

Sahrawi Women and the Liberation Struggle: Agency and Resistance in a Minority Context

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This paper aims to explore Sahrawi women's experiences of maternity within the Sahrawi liberation struggle, framing it as both an individual and a collective act of resistance against the occupation of Western Sahara. Rooted in the pronatalist politics of the Sahrawi liberation front's (Polisario), it investigates how Sahrawi women approach biological reproduction as part of a minority group. Choices of biological reproduction among Sahrawis are inscribed within a history of occupation and refuge that, together with colonialism and nationalism, also shape Sahrawi women's agency in navigating the socio-political dimensions of reproduction. This paper critically engages with an increasing number of humanitarian interventions in reproductive health, exploring the balance between addressing health concerns and the potential imposition of Western perspectives on biological reproduction. Empirical evidence highlights Sahrawi women's adaptive strategies within in response to changing realities, emphasising the intricate interplay between reproductive autonomy, collective resistance, and identity.

Keywords: nation, reproduction, agency, resistance, reproductive health

Introduction

In the Sahrawi's struggle for liberation, independence, and recognition, women are acknowledged as crucial actors – at least on paper. Praised by the international community for their role in setting up and maintaining the refugee camps in Tindouf, Algeria, while men were fighting in the war against the Moroccan occupation of Western Sahara, Sahrawi women embodied the essence of the anti-colonialist struggle. The role of women in the resistance against the occupants is one of the pillars of the political agenda of the Sahrawi liberation front – the Popular Front for the Liberation of Saguia el-Hamra and Río de Oro (commonly known as Polisario Front or POLISARIO), which places gender equality at its core, positioning it in opposition to perceived mistreatment of women in Morocco and other Arab countries.² Patriarchal

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2 ALLAN 2014: 704–708.

oppression is not included in the POLISARIO's discourse on gender equality: the only recognised oppression is colonialism, and women and men are urged to stand together against it.

The Polisario Front's pronatalist politics fall under this framework of women's contribution to the Sahrawi cause. The active promotion of demographic growth by encouraging families to have numerous children aligns with the broader goal of resisting Moroccan occupation. Consequently, the role of Sahrawi women transforms from symbolic level to a bodily commitment. The POLISARIO's hegemonic nationalist discourse urges Sahrawi women to view their bodies as political weapons of resistance, subordinating reproductive health to the biological reproduction of the nation.³ Thus, the bodies of Sahrawi women become an ensemble of individual experiences acting upon social structures and under political pressure. Maternities transcend individuality to partake in the collective effort of national reproduction. It is necessary to detach understandings of bodies and maternities in the Sahrawi society from Western perspectives on the same concepts: Western individualism frequently clashes with the emphasis on community in other cultures, overlooking factors that may hold central importance within specific communities.⁴ The necessity of investigating Sahrawi women's experiences of maternity, from a perspective that includes collective and political reasons, calls for a decolonial feminist approach to this study.

Decolonial feminism aims to unveil the layers of colonial power embedded in Western knowledge. Analysing Sahrawi women's decisions through a decolonial epistemology of "situated knowledge"⁵ recognises their agency as political subjects, where individual experiences intertwine with the specific social and historical context. Decolonial agency proves crucial in understanding the interaction between nationalism and gender in Sahrawi society, allowing for a positive exploration of women's roles in resisting colonial oppression.⁶ Considering agency in relation to practices and processes of collective resistance, thus, allows the development of an informed understanding of female bodies as agents of nation-building and political change. However, the influx of humanitarian programs addressing sexual health and reproductive rights in Sahrawi refugee camps introduces new variables to perspectives on maternities. While these interventions may reflect Western ideas of aid and health, they address Sahrawi women's information gaps on risks associated with continuous pregnancies. This shift introduces strategic interests related to preventing unwanted pregnancies and impacts women's autonomy in decisions concerning sexuality and reproduction.

Using semi-structured interviews, focus groups, and desk research, this paper explores Sahrawi women's understanding of maternities as bodily and embodied

3 YUVAL-DAVIS 2007.

4 BROOK 1986.

5 HARAWAY 1988: 575–599.

6 MEDINA MARTÍN 2014, 2016.

experiences of collective and individual resistance. Additionally, it investigates how the role of Sahrawi women as national reproducers changed with the rise of humanitarian projects targeting sexual and reproductive health. It is necessary to highlight this paper's focus on the socio-political meaning, rather than the medical aspect of reproductive health within Sahrawi society, as despite improvements in maternal and infant health and declining birth rates, the enduring pronatalist discourse persists, particularly amid recent conflicts with Morocco since 2020.

Note on methodology, limitations, and ethics

For this paper, I conducted research as a white European woman employed by an international non-governmental organisation (INGO) in the health sector, with its headquarters located in the administrative centre of the Sahrawi refugee camps. My position provided valuable access to detailed information on reproductive health and available resources in the camps, along with the opportunity to gather insights from Sahrawi medical professionals. However, security regulations restricted my field access, leading me to focus on easily reachable informants, primarily Sahrawi women in and around the administrative centre, potentially overlooking perspectives from those outside this setting. To mitigate this, I interviewed local midwives to glean insights into changes in pregnancies, births, and health risks across the camps based on their direct experiences. While recognising potential ethical biases associated with working for an INGO, I believe, my firsthand knowledge of the humanitarian sector has enabled a critical assessment of aid mechanisms. Nonetheless, I advocate for future assessments to incorporate a broader range of local voices.

Constructing gender equality: a historical overview

The Sahrawis, originally from Western Sahara, are a minority group who have faced prolonged forced displacement since Spain relinquished colonial control in 1975, leading to the subsequent occupation by Morocco.⁷ Sahrawis, a nomadic people with diverse ethnic groups, didn't recognise fixed borders to their territories. This, along with the absence of a central authority, led colonial powers to deny their sovereignty over Western Sahara. Despite a 1975 international court ruling favouring a yet-to-occur referendum on Western Sahara's independence, the occupation persisted. Sahrawi people, who had long been marginalised in socio-political and economic spheres, founded the Polisario Front in 1973.

The Polisario actively engaged in conflicts against the occupiers, particularly after Morocco's Green March in 1975, which prompted thousands of Sahrawis to flee to Algeria. In 1976, they proclaimed the Sahrawi Arab Democratic Republic (hereinafter SADR), marking the beginning of a government-in-exile under Polisario

⁷ As decided in the 1975's Madrid Accords.

Front's control. While a ceasefire was agreed upon in 1991, hostilities resumed in 2020, and are currently ongoing. Nowadays, around 90,000 Sahrawi refugees⁸ live in the surroundings of Tindouf, distributed across five municipalities. These settlements, established nearly fifty years ago, have evolved into semi-permanent structures with their own administrative and political system, although they mostly depend on humanitarian aid to receive basic goods and services.

Establishing refugee camps within the politically ambiguous territory of the Algerian desert, ostensibly belonging to Algeria but serving as a no-man's land, signified creating a new society in an ideological vacuum that provided a blank canvas where to design a social order based on the Polisario Front's vision.⁹ Central to this collective-based resistance discourse was the pivotal role of Sahrawi women in constructing and administering the SADR, exemplified by their organisational responsibilities in camps, supply distribution, and tasks related to the management of family and the public sphere.¹⁰

The establishment of the National Union of Sahrawi Women (hereinafter NUSW) in 1974 further underlined the significance of gender equality in the Sahrawi liberation struggle. The founding purpose of the NUSW was to contribute to national consciousness, and to work on the emancipation of women and their liberation from colonial legacies.¹¹ Notably, this discourse reframed women's oppression as inherently colonial rather than patriarchal, acknowledging the intersectionality of factors influencing Sahrawi women's positioning. Perspectives on women's empowerment in the Sahrawi society should in fact take into account their history of anti-colonial struggle and war; their Berber, Arab and nomadic traditions; the Islamic religion; and their status as refugees.¹² All these factors concur in shaping the understanding of women's oppression within the Sahrawi society as intersecting with its nationalist history, creating the specified ground for the context- and history-specific emancipation strategies of Sahrawi women.

Patriarchal oppression gets buried under other forms of oppression, encouraging the emancipation and empowerment of Sahrawi women as a form of anti-colonial resistance. However, scholars such as Allan (2010, 2014), Fiddian-Qasmiyeh (2010), and Finden (2018), caution against an idealised perception of Sahrawi women's emancipation, highlighting potential strategic motives behind portraying them as inherently empowered and politically active. This construct might in fact serve the purpose of garnering international recognition and support, potentially shaping the narrative to align with Western expectations. As a matter of fact, the role of Sahrawi

8 This is the official number used by the UNHCR for aid distribution. However, other sources estimate that over 173,000 refugees live in the camps. As an official census is not available for political reasons, it is impossible to know the actual number of Sahrawis living in the proximities of Tindouf.

9 ALLAN 2010: 189.

10 MEDINA MARTÍN 2014a: 898.

11 LIPPERT 1992: 641.

12 MEDINA MARTÍN 2014b: 195.

women arguably changed after the 1991's ceasefire, with men returning and taking over political responsibilities. The loss of autonomy and decision-making capacity led to a reconfiguration of gender roles, relegating women to reproductive work within the private sphere. Despite this, the official discourse from NUSW and the Polisario Front maintains an image of Sahrawi society as a gender-equal one, emphasising women's essential role in the liberation struggle.

Understanding how overlapping oppressions are perceived and represented within the ideological discourse of the SADR serves as a foundational framework for analysing how bodies, reproduction, and agency intersect, shaping the experiences of reproduction as acts of resistance within the Sahrawi context.

Rethinking reproduction in the POLISARIO's discourse

The struggle for liberation and independence is central in the Sahrawi socio-political discourse. This is recognised in the constitution of the SADR, which depicts it as the culmination of the Sahrawi people's historic endeavour to preserve their national sovereignty and territorial integrity, reflecting their aspiration to live autonomously in alignment with international acknowledgments of their right to self-determination and independence.¹³

Polisario's foundational ideology, rooted in the socialist and revolutionary movements of the 1970s,¹⁴ emphasised collective participation in nation-building efforts. While men were predominantly engaged in military activities, women were required to take on a reproductive role. Initially involved in constructing and managing refugee camps during exile,¹⁵ they were then encouraged to contribute to the Polisario's pronatalist effort by having as many children as possible. Asking Sahrawi families to increase the number of their members aligns with Yuval-Davis' concept of "people as power", linking the nation's future to continuous growth, primarily dependent on women's reproductive capacities.¹⁶ The political imperative for population growth in the Sahrawi context thus shapes the identity and aspirations of the nation, creating an imagery where biological reproduction serves as a tool of resistance against occupying forces. In the Sahrawi context, who live as a minority both in Western Sahara and in Algeria, demographic expansion serves as a form of political activism. An increased Sahrawi population is seen as a means to enhance resistance, both militarily and institutionally, as it will provide the necessary manpower to participate in the war and to vote in the referendum on independence. Informants

13 See: <https://frentepolisario.es/constitucion-rasd-agosto-1976/>

14 Including the Vietnamese, Palestinian and other African causes, as well as of revolutionary thinkers such as Castro, Guevara, Nasser, and Mao Tse-tung (ALLAN 2010: 190).

15 LIPPERT 1992: 636–651; JULIANO 1998.

16 YUVAL-DAVIS 1996: 18.

also emphasise the strategic importance of high birth rates in maintaining Sahrawi identity, and countering attempts to erase their history by the occupying power.¹⁷

Pronatalist politics contribute to shaping narratives of reproduction centred on the concepts of power and identity, transforming the act of having children from a cultural practice to a political one. Discourses on resistance intersect, in this sense, with existing social structures that traditionally placed the family at the core of Sahrawi societal organisation. The meanings attached to biological reproduction amid occupation and exile have deep roots in the Arab and Berber heritage of the Sahrawi people: informants emphasised the significance of biological reproduction, suggesting that a larger family size equates to greater influence and prestige, regardless of material possessions.¹⁸ The Polisario's political discourse leveraged the pre-existing importance of family to ascribe new significance to the power connected to having a large number of children, linking it to contributions to nation-building and collective resistance. The struggle for liberation and independence serves as the unifying force for the previously nomadic and fragmented Sahrawi population, forming the basis for the concept of national identity and nation-building processes.¹⁹

This political transformation also influenced the perception of maternities and motherhood within Sahrawi society. As explained by a Sahrawi informant: "In the camps, motherhood has been revolutionized. They added a political dimension to it. Women were praised for having as many kids as possible and for having a big number of boys to join the liberation army."²⁰ As all biological reproduction occurs within specific social, political, and economic contexts that shape it,²¹ it is not really possible to consider pronatalist politics as something that forced a shift from "natural" to "controlled" reproduction. However, the Polisario exacerbated pre-existent cultural expectations of reproduction by introducing a political dimension, capitalising on the crucial role of collective participation in the liberation struggle. This newfound significance of biological reproduction in Sahrawi resistance and nation-building processes created new spaces of action for women, but also intensified pressure related to meeting gender-specific expectations.²² Despite being framed as a collective effort, biological reproduction is inherently tied to biologically female bodies: "They want

17 Interview with E., 8th May 2022, interview with H., 2nd May 2022.

18 Interview with E., 8th May 2022.

19 The Front facilitated these processes by dismantling norms prohibiting inter-ethnic marriages among Sahrawis, and by virtually eliminating the dowry system to alleviate economic barriers to marriage. "This society is an Islamic society. So in the marriage, they require a dowry given from the man to the woman. So [the Front] set it symbolically for one dinar. I don't know how much that is in dollars, but it's like nothing, it's not even a cent". Interview with M., 5th May 2022.

20 Extract from the interview with M., 5th May 2022.

21 YUVAL-DAVIS 1997.

22 Acknowledgment of the political use of biological reproduction and the evolving role of women was evident in an informant's interview, who stated that "since the start, it was crucial to have liberated lands filled with liberated people, and the Front really focused on that. In a sense, it's understandable, as it has been used in a lot of other causes, not just our own, but still. It put a lot of pressure on women at that moment". Extract from the interview with M., 5th May 2022.

to have many children. The thing is, who has the children? The woman.”²³ Women’s bodies became new privileged individual sites for collective resistance, intertwining experiences of maternity with participation in the Sahrawi revolutionary effort.

The presentation of women’s agency within the Sahrawi cause

Analysing nation-building processes in Sahrawi society reveals that women’s reproductive power serves as a weapon of collective resistance.²⁴ Maternities, rather than individual choices, become revolutionary acts carried out by women as members of a specific national collectivity.²⁵ Living as a minority also influences Sahrawi women’s reproductive choices, as their state of occupation and exile shapes their engagement in political action. Authors such as Medina Martín (2014, 2016), Isidoros (2017), and Donadey (2001), add to Yuval Davis’s concept of female agency within the ‘people as power’ discourse by emphasising how the colonial factor impacts biological reproduction and reproductive health in non-Western societies, challenging Western individualistic views of motherhood that are unable to reflect reproduction as a collective and political process that contributes to physical and imagined acts of resistance. Medina Martín argues that Western critiques often oversimplify Sahrawi women’s reality and their willing participation in the liberation and revolution discourse.²⁶

A decolonial perspective on agency is therefore essential for understanding Sahrawi women’s stance towards pronatalist policies. Agency and resistance operate within the constraints of social, cultural, and historical contexts:²⁷ thus, it is crucial to examine how Sahrawi women’s reproductive agency has been influenced by the political narratives of the Polisario and the NUWS. The NUSW aligns the struggle for national liberation with women’s emancipation:²⁸ following the Sahrawi motto, “women are nothing without the country, the country is nothing without women,”²⁹ the NUSW and the Polisario Front are committed to involve women in political and military life, along with educational opportunities.³⁰ Interviews suggest that access to education and participation in decision-making have led to appreciation for the political establishment of the SADR, which provided women with new opportunities in the public sphere and altered their perceptions of their societal roles.³¹

23 Extract from the interview with M., 5th May 2022.

24 YUVAL-DAVIS 1996: 17–24; 1997.

25 YUVAL-DAVIS 1996: 17–24; 1997.

26 MEDINA MARTÍN 2016b: 368.

27 BUTLER 2014, 2020.

28 MEDINA MARTÍN 2014: 200.

29 MEDINA MARTÍN 2014: 200.

30 According to Lippert (1992), the education programs introduced by the SADR reverted female literacy levels: starting from a 95% illiteracy level before the beginning of the revolution, now 90% of women are able to read and write.

31 Interview with M., 5th May 2022.

Promoting the image of Sahrawi women in refugee camps as empowered and politically conscious has led to new forms of resistance. Those unable to undergo mandatory military training found an alternative form of participation by contributing to the revolution by “giving more kids to the cause”.³² Educational opportunities for women also introduced them to political activism, aligning it with their commitment to the revolutionary cause and the willingness to give back to the SADR. In this context, women accepted and took on giving birth to a large number of children as their own form of revolution.³³ Considering the central importance of independence among Sahrawis, it can be argued that, by engaging in the revolutionary struggle through their bodies, Sahrawi women defy the perception of passive victimhood within a patriarchal system. Drawing on Mahmood’s view of agency (2002), what might appear as passive compliance to a socio-political system where women are forced to function as voiceless pawns, is actually a form of conscious action that needs to be understood within the discourses that create the conditions for its enactment. For Sahrawi women, motherhood transcends a conventional understanding; it symbolises active participation in the revolution.³⁴ Viewing colonialism and nationalism as influential factors in gender dynamics recognises women as active agents within a specific set of possibilities. This approach rejects victimising and infantilising discourses in favour of a decolonial perspective, which portrays Sahrawi women as conscious political subjects who enact bodily practices of resistance.

Nevertheless, it is necessary to investigate how agency in biological reproduction is influenced by different socio-political factors that steer and re-direct practices of resistance within the Sahrawi society. As discussed earlier, the collected data implies that women’s choices regarding reproduction are impacted social, cultural, and religious expectations. While acknowledging the revolutionary role of maternity among Sahrawi women, informants underscored how reproduction is more of an obligation than a choice for many,³⁵ as the decision of not having children is met with social and political stigma. Therefore, when analysing reproductive agency in this specific context, it is important to underline that we are referring to a set of practices that take women’s maternity wishes for granted. The treatment of single mothers adds another layer to the discussion on the impact of social and religious pressure on having children, as unmarried pregnant women are sent to live into the “Centre for Single Mothers” until the end of their pregnancy. While not explicitly referred to as a prison, the Centre is managed by the Sahrawi Ministry of Justice, and the children born to single mothers are often defined “illegal children”.³⁶ This reveals a dissonance between Sahrawi moral norms and Polisario’s political discourse: instead of being celebrated for contributing to the pronatalist effort, single mothers face exclusion

32 Interview with A., 29th April 2022.

33 Interview with M., 5th May 2022.

34 Interview with M., 5th May 2022.

35 Interview with H., 8th May 2022.

36 Original: *niños ilegales*. From the interview with C., 13th May 2022. My translation.

and stigma, illustrating the complex interplay of societal and political influences on reproductive decisions.

It is therefore possible to argue that social norms, religion, and politics, concur in shaping Sahrawis' experiences of maternity. After nearly five decades of occupation, these various factors interact, making it challenging to pinpoint the primary influence on Sahrawi women's reproductive decisions: pronatalist politics, pervasive for over forty years, have thoroughly permeated society, making it difficult to separate political, cultural, and religious elements.³⁷ The bodies of Sahrawi women can be considered as an ensemble of individual physical experiences, acting upon social structures and under political pressure. The choices around biological reproduction are embedded in the history of a population living under occupation and in refuge, feeling increasingly distant from their perceived homeland. Here, political pressure functions as a macro-category encompassing social, cultural, and religious pressure to reproduce – as every maternity became, in this context, intrinsically political.

Adopting a decolonial, phenomenological approach to the female body in Sahrawi society involves acknowledging women as political subjects embedded in a specific socio-cultural and historical context, influencing their perception and use of the body. Yuval-Davis' analysis emphasises that while men are generally the dominant group in global sex/gender systems, women are not mere passive victims or objects of reproductive control ideologies and policies.³⁸ This perspective suggests the integration of Brownmiller's concept of female bodies as "battlefields"³⁹ with the notion of female bodies as "weapons" that women are trained and prepared to use. Nevertheless, bodies also have their own physical existence. Considering women as biological reproducers of the nation implies a bodily aspect to their role, to be understood not only discursively but also phenomenologically.

Bodies, reproductive health and contraception

According to socio-political practices at the origin of the SADR, the role of women in the resistance was often narrowly defined by reproduction, even at the expense of their health. This approach resulted in the politicisation and instrumentalisation of women's bodies as a means of resistance, which often resulted in severe health implications for women. Some informants criticised pronatalist discourses, stating that the accounts of women facing birth complications due to limited medical resources in the camps highlights the drawbacks of this approach, and diverted attention from considering alternative ways individuals could participate in the Sahrawi cause.⁴⁰

It is possible to argue that the reproductive health of Sahrawi women has been subjected to the political agenda of the Polisario. In the refugee camps, the healthcare

37 Interview with C., 13th May 2022

38 YUVAL-DAVIS 2007: 49.

39 Quoted in ALSOP-HOCKEY 2001: 465.

40 Interview with M., 5th May 2022.

system is not always able to cope with maternity-related health problems, particularly among multiparous women,⁴¹ resulting in cases of severe complications and maternal deaths, mainly due to postpartum haemorrhage.⁴² Recent shifts, however, have seen a growing emphasis on the intersection of health considerations with biological reproduction practices. In a 2007 interview, Maima Mahamud (the then-State Secretary for Social Affairs and the Advancement of Women in the SADR) highlighted the importance of being aware of women's condition in the camps when choosing to have children, stating:

“I have a goal: that when a woman spreads her legs, she knows why she is doing it. Do you want to collaborate with the government and increase your family's size? Fine, but think about the circumstances. Why are we being asked to increase the population? Because if there aren't many of us, they won't pay any attention to us. [...] Well, let's give birth, but with conditions: let them provide food, health, education, comfort, and then we'll bring children. I am a human being and not a rabbit.”⁴³

She emphasised the need for improved living conditions and services before encouraging population growth, signalling a shift toward questioning the subordination of individual health to collective resistance. This evolving perspective aligns with increased attention to reproductive health in Sahrawi refugee camps, driven by humanitarian projects focusing on sexual health and reproductive rights, which started to be implemented around the beginning of 2000s.

It is important here to highlight the interconnection between reproductive health, agency, and decolonialism. Humanitarian initiatives addressing sexual health and reproductive rights may inadvertently impose a Western perspective on biological reproduction in the refugee camps, prompting a need for a more nuanced consideration of women's agency in maternity. Isidoros states that what Harrell-Bond defines the neocolonial “imposition of aid”⁴⁴ fails its aim to emancipate Sahrawi women, as it does not take into consideration their historical position in the Sahrawi society. Similarly, Brook (1999) emphasises the complex dynamics between “traditional” practices and Western biomedical models in post-colonial countries, urging exploration of these interactions in local contexts. Jolly's analysis of maternities in Asia and the Pacific (1998) underscores how women, even amidst changing reproductive patterns in colonial and postcolonial eras, exercised agency by selectively embracing, rejecting, or accommodating different recommendations.

41 Women who had three or more pregnancies.

42 “I remember the case of a woman who died. She had severe anaemia, which is very common in this area, and she died of postpartum haemorrhage after her eleventh pregnancy.” Interview with C., 13th May 2022.

43 See: https://elpais.com/diario/2007/05/12/sociedad/1178920813_850215.html

44 ISIDOROS 2017: 6.

Simultaneously, humanitarian initiatives introduced novel perspectives on maternity for Sahrawi women. Despite being rooted in Western notions of aid and health, these programs played a crucial role in addressing the lack of information among Sahrawi women concerning risks associated with multiple continuous pregnancies. Midwives, trained under these programs, emphasised the positive impact of heightened awareness of reproductive health on the Sahrawi society. The focus on awareness, medical accompaniment during childbirth, and education on pregnancy and postpartum care led to significant improvements: women became more informed about pregnancy-related diseases, such as hypertension, diabetes, and anaemia, prompting a shift in attitudes toward family planning. This increased awareness has generated strategic interests among Sahrawi women, focusing on preventing unwanted pregnancies and enhancing autonomy in decisions regarding sexuality and reproduction.⁴⁵ This included the introduction of different forms of contraceptives that, until the arrival of humanitarian programs, were not available, nor allowed.

The use of contraceptives has met with political and religious resistance, which seemingly overrides women's health. As stated by Alsop and Hockey, in fact, contraceptives are part of those reproductive health's symbolic and material resources that transcend the immediacy of women and their healthcare needs in favour of politicised notions of national identity.⁴⁶ Sahrawi authorities disapprove of widespread contraceptive distribution, resisting promoting family planning beyond the World Health Organization's recommendation of maintaining a two-year gap between pregnancies. The SADR's first and, to date, only Family Planning Protocol, published in 2015, permits contraceptive use only "under special circumstances."⁴⁷ Religious factors also contribute to the reluctance to use contraceptives: data collected by Kridli (2002) are in line with the SADR's Protocol, recognising that Islam generally only approves using family planning for child spacing – but not to limit family size.

Nevertheless, information collected during interviews shows that Sahrawi women are actively asserting control over their bodies, particularly in relation to the use of contraceptives. Following reproductive health programs, awareness has shifted, with women now seeking to control family size (viewing two to four children as adequate)⁴⁸ and revealing a dual consideration of both health concerns and the burden associated with having numerous children.⁴⁹ Increased openness to

45 Focus group with Sahrawi midwives, 12th May 2022.

46 ALSOP–HOCKEY 2001: 456.

47 The special circumstances listed in the document are: Two or more previous caesarean sections; one year after a caesarean section; history of uterine rupture; confirmed hereditary diseases impossible to diagnose in the camps; high multiparity (4 or more children); interspacing pregnancies; relevant medical pathology likely to worsen with pregnancy (SADR 2015).

48 Focus group with Sahrawi midwives, 12th May 2022.

49 "I met a woman in the National Hospital who came asking for a contraceptive method. She arrived with a baby in her arms, and she said please put me on something, I don't want and I can't have any more children. She already had eight children, and she was from a very poor family." Interview with C., 13th May 2022.

contraceptives mark a positive shift in reproductive health practices: women have more access to contraceptives, ask about them, and know how to use them.⁵⁰ This attitude shift marks a transformation from the past. In deciding to use contraceptives, women bring their body from a symbolic level to a *bodily* one: they do not only think about political resistance, but also enact strategies of individual survival. Analysis of reproductive rights in non-Western societies must acknowledge how individual agency is framed within collective interests and political tensions. Sahrawi women exercise agency in deciding the extent to which they adopt recommendations on contraception, negotiating between Western-bonded humanitarian aid and their own cultural practices.

This transformation aligns with what Young defines as “a reconceptualization of the body”;⁵¹ recognising it as a complex entity shaped by anatomical, physiological, experiential, and cultural factors. Sahrawi midwives noted that increased awareness of sexual and reproductive health practices has influenced women’s perspectives on the role of biological reproduction in nation-building processes. While prominence of the political discourse on liberation and independence remains central in daily life within the camps,⁵² the adaptation of pronatalist discourses by the Polisario and the NUSW also reflects an acknowledgment of the evolving tendencies. The NUSW, in particular, has embraced a reproductive health-focused approach, recognising the dual importance of having many children while emphasising the need to safeguard women’s health. This signifies a shift towards a more health-oriented perspective, prompting Sahrawi women to redefine their societal roles and implement strategies of survival as acts of individual resistance within the broader context of the liberation struggle. Prioritising reproductive health over biological reproduction as a tool for nation-building, Sahrawi women have sought new sites of resistance, engaging in community work and awareness campaigns on topics like decision-making and political participation.

Examining how Sahrawi women’s individual agency transforms discourses of collective resistance, it is possible to talk here about bodies who are “talking back”⁵³ – understanding them as entities specifically and temporally placed within a particular society and experienced in discursively produced ways, while at the same time contributing to and enacting those experiences.⁵⁴ Bodies, therefore, function as epistemological tools whose knowledge-making processes are influenced by both individuals’ experiences and their positioning in a specific time and context. However, despite their evolving roles, Sahrawi women continue their domestic duties, especially

50 Younger women, in particular, seem more receptive to contraception, and more aware of the importance of safe births and health. Interview with E., 8th May 2022.

51 YOUNG 1984: 61.

52 “[The liberation struggle] is the most important thing in life. Because if we don’t fight for our independence, why are we living, honestly. We’d give everything for it. If they tell us that we have to die for it, well, we’d do it without thinking about it.” Interview with E., 8th May 2022.

53 BROOK 1999: 34.

54 BROOK 1999: 34.

amid the return to a state of war. While their contribution to the liberation struggle has diversified, reproductive work still impacts their health. Balancing productive activities, caregiving, household duties, and community tasks has led to a work overload in their daily lives. Although their ability to handle various responsibilities challenges traditional norms, the persistent lack of a balanced division of duties within Sahrawi society might raise concerns about the physical and mental health implications for women.

Conclusion

In this article, I explored the evolving perspectives of Sahrawi women on maternity as an embodied experience of resistance within the liberation struggle, particularly in response to increasing humanitarian projects addressing sexual and reproductive health. Applying a decolonial lens to the analysis, I investigated the interplay between individual health and collective resistance, considering how the dominant nationalist discourse encourages Sahrawi women to use their bodies as political weapons, indirectly asking them to subordinate their reproductive health to the biological reproduction of the nation.

The Polisario's pronatalist politics integrated political significance into the traditional cultural expectations of reproduction, turning maternity into a political act contributing to the Sahrawi cause. However, the introduction of humanitarian projects raised awareness of reproductive health resources, prompting women to reconsider their role in the struggle. This shift emphasised individual resistance over collective contributions, challenging the subordination of health to political objectives. In this sense, female bodies became privileged individual sites for collective resistance, and experiences of maternity began to intersect with women's participation in the Sahrawi revolutionary effort. Maternities in Sahrawi society, framed as acts of resistance in the liberation struggle, transcend individual experiences, and become acts of resistance shaped by historical contexts of occupation and refuge. Political pressure, encompassing social, cultural, and religious elements, redefines the inherently political nature of all maternities.

Simultaneously, recognising women's agency in Sahrawi society includes acknowledging their choice to redefine their stance on biological reproduction. Humanitarian projects addressing sexual health and reproductive rights prompt women to reconsider their contribution to the liberation struggle. This shift, prioritising bodies as sites for individual resistance, marks a growing reluctance to subordinate individual health to Polisario's pronatalist politics. While the imperative to increase the Sahrawi population persists, the introduction of contraceptives enhances women's autonomy in reproductive decisions, reflecting a more nuanced approach. The analysis also highlighted the risk of Western perspectives influencing reproductive practices in refugee camps, while acknowledging the positive impact of humanitarian interventions in addressing women's information gaps on pregnancy-related risks.

By opting for contraceptives, women transition from a symbolic to a physical dimension, shaping personal survival strategies alongside political considerations. A decolonial approach recognises Sahrawi women as political subjects within resistance strategies, navigating context-specific vulnerabilities without necessarily challenging existing socio-cultural norms.

While in the Sahrawi refugee camps the prevailing discourse on liberation persists, particularly amid renewed conflict with Morocco, a health-focused perspective prompts women to redefine their societal roles. Prioritising reproductive health over biological reproduction, they engage in new sites of resistance like political participation and community awareness. Yet, these additional roles, coupled with existing caregiving responsibilities, contribute to a work overload. The extensive non-biological reproductive tasks undertaken by Sahrawi women in camp life warrant further research into the impact of an uneven division of duties and gender-related expectations on the population's physical and mental health.

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