RSSH Podcast
A History and Geography of Reproductive Justice - Episode 1

Dr Anne-Mari Greenfield, Proffesor Maud Bracke and Dr Carolina Topini:

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DR ANNE-MARI GREENFIELD: Welcome, everyone, to the next episode of The Sex, Research, and Resistance Podcast. My name is Mari Greenfield. I'm a Research Fellow at the Open University. Today we're going to talk about the history and geography of reproductive justice.

And to do that, I'm joined by two brilliant guests, Maud Bracke and Carolina Topini, who are going to talk to us about the movements that came before reproductive justice and how that emerged as a way of thinking about this area of research, policy, and action.

But before we start the episode, I want to say that we would love for you to share this episode with your friends, colleagues, family, anybody who might be interested. You can like and subscribe to the podcast on Spotify or wherever you get your podcasts. So, Maud and then Carolina, can I ask you to introduce yourself to our listeners, please. Can you tell us about what you do now and how you came to be interested in this area.

PROF MAUD BRACKE: Yes. Hi. Good afternoon, and thank you very much for having me on your podcast. So my name is Maud Bracke. I'm a Professor of Contemporary History at the University of Glasgow in Scotland. And for the past 15 years or so, I have been researching various aspects of the histories of feminism, of reproductive rights struggles, of reproductive health struggles.

Primarily or initially, I was focused on Europe, initially I was focused primarily on Italy and France, but in recent years, I have tried to tackle aspects of a more global history of those reproductive rights struggles and of the actors and the networks of women who have been active in that area between the 1960s and the 1980s.

So I'm interested, really, in historically tracing where notions of rights, embodied rights, bodily-based rights, bodily autonomy come from, and how these notions have evolved over time in relation to the social context in which women or people have claimed those rights.

The social context around the world, the social-- different socioeconomic contexts in relation to things like access to healthcare services in relation to global kind of wider debates in the United Nations and elsewhere on things like women's roles in socioeconomic development of their communities in relation to debates on family formation and family forms.

So that's really what I've been looking at over the past couple of years. And that brings me to today's topic on which is more specifically really centered, I think, on the reproductive justice framework, which we'll talk about in a minute, and how we can maybe use that framework and concepts related to it to historically analyze how those struggles have evolved and developed over time in different parts of the world.

DR ANNE-MARI GREENFIELD: Thanks so much, Maud. Carolina, can we turn to you? Would you introduce yourself to our listeners.

DR CAROLINA TOPINI: Yes. Thank you very much for this very interesting invitation and conversation. So I'm a Postdoctoral Research Fellow at the Gender Center of the Geneva Graduate Institute in Switzerland. And I am currently PI of the Swiss National Science Foundation Funded Project, Traveling Feminism, Women's Health Movements, and Reproductive Rights Across Borders.

This project I've conducted in the past three years, examined the history of the International Women's Health meetings, a series of transnational feminist gatherings organized from the late '70s today to 2000 outside institutional channels. And I analyze how these meetings became crucial spaces for coalition building across North South divides, and how they catalyze a very significant expansion of knowledge on reproductive rights and justice across different countries.

So I'm a historian working with interdisciplinary perspectives at the intersection of European and global feminist history. And like Maud, my previous work was initially focused on Europe and Western centric perspectives, and I have done broadened my interest, especially, thanks to the influence of decolonial, postcolonial, intersectional feminist author. And before joining the Graduate Institute, I was a postdoctoral research fellow at the Center for Gender History at University of Glasgow where I had the opportunity to work with Maud.

DR ANNE-MARI GREENFIELD: Thanks so much for introducing yourselves, both of you. So, before we start talking about the history or the geography of reproductive justice, I wanted to think first about what is reproductive justice. So, Carolina, could I turn to you to define what we mean when we're talking about that?

DR CAROLINA TOPINI: So, reproductive justice is a concept forged in June 1994 by a group of Black women who called themselves Women of African Descent for Reproductive Justice. And these women gathered in Chicago on the eve of the International Conference on Population Development in Cairo. And they defined reproductive justice-- I quote them-- "As the human right to maintain personal bodily autonomy, have children, not have children, and parent the children we have in safe and sustainable communities."

So the concept was rooted in the lived experiences of reproductive oppression faced by communities of color in the United States, including, for example, forced sterilizations, coerced abortions, harmful contraceptive testing, and also the removal of children for-- from their families and their placement in foster care.

These activists challenged the limitations of mainstream reproductive rights agendas and movements, which at the time focused primarily on legal access to abortion and contraception, and often without addressing broader structures of inequality. That, to say, the social, economic, and political conditions necessary for people to actually exercise those rights.

So in this sense, reproductive justice calls not only for legal and policy changes, but for a broader radical transformation of system of power, I would say. And over time, reproductive justice as a framework has been expanded in a very interesting way through the work of many activist organizations.

And today, this concept encompasses a much wider range of issues, including environmental justice, disability justice, housing, welfare policies, incarceration, access to lands for Indigenous communities, and immigrant and LGBTQ rights. And, of course, reproductive justice did not emerge in a vacuum, but it grew out of a longer, much longer transnational history of feminist organizing against coercive population control.

DR ANNE-MARI GREENFIELD: Thanks so much, Carolina. It's fascinating, isn't it? That what sounds like quite a simple concept or framework has these really deep roots into so much else in how we think about social policy, society, and all of these really varied issues. I'm interested to think about, Maud, what came before reproductive justice, because this isn't a concept that emerged from a vacuum. Could you tell us a little bit about that?

PROF MAUD BRACKE: Yes. It's interesting to think about the framework of reproductive justice in a double sense. We can think about it in the way in which Carolina outlined earlier as a concept that emerged in a very specific context, and that emerged from Black US feminism in a very specific context in the 1980s and 1990s.

But what I think a number of people nowadays, a number of scholars also find interesting is to, in a sense, retroactively or retrospectively try and see whether we can apply or in what ways

we can apply that concept to look at reproductive rights and health struggles at earlier times and in times where the concept as such as an explicit framework was a-- did not exist yet.

And what I find and what others find in our research is that, are we looking now at the kind of period starting after the Second World War? We could go earlier back, but the work I've done is really after the Second World War is that what we can see is that there's so many struggles, reproductive rights and health struggles, which are cognizant and are very aware of socioeconomic difference, social context, the interrelation between rights that relate to reproduction, on the one hand, and rights that relate to economic and socioeconomic rights and socioeconomic inequality and injustice.

And so there's so many different contexts in which we can see that people-- women and people who were campaigning for reproductive rights and reproductive health were thinking along the lines of social differences and social distinctions and social inequality and justice, racial stratification, class stratification, stratification on the basis of disability.

So I can think of, for example, of one kind of case study or example that I'm looking at recently in my own research is the conditions in which contraception was introduced in the French overseas departments of Martinique and Guadeloupe in the Caribbean in the 1960s and '70s.

And that what was clear from the perspective of the French state, or in terms of the motivations of the French state, that there was a very clear element of population control there, and of racialization of the local population and of attempting very simply to get fertility rates down in those overseas departments.

And then at the same time, of course, for people within that context-- so especially the women or the women's organizations who were working-- responding to this, what was clear to them is that there was this racialization that was happening and there was this kind of population control element, clearly, that was happening there and the motivation behind it. But that at the same time, of course, also that contraception might be a tool for allowing women to have more control over their bodies. And so these really quite complex discussions is what interests me.

And so in that sense, there was a clear-- in that example there was a clear awareness of racial injustice, of class injustice also. And it's exactly that kind of sense of injustice and stratification of population groups in relation to reproduction that is really foregrounded in the framework of reproductive justice. And I find that is why that framework of reproductive justice to me is so productive and useful in terms of looking also at earlier histories and earlier examples of reproductive rights struggles.

Also because, for instance, the reproductive justice framework brings together questions-- and Carolina has already pointed out it brings together questions around contraception and abortion. But it brings these questions or these issues in connection to, for example, things like maternal health, maternal mortality, the inequalities in maternal mortality-- again, often based on race and/or class-- family benefits, family welfare. So it opens up this question of reproduction in a much more-- in a kind of wider social context.

DR ANNE-MARI GREENFIELD: Thanks so much. Thanks so much, Maud. So, when the three of us met to talk about how we would structure this podcast, we really struggled to think how we were going to bring it down and be able to talk about it in half an hour and not give a week-long series of lectures.

And one of the things that we decided that we would do is think about, for the history section, three international feminist conferences that we could discuss. We can talk about the groups and the networks who organized and attended them, and the debates that happened. So if we take that in historical order, starting with the oldest, Maud, could you tell us about the Brussels Conference of 1976?

PROF MAUD BRACKE: Yes. There was a conference that was organized by a number of feminist groups in Brussels in 1976. The official name of. It was the International Tribunal on

Crimes Against Women. And already that's interesting, I think, this notion of crimes against women.

And so this was an organ-- this was a conference that was organized by a number of existing networks, local and transnational organizing networks of women, of feminists from Europe, from the US, and from Mexico primarily. The tribunal was attended by over 2,000 women, so it was a big event, including a significant number of women from outside Europe.

And a good chunk of women were from Europe simply because this was relatively local to them, but there was also quite significant numbers of women participants from Egypt, Kenya, Puerto Rico, South Africa, India, Iran, Mexico, Mozambique, the Philippines, Syria, Taiwan, Vietnam, Yemen, and a number of other countries around the world. So it was a relatively global conference.

And so the aim of this event, really, was exactly to demonstrate to the wider world just the extent of and the depth of violence and other forms of crimes that were perpetrated against women on a daily basis in a number of different local and social-- a number of different geographic and social localities. So what happened at this event was that reproductive control issues were-- really came to be front and center of the discussions.

In some sense, the tribunal, the International Tribunal of '76, was a feminist response to the UN sponsored International Women's year of 1975. So what's happening in the UN, in the United Nations at this point forms a really important context to that unfolding of these conferences that we're going to talk about and that unfolding of these increasingly globally connected women's networks and women's health networks.

So the UN International Women's year of 1975 and the first UN International Conference on Women, also held in 1975 in Mexico City, were a very important context but, I would say, in an ambivalent sense, in a kind of double sense. On the one hand, the fact that from the mid 1970s, early mid 1970s onwards, the United Nations starts to really focus on women's rights, and that becomes a key issue. And then we have the UN decade of women, '75 to '85.

In a sense that offers an infrastructure to some of these much more grassroots organizations that we're interested in and networks that we're interested in. It offered them an infrastructure, it offered them the opportunities for funding, it offered them the opportunities to attend meetings and meet each other.

On the other hand, there's a whole range of these more radical grassroots conferences that we're going to talk about in this period, which also very thoroughly and very deeply critiqued United Nations and its approaches, and in a sense, are almost set up against, for instance, the Mexico City conference.

And this, to an extent, was the case for this Brussels conference of '76. And we see on the one hand-- we see that duality that on the one hand, events like this one day benefit from that increasing and growing global interest in women's rights. On the other hand, they also really-- a lot of the conference discussions was critiques of the approaches that were taken by the UN and the key ideas and frameworks.

One thing that was really interesting about this tribunal in Brussels in '76 is that-- so it focus was on crimes against women, but the methodology that was applied was that we are not going to prescribe any-- or kind of pre define any definition of what are crimes against women. The definition of what are crimes against women is going to emerge from testimonies.

And so the testimonies were absolutely crucial to how this tribunal, this conference unfolded. So it was very much about women bringing testimonies from events that had happened in their countries. And that on the basis of that lived experience, a definition of-- or definitions of crimes against women would be established.

And I think that was very important methodology that was applied. Why? Because it was exactly-- because it was-- it would allow really lived experience to come to the foreground. It

would allow to have a-- to create and construct new and novel ideas of what violence against women was, what crimes against women were. And it would allow for an encompassing and broad ranging definition of crimes against women.

And so this was immediate-- this was in a very immediate sense, this was relevant to the discussions about reproductive rights and reproductive control because what happened is that as women would-- at the tribunal would talk about different forms of reproductive injustice or control or violence that existed or occurred within their countries, within their context, what became very clear was that there was a very broad range of different types of reproductive crimes that were committed against women.

And so, for instance, women from Italy or France would talk about what they called forced motherhood, by which they meant the absence of abortion rights, basically. So, for instance, in a country like Italy you had a situation where abortion was still-- at that point up until '78, was still entirely banned. And so according to estimates, up to 2 million illegal abortions per year, leading to thousands and thousands of women either dying or suffering severe health complications.

And so these were the kinds of things that, for instance, the Italian or other-- some of the other West European women would talk about at this tribunal and would testify around this at this tribunal. And they coined this notion of forced motherhood, by which they meant-- again, by which they meant the absence of abortion rights.

On the other hand, we had women-- there were women from a number of countries in the Global South, or racialized communities within the US, for example, who were talking about the absence of the right to motherhood in a number of different ways, and who we're pointing at very long histories of racialized women in different parts of the world and in different kind of contexts, of racialized women being denied the right to motherhood or their children being taken away or suffering forced sterilizations, and so on and so forth.

So these very different experiences came together at this tribunal. And, again, this was-- again, this was thanks to that methodology of, really, not predefining any fixed definition of crimes against women, and so this plurality really emerged. Just to give a couple of examples, there was a woman from Puerto Rico who is not named in the archives, who reported that her country had the highest sterilization rates in the world, and that the US government reimbursed 90% of each procedure's cost to Puerto Rican-- to the Puerto Rico's Department of Health Education and Welfare.

So sterilization is often took place just after childbirth when women were particularly vulnerable and easier to persuade. The legally required consent form was frequently omitted, and when it was used, it was often available only in English, a language that many could not read.

So this was one example of a testimony from a woman from Puerto Rico. There was another example, a woman-- an Aboriginal woman from Australia reported that Aboriginal women in the remote Northern territory were dismissed as, quote unquote, "unfit" mothers and forcibly sterilized.

So these stories of, for instance, of sterilization, or this whole issue around-- this whole problem around sterilization and unconsented or forced sterilizations, for instance, was something that some of the women from the West European context had not really been working with very much, or had not really been thinking about very much. Because in the context of-- in the West European context at this moment in time, mostly women were fighting for the right to access to contraception and abortion, and so these were very different stories that emerged here.

And so the juxtaposition of the right to be a mother and the right not to be a mother really went beyond the activism that had unfolded in the West European context, for example-- or also in the US, for example, up until that point. And so I think that's why-- one reason why this conference was specifically significant.

DR ANNE-MARI GREENFIELD: Thanks so much, Maud. It sounds so fascinating. I would have loved to have been at that tribunal and to be part of that conference. And it's really interesting seeing that word, crimes, being talked about back in 1976, and thinking about how that has been come around to concepts of injustice and now into justice.

So fascinating. And really interesting to hear as well that back at that historical moment, one of the things that's happening is an awareness of the different geography of talking about these rights. So thank you very much. So, Carolina, you're going to tell us about two conferences, the first in your city that you're in now in Geneva in 1981. And then you're going to tell us about a conference in Amsterdam in 1984.

DR CAROLINA TOPINI: So five years after the Brussels tribunal, another landmark conference took place in Geneva in June 1981. And this conference is the third International Women and Health meeting. So this meeting was jointly organized by the Dispensaire des Femmes, a feminist health center run by women for women in Geneva, and by ISIS-WICCE, a branch of the Women's International Information and Communication Service, ISIS.

A transnational feminist network was main mission was to provide women's organizations around the world with channels of communication, including a North South exchange and training program. Let's say that both organizations had very strong connections with activists in the Global South, especially across the Latin American regions. And also privileged access to fundraising and institutional networks, including the WHO headquartered in Geneva as well.

And this meeting brought together more than 400 women, including activists from India, Bangladesh, Brazil, Costa Rica, Colombia, Peru, Algeria, Cote d'Ivoire, Senegal, and South Africa. Participants were invited in advance by organizers to propose specific workshops and discussion groups on issues that they considered important and relevant in their own context.

And women from Global South countries use this space to place concerns such as imperialism, population control, and antinatalism on the agenda of the meeting. And while access to abortion and contraception, of course, remain very important, very relevant topics, they also drew attention to issues that had received far less consideration within European feminist movement at that time as mode as very well stressed before, including, for example, breastfeeding and nutrition, maternal mortality, the difficulties migrant women workers faced in Europe in accessing healthcare, for example, also.

Another very important topic was the risks associated with certain contraceptive technologies, such as the Dalkon Shield IUD or the injectable Depo-provera, or the [INAUDIBLE] contraceptive pills as well which were often restricted in Northern countries, with some relevant exceptions, of course, but at the same time continued to be massively distributed, tested and distributed in Southern countries.

Building on the debates and connections forged in Geneva in July in 1984-- so three years later-- more than 500 women from around the world gathering in Amsterdam for the fourth International Women's Health meeting, which is also known as the International Tribunal of Reproductive Rights, which drew inspiration from the Russell tribunal as well.

The meeting was organized on the eve of the UN International Conference on Population in Mexico City, and was meant to provide a space for activists to articulate a common feminist strategy on population policies as captured by its main slogan, which was population control no women decide. And activists argue that the meeting that population policies should be guided by women's health and rights principles, rather than by demographic or economic macro objectives.

The Amsterdam meeting was organized by the International Contraception, Abortion and Sterilization Campaign, also called ICASC, a London-based solidarity network active between 1978 and 1984. The Amsterdam meeting was especially relevant for the large number of organizations and networks represented, from Black and Indigenous feminists, to lesbian and disability rights activists. And participants included, for instance, the Boston women's Health Book Collective, Taller Salud from Puerto Rico, the African National Congress, Women's

Section, the International Lesbian Information Service, and the British group Sisters Against Disablement.

The conference opened with a keynote address by Bangladeshi activist Farida Akhtar, a founding member of the feminist organization UBINIG in Dhaka, and later also a very active member of FINRRGE, the Feminist International Network of Resistance to Reproductive and Genetic Engineering.

In her keynotes, in her very powerful keynote, she urged the audience to consider our international actors, such as the World Bank and USAID, shaped reproductive politics in countries like Bangladesh. And she argued that poor urban and rural women were often denied access in these countries to safer, self-controlled contraceptive methods and instead subjected to long-acting provider control contraceptives and sterilization programs as well.

So, the very ambition targets for contraceptive accepters imposed by these institutions often as a condition for receiving loans or assistance were responsible for creating the condition that encourage coercive practices and undermining in this way women's reproductive autonomy very, very heavily, very deeply.

DR ANNE-MARI GREENFIELD: So, Carolina, can you tell us, at these conferences in Geneva and Amsterdam, what were the main debates and disagreements that came up?

DR CAROLINA TOPINI: Thank you for the question. I will focus this mainly on the Amsterdam meeting. So in addition to providing a space for coalition building, this meeting was also a very powerful site of contestation and debate among activists themselves. Strong critique were voiced particularly by Black, disabled, and lesbian women who questioned the poor recognition of their needs and perspectives in the planning of the conference itself.

For example, in their statement delivered during the open plenary session, the delegates of the Brixton Black women's group accused organizers of perpetuating the exclusion and marginalization of Black women living in Europe who, for instance, had been contacted and invited to join the meeting only two months prior to the conference.

And the justification given by organizers that there were not so many Black women working on reproductive rights across Europe was not legitimate, absolutely not legitimate for the group. And in the same vein, they also criticized the decision to cap participation at 15 women per country for Northern Europe and North America. And Brixton delegates argued that this decision was clearly based on very wrong assumptions, so the assumption that all these women were white and held privileged position within the movement.

And as a racism as a topic, as a political topic in issue, and not been explicitly included on the meeting-- on the meeting's agenda, the Brixton activists also decided to spontaneously organize a workshop in Situ titled racism in the women's liberation movement. So this was a very tense moment, but also very politically prolific one, I would say.

And less than a disabled women also challenged important blind spots in dominant reproductive rights debates, arguing from their side that their experiences as mothers were often marginalized and were often relegated to special interest groups. Disabled women drew attention to the coercive practices they routinely faced in medical settings, including prenatal testing, selective abortion, and IUD insertion as well.

And they challenged dominant understanding of abortion reproductive choice, arguing that the language of choice often, very often obscured the social and institutional constraints shaping reproductive decisions. And this critique was very similar somehow to that advanced at the same time by Black feminist activists themselves who likewise pointed to the limits of the choice framework, and especially its failure to account for medical racism, welfare inequalities, and also restrictive immigration policies.

Lesbian activists reported on their discrimination faced by lesbian mothers in child custody cases, they also denounced the lack of access to information on artificial insemination, and the

ways in which the absence of legal recognition for lesbian partnership affected in a very concrete way lesbian family formations.

More broadly, this critique helped shape a more expansive reproductive rights framework that recognizes how different forms of oppression and power intersect, and also to integrate, I would say, a wider range of feminist concerns in the global movements agenda.

DR ANNE-MARI GREENFIELD: Fantastic. Thank you so much, Carolina, for telling us about these two conferences. It's really interesting to see, I think, that evolution in what's being discussed and also in who's around the table. Can I ask you, as the last part of this podcast, to just tell us a little bit about the main outcomes from these three conferences. So, Maud, if I turn first to you.

PROF MAUD BRACKE: Yes. I think, indeed, this conference was very important, as Carolina pointed out, because-- well, for a number of reasons. But one of these was that in its conclusions, it defined reproductive rights. And this is important to note that this is a time during which, for instance, the United Nations has not yet defined reproductive rights. It has defined-- it has principles around access to family planning or access to family planning information, but, actually, a definition of reproductive rights did not yet exist. And this meeting does that from a feminist perspective and from a global feminist perspective.

So reproductive rights was defined here as-- and I'm going to quote-- "Women's right to decide whether when and how often to have children regardless of nationality, class, race, age, religion, disability, sexuality, or marital status in the social, economic, and political conditions that make such decisions possible," end of quote.

And, again, I find this really important exactly for this final clause where it adds that notion of the social and economic conditions which make it possible to make those choices. And this really implies an understanding of the fact that those conditions can be so dramatically different, and that economic conditions, for instance, really constrain and frame women's choices.

And it contained within that definition is really, I think, a critique of what, for example, in white West European or white US feminism, up until that point, it had been that focus on choice in a more abstract or in a more liberal sense, the notion that women, that the principle of women choosing.

Which, of course, was something that also women at this conference all could agree with, but what is really so rich and so complex here, I think, is adding that understanding of, really, the heavy weight of socioeconomic conditions in that. And so it was added that such rights, more specifically, such rights would include-- and, again, I quote-- "Access to safe, effective contraception and sterilization, safe and legal abortion, women-controlled pregnancy and childbirth, safe treatment for the causes of infertility, and full information about sexuality and reproduction, and the benefits and risks of drugs, devices, and medical treatments," end of quote.

So, again, there's a lot packed into this here. There's a whole kind of range of more concrete and specific rights that are incorporated in this definition, but, again, one thing that I find interesting is, for example, the benefits and risks of drugs, including contraception. So this has been a long-- as Carolina also suggested, this was long, lengthy discussions about the impacts of different types of contraceptives and how they were offered to particular groups of women around the world and for what reason, and health risks and side effects and so on.

So all of that kind of awareness of these issues were, in some forms, contained into this definition. There was also-- in the conclusions there was also an interesting critique of the UN-- of what at that point still very much-- well, to an extent was the UN's gender blind language on reproductive rights.

So the UN-- again, going back to one of the definitions in the UN's documents and conventions, was that family planning had been defined as a right that belonged to parents, and so parents

as a gender neutral term. And so this was here very explicitly critiqued. And this was really-- these rights were claimed as women, which I think is also really important.

DR ANNE-MARI GREENFIELD: Yeah, it's so important, isn't it? And I think it's fascinating and also somewhat frustrating to-- for me, certainly, to hear how many of the same debates we're still having today. That we're still trying to really get language right around reproductive justice and reproductive rights, and that we're still talking about the access that we have to contraception, to abortion, all of these kind of things. So, Carolina, can you tell us, with the discussions around the who's included, who's issues are included in these later conferences, are those discussions foregrounded in the outcomes from the conferences?

DR CAROLINA TOPINI: Absolutely. In a certain way, of course. I think that the most consequential legacy of these meetings is that they gave rise to new forms of transnational feminist solidarities. And, of course, these solidarities, as we have just discussed, were not easy. They were complicated. They were debated. They were negotiated.

But I would still say that one of the most significant outcomes, especially of the Amsterdam meeting in '84, was the emergence of new international and regional networks that would later occupy very influential positions in global debates on reproductive rights and justice.

For example, at the conclusion of the meeting in Amsterdam, an activist established the Women's Global Network for Reproductive Rights and the Latin American Caribbean Women's Health Network, based respectively in Amsterdam and Santiago de Chile. The meeting also played a very important role in the consolidation of the network of women living under Muslim laws.

Founded in '82 as an international action committee supporting women affected by patriarchal and authoritarian interpretation of Islam, the group formally coalesced into a transnational network during the Amsterdam meeting. And founding members of the network from Algeria, Morocco, Tanzania, and Bangladesh used the meeting as a strategic opportunity to connect and coordinate their efforts.

So this network played a very important role. They were central infrastructures, I would say, in the development of a global women's health and reproductive rights movement, especially in the following decades, the '90s, that we are probably explore in more detail in our second part.

DR ANNE-MARI GREENFIELD: Thank you so much to both Maud and Carolina for telling us about the fascinating history from which reproductive justice grew. And thank you to you as well for joining us and listening to the history of reproductive justice on The Sex, Research, and Resistance Podcast. Please join us again for the second half of this episode where Maud and Carolina will join me again to talk about the geographies of reproductive justice.

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