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Governing Reproduction: How Danish Welfare Authorities Justified Reproductive Intervention in Kalaallit Nunaat

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Abstract

This thesis examines how Danish health and welfare authorities framed women in Greenland's (Kalaallit women's) reproduction as a social problem requiring intervention between 1950 and 1975. Through a socio-legal analysis of 104 pages of archival documents from the Danish National Archives, the study traces the administrative logics that constructed Kalaallit fertility as a governable risk, thereby legitimising the coercive nature of the IUD programme. Mbembe's necropolitics provides the overarching logic of the analysis, where the sovereign power to define expendable life is exposed. Banakar's RMS (risk management strategies) and Neocleous's preventive governance identify the administrative mechanisms that translated that necropolitical intent into concrete interventions. Together, they show how the IUD programme was not exceptional state violence but a routine administrative response embedded in the ordinary structures of welfare governance. Furthermore, a necropolitical analysis is deployed to show how Danish authorities differentially valued life, treating Kalaallit reproduction as disposable in the pursuit of colonial modernisation.

The thesis argues that the IUD programme was not a hidden coercive event within an otherwise benevolent welfare system. It was an expression of that system's administrative logic extended into a colonial context where the usual guarantees of rights did not apply and Kalaallit women's reproduction became a site of intervention and where sovereign power over life and death operated through bureaucratic routines. By treating reproduction as a technical problem rather than a matter of bodily autonomy, Danish authorities depoliticised coercion, rendering it as rational and necessary. The study contributes to Sociology of Law by demonstrating how welfare governance, which is commonly associated with progress in Denmark, can function as an instrument of racialised colonial control.

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1. Introduction

Denmark is known for its progressive welfare society and thriving democracy (Ministry of Foreign Affairs of Denmark, n.d.). It is ranked in the top 3 happiest countries in the world, with low inequality rates and high humanitarian values (Helliwell et al., 2026; OECD, 2025). However, beneath this benevolent nation, there is a history of colonial control, where the same administrative tools that built the welfare state in Denmark were used to subjugate another country. Greenland - known by its Indigenous name, Kalaallit Nunaat - did not experience the end of colonial rule in 1953 when their colonial status officially ended, but a reconfiguration, a shift from overt colonial sovereignty to a different and in parts more invasive form of governance, where modernisation and welfare expansion served as a new form of control. Kalaallit Nunaat was colonised by Denmark in 1721 as part of a religious mission. After increasing attention from the UN regarding decolonisation post-Second World War, Kalaallit Nunaat's colonial status formally ended and they were integrated into the Danish kingdom (Pedersen et al., 2017, pp. 54, 308-309).

The 1953 constitutional reform marked a shift, as Kalaallit Nunaat was no longer classified as a colony, but as a county in the Danish Kingdom. This resulted in a period of intensified administrative control under the guise of modernisation, where Danish authorities wished to modify Kalaallit society into Danish standards and ways of living. This period was characterised by the erasure of traditional practices, forced urbanisation, and the imposition of Danish language and institutions, all framed as efforts to bring Kalaallit Nunaat to "equal footing" with Denmark (Pedersen et al., 2017, p. 306-309).

In this same timeframe, women in Denmark in the 1960s and 1970s saw a remarkable transformation for their role in society. The Danish welfare state was expanding massively and daycare was instated, which meant that Danish women could enter the workforce. Women's autonomy was a big focus and the women gained access to family-planning and abortions (Jensen & Loftsdóttir, 2012, p. 106–110). All the while not far from the liberation of Danish women, a population faced the consequences of the welfare state and its expansion. Kalaallit Nunaat faced increasing scrutiny in the name of "modernisation" (Jensen &

Loftsdóttir, 2012, p. 106–110). Cultural practices were wiped out in favour of commercialised fishing, families were moved from villages to urbanised cities and while women in Denmark experienced increased autonomy, Kaalallit women experienced being stripped of their bodily autonomy in the name of "family-planning" (Marcussen-Mølgaard, 2020, p. 16).

Within this context of administrative control, the Danish state turned its attention to the reproductive practices of Kalaallit women. High birth rates, previously seen as a sign of natural societal progress, were reframed as a financial burden and an obstacle to the economic and social goals of the modernisation plan, also known as the G60 plan (Marcussen-Mølgaard, 2020, p. 16). This shift in discourse and administration set the stage for the IUD programme, a state-led family planning initiative that targeted Kalaallit women's reproduction as a domain requiring intervention. Framed as a necessary measure to align with Denmark's modernisation ambitions, the programme exemplifies how colonial governance extended into the most intimate aspects of life, using administrative rationalities to justify coercive control.

1.1 Research Area:

In March 2024, a group of 143 Kalaallit women initiated legal proceedings against the Danish state, alleging that the forced insertion of intrauterine devices (IUDs), a form of birth-control, during the 1960s to 1970s constituted serious violations of their fundamental human rights (Institut for Menneskerettigheder, 2025). The IUD-programme became widely known in the Danish media in May 2022, when Danmarks Radio, the national broadcasting service (DR), reported on the case. The report found that the IUD procedures were a part of a state-led family planning initiative aimed at reducing birth rates in Greenland, which at the time was under direct Danish administrative control. It was found that approximately 4500 Kalaallit women and girls were subjected to IUD insertions between 1960s and the late 1970s, many without informed consent and some with lasting physical and psychological consequences (DR, 2022).

1.2 Research Aim:

The aim of this thesis is to examine how Danish health and welfare authorities, in the years preceding and surrounding the IUD programme, framed Kalaallit women's reproduction as a social problem requiring intervention**.** Through a socio-legal analysis of archival documents

and reports, the thesis analyses how problem framing, risk-assessments, and welfare reasoning made reproductive intervention appear necessary and legitimate within Danish governance.

1.3 Research Question:

How did Danish health and welfare authorities frame Kalaallit women's reproduction as a social problem requiring intervention?

Author's note: It is important to reiterate that with this question, the aim is not to classify Kalaallit women's reproduction as a social problem, but to examine how the Danish state framed it as such.

2. Literature Review

The literature review adopts a systematic conceptual approach to situate the thesis within key debates on colonial governance and reproductive control in Denmark, clarifying the analytical terrain and identifying a specific research gap (Tight, 2019, p. 79). Its purpose is to employ a targeted, theory-driven methodology to synthesize and critically assess relevant literature. Its purpose is not to reconstruct the historical events of the Danish population control programme (IUD-programme) in Kalaallit Nunaat or to provide an exhaustive survey of all existing scholarships.

To ensure methodological rigor, the review followed a structured process. First, a comprehensive search strategy was implemented using online academic databases, including Google Scholar and Lund University's online library, supplemented by physical collections from local libraries. Search terms were carefully selected to capture the intersection of colonial governance, reproductive control, and Greenlandic history, including "forced IUD Greenland," "Spiral Case/spiralsag," and "Kalaallit Nunaat population control." These keywords were refined based on preliminary findings to ensure relevance and precision.

To maintain transparency and replicability, a coding scheme was applied to organise and analyse the literature (Tight, 2019, p. 76). The boundaries of the search were defined using pre-established inclusion and exclusion criteria, outlined in the table below. This systematic approach ensured that the literature review remained focused on sources directly relevant to the research question while excluding material outside the scope of the study.

2.1 Literature Review Inclusion and Exclusion Criteria

Criterion	Inclusion Criteria	Exclusion Criteria
Temporal Focus	Literature covering the peak campaign (1966-1975) and legal/political responses up to the present.	Material focusing exclusively on pre-colonial Greenland or unrelated eras.
Geographic Scope	Focus on Greenland (Kalaallit Nunaat) and Greenlandic students in Denmark.	Studies of birth control policies in other nations with no direct comparison to Greenland.
Thematic Scope	Forced contraception, population regulation, colonial governance, and human rights violations.	General medical history of IUDs with no focus on colonial or coerced administration.
Types of Material	Peer-reviewed articles, official investigative reports, UN reports, and legal submissions.	Opinion pieces lacking empirical or legal basis (unless used as data for discourse analysis).
Language	English and Danish sources.	Materials in languages not accessible to the researcher.

The thesis examines how Danish health and welfare authorities framed Kalaallit women's reproduction as a social problem requiring intervention. While the IUD programme has been increasingly discussed, much of the existing scholarship focuses either on documenting reproductive coercion, analysing colonial racism, or evaluating legal responsibility. In my

review I have found that less attention has been paid to the socio-legal processes through which reproduction was constructed as an object of administrative governance in the first place.

Following Tight's understanding of a conceptual literature review, the aim is to synthesise dominant explanatory paradigms and identify silences within them, thereby refining the analytical contribution of the study (Tight, 2019, p. 98). The review proceeds thematically rather than chronologically, mapping how reproduction in Kalaallit Nunaat has been analysed in relation to colonial modernisation, welfare rationality and population-and reproductive control.

This chapter is structured in four parts. First, it reviews historical scholarship on Danish colonial governance, post-Second World War modernisation efforts, and Danish welfare-state expansion in Greenland, situating reproductive intervention within broader administrative transformations. Second, it examines contemporary empirical and critical scholarship on the IUD programme, including analyses of coercion, welfare colonialism, and administrative and authoritative responsibility. Third, it synthesises these themes to demonstrate that while modernisation discourse and reproductive injustice have been studied, the socio-legal framing of women's reproduction as a governable social area remains underexplored. The final section therefore identifies the analytical gap addressed by this thesis.

The literature review aims to establish the foundation for this thesis, which is analysing archival documents as sites where risk, welfare reasoning, and administrative authority converged to normalise reproductive governance.

2.2 Historical and Welfare-State Context in Scholarship

Scholarship on Danish-Greenlandic relations has consistently emphasised that reproductive intervention in Kalaallit Nunaat cannot be understood in isolation from the longer history of colonialism, administrative centralisation, and welfare-state expansion. Rather than emerging as an exceptional or isolated initiative, demographic planning and family policy was developed within a broader post- second world war focus. The UN enabled modernisation projects through which Denmark restructured Greenland politically, economically, and socially.

Colonial Governance and Administration

Greenland's formal colonial status ended in 1953 when it was incorporated into the Danish Kingdom as a county. However, historians and postcolonial scholars argue that this constitutional change did not end colonial governance structures but reconfigured them (Pedersen et al., 2017, p. 304). The control was instead justified through a developmentalist narrative, that Greenland was to be modernised and brought to "equal footing" with Denmark. Yet decision-making authority remained concentrated in Denmark, and Danish officials retained administrative dominance (Viemose, 1977, p. 81)

In *Grønland: Den Arktiske Koloni (Greenland: The Arctic Colony)* Danish governance tactics in the 1950's post-war, are described as deeply paternalistic and rooted in racialised differentiation and asymmetrical authority structures (Pedersen et al., 2017, pp. 304-308). One of the ways this is seen, is by the controversy in 1952, where Denmark was accused of manipulating Greenland into becoming a Danish county, instead of gaining more freedom through other agreements (Pedersen et al., 2017, pp. 309-311). Similarly, *Dansk Kolonipolitik i Grønland* emphasises that colonial rule combined commercial interests with civilising missions, embedding assumptions of Danish superiority within legal and administrative practice (Viemose, 1977, p. 81).

In 1953, modernisation policies continued to position Kalaallit society as underdeveloped and in need of guidance. Scholars describe this period as one of intensified "Danification," during which Danish language, institutions, and welfare models were introduced as the normative standards (Pedersen et al., 2017, 320-328). The modernisation process therefore reorganised Kalaallit social life according to Danish administrative norms and views on modernisation.

While the scholarship clearly demonstrates how modernisation restructured governance and administration, it tends to treat reproductive intervention as a secondary outcome of broader reforms. Less attention is given to how reproduction itself became framed as a distinct administrative issue within these governance processes.

Central to the administrative expansion was the implementation of the **"**G60" plan, a strategy of socioeconomic development intended to forcibly transition a decentralised hunter-gatherer society into an urbanised, industrial fishing economy (Marcussen-Mølgaard, 2020. p. 16; Hazzard, C. 2023, p. 75). As Marcussen-Mølgaard (2020) and Hazzard (2023) note, this plan prioritised economic restructuring and urban concentration, often at the expense of traditional family structures. One of the most prominent examples of this forced urbanization was Blok

P, a housing complex in Nuuk where Kalaallit families were relocated into standardised apartments, without regard for their social or cultural needs. Blok P became an example of the broader modernisation project, where the promise of progress masked the coercive and disruptive nature of Danish governance (Marcussen-Mølgaard, 2020, p. 16; Hazzard, 2023, p. 75). This transition relied on massive expansion in modern infrastructure such as schools, and healthcare, which Danish authorities viewed as a burden on the state's budget (Blaagaard et al., 2024, p. 14).

This highlights how the Kalaallit Nunaat society was increasingly understood in economic and administrative terms. Historical scholarship primarily describes these developments at a structural level, without further examining how administrative practices translated into specific problem framings.

The Framing of Social Areas

Within this modernisation logic, the high birth rate of the Inuit population was reframed in the public and administrative discourse. Population growth was previously considered a sign of societal progress, however Kalaallit fertility was now classified by Danish authorities as a "financial threat" and a "population explosion" that jeopardized the financial sustainability of the modernisation project (Blaagaard et al., 2024, p. 8-10; Fikfak et al., 2026, p. 6).

The studies identify the emergence of demographic concern, but do not look further into the mechanisms through which high birth rates were discursively constructed as a policy problem requiring intervention.

Media Discourse and Journalistic Complicity

Historical media archives demonstrate that Danish journalism at the time was complicit in the normalisation of the IUD programme, by enabling a discourse of "colonial virtues" that represented modernisation efforts as both inevitable and well-meaning (Blaagaard et al., 2024, pp. 2, 14; Marcussen-Mølgaard, 2020, p. 2). Journalistic reporting often supported the medical practices of this period by veiling the Greenlandic population within general infrastructure and administrative plans, effectively reducing individuals to numbers on a spreadsheet (Blaagaard et al., 2024, p. 14). By adopting this "paternalistic" frame, contemporary media narratives contributed to the normalisation of the programme and

generally overlooked the profound invasiveness of state-mandated reproductive interventions (Blaagaard et al., 2024, pp. 2, 14; Fikfak et al., 2026, pp. 3–4).

This scholarship highlights how public discourse contributed to normalising intervention, and primarily focuses on representation and less on the internal administrative reasoning that structured policy development.

Post-War Modernisation and Welfare-State Expansion

Scholars have described the post-second world war period in Kalaallit Nunaat as a form of "welfare colonialism," in which welfare-state expansion functioned both as social support and as a mechanism of control (Loftsdóttir og Jensen, 2012, pp. 59–63). Kalaallit Nunaat saw massive investment in infrastructure, where the focus was on economic restructuring and urban concentration, with a specific focus on centralising the population, which also disrupted traditional settlement patterns and family structures (Viemose, 1977, p. 88). Welfare policies were justified as universal and benevolent, yet their implementation often reinforced administrative hierarchies between Danish officials and Kalaallit citizens. Danish officials still held higher positions of power in Kalaallit Nunaat and the Kalaallit had little influence in Denmark (Loftsdottir & Jensen, 2012, p. 6).

While the concept of welfare colonialism captures the dual nature of support and control, it does not fully account for how specific domains, such as reproduction, were isolated and constructed as objects of administrative intervention.

This context shows how the reproductive policies were not developed in a vacuum, but rather that it emerged within a governance model that increasingly relied on forecasting and population management as tools of social administration.

Welfare Rationality and Administrative Intervention

Historical scholarship emphasises that colonial governance structures were characterised by a paternalistic logic in which Greenland was perceived as a "sårbart land" (vulnerable country) requiring Danish protection and guidance, while development towards a modern society was to be carefully managed by Danish authorities (Beukel et al., 2007, pp. 11-12). This framing positioned welfare initiatives as social support while maintaining mechanisms through which Danish institutions defined and regulated acceptable forms of social and economic life.

It becomes clear that there was an administrative categorisation and regulation of social life in Kalaallit Nunaat, though it is not further examined how the categorisation was articulated and implemented administratively.

At the same time, the formal move towards integration and equality was not reflected in the distribution of authority. Decision-making remained concentrated within Danish administrative structures, and Greenland continued to be treated primarily as an administrative object rather than an autonomous subject. Welfare policies therefore functioned as both instruments of improvement and as tools of governance, shaping family life, labour practices, and broader social organisation within a framework defined by Danish priorities (Beukel et al., 2007, pp. 12–13).

Arnfred and Pedersen's account of colonial constructions of gender in Greenland helps show that Danish governance produced gender norms and expectations that were not previously present in Kalaallit society, which shaped Kalaallit women's social position across the colonial period. They argue that Kalaallit society operated with what they call "genderlessness" a social indifference to gender hierarchy, where women and men had complementary but equally valued roles (Arnfred & Pedersen, 2015, p. 283, 287).

The sources also highlight a fundamental difference in how the Nordic welfare model was applied in Denmark vs. in Kalaallit Nunaat between 1960-1980. In Denmark the Danish Welfare model was a catalyst of liberation for many women, providing infrastructure such as daycare and maternity leave, which allowed women to enter the workforce and gain independence (Loftsdóttir & Jensen, 2012, pp. 106–110). However in Kalaalit Nunaat the same model functioned as a system of coercion, where families were relocated to urban apartment blocks like Block P and imposing "family-planning" initiatives, such as contraception programmes to protect the state's budget.

This contrast underscores how identical welfare mechanisms can be used to produce fundamentally different outcomes. However, it opens up the questions of how such interventions were justified and rationalised within administrative frameworks. Within this administrative landscape, reproductive policy became one of many dimensions of social planning.

The introduction of contraceptive technologies, including the IUD, occurred alongside broader societal initiatives targeting housing conditions, urban centralisation, and labour participation (Hazzard, 2023, p. 75; Marcussen-Mølgaard, 2020, p. 99).

Historical scholarship therefore establishes three key contextual themes:

1. Colonial governance structures persisted and in some cases increased after the formal change of Kalaallit Nunaat from a colony to a county.
2. Welfare-state expansion in Kalaallit Nunaat was highly economically motivated, rather than "welfare" motivated.
3. Demographic and reproductive planning became embedded within administrative modernisation discourse.

These dynamics form the structural background against which the IUD programme later developed. Together, this scholarship provides a detailed account of the structural and historical conditions under which reproductive intervention emerged. However, it offers limited insight into how Danish authorities themselves conceptualised and problematised reproduction within administrative practice. This gap forms the starting point for this research project.

2.3 Contemporary Scholarship on the IUD Programme

In recent years, the Danish intrauterine device (IUD) programme in Kalaallit Nunaat has moved from relative obscurity to widespread scholarly, political, and legal attention in Denmark. Contemporary scholarship has primarily focused on documenting the scope of the programme, clarifying its administrative origins, and assessing its ethical and legal implications. In this section I will synthesize prominent contemporary scholarship on the area, highlighting different narratives and sources.

Scope and Implementation of the Programme

The most comprehensive empirical account to date is the Independent Inquiry into contraceptive practices in Kalaallit Nunaat between 1960 and 1991 (Jensen et al., 2025). The inquiry examines historical documents, legal frameworks, and testimonies from the affected women and relevant health professionals.

The report establishes that IUD insertions increased significantly from the late 1960s onwards and that the device became widely used as a preferred contraceptive method within the public health system in Kalaallit Nunaat (Jensen et al., 2025, pp. 170-175). It situates the introduction of the IUD within broader family planning initiatives and demonstrates that concerns about demographic growth were explicitly linked to welfare planning and socio-economic forecasts (pp. 23-33; 35-48).

The report also analyses the legal and medical standards regarding consent at the time. It concludes that while formal legal frameworks regarding patient autonomy evolved during the period, documentation practices and consent procedures were often unclear or insufficiently recorded (pp. 137-150; 203-211). The report does not explicitly examine the lawfulness of the programme but identifies significant flaws in information practices and administrative transparency.

While the report provides a detailed empirical and legal account of the programme, its emphasis on neutrality limits engagement with how reproductive intervention was framed and justified within administrative reasoning. It documents what occurred but offers less insight into how these practices were legitimised (Jensen et al., 2025, pp. 4-5).

Reproductive Policy and Welfare Governance

Graugaard, Pihl Sørensen, and Stage (2024) analyse the IUD programme within the broader context of Danish family planning and welfare expansion. They document that approximately 4.500 Kalaallit women and girls were subjected to IUD insertions between 1966 and 1970, representing roughly half of the fertile female population at the time (Graugaard et al., 2024, p. 1).

Their archival reading demonstrates that the programme was not concealed, but publicly discussed in Danish media during the 1960s and 1970s (Graugaard et al., 2024, p. 2-3). They highlight how the initiative was framed as a progressive social reform aligned with modernisation and welfare rationality, rather than something covert happening “behind the scenes”.

The article identifies demographic concern, welfare economics, and public health planning as central factors (pp. 3-5). It therefore challenges narratives that treat the programme as an isolated hidden incident, instead situating it within broader administrative and political logics.

While this work critically analyses racialised discourse in media representations, its primary focus remains on documenting patterns of reproductive control and structural inequality rather than examining the internal administrative problem-framing within policy documents.

This scholarship effectively situates the programme within broader structures of welfare governance and colonial inequality. However, it primarily operates at a structural level, leaving less attention to the specific socio-legal processes through which reproduction was constructed as a governable domain within administrative practice.

Human Rights and International Scrutiny

The United Nations Special Rapporteur on the Rights of Indigenous Peoples (2023) addressed the broader colonial legacy in Denmark-Greenland relations and emphasised the need for reconciliation processes addressing past injustices (A/HRC/54/31/Add.1, 2023, paras. 4-8). The report situates the IUD programme within general structural inequalities that the people of Kalaallit Nunaat experience, but does not dive deeper into evaluating the legitimacy and emergence of the IUD programme.

The UN report highlights institutional asymmetries, data deficiencies, and the importance of inclusive consultation in governance processes (A/HRC/54/31/Add.1, 2023, paras. 13-14). These observations are relevant since they underscore the structural conditions within which historical reproductive policies were implemented.

Although this perspective highlights the institutional implications of the programme, it focuses on evaluation and accountability rather than on the internal administrative rationalities that shaped how reproductive intervention was conceptualised and implemented.

Public Debate in 2025

The IUD programme has generated substantial public debate in both Denmark and Greenland, with various competing narratives. In August 2025, finance minister Múte B. Egede drew a link between the IUD campaign and Kalaallit Nunaats current economic difficulties, arguing that the resulting drop in fertility had produced a skewed population structure in which fewer working-age people must support a growing elderly population, and that this gives Denmark a historical co-responsibility for Greenland's economic challenges (DR, 2025). An opinion piece in *Information*, situates the IUD programme within a longer

history of colonial population management, arguing that the campaign cannot be understood in isolation but should be seen as the culmination of 250 years of Danish colonial control over Greenlandic bodies and reproductive capacity (Information, 2025).

Others have rejected the framing of wrongdoing entirely and frame the IUD programme as a necessary response. Former chief district medical officer Gunnar Lauge Nielsen (Jyllands-Posten, 2025) argues that the campaign was a necessary response to an extreme demographic situation, citing high birthrate, infant mortality, and a population in which 50% were under 16 years of age. He maintains that the campaign enjoyed broad support among Greenlandic politicians at the time.

The societal debates surrounding the IUD programme shows a tendency to focus on moral evaluation and the subsequent consequences of the programme. They do not seem to look at the mechanisms which enabled the emergence of the programme in the first place.

2.4 Competing Interpretations of the IUD Programme

The existing literature on the Danish IUD programme in Greenland presents divergent interpretations that frame the intervention in fundamentally different ways. These interpretations can be broadly grouped into two dominant perspectives: a sensationalized view and a colonial/mechanism view.

The sensationalized view, exemplified by media narratives such as Danmarks Radio's 2022 reporting, frames the programme as a moral scandal, emphasizing its coercive elements, the lack of informed consent, and its classification as a human rights violation. This perspective treats the programme as an isolated incident of state violence, focusing on its ethical and legal breaches.

In contrast, the colonial/mechanism view, as articulated in works by Graugaard et al. (2024), Blaagaard, Graugaard, et al. (2024), and Marcussen-Mølgaard (2020), situates the programme within broader structures of colonial governance, modernization, and welfare colonialism. Here, the IUD programme is understood as a structural outcome of Danish administrative rationalities, where demographic control and economic stabilization were prioritized. This view emphasizes how the programme was embedded in a governance model that relied on planning, forecasting, and population management as tools of social administration.

While both perspectives offer valuable insights, they share a common limitation: they primarily focus on evaluating the programme's ethical, political, or historical significance. The sensationalized view highlights the programme's coercive nature, while the colonial/mechanism view explains its structural roots. However, neither sufficiently examines how reproduction itself was constructed as a policy problem within administrative reasoning, or how such framing made intervention appear necessary and legitimate, which is what this thesis seeks to address.

2.5 Research Gap

Extensive scholarship has situated the Danish IUD programme in Kalaallit Nunaat within the frameworks of colonial governance and post-war modernization (Marcussen-Mølgaard, 2020, p. 2; Blaagaard, Graugaard et al., 2024, p. 2). Empirical research has documented that the programme targeted nearly half of the reproductive-age Kalaallit female population, frequently involving minors as young as 12 without their knowledge or parental consent (Fikfak et al., 2026, pp. 3, 6). Furthermore, international assessments have contextualised these interventions within structural inequalities and "welfare colonialism" (Fikfak et al., 2026, p. 3; Loftsdóttir & Jensen, 2012, p. 115; Graugaard et al., 2024, p. 1).

Despite these contributions, the specific socio-legal reasoning through which reproduction was constructed as a "governable area" remains underdeveloped. Existing studies offer structural explanations (modernisation/Danification) or normative evaluations (human rights violations), but they often overlook the conceptual framing of Kalaallit women's reproduction within the documents that structured governance (Marcussen-Mølgaard, 2020, p. 2; Fikfak et al., 2026, p. 6). While we know that authorities viewed the Kalaallit birth rate as a "financial threat" and a population explosion to be controlled, it remains unclear how bureaucratic framing made governmental preventive intervention appear necessary, proportionate, and legitimate within the logic of the state.

This thesis addresses this gap by examining archival documents as sites where such problem framings were produced and stabilised and shifting the analytical focus from *what* was done to *how* it was made administratively reasonable. Rather than treating reproductive intervention and the IUD programme solely as an outcome of broader processes, the analysis focuses on how it was constructed as a governable domain through administrative categories such as risk, responsibility, and welfare. In doing so, the thesis contributes to existing

scholarship by shifting attention from what the programme was and whether it was justified, to how it became thinkable and actionable within Danish administrative governance.

3. Theoretical Framework

3.1 Mbembe's Necropolitics: Sovereignty, Colonial Governance, and the Power Over Life and Death

The theoretical foundation of this research is anchored in Achille Mbembe's (2019) necropolitics, a framework that redefines sovereignty in colonial contexts by extending its understanding beyond Foucault's notion of biopower. According to Mbembe, sovereignty encompasses the capacity to dictate which lives are worth preserving and which may be exposed to conditions of social or biological destruction (Mbembe, 2019, p. 2). In colonial settings, this power is exercised through the regulation of life itself including controlling reproduction and the biological futures of colonised populations (Mbembe, 2019, p. 16).

A core concept in this analysis is the "colonial state of exception". Mbembe describes that the colony represents the site where sovereignty consists of exercising power "outside the law" (ab legibus solutus), where the safety and guarantees of "judicial order" are suspended in the name of civilization (pp. 23, 24). Within this space, the colonised are pushed into a "third zone," suspended between subjecthood and objecthood and treated as ghost-like figures or merely unnatural beings, rather than fully human subjects (pp. 24, 26). This theoretical lens allows the researcher to analyse archival traces of the Danish IUD programme as an exercise of sovereignty that sought to "define who matters and who does not, who is disposable and who is not" instead of as an isolated medical event (p. 27).

This necropolitical power operates through the production of disposable life, where populations are defined as expendable within the state's broader objectives (Mbembe, 2019, p. 19). Racism functions as a biological caesura, where the population is separated into groups marked for differential protection and exposure to death (Mbembe, 2003, p. 17). This concept will be used to explain how colonial power produces a racialised division between populations and assigns different values to their lives.

Mbembe argues that colonial sovereignty works by fusing violence with the tools of bureaucracy and modern administration, so that domination appears technical, orderly, and efficient rather than openly brutal. Mbembe states, that the right to kill or expose people to

death is exercised through the administrative control of populations, and that colonial violence is often made possible by the integration of "instrumental rationality with the productive and administrative rationality" of the modern state (Mbembe, 2003, p. 18). That means Indigenous bodies are not only targeted through direct force, but also through systems of paperwork, classification, planning, and expert knowledge that make coercion look like governance (Mbembe, 2003, p. 16)

This leads to Mbembe's concept of "death-worlds"**,** which refers to social and political spaces in which power organizes life so that populations are forced to exist under conditions of disposability and ongoing exposure to harm. Mbembe coins this as "new and unique forms of social existence" in which populations are reduced to the status of the living dead, showing that necropolitical power is not only about direct killing but also about producing conditions in which life is degraded and made unlivable (Mbembe, 2019, p. 28). In Mbembe's terms, modern administrative rationality can work together with sovereign violence to make destruction look like progress (Mbembe, 2003, p. 8)

Together these concepts form the analytical lens through which I will examine how Danish colonial authority framed Kalaallit reproduction as a problem to be managed, not a future to be protected. The IUD programme can therefore be read as a necropolitical intervention, operating through administrative mechanisms.

3.2 Governance Mechanisms and Risk Management Strategies as Complementary Frameworks

While Mbembe's necropolitical theory is the framework through which this thesis will establish the process of colonial sovereignty, political governance theories will be applied to identify the administrative mechanisms used to transform sovereign and necropolitical intent into concrete interventions. Among these mechanisms, Banakar's Risk Management Strategies (RMS) and Mark Neocleous' preventive governance stand as useful tools to expose coercive acts which are framed as technical and administrative necessities.

Banakar's Risk Management Strategies (RMS) show governance as a process of identifying and neutralising potential threats before they materialise, shifting focus from traditional regulation to the prevention of unwanted outcomes (Banakar, 2015, p. 199). In this model, governance prioritises managing risks to social and economic order over integrating

individuals into a moral framework. Complex issues are reframed as governable risks, with solutions targeting consequences or potential outcomes rather than root causes. This depoliticizes coercive interventions by presenting them as technical necessities. Such administrative rationales include demographic forecasting, welfare planning, and legal justifications positioning social areas as threats to be mitigated. This enables the state to present interventions as rational and obscures their possible coercive nature (Banakar, 2015, p. 243).

Neocleous' concept of preventive governance extends this logic, positioning the state as an authority that anticipates and neutralises risks to maintain order (Neocleous, 2021, p. 95).

Neocleous's *A Critical Theory of Police Power* (2021) argues that police power is not limited to uniformed forces or crime prevention, but rather a form of state authority concerned with the active fabrication of social order and the shaping of society according to the state's goals (Neocleous, 2021, p. 45). The police power is "free to act - indeed, is compelled to act" when something has been declared 'disorderly' or to prevent things becoming disorderly. (Neocleous, 2021, p. 19). This is the basis of preventive governance, where the state positions itself as an authority that anticipates and neutralises risks before they materialise (Neocleous, 2021, p. 13).

A key dimension for this thesis is the concept of the *medical police*. Historically, the regulation of public health, hygiene, and cleanliness was understood as a core police function (Neocleous, 2021, p. 140). Although the terminology changed to "public health" and "social medicine," the function of ordering the population through health regulation did not disappear but was merely reformed. This means that modern health and welfare institutions continue to carry a police function, even when their operations appear neutral or benevolent (Neocleous, 2021, p. 143).

RMS and preventive governance therefore explain the administrative mechanisms that operationalised sovereign, necropolitical power. While these frameworks reveal how coercion was rationalised as a technical necessity, Mbembe's necropolitics clarifies the colonial violence underlying such interventions. Together, they demonstrate how governance mechanisms depoliticize coercion, presenting it as a responsible response to perceived risks.

4. Methodology

4.1 Epistemology and Positionality

This thesis adopts a critical constructivist epistemology, which rejects the notion of scientific knowledge as a neutral or objective reflection of reality. Instead, knowledge is understood as a constructed product, shaped by the methodical labor of the researcher and the historically situated practices of the subjects under study (Bunge, 2012, p. 175). Within this framework, social problems and administrative interventions are not seen as inherent or natural facts, but more so the result of specific social arrangements and historical conditions that could have developed differently. By identifying a social problem as a construct, the researcher acknowledges that its character is not determined by any external or universal reality but is produced through the interaction of power, discourse, and institutional practices (Hacking, 1999, p. 58).

Building on this foundation, the thesis engages with Boaventura de Sousa Santos's critique of modern Western epistemology. Santos (2014) argues that knowledge production is fundamentally shaped by hierarchical structures that determine what is recognised as valid expertise and what remains marginalised or invisible. He describes this as "abyssal thinking", a system that divides social reality into two distinct realms: metropolitan societies, which are visible and legible, and colonial territories, which are rendered nonexistent (p. 71). In this system, whatever exists on the other side of the line, or beyond the metropolitan world, is framed as invisible and illegible (Santos, 2014, pp. 120-123). This thesis aligns with Santos's call for global cognitive justice, which recognises that social justice cannot be achieved without addressing the inequities between different ways of knowing and being in the world (Santos, 2014, p. 5).

The archive is therefore treated as a product of its time, shaped by the governing power structures, rather than as a neutral record of what happened. This approach requires two analytical moves, or a "double epistemological break". First, is setting aside everyday assumptions about the material to reach a more critical understanding of what the documents actually do and say. Second, is to not treat the academic analysis as an end in itself. Instead, the goal is to turn that critical understanding into knowledge that serves those whom the archive has marginalised, rather than reinforcing the same power structures that produced it (Santos, 2014, p. 158).

By reading along the archival grain, the thesis aims to expose the epistemic anxieties and political rationalities that underpinned the IUD programme (Stoler, 2009, pp. 2, 53). This approach treats the archives as active sites of information where knowledge, power, and authority converge to shape what is considered legitimate, visible, and actionable.

4.2 Positionality and Reflexivity

Santos covers many aspects of my positionality as a researcher, however, this thesis will also be committed to feminist reflexivity, since I am engaging with colonial archives concerning Indigenous women as a way to safeguard my ethical responsibility (Gunaratnam & Hamilton, 2017, p. 1430). Moving beyond "epistemological navel-gazing," reflexivity here functions as a continuous interrogation of the power relations that constitute both the researcher and the research process (Browne & Nash, 2010, p. 578). Central to this position is an acknowledgment of the "distance/difference" between the researcher and the Kalaallit women whose lives are trace-recorded in Danish administrative documents (Nash, 2010, p. 875). I do not, and cannot, speak for these women and attempting such a representation would reproduce the "ventriloquism" of colonial science, where metropolitan experts historically claimed to know the colonised better than they knew themselves (Santos, 2014, p. 371). Instead, I aim to adopt the role of a "rearguard intellectual", seeking to walk alongside the subjects of the study and provide theoretical instruments for resistance rather than claiming a *"*vanguard*"* position of authoritative leadership (Santos, 2014, pp. 367–368).

Analytical attention is therefore intentionally directed away from "damage-centered" narratives of Indigenous pain and toward the rationalities and epistemic anxieties of the Danish state (Stoler, 2009, p. 9). By treating archives as an "arsenal" of governing strategies rather than a neutral record of human experience (Stoler, 2009, p. 3), this study states the mechanisms and functions at the time of the IUD programme (Stoler, 2009, p. 64). Following the recommendation to approach official records for what they were used to accomplish, I examine how authorities constructed frameworks to establish reproductive intervention as necessary and legitimate (Stoler, 2009, p. 1; Tight, 2019, p. 154). This involves identifying the "blueprints of distress" hidden within official documents, where the state sought to rationalise social life (Stoler, 2009, pp. 21, 91). To maintain the focus on what official records were used to accomplish, I will highlight absences and silences within the official record. The archive is approached not as a comprehensive history, but as a site where certain experiences were actively produced as nonexistent through "abyssal thinking" (Santos, 2014, p. 126).

Ultimately, this position acknowledges that the rationalisation of the state is a partial lens (Stoler, 2009, p. 4). Through a double epistemological break, I aim to move beyond scholarly distance to transform these archival findings into an *emancipatory common sense* that exposes the mechanisms of benevolent colonial violence and its hierarchy of credibility (Stoler, 2009, p. 62; Santos, 2014, p. 444).

About me as a researcher: I am Icelandic and identify as such. Iceland is a country that has also been under Danish rule, however not to the same extent and damage as Greenland. I have lived in Denmark for most of my life, which means that I can read Danish texts and media, and this is also how I became aware of this topic. I have a background in social work, so I am quite intimately familiar with the Danish welfare system. I do not believe this has any hindering effect on my position as a researcher and that it only furthers my understanding of the topic. However, I believe it is important to provide this information to the reader, in an effort to contextualise who the researcher is and uphold the application of feminist reflexivity.

4.3 Archival Research as Method

The empirical material for this study is based on archival research conducted at the Danish National Archives (Rigsarkivet) through the Daisy database. The archival work focused on administrative documents produced in the period from 1950 to 1975, in order to capture the development of post-war modernisation policies and their relation to population and welfare governance in Greenland.

The search process combined keyword-based searches with exploratory navigation through administrative file structures. A central entry point was the term “Grønlandsudvalget” (Greenland Council), from which additional documents were identified by following administrative chains, including correspondence, memoranda, and internal reports. Documents were selected based on their relevance to themes of population, modernization, and welfare, rather than their formal classification. This approach treats documents as part of a wider bureaucratic process, rather than as separate units (Tight, 2019, pp. 132–134).

The final corpus consists of approximately 100 pages of archival material, primarily in Danish, which will be analysed as part of the study. This material forms the empirical basis for examining how reproduction and population were framed within Danish administrative governance. In line with Stoler (2009, p. 2), the archive is not treated as a neutral accounts,

but approached critically with attention to how administrative knowledge is produced, structured, and limited by the conditions of its creation.

Archival research is relevant when examining administrative governance, as it provides access to the documents through which institutions define problems and formulate policies and how that justifies intervention. Following Tight (2019, p. 48), the documents reflect specific institutional priorities and their forms of reasoning, highlighting their assumptions about the populations they address. In this sense, administrative documents are not only sources of information, but also sites where governance is articulated and operationalised.

The Nature of the Archives and Restricted Access

A major component of the archival corpus was a social-scientific study of the Greenlandic population that was repeatedly referenced in the policy documents. Although I was able to access parts of this research, substantial portions remained under restricted access, including background material and correspondence connected to the Grønlandsudvalget of 1960 and the study of children born in Greenland between 1947 and 1960. Even in the accessible material, the project appears as part of the broader administrative and scientific infrastructure through which Greenlandic population, reproduction, and development were made legible to Danish authorities .

This is methodologically significant because the policy documents frame demographic research as a normalising exercise, not as an open-ended inquiry into Kalaallit life. One meeting note explicitly states that the investigations should not resemble studies of a “wild” people, but should instead be aligned with investigations carried out elsewhere in Denmark, which indicates that the research was being positioned within a Danish scientific and administrative norm rather than as a distinct colonial encounter. Read in this way, the restricted materials are not simply missing documents, but part of the colonial structure of the archive itself, where access, visibility, and authoritative knowledge are unevenly distributed .

The relevance of describing these files does not lie in what they might contain, but more importantly in what their status as restricted access shows us about archival power. They likely contain direct traces of how population research, background descriptions, and administrative correspondence were used to build the policy case for intervention, yet their inaccessibility also demonstrates how colonial archives preserve some forms of knowledge while obscuring others. For this thesis, that tension is analytically important, because it shows

that the state's knowledge of Kalaallit reproduction was produced through selective access, institutional filtering, and scientific authority.

4.4 Data Selection

The selection of documents was guided by their relevance to administrative discussions of population, modernisation, and welfare in Greenland. Documents were included where they engaged with questions of demographic development, social planning, reproduction or governance priorities, and where they contributed to ongoing administrative exchanges. This ensured that the material reflected how such issues were articulated within institutional contexts rather than appearing as isolated references.

The collected corpus of archives consists of Danish-language documents totaling 104 pages, including a Social Ministry working-group dossier with meeting material and correspondence, a special-committee report, and a memorandum to Grønlandsrådet (Greenland council). The material is primarily administrative and policy-oriented, focused on Greenland's population dynamics, family planning, public health, and district medical administration.

Materials labelled as "afvist" were automatically excluded from the dataset, as they had restricted access containing personal/sensitive or classified information. Despite the restrictions, I gained access to and combed through around 1000 pages. The resulting corpus captures a range of document types that together reflect how governance concerns circulated and were stabilised within administrative processes.

The selection process follows the logic of qualitative document analysis, where the aim is to construct a corpus that is analytically meaningful in relation to the research question rather than comprehensive in scope (Bowen, 2009, p. 32). The material is therefore treated as illustrative of broader patterns of administrative reasoning, allowing for an analysis of how reproduction and population were framed within Danish governance during the selected timeframe.

4.5 Analytical use of the Archive

The archival material is used to examine how reproduction and population were framed within administrative governance. The analysis focuses on the forms of reasoning through which these domains were considered as legitimate sites for political intervention.

In line with Stoler's understanding of colonial archives, the material is read along the archival grain, with attention to how concerns are formulated, how categories are established, and how certain issues emerge as objects of governance (Stoler, 2009, pp. 20–23). This involves analysing recurring patterns in language and classification, as well as the assumptions that structure administrative reasoning. The focus is placed on how problems are defined and how solutions are made to appear appropriate within the internal logic of governance.

The documents are not treated as evidence of social reality in a direct sense, but as sites where knowledge is produced and organised for administrative purposes (Tight, 2019, p. 30). This makes it possible to examine how reproduction is constructed as a socio-legal problem through the interaction of demographic concern, welfare reasoning, and institutional priorities. The analysis centres on how governance operates and frames knowledge within the archive.

5. Analysis and Strategy

5.1 Thematic Analysis

The archival material was analysed using thematic analysis as part of a broader documentary research design. In this thesis, documents are treated as socially produced texts that reflect institutional priorities, administrative reasoning, and the categories through which governance becomes visible. Document analysis is therefore used to examine how reproduction, welfare, modernization, and governance are repeatedly framed within the archive, and how those framings shape government intervention (Bowen, 2009, p. 27).

Thematic analysis is applied because it is a flexible and widely used approach for identifying recurring patterns of meaning in documents. Tight describes thematic analysis as the standard or underlying approach to qualitative analysis of documents and other forms of data, and emphasizes that it works by identifying recurrent themes, refining them as the analysis proceeds, and using selected quotations to illustrate those themes (Tight, 2019, p. 183). In this

sense, thematic analysis doesn't just count explicit words or phrases, but seeks to identify both implicit and explicit ideas that recur across the material and to organise them into analytically meaningful themes (Tight, 2019, p. 184).

Following Bowen's account of document analysis, the material was read several times through skimming, close reading, and interpretation in order to develop empirical understanding from the documents themselves (Bowen, 2009, pp. 27-32). This involved noting repeated terms and recurring justifications, then grouping them into broader thematic patterns. Bowen emphasizes that document analysis is a systematic procedure for reviewing documents, and that it often involves coding and identification of themes as part of a broader interpretive process (Bowen, 2009, p. 27-33). I started with a broad theme pattern, where I tracked the number of occurrences of the themes, which I then narrowed down to 6 distinct analytical themes.

In practical terms, the themes were developed by tracing how the same concern, such as population growth, welfare strain, family planning, medical authority, or archival silence, appeared across different documents and was reformulated in different administrative settings. This made it possible to capture what the documents said, how they said it, and how certain concerns were established as objects of governance. Thematic analysis was therefore used to reveal patterns across the archive rather than isolated statements within individual documents, and to show how these patterns structured the state's understanding of reproduction and intervention,

Because thematic analysis is interpretive, the themes were not treated as fixed structures that could be discovered independently of the researcher's reading position. Tight notes that thematic analysis is less replicable than quantitative analysis of documents, and that another researcher might identify a different set of themes from the same material, even if there is some overlap (Tight, 2019, p. 184). For that reason, the thematic analysis in this thesis is explicitly interpretive: the themes reflect the research question, the archival context, and the analytical and epistemological lens of the study rather than a neutral inventory of all possible meanings.

This approach also fits the historical and documentary character of the corpus. Bowen argues that document analysis is especially useful for case studies and for studies that work with institutional, internal, or policy-oriented material that reflects the context in which decisions

are made (Bowen, 2009, p. 27-32). In this thesis, the archive is therefore approached as a body of texts through which categories of population, welfare, and modernisation are produced and operationalised, rather than as a passive collection of facts. This is consistent with Stoler's insistence on reading along the archival grain, paying attention to the ways categories are formed, stabilized, and repeated across archival forms (Stoler, 2009, pp. 20–23).

The resulting thematic structure makes it possible to move from individual archival formulations to larger patterns in colonial governance, while still remaining grounded in the language and logic of the documents themselves.This approach serves method for showing how the archive itself organizes reproduction into a governable problem (Bowen, 2009, p. 27).

The final analytic aim is to show how these recurring patterns relate to one another across the corpus. The analysis identifies how governance operates through categorisation, repetition, and the stabilisation of problem definitions. Thematic analysis therefore provides the structure through which the thesis can connect archival detail to broader arguments about colonial administration, reproductive governance, and epistemic power.

The 6 themes in the analysis are organised under the broader umbrella of welfare and modernisation, the dominating logics through which Danish authorities framed and justified the IUD programme. These were active frameworks that each justified reproductive intervention as intelligible and necessary. Modernisation provided the idea that Greenland had to be brought to "equal footing" with Denmark through economic restructuring, urbanisation, and social engineering (Pedersen et al., 2017, p. 304). Welfare rationale supplied the moral and administrative language that recast coercion as care, positioning the state as both provider and regulator of social order (Loftsdóttir & Jensen, 2012, p. 115).

This dual framework is the umbrella for explaining how the IUD programme was presented and perceived as a demographic and economic challenge. By treating welfare and modernisation as the overarching structures, the analysis reveals how administrative reasoning, such as risk assessments, demographic forecasting, and medicalisation, reframed coercive intervention as an ordinary function of governance.

The aim of the analysis is to examine how reproduction is constructed as a socio-legal problem within Danish administrative governance and how this enabled authorities to control Kalaallit women's reproduction through the IUD programme

5.2 Analysis

The analysis consists of the exploration of 6 themes found across the archives. The themes were identified throughout the selection of relevant archives, and grouped using analytical tools, to ensure that nothing important was missed.

These are the 6 themes:

1. Problematising reproduction
2. Population as a governable object
3. Necropolitical differentiation
4. Governing through risk and planning
5. Medicalisation and physician control
6. Archival silences and absences

Through these 6 themes, I will explore the Danish framing of Kalaallit women's reproduction as a demographic and economic problem, how this framing can be seen as a necropolitical project and how risk management strategies and governance mechanisms were used to inform administrative logics.

Theme 1: Problematising Reproduction

The Necropolitical Framing of Population Growth as a Threat

The archival material consistently positions population growth in Greenland as a crisis demanding state action. A 1965 report from *Grønlandsrådet* (Greenland Council) emphasizes the exponential increase in birth rates, noting that the population surplus had risen from approximately 400 annually to 1200, with 75% of this growth attributed to rising birth rates and the rest to a drop in mortality rates (Grønlandsrådet, 1965, app. 4, doc. 16). The archives identify *forsørgerbyrde* (burden of providing) as a financial strain on Kalaallit families, with state child support already in place as a welfare mechanism to alleviate it. However, rather than framing the issue as poverty, housing shortages, or insufficient welfare provision, Danish authorities addressed it through the IUD programme, positioning reproduction itself as the

object of governance. This decision reveals that the state's concern was not only the financial strain on families but the broader burden of population growth on its modernisation timeline.

This necropolitical logic is further evident in the 1965 Grønlandsudvalget report (*Familieplanlægning i Grønland*), which states:

> "The speed in which the population is growing, will delay the time in which society will reach the standard for education, healthcare and living etc. that one has set as a goal"(Grønlandsministeriet, Grønlandsrådet, 1965, p. 9). ("Den hastighed, hvormed folketallet vokser, vil forsinke det tidspunkt, hvor samfundet når til det niveau for uddannelse, sundhedsvæsen og boligstandard m.v. man har sat sig som mål")

The report's use of *will delay* (*vil forsinke*) positions the delay as inevitable, while *the level... one has set as a goal* (*det niveau... man har sat sig som mål*) implicitly refers to Danish administrative benchmarks. By listing education, healthcare, and housing by state-defined standards, the text frames reproduction as a technical barrier to achieving Danish modernisation goals. This framing renders Kalaallit agency irrelevant, as the problem is defined as administrative rather than political. Within this framework, the state grants itself the sovereign right to bypass the unreliability of Indigenous agency in order to manage the population through coercive biological management.

The Statistical Construction of a Governable Problem

The statistical obsession with birth rates in the archives reflects a biopolitical focus. Tables tracking fertility by age groups and marital status establish reproduction as a variable that can be monitored over time, while regional data allow comparisons across districts, and marital status ties reproduction to social norms. Each categorisation serves a distinct administrative purpose, where age groups enable demographic forecasting, regions highlight disparities in population control, and marital status links fertility to moral and economic expectations. Danish authorities were not just documenting population growth but constructing it as a problem requiring intervention. This aligns with Mbembe's (2003, pp. 21-22) argument that necropolitics extends beyond physical violence, in this case to include the regulation of life itself, where certain populations are rendered expendable in the name of progress.

The archival material demonstrates that reproduction in Kalaallit Nunaat was consistently constructed as a problem within Danish administrative reasoning, where demographic developments were interpreted through a framework of economic concern. This construction is evident in the recurring use of terms such as *"population explosion"* (*befolkningseksplosion*) and *"burden of providing"* (*forsørgerbyrde*), which positions population growth as excessive and destabilizing. The repetition of these terms across documents shows the framing of reproduction, where the vocabulary established the perception of reproduction as a domain requiring state intervention.

The statistics of birth increase going from 400 to 1200 appear repeatedly across the archive, and seems to serve a rhetorical anchor for the claim that population growth exceeded manageable limits. This framing can be understood through Mbembe's (2003) argument that sovereignty operates through the capacity to differentiate and evaluate forms of life (p. 12). The archival documents show a governmental interpretation of the rising birth rates as a threat to the viability of the modernisation project. The 1965 Grønlandsrådet report notes that continued population increase would delay the achievement of acceptable standards in education, healthcare, and housing (Grønlandsrådet, 1960, p. 3). These framings embed reproduction within a broader administrative concern with development, where demographic trends are evaluated according to their impact on the state's modernisation progress. This is consistent with Mbembe's concept of the colonial state of exception which explains the dynamic of the sovereignty operating outside the law (ab legibus solutus) to assert control over life and death (Mbembe, 2003, p. 24). In this context it is the control of future life, through reproductive concerns and management.

Following the 1953 constitutional reform, Danish governance in Kalaallit Nunaat became increasingly oriented toward economic planning and institutional restructuring, particularly through initiatives such as the G60 plan (Marcussen-Mølgaard, 2020, p. 16). The G60 plan prioritised economic rationalisation and urban concentration, and the framing of reproduction as a delay to welfare standards served these objectives by justifying demographic control as necessary for economic sustainability. This positioning aligns with Mbembe's (2003) notion of a *biological caesura*, in which populations are differentiated according to their perceived contribution to or disruption of political and economic objectives (p. 17). The term *"population explosion" (befolkningseksplosion)* itself frames growth as uncontrolled and

dangerous, reinforcing the hierarchical language that positions Kalaallit fertility as excessive and disruptive.

Administrative concern with reproduction is further reinforced through the framing of it within social instability. The archives link rising birth rates, particularly outside marriage, to anticipated pressures on welfare systems and broader challenges to economic development (Grønlandsministeriet, Grønlandsrådet, 1965, pp. 9-11). This focus on unmarried women moralises the demographic concern, associating uncontrolled fertility with social instability as well as economic strain.

The archival material shows that reproduction was constituted as a governable problem through a process in which demographic change was interpreted, categorised, and embedded within state priorities. Once framed as a threat to modernisation, what administrative tools would make it governable? The next part will explore which governance tools were used to legitimise reproductive governance.

Theme 2: Population as a Governable Object - When Individuals are Transformed Into Statistics

The archival material demonstrates how Danish authorities repeatedly reduced Kalaallit women to administrative objects, through abstract statistical data. An example of this, is the 1965 Grønlandsrådet *"redegørelse vedrørende det sociale område" (account regarding the social area)*, which is a report that breaks down fertility by age group (for example age 15-19, 20-24 up to age 49), by marital status, and across administrative regions, producing tables that render Kalaallit women's reproduction as a set of measurable variables. The tracking of marital status links reproduction to social norms, implicitly treating births outside marriage as a separate problem that requires intervention. The breakdown by region allows comparison between districts, which makes fertility variation visible as something that can be managed unevenly. Through this process, women are made visible to the state as demographic categories instead of as autonomous subjects (Grønlandsrådet, 1965, app. 4, doc. 16, pp. 4-6).

The 1965 Grønlandsrådet report does not stop at identifying population growth as a problem. It translates that concern into a concrete administrative forecast, linking fertility rates to the expected need for future school places and child welfare infrastructure. The report explicitly

states that continued population increase will require planning for educational capacity, health services, and housing expenditure, positioning reproduction as a calculable factor in budgetary and developmental decisions (Grønlandsrådet, 1965, dok. nr. 29/5, p. 11). Here we see that reproduction ceases to be a lived social reality and becomes a variable within state planning. A birth is no longer an event in the Kalaallit woman's life and instead becomes a projected school-place, a future healthcare cost, and a factor in housing allocation. By making fertility legible as a forecastable risk, the report transforms reproduction into an administrative object that can be managed through demographic projections rather than through direct engagement with the women whose lives are being intervened in. This forecasting move is what Banakar describes when arguing that risk management operationalises governance by treating social phenomena as calculable and therefore governable (Banakar, 2015, p. 210). The state does not need to justify intervening in reproduction as a moral or political choice. It only needs to show that the numbers justify it. By positioning demographic change as an obstacle to development, the report shifts the analytical frame from lived social realities to administrative problem-solving. This transformation marks the point at which reproduction becomes legible to the state in a governmental sense, since it can be observed, compared, and ultimately intervened upon through institutional mechanisms

This shift reflects a broader transformation in how power operates. Rather than acting directly for individuals, governance increasingly works through the regulation of populations. Banakar's account of risk management helps clarify this movement, as it highlights how administrative systems seek to stabilise potential future disruptions through calculation and anticipatory reasoning (Banakar, 2015, pp. 203). When the 1965 Grønlandsrådet report tracks birth rates and fertility across different administrative regions, it does not neutrally document geographic variation but actively frames reproduction as a variable that can be compared, prioritised, and managed across districts, exemplifying what Banakar identifies as the operation of risk management through the translation of social life into calculable administrative categories. In this context, statistical practices actively constitute reality by defining which aspects of life are relevant to governance. Fertility becomes meaningful as it can be linked to projections of welfare expansion and infrastructural capacity.

Within the Greenlandic archival material, this statistical abstraction does not in itself constitute necropolitical control, but it establishes the conditions under which control becomes possible.

Statistical abstraction establishes several conditions that make intervention appear technical rather than political. It creates comparability across regions, so that fertility in one district can be measured against another and evaluated on a single administrative scale. It makes reproduction trackable over time, allowing changes in birth rates to be monitored and assessed as trends rather than as individual or community circumstances. And it renders fertility projectable into the future, so that current demographic data can be used to forecast long-term infrastructure needs and budgetary requirements. Each of these conditions shifts reproduction from a lived experience into a variable that can be managed through planning, and together they create the administrative infrastructure through which intervention comes to look like a rational response to an objective problem rather than a political choice about whose reproduction should be controlled.

By translating reproduction into an administrative object, the documents create a distance between decision-making and lived experience (Banakar, 2015, pp. 104, 202). This distance allows intervention to be framed as a matter of technical necessity rather than political choice. The depersonalisation of reproductive life therefore facilitates forms of governance that can operate without direct engagement with the subjects they affect. While risk management strategies within the archives can identify the mechanisms used to depoliticize certain fields, the archives further demonstrate the sovereign approach to reproduction in Kalaallit Nunaat. The archive demonstrates how reproduction was framed and differentially valued depending on the populations, which will be further explored in the next theme.

Theme 3: Necropolitical Differentiation

The application of Mbembe's necropolitical analysis highlights the reconfiguration of sovereignty in colonial governance and suggests that power increasingly operates through the management of life processes, where populations are organised according to their perceived contribution to political and economic objectives (Mbembe, 2003, pp. 12, 21). While necropolitics have named the moment in which certain lives are exposed to conditions of disposability, as explored in theme 1, this theme reveals how such distinctions are prepared through the value of the population (Mbembe, 2019, p. 28).

The archival research showed a document that included a comparative analysis of population growth in Iceland and Greenland that exposes a racialised hierarchy in how Danish authorities framed reproduction across the two territories. Both populations experienced significant demographic growth during the same period, yet the archive interpreted these trends through fundamentally different governance logics. Iceland had been independent from Denmark since 1944, yet Danish administrative documents still positioned it as a comparative reference point, which makes the difference in framing a matter of racialised and cultural perception rather than administrative jurisdiction.

The same administrative body that identified Greenlandic birth rates as a "population explosion" requiring urgent state intervention described Iceland's comparable demographic growth as a standard feature of modernisation. This divergence is what Mbembe terms a biological caesura, a racialised boundary that determines which populations are worth preserving and which are treated as disposable (Mbembe, 2003, p. 17). While Iceland's demographic growth was treated as a manageable byproduct of modernisation, Greenland's fertility was constructed as a biopolitical crisis requiring intervention. This divergence reflects how Danish authorities reinforced a colonial hierarchy where Icelandic reproduction was framed as progress and Greenlandic reproduction as a threat.

Discourse on Birth Rates: Growth vs. Explosion

In the case of Iceland, demographic growth was framed through the lens of standard demographic transition and urbanization. The archives document that Iceland's population more than doubled in the 20th century, with a growth rate 2-3 times higher than Denmark's during the 1950s and 1960s. However, this growth was presented as a byproduct of modernisation, linked to the expansion of Reykjavik (the capitol) and the transition from agricultural and fishing districts to an industrial capital (Grønlandsrådet, 1967, p. 1). By linking population growth to urban development, the archive presents Icelandic fertility as integrated into a modernisation narrative, where population growth is associated with economic expansion rather than a strain on welfare systems (Grønlandsrådet, 1967, p. 2).

In contrast, Greenlandic fertility was framed as a biological emergency, explicitly labeled a *"befolkningseksplosion"*(population explosion). While Iceland's growth was noted as significant, the archives emphasize that it was "less than the Greenlandic" (Grønlandsrådet, 1967, p. 1). Greenland's birth rate, described as "almost three times as high" as Denmark's,

was identified as a direct threat to the state's investment capacity and its goal of bringing Greenland to an "equal footing" with the rest of the Kingdom (Grønlandsrådet, 1965, p. 1). The language of "equal footing" frames intervention as a path toward equality while simultaneously defining Greenlandic reproduction as the obstacle that makes equality unattainable. The state positions itself as both the source of the standard and the agent of its enforcement. This framing reveals how racialised hierarchies shaped Danish governance, where Greenlandic reproduction required state intervention, while Icelandic reproduction was framed as compatible with modernisation.

The key contrast is not that one population was simply left alone and the other controlled, but that the same kind of demographic growth was interpreted through two different logics. In Iceland, growth is rendered manageable within a developmental frame. In Kalaallit Nunaat, growth is turned into a crisis that justifies administrative intervention and reproductive control.

Mbembe's concept of biological caesura is critical for understanding this divergence. The racialised boundary between Iceland and Greenland allowed Danish authorities to define Kalaallit life as disposable while positioning Icelandic life as worth preserving (Mbembe, 2003, p. 17). This caesura operated through demographic discourse, where Kalaallit women's fertility was framed as a threat to state resources, while Icelandic fertility was treated as a neutral or positive development. This difference shows how Danish sovereignty assigned populations different political meanings and different forms of intervention. Kaalallit reproduction was positioned as a threat to state planning, while Icelandic growth was normalised as compatible with modernised development.

The archives reveal that not all professionals viewed Greenlandic population growth as a risk. In a 1967 report, an the secretariat for Greenland explicitly states that "the large population growth can be viewed with a sense of calm so far" ("den store befolkningstilvækst kun kan betragtes med sindsro indtil videre") (Grønlandsrådet, 1965, Dok.nr. 18). The presence of this dissenting voice within the archive is analytically significant because it demonstrates that the crisis framing was not the only available interpretation of Kalaallit demographic data. The author reads the same population figures and arrives at a different conclusion, treating demographic growth as a natural or even beneficial development. The fact that this perspective was disregarded in subsequent debates, rather than refuted with counter-evidence, suggests that the decision to treat Kalaallit fertility as a crisis was shaped by administrative

and racialised priorities rather than by the demographic facts alone. The archive therefore does not record a consensus, but a selection, where one interpretation was elevated and another was ignored.

The comparative discourse on Iceland and Greenland reveals how colonial governance structures shaped the biological caesura. Iceland, as a predominantly western/white population, was granted agency in its own governance, while Greenland, made up of mostly Indigenous peoples, was denied this agency and subjected to external control.

The comparison of Iceland and Greenland demonstrates how biological caesura operated as a tool of colonial governance, where Danish authorities used demographic discourse to justify differential treatment. These colonial distinctions did not remain at the level of discourse. The next theme examines how they were translated into concrete risk management and administrative intervention.

Theme 4: Governing Through Risk and Planning

While Mbembe's necropolitics provides the framework for colonial sovereignty, Risk Management Strategies (RMS) explain how this power was operationalised through administrative logics. RMS shifts governance from traditional regulation, where power is exercised through shared moral frameworks, to a focus on preventing or mitigating risks to social and economic order (Banakar, 2015, p. 189). The archival documents on unmarried mothers and fertility trends show exactly this logic at work, where a social phenomenon is identified, then classified as a risk and ultimately translated into a target for administrative action. This "state of emergency" is therefore used to justify bureaucratic intervention and introduce risk management strategies to contain what Danish officials have defined as a problem. The state does not present intervention as violence, but as a rational response to a manageable risk.

The Grønlandsrådet report from 1965 notes that fertility among very young unmarried women had doubled over the previous decade, that around 500 children were now born outside marriage each year, and that nearly one third of these births concerned women under 20 (Grønlandsrådet, 1965, dok. nr. 29/5 1965, p. 1). It then immediately frames these births as producing children destined for "a difficult start in life" (en vanskelig start i tilværelsen), a formulation that transforms the children of unmarried mothers into a population segment

defined by anticipated dysfunction rather than by their specific circumstances. This is consistent with Mbembe's account of necropolitical power, where the capacity to define who matters and who does not operate through administrative categories that mark certain lives as inherently precarious or burdensome before any intervention occurs (Mbembe, 2019, p. 80; Mbembe, 2003, p. 17). The report does not need to argue that these children are suffering or that their mothers need support. The phrase "a difficult start in life" (en vanskelig start i tilværelsen) does the work of positioning them as a group that requires administrative oversight before their lives have even begun. By framing the problem in these terms, the state makes intervention look like a natural response to a pre-determined outcome, obscuring the fact that the classification itself is what marks these births as requiring management.

This passage shows an important distinction in the archive's logic. Reproduction is not presented only as a private or family matter, but as something that creates a supposed social and personal strain and therefore demands an organised response. The report's wording matters, because it converts births outside marriage into a welfare concern, and welfare concern into a problem that can be addressed through public information, planning, and administrative intervention (Grønlandsrådet, 1965, dok. nr. 29/5 1965, p. 1). The category of "welfare concern" is the crucial framing because it allows the state to reframe what could be a moral judgment about unmarried mothers as a neutral administrative observation about social strain. Once reproduction is classified as a welfare matter, it becomes legible within existing frameworks of planning and resource allocation and no longer requires a separate ethical discussion. The moral judgment does not disappear, but it is embedded in administrative language that makes intervention look like a response to measurable need rather than to normative disapproval. This transition reflects Banakar's (2015, p. 10) argument that RMS reframes social issues as governable risks, where the state's role shifts from moral judgment to administrative management of potential dysfunctions.

The continuation of the report makes this transition even clearer. It argues that the rising number of births outside marriage underlines the need for more effective information about family planning, and it extends the argument beyond unmarried women by insisting that family planning also matters for married couples. Large families are described as a possible burden on Kalaallit women's health, and short birth intervals are linked to greater child mortality. The stated aim is that pregnancies should be wanted and that couples should be able to decide both when children come and how many children a family should have, which

shows how the archive moves from moral concern to a broader administrative ideal of managed reproduction (Grønlandsrådet, 1965, dok. nr. 29/5 1965, p. 1). The extension of concern from unmarried mothers to married couples is important because it reveals that the state's interest was not limited to regulating non-normative reproduction (such as single-motherhood) but encompassed reproduction in general. Even within marriage, fertility was reframed as something that required management through family planning information and medical guidance. What seems to be framed as an offer of guidance on family-planning at the beginning, quickly evolves into population management. This illustrates how the archive constructs an urgency surrounding Kalaallit reproduction and its threat to social order, health, and future planning, which viewed within risk-management strategies explains that recasting social concerns as technical problems, the state's role becomes one of preemptively managing risks to social order through administrative solutions.

Forecasting and Future Capacity

The archives demonstrate how Danish authorities transformed fertility into a future administrative capacity, embedding reproduction within frameworks of economic and administrative planning. Reports repeatedly link demographic trends to long-term state investments, framing fertility decline as a predictable variable that could be managed in relation to modernisation goals. For example, the Grønlandsrådet documents emphasize the need to plan for future school and child welfare infrastructure, positioning reproduction as a factor in budgetary and developmental decisions as well as projections of healthcare demand, housing requirements, and welfare expenditure, embedding fertility within a comprehensive framework of state planning (Grønlandsrådet, 1965, dok. nr. 29/5, p. 11). Each of these projections made reproduction visible as a variable that could be managed through administrative foresight rather than requiring a political decision about whose reproduction to support

This approach reflects Banakar's (2015, p. 199-210) argument that RMS operationalises governance by treating social phenomena as forecastable risks. By framing fertility as a projected trend, the archives justify state intervention through demographic comparisons and planning, where reproductive patterns are not just observed but actively shaped to serve administrative priorities. The turning of birth rates into statistical projections allows the state to present coercive measures as rational responses to anticipated strain, obscuring their political dimensions as a technical necessity.

This logic of forecasting and risk management did not remain in the realm of administrative reasoning. It was translated into concrete medical practice through the IUD programme, and the archival evidence shows that this translation was spatially uneven. IUD implementation was concentrated in urban areas. Nationally, roughly one quarter of Kalaallit women aged 15 to 49 received the method, but in urban districts the figure reached about one third (Grønlandsrådet, 1969, dok. nr. 2/70, pp. 18–19). The unevenness of this uptake reveals that the programme was shaped by administrative capacity as well as by policy intent. The state intervened most extensively where its infrastructure was most developed and where target populations were most accessible, meaning that the programme's reach was in large part determined by where the state could effectively operate. The higher urban rate also implies that proximity to medical facilities and administrative centres increased the likelihood of intervention, a pattern that reflects the logistical rather than purely ideological character of the programme. This concentration of interventions in populated areas underscores how governance operates through uneven administrative reach, where state priorities shape the allocation of resources and the intensity of control.

The administrative mechanisms examined in this theme show how colonial distinctions were translated into planning, forecasting, and uneven implementation. These mechanisms, however, required a specific justification for targeting women's bodies rather than population growth in general. The next theme examines how medicalisation provided that justification by reframing reproductive control as a technical medical response to a problem defined in terms of women's capacity and reliability.

Theme 5: Medicalisation and Physician control

Where the previous themes examined how reproduction was framed as a risk and a planning problem, this theme turns to the specific mechanism through which those framings were operationalised: medicalisation. The archive shows that the state did not simply manage fertility administratively, it recast reproductive control as a medical necessity requiring physician authority. The 1965 Grønlandsrådet report expresses “some uncertainty” (nogen usikkerhed) regarding whether Kalaallit women possessed the motivation or mental capacity to manage hormonal contraception, positioning Kalaallit women as a risk to be mitigated through medical oversight rather than through their own choices (Grønlandsrådet, 1965, p. 4)

Neocleous describes police power as historically encompassing public health, cleanliness, domestic order, and the internal regulation of community life, where medical authority served as a tool of "order-making". What once counted as medical police later evolved into social health and the health service, demonstrating how medical frameworks extend state control into intimate domains (Neocleous, 2021, p. 143). In the context of Kalaallit Nunaat, this meant that medical authority was not limited to treating illness but extended to regulating how Kalaallit women managed their reproductive lives, with doctors acting as gatekeepers of legitimate family planning.

In the case of the IUD programme, governance manifested as a preemptive intervention against the perceived risks in Kalaallit society, where demographic growth was treated as a foreseeable crisis requiring state intervention to ensure the welfare state's economic sustainability and growth (Neocleous, 2021, p. 8-13).

The Concept of the Medical Police

The operationalisation of power is facilitated through the "medical police" (Neocleous, 2021, p. 45). The Danish state used different medical protocols and mandates to translate this sovereignty into standard medical routines and providing authority to medical professionals.

The 1950 *LOV Nr. 275 (law nr. 275)* and the 1959 *Instruction for the Greenland employed district doctors* ("*Instruks for de i Grønland ansatte distriktslæger")* codify the logic of the "medical police" by explicitly mandating health professionals to oversee the intimate habits of the population. The 1950 law establishes the legal authority for health professionals to monitor public health, including reproductive and domestic practices, while the 1959 instruction directs district doctors to report on and regulate the health and hygiene of local communities (Ministeriet for Grønland, 1959, p. 2). These documents transform doctors into agents of state order, tasking them with enforcing norms of cleanliness, family planning, and social conduct. By embedding medical oversight into legal frameworks, Danish authorities institutionalised a system where health professionals enforced social order, effectively bridging the logic of risk management with concrete state action.

District doctors and the Administrative Chain

Neocleous frames police power as a scattered form of social order that extends beyond formal institutions into everyday life through supervisory practices. This concept aligns with how the IUD programme was introduced and implemented in Kalaallit Nunaat.

The archives highlight how authority flowed through a hierarchical administrative chain, beginning with local district doctors and extending upward to the Greenland Council (Grønlandsrådet). The 1959 *Instruction for the Greenland employed district doctors* required the district doctors to gather information on the population's living conditions, hygiene habits, and use personal advice, lectures, and courses to "promote healthy living" (propagandere for sund levevis) (Ministeriet for Grønland, 1959, §4). These directives were not confined to medical advice but encompassed broader social regulation, requiring doctors to monitor and report on the domestic and reproductive habits of the population. Doctors were required to actively promote specific norms of domestic and reproductive conduct and not just oversee medical needs. This directive transformed district doctors into surveillance agents embedded within local communities (Neocleous, 2021, p. 22).

This system demonstrates how medical practice was repurposed as an instrument of state supervision. District doctors, as the most immediate authorities in this chain, were positioned to translate political intent into medical routine. Their role extended beyond healthcare to include the enforcement of state priorities, where the Kalaallit women became subject to unknown predefined criteria by the state, which they had to live up to.

Through this administrative chain, the state could maintain the appearance of ordinary governance while systematically converting Kalaallit women into data points to be managed. The discretionary power granted to district doctors allowed them to operate as both medical professionals and agents of social order, ensuring that state priorities were enforced under the guise of routine healthcare. This structure obscured the coercive nature of the IUD programme, presenting it as a neutral, administrative necessity rather than an intervention into the bodily autonomy of Kalaallit women.

The Shift from Voluntary Contraception to Physician Control

The focus in the archives on particularly 'threatened/vulnerable' women *(særligt 'truede' kvinder)* further reveals how the state framed Kalaallit women's reproduction (Grønlandsrådet, 1965, p. 4). The category of 'threatened women' or more accurately "vulnerable" women (særligt 'truede' kvinder) leaves unspecified what women are threatened

by or vulnerable to and is therefore up to interpretation. The passive construction allows the state to define the threat/vulnerability without specifying whether it comes from pregnancy, poverty, or the state's own demographic concerns. This ambiguity makes intervention appear protective regardless of its actual character. This shows that the IUD-method was not just an expansion of contraceptive options but a reframing of agency, where women went from autonomous decision-makers to objects of administrative management.

This ambiguity in the framing of which women are "vulnerable" in the eyes of the state is similarly reflected in the first "testing" of the IUD-programme. The 296 women who received IUDs as part of the initial implementation appear in the archive not as individuals with names, histories, or voices, but as statistical raw material. Their expulsion frequencies and bleeding irregularities were tracked as clinical data points and measurable variables relevant to the technical performance of the device, rather than as experiences requiring attention or care (Grønlandsraadets dok.nr. 52/67, Rosen, 1967). By reducing women's bodies to measurable variables, the state fabricated an order in which intervention appeared as ordinary administration. The tracking of clinical complications appears as a technical footnote in a programme, because the administrative logic had already defined the question of whether the intervention was justified.

The state therefore asserted a sovereign right to dictate the terms of future life (Mbembe, 2003, p. 24). This is necropolitics in the more administrative version that Mbembe describes: the power to define which lives are worth preserving and which populations may be subjected to conditions of harm in the name of a greater good. In the colonial state of exception, sovereignty operates "outside the law" (*ab legibus solutus*), suspending the guarantees of judicial order that would otherwise protect bodily autonomy (Mbembe, 2003, p. 24). The IUD programme was not an exceptional act of state violence but a routine administrative response, embedded in the ordinary structures of welfare governance.

The same logic extended to the deliberate restriction of alternative contraceptive methods. In 1966, the Department of Health (Sundhedsstyrelsen) issued a circular instructing doctors to show "restraint" (tilbageholdenhed) in recommending birth control pills in Kalaallit Nunaat. The circular stated that birth control pills should only be suggested to women who could with reasonable certainty be expected to take them correctly (med rimelig sikkerhed kan formodes at ville indtage præparaterne i overensstemmelse med de regler der gælder). If the doctor lacked "sufficient certainty" (tilstrækkelig sikker formodning) that a woman would adhere to

the dosage, the doctor was to advise against the pill entirely (Socialministeriet, Arbejdsgruppen)

The practical consequence was that the method requiring daily adherence was restricted to those deemed reliable enough, while the IUD, which required no ongoing compliance, was actively promoted. Moreso, The IUD was free, while the pill had to be paid for except in cases where the pill was medically necessary (Socialministeriet, Arbejdsgruppen)

The effect was to steer women toward a technology that transferred control from their own daily decisions to a single medical procedure. The pill was gatekept precisely because it reintroduced the woman's agency, which the authorities had judged as unreliable. By framing the reproductive contraception choice as a clinical assessment rather than a matter of personal autonomy, the state turned access into a complex hierarchy in which the IUD emerged as the administratively preferred solution. The restriction of the pill alongside the promotion of the IUD confirms that medicalisation was not just a by-product of available technology but an active administrative strategy for managing reproduction.

This transition demonstrates how medicalisation served as a tool of governance. By recasting Kaalallit women as administratively manageable, the archives reveal how the state used medical control to depoliticize coercion, presenting it as a necessary intervention for the greater good of (Neocleous, 2021, p. 13).

Medicalisation as Emergency and Technical Necessity

In the context of this analysis, authority or police power is not merely reactive but proactive, justified by the need to secure social order through preventive measures (Neocleous, 2021, p. 45). The archives demonstrate how this logic was medicalised, transforming reproductive governance into a domain of preventative administration.

The state reinforced this depoliticisation by masking its colonial state of exception operations through claims of national uniformity. Investigations were framed as *"in line with investigations in the rest of Denmark"* (*i linie med undersøgelser, der blev foretaget i det øvrige Danmark*), using the framing of consistency to obscure the necropolitical dimensions of the program (Socialministeriet, 1970). This discursive "equality" depoliticised what appeared as a sovereign intervention into the biological future of a colonised people, presenting it instead as a technical necessity aligned with Danish standards.

Medicalisation achieved what risk management alone could not. It transformed reproductive control from a matter of administrative planning into a matter of clinical judgment, where a doctor's assessment of a woman's motivation or mental capacity carried the authority of professional expertise rather than the appearance of bureaucratic calculation. This distinction explains why the IUD programme could be implemented as routine healthcare rather than as an openly coercive policy, and why it appeared administratively unremarkable despite its necropolitical underpinnings.

Theme 6: Archival Silences and Absences

The archives contain detailed demographic tables, administrative correspondence, and planning documents about the IUD programme. They do not contain a single testimony from a Kalaallit woman about her experience of the programme, informed consent forms, or any document authored by a Kalaallit individual. This absence is not accidental. It is a structural feature of a colonial archive organised around Danish administrative priorities, where the voices of the population being governed were not treated as relevant documentation.

The Archive as a Site of Colonial Power

The Danish National Archives reflect a colonial logic in which knowledge is constructed to reinforce hierarchical structures. The absence of Kalaallit women's voices in the archival material is not a result of oversight but a structural feature of how colonial archives operate. Stoler (2009) argues that archives are an active site of power, where certain narratives are privileged and others are systematically excluded (Stoler, 2009, p. 2). In the case of the IUD programme, the archive's Danish-language dominance, its focus on administrative rationales, and its exclusion of Kalaallit perspectives all reflect how colonial power structures shape what is visible and what is erased.

The physical centralisation of the archive in Copenhagen further reinforces this hierarchy. There is a clear lack of Greenlandic-language sources available to the public and even fewer documents that tackle Kalaallit women's testimonies, track consent or perspectives of the Kalaallit. This absence reveals how the archive produces silences that serve to legitimise Danish governance while obscuring the violence and coercion of the IUD programme. This aligns with Stoler's (2009) observation that colonial archives are not just repositories of knowledge but sites where power is reproduced (Stoler, 2009, p. 53).

The archival material focuses almost exclusively on Danish administrative rationales, such as demographic forecasting and economic justifications to further modernisation goals, while ignoring the experiences and perspectives of the women targeted by the IUD programme. This silence is not accidental but reflects the colonial structure of knowledge production, where Kalaallit voices are systematically marginalised in favor of metropolitan narratives (Stoler, 2009, p. 2).

What the Archive Excludes

Among the approximately 1000 pages of archival material I reviewed, there is no informed consent form, no patient record documenting a woman's agreement to IUD insertion, and no internal correspondence discussing the ethical dimensions of the programme. The archive does not register consent as a category worth recording. Nor is there documentation of Kalaallit perspectives on family planning. Instead, the focus is on administrative efficiency, economic savings, and population management. The absence of these voices obscures the violence of the programme, presenting it as a rational, administrative intervention rather than a human rights violation. By completely excluding Kalaallit voices, Danish authorities are able to frame the IUD programme in a way that is beneficial to them.

The language barrier between Danish and Greenlandic further highlights these silences. The dominance of Danish-language sources in the archive means that Greenlandic perspectives are systematically excluded from the historical record. This language barrier underscores the hierarchy of credibility embedded in the archive, where Danish administrative narratives are privileged over Kalaallit knowledge (Stoler, 2009, pp. 2, 53). This hierarchy is visible in the archive's organisational structure, where Danish administrative documents are catalogued in detail while any Greenlandic-language materials that may have existed are absent from the public record. In that sense, the archive does not simply record the IUD program, it helps reproduce the conditions under which colonial governance can speak while Indigenous agency is muted or excluded (Banakar, 2015, p. 193; Stoler, 2009, p. 53).

A significant part of the archival material points to a large social-scientific research project on the Greenlandic population, repeatedly referenced in the policy documents as a “social scientific study of the Greenlandic population (*samfundsvidenskabelig undersøgelse af den grønlandske befolkning)*. The research project is repeatedly referenced in policy documents, which means it shaped administrative reasoning, but its content remains largely inaccessible,

which means the archive preserves the state's knowledge framework while keeping the population's own experiences out of reach. In the material I could access, this project appears as a recurring background source for administrative reasoning about population, reproduction, and modernisation, which suggests that it provided the state with a broader knowledge base for its policy orientation.

The value of the project is not only empirical, but also methodological. The policy documents indicate that the study was expected to resemble ordinary Danish investigation rather than ethnographic scrutiny of a colonised population, as one meeting note states that the investigations should not have the character of studies of a "wild" people, but should be "in line with investigations in the rest of Denmark" (Udvalget for Samfundsforskning Grønland, 1955-1970). That formulation is important because it shows that the research was being normalised within a Danish administrative and scientific frame, while it was directed at Greenlandic life. Such guidelines also obscure the colonial power-relations by rejecting the notion of inequality, while still presenting the marginalising language. The material supports the claim that the research was embedded in a Danish institutional framework and that Greenlandic perspectives were filtered through Danish administrative and scientific authority

The silences documented in this theme are not gaps that future research could simply fill. They are the conditions under which the IUD programme was made to appear rational and necessary. But what becomes visible when these silences are traced back through each of the preceding themes is that they are not a separate findings, but an important part of the administrative framings that this analysis has examined.

Silences and Absences in the Themes

Theme 1 showed that reproduction was framed as a demographic and economic concern, a question of "delay" to Danish modernisation goals (Grønlandsministeriet & Grønlandsrådet, 1965, p. 9). This framing did not simply ignore Kalaallit women's perspectives on childbearing and family. It made them structurally irrelevant to the policy question. If the problem is defined as a mismatch between population growth and welfare infrastructure, then the solution was framed to lie in adjusting the population, instead of in understanding the women whose reproduction is being managed. The absence of Kalaallit voices in the archive is therefore not a gap in an otherwise complete record. It is the direct consequence of how the problem itself was constituted.

Theme 2 demonstrated how reproduction was transformed into a governable object through statistical abstraction, where women were rendered into age groups, marital-status categories, and regional fertility rates (Grønlandsrådet, 1965, app. 4, doc. 16, pp. 4-6). This process replaced individual women with administrative categories and is not only a population description. When a birth becomes a projected school-place, a future healthcare cost, and a factor in housing allocation, the woman whose body produced that birth vanishes from the administrative frame (Grønlandsrådet, 1965, dok. nr. 29/5, p. 11). The archive's silence on individual experiences is a natural extension of treating reproduction as a forecastable event. This framing leaves no room for the Kalaallit voices, and therefore they are also absent in this theme.

Theme 3 revealed how the biological caesura (racism) operated through a comparative logic that constructed Greenlandic fertility as a crisis while treating Iceland's comparable demographic growth as normal (Grønlandsrådet, 1967, pp. 1–2; Mbembe, 2003, p. 17). This racialised differentiation produced its own silence. The dissenting voice in the 1967 report, the official who argued that population growth should not be "cause for alarm", was present in the archive but was disregarded rather than refuted (Grønlandsrådet, 1967, dok. 40/67). The archive did not only differentiate between populations. It disregarded alternative interpretations within the administrative apparatus itself, ensuring that the crisis framing appeared as the only reasonable reading of the data.

Theme 4 traced how reproduction was recast as a domain of risk management, where births outside marriage were described as producing children destined for "a difficult start in life" ("en vanskelig start i tilværelsen"; Grønlandsrådet, 1965, dok. nr. 29/5, p. 1) and family planning was reframed as a tool for managing future welfare costs (Banakar, 2015, p. 236). This logic actively excluded ethical and political questions from the administrative record. Where is the discussion of whether intervention was justified, whether coercion was acceptable, or whether women had a right to refuse? These questions are absent and instead a forecasted strain on society exists, therefore intervention follows as a technical necessity. The silence on ethics is a structural feature of how risk management operated across the documents, not a gap or silence in the documentation.

Theme 5 showed how medicalisation transferred reproductive control from women to physicians, institutionalised through the 1959 Instruks for district doctors (Ministeriet for Grønland, 1959, §4) and operationalised through the category of "particularly vulnerable

women" (Grønlandsrådet, 1965, p. 4). This framing produced the most concrete silence of all, since it highlights the absence of consent documentation. If Kalaallit women were positioned as lacking the "motivation" or "capacity" to manage their own contraception (Grønlandsrådet, 1965, p. 4), then their agreement was not administratively relevant. The doctor's clinical judgment was the only authority that mattered. Clinical data, such as expulsion frequencies and bleeding irregularities were tracked in detail, whereas consent was not (Rosen, 1967). The missing consent forms are an absence framed by the medicalisation and not just an archival oversight.

Returning to the themes reveals that the necropolitical intent and administrative logic made the lack of Kalaallit voices natural, and not a causal effect of poor record-keeping or the passage of time. It does so through problematisation, statistical abstraction, racialised differentiation, risk management, and medicalisation, rendering Kalaallit perspectives obsolete (Stoler, 2009, pp. 2, 53). The silences and absences are therefore not only gaps in the evidence, but rather evidence in itself.

6. Discussion of Limits and Future Research

This study also faced some limitations. The analysis is based on 104 pages of accessible archival material from the Danish National Archives, pulled from around 1000 pages of archives. Even though this is a significant scope, several archives remained under restricted access, including a social-scientific report on the Greenlandic population that was referenced many times throughout the archives. Furthermore, this research project is inherently interpretive, reflecting the thematic categories developed through this researcher's engagement with the material. Another researcher might identify different patterns. Furthermore, by design, this study examines the administrative framings of the Danish state, not the experiences of the Kalaallit women subjected to the IUD programme. That perspective, as Theme 6 made clear, is largely absent from the archival record and cannot be recovered through this analytical lens. These limitations define the boundaries within which these findings should be read.

This thesis has analysed the IUD programme as a form of paper trail, rather than an isolated event. Focusing on the scope of administrative documents through which Kalaallit women's reproduction was gradually constructed as a problem requiring state intervention. By reading along the archival grain, it has shown how demographic data, welfare reasoning, and medical

authority converged to make reproductive control appear necessary and proportionate. What the archive cannot show is equally important. The Kalaallit women who lived through the programme left no accessible testimony in the Danish administrative record, and this absence is itself a finding, since it reveals the epistemic hierarchy that allowed Danish framings to circulate as authoritative while Kalaallit experiences were rendered invisible.

Future research could approach the IUD programme from the other side of that hierarchy. The archival material for this study was accessed at the Danish National Archives in Copenhagen, a centralised institution organised around Danish administrative priorities, where Greenlandic-language sources are largely absent from the public record. Research conducted in Kalaallit Nunaat using local archives, institutional records, and oral histories passed down within Kalaallit communities, would access forms of knowledge that the colonial archive wasn't designed to preserve. Where the Danish documents record demographic data and administrative correspondence, Kalaallit sources could speak to what it meant to live through the programme and the experiences of women who were targeted, the knowledge shared within families and communities, and the long-term effects that statistical records cannot capture. As mentioned in the introduction, there are still women today that have been victims of the IUD-programme, and their testimonies would be incredibly impactful in future research. Such research could shift the epistemological value, treating Kalaallit knowledge as a primary lens through which the IUD programme and its legacies can be understood, instead of a supplement to Danish administrative sources.

7. Conclusion

The aim of this thesis was to examine how Danish health and welfare authorities framed Kalaallit women's reproduction as a social problem requiring intervention. Through a socio-legal analysis of archival documents from the Danish National Archives (Rigsarkivet), the study has shown that reproduction was not self-evidently a policy problem that the state was simply responding to. It was constructed as a problem through a series of administrative framings, such as demographic problematisation, statistical abstraction, racialised differentiation, risk-based planning, and medicalisation. Each of these made the IUD programme appear necessary and proportionate within Danish governance.

The analysis has demonstrated that these framings were not separate from each other, but formed an administrative logic in which the sovereign power to define certain lives as

expendable (Mbembe's necropolitics) was operationalised through bureaucratic mechanisms that depoliticised coercion (Banakar's Risk Management Strategies and Neocleous' preventive governance). Population growth was reframed as a threat to modernisation and fertility was translated into future variables. The contrast with Iceland exposes a racialised hierarchy in how Danish authorities interpreted very similar demographic data and risk management turned ethical questions into technical calculations, whereas medicalisation transferred control from the women to the physicians. Across these framings, the archive systematically excluded the voices, testimonies, and perspectives of Kalaallit women, an absence that was not incidental but produced by the very logics that are present in the analysis.

The archival evidence suggests that the IUD programme was coercive, but looking at how coercion was made to appear reasonable within the administrative rationality of the Danish welfare state is also significant. By reconstructing the socio-legal processes through which Kalaallit women's reproduction was constructed as a governable problem, this thesis has shown that the IUD programme was not a sensational event within an otherwise benevolent welfare system. It was an expression of that system’s administrative logic, extended into a colonial context where the usual guarantee of rights did not apply.

Theoretical Contributions

This study contributes to the theoretical frameworks it employed by demonstrating how they operated in tandem within a concrete colonial setting. Mbembe’s concept of necropolitics provides the overarching logic, that the Danish state asserted sovereign power to define which populations were worth preserving and which were not. The archival evidence shows that this sovereign power did not operate through implicit violence but through administrative routines, such as demographic tables, economic projections, and medical instructions. The “colonial state of exception” was not declared but embedded in the ordinary structures of welfare governance. This extends necropolitical theory by showing that the power over life and death in colonial contexts can be exercised through the same institutional mechanisms that, in the metropole, appear as neutral welfare administration. The IUD programme was not an exceptional act of state violence but a routine administrative response to a problem the state had constructed itself. It furthers our understanding of the concept “who gets to live and who must die”, as whole generations in Kalaallit Nunaat were lost due to the IUD-programme.

Banakar's Risk Management Strategies provided the analytical tools to explain how this necropolitical power was operationalised. The thesis has shown that RMS can function as a governance tool in a colonial context and not just in a neoliberal system. The archival documents consistently translated social phenomena, such as birth rates, conception outside of marriage and family size into calculable risks requiring preemptive action. The risk being managed was not the well-being of Kalaallit women and children but the financial sustainability of the modernisation project. This finding refines RMS theory by demonstrating that the category of "risk" is not neutral, but decided by the priorities of the institution that defines it. In this case, the state defined the welfare budget as the object to be protected and reproduction as the threat to be managed.

Neocleous' governance theory further clarified the logic at work. The IUD programme was not a response to an existing crisis but a preemptive intervention against projected future strain. Population forecasts were used to justify action before the problem had occurred. This aligns with Neocleous' account of the state as an authority that must anticipate and neutralise risks to maintain order, but it adds a colonial dimension, since the population being governed preventively was not the state's own citizens but a colonised people whose reproduction was treated as an object of administrative planning. Governance, in this context, operated as a mechanism of racialised population management.

Broader Implications

This study can contribute to how Danish colonial governance is understood and offer a different perspective on the ongoing legal cases regarding the IUD programme.

For scholarship on Danish colonialism, the thesis demonstrates that welfare colonialism operated through inequality at both the structural and administrative level. Existing research has established that the period directly following the official end of Kalaallit Nunaat as a colony in 1953, reconfigured rather than ended colonial control, and that welfare expansion functioned as a mechanism of governance as much as a form of support. This study extends that analysis by showing how this reconfiguration was accomplished in practice: through the routine work of demographic reporting, economic forecasting, medical instruction, and administrative correspondence. In the archival documents, a birth ceases to be an event in a Kalaallit woman's life and instead becomes a projected school-place, a future healthcare cost, and a factor in housing allocation. By making fertility legible as a forecastable risk, the

administrative reports transformed reproduction into an object that could be managed through projections rather than through direct engagement with the women whose lives were being planned and interfered with. The state did not need to justify intervening in reproduction as a moral or political choice. It only needed to show that the numbers justified it . Each of these practices carried assumptions about Kalaallit society, about the legitimacy of Danish authority, and about the kinds of knowledge that counted as evidence for policy. By highlighting the internal logic of these documents, the thesis opens a methodological path for future archival research on Danish governance, that could further treat administrative texts as sites where colonial authority was produced and normalised, rather than neutral records.

The 2024 legal proceedings initiated by 143 Kalaallit women against the Danish state bring the historical mechanisms of the IUD programme into sharp focus. While the legal cases center on violations of human rights, such as the lack of informed consent and the lasting physical and psychological harm caused by the program, this thesis reveals a different tension (Institut for Menneskerettigheder, 2025). The administrative processes surrounding the IUD programme obscured its coercive nature. The archives demonstrate that Danish authorities did not frame the IUD programme as an act of overt violence but as a rational and proportionate response to demographic and economic concerns. By showing that the programme was not a hidden incident but an intervention embedded in the ordinary logic of welfare planning, the analysis helps explain why it could be implemented openly and without apparent ethical concern.

The legal proceedings highlight the disconnect between administrative logic and legal accountability. While courts may assess the programme’s legality in terms of individual rights violations, the archives show how coercion was normalised through the language of welfare, modernisation, and risk management. The state’s framing of reproduction as a governable problem, rather than a matter of bodily autonomy, complicates the legal narrative by exposing how the programme was designed to appear as a technical necessity rather than an ethical violation.

This tension becomes even more apparent when contrasted with the simultaneous expansion of reproductive rights for women in Denmark. While in Denmark the welfare state's mechanisms expanded women's reproductive autonomy, in Greenland that same welfare mechanism was used to control reproduction. Understanding this divergence could be useful

in the legal proceedings, since it highlights the framing mechanisms that made such different treatment of the two populations appear natural and necessary.

For comparative colonial studies, the Iceland/Greenland comparison offers a methodological contribution. It demonstrates that colonial administrations differentiated not only between the metropole and the colony but among territories within their jurisdiction. Iceland, no longer under Danish rule but still present in Danish administrative documents, had its demographic growth framed as normal modernisation. Greenland, under direct Danish administration, had comparable growth framed as a crisis requiring intervention. This contrast shows how racialised categories shaped administrative perception independently of demographic facts. Future comparative research could apply a similar method in tracking how the same administrative body framed similar phenomena across different populations and examine the hierarchies within colonial governance.

The Paradoxes in the Framing of the IUD Programme

This thesis started with presenting a paradox in the Danish welfare state: that in the 1960s and 1970s there was a focus on expanding women's reproductive autonomy at home, through access to family planning, legal abortion, and the childcare infrastructure that allowed women to enter the workforce. This welfare mechanism was simultaneously deploying the same administrative system in Kalallit Nunaat to control Kalaallit women's reproduction through coerced IUD insertions, without informed consent and without institutional record of those women's voices or experiences. The analysis has shown that the welfare state's logic was never inherently liberating or coercive. It was an administrative logic, and in the colonial context that logic was put in the service of a necropolitical project.

Mbembe's framework makes this visible. Necropolitics is not only about the power to kill but about the power to define which lives are worth preserving and which may be exposed to conditions of harm in the name of progress. In Kalaallit Nunaat, this power operated through the administrative mechanisms of the welfare state. The same demographic forecasts, family planning programmes, and medical governance structures that served Danish women in the metropole were redirected toward population control in Kalaallit Nunaat. Kalaallit women's reproduction was not supported or protected, but rather was framed as a threat to modernisation and a burden on welfare infrastructure. The colonial state of exception did not need to be declared because it was embedded in the ordinary categories of administrative

planning. The sovereign decision about whose reproduction mattered was made through the routine work of statistical classification, budget forecasting, and medical instruction and not through explicit policies.

The medicalisation of reproductive control was central to this necropolitical programme. The discretionary power granted to district doctors allowed them to operate as both medical professionals and agents of social order, ensuring that state priorities were enforced under the assumption of routine healthcare. This structure obscured the coercive nature of the IUD programme, where it was presented as a neutral, administrative necessity rather than an intervention into the bodily autonomy of Kalaallit women. The discretionary authority granted through medicalisation to the district doctors furthered the management of reproduction and transformed reproductive control from a matter of administrative planning into tangible interventions in the form of the IUD programme. It became a matter of clinical judgment, where a doctor's assessment of a woman's motivation or capacity carried the authority of professional expertise rather than the appearance of bureaucratic calculation. This distinction explains why the IUD programme could be implemented as routine healthcare rather than as an openly coercive policy, and why it appeared administratively unremarkable despite its necropolitical underpinnings

The contribution to Sociology of Law is a demonstration of how welfare governance operated within an administrative system, anchored in the archives. The IUD programme was not authorised by explicit legislation, but through a systematic administrative framing, which made reproductive control appear as a routine function of planning and healthcare rather than as a legal question about consent and lived experiences. This research project documents how welfare governance can treat one population through the legal form of welfare (access, autonomy, rights) and another through its administrative form (classification, forecasting, clinical management) without requiring separate laws or policy decisions. The IUD programme became possible through the welfare state and its capacity to determine whose reproduction was protected and whose was governed, which populations were worthy of rights and which were not.

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