family and community in the United States and Brazil, and individual women's actions in China and India.

Scholars have explored the history of the transnational politics of reproduction and fertility control from a global lens, looking at the intersection of international politics and policy and scientific innovations.³⁴ During the Cold War, the United States exported birth control methods to Asia and Latin America in the name of 'women's rights', although what women wanted was never prioritized in on-the-ground policies.³⁵ This issue builds on these discussions with a global conversation that privileges the intimate.³⁶ We draw on historians of gender and sexuality's long-established idea that the politics of the state are connected to the politics of the private sphere, and vice versa, in order to consider the political in a way that is not primarily about international or national policy. Instead, we focus on how local, national, and global forces related to fertility control played out in the intimate sphere, and how the politics of intimate life could, in turn, affect local, national, and global developments.

The issue is not simply a demonstration of the history of fertility control in different contexts. When read together, the articles highlight striking continuities. Cassia Roth and Ling Ma, for example, show how patriarchal family structures in late nineteenth- and early twentieth-century Brazil and China created similar experiences for women in which infanticide or abortion resulted not from women's efforts to avoid having children per se, but rather of familial decisions meant to cover up sexual misconduct. Aiko Takeuchi-Demirci illustrates the connected

nature of western and eastern definitions of contraception, and how information traveled back and forth, changing those definitions in the process. The politics of imperialism also shows how both state restrictions on and women's practices of fertility control were a mixture of imperial policy and local context. In early twentieth-century British Guiana, the criminalization of abortion and pronatalist efforts to combat infant mortality both came from Great Britain and were shaped by Guianese factors. Colonial officials in British India used infanticide as a way to justify their imposition of "civilized" rule even though Indian and British infanticide trends mirrored each other. And even when colonialism was not an explicit political structure, imperial flows of knowledge influenced how fertility control was historically defined and criminalized.

Who is in Control?

Perhaps one of the reasons these distinct histories still demonstrate striking similarities is that women have always tried to control their fertility—and these individual actions exist within larger structures whose goals can coincide with or contradict what women want.³⁷ Because control is a driving framework, it is worth exploring who was in control (as the title of Aiko Takeuchi-Demirci's article asks), and what control means in any given context. Who are the actors in histories of fertility control? What are the different roles they inhabit in different spaces—the family home, the community, the nation? What are the factors that shape their motivations?

Fertility control is regulated within various spheres of influence—legal, medical, familial, religious, personal. These spheres could be local, national, or international in scope. For example, advances in medicine in the first half of the twentieth century made abortion safe and created the contraceptive pill, procedures and medicine that flowed across or were stopped at

borders. Legal codes criminalizing abortion could be state or national, often influenced by foreign law. Religious doctrine coming from the Vatican intersected with religious leaders' positions within specific countries, and men and women's own individual religiosity and practices of faith.

One of the most obvious aspects of control is the legal domain, as laws criminalizing abortion, infanticide, and contraception 'controlled' these practices. This issue highlights the need not only to understand legal changes over time but also how those changes were (or were not) implemented on the ground, and how practice could both parallel or diverge from doctrine and theory. Legislation could have unintended consequences, giving more 'control' to women than lawmakers had intended. Chinese abortion law, for example, by rewriting legislation from a broad offshoot of sexual crime to a specific reproductive offense actually created, according to Ma, 'a protective and liberating potential for [some] women' who faced familial pressure to undergo a forced abortion. In turn-of-the-twentieth-century Brazil, Roth uncovers how legal practitioners combined the crimes with others related to sexual abuse, most strikingly incest, to prosecute men. Daniel Grey shows how colonial officials' inability to see similarities in infanticide practices in Britain and British India hindered the passage of comprehensive laws in its Indian colony related to the practice.

The legal profession, however, did not operate independently of other realms with stakes to claim over fertility control, including the medical profession.³⁸ The articles demonstrate the interconnected nature of law and medicine in relation to fertility control, and how the medical practices of some physicians shaped how legal tenets played out on the ground. For the modern world, historians have elucidated how mainly male physicians used, in various regions, the terrain of sex and reproduction to solidify both their individual medical practice and the

profession as a whole, often, although not exclusively, to the detriment of women practitioners such as midwives.³⁹ For its part, abortion became a moral issue against which professional associations organized in the formation of their own corporate identities.⁴⁰

The intersection of medicine and religion also demonstrates the need to address the medical history of fertility control through multiple lenses of analysis. A religiously based ban on contraception in the Irish context gave power to individual doctors. As Laura Kelly argues, ‘women’s access to the contraceptive pill relied on the support of a sympathetic doctor who would prescribe it’. Irish physicians redefined why they were prescribing the pill, legitimizing it within a restrictive context. A similar process of redefinition occurred in nineteenth-century Mexico, where physicians practiced what O’Brien has termed ‘Catholic abortions’, in which they renamed specific surgical abortions in the nineteenth century to make it ‘compatible with religious ideologies’. Moreover, women’s individual religious beliefs and differing levels of religiosity shaped how they approached their medical decisions.

The Mexican need to rename abortion with a more neutral term and the Irish practice of prescribing contraception for ‘alternative’ purposes demonstrate the strength of institutional religious restrictions in the realm of reproduction. In early modern Spain, Nazanin Sullivan argues that women charged with infanticide used rhetoric that emphasized their public piety and dedication to Christian sacraments to ‘deflect culpability’ from the crimes of ‘sinful’ sex and infanticide. As Sullivan contends, ‘the accused’s performative adherence to religious precepts assuaged fears that she fomented social disorder’. Into the modern era, Papal encyclicals including *Apostolicae sedis* (1869), which declared life beginning at the moment of conception and decreed excommunication for all abortions, regardless of trimester; *Casti connubii* (1930), which banned contraception and reaffirmed the Church’s complete prohibition on abortion; and

Humanae vitae (1968), which banned artificial contraception, clearly constrained women's fertility choices in Catholic countries.⁴¹ Articles including Sullivan's, O'Brien's and Kelly's demonstrate how religious doctrine coming from the Vatican and local church officials were both central forces in women's reproductive lives and shaped and changed by local factors. And, of course, Christianity was not the only, or even most influential, religion in shaping reproductive practices. Jewish and Muslim women, men, and authorities have engaged in and battled over these same issues.⁴²

Although religious, medical, and state authorities loom large, family and broader kinship networks have also played important roles. The politics of fertility control often involves the micropolitics of everyday life. Repeatedly, the studies included here demonstrate the importance of power relations among family members, organized along gendered and generational lines, revealed most prominently in coerced abortion or infanticide. As Ma, Roth, and de Barros reveal, the wishes of parents and in-laws have often constrained younger women's choices. Frequently, mothers, wary of the risks to their daughters' and their own family's reputation of pregnancy in contexts outside marriage and particularly through adultery, pressured daughters to terminate pregnancies. These situations reveal the intersections of gendered and generational power. Women's increasing authority as they age has, in many situations, been made possible only because their greater power depended on them ensuring that younger women comply with patriarchal norms and constraints.

Across the societies discussed in this book, and others too, contestations over fertility control cannot be divorced from patriarchal power relations. The concept of patriarchy is sometimes critiqued as static or universalizing, for assuming too much continuity over time and place and lacking attention to the intersections of and mutually constituted nature of power

relations in specific societies. Yet as the work of feminist theorists such as Sylvia Walby, bell hooks, and Wendy Brown, and historians such as Linda Gordon, Susan Besse, and Kathleen Brown reminds us, patriarchal systems have been remarkably flexible and able to absorb change.⁴³ Fertility, at the level of populations and of individual women, has always been a locus of conflict and struggle. Women's efforts to control when and in what circumstances they reproduce have often challenged patriarchal power in the family, from religious authorities, state power, and in the labor field. Different women's location in racial and class terms have structured their ability to contest these restrictions on their reproductive lives and have also influenced responses to women's actions. The articles that follow reveal some of the complex and shifting relationships among patriarchal hierarchies and other forms of power, across time and place. Cassia Roth, for example, explores the violent and contested terrain of the Brazilian patriarchal family in periods of political transition. The Brazilian judicial system used fertility control legislation to prosecute men for sexual crimes such as incest. Yet state intervention neither removed women from abusive familial situations nor erased the overarching patriarchal structures that governed women's lives.

Rethinking Women's Constrained Choices

Religious authorities, state bureaucrats, and family members all constrained (and at times helped) women's ability to manage their fertility.⁴⁴ But the imbalanced power dynamics of the past have left behind distorted records for us to work with today—for example, a criminal case that doesn't include the words of the woman who died from a botched abortion or medical treatises written by a man and for a male audience. So how do we explore women's actions, so often mediated through other voices, in relation to their fertility? Beyond actions, how do we

analyze their desires or wishes in relation to their reproductive bodies? Is our present understanding of ‘reproductive rights’ and ‘choice’ sufficient or even accurate as a lens of analysis into the past? In this issue, Ling Ma’s discussion of forced abortion in China demonstrates that the idea of ‘abortion as a woman’s right’ is historically and geographically contingent. Aiko Takeuchi-Demirci’s discusses how birth control advocates in Japan gradually adopted eugenic understandings of contraception to gain legitimacy for their movement in the face of conservative backlash. Is ‘childbirth adjustment’ the same as ‘childbirth limitation’? In the end, this changing rhetoric excluded women’s voices.

More recently, historiography has emphasized the need for histories to center women’s embodied experiences of reproduction.⁴⁵ For the history of fertility control in the twentieth century, oral histories have been one of the most effective methods to focus on women.⁴⁶ But as the articles in this volume show, other sources and methods can foreground lived reality. Laura Kelly convincingly argues that the ‘voices and experiences of “ordinary” women’ in Irish popular women’s magazines, in the forms of letters to advice columns, highlight ‘the plight of Irish women’s lived realities [under a contraception ban] for a wide audience’. For instance, Juanita de Barros reads the newspaper coverage of an abortion trial in turn-of-the-century British Guiana ‘against the grain’ to understand how Livia Grosvenor, the woman who underwent the procedure, ‘determined the legal responses to abortion’. Although she initially sought to cover up her out-of-wedlock pregnancy, once the secret became public knowledge she willingly showed up in court. The trial then, gave Grosvenor ‘a chance to recover her reputation’. Our contributors also uncover networks of information through which women gained access to crucial knowledge and services related to fertility control. An Irish woman’s magazine debates the contraception

ban, and, in doing so, becomes ‘a valuable source of information on family planning’ during a restrictive period.

Through all these examples, and others, the historical case studies gathered here suggest new analytic and methodological approaches for understanding the connections between the intimate and the political. They reveal the variety of constraints under which women have acted, often in alliance of familial, religious, and state authorities. And they reveal the frequency with which such authorities used reproductive control as a means to exercise power in other aspects of life. Control of reproduction was across the range of societies studied here an intensely gendered phenomenon, one that helped to establish and to perpetuate men’s power over women, but was also and always also intertwined with relationships of power along lines of race, class, global region, and generation. The articles that follow map some of the specificities and complexities of how this was so.

¹ For example, Nicole C. Bourbonnais, *Birth Control in the Decolonizing Caribbean: Reproductive Politics and Practice on Four Islands, 1930–1970* (Cambridge: Cambridge University Press, 2016); Laura Briggs, *How all Politics Became Reproductive Politics: From Welfare Reform to Foreclosure to Trump* (Berkeley: University of California Press, 2017); Juanita de Barros, *Reproducing the British Caribbean: Sex, Gender, and Population Politics after Slavery* (Chapel Hill: University of North Carolina Press, 2014); Alexandra Halkias, *The Empty Cradle of Democracy: Sex, Abortion, and Nationalism in Modern Greece* (Durham: Duke University Press, 2004); Nora E. Jaffary, *Reproduction and its Discontents in Mexico: Childbirth and Contraception from 1750 to 1905* (Chapel Hill: University of North Carolina Press, 2016); Susanne M. Klausen, *Abortion Under Apartheid: Nationalism, Sexuality, and Women’s Reproductive Rights in South Africa* (New York: Oxford University Press, 2015); Susan E. Klepp, *Revolutionary Conceptions: Women, Fertility, and Family Limitation in America, 1760–1820* (Chapel Hill: University of North Carolina Press, 2009).

² Danièle Bélanger and Andrea Flynn, ‘The Persistence of Induced Abortion in Cuba: Exploring the Notion of an “Abortion Culture”,’ *Studies in Family Planning* 40, no. 1 (2009): 13–26; Margaret D. Jacobs, *White Mothers to a Dark Race: Settler Colonialism, Maternalism, and the Removal of Indigenous Children in the American West and Australia, 1880–1940* (Lincoln: University of Nebraska Press, 2009); Jennifer L. Morgan, ‘Partus sequitur ventrem: Law, Race, and Reproduction in Colonial Slavery’, *Small Axe* 55 (March 2018): 1–17; Brianna Theobald, *Reproduction on the Reservation: Pregnancy, Childbirth, and Colonialism in the Long Twentieth Century* (Chapel Hill: University of North Carolina Press, 2019).

³ Burcu Karakas, ‘Turkey’s Women Face Dangerous Conditions to Obtain Legal Abortion’, *DW*, 27 January 2019, <https://www.dw.com/en/turkeys-women-face-dangerous-conditions-to-obtain-legal-abortion/a-47257680>; Madeline

Roache, ‘Poland Is Trying to Make Abortion Dangerous, Illegal, and Impossible’, *Foreign Policy*, 8 January 2019, <https://foreignpolicy.com/2019/01/08/poland-is-trying-to-make-abortion-dangerous-illegal-and-impossible/>.

⁴ On fetal rights, see Sara Dubow, *Ourselves Unborn: A History of the Fetus in Modern America* (New York: Oxford University Press, 2011); Lynn Morgan, *Icons of Life: A Cultural History of Human Embryos* (Berkeley: University of California Press, 2009); Rachel Roth, *Making Women Pay: The Hidden Cost of Fetal Rights* (Ithaca: Cornell University Press, 2000). On technological advances and changing perceptions of the fetus, see Ilana Löwy, *Imperfect Pregnancies: A History of Birth Defects and Prenatal Diagnosis* (Baltimore: Johns Hopkins University Press, 2017); Löwy, *Tangled Diagnoses: Prenatal Testing, Women, and Risk* (Chicago: University of Chicago Press, 2018); Rayna Rapp, *Testing Women, Testing the Fetus: The Social Impact of Amniocentesis in America* (New York: Routledge, 1999); Janelle S. Taylor, *The Public Life of the Fetal Sonogram: Technology, Consumption, and the Politics of Reproduction* (New Brunswick: Rutgers University Press, 2008). On cultural understandings of pregnancy, see Emily Martin, *The Woman in the Body: A Cultural Analysis of Reproduction*, rev. ed. (Boston: Beacon Press, 2001).

⁵ Lynne M. Paltrow and Jeanne Flavin, ‘Arrests of and Forced Interventions on Pregnant Women in the United States, 1973–2005: Implications for Women’s Legal Status and Public Health’, *Journal of Health Politics, Policy and Law* 38, no. 2 (2013): 299–343.

⁶ Quoctrung Bui, Claire Cain Miller, and Margot Sanger-Katz, ‘Where *Roe v. Wade* Has the Biggest Effect’, *New York Times*, 18 July 2019, <https://www.nytimes.com/interactive/2019/07/18/upshot/roe-v-wade-abortion-maps-planned-parenthood.html>; Siobhán O’Grady, ‘Alabama’s New Plan to Ban Abortion Could Jail Doctors. In Some Countries, Laws Already Do’, *Washington Post*, 15 May 2019, <https://www.washingtonpost.com/world/2019/05/15/alabamas-new-abortion-ban-could-jail-doctors-some-countries-laws-already-do/?noredirect=on>.

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