

Commentary

Afterword on 'Reproductive vulnerabilities: A critical perspective'

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Concluding this Special Issue are some thoughts on vulnerability, and how health practices and policies engage with vulnerability, via a detour through some reflection upon Bernardine Evaristo's novel 'Girl, Woman, Other'.

she got up and went to Lily's cot by the side of the bed
she reached out her arms to pick her little darling up, but Lily felt stiff, was cold, did not move,
not when Grace stroked her cheek, or put her palm against forehead
held her hands
cupped her toes
rocked her. (Evaristo 2019, pp. 395-396)

In part prose and part poetry, in *Girl, Woman, Other*, Booker Prize winner Bernardine Evaristo narrates the vulnerability of bearing, becoming and losing. This Special Issue of *Journal of Critical Public Health* is dedicated to the examination of vulnerability in seeking, or not seeking, parenthood. This collection of papers speaks of the lived manifestations of the struggle with articulating conflicts within institutionalised spaces that 'identify' or 'prioritise' vulnerability as part of policy imperatives.

The value of differential voices and their absence in thinking about vulnerability is the running theme in this Issue. The critique of institutionalised definitions of vulnerability is seen to be both distant and engaging in thinking about conflicts with becoming and surviving for women, men, and queer communities. In this afterword, I would like to speak of two conceptual ideas that speak to how vulnerability is disputed and will always remain so.

Adding to the varied methodological interventions that this Issue engages with, I begin this afterword with an extract from a work of fiction, to bring the mixing of disciplinary boundaries to its head. We follow the story of Grace, as rendered by Evaristo, through her struggles to exist and become. Her story is a parable of vulnerability and exclusion—speaking diagonally to several of the themes with which this Special Issue engages.

Deservingness, or the Enigma of the Relational

This Special Issue, in its thought and conceptualization, is asking if vulnerability and its interface with health policy and administration is equitably modelled. However, as the papers suggest, while there is an attempt to provide support to those who are vulnerable, this is nonetheless difficult to provide when caught in the considerations around 'who deserves what' (Willen & Cook 2016, p. 97). 'Health-related deservingness' as an idea positions itself directly into health policy and administration—highlighting the ways in which people are positioned within global-local discourse around access and equity. Willen and Cook suggest that the idea of deservingness is drawn from a complex space of divergent and competing moralities, thereby positioning it as 'the flip side of rights' (Willen & Cook 2016, p. 96). Thus, deservingness is comparatively evaluated by governments, institutions and individuals based on the relative assessment of social and economic conditions, 'and a sense of (actual or presumed) social connection to those whose deservingness is in question' (Willen & Cook 2016, p. 96). Grace is vulnerable in her motherhood, and in her bond to her newborn seeking the intergenerational bond she shared with her mother so as to strengthen her position as a deserving mother of Baby Lily. The relational connection between Grace and her mother feeds into her vulnerability in relation to her deceased newborn, as much as vulnerability may transform into being deserving.

The relational echoes across multiple registers in this Special Issue: in Amjad's (2025) paper on infertile married couples in Pakistan and the threats to traditional masculinity; and in Strong et al.'s (2025) conceptualization of the 'relationality of vulnerability', wherein the constant association of reproductive vulnerability vis-à-vis women means that men and LGBTQ+ communities are not considered as part of the conversation.

In many ways the emerging conversations on masculinity, queerness and reproduction (Almeling 2020) point towards the need to re-engage with a different form of vulnerability, one which is often lampooned or found to be un-deserving in policies on reproductive health, and fertility and infertility. This subtle shift is to reframe a patrimonial discourse around women's health and reproductive rights, wherein deservingness is measured on the basis of levels of vulnerability. Thus, in Nepal the Helicopter Emergency Medical Services (HEMS) caters to rescuing women in remote areas through layered patrimonialism and rescue through the President's Program for the Upliftment of Women (Brunson & Tamrakar, 2025, in this issue).

The critique of vulnerability within public health in this Special Issue leads one to ask about the 'reproductive subject'. What or who is this reproductive subject? Contemporary health discourse has emerged from impactful public activism and intervention in support of trans and queer communities seeking greater support from discrimination, but it has led to a conversation on deservingness that tends to create a barrier between sexual subjectivities and maternal subjectivities, thereby benefiting neither (Johnson 2023). Within such a perspective, vulnerability may be a dynamic, processual element in health access and equity, but its power draws from the enactment of health-related deservingness (Ticktin 2011).

Triage and Human Resources

In that sense, vulnerability may render you defenceless to the demands of sovereignty (Nguyen 2010), wherein you must partake of contraception in selective, but often forced, ways (Senderowicz 2025, Trinitapoli & Finyiza 2025), or you may have to hide your act of transgression – abortion as miscarriage – as a reproductive being (Köksal et al. 2025, Väistönen & Keenan 2025). Population and fertility discourse have always been at the forefront of exercising exclusionary power. 'I observed how attempts by international and local organizations seeking to respond to the [HIV AIDS] epidemic on humanitarian grounds unwittingly sorted those who should live from those who could go without treatment. This

paradox is what I call triage' (Nguyen 2010, pp. 5-6). Similarly, contraceptive coercion in Senderowicz's (2025) paper is akin to a form of eugenics, sifting the 'unfit' mothers from the 'fit'.

The reproductive being, Grace, is constantly fighting for the right to be and become with her unborn fetus, or never to be fetus, or never desired for fetus, or the stillborn. In that sense 'triage' entangles the citizen and the state into a form of intimacy that suggests: '[T]riage is a calculation that seeks to optimize the use of scarce resources to preserve combat-ready manpower rather than to save lives....' (Nguyen 2010, p. 10). But, in its 'everyday usage', triage is about who gets to exert power over life (Nguyen 2010). This is a pragmatic form of governmentality that places vulnerability as 'negotiable', and may come through constant appeals and pleas to the state or powers-that-be, and but is never demanded or 'given'. In the emerging anxieties regarding falling birth rates, family planning and population control have come under scrutiny, especially in countries such as India and China, where fears of declining populations/ fertility has led to reversed forms of population control, or newer forms of medico-technological prioritization such as in-vitro fertilization (Agarwal 2025, Wang et al. 2016). In managing the vast human resources that nations have at their disposal, population interventions into reproductive health remain the most potent source of exclusion and inclusion as citizens (Greenhalgh 2003).

Collectively, the articles here also propose methodological innovations, suggesting new ways for critically examining reproductive vulnerabilities. This directly responds to exhortations in the current literature to investigate 'how vulnerability and politics are interwoven in concrete lives' (Han 2018, p. 340) and to pay more attention to specific contexts in terms of how we understand the construction of social categories and their effects in global health (Adams et al. 2019). Only by paying attention to vulnerability as a process, taking place within specific times and places, can we begin to illuminate what institutions, power relations, social norms, and networks define and produce vulnerability. It is notable that many of the contributors to this Special Issue are feminist or queer researchers who have attended to communities for extended periods of time and arrived at an understanding of salient yet unappreciated aspects of reproductive vulnerability thanks to their interactions with ethnographic interlocutors, some of whom have not previously been listened to in relation to reproduction. Innovatively, quantitative methods researchers have also paid attention to context and fed these parameters into their analyses, enabling them to tune in to invisible undercurrents in their data. There are methodological implications to the collective insight about not only revealing what is hidden, but doing so within critical theoretical frames, and in a way that is just.

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Conflicts of interest

The author has no conflict of interest to report.

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References

Adams, V., Behague, D., Caduff, C., Löwy, I., & Ortega, F. (2019) Re-imagining global health through social medicine. *Global Public Health*, 14(10), 1383-1400. <https://doi.org/10.1080/17441692.2019.1587639>

Almeling, R. (2020) *Guynecology: The missing science of men's reproductive health*. University of California Press.

Amjad, U. (2025) Conceiving strife: Relational vulnerabilities in couples with male infertility in Pakistan. *Journal of Critical Public Health*, 2(3), 73-85. <https://doi.org/10.55016/ojs/jcph.vi.79571>

Brunson, J., & Tamraker, S. R. (2025) Targeting the vulnerable: A critical analysis of helicopter transport for obstetric emergencies in Nepal. *Journal of Critical Public Health*, 2(3), 86-101. <https://doi.org/10.55016/ojs/jcph.vi.79666>

Evaristo, B. (2019) *Girl, Woman, Other*. Hamish Hamilton.

Greenhalgh, S. (2003) Planned births, unplanned persons: 'Population' in the making of Chinese modernity. *American Ethnologist*, 30(2), 196-215.

Han, C. (2018) Precarity, precariousness, and vulnerability. *Annual Review of Anthropology*, 47, 331-343. <https://doi.org/10.1146/annurev-anthro-102116-041644>

Johnson, C. (2023) Reproductive subjects and shifting global health policy discourses. *Signs: Journal of Women in Culture and Society*, 48(2), 455-478. <https://doi.org/10.1086/722896>

Köksal, S., Billari, F. C., & Aksoy, O. (2025) Anti-abortion politics and changes in abortion, miscarriage, and stillbirth across time and social strata in Turkey. *Journal of Critical Public Health*, 2(3), 25-42. <https://doi.org/10.55016/ojs/jcph.vi.79997>

Nguyen, V. K. (2010) *The republic of therapy: Triage and sovereignty in West Africa's time of AIDS*. Duke University Press.

Senderowicz, L. (2025) 'When they force a woman, it's to save her life': Gendered vulnerability and contraceptive coercion. *Journal of Critical Public Health*, 2(3), 58-72. <https://doi.org/10.55016/ojs/jcph.vi.79563>

Strong, J., Quartey, N. K., Tackie, O., & Owoo, N. K. R. (2025) 'Gay issues have come and it is worrying us': Interrogating vulnerability, masculinities, and reproduction through queerphobic narratives among men in Accra, Ghana. *Journal of Critical Public Health*, 2(3), 43-57. <https://doi.org/10.55016/ojs/jcph.vi.79561>

Trinitapoli, J., & Finyiza, G. (2025) Population chatter for clearer and broader thinking about fertility. *Journal of Critical Public Health*, 2(3), 102-118. <https://doi.org/10.55016/ojs/jcph.vi.80229>

Agarwal, S. (2025, 1st August) India's falling fertility rate: A public health crisis. *The Times of India*. (<https://timesofindia.indiatimes.com/life-style/health-fitness/health-news/indias-falling-fertility-rate-a-public-health-crisis/articleshow/123030062.cms>

Ticktin, M. I. (2011) *Casualties of care: Immigration and the politics of humanitarianism in France*. University of California Press.

Väistänen, H., & Keenan, K. (2025) Measuring social inequalities in self-reported miscarriage experiences in the United Kingdom. *Journal of Critical Public Health*, 2(3), 6-24. <https://doi.org/10.55016/ojs/jcpv.vi.79555>

Wang, Z., Yang, M., Zhang, J., & Chang, J. (2016) Ending an era of population control in China: Was the one-child policy ever needed?. *American Journal of Economics and Sociology*, 75(4), 929-979. <https://doi.org/10.1111/ajes.12160>

Willen, S. S., & Cook, J. (2016) Health-related deservingness. In F. Thomas (Ed.), *Handbook of migration and health* (pp. 95-118). Edward Elgar Publishing.