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Latin American Perspectives on Parenthood and Disability: Vulnerability, Risk, and Social Inclusion

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Abstract

Despite the growing recognition and acceptance of disabled people's sexuality, there are barriers to parenthood anchored in metaphors of vulnerability and risk. The social inclusion of disabled parents seems both desirable and risky, making disabled parenthood one of the current frontiers of inclusion for the disabled body. The interest in disabled parenting in Anglo-Saxon academic literature has barely been considered related to Latin American production. This article aims to address this gap by exploring the Latin American scientific community's understanding of parenthood and disability. To do so, we conduct a pragmatic discourse analysis of Latin American scientific articles in Web of Science (in English) and RedALyC and SciELO (in Spanish). Our findings show how the Latin American scientific community draws on different models of disability—in some cases introducing an intersectional perspective—that reproduce metaphors of vulnerability/risk regarding parenthood. We conclude by highlighting the importance of establishing dialogues between critical perspectives on disability from the Anglo-Saxon and Latin American contexts to address the complexities of the reproduction processes of disabled people. These dialogues can contribute to problematising the metaphor of vulnerability/risk currently associated with disabled parenthood.

Keywords

critical disability studies; disabled parenthood; Latin America; risk; vulnerability

1. Introduction: Critical and Intersectional Perspectives on Disabled Parenthood

While critical perspectives on disability have gained influence in recent decades, social inclusion in the reproductive sphere still faces significant barriers. Greenspan et al. (1986, p. 2) consider disabled parenthood "the ultimate test of living in a free and humane society." Indeed, reproduction is considered "the ground zero of disabled peoples' foundational exclusion from modernity" (Mitchell & Snyder, 2019, p. xv), and this article addresses how the metaphor risk/vulnerability reproduces this exclusion within the matrix of modern rationality. According to Malacrida (2019), while people with all kinds of impairments experience parenthood exclusion, it is particularly poignant regarding intellectual, mental, and severe physical impairments. The internationally ratified United Nations Convention on the Rights of Persons With Disabilities (CRPD, 2006) includes the right to "make a family" (Art. 23). This has complicated the discursive exclusion of disabled parenthood as it currently revolves around an alleged conflict between "vulnerable subjects" whose rights are at risk. Both the disabled parents' right to form a family and their offspring's right to healthy development (allegedly threatened by parental disability) must be protected. There is little academic production on this subject: Guénoun et al. (2022) identified 16 articles in English and French, while

López Radrigán (2020) identified eight Latin American articles in EBSCOhost. In this article, we analyse Latin American scientific production around disabled parenthood, exploring similarities and differences between Anglo-Saxon and Latin American productions and contributing to the recent dialogue between critical disability studies (CDS) in these regions.

To contextualise CDS, we outline a brief genealogy of disability studies (DS). The social model of disability, the foundation of British DS, is based on the distinction between "impairments" (bodily defects) and disability or disablism (social oppression of people considered to be impaired; see Thomas, 2006). The social model made it possible to identify individual models of disability by contrast. Clare (2001) distinguishes between "medical, charity, supercrip, and moral models" (p. 359), while Palacios and Romañach (2006) differentiate between disposability models (the eugenic and marginalisation models) and the medical model. Disposability models (Palacios & Romañach, 2006) neglect disabled people because of alleged deficient social contribution and religious reasons. In this sense, the classical (Greco-Roman) eugenic model (Palacios & Romañach, 2006) considered the infanticide of disabled children because they were sinful. Marginalisation (Palacios & Romañach, 2006) and charity (Clare, 2001) models equal disability with poverty, treating disabled people as non-agentic objects of charity. Similarly, the moral model (Clare, 2001) understands disability as an indication of "moral weakness" (p. 360). More recent models of disability include the medical, where disability results from biological impairments, and the supercrip, where disability is a disposition to be overcome. In a previous study, we argued that the medical model seems to currently work with the other individual models (Sanmiquel-Molinero & Pujol-Tarrés, 2020).

Individual models are also intertwined with the social model and its derivatives. On the one hand, from the 1990s onwards, Finkelstein (2007) argued that the social model was depoliticised as it became a matter of "individual rights" sanctioned by states, thus dismissing the transformative vocation of the social structures of the original model. Similarly, in Latin America, Contino (2013) states that the inclusion of disability in the international development agenda led to practices, discourses, and policies that individualised the problem of the exclusion of disabled people. Furthermore, for López Radrigán and Ramírez Fuentes (2022), the popularisation of these models has generated a specific gap in contemporary post-colonial contexts. The global capitalist and colonial system perpetuates the endemic fragility and extreme precariousness of the Global South, as well as the disenfranchised sectors of the Global North. While rights are claimed for some disabled people, others are considered disposable.

On the other hand, the ramifications of the social model re-politicised aspects that the British social model had relegated to the personal sphere, such as reproduction, disabled motherhood (Malacrida, 2019; Thomas, 2006), or impairment. Thus, these scholars argued the need for an intersectional perspective. Notably, intersectionality is not exclusive to social models. When used in individual models, the intersectional perspective analyses how different subaltern identities add to disability as risk factors. In contrast, in derivatives of the social model, disability is understood as a form of oppression that intersects with other systems of difference, generating greater degrees of social vulnerability (Míguez, 2020). Interestingly, both individual and social intersectional approaches are based on the metaphor of multiple discrimination (McCall, 2005).

CDS is another transformation of the social model that incorporates the intersectional perspective. Its Anglo-Saxon version incorporates the notion of ableism. Ableism is the condition of possibility of disablism and also other systems of social differentiation, such as heterosexism, racism, classism, or ageism (Wolbring, 2008). Relatedly, Latin American CDS scholars (Gesser et al., 2020; Guedes de Mello, 2021) have also used the notion of ableism as the establishment of a normative ideal body for capitalist productivity. Not only is this corporeal norm the benchmark for disabled people but also poor people, blacks or mestizos, migrants from peripheral countries, or the rural population. Thus, ableism is strongly related to and mutually constitutive of other systems of oppression, such as sexism, racism, LGBTphobia, and classism. Gesser et al. (2020) introduce a systemic/structural notion of intersectionality to understand how these systems work to oppress particular groups, amplifying processes of exclusion. Other authors explore specific axis of domination. Inguanzo (2020) focuses on the intersection between disabled and indigenous identities, while Lopes (2018) explores how expectations about sexuality and motherhood are entirely different when gender intersects with disability. Other authors have argued that the exclusion of disabled parenthood is intertwined with modern rationality that produces multiple hierarchisations of bodies in terms of, for example, ability, gender, and race (Díaz, 2012; López Radrigán, 2020). Latin American intersectional perspectives are not homogeneous; they combine the metaphor of multiple discriminations with the metaphor of "interweaving" and the co-construction of oppressions (Lugones, 2008, p. 80).

The decolonial perspective explores the interrelationship between the coloniality of the self, the coloniality of power and the coloniality of knowledge (Pino Morán & Tiseyra, 2019; Villa Rojas, 2020). Following Ferrari (2020), the coloniality of ability considers individualisation as the only human possibility to face life and creates a "monoculture epistemology" (Díaz et al., 2021, p. 50) that naturalises difference and "others" the disabled subject. In addition, the Latin American intersectional perspectives incorporate some other perspectives besides the colonial analysis (López Radrigán & Ramírez Fuentes, 2022, p. 61) and develop understandings of

anti-ableism from the Global South (Guedes de Mello, 2021; Munévar, 2021).

Anglo-Saxon and Latin American CDS provide valuable frameworks for problematising the notions of vulnerability and risk usually used in analyses of disability and reproduction. Shildrick (2000) argues that vulnerability is an inherently human feature that ableism projects onto "othered" groups (disabled people, pregnant women, children, or old people). Simultaneously, the normative (male, able, adult) body often refuses to openly recognise itself as "vulnerable" to the risk of being contaminated by these "othered" bodies. Regarding disabled motherhood, Fritsch (2017, p. 249) made an analogous argument when she claimed that the disabled body embodies the risks from which mothers are supposed to protect their children. Thus, disabled mothers are pressured to prove that they are not a risk to their "vulnerable" children, which, in turn, results in them not asking for support, and this makes them more vulnerable (Daniels, 2019). Recent Latin American CDS scholars have also problematised vulnerability or "fragility" by emphasising that not only are vulnerability and risk symbolically projected onto othered groups, but also in very material ways. In this sense, Vite Hernández (2020, p. 17) argues that feminist perspectives have analysed fragility from two standpoints:

The first, based on what harms us from the outside, locating the structures that do not affect all of us in the same way, so that the lives and bodies of some individuals are more at risk than others due to the unequal management of how life is ensured, and the second, based on the shared ontological condition of fragility, it calls for the creation of relationships of interdependence and care.

Regarding disabled parenthood, the notion of vulnerability is polysemic, as it implies different subjects are "put at risk" by different agents. We analyse vulnerability/risk as a metaphor for disability where disability is equated with "vulnerability/risk" so that all or some of the characteristics of the "vulnerability/risk" binomial are indirectly transferred to disability, establishing a field of possibilities and impossibilities for the disabled person (Edwards, 1997). Vulnerability "puts at risk" or threatens the integrity of a subject who inherently does not have sufficient resources to face a threat and is, therefore, vulnerabilised. Moreover, the "vulnerability/risk" metaphor assumes a threatening agent that will inevitably hurt those who do not have sufficient resources. So, if "disability is vulnerability/risk" and "disability" means something different depending on the model of disability, it is relevant to ask what the risk and the subject of vulnerability are in different models of disability in Latin American studies on parenthood and disability.

2. Method

Metaphors are crucial in the inception, dissemination, and production of scientific knowledge (Quale, 2002). This article conducts a pragmatic analysis (Mey, 2001) of the interrelation between the metaphor vulnerability/risk and disabled parenthood in Latin American scientific literature. Pragmatic analysis identifies the social implications of statements beyond their manifest meaning through a contextualisation of the statement (Duffy, 2008) that is necessarily theory-based. Following anticipatory pragmatics, which seeks to promote non-oppressive uses of language (Mey, 2012, p. 705), we contextualise the statements following the CDS perspective. We do not intend to support a particular disability model but contribute to the dialogue between CDS perspectives.

Regarding the sample, we conducted an initial search ("disability and parenthood") on Web of Science. Latin American institutions only developed 1/300 articles. We used SciELO and RedALyC, databases that disseminate Latin American science. Searches for the expressions "paternity and disability," "maternity and disability," "disabled mother," "disabled father," "father with disability," and "mother with disability" yielded 23 scientific articles. We removed seven: five outside Latin American institutions, one translated from English, and one that was a review of other articles. The selected 16 articles and the main model of disability they use are in Table 1.

The analytical procedure proceeded as follows:

1. Coding of the article: We coded each article using the following categories: explicit model of disability; presence—or not—of an intersectional

Table 1. Articles and their main model.

No. Article	Model	Article
1	Medical	Alarcón, J., Castro, M., Frites, C., & Gajardo, C. (2015). Desafíos de la educación preescolar en Chile: Ampliar la cobertura, mejorar la calidad y evitar el acoplamiento [Challenges of preschool education in Chile: Expanding coverage, improving quality, and avoiding encpling]. *Estudios Pedagógicos*, *XLI*(2), 287–303.
2	Rights	Basaure Miranda, I. M. (2017). Situación del derecho a la maternidad de las mujeres con discapacidad mental en Argentina [Situation of the right to motherhood for women with intellectual disabilities in Argentina]. *Derecho Global. Estudios sobre Derecho y Justicia*, *3*(7), 117–139. https://doi.org/10.32870/dgedj.v0i7.117

Table 1. (Cont.) Articles and their main model.

No. Article	Model	Article
3	Moral	Baudoin, N. (2020). Crafting for change: Dos experiencias de creación participativa en Francia y Argentina [Crafting for change: Two experiences of participatory creation in France and Argentina]. *Economía Creativa*, *13*, 68–123.
4	Social	Block, P. (2002). Sexuality, parenthood, and cognitive disability in Brazil. *Sexuality and Disability*, *20*(1), 7–28. https://doi.org/10.1023/A:1015230303621
5	Social	Cárcamo-Hernández, O., & Rovira, J. P. (2022). Cuando la exclusión escolar se presenta como 'oportunidad': Una aproximación etnográfica a la Movilidad Interescolar Temprana (MIET) [When school exclusion presents itself as an "opportunity": An ethnographic approach to early inter-school mobility (EISM)]. *Revista Colombiana de Educación*, *85*, 121–142.
6	Medical	Castro, L. R., & Zúñiga, O. M. (2002). Principales dilemas bioéticos en las personas con discapacidad prolongada [Main bioethical dilemmas in individuals with long-term disabilities]. *Acta Bioethica*, *8*(1), 127–135.
7	Social	Cisternas, M. S. (2013). Salud global, género y derechos humanos [Global health, gender, and human rights]. *Revista Enfoques: Ciencia Política y Administración Pública*, *11*(18), 153–186.
8	Social	Cruz-Pérez, M. d. P. (2014). Mitos acerca de la maternidad en mujeres con discapacidad [Myths about motherhood in women with disabilities]. *Perinatología y Reproducción Humana*, *28*(2), 91–96. https://doi.org/10.1016/j.rprh.2015.06.001
9	Rights	Cruz-Pérez, M. del P. (2015). Acceso a derechos sexuales y reproductivos de las mujeres con discapacidad: El papel de las y los prestadores de servicio [Access to sexual and reproductive rights of women with disabilities: The role of service providers]. *Revista de Estudios de Género. La Ventana*, *42*, 7–45.
10	Eugenic	Figari, C. E. (2009). Más allá de las sexualidades posibles Dilemas de las prácticas incestuosas [Beyond possible sexualities: Dilemmas of incestuous practices]. *Desacatos. Revista de Ciencias Sociales*, *30*, 129–146.
11	Rights	Garrido, L. A. (2018). Las políticas de conciliación de la vida familiar y laboral en España y sus avances en la equidad de género [Family and work reconciliation policies in Spain and their progress in gender equity]. *Revista Interdisciplinaria de Estudios de Género de El Colegio de México*, *4*.
12	Social	Herrera, F. (2022). 'La mamá soy yo': Experiencias parentales de madres y padres con discapacidad en Chile ["La mamá soy yo": Parental experiences of mothers and fathers with disabilities in Chile]. *Psicologia em Estudo*, *27*. https://doi.org/10.4025/psicolestud.v27i0.58850
13	Supercrip	Mata, R. M. H. (2019). Las madres solteras universitarias: Redes de apoyo social e identidad materna [Single mothers who are university students: Social support networks and maternal identity]. *Intersticios Sociales*, *17*, 203–231.
14	Rights	Proenza-Pupo, J. R., Enríquez-Lozano, C. A., & Serrano-Galindo, S. A. (2020). Herramienta tecnopedagógica, para el aprendizaje de la metodología de investigación científica, en estudiantes sordos [Technopedagogical tool for learning scientific research methodology in deaf students.]. *Luz*, *19*(4), 97–105.
15	Eugenic	Valdés, E., & Puentes, L. V. (2018). El bioderecho y sus aportes a los ordenamientos jurídicos colombiano e interamericano. A propósito de una decisión peligrosa de la Corte Constitucional y su coincidencia con la jurisprudencia de la Corte Interamericana de Derechos Humanos [Biolaw and its contributions to the Colombian and Inter-American legal systems. On a dangerous decision of the Constitutional Court and its coincidence with the jurisprudence of the Inter-American Court of Human Rights]. *Boletín Mexicano de Derecho Comparado*, *51*(153), 673–710.
16	Eugenic	Yupanqui-Concha, A., Aranda-Farias, C., & Ferrer-Pérez, V. A. (2021). Violencias invisibles hacia mujeres y niñas con discapacidad: Elementos que favorecen la continuidad de la práctica de esterilización forzada en Chile [Invisible violence towards women and girls with disabilities: Elements that foster the continuity of forced sterilization practices in Chile]. *Revista de Estudios Sociales*, *77*, 58–75.

perspective; the article's aims and general implications; and use of the metaphor risk/vulnerability.

2. Coding of the excerpts: We selected 178 excerpts referring to disabled parenthood and coded them as follows: article; model of disability; subjects involved; the excerpt's objective; and implications. For implications, we focused on identifying how models of disability and vulnerability/risk metaphor worked in each excerpt.

3. The three authors independently coded the excerpts and then reviewed any coding differences.

Table 2 illustrates the disability models identified in the excerpts. The most frequently used models are eugenic, medical, and social. Supercrip is the least frequently used.

The disabled woman and the disabled person are the most frequent main subjects implied in the excerpts, accounting for over half the excerpts. There are a few excerpts where disabled people's families appear as the main subject; usually, the family appears as a secondary subject (Table 3).

We applied the following criteria of rigour (El Hussein et al., 2015): (a) fitness, through the theoretical analysis of the implications; (b) auditability, making the analysis procedures explicit; (c) credibility, reviewing the inter-researcher coding; (d) trustworthiness, making the research perspective explicit and contrasting the results with scientific research; and (e) saturation, including in the analysis all scientific articles that meet the search criteria.

3. Results

While articles can be classified by their primary disability model ("M. article" column in Table 4), the articles include references to different models of disability ("Model" columns in Table 4). An article can: (a) ascribe to one model and simultaneously adhere to the postulates of other models; (b) include references or arguments from other models to reinforce or criticise them. This result would be congruent with the dialogical character of language and the multiple voices that traverse it (Bakhtin, 2010; Danow, 1991).

In the analysis, we have identified two ways of using the vulnerability/risk metaphor: (a) disability as vulnerability/risk for disabled people (see Table 5), and (b) disability as vulnerability/risk for other subjects, including the developing child, the disabled person's family, or the social body as a whole. We present these results using

Table 2. Articles and their main model.

Model	No. excerpts	Percentage of total
Eugenic	51	27.7%
Medical	35	19.0%
Moral	27	14.7%
Rights	29	15.8%
Social	36	19.6%
Supercrip	6	3.3%

Table 3. Frequencies of the subject.

Main subject	No. excerpts	Percentage of total
Disabled people	48	26.1%
Disabled women	51	27.7%
Legal	54	29.3%
Professionals	26	14.1%

Table 4. Cross-modelling of articles and excerpts.

M. Article	Model					
	Medical	Rights	Social	Moral	Eugenic	Supercrip
Eugenic	14.1%	9.4%	15.3%	14.1%	41.2%	5.9%
Medical	17.2%	0.0%	34.5%	6.9%	41.4%	0.0%
Rights	20.7%	55.2%	13.8%	10.3%	0.0%	0.0%
Social	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%
Social-rights	30.8%	12.8%	23.1%	25.6%	7.7%	0.0%
Supercrip	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
Total	19.0%	15.8%	19.6%	14.7%	27.7%	3.3%

Table 5. Summary of (a) disability as vulnerability/risk for disabled people.

Model	Risk factor	Vulnerabilised subject
	Disability as vulnerability/risk for disabled people	
Medical	Motherhood	Biologically deficient subject
Rights	Agents (e. g., states) that enforce disabled people's rights to parenthood	Impaired subject as a subject of parental rights
Social	Physical and social disabling barriers to parenthood	Impaired subject who is trying to become a parent
Moral	Disabled people's lack of moral judgement or agency	Impaired subject who is amenable to becoming pregnant as a result of sexual assault
Supercrip	Disabled people's lack of moral strength to overcome impairment and disabling barriers	Impaired subject who is trying to become a parent
Eugenic	—	—

excerpts identified with the article number (following the order in Table 1) and the corresponding excerpt number.

3.1. Disability as Vulnerability/Risk for Disabled People

Disabled people are usually considered vulnerable. In the case of reproduction and parenting, this vulnerability falls especially on women (Table 3).

From the medical model, disabled women are conceived as "biologically deficient" and, therefore, motherhood is thought to put the woman at risk (Daniels, 2019; López Radrigán, 2020). For example, one doctor advised a disabled woman to have an abortion, considering her pregnancy "risky" because of her disability. In another case, a mother was recommended sterilisation because "both the use of contraceptive methods and the pregnancy could be very dangerous in [her] condition" (9/89). An interviewed professional expressed something similar (16/143): "As long as the risk of the [disabled] patient becoming pregnant is high, then it is better to operate [sterilise]."

The moral model questions the disabled subject's ability for moral judgement; they are considered vulnerable to abuse by able-bodied people as a result (6/56):

People with mental disabilities…do not have sufficient ability to criticise the behaviours or opinions indicated to them by the people around them; this is, inter alia, one of the causes that can lead them to constitute a group vulnerable to abuse in society.

Constructing disabled women as lacking (moral, sexual, and reproductive) agency allows professionals to justify forced sterilisation as a way of preventing the vulnerability that allegedly arises from sexual abuse-related pregnancy (not sexual abuse in itself): "Forced…sterilisation is justified as…a way of preventing greater vulnerability to a possible pregnancy" (16/146). Alternatively, some professionals suggest that disabled/vulnerable women should be adequately trained to measure risks to compensate for their lack of agency: "There are many abusers. They are sick, and they only take advantage [of disabled women]. You know, these women's need for affection is so big….This is why discussing this subject is crucial to help them measure risks" (9/80).

Notably, excerpts 6/56 and 16/146 question disabled people's moral judgement faculties while not questioning the moral judgement of those who "abuse." This naturalises the risk factor (abuse) as a morally neutral

Table 6. Summary of (b) disability as vulnerability/risk for other subjects.

Model	Risk factor	Vulnerabilised subject
	Disability as vulnerability/risk for other subjects	
Medical	Parental biological deficiency	Disabled people's offspring
Rights	Disabled people as subjects of parental rights	Disabled people's offspring
Social	Disabling physical and social barriers to parenthood	Disabled people's offspring
Moral	Prospective disabled parents' lack of moral judgement or agency	Disabled people's offspring and able-bodied society (relatives, states)
Supercrip	Disabled people's parents lack of moral strength to overcome impairment and disabling barriers	Disabled people's offspring and able-bodied society (relatives, states)

result of physical or intellectual superiority while obscuring the fact that violence is only possible inasmuch as the abuser's position in class, race, gender, and ability axes is legitimised (García-Santesmases, 2023). In contrast, excerpt 9/80 pathologises the attraction and affection towards a disabled female body (vulnerable as she is "in need of affection") as immoral. Disabled people are, in both examples, at the mercy of the moral judgement of non-disabled people (Longmore, 1997, p. 136), and paradoxically, the disabled subject is held morally responsible for not being sufficiently prepared to avoid vulnerability.

According to the social model, disabled people's vulnerability is caused by social barriers that put them at risk. Mothers and fathers encounter environmental and social impediments, and society is often unwilling to make reasonable adjustments to enable them to exercise their parenthood (12/105). The narrative of barriers, specific to the social model, is incorporated by the individual supercrip model by making the disabled subject responsible for "overcoming" both their impairment and the barriers imposed on them, which means embodying "intensive mothering" (12/101):

> Mothers with disabilities develop everyday strategies of resistance to counteract negative views of their disability. These strategies range from presenting a highly disciplined public image of motherhood ("super mums" who embody the values of intensive mothering) to avoidance tactics that allow them to protect themselves from possible assault (anticipating discrimination). These strategies have high emotional and physical costs.

The rights model recognises disabled people's right to create a family, which is explicit in the excerpt: "[Under the CRPD] children with disabilities or parents with disabilities shall not be separated from their parents or children, respectively" (14/116). However, the unwillingness or ineffectiveness of actors that should legally protect disabled people are considered risk factors that render the disabled body vulnerable. For example, excerpt 2/12 quotes the UN Committee in charge of monitoring compliance with the CRPD in Argentina, stating: "The Committee expresses its concern at the existence, in the country, of sterilisation practices of persons with disabilities without their free and informed consent." Another excerpt about Chile states: "In the majority of the interviewees, negative perceptions are evident regarding the defence of the rights that the state should guarantee to this population group, as it fails to fulfil its protective role and allows institutional violence against them" (16/171). Both examples can be interpreted within the particular contexts in which they are set. For Danel (2019), in Argentina, the foundations of social intervention to restore injustices were lost during the dictatorship, and the work of the state towards disability has been shaped by certain breaks with dictatorial authoritarianism, but also by surreptitious continuities

that weaken people's access to rights. Furthermore, the dictatorships in the Southern Cone, especially in Chile, firmly implanted an economistic rationality, weakening state action (Núñez Parra, 2020).

As with the social model, health professionals sometimes use the individual models alongside the rights model: "The disabled person becomes a more vulnerable human being, which makes it necessary to adopt special measures…to protect their rights as a person, in the face of decisions affecting him or her in the field of health" (6/53).

Paradoxically, protecting disabled/vulnerable subjects' right to make decisions entails their substitution in decision-making, which fits in with the individual model's conception of the disabled subject as "morally or biologically deficient" to decide autonomously for a course of action:

> This human faculty must be protected in persons with disabilities….By the principle of autonomy, the patient could refuse treatment, but by the principle of non-maleficence, the professional could be compelled to provide it. In this confrontation of values, third parties (responsible family members, for example) often act to resolve the conflict. (6/54)

Finally, the intersectional perspectives identified in the articles analyse vulnerability/risk from a summative perspective, considering that, in terms of violence, disabled women are more vulnerable than able-bodied women or disabled men. For example: "It should be noted that the gender profile will be the sum of the conditions of vulnerability experienced by women and girls due to the particular situations they experience because of their age, maternity, ethnicity, disability or other" (7/64). This summative perspective also applies to indigenous or impoverished women's rights: "A mother with a disability belonging to an indigenous or impoverished group who does not meet the high expectations of intensive mothering is likely to alert state institutions and face serious threats to her parental rights" (12/114).

Disability is both a matter of vulnerability and a risk factor in the reproductive processes of people, especially disabled women.

3.2. Disability as Vulnerability/Risk for Others

Individual models, unlike social models, not only consider the disabled person as vulnerable and put at risk by their impairment but also see this vulnerability as a risk or threat to offspring, the family environment, and the social body (Burghardt, 2013). Resorting to the "moral" model, professionals argue that the disabled person (again, especially women) is "unaware of risks" or a "whimsical" subject, selfish in wanting a child for which she cannot care. Excerpt 9/75 quotes Matilde, a 36-year-old sociologist:

I think that we should talk about it, make them aware of the risks and it also depends on who the person is, because then it is a mere whim and then their family faces the consequences of their pregnancy…and they don't think about the children either.

Disabled women are aware of professionals' dismissive attitude. Excerpt 9/74 quotes 37-year-old Adriana, who has spina bifida:

[They said] that I shouldn't think about that, that I should think about fulfilling myself in another way, or by adopting. Of course, they knew as well as I did that the DIF [integral family development] wouldn't give me a baby for adoption because of my condition.

The above reference to adoption clarifies that what professionals wish to avoid is biological motherhood because of the "risk" it poses to child development, exemplifying the connection between the moral and eugenic models. Maternal disability is not only seen as a risk for young children but also for school-age children, who are categorised as disabled because of maternal disability (5/49), and even adults when they are allegedly prevented from pursuing their work projects because of maternal disability (3/20). In some quotes, professionals justify preventing disabled women from reproducing without these women's consent in terms of risk calculation with "unwanted disabled children" in mind:

The decision to force [non-permanent] contraception…is because [the health care team] does a kind of proportionality between risks and benefits: Which is riskier, that an unwanted possibly disabled baby is born or that the woman or girl gets an intrauterine device installed without their consent? (16/161)

In this eugenic calculation, the object of risk is clearly "the children's body." The alleged irresponsibility of disabled mothers is greater if disabled offspring are sought intentionally. The subsequent fragments suggest the social model is "dangerous" as it contradicts the principle of "procreative beneficence," in which parents are legally and morally obliged to choose the "best possible child, without mental or physical impairments" (15/138). The authors equate "children without impairments" with "those expected to have the best possible life, or at least as good a life as everyone else in the world" (15/120). The salience of the eugenic model has its historical roots in the conceptions of the nation's perfectibility lying on the foundations of Latin American nation-states. The constitution of a stronger, healthier, and better-looking population in opposition to bodies considered inferior—such as indigenous, black or mestizo—reproduced the parameters of modernity/colonialism (Block, 2002; Danel, 2019).

Remarkably, excerpt 15/120 homogenises "able-bodied people" as if the quality of their life depended entirely on the presence of "impairments," excluding other factors such as social class, gender or race. Thus, a quasi-anti-intersectional perspective is manifested, where disability operates as a master status that justifies the erasure of any other structural ascription that could condition well-being. By contrast, we could say that the following excerpt argues for an intersectional perspective, attentive to different power matrices when it states that:

For much of the twentieth century, individuals stigmatized by gender, race, poverty, disability, or sexuality were subject to extreme methods of social control in the United States and Europe.…Practices perpetrated on these women [with cognitive disabilities] included compulsory institutionalization and sterilization, as policymakers focused on ways to reduce perceived threats to the social order. (4/46)

Finally, the medical model also uses the rights model regarding "disability as a risk to the body of the vulnerable child." The following excerpts denounce that, although parental rights are recognised in Article 23 of the CRPD, an Argentinian court decreed "the state of abandonment and adoptability of the child" based on the child's "right to a healthy existence." Another excerpt notes that "the reasoning of the sentence is clear: Due to her disability, [the disabled woman] is unfit to exercise motherhood" (2/10). Here, a mother's and a child's rights are violated through "the invocation of the best interests of the child to be placed in a situation of adoptability, without the corresponding assessment of the harm it will cause" (2/14). Thus, the coexistence of the individual and social models produces a conflict between the child's rights "to a healthy existence" (which the maternal disability would put at risk) and the mother's rights to form a family.

The analysis suggests the medical, moral, and eugenic models converge in considering disabled parenthood as a moral irresponsibility both for the offspring and the social body.

4. Conclusions: Problematising Vulnerability/Risk in Disabled Parenthood

The findings show that the vulnerability/risk metaphor constitutes the pivotal axis of the individual and social models. Furthermore, in the individual models, disability constitutes a moral and biological defect that makes the disabled body vulnerable to others. The interventions proposed from these models are aimed at preventing the reproduction of the "deficient body," achieving its rehabilitation, or supervising parenting abilities and the ability to manage all these risks individually. Otherwise, drawing on the child's rights, removal from home is suggested. These interventions align with contemporary intensive mothering imaginaries (Hays, 1996).

Moreover, social models advocate the right of disabled people to exercise parenthood (CRPD, 2006).

In this framework, these people are also seen as vulnerable: the risk comes from physical, social, and legal barriers imposed by states, able-bodied society, families, and professionals. Proposed interventions in the analysed fragments are awareness-raising programmes against stigmatisation, initiatives to support disabled parenting or training programmes for disabled people and health and social professionals. Notably, while these interventions point to the social nature of vulnerability, they act on the individual. Latin American decolonial perspectives counter this colonial individualism and argue that (a) the rights model endorses the ideal individualised subject of coloniality (Díaz et al., 2021; Pino Morán & Tiseyra, 2019) and (b) the uncritical acceptance of the social model contributes to the invisibility of structural inequalities and the colonial origin of "disabling structures" (Pino Morán & Tiseyra, 2019, p. 512). Although some excerpts highlight the importance of considering the particularities of disabled indigenous mothers (Herrera, 2022), none of the extracts adopts an explicitly decolonial framework of analysis. Conversely, neither have most of the studies conducted from a decolonial perspective on disability (Díaz, 2012; Ferrari, 2020) explicitly addressed parenthood. While one should not assume that all Latin American scholarship on disability and parenthood should adopt a decolonial perspective (or vice versa), it is an intersection worth exploring.

Deepening the already initiated dialogue (Pino Morán & Tiseyra, 2019) between Anglo-Saxon and Latin American CDS can help us to study the mutual construction of the race, gender, and disability categories in relation to parenthood in specific historical and geopolitical locations. It also problematises how the medical-moral-eugenic device of "truth" disproportionately vulnerabilises disabled mothers, constitutes them as risky parental subjects, and generates political horizons. In contrast to the exaltation of modern/Western standardisation, CDS perspectives should uphold the plurality of ways of being, the potency of bodily, functional, and sensory diversity, and collaborative ways of parenting. In this sense, decolonial perspectives propose the idea of "ecological dialogue" (Díaz et al., 2021, p. 47). That is, incorporating multiple voices and localised knowledges while giving a privileged space to disabled people. This is in line with the proposal of Daniels (2020), who highlights that there exist forms of disabled parenting in which the children are not constituted as vulnerable. Rather, there is a mutual adjustment between the child and the parental figure.

Lastly, Anglo-Saxon and Latin American CDS (Núñez, 2020; Shildrick, 2000; Vite Hernández, 2020) acknowledge the constitutive vulnerability of every human being as an ontological, ethical, and political argument to question the univocal relationship between vulnerability and disability (Burghardt, 2013). Nonetheless, disability is transformative since all bodies are vulnerable as potentially disabled. We, therefore, wonder whether the argument of the universality of disability is lexicalising the metaphor "disability is vulnerability/risk." As Edwards (1997, p. 31) says, "what is dangerous is when the metaphorical nature of the enterprise is forgotten, and domain A is talked about in terms of domain B as if it were not a metaphor at all." The analysis suggests that the reviewed models reproduce the vulnerability/risk metaphor. Future studies addressing the social inclusion of disabled parenthood should explore the possibility of thinking about disability or childhood without resorting to the metaphors of vulnerability/risk. Recent developments in CDS have advanced both "vulnerability" and "eco and interdependency" as key concepts for a critical perspective on the conditions of possibility for human existence (Pié Balaguer, 2019, p. 27). While vulnerability implies that a subject might be at risk, interdependency raises concerns about the conditions that make disabled parenting possible and the effects of relying on ableism, heterosexism, classism, or racism. The metaphor of "disability as interdependency" thus challenges the prevailing colonial individualism present in mainstream disability perspectives, reproduced in Latin American academic, social, and political spheres. Incorporating multiple voices and local knowledge in an intersectional ecological dialogue on disabled parenthood has the potential to address subjective and structural inequalities. Such a critical perspective not only acknowledges the transformative nature of disability but also fosters more inclusive and empowering approaches to disabled parenthood. In sum, future research should explore whether the metaphor "disability as interdependency" has the potential to address the above-considered pitfalls of vulnerability/risk.

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Conflict of Interests

The author declares no conflict of interests.

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