



Exploring Swedish ‘Family Planning’: Reproductive Racism and Reproductive Justice

*Paula Mulinari, Marcus Herz,
and Matilda Svensson Chowdhury*

INTRODUCTION

One should not have more children than one can provide for.
(*Aftonbladet*, 2022)

The quote is from the Social Democrat Swedish Labour and Gender Equality Minister Eva Nordmark and could be read simply as a common-sense statement regarding rights and obligations between parents and children. However, the quote should be read, as we will argue, through the diverse forms of reproductive racism (Siddiqui, 2021) targeting

P. Mulinari (✉) • M. Svensson Chowdhury
Department of Social Work, Malmö University, Malmö, Sweden
e-mail: paula.mulinari@mau.se; matilda.svensson@mau.se

M. Herz
Department of Social Work, University of Gothenburg, Gothenburg, Sweden
e-mail: marcus.herz@gu.se

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migrant women in Sweden. First, the underlying racist, tacit but strongly present, representation in the quote: migrant women as welfare-dependent, a burden on the Swedish welfare state, with ‘too many’ children (Alinia, 2020). Thus the policy proposal framing the quote, that of decreasing Child Benefit (removing state benefit for more than one child) following neoliberal and racist worldviews aiming to reduce the categories of people supposedly ‘cheating’ the welfare system (Herz, 2021), with the decrease in financial support as an incentive for ‘integration’ into the labour market. Second, the location of what the problem is represented to be, in the bodies of migrant women (they have ‘too many’ children), a location that obscures the ethnic segregation and discrimination in Swedish labour markets (Behtoui et al., 2017). This governmental intervention took place during the same month that Inuit Greenlanders demanded answers to what had been experienced by many as a Danish birth control scandal (Krebs, 2022) regarding several thousand Greenlandic women who had IUDs inserted without their knowledge in the 1960s and 1970s. However, in Sweden, with a serious level of historical amnesia, during the parliamentary election campaign in 2022 birth control and family planning were again introduced as a means of addressing social problems like poverty and crime and presented as a solution to migrant women’s supposed lack of integration into Swedish society.

The connection between Western developmental discourses, which maintain that reducing fertility rates and slowing population growth through family planning benefit developing nations and empower women, has been critically assessed by numerous scholars (Escobar, 2002). Criticism towards discourses and policies of family planning are extensive, from scholars challenging the notion of ‘voluntariness’ to those arguing that, in family planning, women’s lives are subordinated to economic and developmental goals (Petchesky, 1995; Nandagiri, 2021). While contraceptive technologies hold an impressive emancipatory power in the lives of women globally, vulnerable groups of women have, in the name of family planning, experienced forced sterilisation and reproductive coercion (Kühlbrand, 2019).

We aim to analyse political discourses and governmental policies on reproduction through the conceptual lens of reproductive racism (Siddiqui, 2021). We hope to challenge what we identify as historical amnesia concerning Swedish ‘family planning’ and show how, in different ways, reproductive rights in Sweden are inscribed and embedded into racial inequalities.

Methodologically the chapter is inspired by critical discourse analysis (Wodak & Meyer, 2001) and the WPR tradition in policy analysis as established by feminist political science scholar Carol Bacchi (2009, 2012) asking what the problem is represented to be and what presuppositions or assumptions underpin this representation of the 'problem'. The empirical material presented here has been collected with the aim of illustrating governmental policies that historically and today shape and frame diverse forms of reproductive racism with a special focus on welfare professionals.

The chapter is organised as follows. First, we will introduce the concepts of reproductive justice and reproductive racism framing the analysis. Second, we will provide a short historical context of how sterilisation and abortion have been used in Sweden. We will move towards an analysis of the Swedish political landscape at the nexus of migration, gender and racism, identifying the role of public institutional professionals in its shaping and reproduction. The last section takes its point of departure from the Labour and Gender Equality Minister's quote at the beginning of the chapter to explore the connections between parental allowance notions regarding family planning and reproductive racism.

THE NEED FOR A REPRODUCTIVE JUSTICE PERSPECTIVE

In 1981, Black feminist Angela Davis's now pioneering book, *Woman, Race, and Class*, was published. A central topic in the book is the critique towards the dominant white feminist movement's incapacity to understand and hence act against the racial, gender and class inequalities shaping reproduction. Davis argued that the lack of an understanding of how the racist state has used different forms of violence to control black, native and brown women's bodies, through practices of mass sterilisation, stealing of children and forced abortions, during the campaign for the right to abortion, led to a situation whereby 'what was demanded as a "right" for the privileged came to be interpreted as a "duty" for the poor' (Davis, 1981: 120).

The invisibilities of the specific needs of vulnerable categories of women through the notion of 'global sisterhood' also made invisible the fact that practices such as 'family planning' birth control and abortion were embedded into experiences of racism, exploitation and poverty. Echoing the debate in Sweden around family planning, the US women's movement's early abortion campaign, according to Davis, seemed to live under the

misapprehension that fewer children (through, for instance, family planning) would provide an alternative and a solution to societal problems:

As if having fewer children could create more jobs, higher wages, better schools, etc., etc. This assumption reflected the tendency to blur the distinction between abortion rights and the general advocacy of abortions. The campaign often failed to provide a voice for women who wanted the right to legal abortions while deploring the social conditions that prohibited them from bearing more children. (Davis, 1981: 118–119)

To some extent, as a consequence of these shortcomings, and the limitations of the emphasis on ‘choice’ as the central argument in reproductive rights, the reproductive justice (RJ) perspective advanced and established itself within the Black radical tradition (Hill Collins, 2019) as an original and solid intersectional analytical frame. In 1994, the term ‘reproductive justice’ was coined as a framework that, according to Dorothy Roberts (2015), included not only a woman’s right not to have children but also the right and the economic possibilities of having children, a framework that reinscribes reproductive rights in a political context of intersecting race, gender and class oppressions:

‘Reproductive justice’ emerged as a unifying framework that went beyond the pro-choice activists’ focus on the legal right to abortion and access to contraception and addressed some of the critiques of the mainstream feminist movement’s lack of attention to the concerns of poor women and women of color. In the book *Reproductive Justice: An Introduction*, Loretta J. Ross and Rickie Solinger argue that the RJ is both a social movement and a theoretical framework. The RJ has three primary principles:

- (1) the right not to have a child;
 - (2) the right to have a child; and
 - (3) the right to parent children in safe and healthy environments.
- (Roberts, 2015)

The RJ repositioned reproductive rights as concerned with the demands on social, political and economic justice, and with the need to draw attention to the persistent reproductive inequalities in a racist, capitalist society. It was through the organising of feminist Black, Latina, Native American, Asian and Queer people during the late 1990s and the subsequent formation of the SisterSong Women of Color Reproductive Justice

Collective that the narrow focus on abortion rights and 'women's right to choose' was transformed into a broader social justice agenda (Ross & Solinger, 2017). Loretta Ross, a founder of the SisterSong Women of Color Reproductive Justice Collective, writes:

One of the key problems addressed by Reproductive Justice is the isolation of abortion from other social justice issues that concern communities of color: issues of economic justice, the environment, immigrants' rights, disability rights, discrimination based on race and sexual orientation, and a host of other community-centered concerns. These issues directly affect an individual woman's decision-making process. (Ross & Solinger, 2017: 4)

Feminist antiracist scholar Sophia Siddiqui (2021) in her article 'Racing the Nation: Towards a Theory of Reproductive Racism' identifies

a new form of racism in Europe. Her [Ross and Solinger's] text opens with an analysis of an antiracist act of remembrance that took place in the UK, for three pregnant women who died because they did not seek healthcare for fear of deportation.

Reproductive racism, Siddiqui argues, produces a system that controls, restricts and exploits reproductive capacities. It is a kind of racism

[t]hat preys upon the lives and labour of migrant workers in the care sector, through immigration laws that ensure their work is cheap, precarious, and hyper-exploitable, whilst restricting their capacity to care for their own families. (Siddiqui, 2021: 15–16)

The concept grasps a fundamental contradiction: migrant women are deprived of doing reproductive work concerning their own families and communities, at the same time as they are forced into paid (precarious) reproductive work. Reproductive racism is regulated through, on the one hand, restrictive migration laws that, for instance, separate families and create conditions of labour precarity and limited social security, and on the other hand, assurances that migrant women's labour is cheap and hyper-exploitable (Siddiqui, 2021: 15). The concept grasps also another contradiction: that while the defence of 'family values' through the maintenance of the heteronormative, ethnically pure, Christian family is the cornerstone of far-right mobilisations, the ones upholding the care system throughout Europe are migrant women (Federici, 2014).

Reproductive justice reinforces the strength of the concept of reproductive racism. In the next section, we will, inspired by the tradition of reproductive justice and the concept of reproductive racism, explore how the Swedish debate around migrant women and their children is embedded into a racist logic of who can embody the nation and who threatens it.

THE GHOST OF REPRODUCTIVE RACISM IN SWEDEN: STERILISATION

Governmental strategies acted upon through notions of ‘family planning’ such as the ones introduced by Swedish politicians in 2022 are not new. The expansion of the welfare state has been closely linked to policies and interventions regulating who should or should not have children and how the state could intervene when needed. Through these discussions, in which politicians, administrative civil servants, social workers and doctors were among those who participated, the welfare state became occupied by questions now central to the reproductive justice framework. In the Swedish case, as in several other countries in Northwest Europe, these policies have been strongly influenced by a eugenic logic which saw some people (i.e. white, middle-class, ‘respectable’ citizens) as more worthy than others (i.e. immigrated or indigenous, working-class, addicted to alcohol). Here, ‘racial hygiene’ was integrated into science, medicine and the social engineering of the welfare state. A strong line was drawn between those understood to be deviant or ‘consuming’ (*tärande*) and their opposite—those understood to be respectable and ‘nourishing’ (*närande*).

The first law on sterilisation (SFS, 1934:171), implemented in 1935, concluded that it was legal to sterilise ‘some mentally ill, mentally retarded or others who suffer from disturbed mental activity’ (‘vissa sinnessjuka, sinnesslöa eller andra som lida av rubbad själsverksamhet’) without their consent. They were deemed ‘legally incapable’ and hence unable to give their consent. The requirement was a successful application to Medicinalstyrelsen (National Swedish Board of Health), or for two licensed doctors in consultation to decide without the involvement of government officials (SOU, 2000:20: 169).

The law was met with scepticism from the medical community. Since at least 1906, doctors had freely been able to sterilise men and women considered unfit for parenthood (Petrén, 1930; Broberg & Tyden, 1991), and the law was understood to obstruct a practice that had worked well and ‘helped’ both individuals and the state.

The second law, from 1941, was broader and could be applied in more situations. Sterilisation was now allowed if there was a risk of transmission from parent to child predisposed to 'severe disease or severe blemish of another kind' (eugenic indication). The second law also allowed sterilisation of a person who, through an 'asocial lifestyle', was 'obviously unfit to maintain the custody of children' (social indication) and 'due to illness, bodily defect or weakness in the woman' (medical indication) (SFS 1941:282).

Between 1935 and 1975, almost 63,000 persons were sterilised in Sweden. Of these, about 58,500 were women and 4400 men. Worth noting is that the number of women rose steadily compared to the number of men. During the first six years, 1935–1941, 86% of the sterilised were women. During the last ten years, 1965–1975, women constituted 99.5% of the sterilised (Eivergård & Jönsson, 2000: 70).

In a study of applications for sterilisation to the National Swedish Board of Health, Eivergård and Jönsson establish that almost half of the applications 'are the result of a sliding scale from formal coercion to various forms of pressure and persuasion' (Eivergård & Jönsson, 2000: 68). Almost half of the sterilisations were to be considered forced sterilisations.

Over the first 20 years, between 1935 and 1955, an application was most often initiated by official authorities, and the applicants were usually admitted to institutions. Young unmarried men and women predominated there. From 1955 to 1975, applications came mainly from married mothers with many children, or, as Weindling has written, in the 1950s 'Sweden saw a significant change from sterilization for mental defectives to sterilization on "social grounds" for incompetent mothers' (Weindling, 1999: 195; cf. SOU 2000:20).

It is clear that the practice of sterilisation in Sweden was one of the means used by the state to control the population and to gain access to, and eliminate, the possibility of the reproduction of so-called unwanted elements in the country. It is also clear that this practice was supported, almost seen as a 'natural' way for, the collaboration between political and medical ambitions to save the country. Its foundation was ideologically 'social-racial': a way to understand the population by dividing and valuing different groups against each other. It is crucial, we argue, that the debate around family planning is read through this historical lens, as it illustrates how the state's reproductive politics is embedded into ideas of national belonging, race and who are defined as elements that, for one reason or another, should not be there.

WORDS THAT WOUND: REPRODUCTIVE RACISM AND THE SWEDISH WELFARE LANDSCAPE

More than 20% of the population is of migrant background in Sweden, a country historically known for its inclusive and democratic social justice frames. However, at the crossroads between the 1990s' neoliberal shift and the establishment of ethnonationalist party the Sweden Democrats, Sweden has radically changed (Schierup & Ålund, 2011).

Over the last three decades, radical right-wing parties have successfully established themselves in Europe (Rydgren, 2018). Sweden is not an exception, with the Sweden Democrats obtaining more than 20% of electoral support in the 2022 parliamentary elections. The party (whose neo-Nazi roots differentiate it from other right-wing populist parties) embodies similar ethnonationalist and neoconservative agendas to its European counterparts, with myths about a glorious past, a notion of 'Swedishness' mediated through blood ties, a denial of the climate crisis and a systematic identification of migrants and migration as the cause of all societal problems. A number of scholars have identified the fundamental role that gender and sexuality play in Sweden Democrats' agenda, where gender equality is considered a Swedish cultural value under threat from a religious and cultural 'other', at the same time that feminists are also a threat to the nation, because gender equality, through feminism, 'has gone too far' (Towns et al., 2014).

The Sweden Democrats have succeeded in shifting the societal cultural-political hegemony from what has historically been a social-democratic inclusive vision towards an agenda of law and order, defence of 'family values' and restrictive migration policies. Scholars assert (Norocel, 2017) that, while the Sweden Democrats have a stronger profile in these agendas, racist representations of Swedish residents of migrant background as Sweden's most fundamental problem were presented by *all* political parties during the 2022 election campaign, with the use of terms such as the Social Democrat Prime Minister's assertion that 'We do not want Chinatown or Somalitown or Little Italy' when discussing segregation in cities (Karlman, 2022). These terms have racist effects in reinforcing boundaries between categories of citizens, which obscures the fact that Sweden is one of the European countries with a higher increase both in wealth and inequalities (Pelling, 2019). 'The problem', defined through

the existence of spaces where non-white bodies are located, was rapidly transformed, in the Sweden Democrats' right-wing worldview, into the need to establish repatriation policies as a solution to these 'ethnic enclaves'.

It is within this context that the term 'family planning' appears in political and societal debates, specifically targeting migrant women. Most of the arguments locate family planning within discourses of choice, rights and gender equality. However, it is possible and necessary to read these interventions against the background of structural, institutional and everyday racism in Sweden (Mulinari, 2022). While these discourses speak of women's reproductive rights and gender equality, they are historically framed against the background of diverse forms of reproductive racism.

Scholarship on ethnic discrimination and racism is a dynamic and well-established field. Studies have identified systematic connections between the category of migrant and diverse forms of social inequalities. Postcolonial feminist scholars have explored the role of gender and sexuality in creating boundaries between the progressive gender-equality Sweden and its traditional, patriarchal others.

While the scholarship is extensive, nevertheless there are fields where issues of racism continue to be peripheral, particularly to the professions. Two of them, healthcare and social work, play a fundamental role in reproductive racism. Robertson's (2015) study identifies migrant women's experiences not only of being treated as a stranger but also of being ignored and devaluated in their encounters with midwives.

Bradby et al. (2019) assert that, despite extensive figures pointing to inequalities in health outcomes, racism is nearly impossible to discuss in the field of health. A space where racism is particularly virulent is during pregnancy and childbirth, according to midwife Asabea Britton (2022), who argues that migrant women's experiences and needs are often marginalised and seldom taken into account in Swedish birth clinics. Midwives express neo-assimilatory discourses, according to Bredström and Grubber (2015), underlining in encounters with midwives the need for migrant pregnant women to acquire 'Swedish values'.

Pregnant migrant women reported discriminatory practices through healthcare professionals' comments on the number of children they have and how often they have them (Ahrnea et al., 2019). In her study of the experiences of the Afro-Swedish with midwives in birth clinics, Nandi

Zulu shows it is pregnant women's experience that health professionals embody stereotypical views of their communities and cultures:

Loads of prejudiced talking and sometimes downright racist comments directed at non-white women, their children and families at the birth clinic. (Zulu, 2021, authors' translation)

The inspiration for the study came from Zulu's everyday practice as a midwife, where she listened to and witnessed these interactions among her colleagues.

The tension between invisibility/overexposure is also highly present in social work. While researchers have shown the central role that social workers have played in implementing state policies (Dahlstedt et al., 2020; Meeuwisse et al., 2016), in the Swedish context there has been only marginal research within social work addressing the role of social workers in producing and reproducing colonial, racial and normative ideas around reproduction and migrant families (Eliassi, 2017). According to Liddell (2019: 100), issues of reproduction are under-researched in social work, creating a gap: while on the one hand issues of reproductive justice are considered marginal, social workers as professionals are central to determining access to reproductive rights.

Postcolonial feminist scholars have identified the invisibility of migrant women as workers as well as being overexposed as a problem, a burden or a threat in their condition of migrant mothers. Economic historian Paulina de los Reyes (2021) asserts that, for a long time, Swedish scholarship at the crossroads of racism and migration has illuminated the invisibility of migrant women in workplaces, in the unions and in feminist narratives (Mulinari & Selberg, 2013) at the same time as they have shown that the conditions of possibility for motherhood among migrant women are excluded from governmental official documents and policy praxis.

SWEDISH 2022 ELECTIONS: MIGRANT WOMEN'S BODIES AS A THREAT

A couple of months before the national elections in Sweden that took place in September 2022, the term 'family planning' began to be present in media debates. Family planning—the historical ghost that over the past 150 years in Swedish history has motivated several violent, repressive interventions in mainly women's lives—reappeared, now aimed at

'integrating' what the state categorised as 'foreign-born women' living in deprived economic areas. In May 2022, the Social Democratic Party in Gothenburg, the second-largest city in Sweden, suggested that family planning should be inscribed as one of the measures used by the city to come to terms with what was presented as one of Sweden's main problems: 'gang criminality'. This measure was supposed to be used only in the areas defined by the police as 'exposed/vulnerable'. They wrote:

To find the proper measures [to stop gang criminality], we need to analyse and have knowledge about the demographic conditions in vulnerable areas. The statistics show that the population in vulnerable areas is younger, that families have more children, and that overcrowding is significantly greater than in other areas. (*Göteborgs Stad*, 2022: 3)

Only two weeks later, one of the leaders of the Green Party, Märta Stenevi, raised the same issue while visiting migrant mothers living in racialised city spaces. She argued that family planning should be seen as part of the 'class journey' that Swedish-born (white) women had made:

It's super-sensitive, of course. And you really shouldn't think out loud with a journalist. But when we made the last class transition in Sweden, women's independence and family planning were central to society. I think such a conversation needs to start now as well. Should you wait a bit for the next child and finish the course in Swedish for migrants first? But since I know how such a proposal would be used, at the same time it feels entirely backward. (*Dagens Nyheter*, 2022a)

Family planning became one of the central proposals during the election campaign from all parties (except the Left Party) in order to come to terms with not only issues of criminality and unemployment but also as a means of 'teaching' the racialised other the Swedish values concerning gender equality, sex and child upbringing. As the quotes above show, family planning was also identified as part of a feminist, progressive practice that would grant migrant women autonomy, freedom and greater gender equality.

Both the Social Democrats in Gothenburg and Stenevi stressed that suggesting family planning could be considered a sensitive issue. They were, however, wrong. Sweden's national, regional and municipal elections were in full swing only a couple of months later and, as would become evident in August and September 2022, issues around racialised

women's reproduction and their children became one of the predominant topics during the elections (Mulinari, 2022). Throughout the whole campaign, in many debates and all other forms of political discussion, the racialised others, particularly migrant women with many children and racialised children themselves (Virdee, 2014), were defined as a threat to the nation, its future and its values. Family planning was presented as a solution to end everything undesirable, from gang criminality to poverty and overcrowding.

Not only migrant women were targeted but also their children. In one same week, first we heard from a Social Democratic politician that, in order to act upon segregation, the relocation of 'non-Nordic people with larger families' was an imperative. On the next day, the Liberal People's Party proposed a mandatory language test for two-year-old children residing in 'vulnerable' areas who were not enrolled in pre-school (Malm, 2022), only to be followed the day after that by a Moderate from the region of Stockholm who proposed to test children for ADHD in the same vulnerable areas, as a way to decrease gang crime: 'We need to find these children, and that is going to help prevent crime', the party's Justice spokesman Johan Forsell argued (Hansson & Blomberg, 2022).

Relevant to underline is how family planning established itself as a shared (and not at all controversial or 'sensitive') worldview among all political parties from the Social Democrats to the ethnonationalist Sweden Democrats.

Rasmus Ragnarsson, a representative for the Sweden Democrats in the municipality of Gothenburg, writes:

In order to come to terms with overcrowding and poverty, society must actively direct and implement efforts in family planning and sexual education for women and men of childbearing age, especially in our marginalised areas. In this way, we can influence this power structure, shift norms, which in the long run leads to smaller but healthier, better educated and wealthier families that manage their livelihood on their own. (*Göteborgs Posten*, 2022)

Social and healthcare workers are often identified as important professionals who should in different ways implement the practices of family planning. However, in similarity to what Goldblatt et al. (2022) argue, most welfare professionals were silent in regard to those issues, as was the majority of the (majoritarian/white) feminist movement: neither seemed to identify the proposals (of both family planning and the withdrawal of

parental leave days) as practices that in different ways restrict women's reproductive rights. The restriction of different forms of rights, from reproductive to economic, in a Swedish context has on the contrary often been legitimised through a gender-equal language.

PARENTAL ALLOWANCE AND FAMILY PLANNING

The neoliberal shift from rights to obligations, framed through discourses on 'cheating the system', has affected a diverse range of vulnerable groups. In the specific case of racialised women, this shift was legitimised through notions of gender equality. In 2017, the government issued a new regulation whereby people who migrated with children over two years old would have a reduced right to parental leave. Instead of the 480 days per child that parents of children born in Sweden get, they would get only 200 days and, if the child was three years old upon arrival in Sweden, 100 days. In defence of the proposed reduction of parental leave days for migrant parents, former Prime Minister Stefan Löfven and Finance Minister Magdalena Andersson announced:

For our part, it is primarily an important gender equality reform. It's about shortening the time before foreign-born women enter the labour market. (Löfven & Andersson, 2017, authors' translation)

The idea that unemployed women with a foreign background spend too much time at home with their children, and hence not in the labour market, is legitimised through gender-equality rhetoric, where some mothers' right to remain at home is understood to threaten their and the nation's gender equality. The new legislation creates a fundamental inequality in terms of how long parents can be at home with their children, whereby migrants have less time available because their time at home is defined as an obstacle for a woman to enter the labour market. Following the logic of a reproductive racist regime, it is possible to read the new practice as a way for the state to reduce reproductive rights for migrant women, at the same time as it increases their possibility of exploiting those women.

Presenting a new directive to central Swedish administration on how to 'speed up the establishment of foreign-born women', Anders Ygeman, former Integration and Sports Minister, declared:

Far too many [foreign-born women] have ended up too far from Swedish society. We shall not have any parallel societies in Sweden. Here law and Swedish values apply. In Sweden, children should see both mother and father go to work. (*Dagens Nyheter*, 2022b)

Let us disregard for a moment the heteronormative assumption about what families are in Sweden. As Willem Schinkel (2018) argues, the concept of integration ‘purif[ies] and immunizes a preconceived society’ because every problem—for example, unemployment—is defined as a problem existing outside of society, or, as in this case, in parallel societies:

This way, ‘society’ is imagined as a pristine, pure domain that is without problems. Problems are problems of ‘integration’, and integration has to do with the position and opinions of non-white individuals. (Schinkel, 2018: 16)

The policies designed to reduce unemployment tend to focus on changing migrant women, rather than creating jobs, let alone discussing the connection between unemployment and racial capitalism. Children are often identified as a central obstacle for racialised women. In their report *Strengthened Opportunities through Collaboration*, the Swedish Gender Equality Agency (SGEA) identifies several different structural challenges for migrant women such as segregation (that creates fewer networks). Other structural problems identified were:

To have children of pre-school age is the biggest obstacle for foreign-born women to enter the labour market. (SGEA, 2022: 16)

Because statistical research suggested that having children was identified as a problem for what the state categorises as ‘foreign-born women’, family planning was presented as a way to empower this group. Representatives of the Liberal People’s Party argued for the need for ‘family planning’ in areas with many ‘foreign-born’ and asserted that family planning could be a way to ‘give the power back to foreign-born women’ (*Ekurivren*, 2020). The Social Democratic government argued for the need for ‘family planning’ among foreign-born women to ‘increase their labour market participation and economic autonomy supplement’ (*Aftonbladet*, 2022), suggesting among other things a reduction of the ‘multi-child support’. Minister of Labour Eva Nordmark, presenting the new directives, in

summary declared, as stated in the introduction to this chapter, 'One should not have more children than one can provide for' (*Expressen*, 2022).

Arguments for advancing equality and women's rights are increasingly common when introducing more demanding requirements and disciplinary reinforcement towards alleged integration or assimilation (see Farris, 2017; Kofman et al., 2013). A problem with such a simplified view of integration is that the socio-economic dimensions of integration and structural inequality, in this case in Sweden, are downplayed (cf. Kirk & Suvarierol, 2014; Kofman et al., 2013). As Davis contended, the argument that fewer progeny would increase availability of jobs or better housing conditions makes invisible the fact that those societal problems are embedded into the economic political system, and are not caused by migrants and their children.

CONCLUDING REFLECTIONS

The argument in this chapter is simple. The debate around family planning and other forms of social welfare restrictions in relation to parenthood that target only 'foreign-born' women needs to be understood as arguing for or against forms of reproductive racism, a racism that in different ways not only restricts but also controls the reproductive practices of the racialised other. We argue for the need to read these Swedish policies through the lens of the historical practice of the Swedish state, which through processes such as sterilisation has controlled who is worthy of reproducing the nation. While people today often condemn the sterilisations and family planning practices of the early 1920s and 1930s, it seems as if the new but similar policy practices are detached from their historical continuity, creating a form of collective amnesia where it is considered legitimate to—once again in the name of modernity, gender equality, the nation and its future—determine who can reproduce. Even though family planning and other reforms are presented as feminist and leading to greater gender equality, in practice what they do is create greater racial, gender and class inequalities, legitimised through gender-equal rhetoric. Through the lens of an RJ framework, one should argue for the need to create circumstances whereby a woman can choose not to have children, while at the same time being able to choose and retain the possibility of having and enjoying them. This right is questioned in Sweden today when it comes to migrant mothers, who are suddenly identified as the cause of all forms of

problems that a racist, capitalist society creates, from poverty to unemployment and crime. But there is another challenge we want to address.

Among welfare professionals in both research and practice, issues of racism and reproduction are often marginal issues. However, as we have discussed, these welfare professionals (midwives, nurses, social workers) in many ways are central actors when interpreting and acting upon how new policies and forms of legislation in relation to issues of reproduction will be implemented. The powerful response from medical professionals (Axelsson et al., 2022) under the title 'Healthcare must defend reproductive rights', published in one of Sweden's most established journals within the health profession, demanding more resources in racialised neighbourhoods and resisting any state intervention as family planning that threatens their professional ethics, is a promising and hopeful beginning.

It will surely be social and healthcare workers who will be tasked with providing information about family planning and similar practices. It is crucial, therefore, for these professionals to more actively engage in the defence of reproductive rights around reproductive justice as Axelsson et al., three medical professionals, argue as a response to family planning policies, powerfully asserting that these kinds of state policies threaten their professional ethics.

Finally, a point of departure is reproductive justice in a European political context, where the category of women is located at the core of the nation, a location that excludes all other forms of undesired femininities that do not conform. Reproductive justice bridges a theoretical and political agenda linking the struggles and the resistance against *both* the construction of specific groups of women as the reproducers of the nation and the construction of others as a threat to the nation. Reproductive justice illuminates how and in which ways the control and focus of majoritarian women's reproductive capacities by ethnonationalists and religious fundamentalists are embedded in the restriction of migrant women's and LGBTQ communities' reproductive rights. Different forms of reproductive racism need to be confronted and named, because at their core they challenge the possibility of creating reproductive justice for all, which in the end is the only reproductive right that is just.

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