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Ethnography and Biopolitics: Tracing 'Rationalities' of Reproduction across the North-South Divide

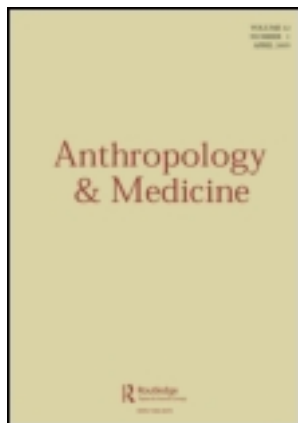
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Introduction. Ethnography and biopolitics: tracing ‘rationalities’ of reproduction across the north–south divide

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This collection of papers assembles the work of international ethnographers plying their painstaking methods in different nooks of the world. Their projects collectively confront tyrannies with truths. Such endeavors are not easily accomplished, for the truth about reproductive politics that these papers expose has largely lingered in the shadows of family planning and its rationalist paradigm.

This special issue reveals how rationalities concerned with reproductive and sexual bodies arise and circulate over historic time and across social spaces. Despite wildly different contexts, remarkable similarities crosscut the ‘global North’ and ‘global South’. The papers draw attention to the ways in which policies and practices differ in their specifics yet also unpredictably mirror one another in general ways. As these biopolitical rationalities change over time, new tactics, truths, and moral regimes emerge. In parallel, they transform subjectivities and foment strategies of negotiation, contestation, and resistance.

To offer intellectual glue, this introduction has three objectives: (1) to situate these papers in the context of biopolitics and clarify what has become a somewhat catch-all, hazy concept; (2) to specify the relevance of ethnography for enacting a ‘genealogical method’ in order to question assumptions about rational reproduction; and (3) to illuminate themes that emerge in an epistemic moment in which neoliberal ideologies of privatization and other forces of globalization influence social spaces in the ‘global North’ and ‘South’.

One of the most salient global shifts in the past decades stems from trends of declining fertility. Population policies targeted at reducing births have waned. Given that those policies were promoted in the guise of modernity, development, and linear notions of progress (Greenhalgh 1995), one might imagine that debates over reproductive practices would have largely vanished. Instead, the tired neo-Malthusian key has shifted to a neoliberal register in which reproductive politics aim at defending, granting, and enhancing individual or collective rights

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and wellbeing. These include an intensification of the rights of the unborn and a deepening of economic and social inequalities. The papers collected in this issue attest to the myriad ways in which different biopolitical rationalities strive to discipline knowledge, embodied practices, and ‘life as such,’ meaning life understood as how it is ‘lived through a body (not only through cells) and as a society (not only as species)’ (Fassin 2009, 48). They also show how individuals struggle to satisfy their reproductive desires – to have, to accept, or to avoid having children – and to embrace, question, or contest expert interventions and surveillance. Paradoxes abound.

Biopolitics refreshed

The concept of biopolitics arguably finds its intellectual roots in Thomas Malthus’s (1798) *An essay on the principle of population*, with a critical response some six decades later in Karl Marx’s (1906[1867]) writings in *Capital* elaborating on the population–poverty relationship, and contemporary formulations a century later in the work of Michel Foucault (1990[1978]), particularly his *History of sexuality, Vol. 1*. In turn, contemporary scholars have been interested in the linkages between the construction of scientific problems and the ways in which governmental or biomedical practices elaborate on those defined problems (e.g., Horn 1994, 7; see also Fassin 2010, Greenhalgh 2003, Martin 2001[1987], Rapp 2000, Rose 2007). The objects of scholarship have undergone dramatic shifts toward examining what Ian Hacking described as ‘the public life of concepts and the ways in which they gain authority’ (Hacking 1990, 7 cited in Horn 1994, 7).

To lend perspective to the ways in which the science of family planning gained authority, and its old relationship to class conflict and inequality, it is worth turning briefly to some old and dusty intellectual history. Malthus, of course, used neither the term biopolitics nor biopower but his work was a precursor to both. He viewed high fertility as a sign of ignorance and moral bankruptcy and a justification for policies designed to give the poor their just desserts: starvation. He argued against the Poor Bill’s stipulation to allow ‘a shilling a week to every laborer for each child he has above three’ (Malthus 1798, 42), reasoning that it would not result in the intended effect to improve the life of the poor but rather its opposite. He argued not for abstinence but for regulation, especially in the form of ‘preventive checks’, such as delayed marriage and celibacy before marriage (see Schneider and Schneider 1996, 18–22). Ultimately, people had to exercise moral restraint in order to counter the ‘laws of nature’, a term used to describe ‘the passion between the sexes’, which for Malthus was immutable over time (Malthus 1798, 40). Clearly, attempts at defining moral regimes through governance have a long history.

It is worth pointing out that both Malthus and Marx were population pessimists in that both viewed big populations in a negative light against Adam Smith’s wealth of nations or, say, Mussolini’s urge to stimulate population growth. Both viewed high fertility and widespread pauperism as depressing wages. They saw inverse relationships between wages and population growth. The similarities ended there, to put it simply. When it came to the issue of surplus population – or too many people – Malthus attributed the causes to the eternal law of population whereas Marx emphasized the historical laws of capital. Regarding public assistance, Malthus viewed the poor laws as hampering happiness among the commoners

(Malthus 1798, 29) whereas Marx described the assault on these laws as a war on the proletariat. Indeed, Marx (1906, 703–11) viewed surplus population as necessary for capitalism, keenly criticizing efforts to retain and exploit reserve armies. Class interests in managing populations were thus revealed.

The concept of *'biopolitics of the population'* (Foucault 1990[1978], 139) elaborates on both of these major works albeit in a very different historical moment and style of intellectual production. Foucault demarcated a shift in the exercise of power in Western societies. The old form privileged the sovereign ruler in his role to determine death; the new form witnessed a diffuse form aimed at administering life. In Foucault's theories of State political activity, the quality and quantity of those inhabitants living in a given territory became essential. Attention came to focus on the ways in which modern forms of government counted and managed populations through a variety of techniques to 'know' the aggregate. Turning the population into an 'object of knowledge' ultimately then allowed for justifications to enact 'normalizing interventions', as Susan Gal and Gail Kligman (2000, 19) have observed. Modern power has certain characteristics: it 'exerts a positive influence on life that endeavors to administer, optimize, and multiply it, subjecting it to precise controls and comprehensive regulations' (Foucault 1990[1978], 137, also cited in Rabinow 1984, 259, discussed in Gal and Kligman 2000, 17–20 and Oksala 2007, 82–3).

Thus, biopolitics are never stagnant. They are the State in action. Here, the State is not merely a unitary, static thing but a set of practices involving all of its legislators, all of its inhabitants. Tactics of biopolitics bounce like a video game character off two crucial poles – 'disciplines of the body' and 'regulations of the population' – for it is here that a certain 'power over life' has been and continues to be organized and deployed (Foucault 1990[1978], 139). These particular techniques cannot be taken-for-granted; their limits can never be predicted. On the one hand, biopolitics allows for conceiving power as not merely top down but as diffuse, such as when individuals become subject to norms of behavior and may internalize those norms yet also modify them as they do so. On the other hand, biopolitics reminds us of the importance of expert practices such as statistics in shaping policies and exercising power geared at the 'large-scale phenomena of population' (Foucault in Rabinow 1984, 260).

Foucault's work has had a powerful influence on feminist anthropologists and others who have sought to connect large-scale global influences with local practices and experiences, often with keen attention to manifestations of 'stratified reproduction', as Faye Ginsburg and Rayna Rapp (1995) note in their volume *Conceiving the new world order*. Indeed, the debates, practices, and policies surrounding acceptable terms of reproduction illuminate a politics of embodiment writ large (after Lock and Farquhar 2007). In modern nation-statecraft, as Gal and Kligman (2000, 15) have suggested for Eastern Europe, reproduction is not simply limited to the private domain but plays a central role in the spheres of politics, the State, and civil society.

The papers collected in this special issue enrich this literature with a comparative perspective. From post-socialist Europe to Western Europe and the hinterlands of Asia, to the cores and peripheries of Latin America, distant places reveal patterns of paradox. Particularly stunning is that in these diverse contexts, women, as the main target of reproductive policies, are often stigmatized regardless of their

behaviors: for postponing motherhood, for embracing childlessness, or for having children. Even so, women are not ‘docile bodies’. On the ground, biopolitics rarely go unnoticed and uncontested.

Ethnographies of biopolitics

The painstaking and often heartbreaking observations contained in these papers reveal concrete examples of upsetting the tyranny of globalizing discourses (after Foucault 1980). Illuminations result from thorough, meticulous, and conscientious research. Such work consumes time and energy. It is not easily bounded, nor is it easily concluded. The centrality of reproduction continues to bear profoundly on the ongoing projects of nation-building and subject-making, and to remind of technologies concerned above all with the management of life. Countering such modern forms of power entails, as Foucault predicted, ‘a painstaking rediscovery of struggles together with the rude memory of their conflicts’ (Foucault 1980, 83). The lived experiences revealed in these ethnographic accounts, from points North and South, remind us that women around the globe continue to experience conflict related to their reproductive practices, and that more than babies are at stake. Citizenship, personhood, rights – the most basic elements of being human coalesce in the realm of fertility politics. This is biopolitics in all its glory. The comparative context exposes all matter of contradictions, and yet the impulse to manage life persists.

One imagines Silvia De Zordo sitting in clinic hallways, listening attentively to working-class black women in Brazil, their memories heavy with neo-Malthusian ‘gifts’ such as tied tubes in exchange for the ‘right’ to vote. One sees Joanna Mishtal carrying out interviews with 55 women reeling from Poland’s neoliberal restructuring, sharing raw recollections of job discrimination and fears of pregnancy. In Italy, one follows Milena Marchesi through the streets of Milan marching in a mock funeral for the unfertilized egg in protest of a new fetal burial law and listening to feminists grapple with attacks on their personhood against a backdrop of cries of a ‘country dying from low birth rates’. One senses Andréa Cardarello’s entanglements in Brazil with officials who morally and judicially sanction seizing children from their downtrodden mothers and fathers in the name of legal ‘adoptions’ geared at fighting poverty. In Northern Pakistan, one pictures Emma Varley in a battlefield of new attempts to deliver Islamic perspective on family planning.

The evidence resonates. The end of history has hardly arrived when it comes to reproduction (cf. Fukuyama 1992). Some major trends in population might have tempted one to think that population is a finished topic. Fertility is declining in most parts of the world. Overpopulation doomsayers have revised their alarms. The United Nations has lowered its prediction of peak world population to 9.2 billion in 2050. Predictions are less dire than back in the day of Paul Ehrlich’s (1968) *Population bomb*. Actual reproductive practices will bear on whether global population reaches or exceeds that prediction. If that’s all fertility were about, the story would have been over long ago. The tropes of population gloom persist. The biopolitics of reproduction rage. They inspire resistance.

Moments of contestation are especially vivid because these ethnographers merge large-scale with small-scale phenomena. They track back and forth between large-scale phenomena – statistics, discourses, policies, and ‘expert’ interventions – and

small-scale consequences on those who are the subjects of biopolitics. This captures the essence of genealogical research. These papers lend themselves to the power of a social-genealogical method in two senses of the term, one literal, the other figurative. First, the literal: they are genealogical in that their point of departure results from changes in patterns related to family descent. Where branches on the genealogical trees are shrinking, trouble brews. Where branches on the genealogical tree are growing, trouble brews. Conclusion: trouble brews. Reproducers are subject to State surveillance and criticism whether in the lowest-low fertility contexts of Europe, relatively new low-fertility contexts of Latin America, or high-fertility contexts of Islamic Asia. The ongoing gaze appears to be pre-programmed into the workings of biopower.

Second, the figurative: these ethnographers merge subjugated with erudite forms of knowledge (after Foucault 1990[1978]). The targeted subjects share a backdrop of demographic science, considered a highly legitimate and authorized form of expert knowledge, particularly when compared with quirky, unpredictable, narratives collected in marginal spaces and concerning messy, even embarrassing, topics atypical to science.

Furthermore, these papers contain compelling evidence for why ethnographers must strive to avoid the empiricist fallacy. As Paul Willis and Mats Trondman (2000:12) remind in their manifesto to ethnography, ‘the “nitty gritty” of everyday life cannot be presented as raw, unmediated data’ (Willis and Trondman 2000, 12). Those working in the sphere of fertility are particularly susceptible to falling victim to this fallacy. Researchers are bombarded with numbers that appear hard and real, numbers that claim to display the truth – whole and unmediated – through startling statistics. Reproductive practices that manifest within specific numeration contexts lend themselves to facile cause-and-effect explanations. Caution should be the guide.

Poorer societies historically had high fertility rates, yet all kinds of economic/modernization conditions existed at the time of demographic transition. The Princeton European Fertility Project’s historical demographers disproved their hypothesis that modernization drove the onset of fertility decline (Coale and Watkins 1986). In the end, they pointed to cultural factors. Painstaking ethnographic work pushes cultural complexity. It is not the empirical facts themselves that cause fertility to decline or rise. It is people’s particular responses and local expectations that matter, and how those intersect with large-scale exercises of power. Taken together, these papers allow us to wipe clear the woolly concept of biopolitics and remind us of its relevance as a tool to analyze forms of power that write themselves onto and into bodies.

Common and uncommon themes

The papers in this issue give much-needed attention to the ‘materiality of population’ as Jennifer Johnson-Hanks calls for in an *Annual Review of Anthropology* piece on ‘Demographic transitions and modernity’. There, Johnson-Hanks (2008, 8) discusses ‘vibrant literatures at the margins of population processes, both on the discourses of population and biopower/biopolitics’, citing authors as diverse as Agamben (1998), Foucault (1990[1978], 2004), Greenhalgh and Winckler (2005), Krause (2005), Paxson (2004), and Rose (1996, 2007), and suggesting that what these literatures need to enhance them is direct ‘engagement with the study of population size,

structure, and rates of change, that is, with the materiality of population, and not only the discourses about it’.

These case studies ground the abstract concept of biopolitics. Taken individually, there are wide variations in the degree to which a biopolitical scaffolding frames the analysis. Taken as a whole, they provide examples of the ways in which discourses, practices, and policies about population manifest in people’s lives in very gendered ways, how people and actors come to negotiate these forces, and why it all matters.

Exposures

What does a focus on biopolitics expose about how fertility-related discourses, practices, and policies manifest in people’s lives? Discipline and surveillance emerge as overarching themes common to many of the case studies in this special issue. This may come as a surprise given the general shift in family planning from population-control to empowerment and rights. On a general scale, the disciplining measures and related surveillance of gendered and sexual bodies aim to get people to conform to norms related to contraception and reproduction across geopolitical contexts. At a specific level, the targets and strategies expose a surprising range of overlapping consequences: how women and couples experience stigma for not adhering to narrow norms; how accusations of irrational behavior take shape; and how new stakes for ‘reasonable’ and ‘responsible’ reproduction are cast.

Mishtal’s spotlight on mechanisms of discipline and surveillance in Poland contrasts the socialist era with the postsocialist moment, exploring what she defines as ‘the postsocialist logics of motherhood’. She compares biopolitics under socialism with the biopolitics of neoliberalism. Under State socialism, there existed generous State welfare provisions. In the neoliberal era, many of those provisions were eliminated in ways that hit women and would-be mothers particularly hard, reducing family and maternity benefits, and largely abolishing worker job security in favor of deregulated markets. Since then, experts have come to place center stage a demographic crisis of low fertility and aging. To manage the situation, postsocialist policies have embraced a Catholic morality and attacked reproductive rights: criminalizing abortion, limiting contraception, and eliminating sex education; meanwhile, discourses reverberate that accuse women of being irrational non-reproducers.

What emerges from this paper and others is the whirl of stigma related to the number of children women have, regardless of socioeconomic status or ethnic identity. Mishtal’s paper points out an important shift in biopolitical rationalities operating in low-fertility European countries. Here, ‘reproductive stigma’ does not affect only the poor – immigrants from rural areas in the past, immigrants from the ‘global South’ in the present – or minority groups. Roma women are particularly stigmatized, in Poland, for their high fertility rates and perceived as a threat to the nation’s social and religious cohesion and identity. Moreover, stigma extends even to middle-class Catholic women. These Polish women find themselves in a double bind of stigmatizing forces: If they do not have children or postpone motherhood, the State and the Catholic Church labels them as selfish, anti-patriotic, and anti-Christian; if they have more than one child, their co-workers view them as irrational, and their employers discriminate against them.

Similarly, in Italy, experts from demographers and physicians to conservative politicians label and thus stigmatize Italian women as ‘irrational’ if they postpone

motherhood to prioritize their professional training or jobs, while migrant women are stigmatized as 'irrational' for having too many (foreign) children, but also for having too many abortions. The rigid politics of life operating in Italy supported by the Catholic Church and sympathetic politicians, defends the 'life' and the rights of the embryo and the ideal Catholic family at all costs. As a result, women who do not have children or who postpone motherhood are stigmatized, as are infertile women and couples who confront a restrictive law on medically assisted technologies, which excluded single women and same-sex couples.

Shifting to points South, the price of stigma literally has cost some poor Brazilians their children, given up for international adoption mostly to European (and 40% to Italian) couples. Cardarello cogently shows how human rights discourse can be selective, patronizing, and detrimental. During the 1990s and 2000s, such framings were turned against impoverished parents to defend the rights of poor children. Legal professionals, judges, and social workers put forth arguments about rights to have a proper family and to have access to health and education, and pitted the rights of children against those of parents and families. Dire poverty became a reason to designate parents as unfit. Morality has been used and abused, Cardarello argues, to legitimize and justify the irregular international adoption of these poor children, whose rights and wellbeing would not be granted, according to the judges and lawyers involved in this case of 'legal child trafficking', by their 'disorganized' families. Poor children's parents were labeled, in judges' and lawyers' discourses, as 'irresponsible' if they left their children to 'strangers' – often relatives or family friends – while they worked far from their homes, and 'immoral' if they had divorced or intended to do so. Their unstable economic conditions also contributed to making them appear in the eyes of the courts as 'bad' parents and to justify the revocation of their parental rights.

Cardarello argues that this case shows the 'universalizing posture of the law' (Bourdieu 1987), but also the violence that the State and its institutions can exercise on groups of citizens in the name of the defense of others' rights, including those of children. In fact, the parental rights of the hundreds of couples whose children were illegally adopted were often revoked without their consent. Not only were most of these adults illiterate or semi-illiterate, but they had 'faith in the legal system' (Cardarello, this issue), so they signed the documents the social workers or the lawyers asked them to sign without necessarily reading them. Those who dared to contest the judges' decision when their children were taken away were threatened or detained.

Furthermore, Cardarello's paper reveals the strength and persistence of neo-Malthusian ideas about family size to inspire and orient harsh reproductive and family policies. In the 1980s, the most common form of contraception in Brazil was sterilization. A 1991 Parliamentary Commission found that the practice of doing the procedure without formal consent was rampant, particularly among poor and indigenous women. Some employers even required women to present a certificate of sterilization before hiring them. Despite the knowledge of stratified sterilization, the rates increased from 31% in 1986 to 40% by 1996 with a marked decline in the use of the pill during this same period.

This increase, as Cardarello and De Zordo point out, was primarily the long-term result of birth control campaigns carried out during the military dictatorship (1964–84) by private family planning institutions not only in Brazil, but also in many

other Latin American countries, funded in large part by international and mainly US-based organizations. In this period, Brazilian physicians provided tubal ligations in hospitals at the moment of delivery. To medically justify this procedure, which could be performed only in case of serious medical risks for the health of the mother, they performed it via caesarean section, leading to an increase in (often unnecessary) surgical deliveries. Compounding matters was the lack of public family planning services providing free contraceptives and of the international debt crisis that hit Brazil and more broadly Latin America in the 1980s, deepening social, gender, and racial inequalities. In a country where abortion was (and still is) illegal, except in the case of rape, maternal life risk and severe fetal brain injury, low-income women opting for a tubal ligation was a sort of constrained choice.

Despite the profound shift in the past two decades from population control via international interventions aimed at reducing fertility rates to promoting reproductive and sexual health and rights, the old neo-Malthusian rationales are still alive and well. As De Zordo convincingly shows, those neo-Malthusian biases coexist in Brazilian family planning clinics alongside the current and dominant discourse on reproductive rights, gender equality, and citizenship. She exposes the ensemble of discourses and medical practices that discipline low-income women, targeting their sexual, contraceptive, and reproductive life and stigmatize them when they deviate from neo-Malthusian rationales. The patronizing and dismissive attitudes of medical experts toward their clients starkly reminds us of the stubbornness of those Malthusian strains even as people and practices change. Physicians and nurses working in public family planning services in Salvador da Bahia (Brazil) do not think anymore that sterilization is the best solution to their patients' economic and family problems, such as poverty, criminality, and gender inequalities, glossed as '*machismo*'. Rather, they place hope in education – above all related to family planning. Every citizen, they state, has the 'right' to have access to good education and free family planning services, as the Brazilian Constitution established. Health professionals' mission, therefore, is no longer to persuade poor women to limit births and eventually have tubal ligations, but to 'enlighten' them with the biomedical 'instrumental rationality' (Good 2003). Most health professionals interviewed by De Zordo believed that, once 'enlightened' by the bio-medical knowledge, their low-income, 'ignorant', female patients would automatically abandon the 'absurd' beliefs, 'myths' (their 'culture') and ineffective (non-medical) contraceptives they still use and adopt medical, temporary contraceptives.

Tubal ligation, prized in the past as the most 'rational' course for poor women, is now labeled by health professionals working in family planning services as 'irrational'. As De Zordo shows, different biopolitical rationalities – the old neo-Malthusian rationale and the new rationale of sexual and reproductive rights – coalesce, producing a double stigmatization of female family planning users as 'victims' (of social and gender inequalities) and 'irrational' patients, 'irresponsible' mothers and 'bad' citizens if they do not embody the neo-Malthusian and biomedical rationales shaping medical practice.

Concerns with disciplining reproduction in the Islamic context of Pakistan, as Varley observes, take an interesting twist as historically secular family planners deploy moderate interpretations of Islam to promote a 'small family' model. The idea is to disseminate the value of a small family as a healthy and economically sensible norm. Aiming to get women and men to conform to such a norm

and foment within them a desire to aspire to that norm exposes the essence of biopower.

This shift in biopolitical rationalities from secular to 'Islamized' family planning integrates moderate Islamic juridical and religious norms concerning sexuality and contraception. In Gilgit-Baltistan, where Varley undertook her fieldwork, this process of 'Islamization' has been aimed at making family planning programs more effective and at involving in particular Sunni women, who are a minority in this specific region and whom health professionals label as 'conservative', 'backward', and resistant to family planning. Sunni women's bodies and fertility have therefore become the battlefield of what Varley defines as 'Islamic biopolitics', which has fuelled existing ethnic and religious tensions and put Sunni women in a difficult position.

Varley compellingly explores, in her paper, the double rationale inspiring the new 'Islamized' family planning programs carried out: On the one hand, the neo-Malthusian rationale still justifies family planning aimed at reducing fertility rates, highlighting the positive impact that limiting births has on women's, children's and families' health and economic well-being; on the other hand, the moderate religious, Islamic rationale emphasizes the positive impact of contraceptive use in married couples, for the woman's and her children's well being but only if aimed at spacing births.

In a region marked by recent violent clashes between Sunni and Shia groups that have fuelled Sunni conservative *ulema's* (Muslim clergy) pronatalist campaigns, the coalescence of these two biopolitical rationalities, Varley argues, leads to the stigmatization of both Sunni women who have large families and of Sunni women who have or wish to have small families. The first ones are in fact labeled as 'irrational' by health professionals working at family planning services; the second ones are stigmatized by their own families, communities, and conservative *ulema* as immoral Muslims.

As the papers collected in this special issue show, along with the neo-Malthusian, economic, and biomedical rationalities, religion also strongly influences reproductive policies and behaviors both in the 'global North' and in the 'global South'. In Catholic countries such as Italy, politicians and clergy defend the family and the rights of the embryo. As a result, Marchesi argues, Italian women are accused of being 'irrational' and 'irresponsible' if they ask to access assisted reproductive technologies, use sperm donors, and implant fewer embryos than those produced during the in-vitro fertilization cycles, threatening these embryos' 'lives'. In Poland, women cannot legally interrupt an unintended pregnancy and are morally condemned by the Catholic Church if they do not have large families.

Enticements to have large families come up against other structural factors: discrimination that many women encounter in the job market, the inability of women to count on a strong Welfare State or on policies supporting the reconciliation of family and work, and gendered divisions of labor in which many women struggle with deep gender inequalities in the division of domestic work as well as children's and elder care.

In these contexts, what constitutes 'rational', or 'responsible' reproduction? The answer to this question, the authors of this special issue brilliantly show, radically changes depending on who is asked and what perspective is taken. Within Europe, demographers stigmatize the 'excessive' fertility of immigrant women who are

expected to embody a more 'rational' and responsible reproductive behavior by limiting births and controlling their fertility. At the same time, demographers create alarmism around the low fertility of European countries. This 'demographic alarmism' (Krause 2006, quoted by Marchesi, this issue) legitimizes and increases xenophobic fears concerning immigrants' reproduction in countries where the vast majority of migrant women move from the 'global South' and the post-socialist countries. The flux of domestic workers, nannies, and adoptees literally support the reproduction of European families. They are seen as needed to compensate the decrease in fertility rates on the one hand and the dismantling of the Welfare State and deep gender inequalities on the other.

In Italy as well as in Poland, children have become a 'luxury'. Most Polish Catholic women interviewed by Mishtal had decided in fact to postpone motherhood or to have only one child, even against their desire to have more children, because they felt responsible towards their families and feared losing their jobs. They also wished to be good mothers, able to take care of their children. Their 'decision' to postpone motherhood or to have one child emerges from their accounts as the opposite of a selfish act.

Marchesi questions the 'rationale' of European gynecologists who label as 'irrational' women's 'choice' to prioritize the search for a job and therefore postpone motherhood until it is biologically difficult to have children. In a context of economic crisis and unstable jobs, she argues, this is actually the most 'rational' decision women feel they can make. In Brazil, on the contrary, experts label as 'irrational' low-income women who do not effectively use temporary contraceptives to postpone motherhood and rationally plan small families.

To put the case studies into perspective, Morgan and Roberts recast Foucault's framework as 'reproductive governance', a move that provokes an examination of the links among moral regimes that are deeply embodied, the national political strategies that lend them definition, and the global economic logics that underwrite them. Pushing a 'politics of life' perspective (after Fassin 2007), Morgan and Roberts draw attention to the ways in which discourses, policies, and protests related to reproductive and sexual behaviors, boldly framed as human rights, have come to be used and abused in unpredictable ways. Indeed, the morphing of 'rights' discourse from one of reproductive freedom for living and breathing humans to one of divine rights for future imagined humans is unanticipated.

Negotiations

A number of the papers demonstrate the limits of new biopolitical regimes, how women and advocates speak back to them, how they negotiate the unjust dimensions, and how they struggle to reconcile discrimination, instability, care, and work – or lack thereof. The papers expose commonalities that reveal the agency of those who are the targets of reproductive policies: (1) a diverse yet conscious resistance against and awareness of efforts to manage life and discipline sexuality; (2) a strong yet unpredictable entanglement with the pernicious role of rationality in efforts to reinforce biopolitical projects.

In Brazil, activists of the feminist and black movements denounced family planning campaigns and practices as eugenic programs aimed at limiting birth among poor black people. Research supported their claims, finding that women with

lower educational levels and economic statuses underwent tubal ligation at a younger age compared with their upper-middle class peers. Given that blacks in Brazil tend to be overrepresented among the poorer classes, clearly these practices impacted black women at a higher rate than those of the general white population. A heated political and scientific debate ensued. Feminists and black activists pressured politicians, who in 1996 passed legislation to reform family planning and offer a number of free reproductive health services. The result has been a decrease in female sterilization rates (to 29% by 2006), a slight increase in male sterilization (to 5%) and an increase in other contraceptives such as condoms, hormonal injections, and the IUD.

As family planning in Brazil has gradually shifted toward contraceptives, De Zordo lucidly documents how low-income participants in family planning courses reacted to the experts who viewed them as ‘ignorant’ as they aim to ‘enlighten’ them. There, the gaps between scientific and folk understandings of hormones and contraceptives generated misunderstanding, anxiety, and mistrust. Doctors and medical personnel tended to ignore patients’ complaints; meanwhile, young women were capable of clearly expressing experiences and fears of weight gain, bloating, headaches, and nervousness. Furthermore, the participants spoke about the challenges they faced in following mathematical regimens of pill taking. Some noted long and irregular work schedules. Others lacked health insurance and access to expensive contraceptives. Still others spoke about the difficulty of planning in the heat of the moment and the risk involved in saying ‘no’ to sex or insisting one’s husband use a condom. The fact that experts habitually dismissed these perspectives and seemed unaware of structural constraints, and yet that the ‘patients’ continued to assert these limitations – whether in classes, in waiting rooms, or in conversations with anthropologists – exemplifies the ways in which subjects of biopower find themselves entangled with rationalist biopolitics in an ongoing, intimate, everyday way.

In Poland, some feminist groups during the past two decades have been persistent in condemning the government’s neoliberal agenda for the negative impact on women’s lives and reproductive decisions and practices. These proclamations are often marginalized or, when State and Church officials do tune in, they often dismiss these claims as anti-family and communist. In both Poland and Italy, feminist groups usually propose effective pro-family programs, i.e., more public nurseries and part-time jobs, longer maternity and paternity leaves, than the political parties influenced by the Catholic Church supporting pronatalist campaigns.

Definitions of what constitutes ‘responsible’ reproduction collide in the context of ‘replacement anxieties’, as Marchesi demonstrates with the Italian case, where a cacophony of voices can be heard. This, she notes, ‘is far from a settled issue’. Feminists cast responsibility in terms of self-determination and note the challenges of having and caring for a child as neoliberal restructuring of the economy has delivered a precarious labor market; politicians’ framings add a decidedly disciplinary and nationalistic flair; social service workers scrutinize and manage reproductive practices of migrant women; the Church chimes in and adds a regulatory chord that echoes Vatican notions of contraception, sexuality, and the family; and medical experts send messages about protecting the womb as they emphasize safe sex and declining fertility over the life course.

Far from Europe, in Northern Pakistan, Sunni women struggle to defend their own rationale against on the one hand neo-Malthusian family planning programs and on the other hand local conservative *ulema*, who invite them to have as many

male children as they can if they want to behave as good Muslims and contribute to nationalistic struggles. Some who live in expensive urban areas where they lack the support of large families prefer having small families and therefore use contraceptives. Others, however, mainly in small villages, where they have their large families' support, desire to have many children and therefore do not regularly use contraceptives. Social pressure from family members (mainly mothers-in-law) and local clergy also changes from smaller to bigger cities; therefore, the meaning of making a 'rational' reproductive choice varies from one context and one woman to the other.

From Asia to Europe and Latin America, religion is able to produce and reproduce strong and influential 'moral regimes', but these do not go uncontested. In fact, as Morgan and Roberts remind, Latin American 'Catholic women . . . account for some of the highest abortion rates in the world'. Moreover, despite the Catholic Church's condemnation, assisted reproductive technologies flourish in many Latin American countries. And even in a European country such as Italy, where the Catholic Church wields its influence on politics and reproductive health, not only has abortion been legalized since 1978, but – as Marchesi points out – the 2004 restrictive law on medically assisted reproduction has since been contested and partially liberalized.

Hence, in response to the proliferation of bio-political '(ir)rationalities' new and creative forms of contestation emerge. Polish women refuse in practice, Mishtal argues, to embrace the role of 'responsible biological citizens' and to reproduce the ideal Polish, Catholic family, by limiting their births. However, they have difficulties in producing effective movements of contestation, able to actually challenge and change national policies. Italian feminist groups, in contrast, creatively and with varying degrees of success contest on the ground the nationalistic, xenophobic, and pronatalist campaigns and the Catholic defense of the rights of the embryos pitted against those of women.

Biopower produces truth and moral regimes that shape reproductive policies at national and international levels. Access to safe and legal abortions, therefore, varies across the globe but, as Morgan and Roberts show, such access reveals unpredictable patterns, with a spectrum that ranges from liberal to restrictive reproductive policies. Whereas Mexico City and Colombia have liberalized abortion, other countries, such as the Dominican Republic, El Salvador, and Nicaragua, have totally banned it. Moreover, in the same country – for instance, in Brazil – restrictive laws on abortion and liberal laws on medically assisted reproduction coexist. Furthermore, conservative governments have passed progressive laws and vice versa.

Shifts in the rationality of reproductive governance always produce new moral regimes, Morgan and Roberts argue. Today, the struggles around reproductive policies are articulated in juridical terms much more than in the past, and produce rights-bearing citizens pitted against each other – embryos versus women, native versus immigrant women and heterosexual versus homosexual women and couples. These new moral regimes generate social and political spaces for ongoing negotiation.

Implications

As a collection, these papers powerfully demonstrate how biopolitics do not simply flow downstream, as a river traceable to a single spring and then contained between

two banks, but rather stem from manifold sources and generate multiple tributaries – what might be described as a proliferation of polyvocality. Inspired by Foucault's theories on biopolitics and biopower and by a long tradition of feminist anthropological studies on reproduction, the authors of this special issue ultimately examine how reproduction is shaped in different geo-political contexts, from Europe to Latin America and Asia, and expose how different bio-political projects, strategies, and effects are globally related. Based on meticulous ethnographies, they detail how biopolitics operate in diverse social and cultural contexts and produce not only scientific and religious 'truth regimes' but also tangible 'moral regimes' (Morgan and Roberts, this issue). These regimes aim at regulating reproductive and also sexual practices as well as gender relations. Furthermore, they engender 'new kinds of... groups and individuals, who increasingly define their citizenship in terms of their rights (and obligations) to life, health and cure' (Rabinow and Rose 2006, 203), including entities such as non-governmental organizations (NGOs), social movements, and other interest groups. Morgan and Roberts also emphasize that the emergence of new moral regimes seems to be bringing about a shift in 'population', as a concept, as reproduction and life itself come to be conceptualized anew. The so-called new rationality of 'reproductive governance' extends individual rights differentially. Immigrants are seen as 'resource depletors' and hence can be denied rights, and this group is now pitted against not only bona fide citizens but fetus-as-citizens. The litmus test appears to come down to who takes what from the neoliberal State, according to Morgan and Roberts.

In the final analysis, it becomes clear that rationality runs rampant as an assumption that experts deploy when it comes to explaining human behavior. Elites in Brazil assume that poor people lack rationality along with responsibility. Drawing on demographers' projection of a need for 'more coffins than cribs', Polish politicians and pundits called for taking on 'the battle in the bedroom', demonizing women for their concern over jobs and ignoring the hardships that economic restructuring has delivered. Politicians in Italy assume that as Italians have so few babies they are reproducing nothing other than a dying population, suggestive of rationality unhinged. In the latter case, Marchesi exposes rationality and its slippages, in the complex interplay of demographic anxieties, Catholic influences, reproductive technologies, and neoliberal reforms that she reveals with vivid attention to emergent subjectivities. Governance, whether North or South, masquerades as being above the pale of irrationality and is often dressed in the attire of bourgeois nationalism.

Indeed, bio-medicine plays a key role in producing and reproducing bio-political regimes of truth that socially and morally justify the management and administration of the reproduction of specific populations and groups of individuals, whether at national or transnational levels. These papers show how nation-states and their laws shape the authority of bio-medicine – more liberal in some contexts than in others – and how different subjects contest truth regimes on the ground. As Rabinow and Rose point out, nowadays the power of bio-medicine and of its agents 'to let die' at the end of life, the start of life or in reproduction, are simultaneously enhanced by medical technology and regulated by other authorities as never before' (Rabinow and Rose 2006, 203).

At the same time, this collection outlines how the progressive privatization of healthcare and the dismantling of Welfare States resulting from the implementation

of neoliberal policies is increasing social and gender inequalities that directly affect reproductive practices and decisions on the ground. This transversal process is occurring both in the 'global North' and in the 'global South'. In this neoliberal context, reproductive policies often contribute to reinforce and deepen existing inequalities, by targeting some individuals and groups, such as the poor, and/or immigrants, with programs aimed at controlling and limiting their fertility, while giving others – a privileged minority – the possibility of having children, sometimes despite their infertility.

These papers therefore show something that 'is almost absent in Foucault's work', as Fassin notes: 'the fact that biopolitics has consequences in terms of inequalities' (Fassin 2009, 53). They show in particular that although biopolitics concerns population it is more importantly 'about life and more specifically about inequalities in life which we could call bio-inequalities' (Fassin 2009, 49). In this sense, biopolitics has a normalizing effect on how people may live their lives.

Ultimately, when we put the voices side by side, assumptions are revealed. Projects delineated. A sustained and penetrating gaze at the ways in which so-called experts mobilize rationality and 'culture' across contexts expose fissures in biopolitical agendas. The presumed rationality that underwrites demographic governance crumbles. Empiricist fallacies are unveiled. Drawing out and exposing these fissures may be the most compelling resource for carrying out an engaged and empathetic genealogical research agenda that re-values subjugated forms of knowledge and exposes why such endeavors matter.

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