

# 4. Gender, work, development and the politics/practices of reproductive health in a neo-liberal economy

*Darshi Thoradeniya, Ramya Kumar and Anne-Emanuelle Birn*

## Introduction

Since the mid-20th century, women, and their reproductive and paid labourer roles, have served as fertile ground for the experiments and ideologies of development experts, economists, demographers, politicians, and medical professionals (Hartmann, 1997; Wilson, 2015; Thoradeniya, 2016). This stems, of course, from the role of women's bodies, and of gendered domestic child-rearing work, in reproducing economically and biologically the next generation of citizens and workers. Because histories of women, development, and reproductive politics are typically framed in the context of women's domestic roles and responsibilities, the interconnections between reproductive ideologies and practices and women workers in the paid workforce have received sparse attention. This chapter seeks to illuminate these questions by centering on women as labourers in Export Processing Zones (EPZs)/Free Trade Zones (FTZs) in late 20th-century Sri Lanka.

Since the 1970s, internationally renowned demographers, development economists, and health experts have hailed Sri Lanka as a successful 'development model', based on the country's low fertility and mortality levels, increasing life expectancy, commendable women's literacy rates, and sound public health services (Alam & Cleland, 1981; Caldwell et al., 1989; Kirk, 1969; Myrdal & Fund, 1968). The preventive arm of the public health sector of independent Ceylon (as it was known under colonialism and until 1972) was bolstered by two reproductive health initiatives targeting fertility control post-independence. First, the bilateral agreement that the Ceylonese government signed with the Swedish government to conduct a pilot-study-cum-action-oriented