

## Editorial

# *Reproductive vulnerabilities: A critical perspective*

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In this introduction to the Special Issue, we reflect on why a critical approach to the concept of vulnerability is particularly important for reproduction. We explain how each article in the special issue draws out key insights from critical theories of vulnerability, including: (1) The importance of conceptualising vulnerability as created by social structures rather than as inhering, biologically or otherwise, in ‘the vulnerable population’; (2) How the violent application of reproductive norms, within and beyond the state, creates vulnerability; and (3) Reflections on how vulnerability is defined in the realm of reproduction, who shapes the category of ‘vulnerable’, and what consequences this may have.

Vulnerability is now an ubiquitous, if problematic, concept in public health (Katz et al. 2020). This Special Issue of *Journal of Critical Public Health* contributes to public health debates by presenting detailed case studies that draw on critical social theories of vulnerability, specifically in relation to reproduction. This is necessary because the female reproductive body has so often been characterised as intrinsically, biologically, vulnerable, in ways that place it firmly in the private sphere, beyond the concern of politics (Ferrarese 2016, p. 155). Vulnerability in reproduction is also applied conventionally to the foetus/potential child, who is seen both as powerless and deserving of special consideration. With these assumptions comes a presumed lack of agency, carrying very real implications for policy and practice. In contrast, male bodies and relations between men tend to be left out of most discussions of reproductive vulnerability. This ignores male vulnerability in cis-heteronormative relations as well as in relations to others in queered reproductive contexts (Smietana et al. 2018).

Reproduction is also a constitutive part of societal projects (Yuval-Davis 1996), such that those who are deprived of power through being labelled vulnerable, or who are made vulnerable as a result of their (non-)reproduction being constructed as non-normative or lacking in value, should be of keen interest from a reproductive justice perspective. Rather than reimagining societies to ensure that all can ‘parent in safe and healthy environments’, reproductive bodies that are variably categorised as vulnerable or as threats to the nation are repeatedly subjected to state and social control (Roberts 1997, Ross & Solinger 2017). As Dána-Ain Davis (2023) has recently argued, there is a need for critical public health scholarship to scrutinise reproductive inequalities in terms of how ‘investments in one group’s reproduction are simultaneously connected to and in fact made possible by disinvestment in another group’s reproduction’ (Davis 2023, p. 2). For example, new incarnations of ‘reproductive racism’ incentivise certain women’s reproductive capacities for nationalist ends while excluding those marked as demographic threats – a category which increasingly includes LGBTQ+ people (Siddiqui 2021).

Our first set of papers conceptualises vulnerability in reproduction as the result of social structures rather than as inhering in ‘the vulnerable population’. Critical scholars from within and beyond public health draw our attention to how targeting vulnerable populations impairs our ability to distribute the condition of ‘being vulnerable’ more equally. The vulnerability of specific persons is often taken as a given, an ‘unfortunate accident’ (Ferrarese 2016) that invites individualised solutions where those who are the most marginalised are made responsible for their own health (e.g. Sochas 2019). In this process, the context-specific, multiple, and mutually modifying socio-political structures and institutions that render some more vulnerable while privileging others, are obscured. Some scholarship flips this critique on its head, and sees value in the concept of vulnerability precisely for opening up an understanding of the underlying structural influences beyond an individual’s control (Higgins et al. 2010). This may require a ‘linguistic evolution from the passive adjective of vulnerable to the transitive verb to vulnerabilize, in order to illustrate the ongoing process through which vulnerability is created and sustained’ (Garrett & Altman 2024, p. 177).

Väisänen and Keenan’s (2025) analysis of social differentials in miscarriage in the UK considers how structural conditions jointly influence the timing of pregnancy as well as the health of the foetus, and thereby presents surprising findings on the social gradient of miscarriage. Köksal, Billari and Aksoy’s (2025) analysis demonstrates the unequal effects of negative political discourse on abortion in Turkey, resulting in lower access to abortion in lower socioeconomic categories and, in consequence, higher reporting of miscarriage. Adding to these analyses of the ‘vulnerabilizing’ effects of socioeconomic structures and state action, Amjad (2025) highlights the overarching structures of patriarchy and virilocal marriage, which create relational vulnerabilities for couples affected by male-factor infertility in Pakistan.

The second set of papers centres on the violent application of reproductive norms, within and beyond the state, as a mechanism that creates vulnerability. So long as ‘they [“the vulnerable”] are the problem to be addressed’ (cited in Browne et al. 2021, p. 4), then ‘assistance’ to vulnerable persons is framed as a moral imperative. Anticolonial and crip scholars have emphasised the strong conceptual slippage between vulnerability and presumed lack of agency, whereas resilience, as the contrasting concept, is deemed necessary for autonomy (Ford et al. 2023). Vulnerability is imagined as an infantilised state that justifies protectionist policies and social control. In addition, states or societies can also take violent action against those who are imagined as rendering the nation-state or dominant norms vulnerable (Bell 2010, Scheper-Hughes 2008).

Focusing on dominant repro-normative constructions of femininity and masculinity, Strong et al. (2025) examine the homophobia that unexpectedly surfaced as a theme in their study of masculinities and abortion in Ghana. They analyse this homophobia as the application of strong reproductive norms due to feelings of vulnerability reinforced by racial capitalist structures, and exercised by those with normative heteropatriarchal power. Strong et al. also flesh out the dangers of national vulnerability discourses in Ghana, where the nation-state is perceived as morally threatened by homosexuality. Next, Senderowicz (2025) analyses community perceptions of contraceptive coercion in an anonymised sub-Saharan African country. She demonstrates that there is a broad acceptance of provider coercion, especially where a woman is perceived to be unable to care properly for children. Community assent to contraceptive coercion shows, she argues, how Northern neoliberal development discourse has successfully manufactured consent around personal responsibility for reproduction in the Global South.

Our third set of papers speaks to how vulnerability is defined in the realm of reproduction: who shapes the category of ‘vulnerable’, and what consequences this may have. Since being labelled ‘vulnerable’ is stigmatising and disempowering, and because those doing the labelling are in positions of power, use of these categories in public health is an example of ‘epistemic injustice’ (Ahmad et al. 2020, Chung 2021). Returning to Amjad’s (2025) analysis, we see how the dominant focus of reproductive vulnerability on female bodies misses out the vulnerabilities of infertile men, as well as the relational dependencies that make them and their wives vulnerable amid the structures of repro-normative kinship. In the case of Brunson and Tamrakar’s (2025) analysis of helicopter rescue schemes for obstetric emergencies in Nepal, it is private actors and the state who have decided who is in need of rescue and

how. This has resulted in an expensive technological intervention targeted at remote rural women, diverting resources away from health system strengthening efforts. Finally, Trinitapoli and Finyiza's (2025) novel approach to analysing everyday discussion of contraceptive health in Malawi, or 'population chatter', draws attention to states of vulnerability ignored by those in power, notably contraceptive side effects, fears of infertility and – echoing Amjad's paper – non-physical aspects of vulnerability, such as relationship and livelihood strain.

A further critique from feminist scholars is that vulnerability is not an exceptional state that only affects some of us (Ferrarese 2016, Ford et al. 2023, Hewer 2019). Vulnerability derives from our embodiment and makes social relations and agency within society possible because it implies a shared expectation of reciprocity in care. Trinitapoli and Finyiza's (2025) paper speaks to this critique by framing 'population chatter' as an agentic reaction, an example of how women and men cope with their lived vulnerabilities through interdependencies and sounding one another out. Relations of power, however, are also spotlighted, as 'population chatter' can take the form of criticizing others in the community, a point powerfully made in Senderowicz's study as well. Circling back to our first theme, a relational understanding of vulnerability therefore leads us back to the importance of studying social processes of power to understand and remediate inequality (Butler 2021, Ford et al. 2023).

Collectively, the articles propose a powerful articulation of critical theories of vulnerability in relation to reproduction, presenting an incisive and diverse picture of 'how vulnerability and politics are interwoven in concrete lives' (Han 2018, p. 340), and with what consequences.

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