

National Revival or National Burden: Discourses on Indigenous Birth, Population Growth and Demography

Richard Togman, PhD
Lakehead University
Thunder Bay, ON

The dominant Canadian narrative of Indigenous fertility has always been told from the perspective of non-Indigenous Canadians. Politicians, health care professionals, demographers and economists have consistently maintained a common narrative that characterizes Indigenous fertility as too high and something which is to be controlled, constrained and brought into line with euro-centric norms. High Indigenous fertility has been identified as a problem since systematic record keeping began in the 20th century (Romaniuc 2003, Dyck and Lux 2016, Stote 2012) and this has resulted in a wide variety of colonial interventions into the reproductive lives of Indigenous peoples (Stote 2015). These interventions are not relegated to the distant past but continue to occur and mar the lives of Indigenous nations, most recently highlighted by the sterilization of Indigenous women in Saskatchewan (Boyer and Bartlett 2017).

One critical way to break the cycle of control and victimization is to challenge the dominant narratives that give meaning to fertility and demography. We must identify and confront the euro-centric discourse of modernization anti-natalism which characterizes Indigenous fertility rates as a burden on society (Togman 2019: 13). In turn, we must acknowledge, popularize and respect Indigenous held narratives on the meaning of childbirth and begin meaningful efforts towards decolonization to end the practices of forced sterilization. In sharp contrast to mainstream Canadian narratives, which characterize Indigenous fertility as 'too high' and in need of 'modernization', many Indigenous communities celebrate higher rates of childbearing. Many nations understand the rapid growth in Indigenous populations to represent a revival or their people and a process which empowers their nations as they recover from centuries of genocide.

This article addresses a huge gap in the literature and seeks to give voice to Indigenous narratives on natality. Following Stote who describes the "paucity of literature dealing with these issues as they relate to Aboriginal women in Canada" (2015: 7), this article will provide a brief overview of the ways in which mainstream Canadian society has

typically characterized Indigenous fertility. As well, it will explore the subjugated discourse held by Indigenous nations in Canada regarding their own fertility, as described in the literature. The literature review will be complimented by original research conducted in Thunder Bay, Ontario from 2017-2018 which surveyed Anishinaabe people in relation to their worldviews regarding the meaning of fertility and demographic growth. Mainstream Canadian demographic narratives are deeply embedded in colonial frameworks and only by substituting colonial for Indigenous derived discourse can we attempt to position ourselves into a legitimate framework of reconciliation and end the coercive sterilization of Indigenous women.

Background

Stories about the meaning of childbirth and fertility are as old as human civilization. However, for most of the human history, the control and manipulation of fertility has largely been beyond the capacity of government. At a rudimentary level, states did not know how many people lived within their borders let alone how many children the average woman may have. States began to gain knowledge of 'the population' at the dawn of the scientific era as modern demographic tools such as the census and state-based record keeping of births and deaths came into being in the late 19th and early 20th centuries (Togman 2019: 218). These demographic tools formed the foundation for government intervention as the new statistical powers and demographic tables gave states the building blocks for conceptualizing and theorizing the nature of population and demography.

It is during the 19th and 20th centuries that we see a flourishing of discourses on the meaning of population growth and concerted government interventions into reproduction to control and harness fertility to serve state ends. A wide variety of governments since the First World War have gone to wildly varying lengths to either limit or promote higher fertility amongst their citizenry and those of other countries. Examples include China's 'One Child' policy and Nazi Germany's breeding programs at the extreme but include a wide variety of states which range from Ecuador and Burkina Faso to France and India (UN 2013). Currently, over 90% of least developed states are actively seeking to lower their fertility while over two-thirds of developed world governments have designed programs which actively attempt to increase the fecundity of their nation (UN 2013).

To understand why governments of all shapes and sizes are intervening in the most private and personal acts an individual may have one needs to comprehend the major discourses on fertility that assign meaning to reproductive power at a collective level. Togman in Nation-

alizing Sex (2019) identifies five global discourses that dominate both popular and elite narratives of demography. These discourses offer a structured and rationalized framework for actors to interpret and act upon the facts of demography. It is through these lenses that actors understand the necessity of intervening in the reproductive behaviours of individuals, as they believe they are combating major threats which can only be remedied through natalist activity.

The two dominant narratives that are most relevant for the Canadian context are mercantilist pro-natalism and modernization anti-natalism. Mercantilist pro-natalism understands a growing population to be a positive phenomenon. Increasing fertility and maintaining high rates of population growth are goods to be pursued as a larger population leads to a more powerful nation. Robust demographic growth means the nation is better equipped to assert itself economically, culturally and militarily when confronting external threats. A high fertility rate represents the health, vigour and vitality of the people while a slow or declining rate represents decline, decay and a withering of strength (Togman 2019: 11).

The second major discourse is that of modernization anti-natalism. Its adherents understand a growing population with high fertility as a general threat that should be countered. Underdevelopment and poverty generally define high fertility populations which suffer from a 'pre-modern' socioeconomic structure and systemic overpopulation. Development funds and family budgets are spread thin by large families and high rates of childbearing, leading to systemic underinvestment and a poverty trap for the overly fertile. High fertility is a threat to be countered and by bringing down rates of childbearing the nation will experience higher rates of economic growth, security and a general advance to modernity (Togman 2019: 13).

These discourses do not determine action but rather serve as frameworks within which action is rationalized. They provide a common language and vocabulary for a large and diverse number of actors and help to structure how actors understand the problems and threats they confront and design policies to fix them. These socially legitimated narratives help mold behaviours and are a significant piece of the puzzle when explaining why states choose to try to control the fertility of their citizens.

For example, France in the 1930's wholeheartedly embraced mercantilist pro-natalism and experienced extremely strong efforts by the government to increase the fertility of French citizens. Witnessing the rise of Germany, a wide spectrum of French actors including military strategists, economists and health officials deemed it necessary to empower the French state by encouraging her citizens to breed. This was done to supply the future soldiers and workforce that would enable France to defeat her foreign enemies (Reggiani 1996; Quine 1996;

Toulemon, Paihe and Rossier 2008). In contrast, China in the 1980's adopted a robust modernization anti-natalist position and understood its citizens to be reproducing at too high a rate and in desperate need of lower fertility. If China was to grow economically and modernize its social structure it would require drastic action – which resulted in the 'One Child' policy (Scharping 2003; White 2006; Aird 1990). These cases have been studied elsewhere and serve here as examples of the power of the mercantilist and modernization discourses as they apply to fertility. In the late 1930's, with Germany rapidly arming for war, the French were spending the equivalent of one-third of the entire defense budget trying to incentivize couples to have more children (Quine 1996: 80). China enacted the most repressive campaign in history resulting in millions of forced abortions as part of its effort to control fertility (Jing-Bao 1999: 464). Few have studied these demographic discourses as they apply to Canada's relationship with its Indigenous population nor have many taken the time to engage with Indigenous nations to understand their natalist narratives.

Canadian Narratives on Indigenous Demography

Mainstream Canadian discourses on Indigenous fertility generally conform to the modernization anti-natalist discourse. This natalist discourse has historically been blended with racist (and at times eugenic) discourses. State and medical actors have consistently maintained the necessity of reducing the rate of Indigenous fertility, often by coercive means if necessary. For example, Karen Stote (2012, 2015) and Boyer and Bartlett (2017) record at length the efforts of public actors from 1920-1980 to forcibly sterilize Indigenous women across Canada. These acts were not merely racist in intent but were situated within a discourse that justified coercive sterilization as a quasi humanitarian act designed to alleviate poverty and so that Canada could focus its development dollars more efficiently in growing the economy. For example, in 1937, A.R. Kaufman, a wealthy industrialist who founded the 'Parent's Information Bureau' and who was widely influential within the demographic community, argued that "we are raising too large a percentage of dependent classes and I do not blame them if they steal or fight before they starve. I fear that the opportunity will not be so long deferred as some day the governments are going to lack the cash and perhaps also the patience to keep so many people on relief (Stote 2012, 125)." These arguments were supported by organizations such as the Woman's Christian Temperance Union, the Salvation Army and the National Council of Women who lobbied for reducing the fertility of Indigenous women (Stote 2012: 119).

This logic was in line with broader developmentalist discourses which targeted the developing world and developing people as a source of instability and conflict. American economists led the way with fig-

ures such as Warren Thompson, Frank Notestein, Kingsley Davis and Ansley Coale publishing and popularizing what became known as “demographic transition theory” (Togman 2019: 86). This theory was meant to explain the poverty and underdevelopment experienced by the colonized world and attributed their poor economic state to overpopulation and high fertility. The solution offered was to accelerate the ‘natural’ modernization of these societies through targeted anti-natalist campaigns designed to drive down fertility rates and kick start economic growth.

This narrative continued throughout the post-war period. For example, in 1965 the Privy Council of Canada specifically linked issues of poverty and overcrowding in Indigenous communities to “overpopulation” and “too many children” (Dyck and Lux 2016: 501). The special planning secretariat of the Privy Council explained that the “desirable size of the Indian home under present circumstances could be reduced if birth control techniques were actively advocated amongst the Indian population”, explicitly linking large family size to development budget issues (Dyck and Lux 2016: 501). This narrative on Indigenous fertility was supported by the medical community as, for example, Dr. Waldron of Prince Albert, Saskatchewan consulted saying that Indigenous people had “no sense of responsibility and the size of the family is of no consequence.” Dr Waldron was backed up by the pacific region superintendent R. D. Thompson who declared that “sophisticated and better educated Indians already use birth control but an effective reduction in the birth rate would only be accomplished by more coercive measures for the isolated and those of lower educational standard” (Dyck and Lux 2016: 504). This position was formally adopted by the Indian Health Service in 1971 which in its ‘principles and philosophy’ section explained that “a balance between family size and family income is necessary for raising standards of living and improving health” (Dyck and Lux 2016: 507).

These narratives draw directly from the broader literature of the time and equate Indigenous people in Canada with developing world populations in need of modernization. Robust and potentially coercive government measures are deemed justified to bring these people into modernity. Poverty and low living standards are understood not to be the result of colonization and expropriation but rather are the fault of the impoverished themselves due to their inability or unwillingness to restrict their procreation.

One may assume that these kinds of narratives are relegated to the distant past and marked by the overt racism that is no longer tolerated in modern Canadian society. However, the discourse of modernization anti-natalism continues to serve as the justifying base for interventions into Indigenous reproduction. For example, nearly all Canadian demographers routinely characterize Indigenous fertility as ‘premodern’

and one which they hope will 'catch up' with modern non-Indigenous Canadian practices. Trovato (1987: 463) explains that "Aboriginals of Canada maintain levels of reproduction that are typical of developing countries in their initial stages of demographic transition" and continues to elaborate stating that "they will eventually assimilate the child-bearing patterns of advanced societies." Romaniuc (1987: 70) writes that "Aboriginal people of Canada displayed demographic features more closely resembling those of developing countries than those of modern society." Flanagan (2017: 17) argues that "population increases will exert continuing upward pressure on government budgets" and that "growth in the numbers of registered Indians...creates both legal and political pressures for increased spending on the Indigenous area, which is already a large and growing component of both federal and provincial spending."

Bali Ram, a demographer for Statistics Canada, uses similar frameworks for understanding Indigenous fertility and describes that "aboriginal fertility is still lagging behind the overall Canadian level by about thirty years." Ram explains that "convergence between the Aboriginal and non-Aboriginal populations and within the aboriginal population has not completed its course" (Ram 2004: 192) illustrating the perceived need for Indigenous people to 'catch-up', become 'modern' and adopt practices similar to non-Indigenous Canadians. Indeed, Aboriginal Affairs and Northern Development Canada put out a report in 2012 concerning parenting in First Nations communities which described Aboriginal teen fertility as closer to a developing country as opposed to developed (Guimond, Robitaille, Senecal 2012: 2). This narrative is not confined to academic discourse as the popular press routinely uses similar frameworks to describe Indigenous fertility. In a study of newspapers in Alberta and Manitoba in 2011, Landertinger finds that news reports commonly characterize Indigenous women as "baby machines who breed too often and too soon and are incapable of caring for their offspring" (2011: 98). Several newspaper articles openly advocate the forcible sterilization of Indigenous women and actively construct Indigenous women as "overly fertile" and whose sexuality is "excessive and deviant" (Landertinger 2011, 113).

Similar attitudes are found within the medical community, especially those who work in labour and delivery wards. Boyer, Bartlett and others have documented a systemic practice of coercing Indigenous women into sterilization. These practices were informed by a belief consistent with modernization anti-natalism - that medical staff were acting in their best interest by sterilizing Indigenous women. Overpopulation on reserves and the high fertility of Indigenous women is understood to be hurting their chances for development and the modernization of Indigenous people. In a series of interviews, Boyer and Bartlett record many statements consistent with this theme. For example, one health care pro-

vider stated, "I do think there may be coercion...staff sit around the desk and talk about women having five children...it's time to stop" (Boyer and Bartlett 2017: 27). Another commented "we think we're doing it for the right reasons" and explained that tubal ligation was a policy coming from a 'top down' approach without discussion internally with staff or externally with Aboriginal communities (Boyer and Bartlett 2017: 24). Indeed, in a similar study, Boyer, McCallum and Logan determined that health care providers generally held negative perceptions and attitudes towards Indigenous women and providers willfully ignored or were indifferent to the autonomy of Indigenous women. These were not isolated instances but widespread unwritten policies (2018: 190).

These narratives are not an isolated aberration but part of a broad discourse on fertility. Those determined to be 'under-developed' are simultaneously characterized as having too high fertility. Narratives of overpopulation and the threat of high fertility to the nation abound in the history of developmentalist discourses, in Canada and globally. Actors ranging from the United Nations and the World Bank to western states such as the United States and Sweden have all funded programs of population control in the developing world as part of modernization efforts (Togman 2019). Most often these are elite driven projects, regularly sponsored by international or western development agencies, that fail to consult with those it purports to assist. Any resistance to government anti-natalist campaigns are discredited by labelling them 'backwards' and local discourses on the meaning of fertility and population growth are subjugated in favour of state led discourses of modernization (Togman 2019). Canada is no exception as government and state allied actors consistently and routinely characterize Indigenous fertility as too high and in need of reduction – without consultation or input from indigenous people themselves.

Indigenous Discourses on Fertility

There is scant literature on the ways in which the Indigenous nations of Canada understand their demographic power. This gap persists even though Indigenous people are Canada's fastest growing demographic group, in significant part due to their higher fertility. Indigenous people's fertility currently stands at approximately 2.6 (measured in terms of the total fertility rate or TFR) while Canada's total fertility rate is roughly 1.5 – meaning that the average woman has 1.5 children over her lifetime (Flanagan 2017: 2). The bits of literature that do exist which attest to Indigenous perspectives on this issue largely fall into the mercantilist pro-natalist narrative. For example, statistical analysis attributes a culture factor to the prevalence of relatively higher Indigenous fertility as Romaniuc explains that a "pronatalist culture as a survivalist

strategy of the pre-modern society still seems to hold sway in traditional communities" (Romaniuc 2003: 96; Trovato 1987: 481).

Udel has done one of the few examinations of natalist discourses among Indigenous peoples in the United States of America and documents a strong mercantilist pro-natalist culture among Indigenous women activists. Udel explains that many Indigenous women reject western feminist theory and choose to identify with pre-contact society and norms. Indigenous women may link their cultural authority to motherhood and assume their role as procreators of their people, as part of their larger social responsibilities and partly in reaction to the instances of coercive sterilization that characterized the Indian Health Service (Udel 2001: 44). Indigenous activist Brave Bird explains that "Indian women see tribal repopulation as one of their primary goals" (Udel 2001: 48). Annie Snitow elaborates that "Native women locate their activism not in feminism but in cultural survival...not as feminists but as militant mothers, fighting together for survival" (Udel 2001: 49).

Dyck and Lux record an interview with one Indigenous woman who was sterilized against her will at Charles Camsee Hospital in Edmonton who remarked that, "I think they're (white people) afraid of Indian people...because a few years ago the Indian people were so quiet, but now they are starting to become aware of all their rights...I work with the Indian brotherhood of the Northwest Territories. I'm in contact with these Indian people every day, and I think the white people are afraid of the Indian people" (2016: 511). Kolahdooz et al record interviews with a sample of Indigenous women across Canada. One woman was recorded as saying "everyone is so happy to go and give to the baby...even if you are not closely related...because it is another member of the Haida Nation, and it just makes the community bigger and richer. In the long run it will make it stronger" (2016: 341).

To help fill the gap in understanding Indigenous discourses on fertility in Canada, I conducted research over the course of 2017-2018 in Thunder Bay, Ontario to survey the attitudes and beliefs of Anishinaabe people. This represents a sample of one Indigenous nation in Canada and attempts a step forward in acknowledging Indigenous held discourses and disrupting the dominant Canadian discourses which are entangled with the ongoing history of coercive sterilization of Indigenous women. When conducting my research, I utilized the framework provided by Riddell et al (2017) for conducting ethical research with Indigenous communities.

This research was designed, developed and carried out in tandem with a local Anishinaabe community activist, Natalie LeGarde. Natalie led the process of partnering with members of the local Indigenous community to design the research objectives, create the survey tools, and recruit participants. At the heart of this work was a recognition of the lived experience of Anishinaabe women, especially mothers. Giving voice to

their beliefs, cultural narratives and meaning systems and utilizing this work as a tool to name sites of oppression and validate the Anishinaabe community's desire for more support in raising families of their desired size and an end to the sterilization of their women was a leading motivator for participation and acceptance of this work.

All surveys and discussions were carried out directly by Natalie LeGarde, locating herself as an Anishinaabe mother, and full consent was obtained from every participant. The privacy and confidentiality of all members identities and their words was agreed upon during discussions leading up to the surveys. Ownership of the data remains collectively with a group of representatives from the survey group, as agreed upon by survey participants. Participants were recruited randomly from the community while attempting to gain equal representation from a range of adult age groups, educational backgrounds and status in the community.

Of the three hundred and sixty two individuals surveyed, 76% expressed strong agreement with pro-natalist sentiments by agreeing that "Indigenous people having more children is a good thing as it helps to strengthen our community, increase its size and power and make us a force to be reckoned with" while strongly disagreeing with the statement "Indigenous people having more children is not good as it puts greater financial strain on families, makes it hard for women to succeed and generally increases hardship for the community". Similarly, 80% agreed with the statement "High fertility and large numbers of children are a good sign for the Indigenous community as it shows that we are becoming more powerful as a group, our future is bright and we will take a larger role in self determination". Similar numbers strongly disagreed with the statement "High fertility and large numbers are a bad sign for the Indigenous community as it is a sign that many people are not thinking about their future as they should. They should have fewer children and focus on improving economically, socially and politically". These results strongly indicate a broad base of support within those surveyed for higher fertility and a rejection of modernization laced narratives concerning the need to reduce fertility to develop economically. These views were held by both men and women and did not diverge substantially between those who identified as serving in leadership roles within the community and those that did not. One notable divergence was that those surveyed who were older than 45 years of age held the strongest pro-natalist attitudes

A substantial minority, 17% of respondents, held views most closely associated with modernization anti-natalism. They expressed support for statements which linked high fertility with economic hardship and poverty and agreed with statements advocating for more robust family planning measures to help Indigenous people reduce fertility. This trend in opinion draws interesting parallels with studies on Pal-

estinian attitudes towards demographic growth (Portuguese 1998; Fargues 2000; Kanaaneh 2002). While the history, settings and context are different, the dominant narrative in both societies is entrenched within an anti-colonial and resistance-based discourse. This likely influences the natalist discourse adopted by members of the community as high fertility is viewed as a means of rejuvenating one's people and increasing strength through numbers.

Conclusion

The historical subjugation of Indigenous people in Canada has been exacerbated by systemic efforts to suppress Indigenous fertility. While the intentional and coercive reduction in Indigenous birthrates is no longer official policy in Canada, the discourse which legitimated these actions continues to thrive within the demographic community, within the medical community and within the general public. As the news coming out of the prairies attests, many Indigenous women are still being sterilized against their will.

An analysis of the literature shows that while the intent of many actors may not be explicitly racist, opinions and actions are being formed and informed by a discourse deeply enmeshed with colonial perspectives. Indigenous people are characterized as akin to a developing people who need intervention. Indigenous fertility is understood by many non-Indigenous people to be too high and in need of reduction. With these narratives being legitimized by academic and government demographers, the medical community and public opinion it is not altogether surprising that we see actions being taken against Indigenous women.

Indigenous discourses tell a different story. Surveying the literature and through firsthand accounts of Anishinaabe people in northwestern Ontario we see a range of Indigenous opinion that supports high fertility and understands childbearing as an act of rejuvenation on a nation-scale. High fertility is regarded as an act with broad community wide implications as each new baby represents a revival of the nation. High fertility contributes to the strengthening of the nation and bodes well for the future of the people.

These divergent discourses translate quite differently into policy. Currently, there is often an unspoken policy of coercing Indigenous women into sterilization to reduce their fertility, which is legitimized by the colonial narrative of modernization anti-natalism. If Canadians were to adopt Indigenous centric narratives on fertility, it may mean a more robust system of supports for Indigenous mothers, investments in child-care, pre and post natal health and creating a network of services for Indigenous people to achieve their ideal family size. Decolonization and reconciliation begin by changing the way we speak of and understand

each other and supporting Indigenous discourses on fertility would be a significant step towards achieving better outcomes for all Canadians.

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