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WGS-333 Pregnancy & Power

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Who's Next?

Motherhood. For years society has labelled this as women's primary function. As feminists fight against this restrictive definition of womanhood, more conservative forces push campaigns that encourage female fulfillment of this role. Yet, perceptions of motherhood have limitations, as certain racial, ethnic, and economic groups have been intentionally excluded from society's understanding of who can be a "good mother". By examining the reproductive regulations, sterilization campaigns, and family planning programs that have historically been employed within the United States and Peru, we can identify the ways in which the freedom and control of certain women over their reproduction has been impeded based on their economic status as well as racial and ethnic identity. Subsequently, through the study of reproductive promotion and prevention trends within these countries' populations, we can begin to identify stereotypes and biases that dictate which types of women are seen as "unfit" for motherhood and how this impacts the control they have over their own bodies and lives.

In the United States in the early 1950s through the late 1960s, multiple factors converged to create an environment in which women from racial minorities and low-income backgrounds were increasingly identified as requiring reproductive regulation, especially in the form of sterilization. First, during this time there was a widespread shift from eugenics to neo-eugenics within perceptions of the reproductive fitness of black women. While earlier eugenic ideas focused on genetics being the driving force of black women's reproductive inadequacy, neo-eugenic interpretations "cited culture as the way in which 'unfit' women reproduced their immorality and defects" (Kluchin 77). This variation in language that emphasized culture over

genes allowed conservative white Americans to claim they were not racist in that they believed blacks had the capacity for improvement but were restricted by the culture that surrounded them. Yet, the true intentions of these neo-eugenic attitudes were revealed by other transitions occurring during this period. The second half of the century brought a large push from civil rights activists for the desegregation of state and federal institutions and aid, which resulted in the overall expansion of welfare (Kluchin 74-75). This proved dangerous for black women as they gained access to a wide range of federal programs and services they were once excluded from and came into intimate contact with white conservative Americans, particularly those opposed to integration, who “blamed recipients’ ‘immorality’ and ‘irresponsible’ reproduction for increased enrollment” (Kluchin 76). In this way, the expansion of welfare to black communities coupled with neo-eugenic attitudes bred the “welfare queen” stereotype, which communicated that black women were inherently underserving of government support by accusing them of deliberately getting pregnant with the intention of bypassing paid labor and extorting federal aid (Kluchin 76-77). Additionally, neo-eugenic attitudes emphasized that these habits of dependency and dishonesty were inherent to the black culture, implying that black mothers “would raise their children with the same values of shiftlessness and immorality” (Kluchin 77). As a result, physicians, social workers and members of state eugenics boards utilized these perceptions of black culture and the increasing legitimacy of contraception at this time to justify the forceful and coercive sterilization of black women as a way to reduce their dependency on the state. These procedures became widely known as “Mississippi appendectomies” (Kluchin 73) and reveal the ways in which racial biases and stereotypes influenced ideas about who was deserving of welfare, which reflected who was identified as fit to reproduce. Subsequently, women of color were stripped of the control they had over their own

bodies and lives, losing the freedom to choose the number and timing of which they would have children. This communicated that women of color, especially black women, were “undeserving” of motherhood simply due to the perceived “deficiencies” and “culture of welfare” (Kluchin 77) identified as permeating throughout their race at this time. However, the racial biases of neo-eugenics and anger over desegregation were not the only ways in which concepts surrounding welfare influenced the drastic spike in sterilization.

As we have seen, in response to the increasing number of welfare recipients in the 1950s and 1960s, conservative white Americans began to accuse recipients of immorality and irresponsibility linked to their reproductive choices (Kluchin 76). They blamed poor women for having children they could not afford to support, oftentimes even claiming that they had as many children as possible to collect more money (Kluchin 75-76). With these accusations, trends in who was deemed to be undeserving of welfare began to align with the attitudes about the types of women that were “unfit” for motherhood. Thus, it became a common practice to regulate the reproduction of “‘defective’ women in order to reduce their dependence on welfare” (Kluchin 74). Due to their reliance on the state, these women were especially vulnerable to coerced sterilizations. In fact, in many cases, physicians would compel poor women into sterilization by threatening to take away their welfare, something many of them relied upon to survive. As one victim of forced sterilization put it in *The State of Eugenics*, “my choice was either to let my sisters and brothers starve or take the surgery” (Shapiro 3:26-3:35). Consequently, economic class became a precursor to sterilization as they labelled poor women “unfit” for motherhood due to their inability to support their own children. However, within the larger population of women targeted for sterilization based on dependency, several subgroups emerged that faced compounding forms of discrimination.

The common perspective at this time was that the nuclear family model was the most acceptable and honorable way to raise a child. This belief caused single mothers within the welfare system to become targets of regular discrimination and disgrace. In fact, “social workers, physicians, and members of state eugenics boards identified poverty and unwed pregnancy as ‘symptoms’ of ‘feeble-mindedness’” (Kluchin 92). As a result, they utilized these “symptoms” as rationale for punishing illegitimacy through “suitable home” policies, which removed thousands of unwed mothers from welfare on the assumption that their boyfriends were providing for the children, thus removing the necessity for aid (Kluchin 77). Some state legislators even went as far as to propose bills that would criminalize welfare recipients for illegitimacy and punish them with sterilization (Kluchin 79). These policies revealed the negative biases surrounding single mothers that fostered “the belief that women who received state aid should relinquish reproductive self-determination as a condition of receiving assistance” (Kluchin 77). By withholding state aid and criminalizing illegitimacy in an attempt to regulate the future reproduction of single mothers, policymakers reinforced a standard that restricted motherhood to nuclear families while shaming and punishing single mothers based on stigmas that labelled illegitimacy as immoral and irresponsible. Additionally, the fact that many single mothers belonged to racial minorities and maintained low economic status compounded the reasons used to block them from motherhood.

Overall, by simultaneously regulating the reproduction of poor women and unwed mothers, policymakers were ultimately condemning women of color as many of them identified with one or both classifications. As a result, the intersection of race, poverty and in some cases, illegitimacy converged to make particular women targets of forced sterilizations. This victimization is reflected in two common stereotypes linked to reproductive fitness that emerged

in the 1960s and 1970s: the “welfare queen” and “pregnant pilgrim” (Kluchin 74). The “welfare queen” stereotype combined the prejudices based on race and economic class to create the image of black women as inherently hypersexual and promiscuous, often with the goal of having as many children as possible to collect more federal money (Kluchin 78). People utilized neo-eugenic language to label this perceived dishonesty and laziness as entrenched in black culture and inevitably influential on black children. The implications of this stereotype thus “ensured that poor black mothers could never be ‘fit’ so long as they remained poor and black” (Kluchin 78), conditions that were impossible to change. Consequently, the bills that criminalized illegitimacy among welfare recipients targeted poor black women in an effort to regulate the reproductive decisions of “welfare queens” who were seen as undeserving of motherhood.

Similar to the “welfare queen” stereotype, ethnicity and economic class intersected in the “pregnant pilgrim,” a label that emerged in California in the 1970s that accused pregnant Mexican women of deliberately crossing the border to give birth in America so their children would be eligible for welfare (Kluchin 85). In addition, they blamed immigrants of purposely fleecing the welfare system as an alternative to working hard and supporting their own families, despite the fact that a negligible number of them received welfare according to a special report for the Los Angeles County (Kluchin 85). Just as “welfare queens” pinned black women as undeserving of welfare based on hostility towards desegregation and concerns over their “culture” of poverty, “pregnant pilgrims” were labelled as unfit primarily due to fears of overpopulation and opposition to immigration (Kluchin 86). Again, sterilization became a widely accepted solution to the issues reflected in the existence of the “pregnant pilgrim.” Thus, both stereotypes reveal the three groups that were historically the primary targets for reproductive

restriction within the United States: racial minorities, poor women, and unwed mothers. As a result, these women were perceived as undeserving of motherhood altogether. However, the United States is not the only place in which we recognize these trends linking “unfit” mothers to programs of mass sterilization.

The intersection of poverty and ethnicity also governed reproductive policies in Peru. In the 1960s, there was an international discourse arising that began to construct population control as a precursor to economic development in the Third World (Ewig 636). In compliance with this, many Latin American countries began to implement vigorous family planning programs. From 1996 to 1998, Peruvian president Alberto Fujimori followed suit by implementing a widespread family planning program under the guise of a “social development policy and fight against poverty” (Court & Lerner 2:06-2:10) that would guarantee Peruvian women “freedom and independence to lead their lives” (Court & Lerner 2:18-2:23). By exploiting anti-poverty sentiments as well as feminist rhetoric on reproductive rights, Fujimori and his government were able to successfully disguise their population control agenda (Ewig 639). However, in reality, they favored sterilization as contraception, even setting quotas on the number of these procedures physicians were required to perform, which resulted in the sterilization of over 200,000 women during this time period (“Peru: Order to Indict”). Unsurprisingly, these “sterilization campaigns especially targeted poor, uneducated indigenous women who had little access to artificial contraception and who were easily deceived by staff members seeking to fulfill quotas” (Ewig 646). The government exploited this power imbalance by placing posters in poor neighborhoods that contrasted a happy, wealthy family with two children with a dirty, impoverished family with many children. This sent the message to poor communities that more children would cause greater poverty and that family planning was the solution to elevating class status and achieving

a better life (Ewig 644-645). However, they didn't stop there in their crusade for reproductive control of poor, indigenous women. Many physicians even went as far as utilizing food and economic incentives as well as physical force to intimidate women into getting sterilized ("Peru: Order to Indict"). The exploitation of these power imbalances reveals the common class and ethnic biases of the elite, primarily white, Peruvian policymakers as well as urban populations, who accused poor, indigenous women of being lazy and having "too many children, like rabbits" (Court & Lerner 6:06-6:10). Subsequently, these prevalent biases were utilized to justify forced sterilizations within the family planning program by labelling poor, indigenous women as "unfit" for motherhood and undeserving of maintaining personal reproductive control. Thus, there are major similarities between Peru's family planning campaign and the United States eugenics boards and welfare regulations in the patterns that were produced surrounding who was and wasn't favored for reproduction.

Overall, by comparing the social and regional conditions of the United States in the 1950s and 1960s to those of Peru in the 1990s, major trends within the use of forced sterilizations can be identified. Despite differing catalysts and rationale for the utilization of sterilizations in each country, both exposed the ways in which biases and power imbalances lead poor women as well as racial and ethnic minorities to be targeted heavily for reproductive control. These patterns consequently communicate standards for who is socially and culturally accepted as fit for motherhood and who has this right stripped from them. Thus, a need arises to align feminist movements and reproductive rights campaigns increasingly with the interests of poor minority women. It is necessary to give these women a voice to achieve true reproductive independence.

Works Cited

- Court, Maria and Rosemarie Lerner, directors. *Quipu - Calls for Justice*. *Youtube*, The Guardian, 10 Feb. 2017, www.youtube.com/watch?v=LcYNOoZmPwY.
- Ewig, Christina. "Hijacking Global Feminism: Feminists, the Catholic Church, and the Family Planning Debacle in Peru." *Feminist Studies*, vol. 32, no. 3, 2006, pp. 633–670., doi:10.2307/20459109.
- Kluchin, Rebecca M. "Chapter 3: Sterilizing 'Unfit' Women." *Fit to Be Tied: Sterilization and Reproductive Rights in America, 1950-1980*, by Rebecca M. Kluchin, Rutgers University Press, 2011, pp. 73–113.
- "Peru: Order to Indict Fujimori Is a Milestone in Search for Justice for Victims of Forced Sterilization." *Amnesty International*, Amnesty International, 28 Apr. 2018, 6:09 UTC, www.amnesty.org/en/latest/news/2018/04/peru-order-to-indict-fujimori-is-a-milestone-in-search-for-justice-for-victims-of-forced-sterilization/.
- Shapiro, Dawn Sinclair. "The State of Eugenics - The Story of Americans Sterilized Against Their Will." *Kanopy*, Brown Doggy Pictures, 2016, redlands.kanopy.com/video/state-eugenics.