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National Revival or National Burden: A Critical Examination of Discourses on Indigenous Birth, Population Growth, and Demography

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Abstract: *The dominant Canadian narrative of Indigenous fertility has been told largely from the perspective of non-Indigenous Canadians. Politicians, healthcare professionals, demographers, and economists consistently characterize Indigenous fertility as too high and required to conform to Eurocentric norms. This has resulted in a wide variety of colonial interventions into the reproductive lives of Indigenous peoples. This article will provide a brief overview of the ways in which mainstream Canadian society has characterized Indigenous fertility and explore the subjugated discourse practiced by Indigenous nations in Canada regarding their own fertility, highlighted by original research conducted with Anishinaabe people in Thunder Bay.*

The dominant Canadian narrative of Indigenous fertility has been told largely from the perspective of non-Indigenous Canadians. Politicians, healthcare, professionals, demographers and economists have consistently maintained a common narrative that characterizes Indigenous fertility as too high and required to be controlled, constrained, and brought into line with Eurocentric norms. High Indigenous fertility has been identified as a problem since systematic record keeping began in the twentieth century (Dyck and Lux 2016; Romaniuc 2003; 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, as was highlighted most recently 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. This process begins with the identification of and confrontation with the Eurocentric demographic discourses that characterize Indigenous fertility rates as a burden on society (Togman 2019, 13). We must acknowledge, popularize, and give priority to Indigenous-held narratives on the meaning of childbirth and begin meaningful efforts towards the decolonization of demography. Only by replacing colonial discourses with Indigenous ones can we begin to undermine the legitimation of practices such as the forced sterilization of Indigenous women and root out the racism embedded within current demographic models. 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 of their people and a process that 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 current narratives on natality practiced by Indigenous communities. 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 currently held by many Indigenous nations in Canada regarding their own fertility, as described in the literature. The literature review will be complemented by original research conducted in Thunder Bay, Ontario, from 2017 to 2018 that surveyed Anishinaabe people in relation to their worldviews regarding the meaning of fertility and demographic growth. Additional research is urgently needed to examine pre-contact and pre-colonial natalist discourses among the diversity of Indigenous nations. This research area, which is outside the scope of this work, would bring much value to the literature, as there is likely to be significant diversity of discourse between peoples ranging from the high arctic Inuit to the Salish nations of coastal British Columbia. Mainstream Canadian demographic narratives are deeply embedded in colonial frameworks, and only by replacing colonial with Indigenous-derived discourses can we attempt to position ourselves into a legitimate framework of reconciliation and end practices such as the coercive sterilization of Indigenous women.

Background

Stories about the meaning of childbirth and fertility are as old as human civilization. However, for the majority of 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 birthed. 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 nineteenth and early twentieth 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 nineteenth and twentieth centuries that we see a flourishing of discourses on the meaning of population growth and concerted government intervention into reproduction designed to control and harness fertility in service of state ends. Since the First World War, a wide variety of governments have gone to wildly varying lengths to either limit or promote higher fertility amongst their citizens and those of other countries. Notable examples include China’s “One Child” policy and Nazi Germany’s breeding programs. However, these extreme cases mask a broad and general trend wherein over 90 percent of least-developed states are actively seeking to lower their fertility, while over two-thirds of

developed-world governments have designed programs intended to increase the fecundity of their nation (UN 2013). These occur in a broad range and are agnostic to political institutions, economic systems, cultural heritages, or religious orientations; they include a wide variety of states, such as Ecuador, Burkina Faso, France, and India (UN 2013).

To understand why governments of all shapes and sizes are intervening in the most private and personal facets of their citizens' lives, one needs to comprehend the major discourses on fertility that assign meaning to reproductive power at a collective level. In *Nationalizing Sex*, Togman (2019) identifies five global discourses that dominate both popular and elite narratives of demography. These discourses offer a structured and rationalized framework within which actors may 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 that can be remedied only 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 characterize 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; by bringing down rates of childbearing, the nation will experience higher rates of economic growth and security and a general advance towards 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 those actors understand the problems and threats they are confronting and design policies to fix them. These socially legitimated narratives help mould behaviours and are a significant piece of the puzzle for explaining why states choose to try to control the fertility of their citizens.

For example, France wholeheartedly embraced mercantilist pro-natalism in the 1930s, and the government made extremely strong efforts 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 its citizens to breed. This was done in an effort to supply the future soldiers and workforce that would enable France to defeat her foreign enemies (Quine 1996; Reggiani 1996; Toulemon, Paihe, and Rossier 2008). By contrast, China adopted a robust modernization anti-natalist position in the 1980s, as it understood its citizens to be reproducing at too high a rate and in desperate need of lower fertility. If China were to grow economically and modernize its social structure, it would require drastic action – which resulted in the “One Child” policy (Aird 1990; Scharping 2003; White 2006). These cases, which have been studied in-depth elsewhere, serve here as examples of the power of the natalist discourses as they apply to fertility. In the late 1930s, with Germany rapidly arming for war, France was spending the equivalent of one-third of its defence budget in efforts to incentivize couples to have more children (Quine 1996, 80). Contrariwise, China enacted history’s most repressive campaign, 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 studies 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 to 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 enable Canada to focus its development dollars more efficiently on 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 reduced fertility among Indigenous women (Stote 2012, 119).

This logic was in line with broader developmentalist discourses that targeted the developing world and its people as a source of instability and conflict. American economists led the way, with figures such as Warren Thompson, Frank Notestein, Kingsley Davis, and Ansley Coale writing on 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 kickstart 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 generally supported by the medical community, as seen in Dr Waldron of Prince Albert, Saskatchewan, for example, who said that Indigenous people had “no sense of responsibility and the size of the family is of no consequence.” Dr Waldron was backed up by 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 explained in its “principles and philosophy” section 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 to be not the result of colonization and expropriation but rather 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 an overt racism that is no longer tolerated in modern Canadian society. However, the discourse of modernization anti-natalism continues to serve as the justifying basis of interventions into Indigenous reproduction. For example, Canadian demographers routinely characterize Indigenous fertility as “premodern” and one that they hope will “catch up” with modern non-Indigenous Canadian practices. Trovato (1987) explains that “Aboriginals of Canada maintain levels of reproduction that are typical of developing countries in their initial stages of demographic transition” and then elaborates, stating that “they will eventually assimilate the childbearing patterns of advanced societies” (463). Romaniuc (1987) writes that “Aboriginal people of Canada displayed demographic features more closely resembling those of developing countries than those of modern society” (70). Flanagan (2017) 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” (17).

Bali Ram, a demographer for Statistics Canada, uses similar frameworks for understanding Indigenous fertility and claims that “aboriginal fertility is still lagging behind the overall Canadian level by about thirty years.” Ram (2004) explains that “convergence between the Aboriginal and non-Aboriginal populations and within the aboriginal population has not completed its course” (192), illustrating the perceived need for Indigenous people to “catch-up,” become “modern,” and adopt practices similar to those of 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 being closer to that of a developing country than to that of a developed one (Guimond, Robitaille, and 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 2011 study of newspapers in Alberta and Manitoba, Landertinger (2011) 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” (98). A number of newspaper articles openly advocate the forcible sterilization of Indigenous women and actively construct Indigenous women as “overly fertile” females whose sexuality is “excessive and deviant” (Landertinger 2011, 113).

Similar attitudes are found within the medical community, especially among 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 sterilizing Indigenous women is in their best interests. Overpopulation on reserves and the high fertility of Indigenous women are understood to be hurting their chances for development and for the modernization of Indigenous people. In a series of interviews, Boyer and Bartlett (2017) record many statements consistent with this theme. For example, one healthcare provider 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” (27). Another commented that “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 either internally with staff or externally with Aboriginal communities (Boyer and Bartlett 2017, 24). In a similar study, Boyer, McCallum, and Logan (2018) determined that healthcare providers generally held negative perceptions and attitudes towards Indigenous women and either wilfully ignored them or were indifferent to their autonomy; these were not isolated instances but widespread unwritten policies (190).

These narratives are not an isolated aberration but form part of a broad discourse on fertility. Those determined to be “underdeveloped” are simultaneously characterized as having excessive fertility. Narratives of overpopulation and the threat of high fertility to the nation abound in the history of developmentalist discourses, both in Canada and globally. Actors ranging from the United Nations and the World Bank to 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). These are typically elite-driven projects and are regularly sponsored by international or Western development agencies, which fail

to consult with those they purport to assist. Any resistance to government anti-natalist campaigns are discredited by being labelled as “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 being too high and in need of reduction – without consultation or input from Indigenous people themselves.

Indigenous-Held Discourses on Fertility

There is scant literature on the ways in which the Indigenous nations of Canada understand their demographic power, either in a pre-contact or contemporary context. This gap persists despite the fact that Indigenous people are Canada’s fastest-growing demographic group, due in part to their higher fertility. Indigenous peoples’ fertility currently stands at approximately 2.6 (measured in terms of the total fertility rate, or TFR), while Canada’s is roughly 1.5, meaning that the average woman has 1.5 children over her lifetime (Flanagan 2017, 2). The slight body of literature that does attest to current Indigenous perspectives on this issue falls broadly into the mercantilist pro-natalist narrative. For example, statistical analysis attributes a cultural factor to the prevalence of relatively high Indigenous fertility rates, as Romaniuc (2003) explains that a “pronatalist culture as a survivalist strategy of the pre-modern society still seems to hold sway in traditional communities” (96; see also Trovato 1987, 481).

Udel has conducted one of the few examinations of natalist discourses among Indigenous peoples in the United States and documents a strong 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; she 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. (2016) record interviews with a sample of Indigenous women across Canada. One woman was recorded as saying that “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” (Kolahdooz 2016, 341).

To help fill the gap in efforts to understand contemporary Indigenous discourses on fertility in Canada, I conducted research over the course of 2017 and 2018 in Thunder Bay, Ontario, to survey the attitudes and beliefs of Anishinaabe people. This examination of a sample of one Indigenous nation in Canada represents an attempt to move forward in acknowledging discourses currently practiced by Indigenous people while disrupting the dominant Canadian discourse, which is 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. The leading motivation for participation in and acceptance of this work was giving voice to their beliefs, cultural narratives, and meaning systems and utilizing this work as a tool for naming sites of oppression and validating the Anishinaabe community's desire for more support in raising families of their desired size and an end to the sterilization of their women.

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 words were assured during discussions leading up to the surveys. The data are owned collectively with a group of representatives from the survey group, as agreed upon by the survey participants. Participants were recruited randomly from the community, and equal representation was sought from among a range of adult age groups, educational backgrounds, and status in the community.

Of the 362 individuals surveyed, 76 percent 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 percent 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 among 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 respondents who were older than 45 years of age held the strongest pro-natalist attitudes.

A substantial minority (17 percent) of respondents held views most closely associated with modernization anti-natalism. They expressed support for statements that linked high fertility to 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 shows interesting parallels with studies on Palestinian attitudes towards demographic growth, wherein a majority of individuals, including women and mothers, voice strong endorsement of pro-natalist narratives giving meaning to childbirth at the collective level, with a minority embracing modernization-style analyses of demographic patterns (Fargues 2000; Kanaaneh 2002; Portugese 1998). While the histories, settings, and contexts are different, the dominant narrative in both societies is entrenched within an anti-colonial and resistance-based discourse. This likely has an effect on 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 birth rates is no longer official policy in Canada, the discourse that legitimated it continues to thrive within the demographic community, as well as within the medical community and 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 being akin to a developing-world population in need of 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, the actions we see being taken against Indigenous women are not altogether surprising.

The discourses practiced by the Indigenous community tell a different story. Surveying the literature and examining first-hand 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 national 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, an unspoken policy often coerces Indigenous women into sterilization to reduce their fertility, which is

legitimized by the colonial narrative of modernization anti-natalism. If institutional actors in Canada, including governments, were to adopt and internalize discourses supported by members of the Indigenous community, it could mean a more robust system of supports for Indigenous mothers, investments in childcare, pre- and post-natal health, and a new network of services for Indigenous people designed to enable them to achieve their ideal family size. Decolonization and reconciliation begin by changing the way we speak of and understand each other, and supporting Indigenous-led discourses on fertility would be a significant step towards achieving better outcomes for all Canadians.

Of great interest for future research would be an examination of the pre-contact discourses held across the incredible diversity of Indigenous nations, both in Canada and globally. Demographic history suggests that a society's natalist practices have been largely determined by the capacity of the environment to support offspring – with harsher environments such as the high Arctic resulting in limited childbearing, and the existence of practices such as infanticide, while more nutrient-rich environments support larger families, especially for those with high status (McMillan and Yellowhorn 2004, 277). However, very little information exists in the literature about the discourses adopted by Indigenous societies to give meaning to fertility. Research in this field would be fruitful in bringing new narratives to light to inform Indigenous discourse today and provide new ways for broader society to understand what fertility means to the nation and its nationalities.

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