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THE POLITICS OF REPRODUCTION IN A MEXICAN VILLAGE

C. H. BROWNER

Although women in all societies bear children in private, or with only a select few present, human reproduction is never entirely a personal affair. Kin, neighbors, and other members of the larger collectivities of which women are a part seek to influence reproductive behavior in their groups. Their concerns, however, about who reproduces, how often, and when frequently conflict quite sharply with the desires of the reproducers themselves.¹ At the state level, governments develop policies with which

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¹ Burton Benedict, "Social Regulation of Fertility," in *The Structure of Human Populations*, ed. G. A. Harrison and A. J. Boyce (Oxford: Clarendon Press, 1972), 73-89; Carole Browner, "Abortion Decision Making: Some Findings from Colombia," *Studies in Family Planning* 10, no. 3 (1979): 96-106; Thomas K. Burch and Murray Gendall, "Extended Family Structure and Fertility: Some Conceptual and Methodological Issues," in *Culture and Population: A Collection of Current Studies*, ed. Steven Polgar (Cambridge, Mass.: Schenkman Publishing Co.; Chapel Hill, N.C.: Carolina Population Center, 1971), 87-104; Ronald Freedman, "The Sociology of Human Fertility: A Trend Report and Bibliography," *Current Sociology* 10/11, no. 2 (1961-62): 35-121; Frank Lorimer, *Culture and Human Fertility: A*

they try to shape the size, composition, and distribution of their populations. These policies inevitably seek to influence the reproductive activities of individuals. They may be directed toward the fertility of the whole society or selectively imposed on particular classes, subcultures, or other internal groups,² but they are usually promoted without much consideration for the individual women who bear and raise the children, and, as a result, they may not be embraced by their target groups. Further, state-initiated population policies are sometimes challenged by internal groups whose objectives differ from those of the state.³

It is surprising that conflicts between the reproductive desires of a society's fecund women and the demographic interests of other individuals, groups, and political entities are rarely explored. After a comprehensive review of research in demography, population studies, and the anthropology and sociology of reproduction, Rosalind Pollack Petchesky reports, "Utterly lacking [in these fields] is any sense that the methods and goals of reproduction, and control over them, may themselves be a contested area within [a] culture."⁴ Also absent from this research is the recognition that differential access to a society's sources of power deter-

Study of the Relation of Cultural Conditions to Fertility in Nonindustrial and Transitional Societies (Paris: Unesco, 1958); John F. Marshall, Susan Morris, and Steven Polgar, "Culture and Natality: A Preliminary Classified Bibliography," *Current Anthropology* 13, no. 2 (April 1972): 268-78; Moni Nag, *Factors Affecting Human Fertility in Nonindustrial Societies: A Cross-cultural Study* (New Haven, Conn.: Human Relations Area Files Press, 1976); Steven Polgar, "Population History and Population Policies from an Anthropological Perspective," *Current Anthropology* 13, no. 2 (April 1972): 203-11.

² Bernard Berelson, *Population Policy in Developed Countries* (New York: McGraw-Hill Book Co., 1974); J. C. Caldwell, "Population Policy: A Survey of Commonwealth Africa," in *The Population of Tropical Africa*, ed. John C. Caldwell and Chukuka Okonjo (New York: Columbia University Press, 1968), 368-75; Leslie Corsa and Deborah Oakley, *Population Planning* (Ann Arbor: University of Michigan Press, 1979), chap. 5, 155-94; William L. Langer, "Checks on Population Growth, 1750-1850," *Scientific American* 226, no. 2 (1972): 92-99; Benjamin White, "Demand for Labor and Population Growth in Colonial Java," *Human Ecology* 1, no. 3 (1973): 217-39.

³ Ad Hoc Women's Studies Committee against Sterilization Abuse, *Workbook on Sterilization and Sterilization Abuse* (Bronxville, N.Y.: Sarah Lawrence College, 1978); Toni Cade, "The Pill: Genocide or Liberation?" in *The Black Woman*, ed. Toni Cade (New York: New American Library, 1970), 162-69; Lucinda Cisler, "Unfinished Business: Birth Control and Women's Liberation," in *Sisterhood Is Powerful: An Anthology of Writings from the Women's Liberation Movement*, ed. Robin Morgan (New York: Vintage Books, 1970), 245-89; Sally Covington, "Is 'Broader' Better? Reproductive Rights and Elections '84," *Taking Control: The Magazine of the Reproductive Rights National Network* 1, no. 1 (1984): 6-8; Boston Women's Health Book Collective, *Our Bodies, Ourselves: A Book by and for Women* (New York: Simon & Schuster, 1971); Reproductive Rights National Network, "Caught in the Crossfire: Third World Women and Reproductive Rights," *Reproductive Rights Newsletter* 5, no. 3 (Autumn 1983): 1-13; Helen Rodriguez-Trias, *Sterilization Abuse* (New York: Barnard College, Women's Center, 1978).

⁴ Rosalind Pollack Petchesky, *Abortion and Woman's Choice: The State, Sexuality, and Reproduction Freedom* (New York and London: Longman, Inc., 1984), esp. 10.

mines how conflicts over reproduction are conducted and resolved, and even whether resolution ever occurs.

The following account analyzes the relationship between the population practices in one indigenous community in Mexico and the Mexican government's recent effort to reduce population growth. It shows that the government's fertility-reducing policy was superimposed on a long-standing local conflict between this community's women, who wished to limit the size of their own families, and the community as a whole, which wanted all of its female members to reproduce abundantly. Despite their apparent concordance with the goals of the state, the women refused the government's contraceptive services. They continued to have many children instead. The discussion will consider both why these indigenous rural women did not act on the fertility desires they expressed and why the demographic policies of Mexico have met uncertain success; for the two are outcomes of the same phenomenon: an overriding cultural prohibition in that community against any kind of fertility control.

Background

The data presented here were collected in 1980–81 in a community I will call San Francisco, a Chinantec-Spanish-speaking *municipio* (township) located five hours by bus from the capital of the state of Oaxaca. The *municipio* was made up of a *cabecera* (head town) and a number of *ranchos* (hamlets) spread over a fifty-kilometer range. A year's participant observation was combined with interviews from a sample selected from the 336 adult women who lived in San Francisco. This sample consisted of 180 women selected to represent the age, residence, and linguistic background of the women. The husbands of the married women were also interviewed, a total of 126 men.

Historically, an important element in women's attempts to control their fertility was the use of medicinal plants. In addition to learning the respondents' reproductive desires and attitudes toward childbearing and child rearing, one aim of the interviews was to determine how the knowledge and use of such plants for management of reproduction and the maintenance of reproductive health were distributed and what might be the social implications of this distribution of knowledge before and after the Mexican government's introduction of modern birth control techniques. Demographic, economic, and health data were also obtained.

The *municipio* consisted of just over three hundred families of subsistence farmers who lived dispersed over its 18,300 hectares. Nearly two-thirds of the households (65 percent) cultivated the community's abundant communal landholdings in the tropical lowlands thirty miles east of the *cabecera*, or three hours from there by bus. The remainder used private

plots located either in the *cabecera* or in the highland territory that individual Franciscanos purchased in 1930 from a neighboring *municipio*, or they farmed in both places. About a third of the families (32 percent) lived permanently on lowland ranches while most of the rest divided their time between the town center and the lowlands. Although only 5 percent of the households worked solely for wages, another 80 percent reported cash income from at least occasional wage labor.

Most full-time *rancho* residents had regular contact with the *cabecera*. Men made the trip several times each year to attend mandatory town assemblies. Men were also required to reside in the head town during their terms of civil and/or religious community service (*cargos*), which required several years of full-time commitment over the course of their lifetimes. Women had no formal reason for regular visits to the *cabecera*, but they sometimes went during holidays. In addition, they were expected to help their husbands carry out *cargo* responsibilities and often moved with them to the *cabecera* during their husbands' terms of office.

Until about 1965, the *municipio* fit the model of a closed corporate peasant community,⁵ maintaining only sporadic contact with the world outside. Since that time, San Francisco's isolation had been sharply reduced by mandatory primary education, the construction of the Oaxaca-Tuxtepec highway and a feeder road connecting the *cabecera* in it, and a growing stream of migrants leaving the area for Oaxaca City, Mexico City, and the United States. Nevertheless, for many residents, daily life was much as it had always been: 42 percent of the women interviewed and 16 percent of the men had never been more than a few miles outside the community.

Women's attitudes toward pregnancy and children

Women in San Francisco expressed sharply negative attitudes about child-bearing and child rearing, an unexpected finding that is contrary to the results of most other studies of peasants' attitudes toward fertility in Latin America.⁶ While most research has suggested that peasant women want

⁵ Eric R. Wolf, "Types of Latin American Peasantry: A Preliminary Discussion," *American Anthropologist* 57 (1955): 452-71, and "Closed Corporate Peasant Communities in Mesoamerica and Central Java," *Southwestern Journal of Anthropology* 13 (1957): 1-18.

⁶ Clifford R. Barnett, Jean Jackson, and Howard M. Cann, "Childspacing in a Highland Guatemala Community," in Polgar, ed. (n. 1 above), 139-48; Paula H. Hass, "Contraceptive Choices for Latin American Women," *Populi* 3 (1976): 14-24; Jenifer Oberg, "Natality in a Rural Village in Northern Chile," in Polgar, ed., 124-38; Michele Goldzieher Shedlin and Paula E. Hollerbach, "Modern and Traditional Fertility Regulation in a Mexican Community: The Process of Decision-Making," *Studies in Family Planning* 12, no. 6/7 (1981): 278-96. John Mayone Stycos, *Ideology, Faith, and Family Planning in Latin America: Studies in Public and Private Opinion on Fertility Control* (New York: McGraw-Hill Book Co., 1971).

fewer children than they actually have, it has also suggested that, among these women, three to five children is considered the ideal family size and childlessness is considered a great misfortune. In San Francisco, a very different picture emerged. Among my study population, it was not unusual for women to volunteer that they would have preferred to remain childless or to have far smaller families than they did have. (Sixty of the 180 women interviewed had five or more children.) Sixty-three percent believed that there were women in their community who would choose childlessness if they could. As one informant explained, "The women without children, they're the smart ones"; and yet, as we shall see, choosing childlessness was socially very problematic.⁷

The differences in fertility desires between women and men in San Francisco underscored the women's negative attitudes. Respondents were asked whether they wanted to have more children. The majority of both sexes who still considered themselves of childbearing age said they wanted no more (see table 1), but women were satisfied with far smaller families than were men. The overwhelming majority of the women (80 percent) who had at least one living child said they were content with their present family size. Moreover, of the small number of childless women ($N = 9$), one-third indicated that they were satisfied to remain so. However, most of the men who were satisfied with family size had at least four children (60 percent), and of the childless men ($N = 6$), none indicated that he was satisfied.

Women with large families said they resented the demands of child care and the limitations it placed on them. Many saw children as a burden. They considered them too much work, too hard to raise, a source of problems, "war," and domestic strife. They viewed children as pesky disturbances who kept them tied to the house. One woman told me, "[The people of the community] want us to have many children. That's fine for them to say. They don't have to take care of them and keep them clean. My husband sleeps peacefully through the night, but I have to get up when the children need something. I'm the one the baby urinates on; sometimes I have to get out of bed in the cold and change both our clothes. They wake me when they're sick or thirsty, my husband sleeps through it all."

This resentment was balanced to some extent by the women's perception of advantages associated with children. They particularly valued the physical and emotional companionship of their children, in part because the women were extremely reluctant to be at home alone, especially at night. They feared ghosts, phantoms, and spirits and worried about drunks reputed to harass solitary women. Women also tried to avoid going alone on errands out of town, for they feared wild animals and unknown men.

⁷ It should be noted that the women's professed negative attitudes toward childbearing and child rearing generally were not apparent in their behavior toward their children.

TABLE I FERTILITY GOALS OF ADULTS IN A MEXICAN *Municipio*, 1980

Living Children (N)	Women				Men			
	No	Yes	Total	Yes (%)	No	Yes	Total	Yes (%)
0	3	6	9	67	0	6	6	100
1	7	4	11	36	3	3	6	50
2	9	4	13	31	5	5	10	50
3	16	7	23	30	10	13	23	57
4	11	3	14	21	13	2	15	13
5	11	3	14	21	6	4	10	40
6+	31	1	32	3	23	1	24	4
Totals	88	28	116	24	60	34	94	36

NOTE.—Number of responses to the question, "Do you want more children?" by number of living children. The remaining responses among women and men are: Women (N = 180): too old, 47; no husband, 8; ambiguous, 3; missing data, 6. Men (N = 126): too old, 25; ambiguous, 3; missing data, 4. (The response "no wife" was not possible since all men in the sample were the husbands of women interviewed.)

They always sought out a child—their own or someone else's—if no other companion could be found.

Overall, however, most Franciscanas did not perceive much practical advantage in rearing large families. There was little economic benefit seen, for the women considered their offspring lazy or too busy with other activities to be of much help. Since mandatory school attendance was strictly enforced in San Francisco, and children were encouraged by school authorities to attend frequent after-school activities, mothers often felt saddled with chores that their children should have done. Although women hoped their offspring would care for them in their old age, the expectation that they would actually do so was changing as children left the village to find employment elsewhere. Interestingly, mothers expressed greater support for their children's migration than did fathers.⁸ Nevertheless, the women felt disappointed when they realized that they had been forgotten at home.

In addition to resenting the hard work of raising children and the frustrations of its uncertain rewards, the women in this sample saw frequent pregnancies as physically stressful and even debilitating. In their view, much of a woman's blood supply during pregnancy was devoted to nourishing the developing fetus. This left their own bodies unbalanced and susceptible to the large number of disorders that could be caused by penetration of cold and *aire* (air, winds). They also saw parturition as a threat to their health, believing that, during childbirth, the womb—and the rest of the body—must "open" to expel the newborn and that this process increased the body's already heightened vulnerability to *aire*.

⁸ C. H. Browner, "Gender Roles and Social Change: A Mexican Case," *Ethnology* 25, no. 2 (April 1986): 89–106.

Postpartum complications were common among Franciscanas. Of the 180 interviewed, two-thirds reported at least one. They ranged from conditions the women considered relatively minor, such as facial swelling and backaches, to such serious conditions as uterine prolapsis and uncontrolled bleeding. Emotional complications were sometimes mentioned as well. For instance, one woman reported that, after the birth of her second child, she was unable to tolerate criticism from her husband's relatives, with whom she and her family then lived. "I wanted to get up and run and run, I had no idea to where," she told me. In addition to the complications of pregnancy per se, women also feared that frequent childbirth and short birth intervals caused menstrual hemorrhaging, exhaustion, and early death. There are no reliable data on postpartum mortality for this particular population, but examples existed in the memories of all women interviewed.

The women's illness experiences that were not related to pregnancy reinforced their understanding that frequent pregnancies harmed their general health. Those who had had four or more pregnancies were significantly more likely than the rest to report at least one serious illness ($\chi^2 = 7.06, P < .001$). Even when age was controlled for, this pattern occurred. Women with four or more pregnancies were also significantly more likely to report a greater number of minor health problems overall, including headaches, backaches, breast problems, and *coraje* (anger sickness; $\chi^2 = 6.38, P < .025$). Again with age controlled for, women who had had four or more pregnancies were less healthy overall than women who had had fewer pregnancies.

The case for large families

Despite the desires of many Franciscanas to have few (or no) children, they did not think that they could actually do so. The pressures on them to reproduce were simply too great to ignore. These pressures came most often and overtly from the community's men, who argued that a populous community was vital to the defense of the collectivity and its interests. Women were another source of pressure. Although most wanted few children themselves, they felt that other women were obligated by the needs of the collectivity to bear many children.

Maintaining a sufficient population base was a constant source of concern. San Francisco was surrounded by communities that coveted its comparatively large landholdings. It needed a sizable male population to defend its borders in case of armed attack by neighboring enemy communities who still threatened the *municipio*. One particularly bloody battle in the 1950s claimed the lives of thirteen Franciscanos. Residents also felt threatened by indications that the federal government might resettle

members of other communities or ethnic groups onto San Francisco's lands or allocate territory to other *municipios* that were litigating for it because, unlike many rural *municipios*, San Francisco had more land than its population required. Residents were also concerned about the regional government's proposals to consolidate San Francisco with neighboring *municipios* because it was considered far too small to remain independent. The most likely of these plans would combine San Francisco with its most hated and feared enemy.

A number of endogenous factors also threatened the community's population base. Despite the presence in the *cabecera* of two government health centers, disease continued to take a significant toll. The rate of infant mortality in the state was one of Mexico's highest. On average, deaths from all causes in San Francisco had not declined during the past fifteen years.⁹ Migration from the community to the state and national capitals and to the United States was also taking increasing numbers of the most able-bodied women and men. In the past two decades, the state of Oaxaca had experienced Mexico's highest rate of out-migration, suffering a net population loss of 290,000 between 1960 and 1970 alone. Because this trend had continued, Oaxaca's population had grown more slowly than that of any other Mexican state.¹⁰ San Francisco had been acutely affected by these broader demographic trends. Of the women interviewed whose children were grown, nearly two-thirds reported having at least one child who resided outside the *municipio*, and more than one-fourth reported that all their grown children lived elsewhere.

Half of San Francisco's adult population was now over forty years old. As a result of this aging trend, an increasing proportion of the population were experiencing declining physical strength and productivity, which residents felt boded ill for the community's future. One concrete and very important manifestation of these difficulties was the inability of the *municipio* to find enough men to fill the annual eighteen-man quota for civil and religious *cargo* positions. Moreover, there had been increasing pressure for independence from San Francisco on the part of some of the lowland *rancho* subcommunities (*agencias*); two had already won semiautonomous status from the regional government, and at least one of these was continuing to press for even greater independence.¹¹ All of these trends led residents of San Francisco to worry about the collectivity's future and to seek ways to diminish the impact of depopulation.

⁹ Arthur J. Rubel, "Some Unexpected Health Consequences of Political Relations in Mexico" (paper presented at the eighty-second annual meeting of the American Anthropological Association, Chicago, 1983).

¹⁰ Consejo Nacional de Población México (CONAPO), *México demográfico: Breviario* (Mexico City: CONAPO, 1979), 52, 78. More recent statistics on out-migration are not available.

¹¹ Anselmo Hernandez Lopez, personal communication, Oaxaca, Mexico, 1981.

The birth control tree

Although some of the reasons for the depopulation of San Francisco were new, concern about the size and strength of the collectivity was not. The conflict between the collective desire for a large and populous community and individual women's wishes to have few children had had a long, dramatic history in the *municipio*.

On many occasions during my fieldwork, men told me how, some twenty years before, they had cut down a tree whose bark was used by women as a contraceptive. They needed to eliminate the tree, they said, because so many women were refusing to bear children. This is the story the men told: Not far from the town center and just off a popular path to the lowland hamlets was a tree without a name. Its bark turned red when stripped from its trunk and was said to prevent conception. The large old tree was the only one of its kind known to the people of San Francisco. "Who knows where the seed came from," said one elderly resident; "strange it was the only one." Women who wished to avoid pregnancy brewed tea from the bark and drank it prior to intercourse. This would "burn" their wombs and render them temporarily sterile. This tea was dangerous and powerful, "like poison," some said. It could kill an incautious user. Women who drank the tea several times grew emaciated and weak. Even if they subsequently wished to bear children, as many as eight years might pass before a pregnancy.

Some said the users went secretly at night to get bark from the tree. Others thought that itinerant peddler women from an enemy town secretly sold Franciscanas strips of the dried bark along with other wares. Said one man, "It was they who deceived our women into not wanting children because they didn't want our town to grow."

A group of San Francisco's men were at work one day cutting back brush from the path that passed near the tree. They could see it from where they worked, almost stripped of its bark from frequent use. "Let's get rid of it," one of them said quietly; "we must have more children in this town." The others quickly agreed. "So," explained one who had been there, "we cut down the tree and tore its roots right out." They used the trunk to restore a nearby bridge in disrepair and returned home tired but satisfied with their work. (In an alternate version of the story, the men saw the tree, were angered, and stripped it entirely of its bark, causing it to die.)

I asked some of the men who said they were responsible for the act why they had killed the tree. "We were angry," one told me. "The women weren't having babies. They were lazy and didn't want to produce children." Another said that the women "had stopped making children. We were working hard with our men's work, but they weren't doing any of their women's work." One who said he remembered the incident explained that "the town was small and we wanted it to grow. We wanted a

big town and we needed more people. But the women wouldn't cooperate." A woman I interviewed saw the men's motives differently. "The men depended on the women," she said. "They couldn't have their children by themselves. But the women were walking free. The men pulled out the tree to control the women so they'd have children for them."

My research in San Francisco led me to ask often about the birth control tree. Every man I asked had heard of it although none could tell me its name or show me one like it. These days, they explained, people seldom passed the spot where it had grown because a better road to the lowlands had been built. After weeks of asking, I nearly concluded that the tree was only a myth. Persistence finally led me to a woman who said her husband could show me the tree. He was more than reluctant to comply. "What if people found out that it has grown back?" he said. "What if they began to use it again? Then what would happen to the town?"

I continued to press him. Finally, he said he would not show me the tree but would take my field assistant's nine-year-old son to see it. The boy could later lead me to the spot. During the same period, one of the men who said he had participated in the destruction of the tree agreed to see if it had possibly regenerated. During different weeks, each of the two informants independently led me to the same clump of *Styrax argenteus*. As the second man showed me the abundant young growth, he expressed surprise that several had grown where only one had been.

The women I asked about the tree were consistently less informative than the men. While all the men knew of the birth control tree, the majority of women said they had never even heard of it, let alone used it to avoid pregnancy. The men did not believe the women were as ignorant as they claimed. I asked one man how the men had learned of the tree if the women had used it only in secret. He replied, "Of course the women think they have their secrets. But we men were able to find out. They have no secrets from us."

The women's responses to pressures to reproduce

There are several morals to this story, but the inevitability of negative reactions to behaviors that place individual interests above those of the collectivity is a very important one. In San Francisco, married women with few or no children were seen as selfish and socially negligent regardless of whether their low fertility was natural or willfully induced. Such women were particularly vulnerable to gossip, much of which centered on their fertility behavior. They were sharply and repeatedly criticized for causing miscarriages and using contraceptives. Some were even accused of infanticide. All of their acts were carefully monitored by relatives and other interested parties to detect any efforts to avoid pregnancy. For example,

lemon juice was widely regarded as a contraceptive and an abortifacient.¹² After failing to conceive during her first year of marriage, one woman fell subject to her mother-in-law's constant gossip and criticism for avoiding her reproductive responsibilities by eating too much of the fruit. Another woman determinedly broke her young daughter of the habit of enjoying lemons, for she feared that they would damage her daughter's fertility.

Women with small families were susceptible to gossip about marital infidelity, which diminished the social status of their husbands as well. As a middle-aged mother of six explained, "The women who are most likely to go with other men are the ones who don't have much work to do. They have time for sex. But if you have a lot of kids like I do, you have to work very hard all the time. The tiredness takes over at the end of the day and you don't have time to think about the husbands of other women. You don't have time to go out looking for men." The targets of such gossip attributed it to envy of the relative wealth and freedom they enjoyed as a result of having small families—and they adamantly denied that their low fertility was due to contraceptives.

Contraceptives were, however, readily available at the town's two government-run health centers; one even provided the services free of charge. The Mexican government's interest in lowering its national birth rate had led it since 1972 to promote family planning aggressively.¹³ The walls of both clinics were decorated almost exclusively with posters demonstrating the benefits of small families and *paternidad responsable* (responsible parenthood).¹⁴ They were written in simple language with humorous illustrations. The text of a typical one read: "What will happen when we are more? We will have less money . . . less food . . . less education . . . less space . . . less clothing . . . less peace. You can avoid these problems if you plan your family. Now planning is easier! Consult the family doctor at the Social Security Clinic although you may not be insured. *The consultation is free.*"¹⁵ Each clinic assigned its staff monthly

¹² C. H. Browner and Bernard Ortiz de Montellano, "Herbal Emmenagogues Used by Women in Colombia and Mexico," in *Plants Used in Indigenous Medicine: A Biocultural Approach*, ed. Nina Etkin (New York: Docent Publishers, 1986), 32–47.

¹³ Victor Urquidí et al., *La explosión humana* (Mexico City: Litoarte, 1974); Frederick C. Turner, *Responsible Parenthood: The Politics of Mexico's New Population Policies* (Washington, D.C.: American Enterprise Institute for Public Policy Research, 1974).

¹⁴ This official slogan of the government's population control program was chosen to emphasize the concrete advantages of small families to individual couples rather than the macrodemographic benefits of a reduced national birth rate (Terry L. McCoy, "A Paradigmatic Analysis of Mexican Population Policy," in *The Dynamics of Population Policy in Latin America*, ed. Terry L. McCoy [Cambridge, Mass.: Ballinger Publishing Co., 1974], 377–408, esp. 397).

¹⁵ Mexico City: Instituto Mexicano de Seguro Social (IMSS); italics in original. In the mid-1960s, the government's Social Solidarity Program (*Solidaridad Social*) extended the social security health system to cover the health needs of some rural areas. Family planning services were part of the coverage.

inscription quotas for new contraceptive users. Health center personnel were expected to undertake house-to-house campaigns to introduce fecund women to modern birth control techniques.

Overwhelmingly, Franciscanas rejected these government services. For the period between January 1980 and February 1981, records from the two clinics indicated that thirteen Franciscanas initiated contraceptive use—only 7 percent of women between the ages of eighteen and forty-five. These women used contraceptives for an average of just 3.5 months before stopping, and only one continued using contraceptives for longer than six months.

When I asked several who said they wanted no more children why they did not seek the means to avoid pregnancy, they revealed an extreme reluctance to engage in socially disapproved behavior. Some indicated they would never consider obtaining birth control from government clinics because they would be ashamed to be publicly “registered” as a user of contraceptives. This same fear of community censure led women to avoid other means of fertility control and even the kinds of behavior that could be construed as attempts at fertility limitation. When I naively asked one of the town midwives if she had ever been asked to perform an abortion, she looked at me and said, “They wouldn’t dare.” Similarly, a Franciscana suffering from menstrual delay was afraid to inquire locally for a remedy. Even though she was convinced that she was not pregnant, she was sure she would be accused of abortion if she took a remedy to induce menstrual bleeding.

The women responded to these pressures to reproduce not simply by refusing to use contraceptives but also by denying they knew anything whatsoever about ways to limit fertility. It seemed they felt that merely possessing information would be interpreted as evidence of their malevolent intentions. When I asked women the direct question, “Do you know of any herbs or other remedies that can be used to avoid pregnancy?” only 11 percent mentioned specific techniques such as the infamous birth control tree. Another 6 percent said they believed that ways existed but knew of none themselves. The remaining 83 percent said they believed there were no traditional ways to avoid getting pregnant. An even larger proportion (86 percent) said they knew no ways to induce an abortion. Even Franciscanas who considered themselves authorities on a great many subjects pleaded ignorance when it came to birth limitation.

Denial, however, did not necessarily imply ignorance. Probes revealed that 60 percent who had initially said they knew no ways to limit births had at least heard of the existence of techniques for fertility limitation. The vast majority of these respondents named modern rather than traditional methods and the responses were often quite oblique. For example, to the questions, “Is there *anything* that can be done to not have children if one doesn’t want to have them? If so, what things?” typical responses were:

“Yes, in the health center”; “I know the doctor has some”; “They say there are pills, medicines.” Other replies explicitly identified the government as the source of contraceptives, shifting the question away from indigenous techniques for birth limitation to methods made available from outside the community. For example, “These days the government doesn’t allow people to have so many children. It gives them medicines so they won’t”; and “There used to be lots of herbs. Now, the government sends us doctors.”

Yet none of the affirmative responses to the questions about knowledge of birth control could be interpreted as endorsements of contraceptive use. No respondent seemed to regard the available fertility-limiting techniques as liberating or as helping them to achieve their expressed goals of having small families. In fact, when responding affirmatively to the probe concerning their knowledge of contraceptives, the women would frequently volunteer a disclaimer in an apparent effort to dissociate themselves even further from the information, even though the probe did not concern their own experiences with contraceptives. For instance; “Well, yes, I have heard that there are medicines available, but I haven’t tried them”; “Yes, there are remedies in the health center, but I haven’t looked into it”; and, “They say there are medicines in the health center, but I myself haven’t used any.” Even most of those few in my study population (four out of six women) whose health center records revealed a history of contraceptive use strenuously denied use when directly asked during interviews.

Others told me with extreme caution what they knew about contraception. Some who during interviews had denied all knowledge of contraceptive methods subsequently came to my house to tell me about plants or other techniques that had previously “escaped” their memories. Even knowledge that seemed to me benign was very reluctantly conveyed if it pertained to birth limitation. For example, after initially denying she knew any remedies to induce an abortion, one woman reconsidered and whispered, “I don’t know if this would really work, but some say that it can: carrying heavy loads, carrying heavy tumplines of firewood every day, doing a lot of laundry. It’s said this can make one abort.” Although this idea might be inferred from the circumstances under which miscarriages were observed to have occurred, women carefully guarded even this much knowledge, for they feared it would be incriminating.

Implications of the research

These data shed light on the context in which a national population planning program was experienced in a rural indigenous community. The context was political, economic, civic, and cultural. On the part of the Mexican government, the decision to promote family planning among

indigenous populations was politically delicate, for many Mexican nationalists regard the preservation of their Indian cultural heritage as fundamental to their cultural identity as Mexicans, and aggressive programs to limit the growth of indigenous groups may be perceived as cultural genocide.¹⁶ However, because economic development could not keep pace, the need to check population growth proved more pressing than the state's concerns with the politics of ethnic preservation. Terry L. McCoy has shown, moreover, that the recognition that the government could be destabilized by unchecked growth among less than fully loyal social classes and cultural groups provided significant impetus for the Mexican population policy.¹⁷ In Mexico, as in other developing countries, such policies are used to further state consolidation.

A reduction in San Francisco's rate of population growth was, as we have seen, the last thing the male guardians of the collectivity wanted. While appreciating the value of birth control for the nation in the abstract, and in some cases even wishing for relatively small families themselves, the men unambivalently rejected family planning for the people of San Francisco. In contrast, the women were caught between their desires to have very few children and inexorable local social pressures to be prolific. Because of this pressure, government family planning services could not help the women achieve their own fertility goals. In fact, the existence of these services may have made it even more difficult for the women to practice covert fertility limitation: with the availability of modern contraceptives in the community, women fell under even more suspicion than before.

It has all too often been assumed that women's reproductive goals could be understood by analyzing those of the larger collectivities of which they are a part. However, when collectivities have specific fertility goals, it is reasonable to expect that these goals will conflict with the reproductive desires of at least some of the female members of the group. The extent to which women successfully implement their individual fertility goals depends on a number of factors that vary according to the characteristics of the particular society in which they live. These include the nature of the gender-based power relations and the extent to which women feel they can support one another in controversy. In stratified societies, issues related to social class and ethnicity also play a part, and women may be torn by conflicting sets of interests.¹⁸ Studies that fail to consider *both* these broad

¹⁶ [Gonzalo] Aguirre Beltrán, *Obra polémica* (Mexico City: Instituto Nacional de Antropología e Historia, 1976); Luis Leñero Otero, *Valores ideológicos y las políticas de población en México* (Mexico City: Editorial Edicol, 1979), 115–17.

¹⁷ McCoy, 377–408.

¹⁸ Floya Anthias and Nira Yuval-Davis, "Contextualizing Feminism: Gender, Ethnic and Class Divisions," *Feminist Review* 15 (Winter 1983): 62–75, esp. 70–71.

sociopolitical conditions and the interests and desires of individual women will understate the complexity, misrepresent the realities, and yield questionable conclusions about reproductive policy and reproductive behavior.

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