



# Population Studies

## A Journal of Demography

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/rpst20>

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To cite this article: Rishita Nandagiri (2021) What's so troubling about 'voluntary' family planning anyway? A feminist perspective, *Population Studies*, 75:sup1, 221-234, DOI: [10.1080/00324728.2021.1996623](https://doi.org/10.1080/00324728.2021.1996623)

To link to this article: <https://doi.org/10.1080/00324728.2021.1996623>



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Published online: 13 Dec 2021.



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*Review Article*

# What's so troubling about 'voluntary' family planning anyway? A feminist perspective

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*Voluntary family planning is a key mainstay of demographic work and population policies. The 1994 International Conference on Population and Development (ICPD) signalled a decisive shift away from fertility reduction and target-setting to an emphasis on voluntary family planning as intrinsic to reproductive health and women's empowerment. Yet, criticisms of voluntary family planning programmes persist, interrogating how 'voluntariness' is understood and wielded or questioning the instrumentalization of women's fertilities in the service of economic and developmental goals. In this paper, I reflect on these debates with the aim of troubling the notion of voluntary family planning as an unambiguous good that enables equitable empowerment and development for all. Drawing on literature from cognate disciplines, I highlight how voluntariness is linked to social and structural conditions, and I challenge the instrumentalization of voluntary family planning as a 'common agenda' to solve 'development' problems. Engaging with this work can contribute to key concepts (e.g. 'voluntary') and measurements (e.g. autonomy), strengthening the collective commitment to achieving the ICPD and contributing to reproductive empowerment and autonomy. Through this intervention, I aim to help demographers see why some critics call for a reconsideration of voluntary family planning and encourage a decoupling of interventions from fertility reduction aims, instead centring human rights, autonomy, and reproductive empowerment.*

**Keywords:** voluntary family planning; population policy; feminist demography; reproduction; ICPD

## Introduction

Voluntary family planning is a mainstay of population studies and demography, linked to key areas of enquiry including unwanted and unintended pregnancies, unmet need for family planning and modern contraception, and fertility variations, patterns, and preferences, among others. The effects of voluntary family planning on women's empowerment and overall development, economic growth, and health and well-being are also of interest, and so multidisciplinary perspectives have contributed to its understandings and approaches. Decisions about the use of family planning, the choice of method, and the consistency of its use are not based simply on the preferences of the individual or the couple. The emotions, meanings, and reasonings that inform decisions to adopt family planning are influenced

by several factors including the availability and accessibility of services, quality of care, social and gender norms, stigma, age, and the relationship between sexual partners. As family planning is situated within broader socio-economic, cultural, and political contexts, research on its (non-)use requires an explicit understanding of and contention with power and power dynamics (Greenhalgh 1990, 1995; Sen et al. 2020). In grappling with some of the complex dimensions and implications of family planning, demographers have conceptualized and forged important new methods of data collection, measurement, and evaluation, as well as analyses to offer evidence to shape and influence population policies and priorities globally (Sinding 2007).

Early proponents of modern family planning saw it as a means of fertility reduction that would usher in economic and social development in low- and

middle-income countries (LMICs) with high fertility rates. Largely drawing on Malthusian notions and theories, some of these efforts resulted in target-setting and/or incentivized programmes to control population growth. In some countries (e.g. India, China), explicitly coercive measures were used to meet these set targets (Sinding 2007). These programmes have been heavily criticized by feminist and development scholars and activists, for infringing on human rights and violating people's autonomies, in addition to overlooking the social conditions of people's lives. These Malthusian logics of fertility reduction as key to development progress persist, and they remain a point of tension with critics, particularly around the use of incentives or compensation within current voluntary family planning programmes (e.g. incentivizing sterilization; Bellows et al. 2015) or the setting of targets linked to contraceptive uptake (e.g. the Family Planning 2020 programme (FP2020)).

The 1994 International Conference on Population and Development (ICPD) signalled a decisive shift away from a focus on fertility reduction and target-setting to an emphasis on voluntary family planning as a part of a broader reproductive health and women's empowerment approach. It remains an important milestone in the campaign for reproductive rights. Despite concerns that the ICPD would dilute and weaken the focus on family planning (Presser 1997; Potts 2014) and fears of the effects of rapid population growth on economic development (Demeny 1994), demographers and population planners adopted the language of reproductive health and many ceased explicitly calling for set population targets (Farah 2005). Instead, demographic researchers made the case for *voluntary* family planning, linking it to improving maternal and child health; increasing the economic well-being of individuals, families, and communities; contributing to environmental sustainability; and increasing women's empowerment (Cleland et al. 2006; Glasier et al. 2006; Guillebaud 2016).

Yet, criticisms of voluntary family planning programmes persist, whether in interrogations of how 'voluntariness' is understood and wielded (Upadhyay et al. 2014; Wilson 2017b; Ouedraogo et al. 2020; Senderowicz 2020), challenges to the notion and role of 'planning' in family formation (Brunson 2016), or assertions of instrumentalizing women's fertilities in the service of economic and developmental goals (Greenhalgh 2007; Wilson 2017b; Hendrixson and Hartmann 2019; Bendix et al. 2020; Brunson 2020; Hendrixson et al. 2020).

Demography and population scholars have responded to these criticisms over the years.

Blake's 1972 essay on voluntarism (republished in Blake 1994) was prescient, arguing that viewing voluntarism and coercion as binary choices in population policies is deeply inadequate, as it overlooks how voluntary choices are shaped by social institutions and structures. Since then, a rich literature on autonomy and agency (Mumtaz and Salway 2009; Rahman 2012; Gomez et al. 2014; Upadhyay et al. 2014; Brandi et al. 2018; Potter et al. 2019; Loll et al. 2020; Senderowicz and Higgins 2020), quality of care (Bruce 1990; Population Council 2017; Benson et al. 2018; Jain and Hardee 2018; Satia and Chauhan 2018; Senderowicz et al. 2021), and rights-based family planning (Cottingham et al. 2012; Hardee, Kumar et al. 2014; Jacobson 2000) has shifted and deepened understandings of, approaches to, and applications of voluntariness in family planning programmes. Even so, critics continue to argue that the ICPD agenda and its promises of human-rights-centric approaches to reproduction remain unfinished and unfulfilled. Debates on population growth and family planning as a means of fertility reduction have resurfaced in light of the latest United Nations population projections (United Nations 2019), and concerns around the impact of population growth on the climate emergency abound (Bongaarts and O'Neill 2018; Bongaarts and Sitruk-Ware 2019; Ripple et al. 2019), once again resulting in renewed calls for population reduction through national-level population programmes.

The 75th anniversary issue of *Population Studies* is an apt moment to revisit and reflect on these debates and tensions around voluntariness. In this paper, I reflect on these debates with the aim of challenging the notion of voluntary family planning as an unambiguous good that enables equitable empowerment and development for all (Senderowicz 2020). Drawing on literature from cognate disciplines, I highlight how voluntariness is linked to social and structural conditions, and I challenge the instrumentalization of voluntary family planning as a 'common agenda' to solve 'development' problems.

Collectively, across the different approaches to and understandings of voluntary family planning, there is a commitment to ensure that women have access to a full range of reproductive options and can realize their reproductive goals and desires. Voluntary family planning, as part of a broader reproductive health and justice programme, can contribute to this. A secondary but related aim of proponents of voluntary family planning is to make progress on the ICPD goals, which have consistently been described as unfulfilled. To understand and measure progress towards these aims, capturing

accurate data through robust measurements and indicators is essential. Engaging with these interrogations of voluntariness can contribute to and expand our understandings of key concepts (e.g. fertility, unmet need) and measurements (e.g. how we measure autonomy or voluntariness in family planning), strengthening our collective commitment to achieving the aims of the ICPD and contributing to reproductive empowerment, autonomy, and justice.

### **Revisiting old debates: ICPD, voluntary family planning, and a common agenda?**

The ICPD emphasized 'voluntary family planning' as part of broader concerns around sexual and reproductive health and rights (SRHR), shifting away from population growth and control efforts through target-setting or coercive measures. The commitment to non-coercive and voluntary approaches at the ICPD came out of feminist and social movements' resistance to practices such as incentivizing sterilization acceptors (e.g. in Bangladesh), pressure to meet contraceptive targets (e.g. in Indonesia), or brutal forced sterilization campaigns (e.g. in India) (Sinding 2007). These groups challenged enduring Malthusian logics of fertility reduction as a precondition of development and poverty eradication, instead arguing that addressing structural and social barriers (e.g. trade tariffs, structural adjustment programmes, education) would alleviate poverty and progress development goals (Campbell 1998; Sen 1999). Viewed as a 'grand compromise' by feminists (Sen 2010, p. 143), SRHR came to encompass family planning as a key element of its conceptual and programmatic framework. The ICPD has since played a significant role in setting the international population agenda, including around the language of empowerment, human rights, and voluntary family planning as part of a broader SRHR agenda.

Reproductive health, understood as a precondition for empowerment and necessary for economic development, has been defined as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes' (UNFPA and Centre for Reproductive Rights 2013, p. 1). This includes not just the right to a safe and satisfying sexual life, but the right and ability to reproduce and the right to decide if, when, and how frequently to reproduce. The ICPD influenced subsequent global goals, including the Millennium Development Goals, the Sustainable Development Goals, and the recent

FP2020 programme (FP2020 2017; Zuccala and Horton 2018; Yamin, 2019).

Some population scholars and policymakers have criticized the ICPD for overlooking or deliberately sidestepping discussions on population and demographic concerns including population growth, migration, age structures, urbanization, and the environment. They voiced concerns that the reproductive health agenda could overshadow family planning and fertility control, diluting funding for programmes and research, in addition to distracting from a focus on fertility reduction and risking family planning programmes being pulled in different directions (Jain 1995; Presser 1997). Despite concerns from both camps, common ground between previously disparate positions was forged through a commitment to reducing unwanted fertility and improving access to modern contraceptive options. Empowering individuals would progress both goals through reducing unwanted pregnancy and child-bearing (Jain 1995). Viewing family planning as part of a common agenda of sustainable development links it to a win-win strategy of population reduction as climate mitigation while enabling empowerment, education, and better health outcomes (O'Neill 2000; Stephenson et al. 2010).

Within this common agenda, population reduction in LMICs remains a pressing concern, one that can be addressed through human-rights-affirming and voluntary family planning programmes. For instance, Bongaarts and O'Neill (2018, p. 652) view voluntary family planning initiatives in LMICs as 'potential climate policy levers' for accelerating fertility decline and reducing population pressures. Voluntary and non-coercive contraceptive uptake in LMICs is 'the most humane vehicle for achieving sustainable social and environmental justice' (Jensen and Creinin 2020, p. 146), as it affects women's empowerment (Herrmann 2014; Ganivet 2020) and education (Newman et al. 2014), as well as economic growth (Lawson and Spears 2018), political stability, and global security (Cassils 2003; Walker 2016).

The common agenda is a compelling and persuasive framework. The recently concluded FP2020 initiative, which is now transitioning to a new FP2030 partnership, saw governments, civil society organizations (including women's rights organizations), donors, academics, and the private sector working together to increase access to voluntary family planning. FP2020 set a goal of '120 by 20': to meet an unmet need for contraception services and supplies for an additional 120 million women and girls in 69 of the world's poorest countries by 2020.

The programme, grappling with operationalizing human rights within family planning, formed a Rights and Empowerment Working Group (REWG) that met during 2012–15. The REWG set out guiding principles that include taking a non-coercive, voluntary approach (FP2020 2017). These principles disavow population control, instead casting contraceptive provision targets as a tool for achieving reproductive rights and the common agenda (FP2020 2017). However, calls for SRHR advocates to overcome their ‘resistance to discussing “population”’ as part of a common agenda of development and rights suggest that differences in policy priorities and policy logics are far from resolved (Newman et al. 2014, p. 53).

### **A common agenda: A universal and ubiquitous good?**

Empowerment is a collective, agreed ambition and a necessary precondition for reproductive rights. Voluntary family planning access and use are inextricably linked with empowerment—as a concept and as a process (Prata et al. 2017). Despite the consistent disavowal of coercion and the reiterated commitment to human rights principles, why do these two pillars of the common agenda—empowerment and voluntary family planning programmes—continue to face criticism and resistance from feminist groups and collectives?

There are three main points within these criticisms. First, population and sustainable development are political projects that are experienced in deeply stratified and inequitable ways. Second, by focusing on individual behavioural change, the responsibility for current and future conditions (e.g. the climate emergency) is assumed to be held by women and couples instead of by global economic and governance structures. Linking increased contraceptive use to economic growth or climate change mitigation thus instrumentalizes their reproductive behaviours. Finally, resituating conceptualizations of voluntariness with attention to these issues of structure, politics, and power makes visible the constraints—direct and indirect—that shape it and can limit reproductive rights and freedoms.

#### *Population and sustainable development as political projects*

Family planning technologies and development programmes, rather than being neutral technical

interventions, are mired in power and function within conditions of structural and social inequality. A consideration of the conditions of family planning—its use and non-use—requires grappling with the politics of reproduction. It entails viewing family planning interventions as tied to and shaped by histories, perceptions, and experiences of eugenics, population control, and colonialism. While the more pernicious of these notions have been largely decried, many of them persist in the use of fertility norms in programmes to urge ‘responsible’ reproductive management (Bendix and Schultz 2018). Additionally, family planning interventions can be (and have been) used to realize (trans)national goals of the ideal reproductive subject. This, rather than engendering voluntary conditions, limits reproductive empowerment.

Feminist critics understand ‘population’ as embedded within racialized and gendered economic and political ideologies (Greenhalgh 2007; Wilson 2015, 2017a; Murphy 2017; Bendix et al. 2020; Brunson 2020; Hendrixson et al. 2020). By situating family planning and contraception within this politicized understanding of population, they dispute constructions of ‘voluntary’ and ‘non-coercive’ family planning or population policies as automatically benign interventions (Mazur 2010; Bendix and Schultz 2018) that promote choice and empowerment for all, instead locating them within the larger political, social, and economic conditions of women’s lives (Senderowicz 2019).

Development policies and interventions such as family planning are powerful and profoundly impact people, populations, and their societies. Yuval-Davis (1996) argues that national policies and ideologies (e.g. population and development policies) are linked to visions and expectations of womanhood, motherhood, community and nation, thus placing the responsibility for meeting and carrying out national/local goals on (non-)reproduction. These programmes and interventions are not implemented or felt in an equally empowering manner, but can be wielded, perceived, and experienced in violent and inequitable ways—sometimes unintentionally (Ciccia and Lombardo 2019). Population policies are formed within discourses and set standards of ‘appropriate’ or ‘modern’ forms of reproduction, which can elide individual desires in the service of standardized practices and forms (Ginsburg and Rapp 1995).

As such projects are implemented, measured, evaluated, and reproduced, they can give rise to uneasy relationships (tensions) between people’s individual desires and the stated goals of programme



delivery. For example, in low-fertility countries, policy goals may focus on incentivizing or encouraging childbearing (Kalwij 2010), while in high-fertility countries they may take the form of deliberately influencing behaviour to shift local social norms around reproduction (Schuler et al. 2011; Wegs et al. 2016). People's family planning choices and reproductive decisions are thus shaped by such political dynamics and institutions (Maternowska 2006).

Universalizing norms, such as the use of modern contraception to regulate fertility and encourage smaller families, becomes part of policy approaches and goals (Legg 2005). Such norms signal empowerment and emancipation, creating the notion of a 'modern reproductive subject' who behaves in ways that meet these set notions. Population policies, attempting to realize these modern reproductive subjects through programmes such as voluntary family planning, give rise to ideas of 'responsible' reproductive management: the proper spacing, timing, and number of children (Sasser 2018, p. 22). Those who deviate from these standards (e.g. a small family norm) are regarded (implicitly and explicitly) as irresponsible, a depiction that justifies interventions to discipline wayward reproductive subjects. This locates (ir)responsibility on the individual rather than focusing on the availability, accessibility, and related conditions that enable (dis)empowerment.

In the anthropological literature on reproduction, Krause and De Zordo (2012) demonstrate how women's uncontrolled and irrational fertility—evidenced by spacing, timing, or number of children—is seen as an individual failure that demonstrates their *lack* of modernity, which then requires and justifies family planning interventions. Women and couples are socially sanctioned for violating norms, which reinforces notions of irrational behaviours, while reiterating norms of responsible and rational reproduction (Krause and De Zordo 2012). It also underscores the individualization of the responsibility to meet normative standards.

Such discourses and ideologies that permeate policies are rarely applied to populations in a singular manner but are experienced in stratified ways. Gender and other power relations (e.g. race, class, age, caste, religion) shape access to and use of family planning and contraception. For example, Geronimus (2003, 2004) details how teenage African American mothers in the United States (US) are targets of moral condemnation for not adhering to dominant fertility-timing norms. Goisis and Sigle-Rushton (2014) demonstrate in the UK context that risk of low birthweight increases faster

with age for Black women. When combined with the interpersonal and institutional discrimination faced by Black women in education and within the labour market, their findings suggest that the costs and benefits of postponing a first birth are unlikely to be the same for all social groups. These studies highlight how norms of fertility timing, ideal age at motherhood, or postponement are not universally applicable, are tied to access to resources and the structural constraints encountered, and are experienced in stratified ways along axes of race, age, class, and caste, among other dimensions.

Mishtal (2019) reveals how Roma women in Poland experience a double burden around their reproduction. Shamed for their high fertility rates, they are also perceived as a threat to national identity, reflecting Yuval-Davis' (1996) contention of fertilities and reproduction as intrinsically tied to nation-building and ideologies of nationhood. Similarly, Basu (1997, p. 9) describes how India's minority Muslim communities are accused of 'unbridled fertility' (p. 9). These notions can be linked to long-held myths of fertility differentials between Muslims and Hindus (Jeffery and Jeffery 2002), giving rise to additional constructions of Muslims as 'hyperfertile', "pre-modern" in their reproductive consciousness and, at times, anti-modern, anti-national, and "Other" in citizenship' (Singh 2020, p. 6). Wilson (2015, 2018) contextualizes this within the current right-wing Hindu nationalist government's rhetoric, which systematically targets Dalit and Muslim women, casting them as barriers to development due to their so-called irrational and irresponsible reproduction, unlike Hindu (especially *savarna* or upper-caste) women.

These conditions—policies, unequal power dynamics, and deep-seated inequities—shape how family planning decisions are made and complicate understandings of what voluntary family planning means and requires.

### *Instrumentalizing reproductive empowerment*

Feminist critics and SRHR advocates are being challenged over their perceived reluctance to consider the 'population problem' or engage in discussions on tackling it. Rather than mere 'resistance to discussing "population"' (Newman et al. 2014, p. 53), feminists opposing the common agenda contest how population is conceptualized, alongside questioning how population growth, voluntary family planning, and sustainable development are linked within policy and programme design (Petchesky

1980, 1995; Sen 2010). They highlight how a focus on the *perceived consequences* of population growth in order to justify family planning interventions in LMIC contexts diverts attention from the *causes* of population growth (Presser 1997). This is not a new argument but one that has been made repeatedly at the ICPD and previous population conferences—including by feminists and groups who, with reservations, agreed to and participated in the grand compromise—and it continues to be argued today.

The widespread and largely unopposed adoption of reproductive health and rights language by former proponents of population control has been questioned and viewed with scepticism by some who see it as more of a cosmetic shift than a paradigm change (Smyth 1996). Brunson (2020, pp. 8–9), for instance, highlights that contraception's recasting as a metric of women's health (e.g. uptake and fertility reduction) means that fertility reduction takes primacy over improvement in conditions that give rise to ill health (e.g. unsafe abortion due to unwanted pregnancy). Questions around the co-optation of reproductive health to further the 'economisation of life and health' (e.g. the cost-effectiveness of family planning) through 'infrastructures of choice' (Murphy 2017, p. 139) have also led to critical assessments of contraception and family planning programmes (Wilson 2017b).

There is an inherent tension in the commitment to voluntary family planning while simultaneously instrumentalizing it to meet policy and development goals tied to fertility reduction, potentially creating conditions of coercion and constraints on autonomy (Wilson 2017b). A focus on the consequences of population growth marks women's bodies as the unit of intervention, even under the cover of rights, empowerment, and healthcare. Through encouraging reduced fertility, it instrumentalizes women's bodies and reproduction to meet all these expectations and improvements at the family level (e.g. improved health outcomes), the national level (e.g. economic development), and the global level (e.g. the climate emergency), which is proof of women's individual empowerment (Bhatia et al. 2020). Thus, women's fertilities are problematized rather than the conditions that surround them, including social inequalities, trade agreements, consumption patterns, or structural constraints that contribute to the climate emergency or poor/slow economic development (Bendix and Schultz 2018).

Importantly, such fertility-reduction-centric approaches are focused and visited primarily on women. FP2020 is a recent example: men are largely absent in this family planning initiative,

with no specific target to increase their contraceptive use. They are largely viewed and understood as 'partners' within the rhetoric of engaging men and boys. Although the principles governing the FP2020 initiative explicitly champion key aspects of voluntariness (including agency, informed choice, and empowerment), FP2020 as a programme constructs an overarching target for 'accelerated' contraceptive provision for a set numerical target of new users (Hendrixson 2019a). Targets have historically (and in more recent times) resulted in active and passive behaviour (Connelly 2003; de la Dehesa 2019; Drabo 2020), leading to demographic objectives taking precedence over people's individual needs and desires. Reminiscent of past population control efforts, targets become the tools and mechanisms for achieving progress on the ICPD's unfinished agenda under the guise of realizing reproductive rights and a common agenda (Wilson 2017b).

Greenhalgh (1994) theorizes contraceptive and family planning technology as holding the potential to simultaneously empower and disempower women. Indeed, family planning and contraception represent a key element of reproductive freedom and justice (Petchesky 1980; Ross 2017), an element that is essential to women's health and well-being on its own merits. While it offers women the possibility and ability to exercise autonomy and agency over their own bodies and lives, it also acts a vehicle for other goals: meeting a set target of contraceptive uptake, preventing high-risk behaviours, or enabling economic development. It enables the mechanisms of body politics, allowing the state to intervene, discipline, and regulate women's bodies and lives to meet its own particular (and changeable) reproductive governance aims (Morgan and Roberts 2012; Morgan 2019). Women's autonomies and their sexual and reproductive health are then at risk of becoming secondary to these aims, despite women simultaneously being charged with carrying them out.

### *(Re)situating voluntariness: Ways forward?*

But why do the arguments and misgivings of feminist critics matter for how we understand and operationalize voluntariness in demographic work? Conceptualizing choice and voluntariness with attention to power and politics troubles and highlights the deficiencies of current demographic measurements and indicators. It is necessary to rethink the measures and indicators deployed in voluntary family planning programmes, particularly in order

to uphold and realize the human-rights-affirming commitments of ICPD and subsequent agreements.

Many demographic measurements of family planning and fertility outcomes focus on the individual and their fertilities or behaviours (e.g. total fertility, the contraceptive prevalence rate, and the unmet need for contraception). To operationalize concepts such as voluntariness in these (or in new) measures requires a consideration of these criticisms and a broader set of theories and approaches. There has been recent work and commitment to creating new indicators, but as Senderowicz (2020) points out, many of the new proposals are tweaks or reformulations of existing measures rather than radical reconceptualizations. Designing a new indicator or measure is no doubt an arduous task, but there is an urgent need for new measurements that account for the political, structural, and human-rights approaches in voluntariness. Senderowicz (2020, p. 4) compellingly points out that the 'lack of a person-centered population-based indicator for family planning is not just a question of academic concern. Rather, in a global health context dependent on quantitative indicators for everything from agenda setting to programme evaluation, the absence of an indicator reflective of rights-based family planning can mean that other, more measurable outcomes are prioritized instead'. Without a clear understanding of what voluntariness entails and the complex factors—interpersonal, social, and structural—that shape it, our measurements and analyses remain inadequate. This runs the additional risk of stretching meaning, that is, changing what the term 'voluntary' means in practice and for people's lives and experiences.

Conceptualizations of voluntariness are tied to how coercive conditions are understood. While definitions of coercion remain contested, understanding it as direct and visible forms of force or violence alone does not account for the multiple ways in which it is experienced and manifested. Some scholars contend that a broad definition of coercion risks being applied as a catch-all term, incriminating all family planning projects, including those that are failing quality-of-care standards or are poorly implemented rather than just those that are truly coercive (Hardee, Harris et al. 2014). While standards of accessibility, availability, acceptability, and quality of care are important for contraception and family planning service provision and uptake, they do not directly confront issues of coercion and violation of autonomy as separate issues in themselves. Rather, approaching improved quality as leading to increased uptake and fertility reduction remains in

service of set programmatic targets or goals (Senderowicz 2019).

One definition of coercion in family planning, offered as part of efforts to achieve FP2020 through voluntary family planning, suggests that coercion comprises actions or behaviours (e.g. force, violence, intimidation, or manipulation) that limit or compromise autonomy or agency (Hardee, Harris et al. 2014). Coercion, however, does not just refer to direct, visible, or interpersonal forms of violence or manipulation; it permeates the structural and social conditions that surround decision-making and agency and includes the use of fraud and deception (Senderowicz 2019). Understanding what gives rise to covert and overt coercive conditions in reproductive health requires us to grapple with structural and systemic violence (Nandagiri et al. 2020). For example, evidence shows that healthcare providers draw on norms and standards to discipline and regulate fertility through a range of indirect techniques and methods, such as shame (De Zordo 2017). These are experienced in stratified ways.

Similar concerns are also diffused through family planning programmes, particularly through the use of modern methods such as long-acting reversible contraceptives (LARCs) in LMICs. (Bendix and Schultz 2018; Bendix et al. 2020). LARCs, like targets in population policies, have a troubled racialized and gendered past (Hartmann 1995; Hendrixson 2019b). The resurgence of target-driven interventions within the rhetoric of rights has recast LARCs as a cost-effective, efficient, and reliable method of contraception for meeting these targets (Bendix et al. 2020).

'LARC-first' approaches—emphasizing the reliability of LARCs and promoting implants or intrauterine devices (IUDs) first and as superior to other methods—have been criticized in the US (Gomez et al. 2014) and located within legacies of reproductive and scientific racism, including population control, eugenics, and entrenched inequalities (Gubrium et al. 2016; Senderowicz et al. 2021). Programmes that target 'high-risk' groups (e.g. the young, Black or Latinx persons, or sex workers) draw on population-level statistical data to construct and estimate the high risk of unintended pregnancy for specific groups; when this is used as justification for LARC-first programmes, it limits their reproductive autonomies and desires, and is underpinned by specific racial logics regarding whose reproduction requires interventions and why (Gomez et al. 2014).

Similar LARC-first programmes have been enthusiastically deployed in LMICs. These efforts largely



use a single LARC method and/or focus on a specific time period in the reproductive life course (e.g. post-partum or post-abortion) (Senderowicz et al. 2021). Yet, these programmes, too, are highly contextualized and sit within racialized and historical experiences of contraception: in South Africa, for example, injectable contraception still today evokes memories of apartheid-era fertility control policies (Stevens 2021). A recent study on the use of post-partum IUDs (PPIUDs) in Tanzania finds evidence of biased contraceptive counselling, presenting the PPIUD as superior to other methods and downplaying side effects, as well as disparaging other methods to promote uptake (Senderowicz et al. 2021). These are not just aspects of provider bias or quality of care but shape the conditions of provision and voluntariness that are understood and negotiated interpersonally as well as structurally.

Engaging with the criticisms of voluntariness may give rise to new measurements (e.g. contraceptive autonomy) or new frameworks of analysis (e.g. reproductive empowerment or reproductive justice). These could enable more valid and robust measures and understandings of family planning (non-)use.

Senderowicz (2019), exploring contraceptive coercion in two sites in an anonymized sub-Saharan African country, finds evidence of both structural and interpersonal forms of coercion. Rather than using a limited binary notion of voluntary vs coercive, Senderowicz (2019) conceptualizes a spectrum of contraceptive coercion that includes subtle forms of coercion, such as a lack of method mix, false information, and use of scare tactics, in addition to more overt forms, such as refusing removal of LARCs or inserting methods without women's consent or knowledge. This conceptualization reveals the range of constraints that women can experience in attempting to exercise their autonomies, and it shifts understandings of voluntariness vs coercion from a purely interpersonal dimension to one that is mediated through structures and institutions, including the (re)production and disciplining of reproductive subjects.

Recent demographic work has expanded and deepened our understandings of reproductive empowerment, offering conceptual clarity around its different dimensions and approaches. Upadhyay et al.'s (2014) work on reproductive autonomy offers a new scale that assesses international power within reproductive decision-making. The scale accounts for a broad range of individuals—including parents, friends, and in-laws, in addition to sexual partners—who influence reproductive decision-making and autonomy. The

scale specifically draws on and applies theories of power and gender to reproduction (p. 22), enhancing understandings of the conditions affecting contraceptive (non-)use and the role of interpersonal power dynamics in shaping them. This, in turn, can enable supportive human-rights-affirming environments that enable women's reproductive intentions to be met. Upadhyay et al. (2021) also focus on the specific needs of adolescents and young adults in a new scale. Accounting for adolescents' life stage and the impact of interpersonal, social, and structural factors on their ability to make strategic life choices, the scale provides a robust mechanism for assessing the links between structural factors, empowerment, and outcomes.

Edmeades et al. (2018, pp. 11–13) offer a conceptual framework for reproductive empowerment as a relational, multilevel, and dynamic process shaped by immediate social environments that are embedded in broader social structures and institutions. Drawing on an explicit conceptualization of power as multidimensional, the framework accounts for cultural, economic, and social systems that play a critical role in shaping the parameters of empowerment and the exercise of rights. The authors conclude with a call for more work on the structural dimensions of empowerment and its relationships with power(s). Senderowicz's (2020) work on measuring contraceptive autonomy also helps to expand these efforts and understandings. In producing a new indicator for contraceptive autonomy, she includes autonomous non-use as a positive outcome. This innovation in measurement offers the potential for decoupling autonomy from fertility reduction targets and reimagining the conditions of family planning provision.

## Conclusion

What *is* troubling about 'voluntary' family planning anyway? It is the contexts in which family planning technologies are provided, the discourses and rhetoric that surround them, and whether consistent recommendations for voluntary family planning can be fulfilled if they do not cater to the full range of reproductive options, including those that do not further the aims or goals of governance (e.g. not using contraception, having 'large' families, being child-free, or using traditional methods). The realization of rights is not in rhetoric or technological promise, but in the ways structures and environments are transformed to enable people's autonomies. Full voluntariness requires the freedom to

exercise that autonomy, which—within the current stratified forms and discourses that hold fertility reduction as the inevitable expression of empowerment and development—remains constrained.

Voluntary family planning and contraceptive technologies hold immense emancipatory power, and I am not dismissing the very real need that they meet or the ways in which women engage with and contest these technologies to realize their own agencies and autonomies. Women are not passive recipients of these technologies and interventions, instead also using them to meet their own social and personal goals and ideals (Richey 2004; Materowska 2006; Foley 2007; Smith-Oka 2009; Drabo 2020). Contrary to assertions that such criticisms of family planning are anti-contraception or even anti-women, these formulations centre around women's autonomies and reproductive freedoms instead of around developmental goals, reproductive outcomes, or state priorities in the use and provision of contraceptive services. The technology of contraception itself is not the issue. The criticism, as Brunson (2020, p. 8) argues, is 'aimed at the normalization of pregnancy prevention [...] This normalization allows persuasive—potentially even coercive—family planning campaigns to go unnoticed and unquestioned'.

Senderowicz (2020, p. 12) urges us to:

imagine what family planning would be like today if it had not emerged from the population control movement, but rather, if it were created today based wholly on reproductive rights and health. Goals and targets would likely be agnostic on questions of fertility growth or decline, of contraceptive uptake or nonuse, and instead might focus entirely on concerns of quality, rights, access, health, and autonomy.

It is this possibility of a new imagination and focus that drives much of the feminist challenge to family planning today. A feminist endeavour is a fundamentally political effort, dedicated not just to confronting inequalities but also to the transformation of societies and structures in service of a more just world. Demography's commitment to describing and documenting our world is essential to this political project, in terms of its description and measurement of inequalities over time, interrogation of causal mechanisms, and influence on policy setting and implementation. Demography's work in family planning is a case in point, widely adopting the ICPD and the commitment to reproductive rights, debating and producing new understandings of empowerment and coercion (Gomez et al. 2014; Brandi et al. 2018; Senderowicz

2019), creating new measures of autonomy (Edmeades et al. 2010, 2018; Upadhyay et al. 2014; Senderowicz 2020; Upadhyay et al. 2021), and grappling with gender (Fennell 2011; Fledderjohann and Roberts 2018), race (Gomez et al. 2014; Higgins 2014; Gubrium et al. 2016), and religion (Weigl-Jäger 2016; Singh 2020), among other factors. Many of these efforts draw on critical perspectives and theories (e.g. power, social construction of gender) from a range of disciplines, including anthropology, development, global health, gender studies, and sociology. These critical perspectives also make visible how power and power relations structure our societies and the interventions that research offers, whether in policy or in contributing to understandings of social phenomena. Accounting for the structural elements that shape choice and voluntariness in descriptions, measurements, conceptualizations, and analyses strengthens family planning interventions and arguments.

And this is why demography and demographers should engage with troublesome questions of politics and power. Attention to power does not just shape methods, understandings of data, or analyses of voluntariness and family planning but also the ways the discipline intersects with policy and policy interventions. Grappling with this—and the discipline's past—allows for new measurements to be designed, for new directions of study to emerge, for new questions to be posed, and for new methodologies and methods to be used. It allows us to draw on these to continue the description, measurement, and interrogation of the social world and its relations in ways that reflect *populations and people, causes and consequences*.

## Notes and acknowledgements

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- 2 Many thanks to Professor Wendy Sigle and the participants of the virtual Population Studies workshop for contributors to this issue, held in September 2020, for their thoughtful suggestions. Thanks also to the anonymous reviewers for their critical commentary and impassioned defence of the discipline—it was a real learning curve, and I am grateful for their engagement.

I am immensely grateful to Professor Wendy Sigle, Professor Ernestina Coast, Dr Tiziana Leone, Dr Flora Cornish, Dr Jenny Chanfreau, Dr Laura Sochas, Joe Strong, and Dr Leigh Senderowicz for the invigorating conversations that helped me develop my arguments and clarify my position.

- 3 Funding: My work on this paper was supported by the Economic and Social Research Council (grant number ES/V006282/1).

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## References

- Basu, A. M. 1997. The 'politicization' of fertility to achieve non-demographic objectives, *Population Studies* 51: 5–18. doi:10.1080/0032472031000149686
- Bellows, N. M., Askew, I., and Bellows, B. 2015. Review of performance-based incentives in community-based family planning programmes. *Journal of Family Planning and Reproductive Health Care*, 41(2), 146–151. doi:10.1136/jfprhc-2014-100883
- Bendix, D., E. E. Foley, A. Hendrixson, and S. Schultz. 2020. Targets and technologies: Sayana Press and Jadelle in contemporary population policies, *Gender, Place and Culture* 27: 351–369. doi:10.1080/0966369X.2018.1555145
- Bendix, D., and S. Schultz. 2018. The political economy of family planning: Population dynamics and contraceptive markets, *Development and Change* 49: 259–285. doi:10.1111/dech.12363
- Benson, J., K. Andersen, D. Brahmī, J. Healy, A. Mark, A. Ajode, and R. Griffin. 2018. What contraception do women use after abortion? An analysis of 319,385 cases from eight countries, *Global Public Health* 13: 35–50. doi: 10.1080/17441692.2016.1174280
- Bhatia, R., J. S. Sasser, D. Ojeda, A. Hendrixson, S. Nadimpally, and E. E. Foley. 2020. A feminist exploration of 'populationism': Engaging contemporary forms of population control, *Gender, Place & Culture* 27: 333–350. doi:10.1080/0966369X.2018.1553859
- Blake, J. 1994. Judith Blake on fertility control and the problem of voluntarism, *Population and Development Review* 20: 167–177. doi:10.2307/2137635
- Bongaarts, J., and B. C. O'Neill. 2018. Global warming policy: Is population left out in the cold?, *Science* 361: 650–652. doi:10.1126/science.aat8680
- Bongaarts, J., and R. Sitruk-Ware. 2019. Climate change and contraception, *BMJ Sexual & Reproductive Health* 45: 233–235. doi:10.1136/bmjshr-2019-200399
- Brandi, K., E. Woodhams, K. O. White, and P. K. Mehta. 2018. An exploration of perceived contraceptive coercion at the time of abortion, *Contraception* 97: 329–334. doi:10.1016/j.contraception.2017.12.009
- Bruce, J. 1990. Fundamental elements of the quality of care: A simple framework, *Studies in Family Planning* 21: 61–91. doi:10.2307/1966669
- Brunson, J. 2016. *Planning Families in Nepal: Global and Local Projects of Reproduction*. New Brunswick: Rutgers University Press.
- Brunson, J. 2020. Tool of economic development, metric of global health: Promoting planned families and economized life in Nepal, *Social Science and Medicine* 254: 112298. doi:10.1016/j.socscimed.2019.05.003
- Campbell, M. M. 1998. Schools of thought: An analysis of interest groups influential in international population policy, *Population and Environment* 19(6): 487–512. doi:10.1023/A:1024660407333
- Cassils, J. A. 2003. Overpopulation, sustainable development, and security: Developing an integrated strategy, *Population and Environment* 25: 171–194. doi:10.1023/B:POEN.0000032321.00906.70
- Ciccina, R., and E. Lombardo. 2019. Care policies in practice: How discourse matters for policy implementation, *Policy and Society* 38(4): 537–553. doi:10.1080/14494035.2019.1702278
- Cleland, J., S. Bernstein, A. Ezeh, A. Faundes, A. Glasier, and J. Innis. 2006. Family planning: The unfinished agenda, *The Lancet* 368: 1810–1827. doi:10.1016/S0140-6736(06)69480-4
- Connelly, M. 2003. Population control is history: New perspectives on the international campaign to limit population growth, *Comparative Studies in Society and History* 45: 122–147. doi:10.1017/S0010417503000069
- Cottingham, J., A. Germain, and P. Hunt. 2012. Use of human rights to meet the unmet need for family planning, *The Lancet* 380(9837): 172–180. doi:10.1016/S0140-6736(12)60732-6
- de la Dehesa, R. 2019. Social medicine, feminism and the politics of population: From transnational knowledge networks to national social movements in Brazil and Mexico, *Global Public Health* 14: 803–816. doi:10.1080/17441692.2018.1443486
- De Zordo, S. 2017. From women's 'irresponsibility' to foetal 'patienthood': Obstetricians-gynaecologists' perspectives on abortion and its stigmatisation in Italy and Cataluña, *Global Public Health*, 1–13. doi:10.1080/17441692.2017.1293707
- Demeny, P. 1994. Two proposals for the agenda at Cairo, *International Family Planning Perspectives* 20(1). doi:10.2307/2133335
- Drabo, S. 2020. Beyond 'family planning'—Local realities on contraception and abortion in Ouagadougou,

- Burkina Faso, *Social Sciences* 9: 1–15. doi:10.3390/socsci9110212
- Edmeades, J., S. M. Lee-Rife, and A. Malhotra. 2010. Women and reproductive control: The nexus between abortion and contraceptive use in Madhya Pradesh, India, *Studies in Family Planning* 41: 75–88. doi:10.1111/j.1728-4465.2010.00228.x
- Edmeades, J., C. Mejia, J. Parsons, and M. Seban. 2018. *A Conceptual Framework for Reproductive Empowerment: Empowering Individuals and Couples to Improve their Health (Background Paper)*. Available: Washington DC: International Centre for Research on Women.
- Farah, F. M. 2005. Changing population paradigms post ICPD: Policy and programme implications, *Genus* 61 (3/4): 141–163. Available: <https://www.jstor.org/stable/29789272>
- Fennell, J. L. 2011. Men bring condoms, women take pills, *Gender & Society* 25: 496–521. doi:10.1177/0891243211416113
- Fledderjohann, J., and C. Roberts. 2018. Missing men, missing infertility: The enactment of sex/gender in surveys in low- and middle-income countries, *Population Horizons* 15(2): 66–87. doi:10.1515/popphzn-2018-0003
- Foley, E. E. 2007. Overlaps and disconnects in reproductive health care: Global policies, national programs, and the micropolitics of reproduction in northern Senegal, *Medical Anthropology* 26(4): 323–354. doi:10.1080/01459740701619830
- FP2020. 2017. *Family Planning 2020: Rights and Empowerment Principles for Family Planning*. Available: [http://www.familyplanning2020.org/sites/default/files/rights-based-fp/FP2020\\_Statement\\_of\\_Principles\\_FINAL.pdf](http://www.familyplanning2020.org/sites/default/files/rights-based-fp/FP2020_Statement_of_Principles_FINAL.pdf)
- Ganivet, E. 2020. Growth in human population and consumption both need to be addressed to reach an ecologically sustainable future, *Environment, Development and Sustainability* 22(6): 4979–4998. doi:10.1007/s10668-019-00446-w
- Geronimus, A. T. 2003. Damned if you do: Culture, identity, privilege, and teenage childbearing in the United States, *Social Science & Medicine* 57: 881–893. doi:10.1016/S0277-9536(02)00456-2
- Geronimus, A. T. 2004. Teenage childbearing as cultural prism, *British Medical Bulletin* 69: 155–166. doi:10.1093/bmb/ldh019
- Ginsburg, F. and R. Rapp. 1995. *Conceiving the New World Order: The Global Politics of Reproduction*. Berkeley: University of California Press.
- Glazier, A., A. M. Gülmezoglu, G. P. Schmid, C. G. Moreno, and P. F. Van Look. 2006. Sexual and reproductive health: A matter of life and death, *The Lancet* 368: 1595–1607. doi:10.1016/S0140-6736(06)69478-6
- Goisis, A., and W. Sigle-Rushton. 2014. Childbearing postponement and child well-being: A complex and varied relationship?, *Demography* 51(5): 1821–1841. doi:10.1007/s13524-014-0335-4
- Gomez, A. M., L. Fuentes, and A. Allina. 2014. Women or LARC first? Reproductive autonomy and the promotion of long-acting reversible contraceptive methods, *Perspectives on Sexual and Reproductive Health* 46(3): 171–175. doi:10.1363/46e1614
- Greenhalgh, S. 1990. Toward a political economy of fertility: Anthropological contributions, *Population and Development Review* 16(1): 85–106. doi:10.2307/1972530
- Greenhalgh, S. 1994. Controlling births and bodies in village China, *American Ethnologist* 21: 3–30. doi:10.1525/ae.1994.21.1.02a00010
- Greenhalgh, S. 1995. Anthropology theorizes reproduction: Integrating practice, political economic, and feminist perspectives, in S. Greenhalgh (eds), *Situating Fertility*. Cambridge: Cambridge University Press, pp. 3–28.
- Greenhalgh, S. 2007. Globalization and population governance in China, in A. Ong and S. J. Collier (eds), *Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems*. Oxford, UK: Blackwell, pp. 354–372.
- Gubrium, A. C., E. S. Mann, S. Borrero, C. Dehlendorf, J. Fields, T. Geronimus, A. M. Gómez, et al. 2016. Realizing reproductive health equity needs more than long-acting reversible contraception (LARC), *American Journal of Public Health* 106(1): 18–19. doi:10.2105/AJPH.2015.302900
- Guillebaud, J. 2016. Voluntary family planning to minimise and mitigate climate change, *BMJ (Online)* 353: 5–8. doi:10.1136/bmj.i2102
- Hardee, K., S. Harris, M. Rodriguez, J. Kumar, L. Bakamjian, K. Newman, and W. Brown. 2014. Achieving the goal of the London Summit on Family Planning by adhering to voluntary, rights-based family planning: What can we learn from past experiences with coercion?, *International Perspectives on Sexual and Reproductive Health* 40: 206–214. doi:10.1363/4020614
- Hardee, K., J. Kumar, K. Newman, L. Bakamjian, S. Harris, M. Rodríguez, and W. Brown. 2014. Voluntary, human rights-based family planning: A conceptual framework, *Studies in Family Planning* 45(1): 1–18. doi:10.1111/j.1728-4465.2014.00373.x
- Hartmann, B. 1995. *Reproductive Rights and Wrongs: The Global Politics of Population Control*. Boston, MA: South End Press.
- Hendrixson, A. 2019a. Population control in the troubled present: The '120 by 20' target and implant access



- program, *Development and Change* 50: 786–804. doi:10.1111/dech.12423
- Hendrixson, A. 2019b. A renewed call for feminist resistance to population control, *DifferenTakes* 94. Available: <https://sites.hampshire.edu/popdev/a-renewed-call-for-feminist-resistance-to-climate-change/>
- Hendrixson, A., and B. Hartmann. 2019. Threats and burdens: Challenging scarcity-driven narratives of “overpopulation”, *Geoforum; Journal of Physical, Human, and Regional Geosciences* 101: 250–259. doi:10.1016/j.geoforum.2018.08.009
- Hendrixson, A., D. Ojeda, J. S. Sasser, S. Nadimpally, E. E. Foley, and R. Bhatia. 2020. Confronting populationism: Feminist challenges to population control in an era of climate change, *Gender, Place and Culture* 27: 307–315. doi:10.1080/0966369X.2019.1639634
- Herrmann, M. 2014. Sustainable development, demography and sexual and reproductive health: Inseparable linkages and their policy implications, *Reproductive Health Matters* 22: 28–42. doi:10.1016/S0968-8080(14)43757-1
- Higgins, J. A. 2014. Celebration meets caution: LARC’s boons, potential busts, and the benefits of a reproductive justice approach, *Contraception* 89(4): 237–241. doi:10.1016/j.contraception.2014.01.027
- Jacobson, J. 2000. Transforming family planning programmes: Towards a framework for advancing the reproductive rights agenda, *Reproductive Health Matters* 8(15): 21–32. doi:10.1016/S0968-8080(00)90003-X
- Jain, A. 1995. Implementing the ICPD’s message, *Studies in Family Planning* 26(5), 296. doi:10.2307/2138015
- Jain, A., and K. Hardee. 2018. Revising the FP Quality of Care Framework in the context of rights-based family planning, *Studies in Family Planning* 49: 171–179. doi:10.1111/sifp.12052
- Jeffery, P., and R. Jeffery. 2002. A population out of control? Myths about Muslim fertility in contemporary India, *World Development* 30: 1805–1822. doi:10.1016/S0305-750X(02)00066-9
- Jensen, J. T., and M. D. Creinin. 2020. Family planning, population growth, and the environment, *Contraception* 101: 145–147. doi:10.1016/j.contraception.2020.02.003
- Kalwij, A. 2010. The impact of family policy expenditure on fertility in Western Europe, *Demography* 47: 503–519. doi:10.1353/dem.0.0104
- Krause, E. L., and S. De Zordo. 2012. Introduction. Ethnography and biopolitics: Tracing ‘rationalities’ of reproduction across the north–south divide, *Anthropology & Medicine* 19: 137–151. doi:10.1080/13648470.2012.675050
- Lawson, N., and D. Spears. 2018. Optimal population and exhaustible resource constraints, *Journal of Population Economics* 31: 295–335. doi:10.1007/s00148-017-0665-9
- Legg, S. 2005. Foucault’s population geographies: Classifications, biopolitics and governmental spaces, *Population, Space and Place* 11: 137–156. doi:10.1002/psp.357
- Loll, D., P. J. Fleming, R. Stephenson, E. J. King, E. Morhe, A. Manu, and K. S. Hall. 2020. Factors associated with reproductive autonomy in Ghana, *Culture, Health and Sexuality* 23: 1–18. doi:10.1080/13691058.2019.1710567
- Maternowska, M. C. 2006. *Reproducing Inequities: Poverty and the Politics of Population in Haiti*. Piscataway, NJ: Rutgers University Press.
- Mazur, L. 2010. Introduction. In Mazur, L. (ed.) *A pivotal moment. Population, justice, and the environmental challenge*. Washington DC: Island Press.
- Mishtal, J. 2019. Reproductive governance and the (re)definition of human rights in Poland, *Medical Anthropology* 38: 182–194. doi:10.1080/01459740.2018.1472090
- Morgan, L. M. 2019. Reproductive governance, redux, *Medical Anthropology* 38: 113–117. doi:10.1080/01459740.2018.1555829
- Morgan, L. M., and E. F. S. Roberts. 2012. Reproductive governance in Latin America, *Anthropology and Medicine* 19: 241–254. doi:10.1080/13648470.2012.675046
- Mumtaz, Z., and S. Salway. 2009. Understanding gendered influences on women’s reproductive health in Pakistan: Moving beyond the autonomy paradigm, *Social Science & Medicine* 68: 1349–1356. doi:10.1016/j.socscimed.2009.01.025
- Murphy, M. 2017. *The Economization of Life*. Durham and London: Duke University Press.
- Nandagiri, R., E. Coast, and J. Strong. 2020. COVID-19 and abortion: Making structural violence visible, *International Perspectives on Sexual and Reproductive Health* 46(Suppl. 1): 83–89. doi:10.1363/46e1320
- Newman, K., S. Fisher, S. Mayhew, and J. Stephenson. 2014. Population, sexual and reproductive health, rights and sustainable development: Forging a common agenda, *Reproductive Health Matters* 22: 53–64. doi:10.1016/S0968-8080(14)43770-4
- O’Neill, B. 2000. Cairo and climate change: A win–win opportunity, *Global Environmental Change* 10(2): 93–96. doi:10.1016/S0959-3780(00)00013-3
- Ouedraogo, R., L. Senderowicz, and C. Ngbichi. 2020. “I wasn’t ready”: Abortion decision-making pathways in Ouagadougou, Burkina Faso, *International Journal of Public Health* 65: 477–486. doi:10.1007/s00038-020-01359-6
- Petchesky, R. 1980. Reproductive freedom: Beyond “a woman’s right to choose”, *Signs: Journal of Women in Culture and Society* 5: 661–685. doi:10.1086/493757



- Petchesky, R. 1995. From population control to reproductive rights: Feminist faultlines, *Reproductive Health Matters* 6. doi:10.1016/0968-8080(95)90172-8
- Population Council. 2017. *Quality of care in the context of rights-based family planning*. Available: [https://www.popcouncil.org/uploads/pdfs/2017RH\\_QoCRightsBase dFP.pdf](https://www.popcouncil.org/uploads/pdfs/2017RH_QoCRightsBase dFP.pdf)
- Potter, J. E., A. J. Stevenson, K. Coleman-Minahan, K. Hopkins, K. White, S. E. Baum, and D. Grossman. 2019. Challenging unintended pregnancy as an indicator of reproductive autonomy, *Contraception*: 4–7. doi:10.1016/j.contraception.2019.02.005
- Potts, M. 2014. Getting family planning and population back on track, *Global Health: Science and Practice* 2 (2): 145–151. doi:10.9745/GHSP-D-14-00012
- Prata, N., A. Fraser, M. J. Huchko, J. D. Gipson, M. Withers, S. Lewis, E. J. Ciaraldi, et al. 2017. Women's empowerment and family planning: A review of literature, *Journal of Biosocial Science* 1: 1–31. doi:10.1017/S0021932016000663
- Presser, H. 1997. Demography, feminism, and the science–policy nexus, *Population and Development Review* 23: 295–331. doi:10.2307/2137547
- Rahman, M. 2012. Women's autonomy and unintended pregnancy among currently pregnant women in Bangladesh, *Maternal and Child Health Journal* 16: 1206–1214. doi:10.1007/s10995-011-0897-3
- Richey, L. A. 2004. Construction, control and family planning in Tanzania: Some bodies the same and some bodies different, *Feminist Review* 78: 56–79. doi:10.1057/palgrave.fr.9400182
- Ripple, W. J., C. Wolf, T. M. Newsome, P. Barnard, and W. R. Moomaw. 2019. World scientists' warning of a climate emergency, *BioScience* 70: 8–12. doi:10.1093/biosci/biz088
- Ross, L. J. 2017. Reproductive justice as intersectional feminist activism, *Souls* 19: 286–314. doi:10.1080/10999949.2017.1389634
- Sasser, J. 2018. *On Infertile Ground: Population Control and Women's Rights in the era of Climate Change*. New York: NYU Press.
- Satia, J., and K. Chauhan. 2018. *Improving Quality of Care in Family Planning*. Singapore: Springer Singapore.
- Schuler, S. R., E. Rottach, and P. Mukiri. 2011. Gender norms and family planning decision-making in Tanzania: A qualitative study, *Journal of Public Health in Africa* 2: 25. doi:10.4081/jphia.2011.e25
- Sen, G. 1999. Southern feminist perspectives on population and reproductive rights: Continuing challenges, *Development* 42(1): 25–28. doi:10.1057/palgrave.development.1110005
- Sen, G. 2010. Integrating family planning with sexual and reproductive health and rights: The past as prologue?, *Studies in Family Planning* 41: 143–146. doi: 10.1111/j.1728-4465.2010.00237.x
- Sen, G., A. Iyer, S. Chattopadhyay, and R. Khosla. 2020. When accountability meets power: Realizing sexual and reproductive health and rights, *International Journal for Equity in Health* 19: 111. doi:10.1186/s12939-020-01221-4
- Senderowicz, L. 2019. "I was obligated to accept": A qualitative exploration of contraceptive coercion, *Social Science & Medicine* 239: 112531. doi:10.1016/j.socscimed.2019.112531
- Senderowicz, L. 2020. Contraceptive autonomy: Conceptions and measurement of a novel family planning indicator, *Studies in Family Planning*. doi:10.1111/sifp.12114
- Senderowicz, L., and J. Higgins. 2020. Reproductive autonomy is nonnegotiable, even in the time of covid-19, *International Perspectives on Sexual and Reproductive Health* 46: 147–151. doi:10.1363/intsexrephea.46.2020.0147
- Senderowicz, L., E. Pearson, K. Hackett, S. Huber-Krum, J. M. Francis, N. Ulenga, and T. Bärnighausen. 2021. 'I haven't heard much about other methods': Quality of care and person-centredness in a programme to promote the postpartum intrauterine device in Tanzania, *BMJ Global Health* 6(6), e005775. doi:10.1136/bmjgh-2021-005775
- Sinding, S. 2007. Overview and perspective, in W. C. Robinson and J. A. Ross (eds), *The Global Family Planning Revolution: Three Decades of Population Policies and Programs*. Vol. 21. Washington, DC: The World Bank, pp. 1–12.
- Singh, H. D. 2020. Numbering others: Religious demography, identity, and fertility management experiences in contemporary India, *Social Science and Medicine* 254: 112534. doi:10.1016/j.socscimed.2019.112534
- Smith-Oka, V. 2009. Unintended consequences: Exploring the tensions between development programs and indigenous women in Mexico in the context of reproductive health, *Social Science & Medicine* 68: 2069–2077. doi:10.1016/j.socscimed.2009.03.026
- Smyth, I. 1996. Gender analysis of family planning: Beyond the feminist vs. population control debate, *Feminist Economics* 2: 63–86. doi:10.1080/13545709610001707656
- Stephenson, J., K. Newman, and S. Mayhew. 2010. Population dynamics and climate change: What are the links?, *Journal of Public Health* 32: 150–156. doi:10.1093/pubmed/fdq038
- Stevens, M. 2021. Sexual and reproductive health and rights: Where is the progress since Beijing?, *Agenda*, 1–13. doi:10.1080/10130950.2021.1918008
- UNFPA, and Centre for Reproductive Rights. 2013. *ICPD and Human Rights: 20 Years of Advancing Reproductive Rights Through UN Treaty Bodies and Legal Reform*. Available: <https://www.unfpa.org/publications/icpd-and-human-rights>

- United Nations. 2019. *World Population Prospects 2019* (9789211483161). <https://population.un.org/wpp/>
- Upadhyay, U. D., P. Y. Danza, T. B. Neilands, J. D. Gipson, C. D. Brindis, M. J. Hindin, D. Greene Foster, et al. 2021. Development and validation of the sexual and reproductive empowerment scale for adolescents and young adults, *Journal of Adolescent Health* 68(1): 86–94. doi:10.1016/j.jadohealth.2020.05.031
- Upadhyay, U. D., S. L. Dworkin, T. A. Weitz, and D. G. Foster. 2014. Development and validation of a reproductive autonomy scale, *Studies in Family Planning* 45 (1): 19–41. doi:10.1111/j.1728-4465.2014.00374.x
- Walker, R. J. 2016. Population growth and its implications for global security, *American Journal of Economics and Sociology* 75: 980–1004. doi:10.1111/ajes.12161
- Wegs, C., A. A. Creanga, C. Galavotti, and E. Wamalwa. 2016. Community dialogue to shift social norms and enable family planning: An evaluation of the Family Planning Results Initiative in Kenya, *PLoS ONE* 11 (4): e0153907. doi:10.1371/journal.pone.0153907
- Weigl-Jäger, C. 2016. Islam and contraception in urban North India—Muslim women’s reproductive health behavior and decision-making, *Interdisziplinäre Zeitschrift für Südasienforschung* 1. doi:10.11588/izsa.2016.1.845
- Wilson, K. 2015. Towards a radical re-appropriation: Gender, development and neoliberal feminism, *Development and Change* 46: 803–832. doi: 10.1111/dech.12176
- Wilson, K. 2017a. In the name of reproductive rights: Race, neoliberalism and the embodied violence of population policies, *New Formations* 91: 50–68. doi:10.3898/NEWF:91.03.2017
- Wilson, K. 2017b. Re-centring ‘race’ in development: Population policies and global capital accumulation in the era of the SDGs, *Globalizations* 14: 432–449. doi:10.1080/14747731.2016.1275402
- Wilson, K. 2018. For reproductive justice in an era of Gates and Modi: The violence of India’s population policies, *Feminist Review* 119: 89–105. doi:10.1057/s41305-018-0112-0
- Yamin, A. E. 2019. Power, politics and knowledge claims: Sexual and reproductive health and rights in the SDG era, *Global Policy* 10: 52–60. doi:10.1111/1758-5899.12598
- Yuval-Davis, N. 1996. Women and the biological reproduction of “the nation”, *Women’s Studies International Forum* 19: 17–24. doi:10.1016/0277-5395(95)00075-5
- Zuccala, E., and R. Horton. 2018. Addressing the unfinished agenda on sexual and reproductive health and rights in the SDG era, *The Lancet* 391: 2581–2583. doi:10.1016/S0140-6736(18)30890-0