Rights, health and power: A critical social analysis of the reproductive health and rights discourse.

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Rights, Health and Power:

A Critical Social Analysis of the

Reproductive Health and Rights Discourse

By
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DECLARATION

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree.

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Summary

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This thesis is a critique of the global reproductive health and rights and discourse, which emanated from the 1994 International Conference on Population and Development. The thesis argues that far from being a new population policy paradigm, the reproductive rights and health discourse is a re-working of a neo-Malthusian and neo-liberal policy agenda. The thesis begins with a consideration of the historical and political context in which international population policy has evolved, and questions the extent to which liberal notions of individual rights freedom and choice, enshrined in the reproductive health discourse, bears a relationship to the social, political and economic realities in which poor and socially marginalized people experience their sexual and reproductive health. Through a critical review of the literature the thesis questions the positivist/functionalist paradigms upon which mainstream demographic and reproductive health research is based. In rejecting both the positivism of mainstream demography as well as the relativism of much post-modernism, the thesis draws eclectically upon post-structuralist and practice theory to suggest a framework for "critical social analysis", which understands sexual and reproductive behaviour as both historically grounded and culturally contingent.

Central to the framework is an exploration of how constructions of identity and difference shape social and political practice at the national and local level. Drawing upon case study material from Bolivia, the thesis explores how constructions of identity and difference are embedded in historical and structural conditions of inequality and exploitation. Through an ethnographic study the thesis considers how these structural conditions of inequality become embodied in and reproduced through everyday practices, which ultimately shape the experience of health and well being among poor migrant women. The thesis goes on to suggest a methodological approach entitled the "peer ethnographic method" for incorporating such an understanding of identity and difference into programme design and monitoring.

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Introduction

There is an overriding consensus in the academic and policy literature that the outcome of the International Conference on Population and Development (ICPD) held in Cairo in 1994 marked a radical turning point in international population policy. The post-ICPD literature refers to a major paradigm shift having taken place, in which notions of population control and demographic targets were replaced with a new feminist population paradigm, which places the sexual and reproductive health rights of the individual at the centre of the policy discourse. This thesis is a critique of the sexual and reproductive health and rights discourse emanating from ICPD.

Chapter 1 suggests that far from being a radical repositioning of international population policy, the feminist inspired fertility paradigm outlined at ICPD is a reworking of the neo-Malthusian and neo-liberal policy agenda that has underpinned the formulation of population policy during the latter half of the twentieth century, and continues to inform its development into the 21st century. The radical / neo-liberal feminist perspective which underpins the Cairo discourse places notions of freedoms, rights and choices of the individual within a free market, at the centre of population and development policy.

In considering the emergence of the sexual and reproductive health and rights discourse, Chapter 1 analyses the historical and political context in which international population policies have evolved, and the social theories that have

informed their development. The chapter suggests that the foundations for the neo-Malthusian orthodoxy which has dominated twentieth century population policy were laid in the eighteenth century, when the population issues began to assume a political significance. During this epoch the foundations were also laid for demography as an academic discipline and as a tool for social policy. I argue that, demography has provided the theoretical frameworks upon which international population policy, implemented through family planning and latterly reproductive health programmes has been based.

In arguing that all social policy is informed by theory, Chapter 1 lays the ground for a more detailed consideration in Chapter 2 of theoretical frameworks which have underpinned twentieth century demographic inquiry. Through a review of the literature, Chapter 2 provides an overview of the range of theory relied upon in mainstream demographic and family planning research, and critically assesses the underlying assumptions about the nature of society, culture and human action upon which demographic theory and method are based. The chapter argues that mainstream demographic theories of fertility transition have been underpinned by the modernisation paradigm, and that a utilitarian notion of human action based upon an individual means-end rationality has under-pinned much of the understanding of fertility-related behaviour. The chapter suggests that informed by structural-functionalist sociology and a positivist research methodology, demographic inquiry has failed to engage critically with the political

and social realities in which fertility, sexuality and reproduction are experienced, in particular by poor and socially marginalized groups.

Drawing eclectically upon developments in social theory, in particular practice theory, Chapter 2 suggests a theoretical and methodological approach for understanding the lived reality and meaning given to sexual and reproductive health by different social groups, in specific political, economic and cultural contexts. I argue that an analytical approach to understanding fertility, sexuality and reproductive behaviour which considers the dynamic relationship between structure and agency, is required. The approach, which I have termed critical social analysis, seeks to locate an understanding of how actors experience their social world through their everyday practical activity, within an analysis of the historical processes and structural conditions in which practice is embedded. Central to the framework for critical social analysis is an exploration of the two interlinked concepts of identity and difference. I suggest that the importance of a critical social analysis lies in making an examination of the relationship between social identity as elaborated in the narratives and practice of individuals, and the historical relations of power in which practice is embedded. That is, a critical social analysis grounds accounts of difference and identity within their political and historical context. Finally, the chapter suggests that some of the analytical concepts elaborated by Pierre Bourdieu, in particular those of social capital and symbolic power, provide a conceptual basis for linking social structure and social

relations with the negotiation of individual identities as produced and reproduced in practical action.

Chapters 3 and 4 apply the above theoretical framework to historical and ethnographic case study material from Bolivia, based upon fieldwork carried out in the city of El Alto. Chapter 3 outlines how historical constructions of identity and difference are embedded in structural conditions of domination, inequality and exploitation. The chapter outlines the historical emergence of categories of identity and difference in Bolivian society, and considers how the process of "modernisation" has located subjects in terms of their cultural, racial, gendered, and spatial identities. The chapter charts how the transformation of racial identities into class based categories was connected to the growth of global capitalism and the increased participation of the indigenous population in commercial markets, and their incorporation into forms of wage labour such as domestic service and mining.

The chapter argues that by the mid twentieth century the urban elite (of Hispanic colonial descent) had constructed a highly unequal social order based upon classifications of class, ethnicity and gender, in which supported by a social Darwinist view, the indigenous majority were deemed to be biologically and socially inferior to the white elite. This paradigm was supported by public health discourses relating to hygiene and infection, in which the indigenous population became identified with notions of the unclean and diseased native body. The

chapter goes on to trace the emergence of a class identity among sections of the indigenous population during the early part of the twentieth century, and in particular the emergence of the miners as a consolidated working class. By the mid-1980s, the power of the miners' unions which lay in the strategic position that they occupied in the relations of production, began to be undermined as the mines became the focus for the state's neo-liberal restructuring programme. The austerity measures implemented under the government's Structural Adjustment Programme, resulted in the closure of many of the state-owned mines and the relocation of mining families to newly developing urban centres such as El Alto, resulting in impoverishment and the loss of class identity.

Finally Chapter 3 charts how, following the introduction of neo-liberal economic policies in 1985, subsequent governments in Bolivia have set in place a series of institutional reforms which have deepened the neo-liberal policy agenda. The policy reforms to the education and health sector, which emphasised privatisation and decentralisation, have been further consolidated under a series of liberal reforms, influenced by the policy framework of the World Bank and the International Monetary Fund initiative for Highly Indebted Poor Countries. The past decade in Bolivia has seen significant changes in official policies concerning population issues, and following ICPD, the Government of Bolivia produced the first national population policy based on principles of sustainable development and reproductive health and rights. The chapter suggests that in Bolivia, reproductive health policy has been assimilated within the neo-liberal policy

agenda, central to which has been a discourse of decentralisation, privatisation, popular participation and citizens rights.

Chapter 4 takes up the analysis outlined in Chapter 2 to demonstrate how the structural conditions of inequality and difference are reproduced through constructions of self and identity which ultimately shape the experience of reproduction, health and well-being among migrant urban Aymaran women. Through analysis of ethnographic data and the collection of narratives, the chapter demonstrates how the historical and structural conditions of power and domination, outlined in Chapter 3, become embodied in and reproduced through everyday practices in concrete social situations. Fundamental to this analysis is a consideration of how relations of domination are reinforced through symbolic violence exercised through institutions of the state (such as the health clinic) and through the operations of global institutions. However, the chapter argues that everyday practices do not simply reproduce existing relations of power and domination. Rather, through ethnographic data it explores how those most deprived of power continue to struggle to gain access to social, political and economic resources (or capital) through strategies of resistance in which social identity is continually negotiated. While the field of practice explored by this case study is that of health, I suggest that the framework of "critical social analysis" developed in Chapters 3 and 4 can be applied to any social sector.

In Chapter 5, I suggest that a truly reflexive and participatory approach to implementation and monitoring of development policy and programmes requires a methodology which incorporates into development practice an understanding of how social actors negotiate identity and difference. The chapter outlines a methodological approach which I call "peer ethnography" through which local people assume responsibility for collecting narratives among their peer networks. The method provides a basis for incorporating into development practice an understanding of how people classify their social worlds in the context of their everyday practice and lived experience. The basic premise of the peer ethnographic approach is that traditional research subjects can become active researchers of their social worlds, and through the research process can be empowered to engage in critical dialogue with programme implementers and policy makers. The peer ethnographic method is based upon training people within local communities to conduct in-depth and unstructured interviews with individuals selected by them from their own social networks. The method makes a break from positivist claims for the collection and presentation of 'objective' or 'standardised' data. The peer ethnographic method seeks to gather narratives and social commentary on the dynamics through which identity is negotiated and behaviour given meaning. The main focus of the method is on analysing contradiction and difference in the discourses of social actors within a network, rather than on gathering 'social facts'.

However, introducing into policymaking and programme implementation a truly participatory and reflexive approach which engages with the very complex contexts in which identity and diversity are negotiated and experienced, requires more than simply training peer educators or peer researchers in the field.

In the concluding chapter, I argue that central to the critical social analysis outlined in this thesis is the question of how social policy recognises and responds to identity and difference among the diverse groups in civil society. The chapter begins with a consideration of sexual and reproductive health and rights as a global policy discourse, central to which are the concepts of neo-liberalism, the nation-state, restructuring and reform, citizenship rights and gender equity, all of which are central themes also running through debates on the impact of globalisation. Counter to this global policy framework, the critical social analysis set out in the thesis argues for policy and programme approaches which recognise the centrality of identity and difference to the experience of social life. Chapter 6 suggests that the challenge, therefore, is to find an approach to policy and programme development that is true to the experience of social actors (and in particular marginalized and excluded groups), whilst being grounded in an understanding of social and historical conditions of inequality and difference.

As such, Chapter 6 argues that critical social policy analysis needs to explore the social infrastructure in which policies are implemented, as well as the operations of institutions which link the lived world of actors to the broad structures of

society. Policy reform cannot just be a technical issue but must also be a political process, which challenges the underlying structural relations of power and inequality which deny marginalized groups access to the necessary resources and capital to realise their rights. Policy analysis must be open to a critical discourse in which diverse groups in civil society are understood as having unequal chances and opportunities for action, which are embedded in historically specific relations of power, inequality and difference.

The concluding chapter suggests that the mechanisms for implementation of reproductive health and rights frameworks do not lead to social equity. Rather, the implementation of the ICPD discourse through national policy and programme frameworks, often reproduces existing inequalities and power relations. The abstract universal notions of rights, freedoms and choices encapsulated in the ICPD discourse, fail to address the underlying structure of power relations which underscore practices of national and global institutions in local social contexts and which impact on health outcomes. Indeed, until the social conditions which enable equitable access to power and resources are in place, reproductive health and rights will remain an abstract liberal ideal, as opposed to a concrete social and political reality for the majority of world's poor and socially marginalized.

Chapter 1

The Birth of Reproductive Health

(A Historical Account of International Population Policy)

"Every social policy rests on some theory of how individuals, societies, governments and organizations operate" (Warwick 1982: 31)

" There is nothing so impractical as a bad theory" (Warwick 1982: 31)

1. Introduction

The International Conference on Population and Development (ICPD) which took place in Cairo in 1994 is now widely held as marking a turning point in the formulation of international population policy. All social policy is informed by theory. In tracing the development of international population policy, this chapter explores the theoretical underpinnings of the policy discourse which emerged as a result of ICPD.

Much of the post-ICPD literature refers to a major paradigm shift having taken place in the lead-up to the Cairo Conference, resulting in a change in emphasis in international population policy from notions of population control and demographic targets to those of sexual and reproductive health and rights (Basu 1997). The Programme of Action (POA) agreed at ICPD, places the concepts of sexual and reproductive health and rights at the centre of the international population and development agenda. As a result, the new policy

paradigm replaces the focus on demographic outcomes implemented through family planning programmes with an emphasis on individual sexual and reproductive health outcomes.

It is widely agreed in the literature that this new policy paradigm emerged as a result of the efforts of the women's health movement and women's health activists, who through the formation of civil society networks (such as the International Women's Health Coalition), effectively lobbied to replace the old family planning discourse with the broader concept of sexual and reproductive health and rights (Petchesky and Judd 1998). The Programme of Action incorporates a new feminist-inspired fertility paradigm which is detailed in the POA in the chapters on "Gender equality, equity, and empowerment of women" and "Reproductive rights and reproductive health" (Thomas and Price 1999:795). The sexual and reproductive health approach broadens the scope of service provision from an exclusive focus on family planning to attention to safe pregnancy, maternal and child health care, treatment for sexually transmitted diseases (STDs) and the prevention and control of STDs and HIV (Hempel 1996). This new conceptualisation of population concerns is evident in the statement made by Nafis Sadik, the then Executive Director of the United Nations Population Fund (UNFPA) and Secretary-General of ICPD, that "the ICPD Programme of Action recognises that population issues are more than just demographic concerns". The new approach, Sadik suggests, is based on the right to development and equality between women and men,

with freedom of choice of the individual being a key principle for action (Sadik 1996:193).

In considering the emergence of the sexual and reproductive health and rights discourse, this chapter analyses the historical and political context in which international population policies have evolved, and the social theories that have informed their development. The chapter suggests that far from being a radical repositioning of population policy, the feminist fertility inspired paradigm outlined at ICPD is a reworking of a neo-Malthusian and neo-liberal political agenda that has underpinned the formulation of population policy during the latter half of the twentieth century, and continues to inform its development into the twenty-first century.

2. Population and Development in International Policy

2.1 *The Cold-War and Population Policy*

In the immediate post-war era the US Government led the international population movement in encouraging Less Developed Countries (LDCs) to adopt policies to reduce population growth through implementing national family planning programmes (Crane and Finkle 1989:23). In 1967 the United Nations established a Trust Fund for Population, a precursor to The United Nations Fund for Population Activities (now known as the United Nations Population Fund - UNFPA) which was established in 1969, in an effort by the

US government to channel additional resources for population and family planning activities through the UN system (Crane and Finkle 1989). UNFPA has since become the second largest donor for international population assistance after the US government itself (Crane and Finkle 1989; Thomas and Price 1999:780).

The dominance of population concerns in post-war US foreign policy grew out of Cold-War concerns in which world politics became increasingly polarised, and in which the East-West conflict provided the basic framework for international affairs and for setting the domestic policy agenda (Hodgson 1988). The advent of the Cold-War also coincided with the collapse of the colonial system (Hodgson 1988:547). As the former colonial territories began to assert their political and economic independence the newly independent LDCs were assigned a new historical status as the under-developed Third World, contrasting with the developed West and developing East (Wolf 1982):

> "Inevitably, perhaps, these reified categories became intellectual instruments in the prosecution of the Cold War. There was the 'modern' world of the West. There was the world of the East, which had fallen prey to communism, a 'disease of modernization'... There was, finally, the Third World, still bound up in 'tradition' and strangled in its efforts toward modernization. If the West could only find ways of breaking that grip, it could perhaps save the victim from the infection incubated and spread by the East, and set the Third World upon the road to modernization - the road to life, liberty, and the pursuit of happiness of the West" (Wolf 1982:7).

Within this Cold-War context, the demographic profile of the newly independent LDCs took on a highly political significance (Hodgson, 1988). The anticipated demographic expansion in the LDCs, resulting from rapid

post-war declines in mortality rates, was perceived as posing a significant threat to their economic and political stability (Demeny 1988, Greenhalgh 1996, Thomas and Price 1999). The politically 'uncommitted' LDCs were increasingly seen as breeding grounds for communism and potential satellites to the Eastern block, thereby also threatening Western economic stability and international security (Hodgson 1988; Hodgson and Cotts Watkins 1997;Thomas and Price 1999). Hence, the LDCs became a political object in the Cold-War struggle between the "communist and free world" (Hodgson 1988: 547). Within the Cold-War rhetoric, US foreign policy asserted its moral duty to safeguard the integrity of the "free world", founded upon the principles of the dignity, rights and freedom of the individual (Chomsky 1994). Wolf (1982:5) asserts that this Cold-War conceptualisation of the "free world" is based upon a construction of Western capitalist society as the final stage of an evolutionary historical process, in which Western capitalism stands in opposition to and independent of all other social forms:

> "Many of us...grew up believing that this West has a genealogy, according to which ancient Greece begat Rome, Rome begat Christian Europe, Christian Europe begat the Renaissance, the Renaissance the Enlightenment, the Enlightenment political democracy and the industrial revolution. Industry, crossed with democracy, in turn yielded the United States, embodying the rights to life, liberty, and the pursuit of happiness".

The policy response to the apparent political threat posed by the economically unstable Third World was founded in the neo-Malthusian proposition that lowering fertility in poor countries would increase prosperity and facilitate social and economic development (Hodgson and Cotts Watkins 1997). The

solution, supported by the US foreign aid programme, was seen to lie in organised national family planning programmes, based upon the assumption that providing modern contraceptive technology to the rural and urban poor was the most cost-effective means by which to bring about sustained fertility decline (Demeny 1988; Hodgson 1988). In the mid-1960s, the US Government began channelling a significant amount of funds in support of family planning programmes in LDCs, based upon the rationale that high population growth rates in LDCs threatened US national security (Hodgson 1988; Thomas and Price 1999). The policy orthodoxy asserted that family planning programmes could be provided to LDCs at low cost, and that investing in overseas family planning programmes was a cost efficient way of increasing Third World per capita incomes. This assertion is illustrated by President Lyndon Johnson's claim made at the twentieth-anniversary celebration of the United Nations in San Francisco, that less than five dollars invested in population control was worth a hundred dollars invested in economic growth (Demeny 1988:457).

2.2 *The World Population Conference, Bucharest 1974*

The inter-governmental international conferences on population and development, organised by UNFPA every ten years have been said to epitomise the conventional thinking on the relationship between population and development (Smyth 1994:2). The World Population Conference held in Bucharest in 1974 was the first global inter-governmental conference on

population issues (Finkle and Crane 1975). With the agenda inspired mainly by the United States, the aim of the conference planners was to bring about an international consensus on the threat that the rapid population growth taking place in LDCs posed to economic development (Demeny 1985; Finkle and Crane 1975; Hodgson 1988). However, despite careful preparation by the UN Secretariat in the drafting of the World Population Plan of Action, the conference took an unanticipated turn, becoming a forum in which Third World governments challenged the motives and interests of First World institutions (Hodgson 1988:555; Finkle and Crane 1975:87).

The final version of the Plan of Action which was agreed after intense conflict and negotiation, appeared to adopt by consensus a reversal of the neo-Malthusian principles upon which First World assistance to fertility control programmes had been based. Whereas the stated objective of the Draft Plan was to "affect population variables" (through implementation of fertility control programmes), the final plan stated that "the basis for an effective solution of population problems is, above all, socio-economic transformation" (Finkle and Crane 1975:88). Representatives from Third World governments shifted the focus of debate away from fertility targets and family planning programmes as the solution to population growth, to the need to bring about equitable social and economic development and above all a new international economic order (Finkle and Crane 1975:88). The position argued by Third World governments at Bucharest is encapsulated in the slogan coined by the leader of the India

Delegation that "development is the best contraceptive" (Demeny 1985:100; Thomas and Price 1999:781).

The outcome of the conference reflected significant changes occurring in international relations by the early 1970s (Finkle and Crane 1975; Thomas and Price 1999). Finkle and Crane (1975:89) argue that the significance of Bucharest lay in a new politicisation of the population issue, at the centre of which lay the inequitable distribution of power and resources between the industrial nations and developing nations of the Third World. By the time of the Bucharest conference the optimism held by LDCs in the 1960s regarding rapid economic growth, was beginning to turn to a pessimism concerning their place in the international economic order (Gardener and Lewis 1996:9). Third World countries frustrated with the slowness of development and united through the G-77, began to voice their discontent with inequities they perceived in terms of international trade. Throughout the latter part of the 1960s, the G-77 which was formed by a caucus of 77 developing nations after the 1964 UN Conference on Trade and Development, formulated and expanded a distinct Third World perspective on the global economic situation, calling for a unified response from the Third World on terms of development and trade (Roy 1999). The G-77 argued for reduction in trade barriers "strengthening commodity agreements, and obtaining other concessions from the rich countries in order to promote economic development" (Finkle and Crane 1975:92). In the early 1970s gestures were made towards addressing some of these perceived inequities between North and South. Chomsky

(1994:4), quoting the South Commission, argues that such initiatives were spurred by concern over the newly found assertiveness of the South after the rise in oil prices in 1973. According to Finkle and Crane (1975), the successful action by the Organisation of Petroleum-Exporting Countries (OPEC), in rising the price of oil:

> "represented a psychological breakthrough for the developing nations in their relations with the industrialized world. For the first time, the industrialized nations were shown to be highly vulnerable to interruptions in the supply of vital resources controlled by Third World countries...To the poor nations OPEC became a symbol and a model of what could be achieved by concerted action" (Finkle and Crane 1975: 92).

In early 1974 the UN adopted a Declaration on the Establishment of a New International Economic Order (Thomas and Price 1999:781). The Declaration and associated Programme of Action incorporated a wide range of concerns of Third World countries such as: food; raw materials and primary commodities; trade; the international monetary system; multinational corporations and emergency assistance for LDCs unable to cope with price increases on the imports necessary for development (Finkle and Crane 1975:93). The expectation was that the Declaration would have a significant impact on the subsequent formulation and implementation of international development policy. Within the Declaration and Programme of Action was a statement also indicating that the World Population Conference should contribute to the effort to establish a new economic order (Finkle and Crane 1975:93).

Nonetheless, the neo-Malthusian perspective that population growth was a serious impediment to development underpinned the position of Western governments at Bucharest, particularly the United States, the United Kingdom, Canada and Germany. A principle objective of these country delegations (and most prominently the United States) at the outset of the Bucharest Conference had been to increase the commitment of governments and international agencies to support the implementation of population and family planning programmes in the Third World (Finkle and Crane 1975). Finkle and Crane (1975:102-104) suggest that the intensity of Third World demands for major restructuring of the international economic system based on the principle that population problems are not a cause but a consequence of underdevelopment, had not been anticipated by the Western delegations. While the Bucharest conference appeared to result in an international consensus that the population problem is inseparable from political and economic conditions, Finkle and Crane (1975), argue that the LDCs had little or no real political bargaining power to effect change in international economic policy:

> "Although the United States is willing to confront Third World demands in 'appropriate forums' the United States - along with most industrialized nations - is simply not prepared to accede to the radical transformation of the international economic system as proposed by the developing nations. The demand for a New International Economic Order is seen as ideologically objectionable as well as a threat to American wealth and power. From the American perspective, it is an attempt to improve economic conditions in the Third World by redistributing the existing wealth of the industrialized nations rather than by creating new wealth through development" (Finkle and Crane 1975:104).

2.3 *The International Conference on Population, Mexico City 1984*

By the time of the International Conference on Population held in Mexico City in 1984, the development agenda so forcefully argued at Bucharest had been replaced by technocratic concerns regarding the implementation of national family planning programmes (Thomas and Price 1999:781). Several LDCs, who had been key players in advancing the development agenda at Bucharest, had in the intervening years formulated national population policies implemented through state led family planning programmes. Two years after Bucharest, India had issued a formal population policy statement (Demeny 1985:100); and a few months prior to Mexico City a group of African nations had come together to call for effective fertility reduction programmes (Finkle and Crane 1985:5). The Recommendations of the Mexico City Conference, which strongly endorsed the position that governments should "as a matter of urgency" make family planning services "universally available", passed uncontested by Third World delegations (Finkle and Crane 1985:1).

The driving force behind this policy sea change was the increasing economic crisis in the Third World (Thomas and Price 1999). Major changes in the political climate since 1974, had severely weakened the confidence of Third World governments in their power to bring about a shift in the world economic order. Escalating debt crisis and continuing inequality in international trade relations had forced many Third World governments (particularly in Africa and Latin America) towards accepting the rigid structural adjustment programmes

being insisted upon by the World Bank and International Monetary Fund (IMF) (Gardener and Lewis 1996:8). The unity of the G-77 was also weakened, as some member countries (mainly in East Asia and Latin America) who were beginning to experience rapid economic growth pursued bi-lateral or regional development strategies (Finkle and Crane 1985:4). As the threat posed by the G-77 abated:

> "terms of trade resumed their long-term shift in favor of the industrial societies, the core industrial powers lost interest and turned to 'a new form of neo-colonialism,' monopolizing control over the world economy"(Chomsky 1994:4).

The new form of "neo-colonialism" to which Chomsky refers took shape in the mid-1980s in the neo-liberal economic agenda. Portes (1997:229) suggests that the rise of neo-liberalism reflects a final turn in late twentieth century international policy, away from a concern for reducing the persistent economic and social inequalities between the industrialised world and formerly colonised Third World, toward an acceptance of their permanence and "functionality for the operation and growth of the global economy". The neo-liberal agenda placed a market-oriented approach at the centre of national economic development, urging Third World governments to follow the "policy dictates of international finance organizations" (Portes 1997:229). In the mid-1980s a team of World Bank economists set out a new model for development based upon "unilaterally lifting tariff barriers, abolishing consumer subsidies, getting the state out of economic micro-management, and encouraging foreign capital inflow in all its forms" (Portes 1997:237-238). This neo-classical

agenda was widely adopted by 'liberal' reformers in Latin America who advocated market led solutions to social and economic problems and a retreat of state involvement in social welfare and economic development (Portes 1997). According to Portes (1997:238) formal implementation of the neo-liberal adjustment consisted of the following basic components: (1) unilateral opening to foreign trade; (2) extensive privatisation of state enterprises; (3) deregulation of goods, services, and labour markets; (4) liberalisation of the capital market (5) reduction in public expenditures (6) restructuring and down-scaling of state-supported social programs; and (7) the end of 'industrial policy' and any other form of state capitalism.

The new neo-liberal agenda (heavily promoted by the World Bank and US Agency for International Development) entered the international population arena through a dramatic re-positioning of the US policy position at Mexico City. In its rejection of state supported family planning programmes as a solution to the population problem in LDCs, the US position appeared to make a break from its classical neo-Malthusian population policy stance. However, far from signalling a return to the Bucharest debate that development is a prerequisite for fertility decline, the US delegation asserted that the solution to the population problem lay in the retreat of the state from interference in economic development and increased reliance on free market forces. In its official policy statement at Mexico City the US delegation asserted that "population growth is of itself a neutral phenomena" (Finkle and Crane 1985:2), and that " 'governmental control of economies' or 'economic statism'

had caused population growth in developing countries to change from an 'asset' to a 'peril' " (Finkle and Crane 1985:11). According to the US position statement:

> "too many governments pursued population control measures without sound economic policies that create the rise in living standards historically associated with decline in fertility rates. This approach has not worked, primarily because it has focused on a symptom and neglected the underlying ailments....[P]opulation control programs alone cannot substitute for the economic reforms that put a society on the road toward growth and, as an aftereffect (*sic*), toward slower population increase as well" (cited in Demeny 1985:101).

The US delegation suggested that the driving force behind fertility decline was the aspiration of individuals to improve their standard of living, facilitated through entrepreneurial initiatives (Demeny 1985:101). Hence the solution to the population problem lay not in state supported population policies, but in economic policies which gave prominence to the rights of the consumer, reliance on the free market, and the choice and aspirations of the individual. This revisionist position on population issues not only reflected economic reforms consistent with the neo-liberal agenda, but also played to the interests of the new right who by the mid-1980s were a dominant force in the US domestic political scene. Consistent with the concerns of the new right on issues related to sexuality and reproduction (and particularly abortion), the US rejected a position that could be seen as "an apology for abortion and state-mandated contraception" (Hodgson 1988:563). The US position emphasised the rights and freedoms of the individual to chose the number and spacing of

their children, and the potential coercive nature of state intervention in family planning and reproduction. According to the US delegation:

> "U.S. support for family planning programs is based on respect for human life, enhancement of human dignity, and strengthening of the family. Attempts to use coercive measures in family planning must be shunned, whether exercised against families within a society or against nations within a family of man" (cited in Finkle and Crane 1985:12)

The delegation went on to proclaim that US funds should not be used for direct support for abortion-related activities and called for assurances that UNFPA was not supporting abortion or coercive family planning programmes (Finkle and Crane 1985). In 1985 the Helms amendment was passed in the US Congress which stated that US funds would not be given to any organisation that "supports or participates in the management of a program of coercive abortion or involuntary sterilisation" (Crane and Finkle 1989:24). The condition that US funds would be withheld from organisations using others' resources to support abortion related activities, led to the defunding of the International Planned Parenthood Federation (IPPF). Despite having lost their USAID funding, the IPPF did not address the issue of abortion in their policy statements until the early 1990s, and even then it was only to consider the issue of post abortion care. In 1985 the US government also withheld all funding from UNFPA due to their provision of technical assistance to China's population programme. The defunding of UNFPA was based upon the interpretation of China's one child policy as systemically coercive, involving peer pressure and persuasion techniques and coerced abortion to ensure compliance.

The major influence behind the defunding of UNFPA and IPPF was the new-right Republican domestic political agenda, which combined a coalition of anti-abortion "right to life groups" with supporters of neo-liberal economics (Crane and Finkle 1989:25). The new-right position on China was based upon the interpretation of human rights as the absolute, sacrosanct and universal rights of the individual, overriding any interests of the state. China's population policy was also interpreted as being uniformly and coercively implemented, with no power of resistance at the local level. This position on China is summarised in the following statement made by the Republican members of the Senate Foreign Relations Committee:

> "there is a more important principle at stake than mere co-operation among nations on a perceived social problem. That principle, fundamental in its substance and universal in its application, is the natural right of *married* couples to conceive and procreate children freely as they determine without interference by any state. The family is a divine institution which precedes the state and has rights superior to the state. Accordingly, no power on Earth - not the U.N., not the United States Congress - has authority to dictate to married couples in China or elsewhere that they can have only a certain number of children" (cited in Crane and Finkle 1989:32, original emphasis).

Recent assessments of China's population policy have suggested that national policy was variably implemented depending upon local social conditions, and that the power of party cadres to enforce policy through the mechanisms of propaganda and persuasion at their disposal were "eminently resistible" at the local level (Thomas and Price 1996:27). Thomas and Price (1996:27) suggest that it is through the power of the local government to

control economic resources vital to village families that compliance with China's national birth planning policy is most effectively enforced. According to Thomas (1991:392) without increasing economic security through land reforms, social welfare provision and effective markets for produce, no amount of persuasion or coercion would have induced China's peasantry to reduce fertility.

In the context of China's economic and political system where interests of the collective and the state override those of the individual, the new-right position on population policy was more about the assertion of neo-liberal political ideology than it was about supporting the rights of the Chinese peasantry. Indeed, the suspension of funds to UNFPA was the only action taken by the US against China on grounds of abuse of human rights (Crane and Finkle 1989:44). Throughout the period in which USAID support to UNFPA was suspended, US diplomatic relations with China proceeded on friendly terms (based on China's significance as a trading partner), with scarcely a reference to China's population policy much less an open condemnation of it (Crane and Finkle 1989:25-26).

While the position taken by the US delegation at Mexico City had a limited impact on the final conference outcome, it had a significant impact on the development of population policy discourse for the subsequent decade. First, through the new-right moral agenda and the anti-statism of the neo-liberal agenda, the discourse of 'individual rights, choice and freedom' entered the

international population policy arena. Second, as a result of the US government's post-Mexico City stance and defunding of international family planning agencies, USAID's international family planning activities, were repackaged under the heading of 'maternal and child health'. The maternal and child health approach was later transformed into the women's reproductive health approach (Hodgson and Cotts Watkins 1997). Hence the neo-liberal, new right agenda adopted by the US at Mexico City paved the way for the formation of new alliances between the population establishment (through organisations such as UNFPA and IPPF) and the international women's health movement which found its voice at ICPD in Cairo in 1994.

2.4 *The International Conference on Population and Development, Cairo 1994*

The decade between the Mexico City conference and ICPD was marked by the end of the Cold-War, symbolised through events such as the fall of the Berlin Wall in 1989. During the late 1980s and early 1990s managerialism, privatisation and deregulation had become key dimensions of the profound globalisation of the world economy (Turner 1997:xvii). The end of the Reagan presidency was followed by increased multilateral co-operation through the UN system, and the US policy position which followed Mexico City was revoked leading to renewed support to international family planning organisations such as IPPF and UNFPA (Crane and Finkle 1989:26). It was against this background of the growth of globalised neo-liberal policy

frameworks combined with renewed international support to national family planning programmes that the third inter-governmental International Conference on Population and Development was convened in Cairo in 1994.

There is an overriding consensus in the literature that the outcome of ICPD marked a radical repositioning of international population policy in which the neo-Malthusian family planning orthodoxy was replaced with a new feminist population paradigm (Basu 1997; Germain 1997; Hempel 1996; McIntosh and Finkle 1995; Petchesky and Judd 1998; Sai 1997). The Programme of Action is said to incorporate a feminist critique of the population orthodoxy borne out of years of discontent with the ideology and methods of traditional population policy (Basu 1997:7). The consensus in the literature rules that at ICPD:

> "a new definition of population policy was advanced, giving prominence to reproductive health and the empowerment of women while downplaying the demographic rationale for population policy" (McIntosh and Finkle 1995:223).

The decade prior to ICPD had seen numerous attacks on the family planning establishment and critiques of demographically driven population policies. For example, Hartmann (1987) argued that neo-Malthusianism provided a smoke-screen behind which Third World governments and Western aid agencies were able to hide their failure to challenge the real causes of poverty, namely unequal distribution of wealth and power. Analysing poverty in a rural village in Bangladesh, Hartmann (1987) argued that land ownership and income distribution are of primary importance in the question of poverty, rather than

the number of children that people have in a context where having children is an important survival strategy.

In the early 1990s, this political-economic perspective gave way to a critique emanating from the women's health movement, centring around two main strands of criticism. The first strand which developed out of the quality of care approach and laid the foundations for the sexual and reproductive health discourse, criticised vertical family planning programmes for failing to take account of the broader health needs of women and individual programmes users. The second strand attacked target driven programmes on ethical and political grounds as potential vehicles for abuse of human rights and in particular women's rights, laying the foundations for the reproductive rights discourse (Petchesky and Judd 1998). The outcome of ICPD has been widely attributed to the influence of a number key players (individual activists and interest groups) who, united under the banner of the women's health movement, lobbied to replace the population and family planning orthodoxy with a new framework of sexual and reproductive health and rights (McIntosh and Finkle 1995; Petchesky and Judd 1998; Sai 1997). Practical campaigns of women health activists leading to theoretical re-conceptualisations of women's sexual and reproductive rights have been said to have contributed to the forcefulness of the women's coalitions at the World Conference on Human Rights in Vienna in 1993, ICPD in 1994, and the Fourth World Conference on Women (FWCW) in Beijing in 1995 (Petchesky and Judd 1998:3). Advocates suggest that the international women's movement has been responsible for

gaining policy recognition of a core principle of feminism, which Petchesky and Judd (1998:3) argue

> "as recently as the mid-1980s, in nearly all countries and political systems, was widely deemed unacceptable if not unthinkable: that even the most intimate areas of family, procreative and sexual life are ones where women's rights to self-determination and equality must prevail"

Given this apparently radical policy transformation it seems somewhat surprising that ICPD has been proclaimed a victory by a most disparate group of political actors including:- feminist activists, NGOs, the population establishment (eg UNFPA and IPPF) and the US government. Even Pope John Paul II joined the consensus in approving the ICPD document, with controversy reigning only over the wording of the paragraph concerning abortion. This controversy was overcome by a rewording to suggest that men and women should have access to methods of fertility regulation of their choice, as long as these methods are not against the law (McIntosh and Finkle 1995:245). How then, has this consensus position come about when the previous two population conferences appeared to be dogged by ideological conflict? In order to understand the process by which the apparently uncontested notion of women's rights and empowerment has been placed at the centre of population and development policy, it is necessary to consider the theoretical underpinnings of international population policy as it emerged in the twentieth century, and its relationship to the feminist agenda promoted at Cairo .

3. The Theoretical Underpinnings of International Population Policy

3.1 Malthus and the Principles of Population

The foundations of the neo-Malthusian orthodoxy that has dominated twentieth century demography and population policy were laid in the late eighteenth century, with the publication of Malthus's "*Essay on the Principles of Population*". However, as will be shown, Malthus's views on population, sexuality and family planning share more common ground with the "new right" position expressed at Mexico City, than they do with the twentieth century neo-Malthusian policy variant.

Malthus's *Essay on the Principles of Population*, was essentially a counter argument to the utopian ideals of the romantic philosophers of the French Enlightenment, such as Rousseau and Condorcet. The Age of Enlightenment which emerged at the end of the eighteenth century, marked the beginnings of modernity in western Europe. This historical epoch, marked by profound economic transformations and the dawn of the age of competitive capitalism, was characterised by the increasing secularisation of society and the rise of *scientific* rationalism (Fox 1993:7). The French Enlightenment laid the foundations for "an enduring conception of modernity" (Delanty 2000:29), in which rational and scientific knowledge was seen as triumphant over traditionalism, superstition and religion. The social and cultural movement of the Enlightenment, committed to the pursuit of, 'truth', 'progress', and scientific

knowledge, was driven by principles of materialism, rationalism, secularism and republicanism (Delanty 2000; Gardener and Lewis 1996). The development of the social sciences in the age of Enlightenment was strongly characterised by a positivism and empiricism, based on the belief that scientific analysis would provide the means by which the world could be known and understood (Gardener and Lewis 1996:4). Despite major post-Enlightenment transformations in social theory, positivism has remained the epistemological base of demographic inquiry into the twenty-first century (and promises to maintain its hold for some time).

The age of Enlightenment and the rise of capitalism were closely intertwined with the history of colonialism and the global expansion of the West. The notions of progress upon which the Enlightenment was predicated, were incorporated into colonial narratives in which native populations were portrayed as irrational and childlike and in which scientific knowledge was conceived of as the only foundation for rational thought (Gardener and Lewis 1996:5). During this era dichotomies such as " 'primitive' and civilised', 'backward' and 'advanced', 'superstitious' and 'scientific', 'nature' and 'culture' became commonplace" (Gardener and Lewis 1996:4). Such polarities, it will be argued, remain at the centre of mainstream demographic theory.

The social scientists of the Enlightenment (including Rousseau, Kant and Hegel) conceived of modernity in terms of the rise of civil society as a form of political utopia, in which a state of egalitarianism could be formed based upon

the principle of the social contract (Delanty 2000:23). For Rousseau, inequality was entirely a social creation and not the product of natural laws. Malthus's Essay set out to demonstrate the impossibility of this utopian egalitarian vision. Malthus's principles of population laid out a natural order of things, in which social inequities were conceived of as the necessary conditions for the maintenance of human society, acting as essential checks on population growth. Malthus's analysis of population dynamics was based upon two main assumption:

> "First, That food is necessary to the existence of man. Secondly, That the passion between the sexes is necessary, and will remain nearly in its present state....
>
> Population, when unchecked, increases in a geometrical ratio. Subsistence increases only in an arithmetical ratio. A slight acquaintance with numbers will show the immensity of the first power in comparison with the second. By that law of our nature which makes food necessary to the life of man, the effects of these two unequal powers must be kept equal. This implies a strong and constantly operating check on population from the difficulty of subsistence. This difficulty must fall some where, and must necessarily be severely felt by a large portion of mankind (Malthus 1993: 12-13).

According to Malthus, population growth would only be held within the limits of subsistence by positive checks which increase the death rate, such as hunger, disease and war; and preventive checks on fertility, such as abortion, birth control, prostitution and the postponement of marriage and celibacy. As, according to Malthus, the power of human reproduction exceeds the resources available for food production, these positive checks, which by their very nature condemn a large proportion of society to misery, poverty, and social marginalisation, are also essential to prevent overpopulation (Gilbert

1993). Fear of destitution and the need to provide for one's offspring (in the absence of state welfare) act as a major preventive check on early marriage and therefore high fertility among the poor:

> "I said that population, when unchecked, increased in a geometrical ratio, and subsistence for man in an arithmetical ratio. Let us examine whether this position be just. I think it will be allowed, that no state has hitherto existed (at least that we have any account of) where the manners were so pure and simple, and the means of subsistence so abundant, that no check whatever has existed to early marriages; among the lower classes, from a fear of not providing well for their families; or among the higher classes, from a fear of lowering their condition in life. Consequently in no state that we have yet known has the power of population been left to exert itself with perfect freedom. ....."
>
> "The effects of this check on man are more complicated. Impelled to the increase of his species by an equally powerful instinct, reason interrupts his career, and asks him whether he may not bring beings into the world, for whom he cannot provide the means of subsistence. In a state of equality, this would be the simple question. In the present state of society, other considerations occur. Will he not lower his rank in life? Will he not subject himself to greater difficulties than he at present feels? Will he not be obliged to labour hard? And if he has a larger family, will his utmost exertions enable him to support them? May he not see his offspring in rags and misery, and clamouring for bread that he cannot give them? ..."
>
> "These considerations are calculated to prevent, and certainly do prevent, a very great number in all civilized nations from pursuing the dictate of nature in early attachment to one women" (Malthus 1993: 15-18).

For Malthus there were no utopian means of controlling population growth. Positive checks entailed the necessity for physical suffering and deprivation; and preventive checks, such as birth control and abortion led humanity to a state of vice and immorality (Gilbert 1993). The misery and deprivation of a substantial proportion of society (namely the peasantry and working classes)

were, therefore, essential to check population growth. The thesis on population was in effect, a treatise against institutional changes aimed at improving the social and economic conditions of the poor. According to Malthus's principles, changes in the institutional structure of society aimed at alleviating poverty and misery, would remove essential "preventive and positive checks" on population growth. For Malthus reduced fertility through "moral restraint" was the only means by which the poor could improve their conditions in life.

The *Essay on the Principles of Population* was, therefore, also a polemic against social reform, advocating for the maintenance of the existing social order in which poverty and misery had its place, ordained by the laws of nature and the will of God (Gilbert 1993:xiv). Making welfare relief available, through reforms such as the Poor Law would, according to Malthus, "weaken the 'spirit of independence' among the English peasantry", increasing their dependence on the state (Gilbert 1993:xvi). Social reforms which increased the role of the state in the welfare of the poor, would remove the preventive checks on early marriage, exacerbating "irresponsible" and "immoral" behaviour among the "lower classes". Hence, the egalitarian vision was inevitably doomed due to the perverse laws of population. The conditions necessary for the attainment of an egalitarian society would remove the essential checks on population growth, leading not to utopia but to overpopulation and an apocalyptic nightmare in which

> "sickly seasons, epidemics, pestilence, and plague advance in terrific array, and sweep off their thousands and ten thousands. Should success be still incomplete, gigantic inevitable famine stalks in the rear, and with one mighty blow, levels the population with the food of the world" (Malthus 1993:61).

For Malthus inequity based on social class was part of a pre-ordained natural order. The only way out of poverty for the working classes was the acquisition of bourgeois aspirations and values, accompanied by postponement of marriage and pre-marital celibacy. In its denial of the structural conditions of poverty, advocacy for the removal of all forms of state intervention in social and economic reform, condemnation of pre-marital sex and contraception and abortion as "immoral", and the suggestion that the impetus behind poverty reduction is the changing aspirations of individuals and the adoption of bourgeois values by the poor, the new-right's position expressed at Mexico City is pure Malthusianism.

> "To remove the wants of the lower classes of society is indeed an arduous task. The truth is that the pressure of distress on this part of a community is an evil so deeply seated that no human ingenuity can reach it. Were I to propose a palliative, and palliatives are all that the nature of the case will admit, it should be, in the first place, the total abolition of all the present Parish laws. This would at any rate give liberty and freedom of action to the peasantry of England, which they can hardly be said to possess at present. They would then be able to settle without interruption, wherever there was prospect of a greater plenty of work and a higher price for labour. The market of labour would then be free, and those obstacles removed, which, as things are now, often for a considerable time prevent the price from rising according to the demand" (Malthus 1993: 43-44).

3.2 *Demography and the Social Production of Knowledge*

In the *History of Sexuality* (1990), Foucault identifies a synergy between the Malthusian discourse on population and emerging discourses on sexuality, in which during the eighteenth century, sex and sexual practices began to assume a critical importance as a political issue. Foucault's analysis links eighteenth century discourses on sexuality with the emergence of demography as a scientific discipline and a tool for public policy. Central to this analysis is Foucault's concern with the relationship between disciplinary power and the social production of knowledge.

For Foucault the Enlightenment was the historical epoch in which a major transformation occurred in the operations of power. Foucault conceptualises the age of modernism as marked by a shift in power from that wielded by a sovereign authority, to a diffuse and localised operation of power exerted through diverse institutions and mechanisms of the state aimed at the regulation and surveillance of the population (McHoul and Grace 1993). Foucault coins the term "governmentality" to describe the mechanisms of power which emerged during the eighteenth century, through which the population began to be controlled, regulated, and classified. For Foucault the notion of classification of individuals and populations lies at the heart of modern strategies of "governmentality" and social control (Jenkins 1996).

Central to Foucault's conception of power is that of discipline and the historical production of knowledge, encapsulated in the term "discourse". Foucault's narratives (1976, 1979, 1990), which focus on the rise of the modern period, seek to challenge the modernist assumption of historical progression, continuity and the unilinear development of knowledge (Bunton and Petersen 1997). While fields of knowledge produced in different historical epochs appear to be the result of an objective, continuous, evolutionary and apolitical progression of ideas; according to Foucault bodies of knowledge (or discourses) are socially, historically and politically constructed products, which serve to legitimise operations of disciplinary power. Foucault uses the term discipline in two senses. The first refers to academic disciplines or specialised technical fields such as medicine, psychiatry, sociology and demography. Foucault (1970) identifies the "Age of Enlightenment", with the birth of these modern, scientific disciplines (Fox 1993:7). The second refers to the operations of power practised through disciplinary institutions such as the hospital, school and prison, which function to maintain social control, supported in their practice by these specialised technical bodies of knowledge (McHoul and Grace 1993). In other words, through the use of the term "discipline" Foucault stresses the connection between techniques of power and the forms of knowledge that have developed alongside them (McHoul and Grace 1993). It is in this respect that Foucault's work has something to offer to an analysis of the emergence of demographic inquiry as a specialised technical field related to specific mechanisms of institutional power.

The body and populations play a continuous role in the analytical structure of Foucault's analysis of eighteenth century techniques of power (Turner 1997:xv). According to Foucault, during the eighteenth century the regulation of the body became the focus of disciplinary power, exerted through the military, the church and the medical profession, with the emerging discourses on sex and sexuality linking two centres of social control. State regulation of the body as a biological organism was supported through the new discourses on public health (eg on control of sexually transmitted diseases), which acted as a form of policing of the labour force (Turner 1997:xv). Regulation of the population was supported through the emergence of public discourses on sexuality. Sex was no longer governed by taboo but rather through a series of techniques and regulations which were supported by demography as an emerging technical field:

> "In concrete terms, starting in the seventeenth century, this power over life evolved in two basic form; these forms were not antithetical, however; they constituted rather two poles of development linked together by a whole intermediary cluster of relations. One of these poles - the first to be formed, it seems- centred on the body as a machine...The second, formed somewhat later, focused on the species body, the body imbued with the mechanics of life and serving as the basis of the biological processes: propagation, births, and mortality, the level of health, life expectancy and longevity, with all the conditions that can cause these to vary. Their supervision was effected through an entire series of interventions and *regulatory controls: a biopolitics of the population*. The disciplines of the body and the regulations of the population constituted the two poles around which the organisation of power over life was deployed" (Foucault 1990:139).

Foucault identifies the notion of erotic sexuality as a modern and bourgeois construct, a product of discourse or discursive practices in a society

increasingly concerned with the management of the population (Armstrong 1997; McHoul and Grace 1993). For Foucault, the notion of sexuality had its origins in the bourgeois concern to maximise life and to reproduce itself as a social class. Hence Foucault suggests, discourses on sexuality refer to historically constructed system of morals, techniques of power, discourses and procedures designed to meet certain strategic and political ends (McHoul and Grace 1993):

> "Sex was not something one simply judged; it was a thing to be administered. It was in the nature of a public potential; it called for management procedures; it had to be taken charge of by analytical discourses. In the eighteenth century, sex became a 'police' matter- in the full and strictest sense given the term at the time" (Foucault 1990:24) ...

Foucault locates the rise of demography as a "technical field" with the emergence of related techniques of surveillance and control concerned to govern aspects of life such as: fertility, mortality, contraceptive practices, life expectancy, and the general health of the population (McHoul and Grace 1993:78).

> "One of the great innovations in the techniques of power in the eighteenth century was the emergence of 'population' as an economic and political problem: population as wealth, population as manpower or labour capacity, population balanced between its own growth and the resources it commanded. Governments perceived that they were not dealing simply with subjects, or even with a 'people', but with a 'population', with its specific phenomena and its peculiar variables: birth and death rates, life expectancy, fertility, state of health, frequency of illnesses, patterns of diet and habitation...
>
> At the heart of this economic and political problem of population was sex: it was necessary to analyze the birth-rate, the age of marriage, the legitimate and illegitimate births, the precocity and frequency of sexual relations, the ways of making them fertile or sterile, the effects of

> unmarried life or of the prohibitions, the impact of contraceptive practices - of those notorious 'deadly secrets' which demographers on the eve of the Revolution knew were already familiar to the inhabitants of the countryside" (Foucault 1990:25-26)

For Foucault, the major societal context for the emergence of modern forms of population management, discipline and government, was the effect of demographic transformations in eighteenth century England (Turner 1997:xv).

> "What is the basis for this transformation? Broadly one can say that it has to do with the preservation, upkeep and conservation of the 'labour force'. But no doubt the problem is a wider one. It arguably concerns the economico-political effects of the accumulation of men. The great eighteenth-century demographic upswing in Western Europe, the necessity for co-ordinating and integrating it into the apparatus of production and the urgency of controlling it with finer and more adequate power mechanisms cause 'population', with its numerical variables of space and chronology, longevity and health, to emerge not only as a problem but as an object of surveillance, analysis, intervention, modification etc. The project of a technology of population begins to be sketched: demographic estimates, the calculation of the pyramid of ages, different life expectations and levels of mortality, studies of the reciprocal relations of growth of wealth and growth of population, various measures of incitement to marriage and procreation, the development of forms of education and professional training. Within this set of problems, the 'body' - the body of individuals and body of populations- appears as the bearer of new variables, not merely as between the scarce and the numerous, the submissive and the restive, rich and poor, healthy and sick, strong and weak, but also as between the more or less utilisable, more or less amenable to profitable investment, those with greater or lesser prospects of survival, death and illness, and with more or less capacity for being usefully trained" (Foucault 1980: 171-172)

There is a multitude of interpretations of Foucault's work (Armstrong 1997). Foucault, as with many of the post-modernists, can be read as involving conservative and subversive political tendencies and has been interpreted as having both an idealist and a materialist conception of history (Armstrong

1997; Gardener and Lewis 1996:21). Foucault's conception of power can be read as a critical reaction to a deterministic Marxism which views power as operating only through macro-structures. For Foucault, power operates through relationships and practices at the micro level which are typically disguised and covert (Turner 1997:xi). Yet, such an analysis of power is not far removed from Wolf's suggestion that while class analysis and relations to the mode of production are at the core of Marx's conceptualisation of power, production is "relational in character", and that the concept is not merely economic, but also social, political and social-psychological" (Wolf 1982:21). The notion that power operates throughout the social structure, in diverse forms in different social contexts, and embodied in day to day practices such as those of professions, organisations and institutions, offers the potential for a context specific, local level analysis of the effects of power and its relationship to knowledge production.

It is in his formulation of the relationship between knowledge and power, that Foucault has been seen to make a major contribution to twentieth century social theory (Turner 1997:xi). Foucault's notion of discourse has had a significant impact on how social theory in the 1980s and 1990s has conceived of knowledge production within academic and technical disciplines. Gardener and Lewis (1996:21) suggest that since the 1980s there has been an increasing awareness of the relationship between the production of specialised technical knowledge (discourse) and the operations of power in fields of practice such as international development. Drawing on Foucault's

notions of power and knowledge, Greenhalgh (1996) suggests that demography as a discipline must be understood as a distinctly historical product. Demographic theory or knowledge is the product of a social activity of particular groups, heavily influenced by the values and interests of funding organisations, the social structure of research institutions and the historical circumstances in which specific bodies of scientific knowledge are created (Greenhalgh 1996: 28-30).

3.3 *Malthusianism and Twentieth Century Demography*

The development of international population policy is inextricably linked to the emergence of demography as a specialised field of academic inquiry in the twentieth century (Demeny 1988; Greenhalgh 1996; Hodgson 1988). Demography has been described as the "handmaiden" of the population establishment (Demeny 1988), having provided the theoretical frameworks upon which international population policy, implemented through family planning programmes and in latter years sexual and reproductive health interventions, has largely been based.

The Cold-War concerns about the spread of communism in LDCs, engendered a strong demand from international planners and US policy makers for increased investment in demographic research (Greenhalgh 1996:34). As a result, the funding base for demographic research in the

latter part of twentieth century has largely been drawn from government departments, whose main interests have been in the collection and analysis of statistical data as a policy tool (Demeny 1988). Demography as an academic discipline has been caught between two stools, on the one hand seeking to gain academic legitimacy with an institutional base in university departments, and on the other producing tools and analytical frameworks that are of utilitarian value to its funders (Greenhalgh 1996). Demeny (1988:463) has suggested that while demography "provided the rationale for the creation of the population industry..., once established, the industry took command".

The emergence of population as an issue for international policy concern during the inter-war years of the (1920s and 1930s), coincided with the establishment of population studies as an academic discipline. Leading demographers such as Warren Thompson [who in 1929 laid the foundations for demographic transition theory (Thompson 1929)] and Carr-Saunders, wrote in the 1920s and 1930s of the need to confront the growing Asian population, as it was feared that the differential growth in Europe and the East would undermine the prevailing global distribution of power. Western, and particularly US policy-makers, perceived rapid population growth in Asia as a threat to strategic interests, hence the coining of the term "strategic demography". During this era, there was a strong eugenicist agenda behind the emergence of population studies as an academic discipline, linked to a related concern with migration, in particular migration of Asians to developed

countries. In the mid 1940s, the influential US Malthusian publicist, Karl Sax was writing on immigration by third world people to the US:

> "..there is no moral reason why nations which control their birth rates in order to maintain a high standard of living should provide for the surplus populations of countries which breed without consideration of economic and social consequences" (Sax, 1945, quoted in Furedi, 1997: 60).

The establishment of the Population Association of America in the early 1930s, has been attributed to the need to give a scientific legitimacy to a class-ist and racist ideological agenda of population specialists concerned about high fertility among the lower classes and immigrant ethnic groups (Greenhalgh 1996:35). Through the work of Margaret Sanger, the early birth control movement which argued for women's rights to access contraception, forged an ideological alliance with eugenicist Malthusianist founders of the population establishment (Hodgson and Cotts Watkins 1997:473).

3.4 *Fertility Theory and the Neo-Malthusian Orthodoxy*

By the late 1940s, the Malthusian population agenda, which had dominated population studies in the 1920s and 1930s, appeared to be subsiding with the maturation of demographic transition theory. Demographic transition theory which sought to provide a meta-theory for explaining fertility decline in the industrialised West, attributed the demographic transition in Europe to structural changes brought about by the modernisation process, and suggested that fertility would decline only in relation to economic development

(Greenhalgh 1990:85; Hodgson 1988:542). Transition theory makes two main assertions about the relationship between development and demographic change. First, that high mortality and high fertility rates associated with agrarian societies will shift to a regime of low mortality and low fertility as society becomes increasingly industrialised. Second, that mortality will initially decline more rapidly than fertility, producing an interim period of high population growth (Hodgson 1983:7). Classical transition theory understood demographic change and the motivation to reduce fertility as a response to structural changes in the social system (Hodgson 1988). The early version of transition theory attributed fertility decline in Europe to the social and economic developments of the industrial age, which increased the economic costs associated with raising children and reduced economic benefits of having children, along with the increasing rationality which enabled couples to breakaway from traditionalism and fatalism (Thomas and Price 1999:782).

Transition theory is firmly rooted in the modernisation paradigm which derives from Durkheim's functionalist sociology. Durkheim understood social change in terms of "a dichotomous typology of society", in which society progressed through an evolutionary process from traditional to modern forms. According to Durkheim, primitive society was characterised by "mechanical forms" of social solidarity (based on a strong collective consciousness), in which the social group was the locus of identity (Delanty 2000). As societies progressed to more complex forms, mechanical solidarity gave way to organic social solidarity, characterised by a greater individualism, co-operation and the

complementarity of difference (Wolf 1982:11). Modern society, emerging out of a highly differentiated division of labour was understood as involving a shift from social integration through religion and the family, to social differentiation based upon occupational groups and educational meritocracy (Delanty 2000:35).

Modernisation theory conceptualises social change as an evolutionary process, through which societies progress from simple "traditional" forms based on subsistence agriculture, towards technologically complex and industrialised "modern" forms (Hobart 1993; Gardener and Lewis 1996). According to modernisation theorists such as Rostow, while economies are situated at different levels of development, all are progressing on a linear path towards industrialisation and capitalist economic growth (Gardener and Lewis 1996). An underlying assumption of modernisation theory is that modern capitalist society is the pinnacle of the process of evolutionary social development, based upon a universal scientific and economic rationality. In contrast "traditional" social forms are conceptualised as lacking economic rationality and steeped in erroneous belief systems which act as an obstacle to change (Hobart 1993). Hence, modernisation theory presents the growth of global capitalism as unproblematic. Through characterising societies into traditional, transitional and modern forms, modernisation theory imparts an apolitical view of history which fails to consider the inequity of power relations between the developed and developing world, equating tradition with lack of

development (Wolf 1982). According to Wolf (1982:12), through its apolitical characterisation of development:

> " 'modernization theory' became an instrument for bestowing praise on societies deemed to be modern and casting a critical eye on those that had yet to attain that achievement. The political leaders of the United Sates had pronounced themselves in favor of aiding the development of the Third World, and modernization theorists seconded that pronouncement. Yet modernization effectively foreclosed any but the most ideologically charged understanding of the world. It used the term, *modern*, but meant by that term the United States, or rather an ideal of a democratic, pluralistic, rational and secular United States" (Wolf 1982:12).

Much less influential in mainstream demography has been critical political economy, emerging out of the Marxist understanding of modernity. As with Malthus, Marx also engaged in a critical debate with utopian socialism (Delanty 2000). However, for Marx, the utopian vision foundered not on a "natural law" in which the social order maintains the balance between demand and supply, but upon the inherent inequities in the distribution of ownership of resources upon which modern capitalist society is constructed. According to Wolf (1982:19-20), Marx was the last major theorist to produce a holistic or unitary human science, in which a materialist understanding of social change lays bare "the laws or regularities surrounding the production of wealth", "the role of class in the genesis of wealth", and "the role of the state in relation to different classes".

Marx's materialist conception of history placed the notion of dialectic and class conflict at the centre of the understanding of social transformation. For

Marx, social structures are constituted by forces that are in constant conflict. The Marxist theory of social change is therefore one in which social structure is in a process of continual transformation, through forces of conflict and revolution (Coward and Ellis 1977). Central to Marx's historical materialism is the concept of commodification, and the reduction of social relations to commodities within capitalist society (Delanty 2000). According to Marx, the production of 'the material conditions of human life' determines the social process, brought about by the need to survive (Coward and Ellis 1977:63). This conceptualisation of social change as embedded in material relations, separates Marx from the idealist philosophers who understand the central force for social transformation as deriving from ideational change. The following quotation from Marx, cited in Coward and Ellis (1977:62) provides a summary of Marx's construction of capitalist social structure:

> "We have seen that the capitalist process of production is a historically determined form of the social process of production in general. The latter is as much a production process of material conditions of human life as a process taking place under specific historical and economic production relations, producing and reproducing these production relations themselves, and thereby also the bearers of this process, their material conditions of existence and their mutual relations, i.e. their particular socio-economic form (*Capital*, vol 3: 818).

At the heart of Marx's analysis of capitalism is the concept of the relations of production, in which capital and labour are in constant conflict. The driving force of modern society is profit, the accumulation of which is explained by the "labour theory of surplus value", according to which profit is generated through the sale and purchase of labour power as a unique commodity

(Delanty 2000:33). Labour power adds value to a product over and above that contained in the tools, raw materials and labour - the forces of production (Lovell 2000a:306). The products of labour are sold on the market as commodities, generating a profit which is appropriated by those who have bought the labour power and own the raw materials (the means of production). The concentration of ownership of the means of production by a small elite, enables the expansion of production through the exploitation of wage-labour. This exploitation is the production of "surplus value" created by the wage labourer within the capitalist relations of production (Coward and Ellis 1977:65).

Hence, Marx did not conceive of modern society as a civil society modelled on the rights and responsibilities of the individual. Rather modern society was typified by the commodification of social relations, and the struggle for justice between those who sold their labour and those who owned the means of the production. Wolf (1982), suggests that although twentieth century social science disciplines appeared to have moved away from political economy, Marxist analysis remains a hidden force in the development of social theory:

> "The several social science disciplines, ...turned their back on political economy, shifting instead to the intensive study of interaction among individuals - in primary and secondary groups, in the market, in the processes of government. They thus turned away from crucial questions about the nature of production, class and power... Although these questions were abandoned by the social sciences, they persist as their hidden agenda. Because Marx raised these questions most persistently and systematically, he remains a hidden interlocutor in much social science discourse. It has been said that the social sciences constitute one long dialogue with the ghost of Marx" (Wolf 1982:20).

In the 1970s and 1980s modernisation theory underwent a sustained critique in the social sciences and in development theory. Drawing on Marxist analysis of the history of capitalism, dependency and world systems theorists such as Frank and Wallerstein argued that development and underdevelopment were not "separate phenomena", but closely bound to the unequalising process of capitalist development (Gardener and Lewis 1996; Wolf 1982). Dependency theorists argued that the underdevelopment of countries in the South was a product of imperial and post-imperial exploitation, and hence a historical construction of capitalism (Gardener and Lewis 1996). Related to dependency theory, world systems theorists such as Wallerstein argued that relations of global inequality between the industrialised centre and the non-industrialised periphery (from which the centre extracts resources) is repeated in social relations at the local level, for example in terms of trade between rural producers and urban markets. However, modernisation theory and dependency theory share a common assumption that society progresses in a unilinear fashion, based upon a universal rationalist epistemology (Gardener and Lewis 1996). One of the main criticisms levied at dependency and world systems theory is that in concentrating only on the economic and political structures of underdevelopment, Third World societies are presented simply as passive victims of global capitalism. Hence dependency and world systems theories lack an analysis of micro-level dynamics and strategies of resistance and maximisation of opportunities by the poor (Gardener and Lewis). In other

words modernisation, dependency and world systems theory share in common a lack of a coherent theory of the relationship between structure and agency.

Despite the dominance of the above debates in development theory over the past three decades, the modernisation paradigm has continued to dominate demographic theory. In the 1960s, classical demographic transition theory increasingly gave way to a new perspective which stressed the importance of ideational change to fertility related behaviour over and above structural conditions (Hodgson 1988; Thomas and Price 1999). This approach was strengthened by the findings of the Princeton University European Fertility Project (1963 to 1983), which analysed data from 700 European provinces, and concluded that fertility decline was precipitated more by changes in fertility-related behaviour in neighbouring provinces than by specific socio-economic changes within a province itself (Thomas and Price 1999). The Princeton University Project introduced the notion of culture as the main variable influencing demographic change, emphasising diffusion of ideas as opposed to changes in economic and structural conditions as a major determining influence on fertility (Greenhalgh 1995). Changes in fertility related behaviour were explained in terms of the diffusion of the idea of contraception leading to its increasing acceptability as a social innovation and hence to increased usage rates (Thomas and Price 1999).

Diffusion theory offered a new variant to the modernisation paradigm. Fertility decline was understood as resulting from cultural change brought about

through the diffusion of western or modernising ideas to traditional cultures. In particular, diffusion theorists suggest that Christianity and Western education (Caldwell 1982) and ideas regarding the benefits of lower fertility (Cleland 1985), have provided the cultural context for a shift from traditionalism and fatalism, to fertility decision-making based upon a 'rational' assessment of the relative costs and benefits of having children (Thomas and Price 1999).

The underpinnings of cultural diffusion theory can be found in Weber's notion of social change, in which cultural systems are understood to evolve through a process of rationalisation from magic to religion to modern materialism. For Weber, Christianity was a major modernising force and dynamic behind social change (Delanty 2000:36). In *The Protestant Ethic and The Spirit of Capitalism* Weber outlines a thesis of social change in western Europe between the sixteenth and eighteenth century, in which the "rationalisation of Christianity" through the "Protestant ethic" of early Calvinism laid the moral and cultural foundations for early capitalism (Delanty 2000). For Weber ideational change preceded structural and economic transformation and the rise of capitalism. In its simplest form, the notion that ideational change is a driving force behind social transformation is one of the most persistent "truisms" assumed by demographic diffusion theory and the neo-Malthusian family planning orthodoxy.

While classical transition theory had sought only to explain fertility decline as a demographic trend occurring in economically developed areas of the world,

under the diffusionist variant, fertility decline became viewed as a pre-requisite for economic development (Hodgson 1983). Under-pinned by diffusion theory, the identification of demography with the Malthusian principles of population as an independent variable re-emerged within the population orthodoxy (Hodgson 1983). By the 1960s mainstream population studies had adopted a neo-Malthusian position, seeing reduced rates of population growth as essential aspects of social and economic development in the Third World (Hodgson 1988). Within this orthodoxy, the relevance of economic factors to fertility decline all but disappeared from mainstream demographic inquiry, replaced by a perspective which saw demographic trends as the determinants of economic development. Fertility decline in the worlds poorest and economically least developed areas became a core policy objective and providing modern contraceptive technology to peasant couples the means for achieving it (Hodgson 1988:542). Demeny (1988:457) notes that:

> " [t]he discovery of a potentially important contribution to development from an induced change in demographic behaviour gave a mighty impetus to policy-oriented population studies. Studies in turn spawned programmatic action, soon embraced by scores of countries, assisted by international development agencies".

Recent critiques, have demonstrated the failure of transition theory and its diffusion variants to adequately explain micro-level variations in fertility behaviour (Greenhalgh 1990; Thomas and Price 1999). These critiques have demonstrated the fundamental importance of structural and economic factors in explaining differences in fertility behaviour at the local level. An historical

analysis of demographic transition in Hungary carried out by Cook and Repetto (1982), indicated that variants in marital fertility were related to social inequalities and distributional factors such as: the real wage index; inequalities in landholdings and the average income of landless households (Thomas and Price 1999:782). These developmental and economic factors were shown to have a far greater significance for fertility related behaviour than explanations based on transition theory or diffusion models would allow (Thomas and Price 1999:782). A study by Kertzer and Hogan (1989) demonstrates that macro-level social and economic changes had differential affects on fertility behaviour of different classes living in the same community (Greenhalgh 1990:85). This micro-level analysis makes a break with the modernisation paradigm suggesting that fertility decline "does not follow changes in such indexes of modernisation as literacy, women's work or female autonomy", but rather that fertility decline follows "alterations in the value of children in the class-specific family economy" (Greenhalgh 1990:86). Political and developmental factors such as laws making school attendance compulsory and restricting child labour in factories, were shown to be key catalysts for fertility change, as opposed to ideational factors (Greenhalgh 1990:86). Other studies have also demonstrated micro-level fertility differentials by social class and occupation, which suggests the existence of a "strong negative relationship between equitable development and fertility" and that fertility behaviour is largely predicated upon structural conditions such as equitable distribution of resources (Thomas and Price 1999:784).

3.5 The Family Planning Discourse

Despite the evidence of its explanatory shortcomings, variants of diffusion theory have remained the received wisdom of demographic inquiry and social science research on family planning (Demeny 1988). Until the late 1980s, family planning research was preoccupied with technical aspects of programme interventions. Resource allocation from donor agencies to population research emphasised technical products that would provide practical assistance to improving family planning programme effectiveness, through action (operations) research, systems analysis and programme evaluation (Demeny 1988). According to Warwick (1982:40) family planning programming was largely based on a Weberian ideal type model informed by a "machine theory" of implementation:

> "a quasi-mechanical exercise in which organizational units and individual implementers form a delivery system and program clients become receptacles for the services delivered".

Within the family planning orthodoxy, fertility behaviour based upon a cost-benefit calculation has been the predominant framework within which the demand for contraceptives has been understood. Fertility decision-making is understood in terms of a decontextualised universal rationality based on economistic notions of maximisation of scarce resources (Hammel 1990). Within this framework, the key determinants of fertility-related behaviour are understood as the supply of births, the demand for births, and the cost of

fertility regulation (Easterlin and Crimmins 1985; Behrman and Knowles 1998). When the biological supply of births (which is not behaviourally controlled) and the demand for births (which is behaviourally controlled) are both high, it is assumed that so is the relative cost of regulating fertility, and therefore the demand for fertility control will be low. If supply of births begins to outstrip demand (either because of the rising economic cost of having children, or because of changing ideas about the value of children and the importance of the nuclear family), then it follows that the cost of fertility rises, the relative cost of fertility control decreases and the demand for fertility control increases. Within this equation, as the actual cost of fertility control decreases (through increased access to modern contraceptive technologies) so there will be an increasing demand for fertility regulation services reflected in increased utilisation rates. Hence, utilisation of services (and particularly high continuation rates) becomes a proxy measure of demand.

A neo-Malthusian understanding of the relationship between poverty and fertility, also based upon the classical economic demand-supply paradigm, underlies this family planning orthodoxy. Poverty and ill-health are seen as resulting from too much demand being placed on finite resources and services (including land, food, wealth-generating natural resources and health and medical services) as a result of population growth (Kibirige 1997:247). This perspective on poverty melded with diffusion theory, underlies the assertion that the systematic implementation of technically sound, well-managed, quality family planning programmes, will effectively reduce fertility irrespective

of social and economic context (Thomas 1991; Thomas and Price 1999). The economic theory of fertility suggests, that in economic crises and conditions of extreme poverty, demand for children will decline as a direct result of their increasing cost relative to income levels (Thomas and Price 1999:785). The neo-Malthusian orthodoxy suggests that if quality health and family planning services are provided to the poor in such contexts, fertility rates will subsequently decline (and consequently so will poverty). This position has been advocated by numerous pillars of the population establishment. For example, Harvey (1996:283) asserts that:

> "Simultaneously with the recognition that family planning programmes need not necessarily concentrate on 'health' to be effective came a growing realization that improved levels of education and economic development were not necessarily pre-requisites for the adoption of family planning, either. 'Development is the best contraceptive' was a rallying cry of many developing countries' governments in the early years, no doubt in part to help attract donor nations' investment in other development activities, but surely, too, because assistance provided for economic development was and remains less controversial than support for 'pure' family planning. But as fertility control proved its worth, that conviction dissipated too".

In recent years the assertion that fertility decline can be brought about through implementation of family planning programmes irrespective of social and economic development has been strengthened by national fertility declines in countries such as Bangladesh and Kenya, which have poor indicators of equitable development (Thomas and Price 1999:785). An often cited example of the impact of family planning programmes on fertility decline in the context of extreme poverty is the Matlab experiment in Bangladesh which increased contraceptive prevalence rates through provision of

organised family planning services, despite poor social and economic indicators (Harvey, 1996). Malcolm Potts (1996:116) has argued that such fertility declines:

> "are not the result of socio-economic improvement (Bangladesh is amongst the poorest countries in the world), but they are the result of governmental and non-governmental systems making a range of family planning choices available through a variety of channels and of a concerted effort to deal with the public health consequences of unsafe abortion".

Within the neo-Malthusian orthodoxy, family planning programme performance has been judged on two basic criteria: effectiveness and efficiency. Effectiveness is measured by the extent to which a programme has achieved the goals set by the implementing organisation (eg to increase contraceptive prevalence rates) and efficiency by the ratio of resources put in to achieve the output (Warwick 1982:41). Hence, during the 1970s and 1980s, family planning research focused almost exclusively on the collection and analysis of aggregate data on fertility outcomes and family planning service utilisation. The dominant measures of programme effectiveness have been contraceptive prevalence rates and its widely-used proxy Couple Years of Protection. Acceptor rates have been used as a common intermediate measure of effectiveness, along with continuation rates which identify the proportion of acceptors who continue to use a commodity or service for a given period of time after first acceptance. These data are rarely disaggregated by client profile, thereby failing to provide any indication of the impact of programmes on specific social and economic groups. By focusing

on outcomes alone, family planning programmes have generally failed to collect or analyse data on the social contexts in which fertility related behaviour takes place. Warwick (1982: 34-37) suggests that the core elements of the traditional family planning approach have rested upon a set of assumptions regarding individual fertility behaviour. First, that irrespective of social context (income levels, ethnicity, religion etc) women of reproductive age want to limit their fertility. Second, that this desire to limit fertility will be translated into active utilisation of organised family planning programmes. As a result of these assumptions access to modern contraceptives is taken as a major predictor of fertility behaviour. A further assumption (based upon diffusion theory) is that those who do not initially express a desire to limit fertility, can be made interested in contraception through information, education and communication (IEC) programmes.

Based upon the above assumptions, the concept of the 'unmet need' for modern contraception is often used synonymously in the family planning literature, with the concept of demand. However, while demand is linked to a particular theoretical understanding of fertility-related behaviour, unmet need is a conceptual tool of programme planners, borne out of the application of survey methods and used as a policy instrument to determine that a need exists, even though it has not necessarily been expressed as such either in the minds or behaviour of survey respondents (Behrman and Knowles 1998:721). The unmet need for contraception was first demonstrated through data collected by knowledge, attitude and practice (KAP) surveys. Using a

questionnaire method, KAP surveys ask women (and some men) respondents about family size preference, and about knowledge, attitudes and practice related to family planning. The difference between the stated reproductive preferences and birth control practices (eg between preferred number of children and actual number, and between desire to stop child-bearing and modern contraceptive use) has become known as the "KAP gap", and taken to indicate an unmet need for contraception (Bongaarts 1991). There has been a long running debate in the family planning literature over the significance of the KAP gap for estimating the unmet need for contraception. Westoff (1988:231) argues that a large number of non-users of modern contraceptives are women who are not currently exposed to the risk of pregnancy and that the unmet need is not, therefore, significant. Bongaarts (1991), however, suggests that the estimate of unmet need would be substantially higher if it included need for birth spacing as well as birth limiting. Dixon-Mueller and Germain (1992) have suggested an even broader definition that would extend the concept of unmet need to include comprehensive sexual and reproductive health services, as well as including data on men and women who are not well served by existing contraceptive methods (eg unmet need for method switching).

Similarly, there has been an ongoing debate in the family planning literature on the causes of unmet need for contraception. Ross (1995) has taken issue with the assertion by Bongaarts and Bruce (1995a) that the key determinant of use of modern contraceptive services is quality of care (in particular client-

provider interactions). For Ross (1995), the question of access to services is a significant contributor to contraceptive use in much of the developing world. In response, Bongaarts and Bruce (1995b:243) argue that while accepting the importance of access, "offering relevant, flexible, good-quality care is the key to successful services". The impasse reached in this debate illustrates a failure throughout the family planning literature to distinguish conceptually between the perspective and needs of programme implementers (supply issues) and the differential perspectives and needs of the community (demand issues).

It is in the quality of care framework that family planning discourse has come closest to considering demand issues and considering the impact and effectiveness of family planning programmes from the community perspective. The pressure for improved sensitivity of family planning programmes is reflected in work carried out by the Population Council in the 1980s on the users' perspective, which laid the foundations for the quality of care framework in the early 1990s (Bruce 1990; Thomas and Price 1999; Hempel 1996). In the 1970s the population establishment became increasingly concerned by the findings of various studies which indicated low contraceptive continuation rates in a number of developing countries (Zeidenstein 1980). The family planning establishment responded with a framework which introduced the 'users' perspective' into family planning programme design, in order to bridge the identified 'gap in perception' between programme implementers and programme users. The users' perspective places the

individual as the analytical focal point for programme design and evaluation, on the basis that the "perception and experience" of individual programme users determines acceptance and continuation rates and hence the overall impact of the service delivery system (Bruce1980:30). Despite the apparent recognition by Zeidenstein (then president of the Population Council) of the relationship between fertility and equitable development, the users' perspective is based upon an understanding of the individual as a consumer of services, operating in a free market irrespective of social context:

> "Many of us today think that the intensity and seeming exclusivity of the earlier interest in fertility and the profitable economics of reducing it was excessively narrow. We are, moreover, supported these days by a substantially enlarged and broadened set of standards regarding development itself...For in addition to continuing attention to economic activity and growth as measured by per capita GNP, there is increasing attention to improving the quality of human life; that is, among other things, to more equitable distribution of income and wealth, to creation of employment opportunities, and to development strategies to enable poor people to satisfy certain fundamental needs on a sustained basis...Contraceptive service programs need to become better oriented to the perceptions of individuals who use or want to use contraceptives, including the problems *they* perceive in sustained use. Unless this is done, we will continue to disappoint or fail too many of the individuals who have sought out organized programs for supplies, services and information" (Zeidenstein 1980: 25-26).

The users' perspective maintains the classical demand-supply paradigm in its understanding of fertility behaviour, framing demand issues in terms of the perspectives, needs and wants of individual contraceptive service users. The needs and preferences of the individual are understood as synonymous with demand, and hence qualitative and quasi-anthropological approaches are proposed as the methodological tools for integrating the user perspective into

mainstream family planning research and evaluation. Bruce (1980:31) suggests that through using "modified anthropological techniques", anthropology and operations research could be combined to "yield a full and realistic description of the interaction of the individual and the birth planning system under study".

By the late 1980s the users' perspective was beginning to incorporate debates concerning women's rights and gender issues related to family planning programming. For example, Bruce (1987) integrates the users' perspective into an apparently radical "framework of feminist concerns", which considers the acceptability of new contraceptive technology and family planning service delivery systems from a women's perspective. Bruce (1987:362) argues that as modern contraceptive services are delivered to communities through "the vehicle of women's bodies", information regarding women's roles and gender inequalities is essential for the implementation of user responsive delivery systems. In other words, in order to be user sensitive, programmes must be gender sensitive. The pivotal relationship in the elaboration of the proposed feminist framework is between the individual client and the service provider. With the increase in provider dependent technologies, the framework suggests that a central role of the provider is to protect women's rights, through developing the client's understanding of her right to chose at the outset of the client-provider interaction (Bruce 1987:378). Bruce's analysis also develops out of the demand-supply paradigm which considers the reproductive couple as the unit of fertility decision making,

simply adding the gender dimension as pivotal in the relationship between individual users and the family planning delivery system. This proposed feminist perspective centres around the notion that fertility behaviour can be influenced by improving the gender sensitivity of service delivery systems towards individual women users, irrespective of the changes to structural conditions in which gender and power relations are embedded.

> "[C]hoice in childbearing is the center of women's autonomy dilemma. Women's ability to exercise this choice is conditioned by their lack of economic power as individuals, few avenues to social security and esteem apart from childbearing, gender roles, and family systems to promote high fertility. The developers and purveyors of contraceptives cannot directly affect structural limitations on women's lives, but they can define their mission in terms that offer women dignity and increasing freedom...Service delivery systems rarely transcend the structural limitations characteristic of their societies. More frequently, they reflect these limitations or even extend prevailing discriminatory concepts about women's roles and entitlements. But they, too can be realigned to be conscious in ideology and design of the needs of their clients. How do we reach these women? How do we protect their interests, their pride, and their privacy? What fears and limits can we help overcome?" (Bruce 1987:380).

The quality of care framework (Bruce 1990) which emerged in the early 1990s combines the users' perspective with a women's health approach (see Winikoff 1988), which suggests that the scope of programme interventions should be broadened to address women's health needs throughout the life cycle. The framework identifies six core elements of quality of care: choice of methods, information given to clients, technical competence of service providers, interpersonal relations, mechanisms to encourage continuity, and appropriate constellation of services (Bruce 1990; Jain, Bruce and Mensch 1992). The component of the "appropriate constellation of services" suggests

that the range of services should be broadened (based upon clients identified needs) to enable women to safely and effectively regulate their fertility (including access to safe abortion care) as well as to enable them to "remain free of disease, disability or death associated with reproduction or sexuality" (Bruce 1990:82).

Smyth (1994) argues that it is with the issue of quality of care that the population establishment has come closest to a "woman-centred" perspective, and in which demand issues have received most consideration. Despite the assertion that the focus of the quality of care approach is not on demographic targets but on enabling individuals to achieve their reproductive intentions (Jain, Bruce and Mensch 1992:392), the approach maintains a neo-Malthusian rationale which links fertility decline to family planning utilisation. Protagonists suggest that while the emphasis is on the rights and informed choice of the individual client, improvements in quality will lead to fertility reduction through increasing contraceptive use and sustained continuation rates (Jain, Bruce and Mensch 1992:392). The quality of care approach also separates the relationship between individual clients and service providers from the broad social and economic conditions within which health systems operate, and within which social and economic groups and classes experience differential access to health care resources:

> "The hypothesis underlying the quality of care approach was that better quality would result in user-friendly services, thereby assuring greater contraceptive acceptance, continuity and higher 'success' rates. It is almost entirely focused on individual fertility management through delivery systems that are isolated from a comprehensive health

> programme. The framework also fails to address the impact of broader social processes on the health system, such as drastically reduced funding for public services, migration of professionals to urban areas, discrimination and other forms of social disadvantage that limit poor women's access to services" (Correa 1994:86).

Drawing heavily upon the total quality notion of private enterprise the quality of care framework proposes a "market led" approach, in which family planning services are responsive to the demands of the individual consumer (Correa 1994). The approach sits easily with the free market ideology of structural adjustment programmes, imposed on many LDCS during the late 1980s and early 1990s, in which state responsibility for basic needs and social welfare was retracted in favour of market forces and rapid privatisation of the health sector (Correa 1994).

4 ICPD: A Feminist Critique of Neo-Malthusianism?

As mentioned in the introduction to this chapter, wide acclaim has been given in the literature to the role of women's activists in promoting the women's health and feminist agenda at ICPD, as a major critique of the neo-Malthusian orthodoxy of the family planning establishment. However, throughout the history of the women's movement activism and grassroots feminism has been less than explicit about its relationship to social theory (Lovell 2000a). It is this separation of activism from its theoretical underpinnings that has led to many contradictory claims about the political positioning of the ICPD Programme of Action.

Feminism is presented in the ICPD literature as a unified social movement sharing an uncontested social theory. A general feminist perspective is understood as uniting activists and interests groups within the women's health movement (Smyth 1994). For example, the Population Council has defined the women's health movement as being formed by "those groups and individuals whose prime concern is to promote and protect women's reproductive rights and health" (Population Council cited in Smyth 1994:4). Historically, feminism has been far from a united social movement, with different political strands emanating out of divergent theoretical perspectives on the nature of gender based power and inequality. Weedon (1999) argues that the assumption of natural difference between men and women, grounded in biology has been fundamental to western culture. Throughout its history feminism has taken issue with the ascription of hegemonic meanings based upon this biological distinction, which has tended to focus on men and women's reproductive roles (Weedon 1999:10). Weedon (1999:13) suggests that until the advent of the contemporary Women's Movement, feminism in the West was predominantly liberal in character, largely concerned with the political and religious rights and freedoms of the individual. Liberal feminism was criticised by "second wave" feminists for its failure to problematise categories such as the individual, choice and freedom; and hence for not offering a political challenge to structural inequities within which gender relations are embedded. Second wave feminism, which developed in the late 1960s, sought to transform the domain of the "personal" into the "political", taking much of its impetus from

radical feminism which also largely set the agenda for the Women's Movement (Lovell 2000a; Weedon 1999).

The concept of reproduction has been central to theoretical debates within feminist thought (Smyth 1994). Radical feminism conceptualises human reproduction in terms of patriarchy, turning its attention to the body as the site of women's oppression (Coward 1983; Weedon 1999). In so doing radical feminism has sought to identify certain core issues which all feminist theory must confront, in particular: sexuality and power; sexual violence and domination, and the universal cultural construction of women and femininity as inferior (Lovell 2000a). Central to radical feminism is the concept of patriarchy, which understands the subordination of women to men as the fundamental determinant of all social relations and cultural forms. Radical feminism rejects any theoretical frameworks (such as Marxism) which locates gender power relations within wider economic and political systems and inequitable social relations. For radical feminists women's oppression by men is ubiquitous and irreducible to other forms of domination.

For Marxist or socialist feminists specific forms of family and gender relations are understood as embedded in relations of production and reproduction of the labour force. The primary focus of Marxist feminism has been on the gendering of the labour force and on the division of labour within the household as the unit of biological and social reproduction. With its focus on the family as the site of reproduction of material life, radical feminists take

issue with socialist and Marxist feminism for failing to provide a theory of sexuality, and for its failure to provide an analysis of the family as the site of men's sexual domination over women (Lovell 2000). However, the radical feminist conceptualisation of patriarchy has been shown to be highly problematic and extremely limited in its explanatory power concerning the structure of social relations. One of the limitations that Coward (1983:271) highlights is that there have been definitive transitions in the form of family arrangements throughout different historical epochs, and that the structure of the contemporary family often maintains few of the features of classical patriarchy. Similarly, family forms and kinship structures are highly variable across different social and economic contexts. Hence a generalised, universal, concept of patriarchy does little to enhance our understanding of difference in the construction of family forms and the complexity of gender and power relations in different social and historical contexts (Coward 1983).

With its insistence on the universal nature of patriarchy, radical feminism ultimately falls back upon a determinism in which the structure of power relations is embedded within a biologically pre-defined natural order. It follows that if all societies across history and culture share an irreducible hierarchy of power relations based upon male domination over women, then there must be a predisposing factor which reverts back to an essential biologism (Lovell 2000a: 311). Nonetheless, it is the radical feminist conceptualisation of patriarchy combined with apolitical and ahistorical liberal notions of the rights and freedoms of the individual, that underpin the new population paradigm

produced at ICPD (Thomas and Price 1999). The sexual and reproductive health and rights agenda emphasises the empowerment of women as the only real motivating factor behind social development. Within this discourse the empowerment of women to have control over their bodies and sexuality is seen as fundamental to social change. The biologism implicit in this position is evident in the following quote from Correa (1994:5) who conflates elements of socialist feminism with a radical determinist position :

> "In every human society ...women's daily invisible efforts to feed, clothe and nurture their families are the actions that sustain their communities. This reality, 'social reproduction', derives from the gender-based division of labour, which in turn stems from the assumption that reproductive responsibilities constitute a natural extension of female biology...In the world's most diverse cultures, the same set of assumptions underlies women's lack of autonomy to make decisions about their bodies, their sexuality and fertility"

However, if power relations and the gendered subject are implicitly fixed as is implied by the radical feminist discourse, it is difficult to see how any real social transformation can occur (Weedon 1987). In its apolitical and ahistorical conceptualisation of social change, radical feminism sits quite comfortably within a neo-Malthusian fertility paradigm and a neo-liberal economics. Indeed, Hodgson and Cotts Watkins (1997:471) have noted that a political synergy between neo-Malthusianism and the antecedents of radical feminism dates back to the early days of the birth control movement, in which factions of the women's movement called for the recasting of women's reproductive role as a way of redressing social inequity.

The birth control movement grew out of an initial socialist feminist neo-Malthusian position which called upon working class women to increase their power through reducing their fertility, thereby restricting the production of new workers, i.e. the fodder for the capitalist system. However, fundamental divisions occurred between the liberal women's suffrage movement (concerned with gaining civil and political rights for women) and the birth control movement which increasingly identified women's rights with control over biological reproduction. In latter years Margaret Sanger, a founder of the birth control movement, combined a pure neo-Malthusian line with a eugenicist ideology, in which birth control was considered as the means of reducing poverty as well as limiting defective offspring among the working classes (Hodgson and Cotts Watkins 1997:475). The continuing historical alliance between neo-Malthusians and the family planning movement has been discussed in previous sections.

A dominant perception is that the ICPD POA represents a radical break from neo-Malthusian population policy, in its assertion that programmes that are demographically driven and intended to act directly on fertility are inherently coercive and abusive of a woman's right to chose the number and spacing of her children (McIntosh and Finkle 1985:227). The International Women's Health Coalition (IWHC) took the lead in formulating this feminist position in the lead up to ICPD. However, far from being anti-Malthusian, the policy position which seeks to provide a common ground for "multiple women's voices", effortlessly melds a quasi liberal-radical feminist agenda with the neo-

Malthusian population orthodoxy. There are three central propositions to the feminist population policy paradigm outlined by women's health activists and the IWHC in the lead up to Cairo (Dixon-Mueller 1993a; Germain, Nowrojee and Pyne 1994; Germain 1997). First, that population stabilisation is a desirable goal. Second, that national family planning programmes which promote and protect women right's to access to contraception are justifiable on grounds of individual human rights. Third, that women's empowerment is a pre-requisite for fertility decline and economic development (Hodgson and Cotts Watkins 1997:501). The new feminist policy ethic asserts:

> "not only that women must be free from abuse and violation of their bodies but also that they must be treated as principal actors and decision makers over their fertility and sexuality; as the ends and not the means of health, population and development programmes" (Petchesky and Judd 1998:4).

Hence, the proposed solution is that family planning programmes should be restructured to offer a broader range of sexual and reproductive health services, with women's participation in design and implementation (McIntosh and Finkle 1995). Within the ICPD discourse issues of fertility and sexual and reproductive health remain entirely separate from the issues of poverty and the equitable distribution of resources (Thomas and Price 1999). The underlying political agenda is that gender equity and the empowerment of women are the indivisible and fundamental determinants of equitable development. The position proposed is highly individualistic with the rights and interests of the individual consumer (the user of reproductive health

services) emphasised over and above fundamental transformations in structural and economic conditions. Advocates suggest that:

> "a reproductive health approach will be more cost-effective in meeting demographic goals in at least two ways: first by reducing contraceptive drop-out and failure rates, and second by appealing to the younger individuals and couples who, in demographic terms, need to delay sexual initiation and marriage, and contracept earlier and longer" (Germain 1997:33).

This radical/neo-liberal feminist perspective, places the notions of the freedoms, rights and choices of the individual within a free market (which were equally forcefully advocated by the new right at Mexico City) at the centre of population and development policy discourse. Critics such as Smyth (1994) recognise the problematic nature of these concepts in their failure to take account of the importance of social structures within which reproduction and reproductive choice are embedded (Smyth 1994:13). However, Smyth (1994) suggests that it is through the notions of self-hood and self-determination, that the reproductive health and rights discourse is able to overcome the problematic nature of this individualistic perspective. According to Smyth, through placing the notion of self-determination at the centre of the reproductive rights discourse, the individual is placed in relation to others, thus implying that self-determination in reproduction cannot be achieved without reference to other social transformations. Similarly Correa (1994:77) argues that while the "reproductive self" should remain a core concept of reproductive rights, the conceptualisation of selfhood and choice must reach beyond the notion of bodily integrity and be understood in the context of all

significant family, cultural and social and economic relations. Citing research from the Women's Global Network on Reproductive Rights, Correa (1994) argues that the concept of choice, without attention to context has no value. Hence, reproductive rights campaigns should focus on conditions that enable self-determination. As Jenkins (1996:20) points out

> "if identity is a necessary prerequisite for social life, the reverse is also true. Individual identity - embodied in selfhood - is not meaningful in isolation from the social world of other people. Individuals are unique and variable, but selfhood is thoroughly socially constructed"

Hence, notions of selfhood and self-determination are socially and historically constructed and cannot be isolated from the larger social conditions that determine choice, freedom and access to resources. The validity of the concept of universal reproductive rights is now tentatively being questioned in some of the post-ICPD literature. Harcourt (1997:8) asks whether the policy milestones set out at ICPD bear any relation to the reality of many of the world's poor. Correa (1994) suggests that a reproductive rights approach should focus on contextual analysis which considers how political, cultural, and ethnic factors interact with fertility. The notion of individual rights is dependent upon a series of enabling conditions being in place, and hence men and women are unable to exercise these rights when their livelihood is endangered, public health and education systems are inadequate and cultural diversity is not respected (Correa 1994: 85). However, within the global rights frameworks (such as the Universal Declaration on Rights) including the ICPD POA, these social and economic rights receive little attention.

The subsequent chapters of this thesis seek to demonstrate through a review of the literature and analysis of ethnographic data, that reproduction, health, sexuality and gender relations are deeply embedded in historically and locally specific social conditions of inequity and conditions of poverty and exploitation. In these contexts, the notions of individual rights as embodied in the policy rhetoric of ICPD and the FWCW bear little relation to the reality in which a privileged and prosperous minority survive alongside an impoverished and excluded majority, with great differences in wealth, income, political participation and access to resources (Chomsky 1994:61).

Chapter 2

Culture and Context:

The Foundations For A Critical Social Analysis of of Reproductive Health

(A Discussion on Theory)

"At the very centre of a major area of modern thought and practice, which it is habitually used to describe, is a concept, 'culture', which in itself, through variation and complication, embodies not only the issues but the contradictions through which it has developed" (Williams 1977: 11).

1. Introduction

Chapter 1 has suggested that the development and implementation of population policy in the latter part of the twentieth century, has been inextricably linked to the development of demography as a "specialised technical field" (to borrow Foucault's terminology) within the social sciences. However, recent critiques have suggested that demography has become a social science discipline of "all methods and no theory" (Greenhalgh 1996). Whilst developing ever more sophisticated mathematical techniques as the basis for demographic analysis, demographic inquiry appears to remain divorced from conceptual and theoretical developments which have occurred over the past three decades in other social sciences (Greenhalgh 1996; Hammel 1990).

This chapter argues that the representation of demography as focusing on method whilst remaining "under-theorised" is misleading. Methodology cannot be separated from specific theoretical understandings of the social world, and all explanatory and methodological frameworks, no matter how simple or complex, are predicated upon some theory of society and human action (Lockwood 1995; Warwick 1982).The important issue is not whether demography (and hence population policy) is informed by theory. Rather, it is to lay bare the range of theory relied upon, and to critically assess the underlying assumptions about the nature of society, culture and human action upon which theory and method are based (Lockwood 1995).

Critiques concerning the relationship between theory and method have not been limited to demography. With the public role of sociology increasingly being defined in terms of its contribution to public policy, applied sociology in general has been criticised for its one sided focus on empirical research and its application to providing statistical support to policy, at the expense of more critical and theoretically informed versions of sociology (Calhoun 2000:505). Calhoun (2000:505) suggests that applied sociology can have a role to play beyond that of the "technical activities of experts", to inform democratic public discourse through the application of a critical social theory which subjects:

> "the concepts, received understandings, and cultural categories constitutive of everyday life and public discourse to critical theoretical consideration. This is not a matter of purely abstract critique, to be pursued at the expense of empirical research. Rather it is an agenda for theory that can be deeply interwoven with empirical scholarship and new research without rendering social knowledge mere affirmation of existing conditions and understandings".

Calhoun (2000:537) defines critical social theory as "the interpenetrating body of work which demands and produces critique" through: a process of critical engagement with the social world; the production of a critical account of historical and cultural conditions upon which theoretical and intellectual activity depends; a continuous critical re-examination of conceptual frameworks (including the historical construction of those frameworks); and a critical confrontation with other works of explanation which "shows the reasons behind their blind spots and misunderstandings and demonstrates the capacity to incorporate their insights on stronger foundations". While the term "critical social theory" is often applied with reference to the work of the Frankfurt School of Marxist social theorists, the approach outlined above can be found in a wide and eclectic range of theoretical approaches such as feminist theory, post-structuralism and practice theory (Calhoun 2000).

The aim of this chapter is to consider the extent to which the application of a critical social analysis, can contribute to rendering new social knowledge regarding fertility, sexuality, reproductive and health related behaviour, and to informing a methodological approach to the analysis of sexual and reproductive health. The chapter initially provides a critical consideration of some of the core concepts and received understandings of demographic discourse concerning the nature of culture and human action. Through a consideration of the literature, it is concluded that, informed by functionalist sociology and a positivist research method, mainstream demographic inquiry

and applied family planning research have failed to engage critically with the political and social realities in which fertility, sexuality and reproduction are experienced, in particular by poor and socially marginalized groups. Drawing eclectically upon developments in social theory, in particular practice theory, the chapter suggests a theoretical and methodological approach for understanding the lived reality and meaning given to sexual and reproductive health by specific social groups, in specific political, economic and cultural contexts. In other words, the chapter aims to set out a framework for a critical social analysis of sexual and reproductive health.

2 Culture and Context in Demographic Inquiry

2.1 *The Demand-Supply Paradigm*

The demand-supply paradigm, as I have argued in Chapter 1, has underpinned much of the understanding of fertility-related behaviour in mainstream demographic inquiry and family planning research. The economic model of human action encapsulated in the demand-supply paradigm, appropriates from functionalist sociology a means-end rationality in which fertility-related behaviour is seen to be largely accounted for through calculations of the costs and benefits of children to their parents. Within this paradigm the individual or the reproductive couple is understood as the fulcrum of the reproductive decision-making process (Schneider and Schneider 1995a).

Recent anthropological analyses have suggested that the demand-supply paradigm is flawed both in its understanding of human action and in its assumptions regarding the central units of fertility decision-making. This section concentrates on critiques of the demographic understanding of the social units of fertility and reproduction, while the following sections will consider current theoretical debates concerning human action and their application to a critical social analysis of sexual and reproductive health.

A major critique of the economistic approach of the demand-supply paradigm has been the lack of consideration given to the influences of social institutions which operate between the macro level (ie of the state) and the micro-level of the individual or reproductive unit, and which place constraints on child bearing through structuring the environment in which fertility related decision-making occurs (Thomas and Price 1999). The demand-supply paradigm abstracts fertility decision-making from the socio-cultural, political and institutional contexts in which the reproductive unit is located (Simmons 1988). Far from being an individual decision-making process, fertility related behaviour has been shown to be embedded within a complex web of social relations and institutions at the local level, contextualised within wider social, political, economic and historical processes (Greenhalgh 1990; Hammel 1990; Lockwood 1995; McNicoll 1980, 1994; Price 1996, 1998; Price and Thomas 1999). A range of local level political and social institutions may be central in influencing the reproductive decision-making process, including

ethnic groups, kinship groups; neighbourhoods and peer networks (Greenhalgh 1990; Thomas and Price 1999).

In recent years, mainstream demographic and family planning research has begun to draw upon anthropological concepts and methods for the analysis of the cultural contexts of fertility, sexuality and reproduction (Lockwood 1995). In particular, in an apparent recognition of the limitations of the decontextualised, economistic and utilitarian framework for explaining differences in fertility related behaviour, the concept of culture has assumed a central place in recent demographic explanatory frameworks (Hammel 1990). Nonetheless, anthropological critiques have begun to highlight the inadequacy of the treatment of "culture" in mainstream demographic inquiry (Greenhalgh 1990, 1995; Hammel 1990; Lockwood 1995). Kertzer (1995) suggests that demographic inquiry has approached the concept of culture as a "grab-bag" into which all that is considered as non-demographic and non-economic characteristics that influence behaviour is placed. In the move away from economistic theories of fertility behaviour, cultural demography has largely employed a highly reductionist and uncritical notion of culture, informed by structural functionalism, in which culture is conceptualised as a set of prescriptive norms and values guiding social behaviour (Greenhalgh 1995; Hammel 1990).

Cultural demographers such as Cleland and Wilson (1987), and Lesthaeghe (1989) have placed a good deal of emphasis on identifying elements of

traditional culture and belief systems which support high fertility (Kertzer 1995). For example, in recognition of the inadequacy of statistical data in explaining differences in fertility behaviour across regions, Lesthaeghe (1989:1) suggests that "there must be numerous other factors of social complexity mediating the process". Much of the focus of cultural demography, has been on identifying key cultural variables such as language, ethnicity, and religion, which may explain differences in fertility behaviour at the macro and individual level.

2.2 *Cultural Diffusionism*

The notion of cultural diffusion has gained increasing prominence in recent discussions relating to fertility behaviour and underpins much of the literature concerning family planning programme effectiveness (Cleland and Wilson 1987; Freedman 1987; Mita and Simmons 1995). A major shift has occurred in demographic inquiry over the past twenty years which has involved a move away from concerns with the social and economic conditions of modernisation, to diffusion theory's "narrow focus on attitudes toward birth control, divorced from their social and economic context" (Greenhalgh 1995:7). Greenhalgh (1995:7) suggests that diffusion theory is "arguably the trendiest approach in fertility research today". However, it is within the diffusionist model that perhaps the most simplistic treatment of the concept of culture in demographic inquiry can be found. As illustrated by the following quote, diffusion theory, informed by the modernisation paradigm, places

tremendous explanatory power upon the impact of communication about contraception upon fertility behaviour, reproducing what Greenhalgh (1995:9) refers to as "the functionalist myth" that culture can be taken out of context to social, economic and political organisation:

> "In the most general sense, diffusion refers to a process whereby new ideas, information, practices, or technology are disseminated through a variety of mechanisms that affect attitudes and behaviours at local, national, and international levels. One of the central arguments of the diffusion literature has been to emphasize the possible independent role of changing ideas and aspirations in enhancing the fertility transition...Similarly, the process of modernization or Westernisation can act as the source of ideational change affecting fertility behaviour through complex but undirected interactions. By contrast, the advent of official family planning programs has added a strong element of social engineering to the process of diffusing contraceptive technology and new ideas about contraception and family size. Programs consciously direct contraceptive information, motivation, and services at specific populations through personal and impersonal communication. New ideas, knowledge, and practices are spread further through informal social networks that include family members and peers" (Mita and Simmons 1995:1)

Greenhalgh (1995:9) notes that :

> "[W]hile the turn to cultural theories after forty years of domination by economic theories would appear to be promising, this particular approach to culture is worryingly reductionistic. It places tremendous analytical weight on communication about contraception, neglecting the distinct possibility that when women get together they chat not only about bedtime inconveniences, but also about their children's schooling, work and other matters bearing on the socioeconomics of reproduction."

Within the diffusionist paradigm, culture is understood as distinct sets of attitudes and values which act as both facilitators of and inhibitors to the spread of knowledge, which is seen as a precursor to behaviour change

(Greenhalgh 1995:20). Fertility decline is understood as a "sociotechnical process spreading contraceptive technology" initiated through communication about contraception (Greenhalgh 1996:59). Hence, a good deal of family planning related research has focused on identifying key cultural variables affecting contraceptive use and fertility-related behaviour. While the diffusion of new (or western) ideas is seen to bring about fertility related behaviour change, other "deeply rooted and persistent elements" of "traditional" culture are perceived to inhibit family planning programme effectiveness, particularly in respect to the impact of traditional culture on demand for children (Freedman 1987:59). This approach to cultural analysis is firmly predicated upon the application of a positivist, empiricist research method, concerned with the "objective" analysis of key variables of social life:

> "Social research has made major contributions to the development and implementation of population policies and family planning programs...Thus, the potential for application of ideas and methods already developed is considerable, particularly in such new and challenging situations as those in sub-Saharan Africa. In addition, social research has a great potential for developing new ideas and methods to improve family planning programs...[T]he social science approach derives its power from the assumption that systematic observations in specific social and cultural situations are the ultimate test of theories about social life. The accumulation of good, systematic evidence during recent years has enabled us to set aside some plausible but incorrect ideas and to provide a more scientific factual basis for other ideas...
>
> One important characteristic of the social science approach is its systematic empiricism, with methods for collecting facts about problematic situations and for testing the validity of ideas" (Freedman 1987:57).

Examples of such empirical studies include: survey analysis of socio-economic differentials in contraceptive use and the desire for children (Amin *et al* 1992); analysis of the impact of variables such as women's socio-economic position on contraceptive behaviour (Gage 1995); identification of socio-cultural barriers to family planning (Ward *et al* 1992); the impact of diffusion of ideas through social networks (Valente *et al* 1997); and the identification of cultural beliefs and practices which act as barriers to contraceptive access and use (Stanbeck *et al* 1997). A similar emphasis on "culture" as a barrier to behaviour change is evident in the literature on maternal health. Lack of education and the perpetuation of 'false beliefs' reinforced by traditional birth attendants (TBAs) is often cited as a major obstacle to improved maternal health (see, for example, Okafar and Rizzuto, 1994). Other approaches have sought to incorporate indigenous belief systems into the training of bio-medical health care providers in order to make health care provision more "culturally aware" (Goodburn *et al*, 1995).

A major focus of "cultural analysis" within the diffusionist family planning literature, has been the identification of obstacles to contraceptive innovation. The identification of elements of traditional culture which act as barriers to uptake of contraception are taken as a basis for the design of "culturally appropriate" service delivery systems, which attempt to introduce innovations within the context of traditional cultural systems (Warwick 1982). An often cited example of such attention to cultural context in family planning programme design is the Navrongo experiment, aimed at developing a

"culturally appropriate" family planning programme for a "traditional community" in northern Ghana (Nazzar *et al* 1995). The approach taken by the Navrongo project is described as a systems approach in which:

> "[E]ffective family planning programs are adapted to the social environment, because fostering reproductive change involves interaction with individuals and groups about matters that are strongly influenced by social norms and institutions. (Nazzar *et al* 1995:308-309).

The association of culture with a set of traditional norms and social institutions which support high fertility is drawn upon to support the neo-Malthusian proposition that fertility decline can be brought about through the design and delivery of "culturally appropriate" family planning programmes. As a result of the analysis of cultural factors determining contraceptive usage and demand for children, the Navrongo study proposes that strategies be developed to spread contraceptive innovation through existing social institutions and peer networks. In particular, as a result of the recognition of the embeddedness of fertility decision-making within kinship and descent systems, the study suggests utilising the lineage system and male and female peer networks as a "catalyst to innovation", spreading information about contraceptives and distributing contraceptive technology through an effective volunteer programme (Nazzar *et al* 1995). However, Bawah *et al* (1999:64) suggest that despite attempts of the Navrongo project to anchor the introduction of family planning services to existing social and cultural institutions, the introduction of modern contraceptive technologies has also

activated gender tensions, in a cultural context in which gender relations are grounded in complex marriage and kinship systems.

2.3 *Social Demography*

Over the past two decades social demographers have begun to criticise the continual emphasis placed on supply side factors (such as contraceptive delivery systems) in explaining the persistence of high fertility, particularly in sub-Saharan Africa (Price 1996). Many cultural or social demographers have concluded that without greater focus on the social and cultural context of childbearing and family formation patterns, family planning programmes will continue to have limited impact (Price 1996). The work of Caldwell and Caldwell has been particularly influential in advocating the need to look beyond the level of family planning programming and programme failure to explain high fertility in sub-Saharan Africa (Price 1996:412).

Drawing on micro-ethnographic empirical research, the Caldwells (1987, 1992) have sought to demonstrate that demand for children is embedded within local kinship and belief systems. In particular, the Caldwells (1987) have highlighted the importance of intra-familial relations and descent systems within indigenous African kinship structures which continue to imbue fertility with a high symbolic and moral value, for the maintenance of high fertility (Price 1996). Within this variant of cultural diffusionism, the process of nuclearisation of the family and improvements in the status of women

(resulting from diffusion of western ideas and values) is given central importance in the analysis of fertility decline (Greenhalgh 1995). Caldwell (1982) explicitly identifies the process of Westernisation as the force behind the transformation of extended family forms to nuclear conjugal units:

> "An emphasis must be placed here on the export of the European social system as well as its economic system...From the demographic viewpoint, the most important social exports have been the concept of the predominance of the nuclear family with its strong conjugal tie, and the concept of concentrating concern and expenditure on one's own children" (Caldwell 1982:153).

Despite its emphasis on locating fertility behaviour within its local cultural context (in particular its embeddedness within kinship and familial structures) the linkage of fertility decline with nuclearisation assumes an essentially utilitarian model of human action. Under the nuclearisation theory, the economic value of children is seen to be reduced as the economic relationship between parents and children are reversed in favour of children (Thomas and Price 1999). For example, Caldwell's wealth flow theories (developed in the 1970s) tied fertility decline to the reversal of intergenerational flow of goods and services from parents to children, as a result of the adoption of western ideas concerning the benefits of the nuclear family (Greenhalgh 1995). Latterly, the Caldwells (1992) suggest a more materialist conception of fertility-related behaviour based upon the notion of intra-familial relations of production (Thomas and Price 1999). This framework stresses a basic dichotomy between traditional and modern family forms based upon two distinct modes of production; the "familial mode of

production" which typifies pre-capitalist society and the "labour-market mode of production" of capitalist society (Caldwell and Caldwell 1992). According to this model, familial production is characterised by high and relatively uncontrolled fertility and high mortality, whereas advanced labour-market production is characterised by low fertility and low mortality. However, according to the Caldwells, in the complex process of demographic transition, both modes of production may coexist in many societies. Whilst borrowing from the Marxist notion of modes of production, the Caldwells maintain an essentially idealist explanation for the process of transformation of familial forms, based on the notion that social change emerges out of initial ideational change:

> "Much of the history of modernization of the family has been that of dismantling the superstructure of familial production, with resistances provided not so much by the economic system as by deeply entrenched beliefs and attitudes. Furthermore, this dismantling does not proceed at a steady pace directed by economic change but has been accelerated and decelerated in the West by the generation of new ideologies or new interpretations of ideologies, often not specifically focused on engendering family change...In the Third World, imported cultural elements can produce family change, and it is even possible that social and political ideologies can move familial and demographic change ahead of the economic transition" (Caldwell and Caldwell 1992:47).

Within the Westernisation paradigm, ideational change (brought about, in particular, through access to education and the spread of Christianity) is understood to erode the influence of extended family and kinship networks, bringing about fertility decline (Price 1996). The link between fertility and the position of women is similarly built into demographic theories predicated upon

the notion of diffusion and Westernisation (Bradley 1995). While it is generally recognised that women's status does not necessarily change uniformly along a single dimension, theoretical models of the relationship between women's status or empowerment and fertility, generally posit a strong negative relationship between the two (Bradley 1995:160). Greenhalgh (1995:7) cites the work of Karen Mason (1986, 1987) as one of the most influential within this body of work which proposes a set of hypotheses connecting women's status with fertility:

> "Among the most important aspects of women's position for fertility, in her [Mason's] view, are women's education and their position in the family and household. These affect women's autonomy from male control, economic dependency, and social status, which in turn influence child supply, child demand, and child costs" (Greenhalgh 1995:7).

These theories share the basic economistic notion that increased status and empowerment of women, will lead to reduced demand for children and increased demand for contraceptives. Caldwell (1982) hypothesises that improved status or empowerment of women results from increased access to education, leading to increased use of modern contraceptives and hence fertility decline (Bradley 1995:160). According to Caldwell's thesis, the patriarchal family form of pre-transition societies creates a system of social relationships in which high fertility rewards both men and women. Low fertility, on the other hand is seen to be related to a more egalitarian family structure in which women exert greater control over economic resources, ensuring the educational and economic interests of their children (Bradley

1995:160). According to Caldwell *et al* (1992) changes in statutory law in Kenya which have supported the rights of widows to inherit land has reduced economic dependence upon high fertility, thereby contributing to the process of fertility decline (Price 1996). Nonetheless, Greenhalgh (1995:7) suggests that while there may be some merit to these family-level approaches to demographic inquiry they have so far "produced little empirical research and less cumulative theory".

2.4 *Institutional Demography*

A different strand of theorising about the relationship between culture, social structure and fertility behaviour has been advanced in the body of work which comes under the heading of "institutional demography", typified by the work of McNicoll (Greenhalgh 1995). Institutional approaches have served to highlight that fertility behaviour is embedded within relations of power and inequity at different levels of social organisation, and that far from being a consensus decision-making process, reproduction is a highly political process (Greenhalgh 1995). McNicoll (1980, 1994) makes a break from universalising and utilitarian theories of fertility behaviour, emphasising the historical and social specificity of local level fertility regimes (Greenhalgh 1995). McNicoll's institutional demography aims to address the lack of adequate explanatory models provided by transition and diffusion theory for understanding the relationship between individual reproductive decision-making and structural conditions (or institutional factors), and hence how fertility adapts to changing

economic and institutional settings. McNicoll (1980:449) critiques utilitarian or "consumer choice" theories of fertility on the grounds that they are not well suited:

> "to explore influences on individual decision-making beyond the most tangible and easily costed. Much of the power of consumer choice theory, in fact, comes precisely from the short shrift it accords to institutional and cultural constraints"

Drawing on notions of "bounded rationality", McNicoll (1980) considers a framework within which individual decision-making is understood as embedded within a range of locally specific social institutions and political structures. Within this institutional framework fertility-related decision-making is understood as being determined by how institutional settings and cultural patterns present certain issues from the standpoint of the actor (McNicoll 1980). In other words, how individuals placed within different social or economic groups perceive their decision-making environment differently (McNicoll 1980). Utilising ethnographic material McNicoll (1980:453) argues that changes in fertility in Guandong Province, China were directly linked to changes in macro political and economic conditions. Political transformations impacted at the local level through shifting the unit of social organisation away from kinship ties towards local level administrative structures. As a result, McNicoll argues, fertility decision-making became linked to broader social and economic concerns of local level political organisation, ultimately weakening fertility as an economic strategy of the family. McNicoll's (1980) analysis suggests that in contrast to the political-economic conditions in

China, structural conditions in Bangladesh were such that an economic rationale for large families existed. Among the land-owning classes children continued to represent the opportunity for the family's occupational diversification as a means of consolidating local power. Among the poor, the economic value of children also remained high. Children became producers at an early age, while the costs of children were absorbed within the patrilineal kinship structure (McNicoll 1980:448). Hence, McNicoll (1980:448) argues "the pattern of social organization in rural Bangladesh militates against the emergence of social pressures at the local level...able to oppose high fertility". This pattern of organisation was based around kinship structures as the source of local level authority and power. Differences in fertility regimes were shown to be embedded within local level social organisation and political and economic conditions. Hence, McNicoll's institutional demography:

> "recognizes historical contingency and societal specificity, and embraces narrative modes of explanation that can accommodate such forces as gender and power that are difficult to incorporate into standard empirical models of demographic behavior" (Greenhalgh 1995:12).

The Westernisation hypothesis which forms the lynch-pin of the nuclearisation and women's empowerment argument has been challenged in a number of recent anthropological studies of fertility. These anthropological critiques of demographic theory suggest that there is not one unilinear form of demographic transition but rather many variable forms, driven by locally, culturally and historically specific forces (Greenhalgh 1990:88). For example,

studies of institutional determinants of fertility have demonstrated that children often continue to have an essential symbolic value as an important source of social as well as economic capital, despite processes of modernisation and cultural transformation.

A study in Central Province Kenya, indicates that local variation in fertility related behaviour exists within relatively ethnically homogenous communities (Price 1996). Drawing on ethnographic data from two Kikuyu communities in Central Province, Kenya, Price (1996) demonstrates that attitudes to and utilisation of modern contraceptives are embedded in highly localised structural and economic conditions. In Kiambu District resistance to use of contraceptives has declined in the context of women's increasing rights to land, which has impacted on the economic value of children. However, resistance to modern contraception remains widespread in the rural community in Muranga'a District, despite its ethnic homogeneity with Kiambu. Counter to Caldwell's nuclearisation thesis, Price (1996) suggests that the potentially negative impact on fertility of the partial erosion of local level kinship structures and cultural beliefs and practices, has been constrained in Muranga'a District by the decline in traditional fertility-regulating practices. Changes in marriage patterns, household structure and beliefs systems have occurred alongside the persistence of extreme economic insecurity and women's lack of access to land, leading to the maintenance of a high value placed on children (Price 1996:426). Price (1996) concludes that the differentials in the demand for children in the two communities stems "directly

from differentials in the nature and extent of cultural and economic transformations" (Price 1996:427). Such differentials are evident in the strategies women employ to challenge male hegemony. Whereas in Kiambu District women have successful recourse to the legal system to register land under a freehold title, in Muranga'a District women continue to utilise customary practices such as polygyny and women-women marriages to secure access to land (Price 1996:427). Similarly, Price (1998) demonstrates that among the Gwembe Tonga of Zambia, high fertility continues to be an economically rational strategy for women, in a social context where women's economic security and capacity to cultivate (particularly in widowhood) depends upon access to labour in the form of children.

2.5 *Political Economy*

The most sustained critique of the Westernisation paradigm, which underpins diffusion theory, has come from the political-economic approach to fertility. Political-economic demography has been described as a variant of the institutional approach, directing attention to the embeddedness of community institutions in political and economic structures and processes, operating at national, regional and global levels (Greenhalgh 1990:87). Greenhalgh (1990) suggests that the main difference between institutional demography and political economy lies in the starting point for the analysis. Whereas institutional demography works from "the bottom up", first outlining "the cognitive environment of individual demographic decisions" and later

sketching in local institutional and cultural configurations and macro forces shaping demographic change; political economic demography begins with an understanding of historically developed global forces that shape local demographic regimes and behaviour (Greenhalgh 1990:87).

Political-economic demographers such as Schneider and Schneider (1995a and 1995b) and Fricke (1995) have sought to demonstrate the linkages between broad macro-economic processes, social inequalities and local level fertility behaviour. Fricke's (1995) analysis of marriage patterns in rural north central Nepal suggests that kinship and marriage relations are inherently political constructs, in which marriage is a mechanism by which social status is reproduced at the local level. State intervention in local level political relationships is shown to have created social and political capital for key groups in the community, which is translated into culturally meaningful marriage strategies (Fricke 1995). Demographic events such as first marriage and first birth-timing are structured around these locally relevant social hierarchies which are reproduced through the politics of marriage.

Similarly, through a detailed historical and ethnographic analysis Schneider and Schneider (1995a, 1995b) demonstrate the embeddedness of fertility-related behaviour in locally-specific political, economic and cultural processes. The analysis challenges the diffusionist notion of fertility related behaviour in which people are understood to be led by their culture to either embrace or reject fertility regulation as part of a conscious individual

decision-making process (Schneider and Schneider 1995a). Instead, Schneider and Schneider (1995a, 1995b) demonstrate the class-specific nature of fertility related behaviour in the rural town of Villamaura in Sicily, and the differential impact of capitalism on family size. During the nineteenth century, family size in Villamaura was seen to correspond to levels of family wealth and income, with the gentry enjoying large families, while high fertility among the peasantry was offset by high infant and child mortality. With the onset of capitalism, class-specific fertility patterns reversed in response to transformations in structural and economic conditions. Vital records show a marked decline in family size among the gentry around the turn of the century, when a crisis in agriculture threatened the standard of living that had been based upon revenues from their vast estates (Schneider and Schneider 1995b:183). Ethnographic data suggests that the gentry were the first to experiment with family limitation. However, the concomitant increase in incidence of illegitimacy among domestic servants and the peasant class also suggests that sexual exploitation of the lower classes was a fertility control strategy exercised by men from the landed gentry.

By the inter-war years large family size had taken on a new class specific connotation, directly associated with poverty, the reverse of the nineteenth century situation where large families indicated wealth (Schneider and Schneider 1995b:184). The peasantry were the last to adopt birth control methods (especially the land-poor). The adoption of family limitation methods among the peasantry was associated with substantial structural changes

affecting their economic circumstances. In contrast to the experience of the gentry, the economic context for fertility transition among the peasantry was one of increased opportunities rather than of declining resources (Schneider and Schneider 1995b:186). Changes in technology (or modes of production) which increased access to affordable mass-produced consumer goods, combined with changing relations of production are shown to be key factors behind the fertility transition among the peasant class (Schneider and Schneider 1995b). The use of coitus interruptus (which was the most commonly practiced method of fertility control) was also imbued with class and gender specific moral values. While viewed with some disdain by the gentry, whose way of life rewarded immoderate indulgence, among the artisan and peasant classes coitus interruptus was valued as a learned skill that promoted co-operation and communication between spouses. At the same time, while men expressed a pride in their role in coitus interruptus, women's discourses refer to their sacrifice of pleasure in order to limit family size in accordance with ideas relating to family and class respectability (Schneider and Schneider 1995b). Hence, the analysis suggests that the adoption of specific birth-control techniques by different social groups is articulated within the context of broad social, political, and economic concerns (Schneider and Schneider 1995b).

Gender analysis has also made a significant contribution to demonstrating that, counter to the understanding of the reproductive couple as performing a single "utility function" or as generating a set of unified economic desires, fertility decision-making is highly negotiated within gender-based power relations (Greenhalgh 1995). Anthropological studies have shown that reproduction is a "deeply gendered process", embedded within relations of difference and inequalities in access to power and resources (Greenhalgh 1995:14). Nonetheless, Greenhalgh (1995:24) asserts that demographic inquiry has failed to adequately deal with the concept of gender as "cultural construction", maintaining a focus on universalistic notions of women's roles and status as indicators of modernisation:

> "Women's social and economic characteristics appear increasingly often as variables in demographic models, suggesting the emergence of a demography of women...The demographic literature on fertility relies on two concepts about women that have been widely critiqued and have increasingly fallen into disuse in feminist studies at large: women's roles...and, more commonly women's status...During the 1970s and 1980s these concepts were called sharply into question by feminist scholars in many disciplines...Both notions treat sex-linked differences as individual – or family-level attributes, ignoring inequalities in larger societal institutions. They assume that 'women' or 'sex roles' are universal constructs, neglecting differences across, culture, class, ethnic group, and nationality. Both terms are profoundly ethnocentric, based on Western values that may have little meaning in other contexts" (Greenhalgh 1995: 23-24)

The majority of gender based studies in the family planning literature concerned with the relationship between gender, sexuality, and fertility have

focused narrowly on identifying factors that promote contraceptive acceptance and use-effectiveness in order to achieve more rapid fertility decline (Dixon-Mueller 1993b:270).Typically these studies have relied upon evidence from survey research on the relationship between method choice, sexual experience and satisfaction.

Anthropological studies have highlighted the need to understand fertility-related behaviour within the context of the social construction of gender and sexuality (Angin and Shorter 1998; Dixon-Mueller 1993b; Oppong 1995; Renne 1993; Rylko-Bauer 1996). Drawing upon ethnographic research in Kenya, Bradley (1995) like Price (1996) challenges the Westernisation hypothesis, by considering the linkages between women's empowerment and fertility decline. Bradley (1995) suggests that women's increased access to education in the context of generally declining economic conditions, far from leading to a more egalitarian family form, has resulted in conflict and competition between men and women, leading to increased domestic violence against women. Bradley (1995) argues that gender power relations are embedded in broad structural and economic conditions, and that the empowerment of women must therefore be predicated upon improvements which impact upon both men and women. Similarly Angin and Shorter (1998) challenge the Westernisation paradigm questioning the proposition that indicators of modernisation such as improvement in women's status and education were a pre-requisite for Turkey's fertility decline.

Reproductive decision-making has also been shown to be embedded within local knowledge and health systems, in which different cultural meanings are attached to fertility and different methods of fertility regulation (Greenhalgh 1995). Rylko-Bauer (1996) and Carter (1995) cite the importance given in certain cultural contexts to inducing menstruation to ensure the regular flow of bodily substances for the maintenance of health, and demonstrate that decisions and practices related to abortion are made in the context of economic, kinship and gender relations (Rylko-Bauer 1996). An analysis of contraceptive behaviour in rural Gambia suggests that fertility-related behaviour and decision-making based upon indigenous understandings of bodily processes "...fly in the face of every major demographic theory that has been advanced to explain fertility behaviours in Africa" (Bledsloe *et al* 1998:16). The analysis suggests that the use of contraceptives following reproductive mishaps such as miscarriage, in a society that places a high value on fertility, does not correspond with conventional understandings of demand and supply, but rather that:

> "rural Gambians see fertility as limited by a woman's eroding bodily capacity to bear a child safely over successive pregnancy outcomes. This capacity wears out less with the passage of time than with the cumulative effects of wear and tear on the body, particularly in the wake of obstetric traumas. Since the pace of this decline can be slowed with 'rest' between pregnancies (that is, the creation of recuperative space), and since time spent in 'resting' is considered largely irrelevant to ultimate child numbers, it is not surprising that the most traumatic health assaults, such as those that reproductive mishaps reflect or intensify, produce the strongest reproductive responses" (Bledsloe *et al* 1998:16).

In the context of high levels of reproductive morbidity and mortality, it is a health model as opposed to a demographic one which dominates people's thinking and decision-making about contraception and contraceptive use (Bledsloe *et al*1998). Contraceptive use and utilisation of health services has also been shown to be mediated by power differentials between health providers and the community they serve, based on gender, ethnicity and class relations (Schuler *et al* 1994; Rutenberg and Cotts Watkins 1997). Even where indigenous fertility regimes apparently support fertility regulation, utilisation of family planning and reproductive health services may remain extremely low. Indigenous healers or advisors, may continue to be used over and above biomedical services, as a consequence of the social significance placed on relations implicit in the provider-client encounter. A study among rural women in Kenya illustrates the point:

> "The women in the study area are ambivalent about family planning providers. They see them as crucial sources of the complicated technical information they need to use these methods correctly. Yet the providers are socially distant from these rural women, who are unsure how to trust them. As a result women go back and forth between family planning providers and women whose bodies and circumstances are more like their own - such as cleaners in the clinic ...[ ]. We suspect that an important source of the provider's attitudes is their identification with the modern health sector. An aspect of the general view of modernity in the Western world is that its development is explained, at least partly, by 'coming to see' the value of scientific rationality and thus by the shedding of harmful myths...Those engaged in the national family planning program see themselves as modern, by virtue of their education, medical training, and location in a modern institution. That they are dismissive of the information women have gleaned from their untrained friends and of what they regard as 'myths and rumours' is not surprising" (Rutenberg and Cotts Watkins 1997:302-304).

3. A Critique of the Demographic Treatment of Human Action

3.1 *Structural-Functionalism and Utilitarian Theories*

Despite the above critiques emanating from anthropology and political economy which have shown that fertility-related behaviour and decision-making is contextualised within broad social and economic process, the demographic treatment of fertility-related behaviour has remained highly individualistic, based upon two basic models of human action. First a utilitarian notion of action as motivated by an individualistic means-end rationality, and second an understanding of action as guided by rules and social norms. Both these understandings of human conduct converge within the structural-functionalist paradigm (following Durkheim and Parsons) in which action, defined in terms of the interests of the actor, is understood as constrained within sets of cultural norms and shared values which influence chains of rational or means-end action (Cohen 2000).

The economistic model of human action proposed by the demand-supply equation, is based upon an understanding of human conduct derivative of nineteenth century utilitarian philosophy (Cohen 2000:73). Utilitarian philosophy, which in the twentieth century social sciences has become known as rational choice theory or rational action theory, aims to provide a causal

and empirically verifiable explanation of human conduct (Cohen 2000; Jenkins 1992). Rational choice theory has been defined as understanding individuals as acting (or interacting) "in a manner such that they can be deemed to be doing the best that they can for themselves, given their objectives, resources, and circumstances, as they see them" (Abell 2000:223). Such utilitarian theories are based upon a means-ends rationality, which understands social action in terms of social actors self-interest in maximising resources (Cohen 2000:79). Utilitarian notions of human action have been criticised as being content to leave the subjective meanings that actors give to their world wholly unexplored (Calhoun 2000:506). In so doing, Abell (2000:223) suggests that rational choice theory "invites us to adopt the least complex conception of social action that we can analytically get away with". However, Cohen (2000:74) suggests that:

> "Even dyed-in-the-wool utilitarians, who now call themselves rational-choice theorists..., concede that their accounts of social behaviour are simplifications designed to facilitate studies of social organization, while bracketing the complications that dedicated theorists of action must address".

In elaborating his theory of practice (which will be considered later) Bourdieu critiques rational choice or rational action theory (RAT as Bourdieu refers to it), on several major counts (Jenkins 1992). The first is that rational action theory does not account for difference in cultural constructions of rationality, but rather replaces a culturally and historically specific understanding of rationality (embedded in social life), with an arbitrary and universalising model constructed by the social scientist. Second, in locating the dynamic of

social life in individual and conscious decision-making it ignores "the individual and collective histories which unconsciously generate the ongoing reality of that social life" (Jenkins 1992:73). Third, the theoretical individualism of rational action theory is linked to a methodological individualism which prevents theoretical understanding of the relationship between individuals, and between individuals and their environment as the object of social analysis (Jenkins 1992:73). Hence Bourdieu suggests that:

> "[i]ndividual finalism, which conceives action as determined by the conscious aiming at explicitly posed goals, is a well-founded illusion" (cited in Jenkins 1992:73).

A major theoretical dilemma raised by the economistic notion that social behaviour is driven by individual goal oriented action, concerns the nature of the relationship between individual action and social organisation. Or as Cohen (200:81) puts it, if the pursuit of ends by any given individual involves economic and political orientations towards scare resources, how does the pursuit of these ends provide a basis for social order? Structural-functionalism (as exemplified in the work of Durkheim and Parsons) addresses this issue through the concept of "culture" as a constraining force on social action, which provides the ultimate values that guide individual behaviour (Cohen 2000). Structural-functionalism appears to offer a way to overcome the limitations of an "economic" theory of action, through the introduction of a "normative element" to the model of rational action in which social structure ultimately provides actors with a set of normative rules for concrete action. Within the functionalist model, social actors are seen to

select ends (and means) within the parameters of normative standards, whilst also maintaining some flexibility to interpret norms to suit their specific situations (Lechner 2000:117). Actors are deemed to face a number of basic choices in any concrete situation, in which a limited set of 'pattern variables' provide the basic direction for their decision-making (Lechner 2000). Building upon Durkheim's functionalism, Parsons suggests that individual interaction achieves social order and stability through the integration of interaction into a common cultural system with a shared basis of normative order (Lechner 2000:119). Parsons defines a social system as:

> "a plurality of actors interacting with each other in a situation which has at least a physical or environmental aspect, actors who are motivated in terms of a tendency to the 'optimization of gratification' and whose relation to their situations, including each other, is defined and mediated in terms of a system of culturally structured and shared symbols" (Parson 1951:5-6, cited in Lechner 2000:117).

Within the functionalist paradigm social norms are further seen to be imbued with a moral force, or a sacred quality of "values" which justify common societal ends (Cohen 2000:82). Associated with this conceptualisation of normative values guiding behaviour is the notion of sanctions which are enforceable if members of society deviate from prescribed social guidelines. Cohen (2000:82) describes the functionalist concept of sacred values as follows:

> "For example, a father who values the well-being of his children (a sacred value) beyond all else will realize this value in specific acts by adhering to norms of child rearing that members of his culture (morally) accept as in the best interests of the child. Similarly a doctor's commitment to the health of her patients (a sacred value) will be

> realized by her adherence to norms that stipulate the (morally) right and wrong ways to treat patients in specific situations"

Nonetheless, the functionalist faith in "the empirical efficacy of ultimate values and behaviourally defined moral norms" raises a further fundamental question for social theory, which has been summed up as the "difficult relationship between the 'is' and the 'ought' in social action" (Cohen 2000:82). While the functionalist notion of "norms" may go some way to solving the utilitarian dilemma of how social order is maintained, it offers little account of deviance, ie why actors fail to adhere more closely to moral norms in their everyday actions. In other words, it fails to adequately address the relationship between socially and ethically prescribed principles for behaviour and the concrete reality of every day actions which deviate from these norms and values (Cohen 2000:82). Drawing on Weber, Bourdieu states the dilemma thus:

> "By pointing out that rational action, 'judiciously' oriented according to what is 'objectively valid' (1922), is what 'would have happened if the actors had had knowledge of all the circumstances and all the participants' intentions' (1968:2), that is, of what is 'valid in the eyes of the scientist', who alone is able to calculate the system of objective chances to which perfectly informed action would have to be adjusted, Weber shows clearly that the pure model of rational action cannot be regarded as an anthropological description of practice" (Bourdieu 1990a:63).

3.2 *The Distinction Between Norms and Action*

The importance of making the conceptual distinction between social norms and concrete action has been raised in a number of recent anthropological

critiques of functionalist social demography (Carter 1995; Greenhalgh 1995; Hammel 1990; Lockwood 1995). These analyses suggests that an empirical and methodological distinction needs to be made between what people *say* they will do or should do, and what they *actually* do. Drawing on the work of Holy and Stuchlik (1983), Lockwood (1995) argues that not only should norms and action be regarded as empirically different, but also as two different kinds of data belonging to different domains of reality. Ideology is not reality, and hence norms and actions may often be empirically at odds with each other (Lockwood 1995 4-5). In an analysis of post-partum sexual abstinence in West Africa, Lockwood suggests that "...there is no hegemonic postpartum norm, and men and women of different statuses and ages draw on a variety of normative statements to evade, promote, or undermine abstinence" (1995:2). Most analyses of post-partum abstinence focus on the taboos and social norms which seemingly govern sexual behaviour. However, Lockwood's analysis indicates that reproductive behaviour is negotiated within competing norms and taboos, such as between gender norms of sexuality which pressure women to resume early sexual contact following childbirth, and taboos on sex during lactation. Lockwood (1995:2) suggests that:

> "instead of singular, overriding norms, each society has a range of normative notions that can be deployed selectively and strategically, either to support change in behavior or to justify persistence. Additionally, behavior depends systematically not only on social norms, but on other notions, often of more practical relevance".

A further problematic of the structural-functionalist notion of normative social behaviour lies in its conceptualisation of social change (as has already been discussed in Chapter 1). Social demography (rooted in structural-functionalism) largely takes social change to be induced by external forces (such as religion and education), as is apparent in the diffusionist model of demographic change (Lockwood 1995:7). Hence, the determinants of fertility change, whether proximate or remote are seen to remain external to human agency (Carter 1995:82). Agency is given little or no account in functionalist notions of fertility-change, with fertility-related behaviour being reduced to an abstract universal rationality, the mechanical implementation of cultural prescriptions (Carter 1995:82). In highlighting the limitations of the explanatory power of structural-functionalism, particularly as regards its tendency to conflate norms and preferences with the reality of social action, Lockwood (1995) raises a number of methodological concerns relating to researching sexual and reproductive behaviour. In particular, he suggests that a fundamental distinction needs to be made between:

> "(1) data that consists of the reporting of social norms; (2) data that consists of reports of behavior (reports that are also likely to be influenced by such norms); and (3) data that consist of observed actions" (Lockwood 1995:9).

Because of the implicit assumptions made by structural-functionalism regarding the normative nature of social action, this distinction is largely overlooked in the main body of demographic research, including social demography (Lockwood 1995). Rather, the descriptions of social life used to

support the application of a particular model of demographic behaviour are often based on reports of practices or statements of social norms, as opposed to empirical observation of social action. As a result particular sets of actors are often absent from demographic accounts of attitudes and practice. Lockwood's (1995:11) main argument is that while such accounts of behaviour are not necessarily wrong:

> "such ethnographic material does not tell us much about how, when, and why people use norms to legitimize behaviour, or use other notions to escape norms"

In other words, the data provided by normative accounts of cultural practice tells us little about the strategies employed by different actors in different contexts, during everyday social action. Such critiques allude to the need for a more complex theoretical understanding of the relationship between structure and agency than functionalism allows, and which enables a more rigorous engagement with the cultural realities of social actors and an appreciation of the mechanisms and circumstances of social change (Thomas and Price 1999). Greenhalgh (1990:90) suggests that an anthropological political economy would provide such a framework through being attentive to the impact of structures of power on individuals and groups, while also being mindful of the "concrete actions that people take within the constraints and opportunities imposed by their environments" (Greenhalgh 1990:90). Greenhalgh (1990) suggests that a multileveled analytical framework based on an "anthropological political economy" should be employed in demographic analysis. The ultimate objective being to understand local

(national or sub-national) behaviour, with the sources of that behavior being sought at community, regional, national, international, and global levels (Greenhalgh 1990:94).

While identifying the need for the application of a more complex theoretical understanding of the relationship between structure and agency, Greenhalgh (1990, 1995, 1996) fails to offer a detailed conceptual framework by which this fundamental sociological problem may be addressed in demographic inquiry. Indeed, as Lockwood (1995:12) points out, "[t]he search for complementary alternatives to structural explanations in social demography does not immediately provide us with an alternative theory" (Lockwood 1995:12). Rather a number of alternative theories of social action are available to us.

4. Structure and Agency in Social Theory: A Brief Overview

4.1 *Actor-Centred Theories*

A range of theories of action and practice have been drawn upon somewhat eclectically in recent anthropological critiques of the demographic treatment of fertility and reproductive behaviour. For example, Lockwood suggests that the starting point for a social analysis of sexual and reproductive behaviour is an "actor-centred" view which investigates:

> "how actors, whether conceived of as rational, strategizing, or unintending, maintain or change parts of the social system...
>
> [I]f we see norms not as cognitive extensions of a fixed social structure, but rather as notions for transmitting meaning about behavior, then we should recognize that they are deployed in different ways in concrete situations, and that their deployment is a political process, always potentially open to competitions and counter-claim" (1995: 12-13).

It has been claimed that the anthropologists' gift to the world is the idea that human beings create different kinds of culture, which in turn create different kinds of human beings (Anderson 1995:16). Nonetheless, the separation of culture and human action remains one of the central problematics of modern social thought (Ortner 1984). A persistent theme running throughout modern social theory (from Marx to Weber to Parsons to Giddens) is the attempt to bridge the gap between the individual and society, or between structure and agency (Jenkins 1996: 25). Central to this problematic, is the notion that in order to provide any generalised theory of human action, action must be assumed to be not entirely random. As Cohen (2000: 74) suggests, the "theoretical trick is to locate the source of the patterns that we want to find". Within modern social thought human action has been understood through two main theoretical perspectives. The first (emanating from existentialism or phenomenology) understands human action in terms of the subjective meaning given by the actors involved, the second understands human conduct in as a product of the structural relations and conditions in which it is located (Cohen 2000).

The notion that human conduct should ultimately be understood through reference to the meanings attributed to social action by the actors themselves, is found in the work of Weber and before him Dilthey (Cohen 2000:75). For Weber human action is defined in terms of the subjective meanings that the individual attaches to his or her behaviour (Weber 1968). For Weber, all aspects of the human condition and their material environment are defined from the actor's point of view, the symbolic significance that actors attribute to their material conditions and resources (Weber 1968).
A major critique of Weber's theory of action is that through focusing on action that actors can understand, it fails to account for acts of unconscious motivation, including unreflective habit. While elaborating a theory of action as "meaningful conduct", Weber's theory of action has been criticised for lacking an adequate definition of the nature of social relationships (Cohen 2000). Cohen (2000:77) suggests that for Weber :

> "[a] relationship exists when several actors mutually orient the meaning of their actions so that each, to some extent, takes account of the behaviour of others"

Hence, Weber ultimately falls back on the notion of sets of maxims, rules or norms which are mutually understood by actors in a social relationship to orient their conduct. Two central problems have been identified with the Weberian account of social action as meaningful conduct. The first lies in the *ad hoc* status given to power, in which power is seen as lying in the subjective realm of the individual and his or her ability to assert his/her will over that of another. The second and related problem lies in the

consideration of relations of inequality. As Cohen (2000:78) puts it "inequality is simply too prevalent in society to be meaningful only in the eyes of the actor".

4.2 *Interactionism and Social Constructivism*

While Weber defines human action purely in terms of the "subjective meanings" attributed by actors themselves, pragmatic theories of human conduct (such as that proposed by Mead) are concerned with consciousness or the mind as an intrinsically social phenomenon (Jenkins 1996:21). For pragmatists, the subjective theories of human action which privilege individual consciousness, disregard that self-consciousness can only be achieved by also assuming the position of the other (Cohen 2000; Jenkins 1996:21). Or as Jenkins puts it "[i]n everyday terms...we cannot see ourselves at all without also seeing ourselves as other people see us" (Jenkins 1996:21). For Mead, (1934) society is constructed through social relationships formed between individuals, and individuals cannot exist outside social relationships. Without social relations, human agency and culture would not exist. Thus for Mead the notion of selfhood only exists in relation to the "generalised other":

> "only in so far as he takes the attitudes of the organized social group to which he belongs toward the organized, co-operative social activity or set of such activities in which that group is engaged, does he develop a complete self" (Mead 1934: 155).

Central to the pragmatic conceptualisation of human conduct is the notion that all social actors are *embodied* :

> "[M]ind and selfhood are attributes of *embodied* individuals...That human beings have bodies is among the most obvious things about us, as are the extensive communicative and non-utilitarian uses to which we put them. The human body is simultaneously a referent of individual continuity, an index of collective similarity and differentiation, and a canvas upon which identification can play. Social identification in isolation from embodiment is unimaginable" (Jenkins 1996:21).

For pragmatists, there are multiple possibilities for action arising out of concrete social situations, which are experienced through our bodies and minds. Hence, a multiplicity of realities are possible, depending upon whose standpoint is taken. The pragmatist's insistence on the plurality of social truths, grounded in concrete, embodied experiences, provides the intellectual foundation for symbolic interactionism (Plummer 2000:197). A key concern of interactionist social theory has been described as the "semiotic world of discourse":

> "the manner through which human beings go about the task of assembling meaning: how we define ourselves, our bodies and impulses, our feelings and emotions, our behaviours and acts; how we define situations we are in, develop perspectives on the wider social order, produce narratives and stories to explain our actions and lives; how such meanings are constantly being built up through interaction with others, and how these meanings are handled, modified, transformed, and hence evolve through encounters" (Plummer 2000:194).

The most basic concept of interactionism is the self, as it is constituted in relation to the other. Societies are conceived of a "vast matrix of 'social worlds' constituted through the symbolic interaction of the 'self' with 'others'"

(Plummer 2000:195). Symbolic interactionism as developed through the Chicago school of sociology (such as in the work of Blumer and Becker) is grounded in a commitment to empirical research and the application of direct fieldwork methods, in particular the use of participant observation and case study. Symbolic interactionism advocates a move away from grand and universalising theory. Rather, theory is grounded in a methodology which explores the richness and complexity of the social world as it is experienced in everyday life. Theory is based on concepts built up from experience grounded in the lived reality of the empirical world. Blumer (1969:2) suggests that social theory should be based on three basic premises:

> "The first premise is that human beings act towards things on the basis of the meanings that things have for them...The second premise is that meaning of such things is derived from, or arises out of, the social interaction that one has with one's fellows. The third premise is that the meanings are handled in, and modified through, an interpretative process used by the person in dealing with the things he encounters".

Clifford Geertz's "symbolic anthropology" which emanates from the Chicago school of symbolic interactionism, has been highly influential in the development of post-modern thinking within anthropology (Anderson 1995: 16). Primarily influenced by Weber, the focus of Geertz's interpretive anthropology is on symbols as vehicles of cultural meaning, and a methodological focus on studying culture "from the actor's point of view" (Ortner 1984). Geertz defines culture as a system of symbols through which members of society communicate their world view (Ortner 1984), proposing that cultural phenomena should be treated as "significant systems" (Geertz

1983:3). For Geertz (1993) the concept of culture is a "semiotic one", that is culture is a system of significant meanings:

> "Believing, with Max Weber, that man is an animal suspended in webs of significance he himself has spun, I take culture to be those webs, and the analysis of it to be therefore not an experimental science in search of law but an interpretive one in search of meaning" (Geertz 1993:5).

For Geertz (1983, 1993), the logic of cultural systems is not seen to be located within hidden structural conditions, but rather to derive from the logic of organisation of everyday action, from people operating within local level institutional orders, and interpreting their actions so that they may act coherently within them (Ortner 1984:130). Culture is "a product of acting social beings trying to make sense of the world in which they find themselves" (Ortner 1984:130). Hence, methodologically, the approach suggests that "if *we* are to make sense of a culture, we must situate ourselves in the position from which it was constructed" (Ortner 1984:130). Geertz (1983) insists that cultural analysis should be inserted into the study of the sociology of knowledge, challenging the view that science is "non-ideological" and based upon objectively verifiable facts (Treichler 1992). For Geertz (1983), the proposition that cultural phenomena should be treated as symbolic systems is in part:

> "[A] result of the growing recognition that the established approach to treating such phenomena, laws-and-causes social physics, was not producing the triumphs of prediction, control and testability that had for so long been promised in its name...the broader currents of modern thought have finally begun to impinge upon what has been, in some quarters still is, a smug and insular enterprise.
>
> Of these developments, it is perhaps that last that is most important. The penetration of the social sciences by the views of such

> philosophers as Heidegger, Wittgenstein, Gadamer, or Ricoeur, such critics as Burke, Frye, Jameson, or Fish, and such all-purpose subversives as Foucault, Habermas, Barthes, or Kuhn makes any simple return to a technological conception of those sciences highly problematic" (Geertz 1983:3-4)

Associated with Geertz's symbolic anthropology is the notion of cultural constructivism which derives less from the field of social anthropology than from the sociology of knowledge (Treichler 1992). The notion of the "cultural construction of reality", is initially associated with the work of phenomenologists such as Berger and Luckmann (1966). Berger and Luckmann's (1966) social constructionist account of social life argues that social phenomena are created and sustained through social practices, and that humans routinely experience the world in the form of multiple realities (Burr 1995; Treichler 1992). In particular, Berger and Luckmann's account argues that while the world is socially constructed through social practice, actors experience the social world as if it is a pre-given natural order (Burr 1995).

A number of studies emanating from both family planning and HIV/AIDS research have drawn upon interactionism and cultural constructionism, in an effort to elaborate alternative theories of culture and human action to those encapsulated within the structural-functionalist paradigm. Warwick (1988), for example, in examining the interplay between local culture and family planning programmes adopts Geertz's definition of culture as:

> "an historically transmitted pattern of meanings embodied in symbols, a system of inherited conceptions expressed in symbolic forms by means of which men communicate, perpetuate, and develop their knowledge" (cited in Warwick 1988:1)

In recent years, the social constructivist approach has had a particular appeal in research studies relating to HIV/AIDS. The preoccupation of the epidemiological research of the 1980s with its focus on individual risk behaviours, has increasingly given way to an effort to identify the social, cultural, economic and political contexts in which high risk sexual behaviour takes place (Eyre 1997; Gillies *et al* 1996; Setel *et al*1997). Anthropological studies have increasingly focused on the complex social and cultural systems that shape and structure the contexts in which sexual activity takes place, and in which sexuality acquires meaning from the perspective of social actors (Parker 1994).

> "Many researchers have recognized the importance of the individual and society as two poles of description and analysis, and new attention has focused on meaning systems in understanding both individual and social patterns of sexuality. Sex is no longer perceived as merely a biological fact, but rather as a culturally informed experience, shaped by the inner world and the material world in which humans live...
>
> "A basic tool in this work is the concept of sexual culture: the systems of meaning, of knowledge, beliefs and practices, that structure sexuality in different social contexts" (Parker *et al* 1991:79).

Much of this later body of work has drawn upon social constructivism through the elaboration of the concept of sexual cultures, which explores the social representations, symbols and meanings that shape and structure sexual experience in different social contexts (Parker 1994, 1996).The view that

sexuality and sexual activity is socially constructed has focused attention on the "intersubjective nature of sexual meaning", and the notion that these meanings are shared within the context of distinct and diverse sexual cultures (Parker 1994: 309-310). Central to the notion of sexual culture is that of sexual identity. Much of the early work on sexual identity focused on men who have sex with men, highlighting that in many cultural settings the act of male to male sex is not necessarily synonymous with a homosexual identity. The notion that sexual identity is both diverse and socially constructed, has been used to challenge the functionalist notion of normative behaviour, demonstrating that while societal norms ideally require one mode of behaviour, in reality a wide range of practice actually exists in any one community (Parker *et al* 1991). The emphasis of analysis is on sexual meanings and:

> "their shared, collective quality, not as the property of atomized or isolated individuals, but the property of social people integrated within the context of distinct, and diverse, sexual cultures" (Parker 1994:309-310).

Calhoun (1995) suggests that the appeal of social constructivism, the application of which has reached beyond the conventional boundaries of sociology (as for example in sexual behaviour research), centres on the notion that identity is neither a natural given, nor purely the act of individual will. Rather identity (such as sexual identity) is understood as constructed within social and cultural systems. Calhoun (1995:198) suggests that as such, constructivist arguments are able to challenge the essentialist notion

that individuals have singular, integral, and unproblematic identities. At the same time, more sophisticated constructivist arguments also challenge accounts of collective identity as based on some core essence or set of features shared by all members of a social group. Nonetheless, Calhoun (1995) warns that many constructivist approaches are in danger of falling into the same determinist trap as biological essentialism. Through an over-emphasis placed on social pressure as a determinant of behaviour, constructivism often overlooks issues of personal and political agency (Calhoun 1995).

On the other hand, many social constructivist approaches have followed a line of argument derivative of phenomenology, which understands the social world only as constructed through the subjective experience of social actors. In other words, the social world is understood as comprised of multiple realities, of which there is no one objective truth (Treichler 1992). At their most radical, these constructivist arguments insist that neither sex roles and statuses, nor sex itself is naturally given, but are always and everywhere socially and culturally constructed (Faubion 2000:257). Hence, Plummer (2000) suggests that both interactionism and social constructionism offer a broad church of approaches and interpretations:

> "interactionism's long concern with such matters as the morality, reflexivity, dialog, culture, communications, identity, bodies, drama, semiotics and everyday life can serve to re-connect the theory to many fashionable concerns. There are then, many strands to contemporary interactionist thought, and no single position" (Plummer 2000:203-204

Interactionism and social constructivism have provided the cultural and intellectual backcloth to many of the core concepts of post-modern social theory (Burr 1995). In particular, interactionism and social constructivism have rejected the modernist assumption that there is one social reality and objective truth. The essence of post-modern thinking has been said to be characterised by a loss of belief in an objective world and the assertion that there is no foundation to secure a universal and objective reality (Kvale 1996:19). Rather for post-modernists, knowledge becomes the ability to perform effective actions, with the focus on the social and linguistic construction of reality, and on the interpretation and negotiation of the meaning of the lived world (Kvale 1996:19).

The limitations of much symbolic interactionism and social constructivism have been seen to lie in the privilege given to the individualistic and subjective nature of cultural production, and its lack of concern for the objective or structural conditions within which symbolic systems are produced and maintained (Ortner 1984; Plummer 2000). In particular, symbolic interactionism and symbolic anthropology have been deemed to be incapable of dealing with structural conditions of power, economics and history in their analysis of cultural systems (Plummer 2000:203). The extreme form of relativism, also contained within much post-modern thought, has been criticised for failing to make sense of the real cultural and historical specificity (or structural conditions) within which social action takes place. Calhoun (1995:98) suggests that the broad postmodernist discourse obscures the

crucial question of how social change has shifted the conditions for human actions. By rendering subjectivity universally problematic, postmodernism fails to address the ways in which agency and subjectivity are constructed in specific historical and cultural situations.

4.3 *Structuralism*

Within social anthropology a major paradigmatic challenge to the subjectivism of phenomenology and interactionism, has come from the structuralism of Levi-Strauss. For Levi-Strauss, phenomenology and interactionism have led to the construction of a myth that the meaning of human action and culture derive ultimately from individual choice (Faubion 2000). Counter to the claims of semiotics of symbolic anthropology, structuralism argues that the global variety of social and cultural phenomena can be made intelligible by demonstrating the shared relationships of those phenomena to a few basic underlying principles (Ortner 1984:135). For structuralists, the analysis of social processes is based upon the analogy between society and language, in which language is understood to lay the foundations for culture (Coward and Ellis 1977). Cultures are understood primarily as systems of classification, constructed upon relations of binary opposition (Ortner 1984). Counter to the privilege given to human agency in phenomenology and interactionism, within structuralism the notion of the human subject all but disappears. The human subject is no longer considered as homogenous and in control of his or herself, rather the subject is constructed through structure,

the existence of which escapes consciousness (Coward and Ellis 1977). The human mind becomes the repository of structures which constitute the unconscious of each individual (Coward and Ellis 1977).

Critiques of Levi-Strauss's structuralism have emanated from the apparently diverse fields of psychoanalysis and Marxism, which point to the limitations caused by structuralism's denial of the intentional subject in social and cultural processes on the one hand, and the ahistorical, apolitical and universalistic notion of structures of the human mind on the other. In particular, the critical social theory of the Frankfurt School of theorists (such as Horkheimer, Adorno and Marcuse) sought to develop a general explanatory model of the socio-psychological dimensions of the relations between the individual and culture through an integration of Freudian theory and Marxism. Within this model, psychoanalysis provides the frameworks for an exploration of how social structures influence and shape the inner dimensions of human experience (Elliott 2000:137 -138).

4.4 *Practice Theory and the Structure-Agency Dichotomy*

Perhaps the most sustained critique of the limitations of structuralism on the one hand and interactionism and phenomenology on the other, (ie the structure-agency dichotomy in social theory) has emanated from the work of "practice theory", in particular that of Pierre Bourdieu. Bourdieu's practice theory argues that there is more to social life than the subjective

consciousness of actors. Counter to claims of interactionists, and phenomenologists, Bourdieu posits that there is an objective social reality which exists beyond the immediate interactional sphere and individual consciousness. Bourdieu further rejects structuralism as limited in its power to explain or predict behaviour and practice of people which is at variance with structural models of rules of conduct (Jenkins 1992:17). Bourdieu expresses his theoretical "project" as an attempt to overcome the dichotomy between the individual and society, and between objectivism and subjectivism. Gidden's theory of structuration (as with Bourdieu's theory of practice) also offers a potential resolution to the problem of the relation between action and social structure (Thompson 1989: 56). Structuration theory considers:

> "how action is *structured* in everyday contexts and how the structured features of action are, by the very performance of an action, thereby *reproduced*" (Thompson 1989:56-author's emphasis)

In other words, Giddens (similar to Bourdieu) sees social structure and human agency as a duality in which "social structures are both constituted *by* human agency and at the same time are the very *medium* of this constitution" (cited in Thompson 1989: 58, original emphasis). Within this framework action is conceived as a continuous "flow of conduct" or interventions in the social world, of which agents are only able to give partial accounts, being unable to acknowledged all the conditions in which action is generated (Thompson 1989).

A number of recent studies of fertility behaviour have drawn upon practice theory (derivative of Bourdieu) and structuration theory (derivative of Giddens), in an attempt to offer an alternative analytical framework for the understanding of reproductive behaviour to that provided by structural-functionalism (Angin and Shorter 1998; Carter 1995; Greenhalgh 1995; Rutenberg and Cotts Watkins 1997). According to Carter (1995), Giddens' structuration theory offers a way out of the separation between culture and agency, which is deeply embedded in modern social thought. Carter (1995:61) suggests that two features of Gidden's structuration theory are of importance for demographic inquiry. First, through the notion of "flow of conduct" Giddens' conceptualises human agency as a process in which there is a continual "reflexive monitoring" of concrete situations, as opposed to behaviour being seen as a sequence of discrete acts of choice and planning. Second that cultural rules and social institutions only take shape through concrete social activity.

Carter (1995:62) draw's upon Lave's (1998) notion of "activity in setting" as a tool for understanding decision-making processes as they take place in concrete everyday situations. Lave's notion suggests that activity and decision-making must always be understood as taking place in concrete social settings, which are the product of broader social structures and which shape activity. However, within these social settings actors negotiate decision-making in many different ways depending on social factors such as age, gender, ethnicity and class. According to Carter (1995:66), the cultural

construction of the body is one of the important elements of activity in setting, shaping decision-making related to fertility and reproduction.

Drawing on Luker's (1975) work on contraceptive risk taking in Northern California, Carter (1995:72) suggests that decision making of sexually active women to use or not to use contraception results from a series of decision-making points (which may shift over time) at which women assign specific values to certain variables, and plan their behaviour according to these values. Similarly, Rutenberg and Cotts Watkins (1997) draw upon the notion of "flows of conduct" in considering women's discourses relating to contraceptive practices in Nyanza Province, Kenya. Similar to Carter, the authors suggest that decisions to use or not to use family planning are not one-off events, but represent a continual process of negotiation and strategising within peer group networks:

> "Decisions appear to be preceded by a period during which women overhear or participate in conversations with others, and then by more strategic conversations when women seek out those whom they believe are using contraceptives. Once a woman begins to practice contraception, she continues with these conversations and she monitors her body's reaction, ready to discontinue use should she learn something disturbing about the experience of others or if the method does not 'rhyme' with her body" (Rutenberg and Cotts Watkins 1997:297).

Angin and Shorter (1998:555) also draw upon the notion of "negotiated flows of conduct" to interpret the dynamics of reproductive decision-making among migrant populations in Istanbul, Turkey. They define their approach as a "form of practice theory", which gives a central place to the role of "human

agency" in the structures of society. Angin and Shorter (1998:557) define negotiation as:

> "a process of using one's own power and knowledge to modify or create meanings for oneself and to influence the meanings significant others hold. Negotiation as a process of power is not limited to speaking and discussing between two people...The process of constructing meanings takes place among individuals, couples, older and younger generations of the family, and friends. The meanings interact on each other, since they are not wholly private, but are revealed to others through actions and practice" (1998:557).

The term "conduct" is used to replace the notion of behaviour, conduct being understood as negotiated ways of behaving within fields of possibilities (Angin and Shorter 1998:557). In order to demonstrate that conduct is monitored reflexively by and in everyday life, "with revisions as life is lived and as contexts change" (1998:557), Angin and Shorter adopt an ethnographic method based on the collection of narrative life histories. The authors conclude that:

> "Regulating ones reproduction, giving meaning to ones gender, protecting ones health, and engaging in sexual activity, are flows of conduct that can be studied by an ethnographic approach. We find, through the ethnographies, that people make their own evaluations of what their goals with regard to reproduction should be, what signifies good and bad behaviour, how men and women should relate to each other and negotiate, and how they should understand the having or not having of children. Thus, by their activities they establish a cultural setting, revising it during their lives and times, that accounts in a fundamental way for the statistics that describe the macro changes in reproduction, gender roles, and family structure" (Angin and Shorter 1998:562).

While both Carter (1995) and Angin and Shorter (1998) provide interesting insights into the process of negotiation of reproductive behaviour, both

studies nevertheless seem to ultimately fail in being able to relate micro-level negotiated conduct to the macro social, economic and political context in which it is embedded. In the end, both approaches appear to privilege agency over structure, moving closer to the territory of interactionism than that of political-economy.

In the following section I suggest that a new theoretical understanding of the relationship between agency and culture is required to develop an analysis of fertility, reproductive and health-related behaviour which can account for diversity and difference in concrete social contexts. I outline an approach which I call critical social analysis, which aims to place political economy as central rather than external to an understanding of action.

5. Identity, Difference and Power: Towards the Application of A Critical Social Analysis

5.1 *Critical Social Analysis*

The tension between 'universality' and 'difference' has taken centre stage in current concerns of social and cultural theory. While social anthropology has emerged as the paradigmatic discipline of "otherness" and "difference", much mainstream sociology and economics remains underpinned by ethnocentrism and universalism (Calhoun 1995:xv). The question of the relationship between the universal and the local, the objective and the subjective, culture

and the individual, the general and the particular, are all restatements of the same fundamental dilemma in social theory. As Jenkins (1996:26) suggests, throughout modern social thought the same question is being asked, in different words and tones, which is:

> "How can we fruitfully bring into the same analytical space the active lives and consciousnesses of individuals, the abstract impersonality of the institutional order, and the ebb and flow of historical time? How to bring public issues and personal troubles into the same frame".

The application of a critical social analysis may go some way to finding a way out of this theoretical impasse. Critical social theory associated with the Frankfurt School of Marxist theory, has come under widespread criticism for its universalist tendencies and failure to consider the cultural diversity of the human condition. However, Calhoun (1995; 2000) offers a definition of critical social theory or social analysis which is both broad based and eclectic. According to Calhoun's definition (1995:8), the aim of a critical theoretical or analytical approach is to make the apparent "givenness" of the world the object of inquiry. Critique, then, stems from an analysis which is both able to 'denaturalise' the human world, recognising it as the product of action within a larger range of possibilities, and able to locate human action within its specific historical, political and social context. A critical theory is one that is aware of its own historical conditions of production, whilst also being able to see the world from the standpoint of others. While the idea of critique is difficult to pin down, it encompasses a unity of theory with method and a

historically grounded awareness of social, political and cultural context (Calhoun 1995, 2000).

In elaborating his notion of critical social theory Calhoun (1995) makes a strong case for eclecticism. One of the most important roles of social theory is to enable us to ask new and different questions, about social phenomena, different theories enable us to ask different questions. Marxist theory, for example, enables us to ask about the extent to which interests rooted in material relations shape people's identities and actions, a question that would not arise within the theoretical frameworks of Weber or Durkheim (Calhoun 1995:7-8). Nonetheless, the fact that different theories enable us to ask new questions, does not signify that our knowledge accumulates through a linear progression towards a timeless and objective truth, as is assumed by much "mainstream" positivist social theory. Rather, Calhoun (1995:8) suggests it is not possible to ask all the interesting questions about the social world, within the framework of one theory, or even within the framework of a set of logically integrated theories. There are many different perspectives from which it is possible to consider a social phenomenon:

> "Theories remain multiple not because we are confused or have not yet reached correct scientific understanding of the problems before us, but because all problems - like all people - can be seen in different ways" (Calhoun 1995:7).

The focus of a critical analysis is not only on the historical and structural conditions of social change, but also on the diversity of cultural and subject

positions, or the multiplicity of voices that exist in different social contexts. Addressing the issues of plurality, multiplicity and difference between individuals and cultures is a central challenge to critical theory and social analysis. In particular, Calhoun (1995) suggests that developing ways to take seriously such fundamental classificatory differences as gender and race is a basic and urgent task for critical social theory.

5.2 *Identity and Difference*

Two analytical concepts are central to critical social analysis, these are the interlinked concepts of *difference* and *identity*. According to Jenkins (1996:90) social identity is the constitution in social practice of the inseparable themes of similarity and difference. Jenkins (1996) suggests that *social identity* is a strategically important analytical concept in attempting to overcome the fundamental dichotomies of the individual and society, structure and agency, difference and universalism. First, if identities are understood as attributes of *embodied* individuals, which are also socially constituted, the concept of social identity bridges the divide between the individual and the collective. Further, if social identity is conceptualised as a *process*, that is in a continual state of negotiation, as opposed to being fixed and essential, the distinction between action and structure can be avoided. Finally, if the process of construction of identity is conceptualised in terms of a dialectic relationship between the internal and the external world, the opposition between the subjective and the objective may also be overcome (Jenkins 1996:26).

Exploring the notions of difference and identity calls for an analysis which reaches below the surface of social phenomena, to grasp the complexity of how constructions of difference and identity affect actor's understandings of the social world and shape social and political practice:

> " 'Difference' appears as importantly in the forms of violent ethnic nationalism, racism, and religious fundamentalism as in movements and personal choices about gender, sexual orientation, and ethnic pluralism. Some lines of difference, like national boundaries, are used not only to distinguish one human group from others but to demand internal conformity. The very rhetoric of difference, in other words, can be turned to the repression of differences. Recognition of difference can be the basis for mutual engagement, or for failure to appreciate and respect common humanity. And not all differences are equally valuable" (Calhoun 1995:xviii).

Nonetheless, the concepts of difference and identity have not received adequate treatment within classical social theory (Calhoun 1995). For example, in considering the fundamental category difference of gender, Calhoun (1995:xxii) argues that the contributions of Marx, Weber and Durkheim are extremely limited in their ability to speak to modern concerns. Critical Marxist theory, with its universalist tendencies, has failed to consider the full impact of diversity and the multiplicity of human possibilities and cultural contexts. Part of the problem has been that a good deal of modern social thought has been based on the assumption that individuals live in one bounded social world:

> "People on borders, children of mixed marriages, those rising through social mobility, and those migrating from one society to another were all constituted for social theory as people with problems by contrast to the presumed ideal of people who inhabit a single social world and

> could therefore unambiguously place themselves in their social environment" (Calhoun 1995:44)
>
> "...it is now, and throughout human history often has been, common to inhabit multiple worlds simultaneously and even to grow as a person by the ability to maintain oneself in connection to all of them" (Calhoun 1995:xix).

In recent years, postmodernists and poststructuralists have played a central role in bringing the theme of difference to the forefront of social analysis. Post-modernism, has been characterised by a rejection of meta-narratives and grand universal theories (such as Marxism), giving prominence to local knowledge as constructed in discourse or narratives (Kvale 1995). With the emphasis on the local and the individual located in their social and cultural context, some post-modernists have claimed that the polarity of the universal and the individual, the objective and the subjective, is surpassed (Kvale 1995). Nonetheless, postmodernism also often takes on an extreme form of relativism. In understanding knowledge as discursive, action or practice becomes abstracted from its embeddedness in concrete social relations and historical conditions. In other words, postmodernism fails to consider how concrete social relations are constructed, organised and reproduced (Calhoun 1995).

In order to avoid the dichotomy between "essentialism" on the one had and the extreme "relativism" of postmodernism on the other, Calhoun (1995) suggests that we need to also understand the practical activity by which ordinary people manage cultural complexity and their engagement with

different social worlds in their everyday lives. Understanding culture and human action is neither just a matter of interpreting action nor of defining the structural conditions of action, it is also about understanding that the ways in which people interpret their activities also ultimately shapes their actions. This is what Giddens refers to as the "double hermeneutic" (Giddens 1997). Nonetheless, we will always face difficulties in the interpretation of social life that is constituted differently from our own:

> "We are especially apt to become aware of difficulties and uncertainties in the interpretation of meaning...when we attempt to understand social actions whose meaning is embedded in contexts very different from our own. The relevant differences of context may stem from either material conditions or differences in the symbolic production of meaning...Differences of context may also stem from the internal cultural construction of meaning. Such differences arise in language, in schemes of identification and valuation, and in orientations to social practice" (Calhoun 1995:49)

Our resources for making sense of the world derive from our own history, culture and experience. Applying these resources necessarily runs the risk of failing to grasp meanings operating in other contexts. Even within a single cultural context, the interpretation of practical activity and social action faces inherent problems (Calhoun 1995). Practical activity is not easily explained in discourse: while each of us develops practical skills and strategies by which to manage our everyday lives, it is difficult to put into words all the tacit understandings and practical skills by which these everyday activities are made possible (Calhoun 1995:51). A social analysis, which attempts to grasp the complexity of social life, needs to be able to take of account of both cultural difference and historical specificity. Hence, universal and generalist

theories of behaviour, such as rational choice theory, are applied at the expense of rendering new knowledge on cultural context and difference.

5.3 *Cultural Capital and Symbolic Power*

Post-structuralists such as Pierre Bourdieu offer potential theoretical frameworks for finding a way out of the impasse between the universalism of structuralism and the relativism of much post-modernism (Calhoun 1995; Jenkins 1982, 1992). Jenkins (1992) suggests that the work of Bourdieu has tremendous strategic value in the evolution of sociological thinking on the relationship between structure and agency. Whilst criticising Bourdieu as ultimately failing in his "project" to overcome the objectivist-subjectivist dichotomy, by privileging a form of determinism "in the last instance" (Jenkins 1982), Jenkins (1992) suggests that above all Bourdieu is "good to think with". In the spirit of Jenkins' sentiment, this section outlines some of the core concepts of Bourdieu's theoretical framework, which may be useful conceptual tools for thinking through a critical social analysis of sexual and reproductive health.

The importance of Bourdieu's work lies in his attempt to construct a theoretical model, which neither takes what people do in their daily lives for granted, not loses sight of wider patterns of social life (Jenkins 1992:68). Bourdieu's approach can be summarised as a general theory of practice (Jenkins 1982, 1992; Thompson 1991). Implicit in Bourdieu's theoretical

framework is the recognition that the distinction between conscious thought and the unconscious mind is not clear-cut. Rather, for Bourdieu, conscious and unconscious mental processes lie at opposite ends of a continuum, the area in between being occupied by "habit" or habitual practice (Jenkins 1992:178). Habit provides the space in which much decision-making takes place:

> "if we had to make a decision about everything, we'd never be able to make a decision about anything" (Jenkins 1996:70-71).

Bourdieu suggests that, in many everyday situations, behaviour or practice is neither an outcome of habit nor of rules or calculation, it is more akin to a performance, or an act of strategic improvisation. Sometimes improvisation may resemble rational calculation and at other times it may appear as spontaneous and unreflexive (Jenkins 1996:71). However, improvisatory performance or strategising is always carried out within specific sets of constraints opportunities and social conditions (referred to by Bourdieu as habitus). In other words, practice is always firmly located within its specific social context (Jenkins 1992:179). The notions of strategy and habitus are employed by Bourdieu to make a theoretical break from the structuralist conceptualisation of behaviour as governed by norms and rules, whilst avoiding the problem of relapsing into subjectivism:

> "Notions like that of habitus (or systems of dispositions), practical sense, and strategy, are linked to my effort to escape from structuralist objectivism without relapsing into subjectivism...
>
> The notion of strategy is the instrument I use to break away from the objectivist point of view and from the action without an agent that structuralism presupposes. But one can refuse to see in strategy

> the product of an unconscious program without making it the product of a conscious, rational calculation. It is the product of the practical sense as the feel for the game, for a particular, historically determined game" (Bourdieu 1990b:61-62)

Fundamental to Bourdieu's notion of behaviour as improvisatory and strategising, and the product of processes which are neither entirely conscious nor unconscious, is the concept of *embodiment.* The idea of human embodiment, is a concept recovered from phenomenology and interactionism (Calhoun 1995:xx). Bourdieu's central argument is that culture is encoded in or on the body. The power of habit or habitual practice derives from the role of the body as a vehicle of less than conscious communication or expression of cultural codes (Jenkins 1992:179). The concept of embodiment is also fundamental to notions of self-hood and social identity. While collective identity focuses on the notion of the world with "society" or "humanity" at its centre, individual identity centres on the body (Jenkins 1996:113). Where selfhood is entangled with identities that are "definitively" embodied such as sex/gender and ethnicity/race it becomes clear that the external (or social) attributes of identity are not equally available to all:

> "The world is not really *everyone's* oyster: a range of factors systematically influences access to the resources that are required to play this game. In any given context, some social identities systematically influence an individual's opportunities in this respect. The materiality of identity, and its stratification with respect to deprivation and affluence, cannot be underestimated" (Jenkins 1996:51).

The notion of the embodiment in individuals of the unequal social and material conditions of the external world is encapsulated in Bourdieu's

notions of the "habitus" and the "hexis". For Bourdieu (1991), the habitus is the organising cultural framework which both generates and constrains practice. The habitus is comprised of a set of "dispositions", acquired from childhood through a process of "inculcation" (not dissimilar to socialisation), which incline agents to act or react in certain ways (Jenkins 1992; Thompson 1991). Through a multitude of messages and experiences the individual acquires a set of culturally defined attitudes and ways of being, which become embodied as "second nature", and endure throughout life. However, dispositions are definitively the products of specific social and material conditions, for example, people situated in different social classes will acquire different sets of dispositions. These embodied dispositions generate practice. However, the practices produced may be other than those through which dispositions were acquired. Hence, there is a dialectic relationship between the acquisition of dispositions and the generation of practice and new dispositions (Jenkins 1992; Thompson 1991). Hence, Bourdieu refers to dispositions as "inculcated, structured, durable, generative and transposable" (Thompson 1991:12).

> "The habitus as the feel for the game is the social game embodied and turned into a second nature...The habitus, as society written into the body, into the biological individual, enables the infinite number of acts of the game ...to be produced" (Bourdieu 1990b:63).

The habitus gives individuals a "practical sense" of how to act and respond in the course of their daily lives (Thompson 1991:13). Habitus is not an ideological construct, but an integral part of practical activity and vice versa

(Thompson 1991). Bourdieu (1991) also uses the term "hexis" to refer to the embodiment of habitus. Bodily hexis is used to signify deportment, the manner and style in which men and women "carry themselves in the world", stance, gait and gesture (Thompson 1991:13). The term indicates the centrality of the body in the conceptualisation of habitus. It is in bodily hexis that the individual (the idiosyncratic) combines with the social (the structural) as:

> "the mediating link between individuals' subjective worlds and the cultural world into which they are born and which they share with others" (Jenkins 1992:75).

Bourdieu's theory of practice has been variously interpreted as being underpinned by a Weberian idealism and a Marxist materialism. Jenkins (1992) suggests that Bourdieu's notion of improvisation and strategising draws heavily upon interactionism. While Bourdieu rejects classical Marxism as treating the social-world as if it were a one-dimensional manifestation of socio-economic processes, or relations between classes, his theory of practice has also been interpreted as being historical and materialist, addressing the:

> "central and defining problem of historical materialism, that is how inequality is legitimised in such a way that social reproduction takes place relatively free from conflicts (Garnham and Williams 1986:118).

The body is the site of "incorporated history", and embodied practical schemes are both the product of history and the mechanism through which history is reproduced (Thompson 1991:13). In other words, Bourdieu's theory

of practice is also a theory of social or cultural reproduction, central to which are the notions of cultural capital and symbolic power. For Bourdieu the social world is multi-dimensional. Social formation is conceptualised as a hierarchically organised series of fields (or contexts) within which different kinds of resources or capital are unequally distributed (Thompson 1991). A field is a system of social positions occupied by individuals and institutions, which are internally structured in terms of power relations:

> "Positions stand in relations of "dominance, subordination or equivalence, by virtue of the access they afford to the resources (capital) which are at stake in the field" (Jenkins 1992:85).

A field is always a site of struggles in which individuals, groups and institutions, seek to maintain or alter the distribution of the forms of capital specific to it (Thompson 1991:14). Bourdieu's key insight is that there are immaterial forms of capital – cultural, symbolic and social – as well as a material or economic one, and that it is possible through varying strategies to convert one of these forms of capital into the other (Calhoun 1995:140). Economic capital is that which is directly convertible into money, unlike educational attainments (cultural capital), social connections (social capital) and prestige (symbolic capital). Bourdieu's (1986) account of capital is therefore an account of the resources and strategies that people use in the pursuit of distinction, profit, wealth and power (Calhoun 1995). However, Bourdieu is most interested in examining the strategies or concrete ways in which those who are most deprived in terms of capital are able to express themselves in the diverse settings of everyday life (Thompson 1991:22).

Although by referring to "capital" and "markets" (another term used for fields) Bourdieu borrows from the language of economics, his theory is fundamentally social in a sense in which rational choice theory is not:

> "His conception of strategy in the idea of an intersubjective habitus conditioned by 'objective' situations gives a much less reductionistic and more useful sense of human action. Bourdieu's sociology provides for effective accounts of the influences which objective circumstances, historical patterns of distribution of various resources, and the trajectories of different actors through social fields all have on power relations" (Calhoun 1995:142).

Central to Bourdieu's analytical framework is a theory of power, encapsulated in the notion of symbolic violence. Symbolic violence provides the key to the ongoing and successful reproduction of relations of domination and the unequal distribution of capital. Symbolic violence is the process by which a dominant system of meanings (or culture) is imposed upon groups and social classes in such a manner that it is experienced as "legitimate" (Jenkins 1992:104). The experiencing of a dominant culture as legitimate obscures the power relations upon which it is predicated, and contributes to its systematic reproduction. Bourdieu suggests that the reproduction of relations of inequality is achieved through "misrecognition", a concept which is not dissimilar to the Marxist notion of false consciousness:

> "the process whereby power relations are perceived not for what they objectively are but in a form which renders them legitimate in the eyes of the beholder" (cited in Jenkins 1992:104)

The actual content of the dominant culture is "arbitrary" in the sense that what is presented as "legitimate" culture is the result of an empirically traceable

history rather than a relative value or "appropriateness". All cultures are equally arbitrary and behind all culture lies the arbitrary sanction of power (Jenkins 1992:105). Bourdieu argues that the mainstay of symbolic violence is "pedagogic power", which imposes an apparently legitimate dominant culture through the operations of informal "pedagogic agencies", such as the peer group and the family, and formal agencies such as the education system. The action of pedagogic institutions reflects the interests of dominant groups and classes, reproducing the uneven distribution of cultural capital among those groups (Jenkins 1992:105).

The symbolic violence exercised by institutions creates an illusion that it is unrelated to the overall structure of power relations. Bourdieu suggests that a key way this illusion is produced is by facilitating the limited social mobility of a small number of the dominated or oppressed social class (Jenkins 1992:109). The illusion of mobility obscures the material reality that competitors in the system all begin with different handicaps and advantages based on cultural endowment or cultural capital (Jenkins 1992:111). Bourdieu's theory of cultural reproduction is therefore both a theory of socialisation and a theory of ideology, which seeks to address the fundamental question: "how does a social system in which a substantial section of the population are obviously exploited survive without its rulers having to depend on physical coercion for the maintenance of order"? (Jenkins 1992:119).

While Bourdieu does not directly address difference and identity, he provides useful analytical tools for approaching these issues (Calhoun 1995). For Bourdieu, culture is both a means of struggle and a marker of social identity (Jenkins 1992).There is a direct relationship between social identity and the distribution of power and resources in society (Jenkins 1996).Through understanding social practice as emanating out of a dialectic relationship between the internal and external world, a necessary connection is made between relations of domination, strategies of resistance and processes of social identification.

> "Social identities exist and are acquired, claimed and allocated within power relations. Identity is something *over* which struggles take place and *with* which stratagems are advanced: it is means and ends in politics. Not only is the classification of individuals at issue but also the classification of populations" (Jenkins 1996:25).

Above all, Bourdieu's conceptual tools provide a basis for linking social structure and social relations with the negotiation of individual identities, and for seeing both as produced and reproduced in practical action (Calhoun 1995:156).

The importance of a critical social analysis lies in making a systematic examination of the relationship between social identification as elaborated in the narratives or discourse of individuals, and the relations of power and domination constitutive of the institutional order in which certain groups and populations are identified or classified as marginal. That is, to ground accounts of difference and identity within their political and historical context.

The following two chapters set out to apply the tools and concepts which this chapter has suggested are constitutive of a critical social analysis, to historical and ethnographic data from Bolivia, as a basis for understanding reproductive and health related behaviour and strategies among poor and marginalized groups.

Chapter 3

Identity, Power and Policy

(The Historical and Political Context to an Ethnographic Study from Bolivia)

1. Introduction

In Chapter 1, I considered the historical and political context in which international population policy has evolved. In so doing I raised questions over the extent to which the ICPD discourse, based upon notions of individual rights, freedoms and choice, bears a relationship to the social, political and economic realities within which poor and socially marginalized people experience their sexual and reproductive health. Chapter 1 suggested that in placing the notion of individual freedoms, rights and choice at the centre of policy discourse, the ICPD agenda sits comfortably and without contradiction within a neo-liberal policy framework. Neo-liberalism, which took a hold in the 1980s and 1990s places the free-market at the centre of public and international development policy and continues to pave the course of development into the 21st Century. As I will argue in this chapter, reproductive health policy in Bolivia has been assimilated within a neo-liberal agenda, which has determined the government's development policy over the past two decades.

In Chapter 2, I argued (through a critical analysis of the literature) that reproduction, health, sexuality and gender relations are deeply embedded in historically and locally specific social conditions of inequality, poverty and

exploitation. I suggested that an application of what I have termed a "critical social analysis" can contribute to rendering new social knowledge regarding fertility, sexuality, reproduction and health; which moving beyond the positivist/functionalist paradigm of mainstream demographic and family planning research, enables a more critical engagement with the political and social realities in which poor and marginalized people experience their health, fertility and reproduction.

I suggested that a critical social analysis is based upon a historically grounded understanding of social, political and cultural context. Central to such an analysis is an exploration of how constructions of identity and difference shape social and political practices at the national and local level. Drawing on a range of conceptual tools, Chapter 2 suggested that a key aspect of such a critical social analysis is the analysis of how historical and structural conditions of power and domination become encoded in and reproduced through everyday practices in specific concrete social situations. Fundamental to such an analysis is a consideration of how relations of domination are reinforced through "symbolic violence" or symbolic power exercised through institutions of the state and global institutions.

However, I argue, everyday practices do not simply reproduce existing relations of power and domination. As the following chapters will seek to demonstrate, those who are most deprived of power continue to struggle to express themselves and gain access to social, political and economic

resources (or capital) through strategies of resistance in which social identity is continually re-asserted and redefined.

Chapters 3 and 4 are based upon fieldwork carried out in the Bolivian city of El Alto, over a period of two months in 1997 and four months in 1998. These two periods of fieldwork were complemented by a series of consultancies on sexual and reproductive health in Bolivia, undertaken for the U.K Department of International Development in 1997, 1998 and 2000. These chapters apply the critical theoretical frameworks developed in Chapters 1 and 2 to a specific case study analysis of the relationship between reproductive health policies and programmes, and the practices of poor migrant Aymaran women in urban Bolivia.

In this chapter I outline how historical constructions of identity and difference are embedded in structural conditions of domination, inequality and exploitation. Chapter 4 takes up the analysis outlined in Chapter 2 to demonstrate how these structural conditions are embodied in and reproduced through constructions of self and identity which ultimately shape the experience of health and well-being among migrant urban Aymaran women (see Greenway 1998a). While the field of practice explored by this case study is that of health, I suggest that the framework of "critical social analysis" developed in these chapters can be applied to any social sector.

2. El Alto: A City of Hope

"It can be stated without too much exaggeration that wealth and power in La Paz are inversely proportional to altitude" (Gill 2000:2).

El Alto is the sprawling 'migrant' city, which perched precariously at 13,500 feet above sea level, unprotected from the scorching midday sun, plummeting night-time temperatures, and harsh winds of the *altiplano*, overlooks the valley in which the city of La Paz nestles. El Alto is home to those whom Gill (2000:2) has described as the "many victims of Bolivia's ongoing experiment with free-market reform"; land-poor rural migrants, dispossessed mine workers, and impoverished former residents of La Paz (*Paceños*). El Alto, is a creation of the past two decades, and is being constructed and expanded on a daily basis. Officially separated from La Paz (becoming a city in its own right in 1988) El Alto is one of the fastest growing cities in Latin America and has the largest concentration of urban Aymara speakers in Bolivia (Luykx 1999). In the late 1980s and early 1990s the city expanded at a rate of 9% contrasting with a 4% rate in population growth at the time (Gill: 2000).

The journey from the outer zones of El Alto to the lowest regions of La Paz is marked by profound contrasts. The peripheral zones of El Alto, in the Southern part of the city (where the fieldwork took place) are the poorest and most under-served, home to ex-miners and many recent migrants from the *altiplano.* These zones are typified by *adobe* (mud-brick) built houses, muddy or dusty streets (depending on the season), through the centre of which run open sewage and marauding dogs who fiercely guard their small patches of territory. Nonetheless, El Alto also boasts its affluent residential areas. Ciudad

Satélite, with its paved streets, brick built houses and well kept squares is home to the middle-classes, the professionals of El Alto (teachers, doctors who run the local government clinics, and administrators) who are unable to afford a home in the lower regions of La Paz. Running through the heart of El Alto is a major highway, which links the city to the desolate regions of the *altiplano* and Lake Titicaca. At the point at which the road becomes known as the 16 de Julio is the thriving commercial centre of the city, teaming with street vendors and market traders (*cholas*). After passing from the 16 de Julio to the vibrant market area known as *La Ceja* (literally translated as the eyebrow) on the brink of El Alto, the road begins its descent into La Paz. An important source of income for children and young people, many of whom are trying to earn money to pay for school and college fees, is collecting fares on the *micros* (mini-buses) which gather on the edge of the *Ceja*, enticing passengers to take the journey down the precarious *autopista* (motorway) to the centre of La Paz.

As the *autopista* descends into the city of La Paz, it passes squatter settlements perched on the slopes of the valley, before entering the heart of old city, in which the streets throng with *chola* street vendors sitting by the side of the modern high-rise office blocks, shops, hotels and restaurants, running the length of the main street (the Prado). The further the road descends into the southern most zones of La Paz, the more affluent and the less 'indigenous' the neighbourhoods become. Obrajes, Calacoto, San Miguel, and Achumani in the lowest climes of the city are home to government officials and other affluent professionals, whose main connection with the

inhabitants of El Alto is to employ them as domestic servants and nannies. Residents from these neighbourhoods only pass through El Alto by necessity on their journey to their weekend retreats on the shores of Lake Titicaca.

The increasing influx of migrants to El Alto represents a search for secure livelihoods and the potential upward mobility for the children of those who have few other options (Gill 2000). However, El Alto offers little relief from the devastating effects upon the poor of the economic restructuring programmes which have been implemented by a succession of governments over the past three decades (see section 4). As Gill (2000:2) describes the reality of life in El Alto:

> "Unemployment, non-functioning schools and health clinics, and the dearth of adequate infrastructure attest to the massive and deepening impoverishment. One consequence is the expansion of a vast reserve army of unemployed or marginally employed people, also conceptualised as an 'informal economy,' from which a few emerge as incipient entrepreneurs but in which the vast majority experience new and old forms of oppression".

The following section considers the old forms of oppression, upon which the new forms of inequality experienced by the residents of El Alto are based.

3. Post-Colonial Constructions of Identity and Difference

> *"Spanish colonisation of the indigenous people of the Andes produced profound cleavages in existing structures at every level of human experience: in systems of communication, knowledge, religious belief, and social and political organisation, to name but a few. The strength of those who resist oppression and try to maintain integrity against all the odds is a factor in explaining how five centuries of colonialist domination have not completely eradicated linguistic and cultural diversity and creativity among Latin American people of indigenous origin. The very cleavages mentioned here have been moulded into*

spaces in which innovative forms of cultural expression are produced, acting as tools in the fight against total assimilation" (Howard-Malverde 1997:14)

3.1 *Modernism and National Identity*

The modernizing policy rhetoric of successive Bolivian governments during the 1980s, 1990s and the early 2000s has promoted the concept of a racially neutral nation-state based upon the principles of citizens "participation", private ownership and individual rights. Despite the policy discourse of equity, participation and racial homogenisation, Bolivian society continues to be riven with inequality based upon cultural, racial, gender and class distinctions (Stephenson 1999). As has been argued in Chapter 2, an appreciation of historical context is essential for understanding how politically salient forms of identification, in particular, ethnicity, gender and class emerge and become re-defined, shaping power relations and everyday practices in different ways in different social contexts (see Gill 2000:6).

Bolivia has been described as the most 'indigenous' country in South America (Luykx 1999:1). While ethnic boundaries are increasingly difficult to define, nearly two-thirds of the population are speakers of indigenous languages, with one-third being Quechua speakers (mainly from the central valley regions) and one-third Aymara (from the highlands or *altiplano*). The lowland regions contain over thirty other indigenous groups, but the Aymara and Quechua cultures have endured more successfully in the face of modernity than the lowland tribal groups (Luykx 1999).

The 1998 Demographic and Health Survey (Government of Bolivia 1998) estimates that as a result of rural to urban migration 62% of the population of Bolivia (which is estimated at 7.9 million) now live in urban areas, with 43% of the population concentrated in the *altiplano*. According to the Government of Bolivia (1992) Poverty Map of Bolivia, poverty continues to affect more than half of the urban population and 80% of the rural population. Incidence of poverty is highest among Aymara and Quechua speaking households, resulting from processes of discrimination in the labour market and exclusion from access to social resources (including education and health). While Bolivia's indigenous peoples predominate in the population and the cultural landscape of both rural and urban areas, they are far from being the politically dominant group. The policy rhetoric of the government promotes the notion of cultural pluralism, thereby legitimising political, social, and economic practices that endorse racial homogenisation (Stephenson 1999: 1). However, Luykx (1999:2) observes that:

> "[q]uestions of indigenous identity and cultural legitimacy arise in debates over virtually every aspect of national policy. Furthermore, the discourse of indigenous rights is inevitably, if uneasily, yoked to the discourse of class conflict, which seethes constantly ...[in Bolivia] the poorest of all Latin American countries"

Since the 1952 revolution, which brought about major reforms and dramatically changed the political, social and economic life of the country (Gill 2000), a major pre-occupation of all governments has been the attempt to forge a unified national identity from among the diverse and frequently conflicting social groups. In order to comprehend fully the political motivation to create a coherent and unified Bolivian identity, Stephenson (1999) suggests that it is essential to understand how the process of "modernisation"

has tried to locate subjects in terms of their cultural, racial, gendered, and spatial identities. For many urban and rural dwellers the notion of a unified Bolivian society remains an elusive concept, the history of the nation-state being understood and experienced as one of progressive marginalization and social exclusion of its indigenous inhabitants. For example, Don Francisco[1] an ex-miner, once explained his cultural and historical heritage to me thus:

> *Since the new reforms, we have used the language of Spanish. But we have our own language – our parents were primitive and did not speak Spanish – they were Aymaras and Quechuas. But when they discovered South America the Spanish and the English came – they travelled and discovered a new land – but here - before they discovered us here – were people of another language Quechua and Aymara – this is what happened – there were not people here who spoke pure Spanish and English – nobody discriminated on race – because we are of the* moreno *[black- ie Indian] race – but you in England and America are of the* mestizo *race. So there was a separation of race. When they came they treated us badly – sometimes they clubbed us – that is what our grandparents told us- and they passed on to us that they were bad and not to talk to them – this is what makes us afraid of them - the race is a little unequal. Our children continue to be afraid – because*

[1] All names of individuals referred to in this chapter have been changed.

nationally it is the mestizo *who continue to have money – but I am of the* moreno *race and so are my neighbours – they do not have money – so they continue to be afraid – the justice here in Bolivia is not a legal justice – here who has money is saved – those who do not are castigated. That is how it is. That is how I see it.*

.

3.2 *Criollos, Indios and Mestizos*

As Don Francisco's narrative suggests, racism is ubiquitous in Bolivian society, operating in both the public and the private domains. The frequent use of the terms *criollo/blanco* (white), *mestizo/cholo* (mixed race) *indio/moreno* (Indian) by all social classes to indicate identity in twentieth century Bolivia, highlights the fundamental tripartite ethnic division that runs through Bolivian society (Luykx 1999:20). As well as indicating ethnicity, these categories also carry socio-spatial and class implications. While the term *indio* is associated with the notion of "traditionalism" and a rural agrarian collective identity, *criollos*, *mestizos* and *cholos* are associated with urban living, individualism and a place in the market economy (Seligmann 1989, Stephenson 1999). However, identity based on ethnicity is also fluid and negotiable (as Don Francisco's use of the term *mestizo* illustrates). While in the days of colonial rule (which began with the Spanish conquest of the Inca state in 1532) the terms *indio*, *mestizo* and *cholo* were used to denote racial descent, they now carry crosscutting ethnic, class and gendered implications.

The term *criollo* was originally used by the colonial powers to denote a person of direct Spanish descent who was born in the Americas. Latterly in the Andean region it has come to signify a member of the powerful, ruling elite, who control economic, legislative and judicial power:

> "Often referred to by Indians as "*los blancos*" (whites), *criollos* speak Spanish and identify generally with western notions of civilization, progress, (neo) liberal market relations, and citizens' rights" (Stephenson 1999:2).

While members of elite Bolivian society frequently romanticise their connection to an indigenous past and the Inca and pre-Inca cultures, the term *indio* is now often used in a pejorative sense by the white elite to refer to the Aymara and Quechua peoples, the living descendents of these ancient civilizations. The term Indian as applied today, connotes subsistence living, poverty and "under-development". One Aymara speaking residents of El Alto explained her perception of use of the term *indio* to me:

> *In the valley [La Paz] - that is where rich people live - here we are poor. The people in La Paz speak Spanish - they call us* indios *- they speak to us with contempt – because they speak pure Spanish and we speak Aymara – they do not say good day to us – because we are poor –we are poor but we are not ignorant*

Historically the term Indian has undergone a series of redefinitions. According to Harris (1995:354) the term was initially adopted as a "fiscal category" by the colonial powers, used to define the economic obligations of the native

population to the colonial state. The obvious racial and cultural contrasts between the conquering Spanish and native Indian population became grounded in an essentially economic distinction, in which those classified as Indians were liable to pay tribute to the state and church in the form of taxes and enforced labour (*mita*) (Harris 1995:34).

The terms *mestizo* and *cholo* originated in the sixteenth-century Spanish colonial legal tenets, designed to classify the population within a distinct caste system based upon their relative Indian and Hispanic pedigree (Seligman 1999), as the following quote reproduced from a colonial text illustrates:

> "From the male Spaniard and female Indian results a royal mestizo; from the royal mestizo and female Indian, a cholo is born; from a cholo and female Indian, a common mestizo" (cited in Seligman 1989: 696)

During the colonial period, the *mestizos* while occupying an ambivalent social status vis a vis the colonial powers, nonetheless enjoyed economic privileges over the Indian, in particular in being exempt from paying tribute or performing *mita* service to the Crown (Harris 1995:358). During the Republican period following the 1825 revolution in which Bolivia gained independence from Spain, the Indian and *mestizo* and *cholo* identities became further consolidated as an economic and class relation (Harris 1995). The 1825 revolution did little to improve the lot of the indigenous Indian majority, many of whom entered into serfdom working on large rural estates (*haciendas*) owned by a feudal oligarchy comprised of families of Spanish descent. During the early part the 19th Century the continuing existence of Indian communities (*Ayllus*) whose socio-economic practices were based on

principles of exchange, reciprocity and communal ownership of land, represented a major obstacle to the expansion of the hacienda system (Gill 1994). In 1860 a series of laws labelled "liberal reforms" were passed which denied Indian communities the right to collective ownership of land, establishing a precedent for individual rights to private property (Gill 1994:18). By 1930, Indian communities were in possession of only one-third of the land they had had held in 1880 (Gill 1994:18).

The late 19th and early 20th Centuries were marked by a shift in economic relations, in which feudalism began to give way to modernising capitalism. The period between 1880 and 1930 saw the rise of tin as Bolivia's primary export and the second great expansion of the hacienda system. During this epoch the designation "Indian" underwent significant social and economic transformation (Stephenson 1999:2). The liberal project to build a nation-state based on capitalist relations of production, sought to mobilise the Indian population as a labour force for the expanding hacienda estates and the revitalized tin mining centres (following the decline of silver). There was a sustained onslaught on indigenous land as the opening of commercial markets created opportunities for investment and social mobility (Harris 2000:3). Those Indians who were not incorporated into wage labour or the hacienda system were marginalized onto the most unproductive land. In the process, ethnic-caste categories based upon ascriptions of rights, obligations and jurisdictions, were transformed and consolidated into class relations (Larson 1995:29). The *indio* became redefined by the white elite as situated

on the periphery of the new social and economic order constituting the "underclass" of the developing nation-state (Larson 1995).

> "In the emerging liberal-positivist discourses, the 'Indian' was reconfigured into an impoverished, hapless, illiterate, and uncivilized subject (a far cry from their illustrious Inca ancestors), who remained on the margins of the market economy, neither interested in nor capable of mercantile initiative or productive enterprise. Of course, the naturalisation of the Indian as an immiserated creature living beyond the pale of civilization both reflected, and legitimated, erosive economic changes unleashed around the turn of the century...In the various schemes of nation-builders, Indians were to be converted from landholding tributaries into low-cost labourers for the nations mines and plantations, or into precarious rural laborers on modernizing haciendas" (Larson 1995: 29-30)

During this epoch the *mestizo* and *cholo* identities also underwent a significant transformation (Stephenson 1999). During the Republican era the superior social status of *mestizos* had continued to be enforced over Indians through their position as "intermediaries" acting on behalf of the government and *hacienda* owners, often using coercive force to control the Indian communities. During the latter half of the nineteenth century *mestizos* were able to exploit these existing social relations to capitalise on the expanding markets. Through entrepreneurial activities such as money lending, renting land and buying Indian produce to resell in commercial centres, the *mestizos* were able to appropriate surplus and profit from the Indian's land and labour (Harris 1995).

By the late nineteenth century the *mestizo* and *cholo* identities had largely taken on an economic and political significance, defining economic activity and market position as opposed to racial heritage. The transition from Indian to *mestizo* identity became connected with increased participation in

commercial markets and a shift from subsistence production to incorporation into forms of trade or wage labour, such as mining or domestic service (Harris 1995:364). The shift in identity from Indian to *mestizo* could therefore be achieved in a person's lifetime, largely as a result of migration from rural to urban areas and often resulted in:

> "denial of... one's past, and one's origins. This denial frequently involved – and still does – changing one's family name...and thereby distancing one-self from one's kinsfolk. Changing one's clothing, one's diet, and one's language were crucial indicators, and remain so today. We can hypothesise that the coercive control over Indian populations wielded by mestizos was certainly facilitated by their radical denial of similarity, even when this was contradicted by the ambiguous realities of everyday life" (Harris1995: 365).

One of the defining features of twentieth century *mestizo* identity is that it asserts all that is not Indian and a denial of shared cultural roots (Harris 2000:4). The term *mestizo* is now often applied to those of Aymara and Quechua descent who have shed their ethnic identity in the quest to forge a new class position in the national economy (Crandon-Malamud 1991). Internal migration and the expansion of urban markets makes them the fastest growing social class in Bolivia, and hence fundamental to the nationalist project and the cultivation of a unified national identity (Luykx 1999).

3.3 *The Chola: at the Intersection of Modern Constructions of Ethnicity, Gender and Class*

A cartoon from the journal Mujer y Sociedad *shows a picture of a woman in conversation with a man:*

"With her fist raised high, the woman sternly declares: 'Women have the right to demand equality and justice." At that moment, a maid who has been listening behind the door bursts in, crying out: 'Bravo!' Surprised, the first

woman turns to the maid and admonishes her: 'I said women, I did not say domestic employees'" (Stephenson 1999:9)

The transition from *mestizo* as a racial category to an ethnic and class based distinction also gave new meaning to the term *cholo*, which was often used as a slur by the Bolivian elite to signify Indians who attempted to pass themselves off as *mestizos* and hence gain upward social mobility (Luykx 1999). The use of the term *cholo* varies throughout the Andes (Crandon-Malamud 1991). In La Paz, the most straightforward definition of *cholo* is an urban Aymara operating in the cash economy, but whose ethnic ties identify him more closely with indigenous Indian culture than with western values. Nonetheless, the *chola* identity (female *cholo*) often referred to by the diminutive form *cholita* by the white elite of La Paz, embodies the complex intersection of modern constructions of gender, class and ethnicity.

Predominating in the market places of La Paz and El Alto, *cholas* are largely defined by their economic activity, in particular street vending and petty trading as well as employment in the informal service sector (e.g. in domestic service). The *chola* has been described as inhabiting a world distinct from both rural *campesinos* (peasants) and the urban westernised *mestizo*, whilst easily interacting with both (Seligman 1989: 694, Stephenson 1999). Structurally, *cholas* occupy a social position at the intersection of the rural and urban economies and the indigenous and non-indigenous social worlds. In the market place, the *cholas* are intermediaries between the national-economy and local social organisation, brokering not only economic goods but also

cultural values and political power between the Indian Aymara and the non-Indian dominant classes (see Seligman 1989).

The *chola* cultural identity is marked out most distinctively in their clothing. While the *mestizo* women of La Paz and El Alto assert their assimilation into a modern class based society by wearing western clothing (*de vestido*), the *chola's* affinity with traditionalism is expressed through their distinctive attire of the multi-layered skirt (*pollera*), shawl (*manta*), embroidered blouse and bowler hat (or derby). While the *pollera* is seen by all social classes as being uniquely Aymara, in many respects it is an "invented tradition" originating in the clothing worn by sixteenth century Spanish women (Gill 1994:105). By the late eighteenth century urban Aymara women who had become involved with commerce, began to adopt these styles to distinguish themselves from the rural *campesinos* or '*indios*'. The bowler hat (derby) was only introduced following the second world war, replacing the panama hat that was worn by *cholas* in the early part of the twentieth century. The most fashionable and expensive derby – the Bosalino – was initially made in Italy exclusively for the Bolivian market (Gill 1994:105). Factory-made *pollera* are favoured by the *cholas* (as opposed to the home-spun clothing of the *campesino*) and good *pollera* are very expensive, much more expensive than the western clothing worn by *mestizo* women (*de vestidos*). The importance placed by *chola* women upon the quality of *pollera* as a symbol of ethnic and gender pride, is evident in the explanation Doña Maria (a resident of El Alto) once gave to me for why she married her first husband:

I got married so I could buy clothes - when I was at home and working my parents used to shout at me if I bought things - I worked from 15 - I used to see my friends at the age of 18 dressed well in good pollera *and I used to say why can't I dress like that - I can have better clothes if I get married - so I got married - I always wore* pollera *I never wore* de vestidos - *there are many beautiful* pollera - *when I got married I could afford to buy* pollera - *I felt very happy - my husband bought me lots of* pollera – *I had a beautiful* pollera *for my wedding.*

During the twentieth century the term *cholo/chola* emerged as a social category identifying those Aymara who mediate socially and economically between the Indian and *criolla* classes. The turn of the twentieth century, with the expansion of the hacienda system, the boom in tin exports and the growth of urban markets, saw the consolidation of a Bolivian urban upper class consisting mainly of mining entrepreneurs, rural landlords (*hacienda* owners who lived in the city) and a small but growing group of professionals (Gill 1994). During this period the *cholo* population in the city of La Paz expanded significantly. Those Indians who became part of the hacienda system were often obliged to reside for periods of time in La Paz to complete personal-service for the hacienda owner. Rural *campesinos* also began a process of semi-permanent migration to the city in search of wage labour to supplement the declining returns of subsistence agriculture from their diminished plots of

land in the *altiplano*. These rural migrants eventually became absorbed into the informal urban labour market (Gill 1994; Stephenson 1999).

Many migrant women entered domestic service working as cooks for upper class households (Gill 1994). Domestic service in La Paz was not only crucial for the economic survival of migrant Aymara women, but also for the class identity of women of high La Paz society, the "señora". The social position of the *señora*, depended upon the presence of the *chola* to perform the labour traditionally assigned to women by the patriarchal order of Bolivian society (Gill1994). However, Gill (1994) asserts that despite their differing class and ethnic positions, the señora and her *chola* servant occupied a similar structural position as gendered subjects in the *criolla* household, both answering to the male head. Within the dominant construction of ideal womanhood among the upper classes, the expectation was that the *señora* should be meek, submissive, religiously devout and fertile. Female sexuality, as conceived by the upper classes was closely tied to notions of purity, chastity and family honour, which were fiercely guarded by men (Gill 1994:21). Stephenson (1999:20) asserts that throughout the first decades of the twentieth century these idealised notions of gender, ethnicity and class converged in the image of the "healthy mother" as an emblem of the developing modern nation:

> "nationalist discourses invested the maternal body of the upper-class woman with a sense of national, public duty; the healthy future of the nation depended on her" (Stephenson 1999:20).

Nonetheless, these idealised notions of womanhood and motherhood were also riven with contradiction (Gill 1994). Women of the upper classes rarely challenged patriarchal social relations in the household. Nonetheless the desire to gain access to an education and a profession gave rise to increasing efforts on the part of the *señoras* to obtain full political and social rights (Stephenson 1999:21). Whilst the 1920s saw the rise of numerous women's organisations, the *señoras* effectively blocked any participation of the working class *cholas* from debates concerning the political and social rights of women (Stephenson 1999).

Although the *cholas* did not enjoy the social privileges bestowed upon their *criolla* mistresses by virtue of their class position, they exercised a good deal more autonomy over their economic activity. Historically, *cholas* had exercised a much greater economic independence than had their upper-class mistresses. The relative economic autonomy of the female *chola* is rooted in colonial times. Under colonial legislation, intermarriage between an Indian woman and a Spanish male gave both the female spouse and her daughters access to resources which were unavailable to Indian men and their sons (Seligman 1989:704). Illicit unions with Spanish men, although often associated with 'immoral' behaviour (ie prostitution and promiscuity), also gave Indian women the opportunity to develop economic survival techniques which supported their autonomy and independence as matriarchal units (Seligman 1989:704). In late nineteenth and early twentieth century, diminishing access to land and skewed traditional inheritance patterns

(favouring land being passed from father to son) served to increase Aymara women's participation in the newly expanding commercial markets.

Within the traditional Aymara household, women's economic activity was not bound by the same patriarchal relations which determined women's position in the *criolla* household. Much has been written in the anthropological literature about the concept of gender complimentarity in traditional Andean cultural and economic systems, which is understood as fundamental to Andean socio-economic organisation, cosmology and kinship (Isbell 1976, Lambert 1977, Allen 1988, Larme 1998, Harris 2000). According to Harris (2000:164) the Aymara terms for man or husband (*chacha*) and woman or wife (*warmi*) can be combined into a single concept - *cachawarmi* – which refers to the conjugal pair as a unit, symbolically representing many of the fundamental relationships of traditional Andean society. The linking of male and female in a complementary relationship is explicit throughout Andean cosmology. For example, the sun and moon are conceptualised as a male and female duality, as are the Pachamama (mother-earth) and her male counterpart, the mountaintops (Harris 2000:166). *Cachawarmi* – the man-woman duality –is also the principle for the organisation of the peasant household, the basic unit of the traditional Andean economy (Harris 2000:165). In rural Aymaran communities, women play an essential role both in carrying out political and religious duties, and economically as primary producers. The traditional division of labour in rural Aymara communities in which women handle, process and serve food and control the outflow of cash, also prepared women for market trading. Market women usually exercised

direct control over their income, often earning more than their spouses and sometimes economically maintaining the household (Stephenson 1999).

In this urban context the *cholas* occupied an ambivalent ethnic, gender and class position. While the upper classes derided them as being *indios*, the Indians tended to view *cholas* as more like whites as a result of their urban living. The *cholas* also sought to distinguish themselves from their rural kin whom urban society castigated as uncivilized and un-modernised. In the class-ridden urban society, Aymara women encountered new concepts of "appropriate female behaviour" which came into conflict with traditional Aymara constructions of gender in which women participated with men in many aspects of production and reproduction, and were not relegated to the "private" sphere (Gill 1994). Historical accounts suggest that *cholas* entering domestic labour often suffered sexual abuse by male employers, and verbal and sometimes physical abuse from female employers who treated their *chola* domestics as "clumsy, misshapen beasts of burden who did not have the same physical and emotional needs as themselves" (Gill 1994:25). These oppressions were extremely powerful in the way that Aymara women began to construct their identity in relation to La Paz society (Gill 1994)

Cholas often refused to abide by many of the constraining gender norms which ran through upper-class criollo society (Gill 1994). Survival in the competitive market place of the modernising Bolivia required skills of individualism and entrepreneurship. The modern day image of the *chola* as engaging in "wheeling-and-dealing", throwing insults at rivals and standing

their ground in the market (see Seligman 1989), also appears in historical accounts of how *cholas* negotiated their identity and position in Bolivian society. Gill (1994:24) notes that *cholas* were not averse to filing complaints with police about alleged instances of slander by other *cholas* demonstrating a sense of autonomy that was not evident in their *criolla* mistresses:

> "In 1933, for example, Clixta Zambrana accused two other *cholas* of repeatedly insulting her in public. According to Zambrana, they called her a 'rotten bitch' screamed that 'she slept with all the drivers, lieutenants and other bastards from the police' and sneered that 'during the absence of your lover, you got pregnant by another man and then aborted to escape the beating that (the lover) was going to give you'. She told the court that the purpose of these insults was to 'make me hated by the society in which I live,...and I cannot permit this because it results in damage of my honor which is the most important'" (Gill 1994:24)

By the 1930s the white urban elite had constructed and reinforced through legislation the foundations for a highly unequal social order based upon classification of class, ethnicity and gender (Gill 1994:20). The upper classes subscribed to a social Darwinist view, which asserted their "natural" superiority over the Indian population based on their racial descent. Within this social paradigm the Aymara were deemed to be biologically inferior to the white elite, thereby conferring the right on the upper classes to rule the country and the Indian masses. Indians were excluded from the major institutions of national life, with entry to the education system being restricted to the upper classes (Gill 1994).

Attempts were made by the upper classes to establish legal boundaries to separate the *cholas* from full participation in La Paz society. In 1935, a group of *señoras* organised a campaign to prevent the *cholas* from using the

streetcars. Supported by public health paradigms relating to hygiene and infection, the *pollera*, became imbued with notions of the 'unclean' and 'diseased' body of the native (Stephenson 1999). The ban on *cholas* using public transport was announced as a public health measure to prevent disease and contagion, as the following announcement made by City officials demonstrates:

> "It is categorically forbidden to allow any large bundles or packages on the cars that might come into contact with other passengers; the same goes for people who are visibly dirty or whose clothing smells or might contaminate passengers. Any passenger has the right to demand that the conductor get these people off the streetcar" (cited in Stephenson 1999:142)

However, the 1930s also saw the rise of new left-wing political parties which began to challenge the status-quo, raising public debate on a range of social issues and organising peasants and workers into militant unions (Gill 1994). During this era working class women's organisations began to emerge, in which *cholas* began to identify themselves as Bolivian citizens with the same rights to privileges guaranteed to the upper classes (Stephenson 1999). The demands of *chola* women for citizens rights were based on the notion of their sacrifice to the nation-state as widows, mothers, sisters and daughters of men killed during the Chaco war (1932-1935) in which Bolivia was defeated by Paraguay (Stephenson 1999:24).

Those women most affected by the ban on using streetcars were the *cholas* who worked as cooks and domestics. In retaliation to the legislation, a group of *cholas* formed a militant cooks union (the *Unión Sindical de Culinarias*) and marched to the offices of the city officials to demand the ruling be revoked

(Gill 1994). The cooks union was one of the founding members of the umbrella organisation of women's labour unions, the Federación Obrera Feminina (FOF) which was responsible for organising large-scale street demonstrations of *cholas* during the 1930s. For example in 1938 two thousand street vendors took to the streets in a demonstration calling for the construction of market places by the authorities, having been displaced from the streets where they had conducted their trade (Stephenson 1999:24). One of the founding members of the cooks union described events thus:

> "All of a sudden we couldn't ride the street cars, The señoras said to us, 'These cholas, these women with their baskets. They tear our stockings'...the word went around the market that we would meet at the door of the municipality...The municipality was filled with cooks and cholas. When I arrived we went into Señor Burgaletas office and asked, 'Why can't we get on the streetcars? The streetcars are for cholas, the maids, not for the señoras. The señoras use automobiles. The streetcars are for the people who work" (cited in Gill 1994:32).

Efforts were also made by the city's 'hygiene police' to impose routine health examinations on domestic employees of the *señoras*. *Chola* domestics were made to stand naked in front of the police who looked at their bodies for signs of infection (Stephenson 1999:143). The cooks union raised an immediate protest to the examinations, objecting that they took place in the same location where prostitutes were examined for venereal disease and issuing a statement that its members were "healthy clean people who lead an honorable life" (Gill 1994:34). In spite of the efforts of the women's labour unions to resist discriminatory legislation, a range of measures were imposed, including medical and health reforms which regulated the activities of the *chola*, including where she could give birth (Gill 1994).

Drawing on Mary Douglas's notions of purity and pollution, Stephenson (1999) suggests that the *chola* occupied an ambivalent cultural and class position, crossing the boundaries between Indian culture and the urban *mestizo* and *criolla* society. In this context, the *pollera*, which visibly depicted cultural and racial difference, came to be seen by the upper classes as the embodiment of social disorder and the symbol of an ignorant, disorderly and polluted body. This view is supported by the following description given to me by a *mestizo* woman in El Alto of the difference between women *de pollera* and woman *de vestido*:

> *Women from the campo [countryside] are dirty – sometimes their smell is unsupportable – when the doctor asks why do we get illnesses women do not talk – the doctor says because we do not use soap. Women in* pollera *smell of urine. The women of* pollera *are more ignorant than women* de vestido *– those in* vestido *have an education – those in* pollera *do not – this is the difference – the ignorance of the people. My grandmother, my mother-in-law and my mother were de* pollera *– I do not want people to say to my son* hijo de chola *[son of a* chola*] – his education is the most important thing – women in* pollera *are shouted at more than women* de vestido

A woman of *pollera* also expressed her perception of the difference between women *de vestido* and those *de pollera*:

"Up to five years ago women in pollera *were not allowed into restaurants or hotels. That has changed – now they can study- before they weren't allowed to study. Things are not equal between* vestidos *and* pollera *but are becoming more equal…I have heard people say that when women in* pollera *stand up you can smell a bad smell…Life for women of* pollera *is more difficult than for those* de vestido *most of those in* pollera *do not know how to study – they do not have education – for this some that grew up here [El Alto] they wear trousers – but those of the campo and the provinces – those with no education they still wear* pollera.

For many urban *cholas* the *pollera* has also become a visible symbol of resistance to racial, gender and class-based oppression. In the early 21st Century the *pollera* continues to signify racial and class difference, whilst remaining a potent symbol of cultural pride and resistance (Stephenson 1999).

3.4 *The Miners and a Class Identity*

The *cholas* experiment with unionisation did not survive the Bolivian national revolution of 1952. The national revolution effectively destroyed the economic and power base of the La Paz oligarchy, instituting a new government led by the Movimiento Nacionalista Revolutionario (MNR) which was a broad based coalition of miners, peasants and urban petty bourgeoisie. The 1952

revolution, in which the miners played a major part, led to the nationalisation of the mines, producing important health, education and welfare benefits for workers and their families (Gill 2000; Nash 1979).

In 1964 a military coup led by General Rene Barrientos began eighteen years of rule by dictatorship, which was characterised by heightened peasant and labour repression. A law of internal security gave almost unlimited rights to the armed forces to arrest and interrogate citizens (Nash 1979). The Banzer dictatorship (1971-1978), which was supported by economic assistance from the US, deepened Bolivia's pro-foreign capitalist internal policy aimed at strengthening Bolivia's export industry. However, the economic growth which occurred during this period, was not synonymous with improvements in living conditions for the majority of Bolivians. In order to promote economic growth, peasants' subsistence crops were kept at artificially low prices, while the price of imported goods such as sugar, rice and oil escalated. In 1974 there was an uprising of peasants supported by factory workers and miners, which resulted in the massacring of many unarmed Indian and *cholo* demonstrators. Militant miners' unions continued to organise strikes and demonstrations demanding increases in wages, and during the Banzer era arrests in mine centres were a daily occurrence (Nash 1979).

Throughout the twentieth century the miners formed the most militant and revolutionary segment of the Bolivian working class, and produced some of the leading figures in the national labour movement. Nash (1979:2) suggests that in seventy years of exploitation, the miners transformed themselves from

a peasant population with a 'localised world view' to a working class with a strong class solidarity and collective identity. The relocation and migration of rural people to the mining centres resulted in a gradual transformation of cultural practices and social organisation in mining communities, creating a cultural break and rupture from miner's indigenous roots (Stephenson 1999). By the 1960s and 1970s many mining communities consisted of two to three generations who had been born in the mining centres and had few if any ties to the rural peasant communities of their grandparents generation. Dislocation from the life of the rural peasantry resulted in a gradual undoing of the *campesino* identity, which was fundamental to the formation of the miners identity and sense of class solidarity (Stephenson 1999: 87-88). Miners born in the mining centres often referred to rural *campesinos* derogatorily as *indios*, whom they perceived as being less educated and less civilized than themselves, despite sharing the same cultural roots (Gill 2000:70).

However, Nash (1979) draws attention to a major contradiction underpinning the miner's class identity. While miners' class solidarity was grounded in an awareness of their exploitation by the state, miners were also locked into a relationship of dependency on the mining authorities to guarantee them a livelihood. The mining authorities were in turn able to exploit the miners' sense of economic dependency and separation from the land of the rural peasantry, by cultivating a paternalistic relationship towards the workforce in which the mining corporation provided for their basic needs. Indeed Nash (1979) observes that the social benefits secured by the miners following the 1952 revolution tied workers to the mines more effectively than wages.

Housing was one of the major benefits provided to miners by the nationalised mining corporation, COMIBOL. During the 1960s and 1970s corporate housing was provided to miners according to a point system based on the longevity of the miner's employment with the corporation, the difficulty of his work, and the size of his family, a miner usually had to work five to ten years with the corporation before being provided with a home (Stephenson 1999:89). Nash (1979) in her study of a mining community in Oruro describes how the mining settlements consisted of rows of tightly packed houses in which the corporation controlled individual use of communal facilities such as water and electricity.

One of the most effective forms of control of the mining authorities over their work force was the control of access to foodstuffs and other domestic goods purchased by women for their families (Stephenson 1999:95). The *pulperia* or company store was the main supply centre for basic necessities such as rice, sugar, milk and flour. With few other options to access these goods, women were dependent on the *pulperia* as a primary source of food. It was to the advantage of the mining corporation to create this form of dependency as at the first sign of militancy by the unions the store could be closed down (Stephenson 1999:95). Despite the very poor and extremely dangerous working conditions in the mining centres, Doña Katrina an ex-miners wife now living in El Alto once reminisced to me about the benefits of living in the mining centres:

We had good houses in the mines – they were not our own houses – they were the company's – they looked after the health of the workers – if a miner had an accident they would take care of him- we had meat every month- 33 kilos – and every week we had 6 kilos of rice, chocolate, coffee – and we had cigarettes. When we left for the city [El Alto] it was very different – we had to look for bread everyday – much has changed – here things are worse – it was free in the mine – discounted from my husband's wages- here if we do not have money we cannot buy food. In the mine – you must understand there was secure work – we did not lack anything if the husband worked. Women did not need money they would get food from the store and it would be taken out of her husband's wages – we could get eggs, milk, bread and we did not buy them with money – here it is not like that – here everything is money.

According to Nash (1979) the organisation of the mining family changed more radically during the twentieth century than any other institution in Bolivian society. The transition from extended kin to conjugal family units in the mining communities was also underwritten and supported by the interests of the mining administration. Following nationalisation, the mines administration recognised the beneficial effects on industrial relations of promoting a stable family life and providing miners dependents with benefits such as pension rights, education and health care. The mining authorities supported a pro-

natalist policy, which extolled the virtues of the large conjugal unit. Large families were promoted through a wage policy which provided a subsidy for each child and provided support for their education, and social workers were sent into homes to teach women improved home-making practices (Nash 1979:59).

Complementarity of gender relations was (and continues to be) central to the construction of male and female identity within the mining communities. The mineshaft was identified as a masculine space into which women were prohibited from entering. The forging of ones identity as a miner was synonymous to becoming a man (Stephenson 1999). Women from the poorer families worked in the border areas above the shaft, sorting through the slag heaps for ore. These women were poorly paid and received no attention from the unions (Stephenson 1999:100). According to the dominant ideology of womanhood in the mining centres, a woman's identity could only be realized as a wife and mother. Doña Katrina recalled:

> *The mine was good for women – they did not work – they stayed in the house looking after children – there only men entered the mine – children did not work – here [in El Alto] everyone has to work – the mine paid subsidies for children- a family subsidy and they paid if they were ill.*

Despite the prescribed role of women in the mining centres as "housewives" women did engage in the political arena at times of crisis. In the early 1960s

prolonged food shortages at the *pulperias* culminated in the mobilisation of groups of miners' wives to lobby COMIBOL executives in La Paz, which was followed by a twenty-day hunger strike supported by the labour unions (Stephenson 1999).

The strength of the miners unions during the 1960s and 1970s lay in the strategic position that the miners occupied in the relations of production. Until the mid-1980s tin was Bolivia's primary export and mineral sales accounted for the majority of Bolivia's foreign exchange earning. The miners' strategic position in the national economy and their class solidarity explained some of the victories they gained in the face of successive repressive dictatorships during this era (Gill 2000:70). However, by the mid-1980s the decline in the international market for tin and the relative inefficiency and diminished reserves of the state-operated mines made the miners a key focus for the government's neo-liberal restructuring programme (Gill 2000).

4. Restructuring and Reform: The Nationalist Policy Agenda

"According to popular memory neoliberalism arrived in Bolivia on August 29, 1985" (Gill 2000:12).

4.1 *The New Economic Policy*

August 29, 1985 was the day that the New Economic Policy (NEP) was launched. The NEP was part of the "Structural Adjustment Programme" led by the International Monetary Fund (IMF), and was an attempt by the Bolivian government to reconfigure the Bolivian economy and bring down

hyperinflation through instituting a series of austerity measures. The NEP was a severe adjustment programme, aimed at reducing the role of the state, encouraging private capital and forging cooperation with international financial organisations on debt and the cocaine trade (Dunkerley 1990). The irony of the NEP was that it was implemented by the same political party (MNR) under the leadership of the same president (Víctor Paz Estensorro) who had been instrumental in nationalising the mines following the 1952 revolution (Dunkerley 1990).

The NEP curtailed state subsidies and public sector employment, introduced wage freezes, retrenched state agencies concerned with the social welfare of the poor, and privatised services particularly in the health and education sectors. According to Morales (1992:159) the fundamental problem of the NEP was that it was implemented to "staggering and unequal social cost". The austerity measures were imposed using martial law and extreme political repression of the labour unions. As one peasant union leader described the impact of the NEP:

> "The government's statistics don't reflect the growing number of families forced to live in tents; the thousands of malnourished kids who get only a piece of bread and a cup of tea a day; the hundreds of campesinos who have come to the capital in search of work and end up begging on the streets" (Morales 1992:159).

The NEP effectively dismantled the power of labour unions through the massive layoff of factory workers and public employees, reshaping the urban class structure (Stephenson 1999). The Supreme Decree 21060, enabled the government to close the state-operated mines and over 30 thousand miners

were laid off. In 1986 thousands of miners were dispersed from the mining centres. The term *relocalizados* (the relocated ones) arose from the government's promise to provide ex-miners with new jobs and relocate them in other parts of the country. However, the promise to provide alternative employment to miners did not materialise for most (Gill 2000:73). Miners and their families adopted a variety of survival strategies, many departing to large urban centres such as El Alto in search of new employment opportunities. Doña Nicanora a health promoter in El Alto once described the impact of the NEP to me:

> *Things have changed here since the crisis in Bolivia – the economic crisis – after that there were many unemployed – they threw out the workers – workers from all parts of the country were thrown out- MNR had won the election because they had said we are going to see a rise in jobs – they privatised the factories and threw out the miners - all we saw were thousands of* relocalizados.

Those miners who settled in El Alto joined a diverse and competitive labour force. The ex-miners entered an informal economy based on individualism and consumerism, in which the old bonds that united them as a working class were broken. Establishing themselves in El Alto was not an easy process for miners and their families. Most families had to rent accommodation and with the loss of employment by COMIBOL, subsidies were no longer available to them for basic necessities (Gill 2000:74-75).

One of the most profound consequences was the dislocation of gender relations in the organisation of the miners' household. Women were pushed back into the informal market economy while men were often unable to obtain any employment in the new competitive individualism of El Alto (Gill 2000). The miners not only lost their source of labour and income but also their identity as an organised working class. Within this context of rising economic insecurity and social dislocation, women's work became increasingly important for the maintenance and survival of the ex-miners households (Gill 1994). However, competition was also rife in the competitive world of the *chola* street vendors and many of the mining housewives were unable to generate income through street trading. In El Alto many of the mining families are now the most impoverished, lacking access to the rural landholdings that their *campesino* neighbours maintain, their subsistence depending entirely upon selling their labour in the competitive cash economy of the city. Doña Petrona (the widow of an ex-miner) explained to me the different experience of miners and *campesinos* in El Alto:

> *The* campesinos *they have a* chacra *[plot of land] in the* campo *– us we have to buy things – if they have a* chacra *they can grow things and sell them – the people from the* campo *here have more than the people from the mines – they have potatoes and they sell them – we do not have* chacras *– we have nothing we are very poor – I only have my work making jumpers and weaving – with this I pay for*

my children to go to school – if I do not pay they will throw them out. Much has changed – things are worse here than in the mines – there are many young people and drunks in the street because there is no work – the state does not help poor people – the president said he would support us – but there is no help.

With the decline of state involvement in welfare provision, the church and non-government organisations (NGOs) became crucial mediators between the state and the poor (Gill 2000). In El Alto, NGOs began to proliferate, becoming key providers of education, housing, economic development and health programmes. Many NGOs targeted women in particular, organising mother's clubs and nutritional assistance to women and children, providing women who attended the clubs with staple foods such as oil, flour and milk (Stephenson 1999:197). Many women also began to turn to the rising number of new church-based groups for social support. In the past twenty years El Alto has seen a rapid growth in fundamentalist protestant sects, which specifically target the poor and unemployed as new recruits.

The NEP (which continues to inform economic policy) promotes citizens' rights over and above communal indigenous identities, promoting consumerism in the face of widespread unemployment, homelessness, and hunger. As such, Stephenson (1999:195) suggests the NEP and neo-liberalism continues to be a polarising force in Bolivian society, segregating the population into different social strata according to their ability to consume.

4.2 Neo-Liberalism and Development Policy

Neo-liberalism, like its nineteenth century liberal variant, is "an economic, policy and moral doctrine that posits the individual as the fundamental basis of society" (Gill 2000:3), diminishing the role of the state and asserting the ability of the market to resolve social problems. Following the introduction of neo-liberal economic policies in 1985, subsequent governments have set in place a series of institutional reforms which have deepened the neo-liberal policy agenda.

Some of the most important and far-reaching policy reforms were those devised and implemented by the government led by Gonzalo Sánchez de Lozada, following the 1993 elections. Gill (2000:47) notes that the Sánchez de Lozada government, which headed a coalition of parties, passed a series of legal reforms that had two broad objectives: the further configuration of the state apparatus and the continuing transformation of the relationship between the state and Bolivian citizens. The most important reforms were the Capitalization Law, the Law of Decentralisation of Administration and the Law of Popular Participation, which had a significant impact on the role of the public sector.

Under the Capitalisation Law legal frameworks were set in place for the complete privatisation of state enterprises, permitting 50 percent of the stock of public enterprises to be sold to private investors, frequently at artificially low

prices. Profits from Bolivia's oils, natural gas and mineral reserves passed to private corporations, hence reducing the state's revenue (Gill 2000). Under the Law of Decentralisation of Administration responsibility for implementation of public sector programmes was passed from central government to the 9 departmental governments (prefectures). The prefectures became responsible for investment in social sector programmes; and administration, supervision and control of human resources in health and education. The Law of Popular Participation, which was promulgated in 1994, was conceived in tandem with the Law of Decentralisation of Administration.

The Law of Popular Participation aimed to decentralise government and entrust greater decision-making power to local grass-roots organisations (Organizaciones Territioriales de Base – OTBs). Under the Law of Popular Participation a large degree of autonomy was awarded to local governments (municipalities) for investment in social sectors, especially health and education. Under this law, twenty percent of national tax revenues are distributed on a per capita basis to the 314 municipal governments (popular participation funds), for local investment. Community based control of social resources falls under the mandate of the "Vigilance Committees" (VCs) established under the Law of Popular Participation. The VCs are comprised of representatives from community based organisations (OTBs) or *juntos de vecinos* (neighbourhood committees). As the majority of the OTBs are largely male dominated organisations, especially in rural areas, women's representation on the Vigilance Committees remains limited (Hawkins 2000).

The Law of Popular Participation appeals to a populatist notion of national identity and multiculturalism through devolving decision-making power to the local level and promoting a discourse of participation, equity and autonomy of citizens. However the reforms set in place during the 1990s have remained notably silent on the deepening class divisions that characterise Bolivian Society (Gill 2000: 9). Gill (2000:49) notes that in emphasising municipal organisation the law effectively ignores the existence of national and regional entities that have historically been associated with the struggle of the poor against the state. As Don Francisco (an ex-miner living in El Alto) also explained:

> *In the mines the leaders were the workers representatives – there were federations of miners – to make sure we were well looked after. Here it is the* alcalde *[mayor] who is most important. Here the president of the* junto de vecinos *talks about everything with the* alcalde. *The* alcalde *is the maximum authority according to the political constitution of the state. Because of this there are differences. Here we have lost our authority – we do not have the power to realise what we want – the power is with the civic people – the president of the* junto de vecinos – *when we are well organised - we have the power to plan for our rights - to organise our houses – but those who do not own houses do not have the right to speak – they only have the right to listen – the* junto de vecinos *is for the owners of houses. This is*

the civic law- in the mines it was the local law – all the miners were in the syndicate – we do not have a syndicate here – this is the problem.

Following elections in 1997 a coalition government, led by Hugo Banzer Suárez (who 26 years earlier had led a bloody and repressive dictatorship) took office. Under Banzer the policy agenda set in place by the Sánchez de Lozada government has been consolidated through a further series of "liberal" reforms, influenced by the policy framework of the World Bank and International Monetary Fund (IMF) initiative for Highly Indebted Poor Countries (HIPC). In 1997 the Bolivian government instituted a consultation process with civil society (the first National Dialogue) aimed at identifying priorities for the Comprehensive Development Framework (CDF), the 'partnership framework' devised by the World Bank for engagement with borrowing countries. As a result, the Government of Bolivia (GoB) produced a development strategy, which emphasised four pillars of its policy objective: equity (public sector reforms); institutionality (decentralisation and popular participation); opportunity (economic growth), and dignity (eradication of drug trafficking). The final objective of the GoB's development strategy refers to the US backed "war on drugs" which, in particular, targets the peasant coca leaf producers in the Chapare region. With the closure of the tin mines, cocaine has become Bolivia's most important (although illegal) export. As a result many ex-miners and ruined cultivators from the *altiplano* have resettled in the Chapare region, turning to coca leaf production for sale to cocaine producers as a means of economic survival. The flourishing illegal trade in cocaine is

viewed not only by the GoB as a threat to the legal economy, but also by the US as a growing danger, the US being the major market for Bolivia's cocaine trade (Morales 1992: 161).

Bolivia was one of four Latin American countries who in 2000 were eligible to participate in the second HIPC initiative for debt reduction. As part of the strategy for assistance to heavily indebted countries, the World Bank and the IMF have devised a poverty reduction framework which obliges countries eligible for HIPC debt relief to prepare and implement poverty reductions strategy papers (PRSPs). According to the World Bank:

> "[This] enhanced framework for poverty reduction [...] seeks to ensure a 'robust link' between debt relief and poverty reduction by making HIPC debt relief an integral part of broader efforts to implement outcome-oriented poverty reduction strategies using all available resources" (cited in McGee and Norton 2000:7)

The PRSP model although initially conceived of in the context of HIPC debt relief, now forms the overarching policy framework for countries receiving programme loans from the World Bank and the IMF. The PRSP largely replaces the CDF, outlining both policy direction and resource allocation criteria for concessional IMF and Bank loans.

According to the World Bank, civil society participation in implementation and monitoring of the poverty reduction strategy (PRS) is essential, both for sustainability and effectiveness and for building national ownership of the development programme (McGee and Norton 2000:8). However McGee and Norton (2000) point out a major paradox in the PRSP model. Although the

intention is that borrowing countries have full ownership of the strategy, the PRSP approach was conceived of by the multilateral agencies and is in many respects a means of setting conditionalities on debt relief. In promoting enhanced donor coordination, the PRSP model also promotes the joint interests of the World Bank, IMF and World Trade Organisation (McGee and Norton 2000). McGee and Norton (2000:20) cite the concerns voiced by the NGO Working Group to the World Bank who in 1999 stated that:

> "[...] it is not clear how borrowing countries will be able to stick to their national development plans if these differ from the priorities of the three heavy-weight institutions. The data on poverty and poverty reduction affirm that inclusive and context-specific strategies are necessary in order to combat poverty effectively. Thus, as the multi-dimensional aspects of poverty are being better understood, poverty reduction strategies are under threat to fall prey to unidimensional [*sic*] macroeconomic prescriptions" (cited in McGee and Norton 2000)

In preparation for the PRSP the government of Bolivia launched a second National Dialogue in 2000, with the aim of mobilising civil society groups in a consultation process over the priorities of the poverty reduction strategy and the criteria for allocation of HIPC 2 resources. The consultation process involved a range of civil society groups including representatives from OTBs at municipal level, and representatives from NGOs, the Church and municipal and departmental governments. While the stated aim of the National Dialogue was to formulate a policy agenda based on municipal realities and demands, critics have suggested that the outcome was a PRSP, which was devised by central government with the World Bank taking a lead role in its formulation. Indeed an IMF/World Bank assessment of the PRSP points out that despite apparent efforts to involve poor and marginalized groups in the National Dialogue, NGOs and civil society groups have raised questions over the

extent to which socially marginalized groups (in particular indigenous people and women) were represented in the consultation. Concerns were also raised over the extent to which consultations were influenced by local decision-makers and over the highly structured approach taken, which did not allow for flexible discussions or promote real participation (IMF and IDA 2001). While at the municipal level the discussions focussed on the social dimensions of poverty and barriers to poor people accessing resources, at departmental and central level the focus of the National Dialogue was on economic productivity and criteria for allocation of HIPC funds.

Anthropological studies have highlighted the importance of understanding how poor and marginalized groups conceptualise their disadvantage, which often varies considerably from the perspective of outsiders and policy makers (McGee and Norton 2000:27). Participatory poverty assessments (PPAs) have shown how social factors such as gender, processes of social exclusion, and ethnicity shape people's experiences of poverty and determine their priorities. Considerable value is often placed by the poor on factors such as mobility, autonomy, security and self-respect over and above income levels. These qualitative dimensions of poverty are poorly represented in conventional approaches to addressing poverty, but offer vital information on the most effective policy measures for poverty reduction (McGee and Norton 2000:27).

4.3 *Health Sector Reform*

The reforms to the health and education sectors also need to be understood in the context of privatisation and decentralisation implemented through the Laws of Capitalisation and Popular Participation. In 1994 the Education Reform was approved, transferring much of the responsibility for public education to local municipalities, including teacher recruitment and maintenance of schools. Similarly responsibility for maintenance of health facilities and the hiring and firing of health personnel passed to the municipal government. While proponents of the reforms assert that they were aimed at improving the quality of health and education services through increasing local level control, critics claim that the law represented the further privatisation of the public health and education system, forcing many public employees to seek employment in the private sector (Gill 2000). The Sánchez de Lozada administration also sought to engage NGOs in its vision of popular participation. In the health sector many NGOs began to fill the niche in providing services that the state sector was no longer able to offer, claiming to be doing so more efficiently and effectively and with better quality of care than public agencies (Gill 2000).

The central objective of the government's health strategy is the reduction of infant, child and maternal mortality. Bolivia's health indicators remain among the worst in the Latin America and Caribbean region (second to Haiti). In 2000, Bolivia was rated 114 on the United Nations Development Programme

(UNDP) Human Development Index (HDI). The HDI for Bolivia in 2000 stood on aggregate at 0.640, a slight decline from 1997 and below the level expected in relation to per capita gross domestic product (GDP). The ENDSA 1998 is the most recent source of health data. While data indicate that improvements have been made in health indicators in recent years, Bolivia has the worst health performance in the Latin America region as measured by infant, child and maternal mortality. The infant mortality rate in 1998 was estimated at 67 per 1,000 live births. There are also extreme regional disparities in these data, with the infant mortality rate for rural areas estimated at 90 per 1,000. Due to insufficient sample size, the 1998 ENDSA does not provide an updated estimate of the maternal mortality ratio (MMR). The official figure remains at 390 per 100,000 live births, as estimated in the 1994 ENDSA. Again, this estimate masks great regional variation. In the *altiplano* the MMR rises to an average of 591 per 100,000 in urban areas and 929 per 100,000 in rural areas.

In the current administration, the Ministry of Health is presided over by the political party MIR (the Movimiento de Izquierda Revolutionario), a left wing party in a predominantly right wing coalition government. Since 1997, a series of policies have been instituted under the health sector reform package aimed at increasing access of the poor to basic health services. While the public health system has the greatest reach to poor and rural communities, the continuing low level of coverage of health services, the low utilisation rates (especially among the poor) and the persistently poor health indicators have provided the impetus behind the health sector reform process. According to

the World Bank, health sector issues can be grouped into two categories: low coverage of services due to problems of access, quality, supplies and lack of community involvement; and 2) low capacity of health personnel to respond to the health needs of the population (World Bank 1999).

Poor quality of care has been identified by the MoH and external cooperation agencies as a key factor preventing the poorest, indigenous populations and women from accessing health services. One of the most neglected aspects of quality of care has been understanding and respect by public health providers for the cultural values and health care systems of indigenous populations. A study on quality of care carried out by WHO/PAHO in 1996 suggests that many doctors are educated in a context that rejects indigenous culture as being the culture of the "poor and ignorant", and that providers often communicate with clients in a context of cultural, social and gender discrimination. The study suggests that poor and indigenous groups are often treated as passive recipients of services with little respect for their rights to information and quality health care. Lack of ability of many health care providers to speak the appropriate indigenous language is also identified as a barrier to the poor accessing health services. Many small-scale NGO studies on quality of care have documented cultural distance between health personnel and service users, as a major barrier to access of the poor to health services. Poor communication on the part of service providers is identified by WHO/PAHO (1996) as a major contributing factor to low utilisation of services. There are now numerous NGO initiatives to improve quality of care through training providers to change attitudes and improve

communication in order to bridge the cultural gap between providers and users.

In the context of the Comprehensive Development Framework, the Ministry of Health (MoH) has identified 4 strategic areas for the focus of reform to the health sector and to contribute to the overall goal of reducing maternal and child mortality: 1) control of communicable diseases; 2) reform to the health insurance system; 3) decentralisation of the health system; and 4) a basic health insurance package (*seguro basico de salud*). In the context of the neo-liberal agenda, which has informed the GoB's development framework the *seguro basico* is perhaps the most controversial policy in the GoB's health sector reform programme. The *seguro basico* has been identified by the MoH as the principle policy instrument of the health sector reforms, which in effect aims to reverse some of the privatisation measures that have been put in place since 1985. The *seguro basico* aims to eliminate the economic barrier to utilisation of health services through provision of a comprehensive package of services free at the point of delivery. The package includes services aimed at tackling the principle causes of mortality and morbidity in Bolivia and includes maternal, infant and child health services and some selected services for the general population (STI diagnosis and treatment, family planning, malaria, TB and cholera treatment).

Although the introduction of the *seguro basico* appears to have resulted in significant increases in utilisation of health services, especially in rural areas, a recent evaluation by the World Bank (2000) has pointed to a number of

constraints in implementation. In particular, the evaluation points to: insufficient knowledge on the part of communities of their rights to services covered by the *seguro basico*; perception among the poorest that they still have to pay for health care; lack of community participation in decentralised management of health services; lack of reach of services to rural areas, and lack of capacity of municipalities to manage health services efficiently and effectively.

The main source of funding to the *seguro basico* is from decentralised municipal funds, although the MoH is also now urging all donor agencies to coordinate their assistance to the health sector through support to the reform process, to which the *seguro basico* is central. While the health sector reforms have received support through the World Bank adjustable loan, donor coordination around support to the reforms remains poor. As yet, the *seguro basico* has received limited support, in particular from the United States Agency for International Development (USAID), which remains the major external assistance agency providing support to the national reproductive health programme.

4.4 *Reproductive Health Policy and Programmes*

The past decade in Bolivia has seen significant changes in official policies concerning population issues. Prior to 1989 Bolivian policy was decidedly pro-natalist. The images of the film *Wawar Mallku* (Blood of the Condor), which portrayed imperialist US agencies carrying out enforced sterilisations among

rural Quechua women, and led to the subsequent expulsion of Peace Corps (and other foreign NGOs) from Bolivia in the 1960s, remain strongly imprinted in popular memory. However, in 1989 the first national reproductive health programme was launched, and since 1991 modern family planning methods have been available through government health services (Rance 1997). Despite the integration of family planning services into the health system, utilisation of modern contraceptive methods remains low. The 1998 ENDSA estimates use of modern methods of contraception to have increased from 18% of women of reproductive age in 1994 to 25% in 1998.

Throughout the 1990s significant strides were made in the development of a national population policy. In 1994, a major initiative entitled Plan Vida (1994-1997) was launched which had the specific objective of reducing maternal mortality. In the same year, the Bolivian delegation to the International Conference on Population and Development stated that central to the Government of Bolivia's reproductive health approach was "respect for women's decisions concerning sexuality, fertility and democratisation of women's role in the family". The official Bolivia country statement for ICPD was subsequently produced as the *Declaration of Principles on Population and Sustainable Development.* The *Declaration* which constituted the first national population policy, emphasised access to reproductive health within the framework of primary health care as central to policy objectives of sustainable economic and human development.

The rights discourse in Bolivia's population policy was further strengthened in the Bolivian Declaration to the Fourth World Conference on Women (FWCW) in Beijing 1995. The Bolivian Declaration to FWCW stressed "the fundamental right of couples and individuals to decide freely and responsibly the number of children and the spacing of pregnancies within the context of equal rights of men and women", providing official recognition of the reproductive rights discourse (Rance 1997). In 1995, the national reproductive health strategy was reformulated as The Women's Health Programme (1995-1997), which provided a broader interpretation of reproductive health than that incorporated within Plan Vida, based upon the ICPD and FWCW definitions of reproductive health and rights. A National Safe Motherhood Committee was convened in 1996, which according to Rance (1997:12) "... augured new advances in the prevention of maternal deaths". However, Rance (1997:12) suggests that the emphasis placed on safe motherhood in the Bolivian reproductive health programme is an essentially conservative discourse, emphasising a bio-medical concept of maternal health whilst failing to consider the historically specific political and economic contexts of maternal mortality. Similarly Morsy (1995) suggests that the emphasis placed on addressing maternal mortality in reproductive health policy has the potential to co-opt uptake of family planning services at the expense of addressing the structural basis for maternal ill health.

The current reproductive health programme is described in a document entitled "Programa Nacional de Salud Sexual y Reproductiva", produced by the Government of Bolivia/MoH (2000). The document describes a package

of interventions based upon the Cairo and Beijing commitments to sexual and reproductive health. The common perception among donors and NGOs is that the document describes a very broad based programme with no clearly defined priorities. As a consequence, activities in the sector continue to be fragmented and largely defined according to the specific interests and objectives of donors and NGOs active in the sector. Over 80% of finance for the national reproductive health programme comes from these external sources (Hawkins 2000).

In 1999 a National Forum on Sexual and Reproductive Health was convened with the aim of bringing together key actors in the reproductive health sector, including Government, external cooperation agencies, NGOs, technical assistance agencies and private sector providers, to share information and coordinate activities. USAID is by far the largest bilateral donor to the national reproductive health programme and as such USAID has also been the most influential in defining the profile of reproductive health activities implemented over the past decade. In addition, USAID supports the salary of the Director of the National Sexual and Reproductive Health Programme. However, the Director of the National Programme reports to the Director General of Health Services, whose salary is paid by the World Bank. This financing arrangement has created internal tensions within the MoH over the relationship between the national reproductive health programme and the policy direction of the health sector reforms. All services which come under the national sexual and reproductive programme are now included under the *seguro basico de salud.* Indeed the Director General of Health Services

expressed the view to me that "one cannot now talk about reproductive health without talking about the '*seguro basico*'". However, USAID is fundamentally ideologically opposed to the principle of supporting free provision of services through the public health sector, which is the principle on which the *seguro basico* is founded. One USAID representative once expressed the view to me that "it is not the place of USAID to be subsiding free health services in Bolivia".

The vast majority of USAID funds to reproductive health activities bypass government, either being channelled through the USAID devised NGO network (PROCOSI) or through USAID cooperating agencies. Of the total fifty-nine organisations which participate in the National Reproductive Health Forum, 40 are NGOs which are either USAID cooperating agencies or members of PROCOSI. Over 80% of NGO activity in the reproductive health sector is supported by USAID. The NGOs supported by USAID form part of what Gill (2000) has termed the new group of neo-liberal NGOs, who have filled the niche in health service provision left by the retrenchment of the public sector. The USAID funding framework encourages NGO service providers to be self-sustaining through a policy of cost-recovery based on charging user fees. The NGO network active in the reproductive health sector embodies the neo-liberal principles of entrepreneurship, individualism and competition (see Gill 2000:138). As a result, the majority of NGO service providers in the reproductive health sector have not signed agreements with municipalities to provide services through the *seguro basico* .As Gill (2000: 140-141) notes:

> "The sole purpose of the neo-liberal NGOs [...is] to implement the social policies mandated to Bolivia by powerful international organizations. To this end these organizations...[operate] as private sector alternatives, or replacements, for public sector service delivery and offer[...] 'targeted' programs especially designed for certain sectors of the population, such as poor mothers and young children".

The Director of one of the leading NGOs concerned with maternal health and quality of care, once expressed to me her view of the problems of delivering the ICPD and FWCW agenda of sexual and reproductive health and rights to poor Aymaran communities:

> *In this country we do not know how to ask for our rights – we in this country do not think we have rights to services or rights with our husbands. Cairo and Beijing has not got down to the communities because these issues of sexual and reproductive health and rights will have to move deep rooted beliefs. We need to know how to talk to communities about these issues. Aymara people have a different belief system, these concepts are foreign to them. How do you suddenly talk to people about sexuality when they have never talked about sexuality before.*
>
> *The Aymara use a different belief system and they use a different timeframe- they will say I must get fitted with an IUD [intra-uterine device] but they get pregnant again and then they want an abortion. I have a maid in my house - she is a* cholita *-and I explained to her all the options of family planning without trying to push her into using one- but then she got pregnant and wanted an abortion.*

The question is how to help – when they also have the right to decide what they want to do – but I also have the responsibility to help a person – we need to know what way to talk to them about health sexuality and rights. We need to know culturally appropriate ways to talk to them about sexual and reproductive health and rights.

5. Conclusion

This chapter has begun with a historical account of the emergence of post-colonial categories of identity and difference, and has suggested that the transformation of racial identities, in particular those of the *indio*, *mestizo* and *cholo/chola,* into class based categories was connected to the growth of global capitalism. The chapter has argued that by the mid twentieth century the white urban elite in La Paz had constructed a highly unequal social order based upon classifications of class, ethnicity and gender, in which (supported by a social Darwinist paradigm) the Aymara majority were deemed to be biologically and socially inferior to the *criolla* elite. This paradigm was supported by public health discourses relating to hygiene and infection, in which Indians and *cholas* became associated with notions of the unclean and diseased native body.

The chapter has also traced the emergence of a class identity among sections of the *chola* and *mestizo* population during the early part of the twentieth century, and in particular the emergence of the miners as a consolidated working class. By the mid-1980s, the power of the miners unions

which lay in the strategic position that they occupied in the relations of production, began to be undermined as the mines became the focus for the state's neo-liberal restructuring programme. The austerity measures implemented under the government's Structural Adjustment Programme, resulted in the closure of many of the state owned mines and the relocation of mining families to newly developing urban centres such as El Alto.

Finally this chapter has charted how, following the introduction of neo-liberal economic policies in 1985, subsequent governments have set in place a series of institutional reforms which have deepened the neo-liberal policy agenda. Policy reforms to the education and health sectors, which emphasised privatisation and decentralisation, have been further consolidated under a series of liberal reforms, influenced by the policy frameworks of the World Bank and the International Monetary Fund and the initiative for Highly Indebted Poor Countries. In the mid-1990s, following ICPD, Bolivia produced its first national population policy which was based on principles of sustainable development and reproductive health and rights. This chapter has suggested that reproductive health policy has been assimilated within the neo-liberal policy agenda, central to which has been a discourse of decentralisation, privatisation, popular participation and citizens rights. In the following chapter, I consider how the historical and structural conditions of exploitation and inequality outlined in this chapter, ultimately shape how poor Aymaran women in El Alto experience their health and reproduction, and underpin their encounters with local institutions mandated to implement national policy frameworks.

Chapter 4

Strategies of Domination, Resistance and Negotiation

(Reproductive Health Strategies Among Migrant Aymaran Women)

"There is no social agent who does not aspire, as far as his circumstances permit, to have the power to name and to create the world through naming: gossip, slander, lies, insults, commendations, criticisms, arguments and praises are all daily and petty manifestations of the solemn and collective acts of naming" (Bourdieu 1991:105).

1. Background to the Fieldwork

Luykx (1999) has observed that the problems involved in setting up and carrying out fieldwork often tell us as much about the social and political context in which institutions and agencies operate as does the actual data produced. My experience supports this observation.

My intention at the start of my fieldwork was to carry out a form of "discourse analysis", which considered the relationship between international agency discourses on sexual and reproductive health and the discourses of women in specific local social contexts. In order to carry out this research agenda, I initially made contact with an international (US based) NGO, which was supporting sexual and reproductive health programmes throughout Bolivia. I had decided to carry out my fieldwork among migrant communities in an urban context, as the majority of these populations would be bi-lingual or at least conversant in Spanish. I decided that El Alto, with its proliferation of NGO's and proximity to La Paz, was an ideal location for my research. I was aware (through a previous visit

to Bolivia) that the US based NGO (which I shall refer to here as HOPE[1]) was working in collaboration with a national NGO (which I shall refer to as *Salud Sexual y Reproductiva* or SSR) on a project in the city of El Alto, training local women in peripheral and under-served zones of the city to become community promoters. The promoters were being trained to provide reproductive health information to their neighbours as well as to sell socially marketed condoms. The project was operating from the SSR clinic in El Alto, utilising its existing community health team to train and supervise the promoters.

SSR is one of the most established sexual and reproductive health NGOs in Bolivia, and is also an affiliate of an international network of sexual and reproductive health NGOs. Having started life as a feminist collective promoting sexual and reproductive rights and women's empowerment, SSR has latterly become a major conduit for external agency funding to sexual and reproductive health activities, in particular for USAID funds. SSR has a network of clinics in all the major urban centres of Bolivia, the majority of which include community based outreach programmes. I arranged my initial 2 months of fieldwork through my contact with HOPE, and was able to make direct contact with the community health team in El Alto and through them a group of 12 "promoters", whom I visited on a regular basis.

There were five women (community promoters) with whom I maintained the most regular contact during this initial research period. Maria José[2] who was a trained nursing auxiliary, was the only promoter who was *de vestido*. Doña Patricía and

[1] The names of all organisations referred to in this chapter have been changed.
[2] All names of individuals referred to in this chapter have been changed

Doña Nicanora (who were neighbours) were particularly well versed in local health knowledge, and were the source of many fascinating stories and insights. Perhaps the most interesting family for me at the time were Doña Nicolesa and her daughter Elena. Doña Nicolesa appeared to fulfil effortlessly the multiple roles of being a health promoter for the NGO, a *partera* (traditional midwife) and a *yatiri* (traditional healer). In the course of my fieldwork I became the *madrina* (Godmother) to Elena's youngest daughter Julia.

One of my main observations during this period of fieldwork was that promoters' discourses on health and reproductive health shifted significantly (and often in apparently contradictory ways) according to the context of our conversation. For example very different conceptualisations of health were expressed according to whether we were talking about their work as a community health promoter, their personal experiences as poor Aymaran woman in El Alto, or their perception of the reproductive health practices of other women in the community. While donning their hats as health promoters, all espoused the virtues of modern contraception, however none of these women had ever used any of the methods they were promoting nor (with the exception of Elena) did they seem to have any intention of ever doing so. At the same time they cast many aspersions on their neighbours for their similar lack of interest, and hence their own inability to sell many of the socially marketed products they were supposed to be promoting. For me, a major question at the time was what their motivation was in becoming promoters for the SSR programme (which they seemed to have little interest in using themselves), and for which the economic motivation of selling condoms was clearly minimal. The answer seemed to lie in the symbolic value that these

women placed on receiving training (and therefore access to a form of education) and the symbolic capital gained through their linkages with the NGO.

This initial block of fieldwork which lasted for two months was intended to form the basis for a longer period of field research to be undertaken the following year. My interest was to collect promoter's narratives on a range of issues relating to health, and economic, social and domestic life in El Alto. My aim was to consider in more depth how these women negotiated their identity as "intermediaries", operating between the interests and discourses of the external agency and those of poor, migrant Aymaran women. However, on my return to Bolivia the following year, I faced a number of problems in continuing my field-research.

I had only been able to return for this second more extensive period as a result of having received research funding from an international donor agency. From the perspective of the funder the output of the research was to be a set of "tools" for the participatory monitoring and evaluation of sexual and reproductive health programmes. However, as Luykx (1999) observes the act of "doing fieldwork" brings home the central importance of the unity of theory and method. During the course of my initial two-month investigation I had found that I could not exclude the central issues of agency, power and social identity from my analytical framework. My theoretical approach (as elaborated in Chapters 1 and 2) was clearly at odds with the accepted wisdom of sexual and reproductive health policy and programmes as promoted by the international donor community. Chapter 5 of this thesis returns to a consideration of how the disunity between the theoretical and methodological approach elaborated in this thesis and the

demands of the external funding agency and programme implementers for a monitoring tool was addressed in the design of a method which I term the 'peer ethnographic approach'.

I also faced a more immediate problem. Prior to my return to Bolivia, I had emailed my research proposal to HOPE for them to share with SSR for their approval, which I had duly received. However, on my arrival in Bolivia, I discovered that some difficulties had arisen with SSR, which would delay the start of my fieldwork. According to HOPE, SSR had some concerns that my proposed study on 'the social contexts of sexual and reproductive health' was too similar to another study carried out by an anthropologist earlier in the year. The study they were referring to turned out to by a standard KAP survey of reproductive health attitudes and practices, drawn from a sample of over 200 respondents across the City of El Alto. This confusion regarding the objectives of my study served to highlight an ongoing problem throughout my research of convincing large implementing agencies of the utility of carrying out small-scale local level analyses of 'social context', with the active involvement of 'programme beneficiaries', as a means of assessing the value and impact of their interventions.

Nonetheless, it seemed at first that these conceptual difficulties could be overcome through a meeting with the Executive Director of SSR. I provided another summary of my proposed research activities, explaining the difference between my approach and that of a KAP study, and explaining that it formed part of a research project for which I had received funding from a major international

donor (who was also a key player in Bolivia) to develop a participatory monitoring tool. A meeting was duly arranged with the Executive Director of SSR and in the meantime HOPE contacted the community health team in El Alto and arranged for me to meet with them the following day to organise my fieldwork. That afternoon, I received a phone call from HOPE informing me that there were problems with SSR, the meeting with the Executive Director was cancelled, and that the research could not go ahead. The reason I was initially given was that SSR did not consider the research to be significantly different from the KAP study that had already been conducted, and hence would not be of value to them.

Later that week I was able to meet with a Programme Officer in SSR who explained that the reason the research could not go ahead was that the promoters in El Alto had recently had a bad experience with two American researchers who had been very insulting toward them. Two weeks before my arrival the promoters had issued a declaration stating that they would not welcome any more researchers to the project and SSR had to respect their wishes. While this explanation presented the problem in very sound ethical and political terms in which SSR was clearly supporting and protecting the interests and rights of the promoters, the explanation did not somehow ring true to my situation. I was already known to the community health team and promoters and had established a good rapport with them during my previous fieldwork. HOPE had also informed me the previous week that the community health team were looking forward to my return, and had enthusiastically arranged to meet with me again. Being the *comadre* (co-parent) to one of the promoters I also had my own social obligation to visit the family and maintain my contact with them especially

as I had promised I would return that year to be *madrina* (god-mother) for the *retucha* (first hair cutting) of my God-daughter.

Once I had finally set up fieldwork through another NGO which I shall call the Women's Research Group (WRG), and had been working in El Alto again for some time I visited the community health team, and throughout my stay continued to visit the family of my *ahijada* (God-daughter) regularly. None of the promoters or members of the community health team seemed to be aware that there had been any previous problems with researchers and simply expressed regret that I had not been visiting them as had been planned, and invited me to return to the clinic to talk to them whenever I wanted to. In the intervening months it became apparent that SSR was under-going an internal crisis, which resulted in the resignation of the Executive Director. During this period the NGO was very concerned about its image with external funding agencies, and about securing ongoing support for its core programmes. While conspiracy theories are all too tempting to buy into, this experience serves to illustrate the highly politicised and extremely competitive environment within which NGOs channelling the large quantities of donor funding earmarked for sexual and reproductive activities in Bolivia vie for control over the market. Within this environment, research which is not under the direct management and control of implementing agencies is often viewed with suspicion and at times seen as a threat. The national forum of sexual and reproductive health organisations in Bolivia has now established a research and ethics committee, which reviews and to a large extent controls all research activities in the field.

The NGO (WRG) through whom I eventually set up my fieldwork, is not directly involved in service delivery, their primary interest being in research related to gender, ethnicity and health. My research agenda was much more obviously consistent with their institutional objectives than with those of SSR. At the time, the NGO was involved in a small project providing training to local women running *guarderias* (nurseries) in the poorest and most peripheral zones of El Alto. The *guarderias* supported by the municipal government, provide day care for children between the ages of 6 months and 5 years. The ethos of the *guarderia* is to provide children in the poorest zones of the city with nutrition, education and medical care while their mothers are engaged in market trading, domestic employment or ad hoc work in the informal sector. The NGO was in principle willing for me to make contact with women in the community through an initial contact with the workers in the *guarderia* (who are themselves women from the neighbourhood). A meeting was arranged between the NGO and the care workers to seek their approval for the research to go ahead. I followed this up with a meeting with the care workers from one of the *guarderias,* located in one of the poorest zones of El Alto (which I shall call Zona Rosa) and home to many recent migrants. The care workers were very interested and keen to help, and so the fieldwork began to take shape.

I was keen to ensure that my presence in the neighbourhood was neither considered to be intrusive or exploitative. I spent my mornings helping out with the activities at the *guarderia*, and my afternoons visiting women who had invited me to talk to them in their homes. In the first week of my fieldwork a meeting was called at the *guarderia* in which the *padres de familia* (parents) were invited so

that I could explain to them my reason for being there. I explained that I was interested in talking to women living in the neighbourhood about their everyday lives, experiences of living in El Alto, and how they initially came to be living in the city. I also explained that I had a particular interest in learning about experiences concerning their health and the health of their children. The following morning I arrived at the *guarderia* to find one of the women who had been present at the meeting waiting for me in the plaza. She said her name was Katrina Quispe and she asked me if I was going to visit her house as her husband Don Francisco was also there and would be interested to talk to me. I became a regular visitor at Doña Katrina's house and through her was introduced to other women in the locality, her neighbours, a *partera* (midwife) who lived across the street from her, and her husband's cousin who was also a *yatiri* (traditional healer). In return for all her help I later became *madrina* for the baptism of her youngest son Juan. The carers at the *guarderia* who were women from the local community also introduced me to other women in the neighbourhood, and so my contacts developed over the course of my fieldwork until I had a network of women whom I visited and talked to on a regular basis. In order to reciprocate the time they spent talking to me, I gave regular English lessons to their children, which supplemented the English they were being taught at the local school.

As time went on, these women became more and more willing to talk to me about their daily experiences eking out a living in El Alto; their altercations with husbands, neighbours and family; their health concerns and concerns for their children's well-being; and how they perceived the dominant and affluent western

society typified by the inhabitants of La Paz (which they referred to as the *Ciudad* [City]), and which was embodied for them in particular, in their encounters with the doctors from the health centres. Above all, I was struck by the astute and insightful commentary that poor, marginalized and socially excluded women gave of the historical, social, political and economic context in which their experiences of health, reproduction and sexuality were framed, and which raised my doubts about discarding local narratives as being unable to provide a reflexive and critical account[3].

2. The Location

2.1. *Zona Rosa*

Zona Rosa[4] is one of the most peripheral zones of the city of El Alto, and is home to Aymara speaking ex-miners, *campesinos* and market traders. The relocated miners live in rows of small *adobe* (mud) brick built houses with corrugated iron roofs, which were built in the late1980s with assistance from the Catholic NGO – CARITAS. These houses overlook a deep ravine, the upper reaches of which are the main refuge site for the zone. Most of the houses in Zona Rosa still lack sanitation facilities and the refuge dump also serves as a public toilet for many residents. During the rainy season the mud streets turn into channels of open sewage, with distinctive bright green puddles forming in the centre of the roads in the mid-day heat. Further down the road from the miners houses are small, scattered *adobe* dwellings, which are the homes of recent migrants from the

[3] Some of the data in this chapter were used in parts of a book chapter (Hawkins and Price 2001).
[4] All names of places in El Alto have been changed in this chapter

altiplano. Behind these houses is a disused railway line, which runs alongside a row of closed down factories. The railway line also serves as a refuge site and is an important source of income for women and children from the poorest families, who collect discarded bottles and cans to sell to the factories in the centre of El Alto for re-processing.

The streets near the centre of the zone are the most affluent and boast larger houses, many of which are constructed from cement brick. These houses are mainly owned by Paceñas (residents of La Paz) who have either moved to El Alto in recent years in order to be able to afford to buy a plot of land on which to build their house, or who have invested in land in the peripheral zones of El Alto to build houses to rent. Some of the houses in this area are also owned by Alteñas (residents of El Alto), the successful traders or *commerciantes* who have bought land on which to construct their own homes. While many of the homes in the outer reaches of Zona Rosa lack electricity, the streets in the centre are connected to supplies.

In the centre of the zone is the plaza, a flat mud square which serves as a football pitch, alongside which is a small market area. On one corner of the plaza is a community hall, which was constructed by an NGO during the 1990s and now opens once a week for a mothers club, supported by USAID. Opposite the mothers' club is the school, which was closed during most of the time I was conducting my fieldwork due to a teachers strike. During the strike teachers organised numerous street demonstrations in El Alto, which were often dispersed by the army using tear gas, and resulted in two teachers being shot and killed.

Zona Rosa also boasts several churches. The Catholic Church is situated along the main road, which runs to La Ceja (the market centre of El Alto). The Church is on the border of Zona Rosa and the neighbouring zone of Villa de la Virgen, and is located opposite the main market centre of the two zones. There are also numerous evangelical church groups scattered around Zona Rosa and Villa de la Virgen.

2.2. *Health Care Resources in Zona Rosa*

There are three main forms of health care resource available to the inhabitants of Zona Rosa: biomedical services provided by government health centres in the zone, and by NGO clinics and private physicians in the centre of El Alto; *medicinas caseras* or herbal cures sold in the market and administered by women in the home; and Aymara medicine available from indigenous healers or *yatiris*.

Two government health centres serve the residents of Zona Rosa. One health centre is situated next to the *guarderia* on the corner of the plaza in the centre of the neighbourhood. A second health centre, which is also used by residents from Zona Rosa, is situated in the neighbouring zone of Villa de la Virgen, and is located behind the Catholic Church. The health centre in Villa de la Virgen is run by one of the only women doctors working in the government clinics in the district. Both health centres have been improved and developed as part of a District Health Strengthening project, which has been supported by a European donor since the mid-1980s.

The District Health Strengthening Project has been working in conjunction with the Ministry of Health to improve primary health care services and increase utilisation of government health services in the some of the poorest zones of El Alto, located in District X. The goal of the project is to contribute to reduction in maternal, infant and child mortality. In the early 1990s the project conducted a 'rapid diagnostic study' of the health situation in District X, and identified the following constraints on service utilisation: limited access of the population of the district to economic resources; limited autonomy of women which limits women's access to resources; lack of utilisation by women who prioritise their children's health over their own; poor quality of care provided by health services; lack of continuity of service providers; inconvenient health centre opening times and poor communication between health care providers and the community.

The main approach of the District Health Strengthening Project to increasing utilisation of services has been to strengthen community participation in the delivery of health care and to improve the quality of care provided at the health centres. The main strategy to improve community participation has been training members of the community as health promoters (*responsible popular de salud* - RPS) and training traditional health practitioners to develop an effective referral system between the health centres and the community. A particular focus of the project has been to try to integrate traditional medical practitioners into the primary health care system. A focus has been placed on training traditional midwives (*parteras*) in conducting clean deliveries, keeping a register of all births and infant and maternal deaths that occur in the community, and referring

obstetric emergencies to the doctors at the health centre or to the hospital in the centre of El Alto. The approach is similar to that adopted by various rural health programmes in Bolivia throughout the 1970s and early 1980s (Crandon 1983).

In the latter part of the 1990s the Health Strengthening Project has collaborated with a number of USAID supported NGOs in an effort to integrate a sexual and reproductive health component into the community health programme. In particular, the outreach programme has been designed to reach women in the community who have difficulty accessing maternal and child health services. A key element of the project strategy is "to address cultural constraints to increase use of modern contraceptive methods and use of modern health services through culturally appropriate communication strategies effective for the target population". The community outreach programme includes: talks to groups of women at health centres on family planning, sexually transmitted diseases (STIs) and maternal and child health; education and distribution of condoms by trained community promoters; and referral to the health centres and NGO clinics in the centre of El Alto by the community promoters and *parteras*. In recent years several sexual and reproductive health NGOs have established clinics in La Ceja, most of which function on a cost-recovery basis charging fees for family planning, maternal health care, child health services and diagnosis and treatment of sexually transmitted diseases. In addition there is a plethora of private practitioners with practices scattered around the centre of El Alto.

Medicinas caseras are the most commonly used health care resource among the poor in El Alto. These are herbal cures administered in the home usually by the

mother, in the form of *mates*.[5] The practice of *medicina caseras* is based on a humoral theory and hot/cold dualism, influenced by Galenic medical theory from the Spanish colonial era (Crandon-Malamud 1991: 24). It forms part of the 'everyday' knowledge of women and is central to women's role as healthcare providers in the household. Ailments treated in the home fall into the category of *medicinas caseras* until they become serious, when specialist help needs to be sought. Within traditional Andean medicine there are many categories of specialist healers including herbalists, bone-setters, *kallawaya* and *yatiri*. In many parts of the Andes the *kallawaya* tradition is understood as a highly specialised and complex body of knowledge, practised by an elite group of indigenous healers whose knowledge passes from father to son. The Aymara version practised by the *yatiri*, the diviner of coca leaves, is a simplified folk version of the *kallawaya* (Crandon-Malamud 1991: 43), although in El Alto the term *kallawaya* is often use interchangeably with *yatiri*.

3. Belief, Knowledge and Symbolic Power

3.1 *The Yatiri, the Pachamama and the Hungry Devils*

According to Bastien (1982) the principles of specialism and reciprocity are fundamental to Andean ethnomedicine. The *Pachamama* is the essence of Aymara preventive medicine. Identification with the *Pachamama* is made explicitly throughout Aymara cosmology, and Harris (2000) suggests that in

[5] Mates (pronounced matays) are herbal teas or infusions

modern Bolivia the *Pachamama* has almost come to embody the existence of the oppressed Aymara majority within the boundaries of the nation-state.

The *Pachamama* is the giver of life and the force that created the world. The *Pachamama* is the focus of agricultural rites, healing rituals, ceremonies to bring luck and prosperity (for example baptism of new vehicles and homes), and offerings (such as burial of the placenta) to safeguard the health and well-being of the new-born child. In everyday life in El Alto, as elsewhere in the *altiplano*, whenever anyone takes a drink (be it alcohol or coca-cola) it is necessary to put a few drops on the earth as an offering to the *Pachamama* (see Crandon-Malamud 1991:125). According to Greenway (1998b) sacrificial offerings made to the *Pachamama* represent the principle of reciprocal relations between humans, spirits, the earth, deities and the ancestors. Making offerings to the earth is a way of ensuring a relationship of exchange and reciprocity between the deities (the cosmological world) and the human (social) world, resulting in a flow of energy that generates life, wealth and well-being (Greenway 1998b).

Aymara cosmology also incorporates an array of devils that reside in the earth and mountains and are the source of fertility and creativity, as well as danger and illness. The mines, for example are presided over by a devil known as the *Supay* or *El Tio* (uncle) whose female consort is the *Pachamama* (Harris 2000:209). The most distinctive feature of the devils is a rabid hunger, which can consume the souls of vulnerable humans. Not only are the mountains, sacred places and spirits of the dead classified as devils, but also at times so is the *Pachamama*. According to Harris (2000:210) the *Pachamama* belongs to a category of beings

in which the idea of abundance, fertility and generosity is offset by acts of aggression and a refusal to give.

The *Pachamama* often appears in Aymara cosmology as a generalised source of illness and may be associated with both good fortune and witchcraft (Harris 2000). The *Pachamama* is said to walk the earth at night, often in the form of an old woman in poor clothing. The toad is a particularly dangerous manifestation of the *Pachamama*, and Harris (2000) refers to accounts of toads being kept in houses in some parts of the *altiplano* and fed with sweets to ensure good luck. Toads are also associated with witchcraft (*brujeria*), which is commonly held to be responsible for swellings of the body and to cause the human body to change into a form similar to that of the toad. Doña Alicia a young *de vestido* woman who was born in the mining community of Viloca once described to me an illness of her *madrina* (God-mother) which occurred as a result of an envious neighbour using a toad in witchcraft (*brujeria*):

> *There was a lot of envy in the mines – because there was a lot of money. There are people there who can make witchcraft – using a* yatiri- *who believe in the devil – a person who believes in the devil can kill someone with witchcraft. My* madrina *was bad to people – all the men in the mines liked her – but she shouted at her husband. One of the neighbours of my* madrina *she used a toad – she took some hair from my* madrina *and a little doll that looked like her and she gave the doll the same name as my* madrina *– and she*

made witchcraft using the toad. My madrina *had a swelling that was full of pus – the toad lived for three years and over those three years my* madrina *changed to look like a toad with big eyes – her legs swelled up like a toad's – she went to the church, to the* yatiri *and to the doctor – but they could do nothing – she became really ugly. Eventually we found the person who had done this and we found the toad and killed it – and the next day my* madrina *died- it was witchcraft that killed my* madrina.

Doña Felicia a health promoter trained by the District Health Strengthening project also described the reason for the recent death of a neighbour's daughter to me thus:

My neighbours' daughter fell in the water – in the street- there was a toad in the water - in the afternoon she was ill with a headache – the girl was about 4 – she slept in the night and was sick for a week – she had fallen on a Friday – the next Friday she was dead – they didn't take her to the yatiri *because at first they were not worried – she was their only daughter – she was taken by the hungry devil – the* achachillo *– they are* yankha *– they always kill.*

Doña Felicia's narrative draws on several supernatural entities to explain the death of her neighbours little girl. While the toad is often a manifestation of the

Pachamama the term *Achachillo* refers to devils that live in the mountains, rivers and under the earth. *Achachillos* are *yankha*, an Aymara term which means "harmful and noxious to health" (Crandon-Malamud 1991:126). *Achachillos* are also often described as hungry and therefore a threat to vulnerable souls, unless fed properly. As Doña Felicia's narrative illustrates, illness and hence treatment therapies are an expression of a cosmology in which the human body and spirits are intertwined with the earth and the mountains in a relationship of reciprocity (Greenway 1998a). Illness aetiologies represent both the geographical embodiment of spiritual forces and the spiritual embodiment of social forces that may be dangerous as well as empowering (Greenway 1998a: 993). Lapses in the maintenance of reciprocal relations (for example through offerings to feed the *Pachamama* or the *Achachillos*) will lead to illnesses that may have various symptoms often leading to death.

Another sickness category referred to by some of the women in Zona Rosa is *Kari Kari.* While some women I talked to dismissed *Kari Kari* as a 'belief' of their grandmother's generation, others warned me of the risk they encountered of being attacked by *Kari Kari* while travelling in crowded buses and *collectivos* (shared taxis). The *Kari Kari* in the colonial era and up until the early part of the twentieth century was widely known in the Bolivian *altiplano* as a phantom that appeared in the form of a Franciscan monk, and brought a disease that was diagnosable by incision marks left on the victim's abdomen (Crandon-Malamud 1991:120). Through these small incisions the *Kari Kari* was said to withdraw the fat from the victim's kidneys, which was then given to the bishop to make into holy oil. Since the 1950s there has been a change in the conceptualisation of the

Kari Kari. This change indicates that the *Kari Kari* stands as a clear metaphor for relations of exploitation and domination of the Aymara (see Crandon-Malamud 1991). The *Kari Kari* is now conceived of as a foreigner a *gringo* (American) who takes the fat from the bodies of poor Aymara (usually whilst in crowded places) to sell to the United States to make into medicines and cosmetics. As Doña Felicia explained to me:

> Kari Kari *is not an illness – a* Kari Kari *is a person who sucks the fat out of our bodies – they do it on the crowded buses and you don't know it is happening –* Kari Kari *are strangers - foreigners – they sell the fat to the factories in America to make soap and cosmetics. When the grease has been sucked out of a person they die.* Kari Kari *is not an illness – it is a bad deed – there are some women who know how to prepare a medicine to cure* Kari Kari *– but it is very expensive – in Villa de la Virgen – there is only one woman who sells it – when you have* Kari Kari *you have blood in your urine – my cousin and my aunt both died of this.*

Through the divination of coca leaves the *yatiri* is able to bring luck and good fortune as well as cure illnesses of a supernatural causation, such as those described above. Traditionally a *yatiri* may be a man or a woman. Some *yatiris* are born with the gift of divination and healing, for others the skill is acquired through surviving an auspicious event such as being struck by lightning. The *yatiri* does not so much possess a body of specialist knowledge as the power to

divine and to contact the supernatural forces of the *Pachamama* and her consorts (Crandon-Malamud 1991). Doña Felipa a *yatiri* who has recently migrated from the *campo* to El Alto explained to me how she acquired her power of divination:

> *The power of a* yatiri *comes from the head and the heart – for doctors it is different – their knowledge comes from books. When lightning hits it kills – but if you live you gain powers as a* yatiri*. Five years ago I was living in the* campo *– I was looking after the sheep and lightning fell – I was walking and did not bear in mind that there was thunder – lightning hit the door of my house and it struck the ground where I was walking- it killed four cows- from the lightning come people who know how to be* yatiris *– the knowledge is in your head. Since then I have been able to read the coca.* Yatiris *know how to read the coca – from this they can cure – they can see what has happened. I am a little bit of a* yatiri*- I am still gaining skills- now I can read the coca –but only when I am drunk.*

There are numerous *yatiris* in Zona Rosa and during the fieldwork I interviewed three on a regular basis. Two had survived being struck by lightning. The other, the widow of an ex-miner who was living in a position of extreme social vulnerability and poverty (a single mother with three children, and partially disabled from polio) suddenly discovered her powers of divination as an

economic survival strategy. She is now able to earn a living on the strength of her recently acquired specialist skills.

The auspicious days for *yatiris* to practice their art of divination are Tuesdays and Fridays, the days of the spirits and for giving recognition to the *Pachamama*. In order to read the coca leaves, the *yatiri* prepares a *mesa* (table) for the *Pachamama*, which Doña Nicolesa once did for me to bring me wealth and good fortune.

> *The* mesa *that Doña Nicolesa prepared consisted of a cloth on which she placed a herb, which she explained was a gift for* Condor Mamani. Condor Mamani *represents the force of culture (Aymara culture) that lives in the home.* Condor Mamani *is a protective force, but can withdraw his protective power if not frequently remembered and fed (Crandon-Malamud 1991:125). Doña Nicolesa placed sweets in the middle of the cloth with some white confetti and an effigy of a house and a car (symbols of wealth). After this she threw handfuls of coca leaves into the centre of the cloth, removing the ones that had fallen the wrong side up. These, she explained would bring me bad luck – and that unfortunately I had a lot of them. The sweets and the coca were also for the* Pachamama *and* Condor Mamani. *She placed llama grease on the sweets and a leaf of gold plate for the* Pachamama. *She then informed me that the* Pachamama *would bring me good luck and health, but that I should also thank the* Pachamama *by leaving 50 Bolivianas on the* mesa *for her.*

While the details of the *mesa* often seem to vary, the principle of reciprocity and giving to the *Pachamama* and her male counterpart in the home, the *Condor Mamani*, remains central to the practice. *Yatiris* may not all bring health and good fortune. The *yatiri* may also be classified as a *bruja* (witch), depending upon the social relations she has established with her neighbours and within the community. *Brujeria* (witchcraft) and the casting of bad luck upon an envious or suspicious neighbour is rife in Zona Rosa and other neighbourhoods in El Alto. *Yatiris* abound in the market centre, a whole section of stalls in La Ceja being devoted to the sale of coca leaves, *dulces* (sweets), cigarettes and alcohol for the preparation of the *mesa*. These *yatiris* who operate in a highly competitive market place are often considered by the residents of El Alto to be a source of *brujeria.* Doña Felipa, explained to me:

> *Some* yatiris *are not good- they use* brujeria – *they are* brujas – *they say bad things about people and cause trouble between neighbours – there is a place in La Ceja – in the heart of the market in the centre of El Alto – they are all* brujas- *this place is well known- for example if a person is envious of their neighbour they can go to these* brujas – *and they can cause a bad thing to happen – the person may have an accident. These* brujas *have kiosks where they sell coca leaves and cigarettes and alcohol.* Brujas *and* yatiris *are the same – some* yatiris *are good and bring luck* – brujas *make bad things happen.*

While *yatiris* are the main healers sought by residents of Zona Rosa for illnesses of a supernatural cause, local constructions of health and illness are fluid, borrowing from the different classificatory systems. As will be demonstrated in this chapter, the apparently conflicting 'bodies of knowledge' represented in the indigenous and bio-medical systems are often drawn upon simultaneously and without contradiction, utilised as resources through which identity, class, and social capital are continually negotiated and redefined (see Crandon-Malamud, 1991).

3.2. *Doctors' Discourses and The Health Belief Model*

The health centres in Zona Rosa and Villa de la Virgen appear as clean, white, and usually empty obelisks, amid the mud, dust and open sewage that typify the landscape of the peripheral zones of El Alto. The doctors, trained in quality of care and community health, are perplexed, concerned, and a little irritated that their health centres remain largely devoid of patients. Both doctors offer slightly differing explanations for the low use of the health centres.

Dra de Silva, is the only woman doctor in the area and is the daughter of a *mestizo* woman from La Paz. She sees the fundamental reason for women's reluctance to use the health centre as one of women's oppression and women's lack of access to education, knowledge and power. Her task, as she sees it is to draw women to the health centre so that she can educate them on ways to improve their health, and to offer them means of empowerment, in particular, through the use of family planning. While the Dra manages to attract women to

group talks on health, the main obstacles she encounters are women's reluctance to talk about their problems and their continuing lack of interest in using the reproductive health (including maternal and child health) services she provides. She explains the situation thus:

> *Let me tell you about women in our society. They are discriminated against in all areas of life – they lack education and are expected to stay in the home and cook and look after the children. When you talk to the women here [in Zona Rosa] they may not tell you everything- they do not always tell you the truth – they are not used to talking. This is the problem. I started giving talks to women at the health centre on health and family planning– but I noticed that they are afraid to speak – so I decided to run a group on self-esteem. I started the group by asking the women to say how much they felt they were worth from 1 to 10. The nurse and I both gave ourselves 10 – but none of the women in the group would give themselves more than 4 or 5. Later that day I met one of the women in the street and the woman told me she was bringing up six children on her own. I said to her 'then you are worth more than me. I have a husband to help me and only 2 children – and you look after 6 children on your own – you are worth 15'. I started the group on self esteem because none of the women would talk.*

The Dra does not see the health problems in the community as relating to poverty but rather as a result of ignorance and lack of education:

> *The people here they aren't poor, they lack information. Lack of education that is the problem. For example, people spend money on coca cola which is bad for them. It is a cultural issue. It is a habit of the people of El Alto to drink coca-cola. The traditions of the people here are not good. They always have money for dancing and fiestas – but there is no money for food and clothes. People do not appreciate their health – they go to the* kallawayas, parteras *and* yatiris, *and they bring their children to me on the point of death. First they consult their neighbours, then they go to the woman who sells herbs and those with the kiosks in the market and finally they come to the doctor. They do not come to the health centre- because they lack confidence in outsiders. Women prefer to go to the* parteras *because they have confidence in them – people call Doña Maria [the* partera*] because they have confidence in her – it is difficult to change this practice - The only thing that can change this is education.*

The Dra also considers lack of information to be the essential reason for the low level of use of modern contraceptives by women in the zone:

Women here do not have much interest in family planning– they do not give it much attention – women lack information – they have heard of family planning – but they don't really know much about it. We give information to women here in groups. After a lot of time they may come to me for information- there are a few people who use a method now – but not many. Women don't say I want family planning - because they are subordinate to men- most use the calendar method. Language is important when you explain family planning to women here- you need to use very simple language because they don't understand –women often refuse methods because they are afraid of them – the say that the copper-T causes cancer.

Dr Aguilar is also a *mestizo* and lives in La Paz. In the afternoons he runs his private clinic in the centre of La Paz and in the mornings manages the health centre in Zona Rosa. Dr Aguilar has only been at the health centre for three months and is very frustrated by the low numbers of people using his services. He understands the problem as being related to both poverty and the 'ignorance' of the Aymara residents of the zone. He explains:

The main reason people do not use the health centres is money – they think it costs them money. It is also their customs. Generally when patients do come here it is because they are in a bad state – they say if I go to hospital I

will die. It is important that we explain to them well about their health. Sometimes I do not wear my white coat – because it frightens some of them – but sometimes I have to be hard on them and say why did you not bring your child to me earlier. They will not go to the clinic to give birth - the partera *or the mother-in-law attends and then the child or the mother often dies. They give more importance to traditional medicine and herbs because this is their custom –they lack information and education. They prefer to put money in fiestas than their health. For this the* Seguro Basico *is bad for these people- it makes them think that if some health services are free – such as maternal and child health – then they are not worth anything- people have to learn to value their health. We use the mothers club to try to inculcate a value on health – we tell them about maternal health and family planning. In the city it is easier - patients come to me- here I have to go out and look for patients.*

Both doctors agree that their role is to educate the community on the value of good health. For both, it is a 'moral imperative' to provide services and public health information to those whose beliefs they consider serve them poorly as a basis for health behaviour (Good 1994). Both doctors place great faith in community based health education as a means of bringing about behaviour change to those groups in the population who experience high infant and

maternal mortality and communicable diseases, having undergone "neither the demographic nor educational revolution" (Good 1994:2).

Both doctors subscribe to the 'health belief model', which underlies many of the health education approaches adopted by the government and NGO programmes. The health belief model emanates from social psychology and is closely related to behaviourist theories of motivation and decision-making. The model suggests that health-seeking behaviour (and we can also include in this fertility related behaviour) largely depends upon the value placed by the individual on a specific goal and the likelihood of an action achieving a specific outcome (Good 1994:41). Such behaviourist theories have underpinned many of the behaviour change approaches adopted by sexual and reproductive health programmes. For example, Mann and Tarantola (1996) have suggested that many of the HIV/AIDS prevention strategies developed in the 1980s were largely shaped by a definition of HIV/AIDS as a problem of individual behaviour, resulting in public health strategies which were based on notions of changing individual risk behaviours. Similarly the reproductive health approach of the NGOs supporting the health services in Zona Rosa is based upon an understanding of behaviour as guided by beliefs and norms, and which implies that if people are educated and provided with accurate reproductive health information they will change their behaviour accordingly. The Executive Director of one of the NGOs providing training to the doctors in the health centres in Zona Rosa and Villa de la Virgen explained to me:

We are basing our programme on an intervention that says 'we in the community have rights to our sexual and reproductive health'. We have developed a manual to facilitate sessions in the community to talk about these issues. We have developed a module for 'rights, access and utilisation of services'. The module explains to women how to make an accurate decision, and an accurate decision needs education. If the pregnant women are not using the services, the RPS's talk to them and invite them for a prenatal control. At the centre are posters and they can read what their rights are – they receive pamphlets on questions that they should ask the service providers – but always forget – but they have the right to ask. In the prenatal session we talk to the women about pre and neo-natal problems – and tell them about a range of family planning methods and about sexually transmitted diseases. We have developed a radio soap with 5 spots – this is based on the behavioural change model of Fischbind and Bandura. We have adopted this behaviour change model. There are many psychological barriers around people accessing health services- they are not stupid – they know that a yatiri *cannot cure them of a haemorrhage. Everyone in the radio novella changes their behaviour – the doctors, the health provider and the community.*

However, as with rational action theory, the health belief model is based upon a narrow conception of culture and human action. The theory of culture underlying the behaviour change model assumes a 'universal economic rationality' in which behaviour is understood to be oriented towards a specific goal, in this case positive health. Or as Good (1994:42) puts it the theory assumes that "[a]ctors weigh the costs and benefits of particular behaviours, engaging in a kind of 'threat-benefit analysis', then act freely on their perceptions to maximise their capital". In this paradigm, culture is understood as a set of 'beliefs', many of which are premised upon false knowledge. Hence, it follows that if public health education can provide accurate information and knowledge to people and get people to 'believe the right thing' they will use preventive services, obey doctors' orders and utilize medical services appropriately:

> "Educate the public... get them to believe the right thing and the problem will be licked" (Good 1994:7)

3.3 *The Mothers Club, the Raffle and the Health Fair: Behaviour Change Strategies and Symbolic Power.*

Both doctors have devised numerous strategies to bring about a change in behaviour among their target population and hence boost their health centres' utilisation rates. Dra de Silva concentrates on educating women through talks at the health centre. During my fieldwork she carried out a series of *charlas* (talks) on family planning and child health, one of which I was able to observe.

The Dra had gathered a group of about twenty women to the talk, five of whom were health promoters (RPSs) attached to the health centre. The Dra explained to me that all the women were there because they were keen to learn and be educated. All of the women in the group, except for two, were de pollera. *Doña Maria the* partera *was also present. Dra de Silva had previously explained to me that she had developed a particular relationship of trust with Doña Maria, who refers patients to her if she encounters a problem, and informs the doctor of all the births and maternal and infant deaths that she encounters in the community. In our early meetings the Dra spoke very respectfully of Doña Maria, referring to her as somebody who holds specialist local knowledge and has the respect of the women in the community, delivering most of the births in the zone.*

The talk was about family planning. First, the Dra gave a lecture using a flip chart to describe the different methods of contraception. Following this she tried to prompt a discussion, asking the group why women in the zone did not use family planning. The two de vestido *women were the only ones to talk through the whole session. They suggested that the main barriers to using family planning were: that they are poor and lack resources to pay for services, that they lack information about services provided at the health centre, that many women are concerned about the side-effects of different contraceptive methods and that women do not know how to talk to their husbands about such matters. Eventually everyone nodded in agreement, and it appeared that a general consensus had been reached*

in the group that lack of information and women's lack of power and autonomy in marital relationships is the main barrier to utilisation of family planning services. The doctor suggested running a further series of talks for men and couples, which everybody agreed would be a good idea.

Since taking up his post at the health centre in Zona Rosa, Dr Aguilar has developed a number of inspired strategies to recruit patients to his clinic and effect behaviour change among his elusive clientele. A loudspeaker has been erected outside the health centre, which broadcasts health education messages promoting child vaccination and antenatal care. The doctor has also declared a community health month during which he organises a health fair and a raffle for health. One of the main entry points for Dr Aguilar to reach women in the community with reproductive health information is through the mother's club, which meets every Wednesday morning. Mothers are referred to the club by the doctors and the health promoters, if they have a sick or under-weight child. At the club, women are taught about hygiene and good nutrition and are provided with basic food supplements for their children, including oil, flour and milk. On the first day that I visited the mothers club there were about fifty women in the hall, all *de pollera*.

The women were all sitting around with notebooks on their laps, and those who were literate were copying down a recipe for meat- balls with quinoa *which had been written up on a large black-board in the centre of the room. The recipe session was followed by a 'lesson' from the representative of the* Comite Popular de Salud *(community health*

committee), which consisted of a series of sentences written on the blackboard, which the women also dutifully copied down. One of the sentences read:

"it is the role of the parents to set an example to their children – we must satisfy their basic needs with food, love, security and affection"

During the session an older woman on one side of me started to tell me about her children. I asked her how many she had had, and she replied 10. She was originally from the mining area of Viloca and most of her children were born in the mines, before she moved to El Alto – 4 of them died. She had twins that died at birth and one child died of fright sickness (see sections 4.1 and 4.2) on the journey to the yungas (valleys).

The second time I visited the mothers club the women were being given a test.

The questions written on the black-board at the front of the room read: 1) how are respiratory infections transmitted? 2) why do we have vaccinations? 3) what is the triple vaccine for? While the women were trying to answer the questions, Dr Aguilar arrived with the dentist from the health centre. Entering like "the men in black", (both wearing black suits and long trench-coats) they strode to the front of the room with a distinct air of authority. Dr Aguilar made a comment to the effect that he was pleased to see everyone working so hard, while one of the community

health promoters (Patricia) ordered everyone to stop writing because the doctor was about to speak.

The doctor began with an announcement that the health centre was there for everybody, and informed the women that they should visit the health centre when they or their children were sick. He explained that every week he was going to visit the mother's club to talk about health, and that this week was about women's health. The doctor then announced that in two weeks time the health centre would be running a campaign for women to come and have Pap smears. Why do we need Pap smears? - he asked rhetorically - "so that we can tell more about your health and so that you will not get cancer", he explained helpfully. Following the doctor's explanation of the Pap smear campaign the dentist embarked on a lecture about how to avoid having rotten teeth, writing a super-market shopping list of nutritious foods on the blackboard. The session was concluded by the doctor and dentist telling the women to "look on us as your friends – we are not people to be afraid of – when you have a headache or fever – go to the doctor – if you have a toothache go to the dentist". During most of the session babies were screaming, women were talking and knitting, and nobody could hear what was being said. I asked the woman next to me if she used the health centre and she replied, "I do not like this health centre- I do not have confidence in the doctor- he shouts at us- they do not treat you well in the health centre in Zona Rosa – they sit there with their arms crossed and look at you". Another woman next to her agreed "the doctor makes me afraid – he makes me nervous – I don't like him to

look at me – I don't like the doctor to touch me". I asked where she gave birth to her last baby and she replied "en la casa no mas" – *in my home.*

As a strategy to try to reach targets in priority health areas identified by the government, the doctor has hit upon the novel idea of a 'raffle for health', the main prize being a cooker. Over the course of the month the doctor gives raffle tickets to anyone who comes to use the maternal, child or dental health services at the health centre. The word on the street is that the doctor is holding the raffle because he needs more patients to boost his already large income, or that he is trying to entice women into the health centre so that he can look at their bodies. The raffle results in vast increases in largely unnecessary dental work being performed, but makes little impact on utilisation of maternal and child health services.

The health month culminates in a health fair held in the school opposite the health centre. The mother's club sets up nutrition stalls displaying different preparations of food and recipes, and loud speaker announcements are made by the doctor and the representative from the *Comite Popular de Salud* telling women that the health centre is there for them and that they should bring their sick children there for treatment. A series of games and displays are also organised throughout the day, which remind me of a similar health fair I saw organised by an NGO whilst on a previous visit to Bolivia. It was in a rural province in which the NGO had been running a maternal health programme for over ten years. The NGO had organised a group of local women, all of whom were *de pollera*, to stand in a line and answer questions on reproductive health.

Each time a *'cholita'* answered a question correctly they were applauded, and the one who answered the most questions correctly was awarded a prize, which I recall as being a new plastic mop and bucket. On another visit, I observed the NGO HOPE staging a similar show, in which *'cholitas'* from the local community were organised to play a game in which balloons were hung from the ceiling of a health centre and the women had to run up and down and burst the balloons by sitting on them and then answer the question on maternal and child health contained inside.

Whilst clearly being extreme examples, the behaviour change strategies described above, fall within a general approach informed by the health belief model. Local social practices which are carried out within specific social and cultural contexts, are understood in the health discourses of the doctors as sets of beliefs premised upon false knowledge. As a consequence, the doctors have adopted educational strategies aimed at changing the knowledge base of target groups in the community (in this case women) as a basis for behaviour change. The doctor's strategies described above clearly have little real educational value or merit. Rather they have an over-riding symbolic value, in which the prevailing structure of power relations in Bolivian society (discussed in Chapter 3) is reflected in a bio-medical discourse, which legitimises the authority of the doctors as representatives of an elite social class over the impoverished and predominantly Aymara community they serve.

The process by which relations of power and domination are reproduced through indirect cultural means, such as through the discourses and practices of the

doctors, is referred to by Bourdieu as the exercise of symbolic violence and symbolic power. For Bourdieu, symbolic violence is the process by which meanings are imposed upon groups or social classes in a way that is experienced as legitimate, but which obscures the power relations upon which these meanings are based (Jenkins 1992). Symbolic power is the process by which power and control is exercised through indirect cultural mechanisms in different areas of social practice (such as through education or health institutions), rather than through direct mechanisms of social control (such as that exercised by the army) (Jenkins 1992). Symbolic power is effective in that it is exercised through a process which appears to be legitimate (e.g. through education aimed at reducing infant and maternal mortality), but in which the nature of power relations being exercised is obscured:

> "symbolic power...is defined in and through a given relation between those who exercise power and those who submit to it, i.e. in the very structure of the field in which *belief* is produced and reproduced. What creates the power of words and slogans, a power capable of maintaining or subverting the social order, is the belief in the legitimacy of words and of those who utter them" (Bourdieu 1991:170, original emphasis).

For Bourdieu (1991) "pedagogic agencies" (which include formal educational institutions as well as other institutions of socialisation such as the family and peer group) are the main instruments through which symbolic power is exercised. As educational authority is seen as fundamental and legitimate, it is often implicitly identified with the authority of the parent over the child, as the doctors' pedagogic strategies described above illustrate. The relative effectiveness or strength of the pedagogic agency to inculcate meaning depends upon the relative position of the institution in the overall structure of power relations. Hence through pedagogic action the power relations within which the institution is

operating are also reproduced. While the notion of technical competence is also often drawn on as an explicit claim to educational or pedagogic legitimacy, pedagogic power is always in reality a matter of institutional authority (Jenkins 1992:104-05).

Within the Bolivia context, the delivery of sexual and reproductive health programmes as defined by the ICPD Programme of Action, has been incorporated into a bio-medical framework in which services (including family planning) are provided by health personnel from a highly clinical perspective. Within this framework, the dominant position of the medical practitioner (as a representative of the elite classes of the modern nation-state) is legitimised through a discourse in which the doctors' practices are represented as founded upon scientific knowledge, while the everyday practices of Aymara women are understood as determined by a set of cultural beliefs, premised upon a false (folk) knowledge base.

However, as Good (1994:27) observes, the criticism of health institutions as agencies of surveillance and control (to use Foucault's language), or agencies of symbolic power and symbolic violence which legitimise and reproduce existing relations of domination and sub-ordination (to use Bourdieu's language), also stands in stark contrast to the evident need for basic health services to be made available and to reduce needlessly high levels of infant and maternal mortality. If we accept that there is an intrinsic value to bio-medical health care and an obvious efficacy in many of its preventive and therapeutic measures (Good 1994:28), how then are we to make sense of the continuing low use of health

services in Zona Rosa in the face of high morbidity and mortality (especially among women and children), without drawing on the notion that health-seeking and reproductive behaviour is determined by false cultural beliefs, which can be changed through the acquisition of more accurate knowledge?

4. Strategies of Resistance and Negotiation

4.1 *Sobre Parto and The Embodiment of Relations of Power and Domination*

Good (1994) somewhat provocatively draws parallels between the use of the concept of belief as a key analytical concept in the empiricist paradigm of the social sciences and that of religious fundamentalism. In an effort to bring about behaviour change, Good (1994:7) suggests that health education often employs similar strategies to that of missionary work, in which efforts are made to "convince the natives to give up false beliefs and take on a set of beliefs that will produce a new life and ultimate salvation" (Good 1994:7).

During the course of my fieldwork in Zona Rosa I was struck by the often apparently contradictory nature in which women referred to their health and the health of their children, and women's discourses concerning their health and well-being appeared to shift according to conversational context. As Scott (1990) also observes in his account of fieldwork in a Malay village, not only are divergent accounts often given by people in the same community of a specific social phenomena, but the same person may also contradict her/himself in different social contexts. Scott (1990) refers to a growing awareness during his fieldwork of how power relations affect discourses, leading to differing accounts

being given depending upon the composition of the group, the issue in question and the context in which it is being talked about. I observed similar contradictions emerging in the discourses of both the doctors and of women in the community depending upon the context in which health and illness and sexual and reproductive health were being discussed.

Whenever I directly asked women about the illnesses they most commonly experienced their response was invariably that they did not get ill, apart from having coughs and colds. Again when asked their experience of using the health centre the most common response was that they had not used the health centre because they had not been ill, or that the medicines prescribed by the doctors were too expensive and therefore if they got coughs or colds they would treat themselves with herbs or *mates*. For example in one of our early conversations about the health centre Doña Katrina explained to me:

> *Here if we are ill we can go to the health centre or we can cure ourselves with herbs and* mates *- I do not use the health centre here –I use herbs at home – if it is very bad I can take my child to the doctor – but the medicines are very expensive and I cannot afford them. I have not been ill –so I have not used the health centre– if I have a cold or cough I prefer not to go to the doctor because he tells me to buy medicines I cannot afford – the consultation does not cost anything but the medicines are expensive- I hear that*

sometimes the doctors sell medicines at high prices to make money out of them.

Doña Katrina's discourse hints at an element of distrust at the economic motivation of the doctor, but largely emphasises that she has not utilised the health centre because she has not been ill. However, in the context of discussions concerning their children and their experience of childbirth, *sobre parto* along with *susto* (fright sickness - see next section) are the illness categories most commonly referred to by women. Every woman I spoke to had either had direct experience of *sobre parto* or seen another woman suffering from the illness. *Sobre parto* (or confinement sickness) is an illness category, which exists throughout the Andean region and refers to a general weakness and sensitivity to cold and heat, which is caused by insufficient rest and exposure to cold after child-birth (Larme 1998). *Sobre parto* as described to me, is often accompanied by fever and severe sweating and tremors. According to Larme (1998:1011) *sobre parto* can appear at any time in a woman's life after giving birth if she is exposed to extreme temperatures or excessive work. Doña Katrina explained her experience of *sobre parto* to me thus:

After my first child was born I had sobre parto. *My hands went stiff and I couldn't use them. The doctor said I had anaemia – but it was* sobre parto, *I cured it with herbs. I stayed in bed for two weeks and then I had a relapse – you have to take camomile for* sobre parto – *so as not to feel the pain.* Sobre parto *can come months after child-birth –*

because of having been cold or taken something cold during child-birth – you have to take care of the cold to avoid sobre parto*. I had my first child in the hospital in the mines – in hospital they do not take care of the cold or of the light – at home there is a little risk in giving birth depending on the person – but there is a much greater risk of getting* sobre parto *if you give birth in hospital.*

Although many women who have given birth at home have experienced *sobre parto*, women who give birth in the hospital or clinic are commonly perceived to be at the highest risk. As Doña Maria the *partera* explained to me:

Women often have sobre parto *after they give birth in the clinic or hospital, where it is cold, where women are not looked after properly and are made to get out of bed and wash too early. None of the women I have helped have suffered from* sobre parto*.* Sobre parto *cannot be cured by doctors. The doctors do not believe in* sobre parto*, they say it does not exist, they say it is an infection and needs to be cured with antibiotics. But it cannot be cured that way, it can only be cured with special* mates*. For me there is less risk of* sobre parto *in the home, because they [women] are always looked after in the home. In the hospital the cold makes them ill – it gives them* sobre parto *in their bones. But in the house it is warm – there is warm water and* mates *- and after*

birth they are quiet and drink hot chocolate. There are mates *you can take to recover from* sobre parto – chichita *made from cinnamon. The doctors say* sobre parto *is only cured with an injection- but the doctors cannot cure it – the Dra cannot cure it – she does not send patients to me to be cured of* sobre-parto – *she sends them to hospital – but it cannot be cured there.*

Doña Maria dismisses medical knowledge as being impotent in the face of specific culturally defined illness categories such as *sobre parto.* However, both doctors simply dismiss *sobre parto* as being a false belief. Dra de Silva explains to me that *sobre parto* is a post-partum infection, caused largely as a result of unclean deliveries carried out by *parteras* or family members in the women's home. Whilst discussing *sobre parto* with the Dra it is notable that her earlier discourses relating to Doña Maria, which reflected the health project's ideology of respect for and integration with local practices, change considerably. While discussing *sobre parto* the Dra represents the *partera* as somewhat of a charleton whose practices are based on faulty knowledge and egotism, and whose motivation is largely economic, exploiting women's ignorance:

Sobre parto *does not exist – it is a belief – they say they get* sobre parto *because they get cold in hospital – but this is not true – Doña Maria says she can cure* sobre parto *with herbs – she is well known in the community and people have confidence in her – but that is rubbish* – sobre parto *is really*

post-partum infection – she cannot cure the infection- it is psychological –she cures them only through psychological factors because they trust her. I know Doña Maria tells them not to give birth in hospital because of the risk of sobre parto *because she charges them a lot of money to attend births in the home- she will not tell me how much – she says she does not charge– because when the health project trained the* parteras *they told them they must not charge- but I have heard she charges 150 Bolivianas to attend a birth – more for a boy than for a girl. The* parteras *are only useful to the health centre for reporting the number of births and deaths – nothing else. I have never seen Doña Maria attend a birth- she only calls me afterwards if there is a problem – she keeps her practice to herself – she is an egoist – she puts a barrier up – she does not want to share her knowledge with me – she does want me to know what she is doing.*

In women's discourses, treatment of *sobre parto* requires specialised bodies of knowledge, possessed by trusted members of the community (such as Doña Maria) and *naturistas* (herbalists). This knowledge is accessed only through social relations and knowledge systems, which in the context of increasing poverty and lack of access to power and resources by migrant communities in El Alto, can be understood as also reaffirming the separateness and autonomy of the Aymara cultural identity.

While the Dra understands *sobre parto* as a false cultural belief which the *parteras* have a distinct interest in perpetuating (even though they know better as a result of their training by the health project), in women's discourses, vulnerability to *sobre parto* is closely intertwined with the emotional experience of relations of power and domination implicit in their encounters with bio-medical health care providers. *Sobre parto* while being linked to giving birth in a hospital or clinic environment, categorically cannot be cured by bio-medicine. Hence, giving birth in a hospital is a high risk strategy which often severely threatens the health and well-being of the mother. These discourses are apparent, for example, in the following description given by Doña Matilda (who has been trained as a *partera* by the health project) on the relationship between the *parteras* and the doctors:

> *Women get* sobre parto *more in hospital because they are lazy in the hospital – they do not take care of you- and they do not feed you well – at night the doctors sleep and they don't care – women don't go to hospital to give* birth *because they are afraid. In Zona Rosa there is a birth room in the clinic – but people do not use it- the* parteras *deliver in the home and ask the doctors to check if there is a problem- but the doctors say I do not have time to go to women's houses to check the babies – they do not care. Doctors often shout at the* parteras. *The health project is going to do a film looking at the difference between how the doctors attend a birth and how the* parteras *attend – they think the* parteras

are ignorant. Doña Maria has been filmed. But I have seen some bad experiences of women giving birth in hospital – I saw a woman die of sobre parto *because the doctors were negligent – they abandoned the patient and left her in the cold room– I was with two* parteras *and we went to attend to the woman and the doctor shouted at us – she is not your patient he said – the woman was shivering and we put a stove near her to keep her warm – but by the morning she was dead.*

In women's narratives, experiences of their interaction with bio-medical health services are mostly phrased in terms of negative emotional consequences. Reasons for the non-use of health centres are expressed in sentiments such as: '*tengo miedo'* (I am afraid), 'the doctors shout at us, they look at us and criticise us', 'they say women are dirty because they do not wash, and do not wash after giving birth', 'I feel ashamed, when the doctor touches me to examine me'. Within this context, use of bio-medical services increases women's vulnerability to emotional disturbance and hence to ill health. For example, Doña Katrina explained:

Some are afraid to visit the doctor- if they are afraid they say they will not return to the doctor – some say me asustado - *the doctor gives me fright – and they say that makes them ill – for example they say the doctor gave me a fright when he took blood – if a woman suffers fright she may have a baby*

prematurely – if you have fear it weakens you – it can make you ill.

The linkage of emotions to illness and the notion that individuals can bring on their own ill health through an inability to control emotions, has been noted in other studies of Andean ethnomedicine (Larme 1998:1013). Larme (1998) argues that while men and women are both susceptible to ill health as a result of emotional vulnerability, men have emotional outlets, such as excessive drinking, violence and extramarital affairs, which are largely unavailable to women due to cultural views of proper female behaviour. Hence, the cultural construction of gender roles increases women's vulnerability to ill health as a result of emotions such as fear and shame.

Sobre parto can be understood as the physical embodiment of relations of power and inequity, which are experienced by women during their contact with bio-medical health services, whilst in the vulnerable state of pregnancy and giving birth. Foucault has described the importance of the body in bio-medicine as a site of social control, Bourdieu also suggests that the body is the site of cultural expression, a vehicle for "less than conscious communication" and expressions of cultural codes (Jenkins 1992:179). Through embodied illness categories such as *sobre parto*, which in the narratives of women in El Alto is clearly linked to the symbolic power exercised by bio-medical health care providers, Aymara cultural identity is re-asserted and re-defined. Hence, the diagnosis of *sobre parto*, which draws upon specialised bodies on knowledge (as with fright sickness discussed in the next section), conveys both the historical struggle to assert ethnic and

gender identity as well as the struggle of social classes to access economic and symbolic capital and resources (Greenway 1998c).

4.2 *Losing Souls and Finding Churches: Belief and the Negotiation of Identity*

Bourdieu (1977, 1990b) has suggested that in many everyday situations behaviour or social practice, far from being the result of economic calculations of outcomes or determined by adherence to sets of culturally prescribed rules, norms and beliefs, is an act of strategic improvisation which is performed within specific social contexts, constraints and opportunities. According to Bourdieu this strategic performance is also the means and the end of competitive struggle over access to social and symbolic resources (Jenkins 1992). This section considers how the inhabitants of Zona Rosa draw on the notion of 'belief' strategically, as a means of negotiating identity and control, in the face of poverty and lack of access to power and resources.

Scott (1985, 1990) also draws on the notion of strategy in considering how accounts of social practice often vary according to social context. Scott develops the notion of 'the hidden transcript', as the gap between stated norms, values and beliefs and actual practice. The hidden transcript is the domain of gossip, rumours, jokes and euphemisms, in which strategies of resistance to the status quo are carefully hedged to avoid out-right and open confrontation (Scott 1985, 1990). Scott (1985:286) suggests that what is said by social actors in power laden situations is almost always in-authentic, the exercise of power driving a portion of the full transcript underground, with the individual only revealing part of

his or her full transcript in encounters with the powerful that is both safe and appropriate to reveal.

The central objective of the government of Bolivia's health strategy, which also defines the focus of the doctors' strategies to increase attendance at the health centres, is the reduction of maternal and infant mortality. According to the doctors at the health centres, the most prevalent causes of infant and child mortality in Zona Rosa are diarrhoea and respiratory infections. As noted earlier in my case studies, the doctors are frustrated that parents do not bring their children to the health centre, and suggest that often when they do it is when the illness has become severe. The health centres have launched a concerted effort to have children vaccinated, and the RPS's have all been trained in giving injections. During the vaccination campaign the RPSs go from door to door asking women to let them vaccinate their children, or alternatively encouraging women to take their children to the health centre for vaccination. The uptake of vaccinations during the campaign is limited. The majority of women I spoke to said they would not have their children vaccinated because they were afraid, and because the vaccination would give the child a fright.

During my fieldwork, Doña Katrina's youngest grandson Roberto died, he was 18 months old. I heard varying accounts of what had happened to Roberto. I first heard about the death of the little boy from Dr Aguilar. He told me that the child had been sick for several days of a stomach upset, but that the parents had not brought him to the health centre. He told me that they had tried to treat the child with herbs and that the child had got worse, when they finally brought Roberto to

the health centre the child was very sick. The doctor said that he prescribed medicines for the child, but that the parents had not bought the medicines and Roberto had died in the night. Later that day I met Don Francisco and Doña Katrina coming back from the cemetery, they had buried Roberto that morning. Doña Katrina and Don Francisco told me that their grandson had taken ill two days before but that he had only been mildly ill with a fever and vomiting. They explained to me that they had taken Roberto to the health centre, but the doctor was not there because he was attending to his private practice in the City. They had given the baby *mates* in the night and took him back to the doctor the following morning. The doctor had said that the baby had an infection, and had prescribed medicines for him. Doña Katrina told me that they had bought the medicine from a pharmacist, but that after giving it to the baby he got a lot worse and died in the night. She said that when they went back to the doctor for the death certificate he had shouted at them for not taking the baby to him sooner and accused them of not giving the baby the medicine.

While many women in El Alto cannot recall a maternal death occurring, the experience of infant and child death forms a central part of women's discourses on sickness and health. Every woman I interviewed had either lost one or more children, or knew of a neighbour of family member whose child had died. While *sobre parto* is the major cause of maternal morbidity, by far the most common serious childhood illness category is soul loss. Soul loss is caused by fright (*susto*), most commonly following a fall or an attack by a dog (a daily hazard in the streets of El Alto). Fright sickness, particularly affects babies and children, and is a common feature of Andean ethnomedical systems, although its

symptoms vary across different Andean contexts, from listlessness and lethargy, to diarrhoea and severe fever resulting in death (Greenway 1998c).

Fright sickness is caused by the soul leaving the body, and as with *sobre parto*, soul loss cannot be cured through the use of bio-medicine. The Aymara identity is associated with the existence of three souls, the *animu*, the *ajayu* and the *alma* (Crandon-Malamud 1991: 133). In traditional Aymara categorisation the *animu* does not become solidly entrenched in the body until adolescence. The *animu* is capricious, and in infants and young children can easily wander off and become lost. The *animu* may be coaxed back by the child's mother, who calls the soul at night, enticing it by placing sweets and desirable items near the child's bed. The *ajayu* and *alma* are more entrenched in the body at birth (Crandon-Malamud 1991: 133). Loss of the *ajayu*, which may be eaten or stolen by spirits that live within the earth and mountains, is severe and requires the skills and knowledge of a *yatiri* to cure. The *alma* only leaves the body at death and cannot be retrieved. Doña Felipa described the death of her first child from fright sickness to me thus:

> *My son died from this – I was young and I had no experience*
> *– I was 16 – I was living in the* campo *then in the* pueblo-
> *and there are large rivers there. I was lost on the* altiplano
> *and I didn't know where I was – suddenly a barn owl*
> *appeared with big ugly eyes – my son saw it and he started*
> *to cry really hard – the owl took the soul of my baby – he*
> *would not sleep – he was vomiting and developed diarrhoea*

– he was ill for 12 hours and then he died– I was young and inexperienced and I did not know what to do – now if any of my children are ill I go directly to the Ceja *to the* yatiri *– now if my children are ill I go directly to the* yatiri *to call the* ajayu.

When I talked to Don Francisco about the cause of his grandson's death he dismissed the notion of soul loss as having any significance for him. He explained to me that the baby had died from an infection, and because the doctor had not been there to treat the baby soon enough and had not prescribed the correct medicines. In identifying the cause of his grandson's death as being due to infection and the negligence of the doctor in attending properly to the needs of the people of Zona Rosa (giving preference to his practice in La Paz), Don Francisco was clearly asserting his identity as an educated ex-miner, a *mestizo* and a member of the oppressed social classes. Don Francisco dismissed the notion of fright sickness as a 'belief' of his grandfather's generations, founded upon false 'folk knowledge':

Fright sickness is an Aymara belief – it is an old custom from our grandfathers' generation. The Aymara believe that there are three souls- the animu, *the* ajayu *and the* alma. *Some people say you can die from fright – it is most serious in children but adults can also have fright sickness. This is an Aymara belief – that the* yatiris *believe in – but other religions conceive this differently. I am a Catholic -I do not believe in this – the Catholic Church says it is wrong to*

believe in this – yatiris are false idols. Fright is a mentality of those who are less educated- if you are well educated you do not suffer from fear. Some people are timid of the doctors - I am not timid – my wife is – she is afraid of the doctor – she will not go to him – but I have been educated – I am not afraid.

A variety of opinions exist among members of the community in Zona Rosa on the nature of soul loss and the exact number of souls that constitute the Aymara and *mestizo* being. Discourses surrounding soul loss and fright sickness also shift according to social context. Those who are members of the Methodist church, such as the midwife Doña Maria, claim the existence of only one soul, thereby also dismissing the validity of the illness category soul loss. Doña Maria, is a *mestizo* by class identity, if not in ethnic origin. She was born in La Paz and has lived a good deal of her life in El Alto. She is economically successful, running a thriving business making *pollera* with her daughters, as well as performing her duties as a *partera*. She was initially a Catholic of Aymara parentage, but converted to the Methodist Church as a strategy to control her husband's alcoholism and violence against her and her young daughters. The Methodist Church, she explains, does not allow alcohol and preaches against violence. After she and her daughters started attending the Methodist Church, she persuaded her husband to attend with them. He subsequently gave up alcohol and the violence stopped. Alcoholism and domestic violence, Doña Maria considers, is part of the Catholic way of life, which she equates with the traditional Aymara, the *campesinos*. Soul loss, she explains is a superstition, a

false belief which belongs to the traditional Aymara culture, and is maintained by those who follow the Catholic church. Doña Maria says she does not believe in yatiris, or soul loss. She explained to me:

> *My first baby died of soul loss. He had a fright in the night, I think it was from the noise of an aeroplane leaving El Alto airport. He developed a fever and died in the night. That was when I was a Catholic. Since I have been a Methodist and stopped believing in soul loss and* yatiris, *all my children have been well and have not suffered from fright sickness. Now I only have faith in God to cure me and my family – only God knows how to cure.*

Doña Rosa's story expresses a greater degree of ambivalence regarding church affiliation:

> *I became a Methodist because my husband used to beat me. My first two babies died and a* yatiri *told me the babies had died because the Methodist Church had brought me bad luck, the children had lost their* ajayu. *There are two souls. The* animu *and* ajayu *are the same, they are the Aymara soul. The* alma *is the Christian soul that goes to heaven when you die. After my babies died, I went back to the Catholic Church and all the rest of my children survived. I was a Catholic until my children were grown. I became a*

Methodist a few years ago because my husband had other women and was getting drunk and beating me. Now he goes to church with me and is a good man.

Crandon-Malamud (1991) argues that membership of the Methodist church stands for the Aymara as a twentieth-century metaphor for social class and upward social mobility. The Methodist church stands for a rejection of Aymara 'traditionalism' and 'ignorance' (which is associated with the Catholic Church), and an acceptance of modernism. Through affiliation to the Methodist church individuals are able to reconstruct and negotiate ethnic identities according to their changing economic, political and social positions. Hence, membership of the Methodist church is congruent with Doña Maria's rising economic position and social standing as a successful businesswoman and sought-after midwife. Church membership varies according to the social and economic position and context of the individual, who may switch membership strategically over the course of a lifetime. Through her membership of the Methodist church, Doña Maria is reaffirming her *mestizo* class identity, denying the traditional Aymara belief system which she perceives to be represented through membership of the Catholic Church. Her affiliation to the Methodist Church is also a strategy for negotiation and control of gender relations and protection of the economic and social well-being of herself and her children. Doña Rosa has employed a similar strategy as regards negotiation and control of gender relations, but changed her church alliance to safeguard the health and the well-being of her children. For Doña Maria and Doña Rosa, shifting church affiliation has formed an essential part of their sexual and reproductive health strategy.

Doña Nicolesa is a *campesino,* a recent migrant to El Alto, who maintains a small plot of land on the *altiplano*. Doña Nicolesa is also a Catholic, a *yatiri*, and a *partera* (traditional midwife). She became a *yatiri* after lightning struck her when she was looking after her animals on her land in the *altiplano*. She moved to El Alto because her house was struck by lightning three times and because she could not make a sustainable livelihood from her land. Dona Nicolesa and her husband live in an adobe house which they have constructed on the periphery of the zone.

> *We are poor here", she explains, "there is no work. I earn a little money as a* yatiri *and* partera. *Many things, can cause soul loss such as* susto *(fright) and* envidia *(envy). There are three souls, the* animu, *the* ajayu, *and the* alma. *They are the Father, the Son and the Holy Ghost.* Susto *in children is often caused by a fall or a dog barking. A neighbour shouting and saying bad things can also cause* susto. *Neighbours are envious and shout and say bad things, they say things in the street, about the* pollera *we are wearing, because we are poor. When people shout at you and say bad things it can make you feel weak because it makes your heart cry. The Methodists say bad things about the Catholics, they say we are drunk and poor, and that Catholics are evil because they believe in* yatiris. *The Catholic Church also says that believing in* yatiris *is sinful because it is believing in false*

idols, that we must pray to God for our souls. But only the yatiri *can cure soul loss.*

Doña Nicolesa's narrative includes a strong expression of feelings of vulnerability in the face of increasing poverty and the competitive and individualistic environment of El Alto. Feelings of *miedo* (fear) and *envidia* (envy) form a major part of women's discourses on health and social relations in this social context. Fright sickness befalls vulnerable and weak individuals. If a woman is economically successful, neighbours may become envious. Envy and name-calling (the utterance of bad sentiments) are another cause of *susto.* More seriously, an envious neighbour may use *brujeria* (witchcraft) to turn a person's good fortunes to bad, and cause illness as a result of soul loss. The individualism and competitiveness of the market centre make it a particularly dangerous place, rife with envy and the potential for *brujeria*. As Doña Natty a market trader explained:

There is a lot of competition here, this is a busy market – but if we cannot sell our things we go broke – every person in the market has a different character- some sell a lot and some sell less – so there is envy everywhere – those who are envious say bad things about you – they lie about you and say things like – that woman gets her money from visiting men – there are women here who are envious of me – you feel bad when they say bad things – if someone has said something bad and people look at you – you feel bad –

if they something bad is going to happen to you – through brujeria *then it happens- I am a Methodist – I do not believe in* yatiris *so it does not happen to me – if I did believe I may have to look for another business.*

In the narratives above, it is clear that vulnerability is not only understood in physical terms, but also in terms of social, gender, and class positioning. Crandon-Malamud (1991:57) suggests that medical metaphor in the *altiplano* is infused with the themes of hunger, vulnerability of subordination, victimization and exploitation, themes that have also dominated the history of Bolivian post-colonial class and ethnic relations. In women's narratives, feelings of social and economic vulnerability are expressed in the illness experiences encapsulated in *sobre parto* and soul loss, which embody the cultural construction of the Aymara 'self'. Through the illness experiences of *sobre parto* and soul loss, social and ethnic identity is reaffirmed. Indeed, Greenway (1998c:996) has suggested that the diagnosis of soul loss can be considered as an indicator of contradiction and ambivalence about identity which can shift over the course of an individual's life-span as social, economic, and political circumstances change.

As a recent migrant in the competitive and individualistic urban environment of El Alto, Doña Nicolesa finds herself in a position of extreme vulnerability lacking access to social and economic resources and capital. However, through her access to specialised bodies of knowledge as a *yatiri* and *partera* (which the doctors at the health centre lack), and which reaffirm her Aymara identity, she is able to access strategic power in the hostile environment of El Alto.

Through her role as a *partera* Doña Maria is also able to assert her Aymara cultural identity, whilst defining her class position as an upwardly mobile *mestizo* through her affiliation to the Methodist Church. Her rejection of soul loss as an illness category, and hence of Aymara traditionalism, does not however signify an acceptance of the knowledge base of the doctors and of their ability to cure illnesses of vulnerable individuals. Rather her Church affiliation emphasises a shift in allegiance from the power of the *yatiri* to the power of God. Indeed Doña Maria's claim that while she believed in soul loss and *yatiris* her children often were ill with fright sickness, and that the best prevention is to stop believing, draws on a notion of 'belief' which Good (1994) suggests dates back to before the enlightenment. Prior to the enlightenment the notion of 'belief' simply meant to pledge ones allegiance to, or to put ones 'faith' in. It is only with the age of enlightenment that a clear distinction was made between belief and knowledge, with belief signifying falsehood and knowledge signifying truth (Good 1994). In this context Doña Maria's statement that now that she has pledged her allegiance to the Methodist Church (and modernism) her children are protected from fright sickness, does not contradict her statement that while she pledged her allegiance to *yatiris* and traditionalism her children remained vulnerable.

Despite Doña Maria's dismissal of the efficacy of bio-medical knowledge for treating serious maternal and infant health problems, she also considers the health centre to be an important resource (see Crandon-Malamud 1991). Indeed, Doña Maria is proud of the fact that she has received training by the health centre and proudly displays all her training certificates. In her work as a

traditional *partera,* she is now closely affiliated to the health centre, attending all the meetings with the doctors and reporting numbers of births and infant deaths to the doctor on a monthly basis. Her affiliation with the health centre has not altered her knowledge base (as was hoped by the bio-medical training programme). Indeed it has conferred on her an elevated social status, and Doña Maria perceives that the powerful bio-medical system has legitimated her practice as well as enabling her to expand her client base as a result of contacts she makes through talks at the health centre. Similarly the health promoters, whilst maintaining their distance from the services they promote on the grounds that they and their children are never ill, gain significant social capital through the training and education they have received from the health project.

Don Francisco in rejecting the notion of soul loss and the power of the *yatiri*, is clearly rejecting the traditionalism of Aymara identity and drawing upon his sense of class identity to explain the death of Roberto. The doctor failed to help Roberto, not because he lacked the knowledge to cure the child, but because his class affiliation and interests lay elsewhere, among the prosperous *mestizo* and *criolla* patients of his private practice in La Paz. Whilst rejecting the Aymara traditions to which his wife adheres, as consisting of 'false beliefs', Don Francisco in the face of his abject poverty and loss of class identity continues to assert his class position through an allegiance to the Catholic Church, the church of the poor and most marginalized urban Aymara.

Doña Katrina on the other hand offered me another explanation for the death of Roberto. Doña Katrina had sought the help of *medicinas caseras* and the health

centre to cure Roberto. She had not sought the help of a *yatiri* because she considered that all the *yatiris* in El Alto are *brujas* and are not to be trusted. As a migrant from the mining community, Doña Katrina expresses a strong mistrust in her neighbours, suggesting that the neighbours are envious and say bad things about her in the street. Unable to make a living among the competitive *chola* market traders, many ex-miners' wives such as Doña Katrina continue the traditions of the mining 'housewives' working from the confines of their homes, knitting jumpers and weaving blankets for sale to outlets in the centre of El Alto. Doña Katrina's identity is asserted through the strong ties she maintains with her *pueblo* (village), in particular returning to the pueblo if the children are ill, to seek the services of the *yatiri*. According to Doña Katrina, Roberto died of soul loss due to fright sickness, because she did not have the money to make the journey with him back to the pueblo in time.

Greenway (1998b) suggests that soul calling to heal soul loss is a metaphor for other feelings about social identity, and that *animu* calling is a way of restoring identity which is specifically related to Andean concepts of the body and the self. Concepts of embodiment are central to understanding the impact of political and social inequalities on individuals and how these are acted out in people's health seeking behaviour and strategies for dealing with illness and health (Greenway 1998b:161). The diagnostic and therapeutic choices that people make are related to specific constructions of ethnic, class and gender identity. As such, illness categories like *sobre parto* and soul loss can be understood as the embodiment of ethnic identity and relations of social inequality and domination. The relations of inequality implied in these illness categories, and experienced through contact

with bio-medical services, are rejected in strategies to cure illnesses of social vulnerability, through a process of seeking specialist bodies of knowledge which are only accessed through an affiliation with Aymara culture.

Hence, the negotiation of social relations and social identity is central to individual strategies such as church affiliation, use and non-use of bio-medical services, and adherence to traditional medical systems. The choices made and strategies selected are affected by a wide variety of factors such as social standing, economic position, gender relations and personal history of migration. Different strategies and choices may be employed at different times and in different contexts (see Crandon-Malamud 1991).

4.3 *Fertility Regulation and the Empowerment of Women*

The notion of women's empowerment is central to the reproductive health and population policy discourse of the government of Bolivia, and of the many NGOs implementing sexual and reproductive health programmes. Bolivian social policy has given increasing priority to promoting women's health and gender equity. In the 1990s a Vice-Ministry of Gender was established, receiving support from UNFPA (the United Nations Population Fund). The essentially pro-natalist heritage that dominated government policy in the 1980s has now been replaced by a focus on notions of sexual and reproductive rights.

Central to the rights discourse in Bolivia has been the struggle by NGOs and feminist activists for women's right to access family planning services, which has come to be seen as synonymous with the empowerment of women and the

promotion of gender equity. However, even though modern contraceptives have been available through the National Reproductive Health Programme since 1990, there is a recognition by NGOs and the government that for the indigenous majority there remains a strong preference for use of indigenous fertility regulation methods. A study carried out by WHO (the World Health Organisation) in 1996 identified the major barriers to utilisation of family planning services by indigenous women as being: cultural distance between the providers and programme users; poor quality of care; lack of culturally appropriate information and education about family planning; lack of cultural acceptability of talking about issues relating to sexuality and the geographical inaccessibility of services.

Contrary to accepted stereotypes that suggest that cultural norms and beliefs are a major barrier to utilisation of contraceptives by indigenous populations, the discourses of urban Aymara women generally support fertility regulation. However, women's discourses on reproductive health, sexuality and gender are embedded within the wider construction and negotiation of social identity and power relations in a society in rapid transition. Far from being a question of access to, and utilisation of, sexual and reproductive health services, women's conceptualisation of 'empowerment' is embedded primarily in their relative economic autonomy. The motivation for utilisation of fertility regulation methods is mainly expressed in terms of an economic motivation and a desire for the upward social mobility of women and their children. For *chola* women the desire for limiting family size is linked to an expressed preference for market work over housework (see Schuler 1994), which is synonymous with their class position as *mestizos*. As Doña Natty explained:

Before in Bolivia in the time of my mother women were obliged to marry and have lots of children, it is not like that now – women are not obliged to have lots of children – this is better because a woman can work in the market and have money. Those in the campo *have lots of children – they do not give it [fertility regulation] importance- because they stay in the house and cook and wash clothes and their children do not go to school. I want to educate my children – for me it is very important that my children go to school – so that they do not drink and become thieves – I have learned how to take care – so as not to have more children – I am happy not to have more children because there is not enough money to look after them – and I have to work – to look after my market stall – so that I can educate them and they can have a profession.*

Within the construction of class and gender relations within the mining centres the miner's housewife was essential for the reproduction of the labour force. As Nash (1979) in her anthropological study of mining communities in Oruro observes, male workers received financial support for having children which re-affirmed the miner's masculinity and position as a member of a consolidated working class. Miners were congratulated by fellow workers and management alike for high fertility (Nash 1979:62). Notions of motherhood were sentimentalised in mining communities, affirming the 'housewives' status as

synonymous with that of the *criolla* Señoras and hence securing their identity with women of the *mestizo* class. With the loss of their economic and social position following relocation from the mines, the mining housewives are conceptualised by the *chola* market women in Zona Rosa as socially inferior due to their large families and inability to earn an independent income through market trading. As Doña Natty explained:

> *Those women from the mines they are lazy – they do not work because they are timid and they have lots of children – they are poor because the woman stays in the house and looks after the children – so they cannot buy bread and they do not send their children to school – but if the woman and the man work – they can buy things – if the woman goes out and earns money in the market she can buy rice,* quinoa *and potatoes – those families where the woman does not work have many children and the men drink and they argue – my husband is happy that I work – my children as well and we do not argue – but if women do not work there are many arguments in the marriage because they cannot pay for rent, electricity and food.*

Despite the fact the above discourses clearly identify a positive correlation between class position, economic capital and fertility regulation, an inverse relationship exists within women's discourses between notions of women's empowerment and use of modern family planning methods. Fertility regulation

strategies form an accepted part of indigenous practices, in particular the use of herbal teas and the use of periodic abstinence (usually referred to as the rhythm method), backed up by massage to induce abortion. Sexuality and reproduction are not openly talked about and it has been suggested that women learn reticence about sexual matters at an early age (Schuler *et al* 1994: 213). Women control use of indigenous fertility regulation methods, and information on methods of fertility control is communicated through women's kinship and other social networks. Use of modern family planning methods, on the other hand, necessitates social interaction with bio-medical health services and usually a physical examination by a male doctor, thereby crossing cultural boundaries of appropriate gender interactions.

In discussing family planning at the health centre, women generally refer to lack of knowledge, fear of side effects and husband's disapproval as their main reasons for the non-use of modern methods. However, within women's discourses on sexuality and fertility control, women who are the least economically empowered and therefore the least empowered in the marital relationship, are seen to be most in need of modern family planning methods. Women who are not economically empowered lack the means to control and negotiate sexual relations with their husband and therefore to use abstinence as an effective fertility control method. The use of modern family planning methods intersects with women's constructions of power and control over their bodies, sexuality, esteem and empowerment. Hence, women's discourses on family planning shift according to their relative economic independence and class position. For example, for Doña Maria, the effective use of traditional fertility

regulation is synonymous with women's economic empowerment and gender equity in marital relations:

> *Many women do not have esteem because they are timid and feel fear, they are afraid to work and have to stay in the house and depend on their husbands. This is dangerous because they cannot leave their husband and survive on their own if they have to. I have never used modern methods of family planning; my husband is a good man. He understands not to trouble me; he sleeps in a separate bed. The best method of family planning is the rhythm method. The best way to practise the rhythm method is to have sex once or twice a month. I have seen the IUCD and pills make women ill, and I try to explain to them how to use the rhythm method. Many women cannot use the rhythm method because their husbands are not good men. Many women are timid and cannot control their husbands.*

Similarly one of the health promoters, Doña Maria-José explained to me that she did not need to use modern family planning methods because she had a 'good husband' and was able to control her fertility through periodic abstinence. However, she considered that modern contraceptives were very important for the poorer women in Zona Rosa, those who could not control their husbands, and

whose husbands got drunk and hit them. These women she classified as being the *campesino* migrants and relocated miners:

> *Life here in the city is getting worse because people do not have any money – in the country women have many children because they do not know how to take care of themselves. The* campesinos *come to the city and end up sleeping in the streets – they are lazy and they don't want to work – I am a* mestizo *– I have always worked. The government talks about reproductive health – about '*responsibilidad de partida*' [responsibility of the partner] – but they do not understand what this means. Most women do not know how to talk to their husband – I know how to talk to my husband – I have only 3 children – I have always used the calendar method – because my husband is a good man and he does not bother me. I have been trained as a promoter – I talk to women about these things and about family planning – I tell them they should go the clinic and get the IUD – because they are poor – they have many children because they cannot control their husbands – but most will not use family planning because they are afraid and they are afraid to go to the doctor.*

The only woman in the network of women I interviewed over the course of the fieldwork who had used a modern method was Doña Elena, who had an IUCD

(intra-uterine contraceptive device) fitted at a reproductive health clinic in the centre of El Alto. At the time Dona Elena was twenty-four and had six children. She grew up in the *campo* (countryside), and lived with her grandfather who beat her. She married her husband at sixteen to escape from her grandfather and they moved to El Alto. Her husband has occasional work constructing houses. Elena only works outside the house when her husband needs her to help him. He will not let her work alone because he is jealous. She does not want more children:

> *My mother told me about the rhythm method - but my husband does not understand. He agrees to use it and says he does not want more children, but when he gets drunk he hits me if I do not want sex. After the last baby, my husband agreed that I should use something to stop me getting pregnant, but I could not afford to go to the clinic. My comadre gave me the money to go to the clinic and have an IUCD fitted.*

Dona Elena's decision to use a modern contraceptive method was a result of her increasing disempowerment due to poverty and lack of power to control sex within the marital relationship. Lacking her own economic independence, she had to draw upon social capital in the form of the *comadre* relationship to act upon the decision she and her husband jointly made for her to have an IUCD fitted.

The notion of control of sexuality as a source of empowerment has been noted in other social and historical contexts. Schneider and Schneider (1995:190) suggest

that use of *coitus interruptus* as a birth control practice in rural Sicily was imbued with a moral value of sacrificing pleasure for social betterment, supporting Foucault's argument that restraint can be empowering. However, within women's discourses sexual desire is largely portrayed as a male characteristic which women are obliged to satisfy (Schuler 1994:217). Hence control over their husband's sexuality is central to notions of women's empowerment. Drawing on ethnographic material among the Yoruba of Nigeria, Pearce (1995: 204) also notes that the possibility provided by modern contraceptives to divorce sexuality from reproduction is not universally perceived as a source of women's empowerment. Among Yoruba women the practice of terminal abstinence to end childbearing is perceived as a well-earned rest and that the Yoruba practice of abstinence, particularly terminal abstinence, "conflicts with the western liberal view of female sexual rights and the biomedical perception of biological needs" (Pearce 1995: 203–4).

5. Conclusion

In this chapter, I have suggested that in Bolivia the ICPD policy agenda of sexual and reproductive health and rights has been incorporated into a bio-medical framework in which services (including family planning) are provided by health personnel from a highly clinical perspective. I have suggested that the health education strategies adopted by health professionals in the zone are informed by a health belief model, in which health practices and health seeking behaviour of women in the community are understood as determined by sets of cultural beliefs premised upon false knowledge. However, I have argued that the health

education strategies adopted by the doctors have an over-riding symbolic value, in which the prevailing power structure of Bolivian society is reproduced in a medical discourse which legitimises the authority of the doctors, over the poor, predominately Aymaran communities they serve. I have also suggested that embodied illness categories such as *sobre parto* and soul loss are central to strategies of resistance, through which Aymara cultural identity is continually re-asserted and re-defined in the encounter with bio-medical services. However, I have also argued that the apparently conflicting 'bodies of knowledge' represented in the indigenous and bio-medical systems are often drawn upon by women in Zona Rosa, simultaneously and without contradiction, being utilised as social resources through which identity, class, and social capital are continually negotiated.

I have argued that the Cairo discourses of empowerment and sexual and reproductive health and rights which are largely premised upon a western neo-liberal construction of the autonomous individual, have been implemented within a bio-medical paradigm. However, sexual and reproductive health and rights, cannot be understood as separate from other spheres of social and economic life. In the context of marginalized migrant populations in the city of El Alto, the concepts of reproductive health and rights only gain meaning when considered in the specific social and economic context of women's lives. Notions of sexual and reproductive health cannot be isolated from the wider historical and economic context in which health, sexuality and reproduction are embedded. Hence, my analysis suggests that the objectives of Cairo can only be achieved in the context of much broader development approaches, which enable poor and marginalized

peoples to access economic, social and political resources, which reach far beyond those provided by sexual and reproductive health programmes.

In the following chapter I outline a methodological approach which I suggest has potential to empower poor and marginalized groups to enter into a process of critical dialogue with programme implementers and policy makers, and to incorporate into development practice an understanding of how social actors negotiate identity and difference in specific social contexts.

Chapter 5

Drunkards, Prostitutes, Gangsters and Wizards

(A Reflection on Method)

"...nothing classifies somebody more than the way he or she classifies"
(Bourdieu 1990: 131)

1. Introduction

Central to the theoretical framework developed in the previous chapters is an exploration of how constructions of identity and difference shape social and political practice at the national and local level. Drawing upon case study material from Bolivia, Chapter 3 explored how constructions of identity and difference are embedded in historical and structural conditions of inequality and exploitation. Through an ethnographic study Chapter 4 has considered how these structural conditions of inequality become embodied in and reproduced through everyday practices, which ultimately shape the experience of health and well being among the poor and socially marginalized and excluded groups. In this chapter, I suggest that a truly reflexive and participatory approach to implementation and monitoring of development policy and programmes requires a methodology which incorporates into development practice an understanding of how social actors negotiate identity and difference.

In Chapters 3 and 4, I suggested that attention to narratives that locate actors within the concrete situations of their everyday lives and personal life

histories, is fundamental to the research process. However, within actors narratives, practice may be subjected to competing interpretations and the representations that actors produce may vary according to social context and social position (see Bourdieu 1990: 131). In this chapter, I outline a methodological approach which I call "peer ethnography" through which local people (in particular excluded and marginalized groups) assume responsibility for collecting narratives among their peer networks, as a basis for incorporating into development practice an understanding of how people classify their social worlds in the context of their everyday practice and lived experience[1].

2. A Discussion on Method

A reliance on empiricism has dominated much applied sociology and related social policy in the post-war era (Calhoun 1995). Within mainstream demography the notion of "theory" has been understood in a highly empiricist fashion, placing an emphasis on the testing of propositions, with the goal of accumulating objectively verifiable facts concerning population dynamics, (e.g. population growth, migration, mortality, fertility), reproduction and health related behaviour. As a result, mainstream demographic and family planning research has relied heavily upon positivist research methodologies, the goal being to produce 'empirical' and concrete knowledge concerning the variables that govern population dynamics, such as mortality, migration, and sexual and fertility-related behaviour.

[1] Sections of this chapter will form the basis for an article for submission to a peer-reviewed journal.

The large-scale sample survey has remained the dominant method of demographic research, and has provided much of the empirical basis for family planning and other sexual and reproductive health programme design, monitoring and evaluation, most notably through the use of knowledge, attitude and practice (KAP) surveys. The high value placed on the survey method has centred on its apparent 'scientific' legitimacy and the objectively verifiable and therefore generalisable data produced. However, social theorists have criticised knowledge, attitude and practice surveys on two major counts. First, on methodological grounds early KAP studies such as the World Fertility Surveys were criticised for utilising poor sampling, interviewing and data collection methods, and for shortcomings in the interpretation of findings (Warwick 1982, 1993; Hauser 1993). A second and more substantial strand of criticism has focused on the epistemological value of surveys for studying the complexities of social life and the complex nature of health and fertility related behaviour (Baum 1995; Greenhalgh 1990; Hammel 1990; Lockwood 1995; Warwick 1982). Most importantly, while a well-constructed sample survey can provide important data on trends in social behaviour, it cannot easily inform about the contexts in which different behaviours occur, that is, about causality. Statistical data can only accurately represent an empirical pattern at one point in time, whereas causality depends upon an analysis or understanding that goes beyond the collection of surface facts and figures (Calhoun 1995). A major weakness of positivist methodologies such as the KAP survey is that while they may describe surface social phenomena, they fail to reveal the internal tensions of the social world as experienced by social actors (Calhoun 1995: 5).

Over the past two decades there has been a notable increase in the use of qualitative methods for applied policy research (Ritchie and Spencer 1994). These methods have increasingly been employed in family planning and sexual and reproductive health research. The value of qualitative methods is seen to lie in their potential to explore and probe more deeply into actors' perspectives than is possible through survey methods, allowing for more contextual analysis of the data. However, the issue of interpretation cannot be collapsed entirely into the contrast between the use of quantitative and qualitative methods, and the use of qualitative methods does not necessarily imply a move from empiricism and positivist theoretical frameworks to a more interpretivist approach (Calhoun 1995:68). On the one hand quantitative sociology also often depends on sensitive interpretation of the data. Much of Bourdieu's empirical research is grounded in the use of statistical data as an essentially descriptive tool (Calhoun 1995:68). On the other hand, a good deal of qualitative social research remains informed by positivism, aimed at eliciting "social norms" which are understood to be prescriptive of behaviour. The use of focus group research is a case in point (see Cunningham-Burley *et al* 1999).

In recent years the focus group has become one of the most highly utilised qualitative methods in the field of sexual and reproductive health (as well as in the field of social policy). Its utility is seen to lie in its ability to elicit descriptive data, opinions and attitudes from population subgroups, and for establishing the norms that guide their behaviour (Bender and Ewbank 1994). As Fricke

(1997b:826-827) suggests, the focus group has become an increasingly popular method for demographic research:

> "not least because it provides a glimmer of what the unscripted voice sounds like; in a desert of dry prose, even those of us who like statistical tables are delighted to hear a human voice. And it is gratifying when that voice illustrates a correlation or two or leads to a new regression"

The popularity of the focus group for policy related research has grown with the increasing emphasis placed by both public and private sector planning and strategy development on accessing the views of individual clients and consumers (Cunningham-Burley *et al* 1999:186). The focus group was initially developed as a tool for market research, and typically operates within a positivist paradigm, which holds that stated opinions, preferences and descriptions of behaviour can be regarded as "objective" social facts. Focus group participants are constructed as passive subjects who hold a set of fixed opinions and preferences which can be generated and collected in a carefully facilitated group setting. As such, the focus group does not allow for an understanding of subjects as active agents producing a range of narratives on social life according to specific concrete social situations.

The uncritical and unreflexive use of qualitative methods such as the focus group in family planning and reproductive health research, often produces simplistic, descriptive normative accounts of social practice, which fail to take account of fundamental issues of power and control in the generation of the data (Cunningham-Burley *et al* 1999; Obermeyer 1997). Empirical and descriptive accounts of norms, such as those produced by focus groups, tell

us little about how, when and why people use norms to legitimise behaviour or use other strategies that contradict social norms (Lockwood 1995). One of the main limitations of the focus group lies in its very tendency to produce normative responses, and its failure to produce a diversity of social commentaries:

> "...focus group participants may be unlikely to openly discuss experiences that deviate from accepted social norms...While focus group discussions offer important insights into group norms and dominant values, they tend to be less effective in documenting variations from the norms, or values that deviate from dominant culture patterns" (Parker *et al* 1991: 91-92).

While positivist approaches may successfully elicit socially and morally prescribed principles for behaviour, they are limited in their ability to lay bare the concrete reality of everyday actions that often deviate from these norms and values. As Chapter 2 has argued, because of the implicit assumptions made by functionalism regarding the normative nature of social behaviour, the distinction between stated social norms of behaviour and everyday social practice is largely overlooked in the main body of demographic research (Lockwood, 1995). Furthermore, accounts of different sets of actors (including the most marginalized) are often missing from demographic accounts of sexual and reproductive behaviour.

The recognition by development agencies and practitioners of the limitations of positivist research methods for generating valid and appropriate information on social behaviour, has led to an increased interest in employing rapid participatory appraisal methods which give voice to the intended beneficiaries of development programmes (Manderson and Aaby, 1992). Participatory rural

(or rapid) appraisal (PRA) and participatory learning for action (PLA) methods, which have developed out of a concern for listening to actor's perspectives and empowering marginalized groups to have their voice heard, are increasingly being taken up by public sector organisations and NGOs concerned with sexual and reproductive health. The popularity of PRA emanates from its potential to generate community views, in a way that is held to be more reliable than conventional social research methods (Chambers 1983; Chambers 1991; Mosse 1994).

Nonetheless, a major limitation of PRA methods is that the views expressed by key sections of the community, those who wield most "capital", often become identified with the general interest, whilst the perspectives of the most marginalized groups remain unheard. Mosse (1994: 497) suggests that it is the focus placed by PRA methods on generating consensus views in a public setting which makes the production of local discourses most susceptible to the effects of what Bourdieu refers to as "officialising" strategies. The very technique of PRA generates data in a social context in which the influence of power, authority and gender inequality are likely to dominate (Mosse 1994:505):

> "...the paraphernalia of PRA research - paper, charts, coloured powders etc - may in fact generate a greater sense of mystification than conventional research methods... PRA, far from providing a neutral vehicle for local knowledge, actually creates a context in which the selective presentation of opinion is likely to be exaggerated, and where minority or deviant views are likely to be suppressed".

One of the major shortcomings of PRA is that it often represents an activity far removed from informal, everyday life, hence promoting the production of a consensus view and normative discourse from participants:

> "It seems highly probable that this social formality imposes a selectivity on the kind of information which is presented and recorded in PRAs. At the very least, where critical debate in public is not an established convention, we should avoid unwarranted assumptions about the accountability of publicly processed information... PRAs tend to emphasize the general over the particular...tend towards the normative (`what ought to be' rather than `what is'), and towards a unitary view of interests which underplays differences... The tendency to give normative information may be encouraged by faulty interviewing techniques... but often the very structure of the PRA sessions – group activities leading to plenary presentations – assumes and encourages the expression of consensus." (Mosse 1994: 508)

The shortcomings of the above methods allude to the need for a methodological approach to researching sexual and reproductive behaviour that enables a more rigorous engagement with the realities of the everyday lives of poor and marginalized people. Chapters 3 and 4 of this thesis have suggested that achieving understanding across lines of difference requires a complex process of engagement, in which the researcher and the subject gradually improve understanding of each other through a dynamic process, and that central to this process is the mutual engagement in conversation and practical activity (Calhoun 1995). The investigation of actors' views of their social world has largely been the domain of the anthropologist. Through ethnographic fieldwork, in which the researcher is able to observe concrete actions and collect the narratives of people as they go about their daily lives, the claim of anthropology is to be able to reach below the surface of reported social norms. The ethnographic approach is based on the premise that what

people say about social life and behaviour changes according to the level of familiarity and trust established between the researcher and researched. However, one of the major limitations of the ethnographic approach, such as that used to develop the Bolivian ethnography in Chapters 3 and 4, is that fieldwork has to be carried out over a substantial period of time to enable a rapport and relationship of trust to build up between the researcher and the researched.

Recent debates in anthropology have raised questions over the inherently unequal power relations that exist between the anthropologist (who is usually a privileged northerner) and the researched (who is usually an under privileged Southerner) (Caplan 1997). Critical anthropology has referred to a crisis in representation, in which the very nature of the research process and representation of other cultures as presented through the anthropologist's text (the ethnography) is increasingly being challenged (Marcus 1999). The question being raised within anthropology is how the western voice of the anthropologist as inscribed in many ethnographies can conceivably meet with the representations of the indigenous subject (Howard-Malverde 1997). As a result, anthropological narrative is experimenting with new ways to incorporate the subjectivity of both the researcher and the researched into the text. Caplan (1997), for example, has used personal narrative and biographical material written by a key informant in the field, as the basis for an ethnographic text. However, efforts to adopt a critical perspective on ethnographic representations and to integrate analysis of power and authorship into ethnographic writing has also been criticised for obscuring

local narrative, through theoretical debates which "weave another veil of elitist discourse between author and reader" (Luykx 1999:xvii-xviii). Indeed some critics have suggested that it is highly debateable whether the post-modern debate concerning the crisis in ethnographic representation "extends beyond a tiny coterie of hyper-educated intellectuals" (Barnes and Duncan 1992:251). Nonetheless critical debates within anthropology concerning the nature of the research process and ethnographic representation, have led to changes in the nature of research practice and a shift in the character of fieldwork (Marcus 1999:7). Increasingly anthropologists are turning their attention to subject matter closer to home, and focusing on their own communities, institutions and organisations as the objects of inquiry.

However, as yet, in the field of international development, few advances have been made beyond the use of rapid participatory appraisal methods, to engage in a critical dialogue with the subjects of development policies and programmes. In the following section I present a methodology, entitled "peer ethnography" which I suggest provides a potential for engaging marginalized and excluded groups in active and critical dialogue with development programmes. The method is based on the notion that central to the researching of social life is the gathering of actors' discourses and accounts of everyday life and practice. Nonetheless, I argue, these accounts must be understood as situated in concrete social situations in which social identity and relations of difference and power are continually being negotiated. People say what they say not as a result of abstract theorising, but as a result of their experience in concrete social, economic and political situations (Calhoun

1995). In this sense, I suggest that engaging with local narratives must also be a critical and political process.

3. The Peer Ethnographic Method

The peer ethnographic method that I present in this section is derived from the anthropological approach I used during my ethnographic fieldwork in Bolivia. The approach was developed as a part of a research project, funded by an international development agency, aimed at developing tools for the participatory appraisal and monitoring of sexual and reproductive health programmes. As a result of the research project a peer ethnographic tool was developed [2]. The basic premise of the peer ethnographic approach outlined in the tool (Hawkins and Price 2000) is that traditional research subjects (especially marginalized and excluded groups) can become active researchers of their social worlds and that through the research process can be empowered to engage in critical dialogue with programme implementers and policy makers.

The method was field-tested in Lusaka, Zambia, over a four month period, between October 1999 and January 2000, in collaboration with an international NGO implementing an adolescent sexual and reproductive health project. The initial design of the NGO project had been informed by an extensive PLA process, involving 10,000 young people. Following the PLA exercise, the NGO project was designed with the following key components: the establishment of youth-friendly counselling corners in government clinics; a cadre of trained youth

[2] See Hawkins and Price (2000)

educators to lead discussions with young people in the community and provide counselling in the youth-friendly corners; and the establishment of community agents to promote and sell contraceptives to young people (Hawkins and Price 2000).

The peer ethnographic method has been designed to address some of the limitations of other applied research methods discussed in the previous section. Most importantly the aim of the method is to facilitate greater participatory dialogue between programme implementers and the people in the community that they are aiming to reach. The approach builds upon classical anthropological notions of social networks and is most applicable to urban situations in which a person may be a focal point for a number of social relationships including kin-groups, age-groups, informal peer networks, school-mates and work-mates (see for example Epstein 1969). However, the approach makes a break from classical functionalist perspectives which suggest that social networks prescribe and sanction norms of behaviour to which peer groups conform.

The peer ethnographic method is based upon training people within local communities to conduct in-depth and unstructured interviews with individuals selected by them from their own social networks. A basic tenet of the approach is that the peer researchers have an established relationship with the people they are interviewing and as a result, the fieldwork does not require the same amount of time for rapport building as conventional anthropological ethnography or some PRA exercises. However an important

consideration in designing the approach is an understanding that social networks are not made up of consensus groups, but often include relationships of conflict, contradiction and mistrust. Indeed as Colson (2000) notes in situations such as in urban Zambia where declining economic and social conditions impact on households and kin dynamics, hostilities and tensions within community networks are often exacerbated. The method also recognises that the same individual may answer questions differently in different contexts, and that as a result differing and conflicting perspectives will emerge in the interview narratives. The aim of the interviews is not to collect demographic data or social 'facts' through individual accounts of personal experience, but to elicit the meanings that actors attribute to the social behaviour of others in their social networks. An important aspect of the method, therefore, is that all interviews are conducted in the third person, so that interviewees are not asked to talk about themselves, but to talk generically about 'other people like themselves'. The aim being to elicit narrative accounts of how interviewees conceptualise the social behaviour of 'others' in their networks, not accounts of their own behaviour or normative statements about how they 'ought' to behave.

The method was also designed with the awareness that it is not possible to observe the behaviour or to record the narratives of others without filtering the data through an analytical framework, involving some level of meta-analysis. The method that was designed and subsequently field-tested in Zambia was therefore structured around several key analytical issues, central to the social analysis of sexual and reproductive behaviour. The framework tested in

Zambia consisted of a set of five conversational interviews aimed at eliciting perceptions of social identity and social networks, health and illness, sexual knowledge and sexual behaviour, reproductive behaviour and fertility decision-making, and access to and quality of health services. Each interviewee was engaged in all five conversational interviews, over a three month period, with the aim that conducting a series of in-depth interviews over time with a small sample of people, will produce more valid data on social life than interviewing many respondents once only.

The field-testing was undertaken by eight young people who had previously been trained as youth educators by the NGO project. Four were female and four male, with three still in school/college, two in part-time employment, and three being unemployed. Each of the peer researchers interviewed between four and six young people, with a total of 30 young people interviewed. Prior to the fieldwork, the peer researchers underwent a participatory training in the use of the method. A set of conversational prompts were developed for each of the interviews, to assist the peer researchers to initiate conversations and to follow up on key issues. Some of the prompts covered the same issue through different ways of asking, in order to allow probing and changes in conversational context. The prompts were presented to the peer researchers as a framework for their conversations, rather than as an interview script. During training the peer researchers suggested significant changes to the prompts, refining them so that they translated easily into appropriate local language and context. Some of the initial prompts were found to have little meaning in the context of young people's lives in urban Lusaka, while other

important issues and topics had not been covered in the initial framework. The peer researchers field-tested different ways to raise the same issue with different interviewees, according to the age, gender, and ethnicity of the interviewee. Following the training the peer researchers piloted the conversational interviews in the community for a week, during which time they were provided with support and supervision. Following the field-testing, the prompts were refined further, so that the interviews that the peer researchers finally took to the field were locally specific versions of the generic interviews that had initially been designed.

During the field-testing of the method, its potential as a dynamic and flexible approach, which can be continually adapted and re-designed as part of the research process, became evident. Indeed, following its field-testing by the peer researchers, the final version of the interview framework was quite different to the one that had initially been designed, and which had been based upon the project's ethnocentric assumptions about issues that would be of importance to young people. In this sense the project's ownership and control over the method diminished in the course of it being used in the field. When I recently adapted the method for use with informal commercial sex workers in Cambodia, the peer researchers identified the main categories for the conversational interviews themselves. During this further adaptation of the approach in Cambodia, the prompts were also developed by the peer researchers during the training process. This was a substantial improvement on the initial approach field-tested in Zambia. Unfortunately I am unable to

present the results of the peer research in Cambodia in this chapter, as the data collection is still in process.

It was not intended that the peer researchers should record a detailed script of each conversation they held or produce vast quantities of authentic conversational narrative or qualitative research data. The data collection prompts were designed to assist the peer researcher to record phrases and/or events given most importance by the interviewee during the course of the conversation. The intention was that the interviewee should participate in the data recording process through confirming that the phrases and events recorded by the peer researcher were the most important ones in their narratives and explanations. The peer researchers recorded the key words, phrases and data from each interview on a prompt sheet, and during data analysis these sheets were used to show how different themes had emerged in different conversational contexts.

A key issue that the method sought to address lies in the domain of language and interpretation. It was considered to be of particular importance that the interviews were conducted in local languages, particularly as the research focused on such intimate issues as sexuality, health, illness and reproduction. One of the strengths of the peer ethnographic method is that it facilitates interviews to be carried out using local colloquialisms and nuances. The major linguistic and interpretative problems arise at the level of interpretation of the peer researchers narratives, which could be considered as amounting to the "meta-analysis". During the data collection process, I had to interview the peer

researchers (who became my key informants) in English, as I did not have the time in the field that conventional anthropological ethnography would allow for learning the local language. A further limitation of the method was that the peer researchers had to be sufficiently literate to be able to record the conversational interview data. This requirement may, therefore have precluded the most marginalized groups from becoming peer researchers. However, the approach has potential to be developed as a purely 'oral' method with non-literate groups, although this adaptation of the tool has not yet been field-tested.

One of the main concerns of the participating NGO was that the approach is vulnerable to the criticism that the sample of respondents may be biased and unrepresentative. A further concern that was voiced was that it would be important to validate the data to ensure that the peer researchers were telling the truth about their behaviour and social lives. It is, perhaps, at this point that the method makes its greatest departure from positivism. A key strength of the method lies in its lack of claims to any positivist criteria for the collection and presentation of 'objective' or 'standardised' data. The peer ethnographic approach is not seeking social 'truths', as positivist methods may understand them, but an understanding of the social commentary and dynamics through which identity is negotiated and behaviour given meaning. The main focus of the method is on analysing contradiction and difference in the discourses of social actors within a network, rather than on gathering 'social facts'. The field-testing in Zambia also highlighted that there was a good deal of diversity within peer researchers social networks. Diversity among interviewees was

further ensured by selecting peer researchers from range of ethnic groups and socio-economic backgrounds, as well as ensuring an equal balance of male and female researchers.

One of the key social dynamics that the method draws upon is that of gossip (see Epstein 1969; Hammel 1990). Epstein (1969:125) has suggested that the exchange of gossip denotes a certain "community of interest" and that through gossip the norms of behaviour specific to a social network is expressed. However, one of the important aims of the peer ethnographic method is to highlight contradictions between normative statements made by groups regarding social behaviour and the everyday behaviours that individuals gossip about. These contradictions provides us with important data concerning relations of power and social context. The initial participatory training of the peer researchers served to highlight young people's normative discourses regarding sexual and reproductive behaviour. For example, during the initial training peer researchers referred to sexual abstinence as the norm to which their peers adhered. However, the interview narratives highlighted the very contradictory nature of these normative statements and actual accounts of sexual behaviour. As Scott (1985:282) suggests, it is the act of violation of expected behaviour that makes an event worth gossiping about, the rule or norm in question often only being brought to consciousness as a result of its violation. Scott (1985) also suggests that gossip is an important form of resistance in conditions where the operations of power make open acts of disrespect dangerous. For the poor and socially marginalized, gossip may achieve the expression of disapproval, contempt, and disaffection with

the social order, while minimising the risk of political reprisal. As Bourdieu (1991:106) suggests agents possess power in proportion to their symbolic capital. As such, gossip can be seen as the currency of social networks, providing valuable insights into how power operates at the local level, and into the strategies employed by poor and marginalized groups in their daily struggles for symbolic, social and economic capital.

However, one of the main limitations of the tool is that it does not immediately locate subjectivity and narratives within the historical and social context in which they are produced. The following section therefore provides a brief social context to young people's sexual and reproductive health in Zambia before considering the key issues that emerged from the peer narratives.

4. Background Social and Economic Context in Zambia

At the beginning of the 21st Century Zambia is facing a severe economic and human development crisis. Macro-economic stability is extremely fragile, and over the past decade Zambia has experienced serious declines in human development indicators. Indeed of the 79 countries for which Human Development Index (HDI) data are available since 1975, Zambia is the only country where the HDI value for 1997 was lower than its 1975 value (UNDP 2001).

Zambia's current economic crisis has emerged out of the economic structure which evolved in the late 1890s in which Zambia became very dependent on

a single commodity, copper, for its foreign export earnings (Cleary 1989; Mwanza 1992). In 1911, the copper rich territory to the north of the Zambezi river was officially created as Northern Rhodesia under British occupation and control. With the development of the railway from the south to the north of the Zambezi river, there was an influx of white settlers to Northern Rhodesia at the turn of the 20th Century, and by the 1920s there had been a rapid expansion of mining activities in Northern Rhodesia's Copperbelt region.

Many of the white settlers who went to Northern Rhodesia during the copper boom were ill-educated and unskilled workers. Nonetheless they enjoyed significant privileges over the indigenous black population, benefiting from preferential treatment as mine employees, civil servants and local government administrators (Mwanakatwe 1994: 12). The soaring price of copper and the leap in world copper consumption produced huge confidence in Northern Rhodesia's copper mining industry by the late 1920s (Mwanakatwe 1994). The local black population provided the much needed labour force to work the large farm estates and mines owned by the white settlers. During the colonial era much of the revenue created by the copper mining industry in Northern Rhodesia was also used to underpin industrial development in Southern Rhodesia (Cleary 1989).

At independence (gained in 1964) the new government inherited an economy in which there had been little investment, apart from into the mining sector. Copper mining provided the economic base for Zambia's industrial development, while the colonial government had paid little attention to

investment in agriculture, the net result being a decline in agricultural production, particularly of food (Cleary 1989:13). While there had been some industrial development in Zambia in the 1960s and 1970s, Zambia remained highly dependent on imports. Once the world copper price began to collapse in the 1970s, Zambia was unable to turn to alternative sources of foreign exchange, entering the 1980s in deep economic crisis. The country was also unable to benefit from a brief rise in copper prices in the mid-1980s as productivity had been severely weakened due to lack of investment in the mines (Cleary 1989).

In the late 1980s there was another dramatic decline in the world copper price, severely affecting Zambia's foreign exchange earnings and growth in Gross Domestic Product (GDP) throughout the 1990s. These developments led to a growing trade deficit for Zambia rising from $27 million in 1997 to $159 million in 1998 and reaching $186 million in 1999 (UNDP 2001). In 1999, the Zambian economy registered a growth of 2.4%. While this represented an improvement over a decline of 1.8% registered the previous year, the economic growth was lower than the population growth rate of 3.1%, implying that in per capita terms growth had been negative (UNDP 2001).

Equally important to Zambia's economic crisis has been the burden of external debt, which has continued to grow as the economy has contracted. The extreme burden of debt has left the country little choice but to yield to the demands made by the IMF and World Bank for measures of "structural adjustment" to the economy (Ferguson 1999:9). While Zambia has recently

been granted debt relief under the second Highly Indebted Poor Countries initiative (HIPC 2), civil society groups have been advocating through the Jubilee 2000 Campaign for the complete cancellation of debt as the only solution to Zambia's economic crisis. Under the HIPC initiative Zambia will obtain relief of up to 75% of its debt stock, covering both bilateral and multilateral debt, amounting to some US$3.8 billion over a 15 to 20 year period (UNDP 2001).The debt relief which began in January 2001 will continue to be effective on condition that Zambia completes the process to finalise its Poverty Reduction Strategy Paper (PRSP), accelerates expenditure on social services and continues to implement structural reforms.

The structural adjustment programme in Zambia has been implemented on an on-off basis since the late 1970s, when the parastatal sector first started to come under heavy criticism by donors for inefficiencies in its operations. In the late 1980s the Zambian government briefly suspended the IMF sponsored adjustment programme in the face of a deepening economic crisis, introducing its own New Economic Recovery Programme (NERP), which severely curtailed debt servicing. Most foreign donors refused to support the NERP, urging the government to return to the IMF programme. Following President Kenneth Kaunda's defeat in the 1991 elections the government returned to the implementation of an IMF led structural adjustment programme. The main austerity measures of the adjustment programme have included devaluation of the currency, deregulation of foreign exchange, the removal of subsidies and price controls for food and other essential commodities, the retrenchment of state support to the health and education

sectors, and the privatisation of the major parastatal corporations (Ferguson 1999). In particular, the privatisation of the mines has been seen by international financing agencies as essential for regenerating the sector and boosting productivity, despite the fact that the privatisation programme has experienced extreme difficulties in securing external investment. The completion of privatisation of Zambia's biggest state-owned enterprise the Zambia Consolidated Copper Mines (ZCCM) has recently failed to take place. While the Structural Adjustment Programme has been seen by international financing institutions as the only path to economic stabilisation, civil society groups are highlighting the profound impact of the adjustment measures on equity and human welfare. In particular the removal of state subsidies and privatisation of the mining sector has led to mass retrenchment and early retirement of workers, including loss of access by ex-miners to social services such as housing, health care and education which were previously provided by the mining corporations (Catholic Centre for Justice Development and Peace-CCJDP 2002).

Formal sector employment as a ratio of the labour force in Zambia has always been small, dropping from 12.1 percent in 1996 to 11 percent in 1999. Most of the labour force is employed in the informal sector, with subsistence farmers making up 66.2% of those classified as economically active. The productivity of the agricultural sector has also been severely affected by a number of factors in recent years. The liberalisation of agricultural markets has had an impact on farmers in areas outside the line of the railway, due to the loss of guaranteed markets for their produce and a fall in net farm incomes (UNDP

2001). Poor agricultural performance has been exacerbated in recent years by erratic rainfall. The poor rainfall in some parts of the country and excess rainfall in others during the 2000-1 and 2001-2 seasons means that the precarious food security situation in the country is likely to worsen (National Early Warning Technical Committee 2002). In an economy where the majority of the poor depend on agriculture for their survival, poor growth in this sector is a major factor in the worsening conditions of poverty.

In addition, households have increasingly faced difficulties in ensuring nutritionally adequate food due to rising cost of staple foods, largely as a result of the complete removal of food subsidies as part of the structural reforms (UNDP 2001). The government has contracted the private sector to import maize to meet the current short-fall. However, due to the high import costs of maize the price of 25 kilos of mealie-meal rose in some areas from 18,000 Kwacha (approximately £3) to 30,000 Kwacha (approximately £5), in 2001. By December 2001 the price of maize meal had risen by 53% in some shops in Lusaka, putting the staple food beyond the reach of many Zambians (CCJDP 2002). The rising cost of food has resulted in worsening of the malnutrition situation in the country with a rising incidence of stunting among children (UNDP 2001).

Investment in social sectors was severely curtailed during the 1990s as a result of the economic restructuring programme. The health sector reforms implemented in 1993, introduced a system of user-fees in order to supplement government financing of services. Government spending on health went down

from US$5.1 per capita in 1991 to US$2.8 in 1997 (Blas and Limbambala 2001). A recent study on the impact of health sector reforms during the period 1993 to 1997 suggests that user payments led to dramatic declines in utilisation of health services by the poorest (Blas and Limbambala 2001). Given the high proportion of extremely poor people in Zambia and the worsening economic situation, even small increases in the cost of health care services have severely affected access. The use of self medication by many poor people has been attributed mainly to lack of money to visit health centres rather than to the specific nature of the illness (Blas and Limbambala 2001).

In 1995, the Zambian government introduced the policy of cost-sharing for basic education. Estimates based on published reports such as those of the World Bank (Zambia Education Sector Expenditure Review 1990-1996) and the Central Statistical Office (Priority Survey II, 1993) suggest that households spend nearly twice the amount on primary education as that provided through the public budget (Oxfam/JCTR 2001). Consequently, education enrolment is on the decline with 15% of children not having any access to basic education (UNDP 2001). Girls are adversely affected with lower enrolment, higher attrition and lower completion rates as compared to boys. At the same time there has been a decline in education standards attributable to deteriorating facilities and decline in the supply of teachers. While the government has recently announced that school-fees for basic education will be abolished, civil society groups warn that that elimination of fees alone will not significantly improve attendance. Without a greater budgetary commitment to basic

education, the elimination of fees may serve to only further reduce the quality of education and access to basic materials.

Within the above context of enduring poverty and economic decline, Zambia is facing a severe HIV/AIDS epidemic with current prevalence rates estimated at nearly 20% of the adult population (Government of Republic of Zambia, 1999a). Protestantism has framed much of the discourse within which morality and sexuality are debated in Zambia, often fuelling contradictory responses to the HIV/AIDS epidemic. In 1996 Zambia was declared constitutionally a Christian nation, and Church membership has assumed an increasing importance in the organisation of social life. With Protestant groups often invoking a sense of personal blame and moral chastisement of people suffering from HIV and AIDS, people living with HIV and AIDS remain highly stigmatised. The HIV/AIDS epidemic also took a hold in Zambia at a time when the country was firmly locked into the neo-liberal adjustment policies of the IMF and the World Bank (Bujra and Baylies 2000). Public health and education services have been severely weakened due to lack of government investment, and user fees and cost-sharing present major barriers to access to health and education for many of the country's poor (an ever increasing majority).

There is strong evidence that social factors of poverty, gender norms of sexuality, combined with moralistic messages which promote abstinence and stigmatise condom use, are major factors in increasing vulnerability to HIV infection in Zambia. However, within policy discourse there has been a very

strong tendency to identify specific cultural practices as major factors contributing to the epidemic. In particular the practices of dry sex and sexual cleansing have received a significant amount of attention in public policy discourse. The discourse relating to these cultural practices is based upon broad generalisations largely derived from a few small-scale studies carried out by NGOs, and are not supported by in-depth anthropological analysis. Zambia is extremely culturally diverse, with over 70 ethnic groups, and specific cultural practices are by no means universally practised. For example, as yet there appears to be little evidence to suggest that dry sex is as commonly practised as is currently perceived. Anthropological data from among the Tonga in Southern Province, suggests that while dry sex is practised by women who have recently given birth, the practice is neither very widespread nor given much importance important by men and women (Gausset 2001).

The term sexual cleansing has been used in public health discourse to refer to ritualised practices by which penetrative sexual intercourse is performed with the spouse of a deceased person, and is often equated in policy discourse with widow inheritance. While widow inheritance has been reported among ethnic groups in Zambia with both matrilineal and patrilineal descent systems (Malungo 2001), anthropological studies suggest that ritualised sexual cleansing is by no means universally linked to widow inheritance (see Price 1998). There are also strong indications that with increased awareness of HIV/AIDS there has been a decline in the practice of sexual cleansing (Gausset 2001; Malungo 2001). Price (1998:34) also suggests that among

the Gwembe Tonga post-partum sexual abstinence is declining with increased awareness about HIV/AIDS, as women fear that compliance with the taboo will force their husbands into sexual relationships with other women (especially sex workers).

The declining economic situation combined with gender norms of sexuality significantly increase women's vulnerability to HIV infection. While women have become more economically autonomous in recent years, in the context of declining economic conditions, sexual exchange for money is becoming an increasingly important economic survival strategy for many women (Ferry *et al*). As has been noted in other countries in sub-Saharan Africa, the balance of power at household level is shifting slowly and unevenly as a growing number of rural households have come to depend on women's income for daily subsistence needs (see for example Mbilinyi and Kaihula 2000).

Knowledge of HIV and AIDS is very low among young people in Zambia. Stigmatisation around HIV and AIDS, and lack of open debate concerning sexuality is a major barrier to young people accessing sexual health information and services. Condom use remains low among adolescents, with only 16% of young people reporting condom use during the most recent sexual act (Government of Zambia, Central Statistical Office 1998b). This figure is considerably lower than among older age groups. As the economic infrastructure of Zambia continues to decline, the population lacks access to basic food and social services and the HIV epidemic continues to hit the

majority of households, there is an increasing sense of vulnerability among young people in Zambia.

5. Classifications and Issues Emerging from the Peer Researchers' Narratives

The peer research presented in this section was carried out in three compounds in Lusaka. Each compound is served by a government clinic, in which a youth-friendly corner has been established. While the compounds are relatively close to each other (Compounds Y and Z border each other), they are also quite distinct in character and layout. The most affluent compound (Compound X) was constructed by the government in the 1970s to provide housing to state employees, although housing passing from government to private ownership during the 1990s. Compound X has a higher proportion of residents in employment than either of the other two compounds and a relatively well developed infrastructure. Compounds Y and Z differ significantly from Compound X, with much higher levels of unemployment and poverty. Houses in Compounds Y and Z are mainly one-room buildings constructed by residents from mud bricks with corrugated iron (or cardboard) roofs, in contrast to the largely brick built two-three room houses of Compound X. While Compound X is built around an infrastructure of roads, Compounds Y and Z are accessible only by dirt tracks. All three compounds are ethnically mixed: residents include Bemba, Shona and Nyakusa and Nyanja.

As Werbner (1996:2) notes in the context of post-colonial Africa, disparate identity strategies emerge in the context of everyday life, expressed through local language and the "cultural richness of specific idioms, images, metaphors and metonyms". Locating narratives in their specific socio-cultural context, therefore provides a basis for understanding how identity is continually negotiated by social actors in concrete situations. Hence, the interview narratives produced by the peer researchers provided rich data from which to build an understanding of young people's social networks and experience of sexual and reproductive health.

Within young people's narratives, by far the most important aspect of social organisation and identity was church membership. Each compound has a multiplicity of churches including Catholic, Evangelical, Jehovah's Witness, Seventh Day Adventists, and Spiritualist. Church membership provides structure to young people's daily lives, both in terms of a moral framework of behaviour to which they aspire, and access to a social support networks. In many of the narratives out-of-school and unemployed youth talked about the church as a major social resource in their community and a focus for their daily activities.

The interview narratives showed a surprising consistency in the terms and categories used by young people to describe the different groups of people that live in their compounds. For young people, neither ethnicity nor kinship were important categories in describing their social world. Rather, categorisations were based on perceived social behaviours, placed within a predominantly moral framework, supported by a Christian discourse. The most common

categories used by interviewees to describe the people in their compounds were churchgoers, school-goers, self-employed, poor/unemployed, drunkards, thieves, prostitutes, and gangsters (*yos*). Although the church provides young people with a set of ideals of moral behaviour, in young people's narratives being a church-goer does not stand in contradiction to being a member of those groups whose behaviours are described as "immoral" or unchristian, such as drunkards, thieves and prostitutes.

Wizards also appeared as a significant category in young people's classifications. According to the peer researchers' narratives, wizards are pervasive throughout the compounds, identified as those members of the community who practise witchcraft (usually at night). Colson (2000) notes that witchcraft accusations are rife in Zambia despite the increasing importance of the Christian church. Wizards appear to occupy an ambivalent place in young people's discourses, illustrative of their ambivalent position *vis-à-vis* their traditional culture. However, the ambiguities of the discourse surrounding witchcraft also reflect the very complex and contradictory socio-economic reality within which young people negotiate their identity. Most young people describe wizards as being older people, who by practising witchcraft show themselves as unchristian: the churches teach that believing in witchcraft is the equivalent to worshipping the devil. On the one hand young people reject witchcraft as a false and traditional (and therefore unchristian) belief, on the other hand in many narratives young people suggest that they are only protected from the effects of witchcraft by virtue of their allegiance to the Christian church, and hence the protection offered to them through the blood

of Christ. In other words, young people associate witchcraft with the traditional belief systems of their parents' and grandparents' generation from which they are socially and culturally separated. Colson (2000:334) suggests that witchcraft accusations arising out of suspicion of kin and neighbours may reach a high point during economic distress. With the Christian church offering no explanation for personal misfortune or worse invoking a sense of moral failure as the cause of much of illness and distress, Colson (2000:335) suggests that it is not surprising that the growing influence of Christian Churches is associated with pervasive fears of witches. However, the conflicting discourses on traditionalism and Christianity also have important implications for how young people negotiate their identity and sexual and reproductive health.

The categories of social behaviour used to describe the groups of people living in their compounds, are also closely linked to young people's perceptions of poverty and livelihood strategies. Those described as being businessmen, are mainly young men who own small shops or bars in the compounds or who drive or work as conductors on mini-buses, the informal transport services that link the compounds to the town. The category of self-employed includes those who work as market traders (such as women who sell fruit and vegetables) and young men or *ntemba* boys (who sell sweets and biscuits from small kiosks at the side of the road). While market traders of their parents' generation are not necessarily perceived as being rich, *ntemba* boys are perceived by their peers as being well-off having their own independent source of income. Gangsters (*yos*), identified by their style of

dress (T-shirts and wide trousers) and their following of black American cult music figures (such as Notorious BIG), are also categorised by other young people as influential, self-employed or businessmen. Gangsters are therefore identified by virtue of their individual economic and social status, as opposed to being part of a gang culture.

Bars and nightclubs emerged as an important part of social life in the compounds, particularly for those young people who are out-of-school. The category 'drunkards' refers to those young men who spend their days around the many small bars in the compounds. These young men usually earn money from piecework (casual labour). One interviewee described drunkards as those who "after earning a small amount from piecework, spend it in the bars and on *chibuku* (locally brewed beer) and *dagga* (marijuana)". While bars are a focal point for social networking they are also important contact points for piecework which is usually contracted through these informal social networks.

'Prostitute' was a significant category referred to in the interview narratives. These narratives indicated that the nature of commercial sex activity varies between the different compounds. In Compound X commercial sex appears to be more organised (in a `red-light area'), whereas in Compounds Y and Z commercial sex seems to be a more pervasive activity throughout bars and nightclubs. While young women's narratives tend to associate commercial sex with vulnerability and poverty, young men's discourses relate such activities to

"bad behaviour", with moral judgements and condemnations of commercial sex often referring to young men's vulnerability to HIV/AIDS:

> *Prostitutes talk about how to make money. There was this girl who, before she was married, was a prostitute because she had nothing to do at home and no money. She joined a small group of girls who used to go in the street and hang out around the cabs. She was lucky because she did not get HIV and found her husband while she was a prostitute. She told him about being a prostitute and he offered to marry her... now she says she will never be a prostitute again (girl)*

> *Prostitutes are different to people like me. They don't have good morals - even though some of them do go to church... Prostitutes cause worry because sometimes they go round knocking on single men's doors looking for business. Some men are not strong enough to resist (boy).*

Poverty is described in many of the narratives as the major determinant of health. The rich or well-off are identified as those who have three meals a day, can afford the costs of medicines, are in good health, and look fat and confident. Those who are poor eat one meal a day (and sometimes none), cannot afford to buy medicines, and consequently suffer from poor health. The main illnesses about which young people are concerned are sexually-transmitted infections (STIs) and HIV/AIDS, malaria, cholera, diarrhoea, and tuberculosis.

The narratives also revealed the very ambivalent nature of young people's health-seeking behaviour. Few young people trust *nyangas* (traditional healers), who are referred to variously as 'witches', 'cheats', and 'tricksters', and seen as "unreliable and expensive". Narratives describe *nyangas* as causing distrust in the community because of their association with witchcraft. In particular *nyangas* have access to empowering medicines which can be used both for personal protection from witchcraft as well as for causing misfortune to others (see Colson 2000). Narratives also referred to *nyangas* having the medicines and herbs to enable wizards to travel at night to conduct their witchcraft through use of magical devices such as planes (baskets in which wizards fly), and trains (made of coffins) in which wizards can move invisibly through the compounds.

Young people consider bio-medical health professionals (doctors and nurses) as having the appropriate knowledge and skills to treat their illnesses. Nonetheless, there is an apparent contradiction between discourses on health knowledge and belief systems, and narratives describing health-seeking behaviour. Peer researchers in their discussions observed that while young people say they do not trust *nyangas*, many stories indicate that a significant proportion of young people still visit *nyangas*, in particular for treatment of STIs. This is largely attributed to lack of accessible, available and affordable treatment from government clinics and private doctors.

Narratives on sexual relationships also indicate that sexuality presents itself as a major area of conflict in young people's lives. The majority of young people cite abstinence as the preferred option for protection against HIV. Abstinence is the message received by young people from the church as the 'moral standard' to which they should adhere. Sticking to one partner and using condoms are mentioned in the interviews largely as second options, if a person is unable to abstain. However, narrative accounts of sexual relationships present a very different reality: sexual relationships are an integral part of most young people's lives and an important source of social and emotional support and self-esteem. Sexual relationships are described as being important because they are "fun", "enjoyable" and "help you experience new things" and because it is "not normal to not have a sexual relationship".

Economic exchange forms an integral part of young people's sexual relationships, and the giving of gifts by boyfriends is talked about by young women as an important part of a caring sexual relationship. While young men referred to women's physical appearance as being one of the most important concerns in choosing with whom to have a sexual relationship (eg "she is pretty", "she wears nice clothes" etc), young women refer to men's economic status and sexual behaviour. A boy who expects a girl to have sex with him and who does not make her feel good by giving her nice gifts such as biscuits, body lotion and make-up, is considered not only undesirable but also immoral. For many young women, boyfriends are their only means of accessing desirable consumer goods, as well as money to pay for essentials such as school fees.

Economic criteria figure largely in young women's descriptions of their ideal boyfriends. In particular young women describe ideal partners as being *ntemba* boys (kiosk owners), bus drivers and bus conductors, and those who have the 'four C's' (a car, a crib/house, cash and a cell-phone). However, men who have access to income also figure largely in the narratives as those most likely to have multiple sexual partners, and to engage in high risk sexual activity, especially around bars and night-clubs. Young men talk about sexual relationships as central to their esteem and social status, but also refer to sexual relationships as difficult when they do not have money to buy gifts for girlfriends. Hence, for young men securing an income appears to be as much about being able to secure a girl-friend as it is about access to a livelihood. For young women, a sexual relationship is as much about being able to secure a livelihood as it is about achieving sexual and emotional security. Hence, sexuality and livelihood strategies are closely intertwined in young people's construction and negotiation of sexual relationships, and the social contexts in which they engage in high-risk sexual activity. Unwanted pregnancy emerged as a major concern for young women, and the majority of pregnancies described by young people in their social network were unplanned. While abortion is legal in Zambia (requiring the signature of three doctors) only one of the stories referred to a young women accessing a safe abortion through the University Teaching Hospital in Lusaka. All the other narratives concerning abortion described unsafe abortions, procured through insertion of instruments into the vagina or consuming large quantities of

chloroquine. Several narratives refer to unsafe abortion leading to death, and to young women disposing of new-born babies in pit latrines.

Cost of services emerged as a major barrier to young people's access to health care. As with the interviews on health-seeking behaviour, interviews concerning access and quality of services indicated that young people consider clinic personnel as having the most appropriate skills and knowledge to meet their needs. The majority of young people indicated that personnel at government clinics would be their first choice of service provider, while those with access to income tend to seek services from private doctors. Nonetheless, interviews identified some significant barriers to young people's access to treatment and services. Most young people know that STI services are provided free of charge at government clinics, and select clinics as their first option for treatment. However, while young people consider that clinic staff are the most appropriate providers to diagnose infections effectively and accurately, government clinics are often short of drugs, and young people are unable to afford prescriptions. As a consequence many young people turn to self-medication, using drugs sold by peddlers (which are usually expired), or turn to traditional healers.

Condoms are provided free as part of the government family planning programme, available at clinics. Interviews indicate that barriers to young people accessing family planning services include lack of knowledge of their availability, negative attitudes of nurses, and fear of being seen at clinics. Public sector family planning services are provided within the maternal and

child health clinic, and young men in particular describe feeling self-conscious about visiting such female environments to ask for condoms. Socially-marketed condoms are available at kiosks, bars and pharmacies in the compound (three condoms retail for the price of a glass of *chibuku*). Lack of access to economic resources was identified as a major concern for all young people interviewed. The lack of availability of free condoms at community-based outlets located close to centres of high-risk sexual activity (such as bars and night-clubs) emerged in discussions with peer researchers as a major barrier to access. As one peer researcher put it: "If a young man is at a bar, and he has been drinking beer, and he meets a girl, if he has a choice between spending his money on condoms or buying another *chibuku*, he will buy another *chibuku*".

6. Conclusion

The data presented above amounts to what could be considered as a 'meta-analysis', in which the peer researchers' narratives have been drawn on as a primary source of ethnographic data. In effect, the peer researchers have become key informants during the data analysis process. During the data collection, I was able to complement in-depth interviews with the peer researchers (on their interview narratives) with participant observation in the compounds. I was also able to meet and interview friends and kin of the peer researchers, as well as community members who were not an immediate part of the key informants social networks, such as *nyangas*, church leaders, bar owners, and health care providers. Hence, as key informants the peer

researchers were able to provide strategic entry points into the community, which enabled the meta-analysis of the interview narratives to be placed within a broader social context.

As has been argued in previous sections of this thesis, theory always underlies the interpretation of narratives and practical activity. The efforts of social scientists to interpret other cultures are never free from the larger structures and historical conditions that bring different cultures into a relationship with each other (Calhoun 1995:52). My interpretation of the data has, therefore, necessarily been filtered through an analytical framework, the theoretical background to which has been outlined in previous chapters of this thesis. The peer researchers also conducted their own data analysis, in which they worked as a group to identify what they considered to be the key issues emerging from the interviews and of most importance to feedback to the NGO project. At this second level of analysis, the peer researchers also brought their own perspectives and world view to bear on their interpretation of the interview narratives. As Jenkins (1992:69) observes:

> "Every society, every culture, every group of people who recognise themselves as a collectivity, has theories about the world and their place in it: models of how the world is, of how the world ought to be, of human nature, of cosmology. These are what tend to be revealed in the 'official accounts' which form the core of informant's testimony to interested researchers. But the point to bear in mind about these accounts is that they are learned and constructed in, through and as apart of the business of everyday life"

Peer ethnographers also utilised the data they collected to identify key areas in which the NGO project could be improved or strengthened from young people's perspective. These included: reaching young people with information

and condoms in places where they meet such as bars, night clubs, and on mini-buses (especially for out-of-school youth); using peer networks to make free condoms more easily available; and increased advocacy on behalf of young people, for example, to increase their access to effective drugs for treating STIs. One of the major challenges raised by the peer researchers to the NGO project was that young people require more information on access to safe abortion services. However as the project was funded by USAID, project staff refused to enter into a dialogue with the young people on this issue, despite the research highlighting it as a major area of concern for young people in the compounds.

One of the most important outcomes of the data collection and analysis process was the ensuing dialogue that it generated, both between the peer researchers and the project staff and between the peer researchers and other young people in their social networks. However, while the peer research provided a basis from which the young people involved were able to challenge some of the assumptions and premises of the project, it cannot be assumed that the necessary shift in power relations ensued to enable the views of the researchers to be fully heard by project staff and therefore integrated into the project design. In this respect the research process served to highlight the very disempowered situation of the young people involved in the project as youth educators, despite the fact that training young people as youth educators was the project's main participatory and empowerment strategy.

Nonetheless, in challenging the programme on a number of core issues, for example, young people's access to information on safe abortion services and to STI drugs, the peer researchers began to enter into a critical and political dialogue with the project. A major issue that emerged during the research process was the strong dissatisfaction of the volunteer youth educators with the lack of adequate compensation they were receiving for their time spent on project activities. In addition through their dynamic engagement in dialogue with their peers in the community the peer researchers were able to begin to devise strategies by which the project could reach marginalized and excluded young people in the compounds.

Furthermore, the peer researchers suggested that peer ethnography was an important means for reaching these more marginalized groups and increasing their participation and dialogue with health care providers. While the NGO project viewed the peer ethnographic method as a useful means of gathering research data, for the peer researchers the approach appeared to offer a potential for greater political engagement with their peer group on issues of central importance to their identity and everyday social practice. However, introducing into policymaking and programme implementation a truly participatory and reflexive approach which engages with the very complex contexts in which identity and diversity are negotiated and experienced, requires more than simply training peer educators or peer researchers in the field. As the concluding chapter suggests, it also implies the need for fundamental changes in the operation of institutional power at the local and national level, as well as in the processes by which development decisions

are made, resources allocated and policies formulated (see Blackburn and Holland 1998).

Chapter 6

Critical Social Analysis

The Implications For Policy and Practice

(Conclusion)

"Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition is the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the rights of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chances of having a healthy infant. In line with the above definition of reproductive health, reproductive health care as defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being through preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases" (POA ICPD 1995: para 7.2)

1. Reconsidering the Sexual and Reproductive Health and Rights Discourse

1.1 *Reproductive Health: A Global Discourse*

This thesis began with an exploration of the historical and political context in which international population policy has developed, and in which the ICPD discourse of sexual and reproductive health and rights has emerged. In this final

Chapter, I return to a consideration of sexual and reproductive health and rights as a global discourse, which I argue has arisen out of a process of globalisation of policy frameworks within which neo-liberalism has become a hegemonic policy discourse.

Since the 1994 International Conference on Population and Development the concept of reproductive health and rights has gained prominence in international population and development policy discourse. A universal definition of reproductive health was set out for the first time in Chapter VII of the ICPD Programme of Action (POA), in which reproductive health is described as a state of "complete physical, mental and social well-being", as opposed to merely the absence of disease or infirmity.

The ICPD definition of reproductive health has been re-affirmed in subsequent global conferences and ensuing documents such as the Beijing Declaration and Platform for Action (1995), and incorporated into national population policy frameworks, as the case study example from Bolivia (Chapter 3 of this thesis) illustrates. Chapter 1 of this thesis has outlined that through the incorporation of a 'feminist inspired fertility paradigm' (see Thomas and Price 1999:795) the ICPD POA appears to present a new policy paradigm in which the central focus of international population and development policy is on individual rights, freedoms and choices, as opposed to demographic targets. Within the ICPD discourse the

notion of reproductive health is inseparable from the notion of reproductive rights which according to the ICPD POA (1995: para 7.3) :

> " rest on the recognition of the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes the right to make all decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents. In the exercise of this right, they should take into account the needs of their living and future children and their responsibilities toward community. The promotion of the responsible exercise of these rights for all people should be the fundamental basis for government- and community-supported policies and programmes in the area of reproductive health, including family planning. As part of their commitment, full attention should be given to the promotion of mutually respectful and equitable gender relations and particularly to meeting the educational and services needs of adolescents to enable them to deal in a positive and responsible way with their sexuality. Reproductive health eludes many of the world's people because of factors such as: inadequate levels of knowledge about human sexuality and inappropriate or poor-quality reproductive health information and services; the prevalence of high-risk sexual behaviour; discriminatory social practices; negative attitudes towards women and girls; and the limited power many women have over their sexual and reproductive lives".

Reproductive health and rights is a recent addition to the discourse of international human rights (Eriksson 2000). In defining decisions about fertility and health as a basic human right, the ICPD discourse draws upon existing human rights frameworks, outlined in international treaties and human rights law. As the ICPD POA (1995; 7.3) states:

> "Bearing in mind the above definition [of reproductive health], reproductive rights embrace certain human rights that are already recognized in international law, international human rights documents and other relevant United Nations consensus documents".

The notion of 'universal human rights' is itself a relatively new development in international policy discourse, having come into everyday usage only since World War II and the founding of the United Nations. The liberal notion of universal human rights enshrined in UN consensus documents (including the ICPD POA) is rooted in the enlightenment concept of 'natural rights', in which rights were understood as pertaining to all human beings based upon natural law and the universal progression of society towards a state of modernity and scientific rationality.

The liberal notion of universal human rights, chief among which are the right to 'life, liberty and freedom' (Steiner and Alston 1996:1110), only became incorporated into international development discourse during the Cold War era. The UN declaration of human rights provided a global framework for the assertion of the rights of the individual, and formed the basis upon which the liberal notion of the free and autonomous individual able by personal choice to make his or her own way in the world (Calhoun 2000) became incorporated the international human rights and development discourse. As Chapter 1 has argued, within the Cold War rhetoric, the notion of a 'quintessential' West in which the rights, freedom and liberty of the individual were protected as sacrosanct, was counter-posed to a notion of a 'quintessentially' underdeveloped East and the Third World (Wolf 1982).

Ever since the first UN World Conference on Human Rights, held in Teheran in 1968, the relationship between human rights and development has occupied a prominent position in the international policy discourse (Steiner and Alston, 1996). The debate concerning development and rights brings together a number of important concerns including the links between human rights and democratic government (good governance in current policy rhetoric), the relationship between individual and collective rights, and the extent to which the international community bears responsibility for assisting states whose resources are inadequate to ensure the rights of all citizens. Above all, the understanding of rights within an international development context cannot avoid a consideration of the effects of the globalisation of the economy and the impact of the near-universal embrace of the neo-liberal economic agenda on poor and marginalized groups (Steiner and Alston 1996:1110). Hence, this thesis has argued that rights must also address the global and historical processes by which certain groups become excluded and marginalized from access to economic and social resources.

1.2 *Globalisation, Rights and Health*

Globalisation is a theme that has been raised implicitly rather than explicitly throughout this thesis. The term globalisation is used variably in the current literature to refer to the dominance of supra-national institutions (such as the IMF, World Bank and the UN system) in the shaping of policy options for nation

states, the impact of global economic processes on diverse economic and cultural systems, and the rise of neo-liberalism as a hegemonic policy discourse (Burbules and Torres 2000:2). It also refers to the process by which global cultural forms shape relations of identity and difference at the local level. All of these themes have been central to the critical analysis of the reproductive health and rights discourse outlined in this thesis. The thesis has demonstrated that central to the global discourse on reproductive health and rights are the concepts of neo-liberalism, the nation-state, restructuring and reform, citizenship rights and gender equity, all of which are central themes running through debates on the impact of globalisation (see Burbules and Torres 2000:2).

This thesis has suggested that policy frameworks have become increasingly globalised, with many countries undertaking restructuring and reform in the context of neo-liberal economic policies. The economic restructuring that emerged in the 1980s, went hand in hand with neo-liberal policies which diminished the state's responsibility to ensure the health and welfare of citizens. An increasing faith was placed on the free-market as the mechanism through which to increase 'choice' and improve quality of services provided to individual citizens, through 'partnerships' formed between international funding institutions and the private sector. The obligation imposed on states by global rights frameworks to 'respect' the rights and freedoms of citizens living on its territory, also implies that states are required to abstain from intruding into specific areas of social life (Eriksson 2000). In this context, the rights discourse incorporated

into the ICPD POA can be seen to sit within the neo-liberal agenda of international economic and development policy.

The notions of citizens' rights and civil society have also gained increasing prominence within development policy discourse over the past two decades. The liberal notion of citizens' rights is intertwined with the idea of civil society as a 'free' space that exists between the state and market institutions, in which individuals can form themselves into groups and voluntary associations in order to realise their interests (Taylor 1996). Implicit in the neo-liberal policy agenda is the hope that economic growth will eventually improve conditions for the poor, while private or voluntary sector agencies pick up what is left out by state programmes (Burbules and Torres 2000). However, as the Bolivian case study has demonstrated, making a distinction between the operations of the state and those of the market has limited analytical value in analysing the operations of institutional power at the local level. Rather, as Taylor (1996) suggests, it may be more useful to view the state and the market as different institutional forms in the totality of social relations. The Bolivian case study has also suggested that civil society is riven by unequal power relations embedded in historically specific relations of class, gender and ethnicity. The peer ethnographic material from Zambia has also demonstrated that the notion of 'community' and social identity within peer networks is full of contradictions, grounded in locally specific relations of power and inequality. Both these case studies have suggested that there is

little apparent community basis within civil society for the assertion of individual citizens' rights.

Indeed, it is difficult to see the concept of citizenship and citizens' rights outside their international or global contexts. Advances in global capitalism have rarely led to improvements for the most socially marginalized, and it is clear that not all have benefited equally from the flows of global capital (Taylor 1996). Attempts to meet citizens' rights through neo-liberal public policies, have increasingly led to the marginalisation of those groups who are excluded from access to welfare provision whilst also being unable to compete as market consumers (as the case studies from Bolivia and Zambia have illustrated). The process of privatisation of health care which is being promoted be many restructuring programmes, is occurring in a context characterised by a new global division of labour in which inequality and difference are heightened at the local level. There is a marked tendency for the health and living standards to be lower among those groups who have been further marginalized by the process of globalisation. Indeed, the process of globalisation over the past two decades has only exacerbated difference and inequality at global, national and local levels (Roy 1999:116).

At the same time there is an increasing concentration of power in supra-national organisations (such as the World Bank and the IMF) promoting a more global perspective on policy, in which the state becomes a mediator between global institutions and the diverse groups and communities within its boundaries

(Björkman and Altenstetter 1997). Global economic forces and imposed western values increasingly interact and conflict with local cultures (McMurray and Smith 2001). As the Bolivia case study has illustrated those who are best able to survive the process of social change and globalisation are those with the ability to become entrepreneurs and consumers in the free-market. Those, such as the miners in the Bolivia case study example, who are unable to forge a new identity in the global market economy have become increasingly marginalized and excluded from social and economic resources.

While there have been global improvements in health indicators over the past few decades, these improvements are marked by substantial inequalities in health status between regions, countries and socio-economic groups. As yet, there have only been limited attempts to provide an international overview of inequalities in health (Leon and Walt 2001). Nonetheless, it is clear that the way in which society is organised, and the structure of power relations which determine where resources are invested and in whose interests they are deployed, has a profound impact on the health of individuals (Leon and Walt 2001). As the Bolivian case study has sought to illustrate, inequalities in health and risk of poor health outcomes, reflect profound historical and structural differences within societies and between different socio-economic groups. Hence I have argued that the relationship between social organisation, health and fertility related behaviour is inextricably bound up with historical constructions of inequality and difference. As the Bolivia case study has demonstrated, even

where health services may be *available* these structural inequalities severely constrain *access* for marginalized and excluded groups.

With the insertion of population paradigms into health policy, health professionals have increasingly assumed responsibility for producing demographic outcomes. In the context of neo-liberal restructuring and reform to health sectors, professional health practice has been characterised by an increasing emphasis on achieving goals and outcomes (as Chapter 4 illustrated), and the need to demonstrate to funding bodies that health resources are being used efficiently and effectively (Taylor and White 2000). As a result there is increasing attention being paid to the evidence base of health practice and health outcomes. However, as Taylor and White (2000:5) suggest, the problem with evidence-based practice and the production of outcome measures (such as service utilisation rates) is that they are concerned exclusively with how knowledge is used. They pay little attention to how knowledge is constructed and produced both by health professional and service users in specific social contexts. In other words, they do not allow for an analysis of the meaning that professionals (agents of the state and global institutions) and potential programme users place on the strategies and practical actions they employ. In the case study from Bolivia presented in Chapter 4, I have explored how versions of events and reproductive health decisions, presented by different parties, differ significantly according to context and power relations. The analysis has suggested that the issue of inclusiveness (e.g. whether marginalized groups are able to access

services) is not simply a quantitative matter, which can be measured, for example, through service utilisation rates. It is also a matter of how policies and programmes incorporate and recognise difference and identities, through processes of working with marginalized and excluded groups, whilst challenging the political processes and structural conditions of inequality within which these identities are negotiated.

Current research into health inequalities has largely failed to address adequately the relationship between structural conditions, access to power and resources, and individual health outcomes (Graham 2001). Evaluative research on health inequalities has been disproportionately weighted towards the evaluation of interventions targeted at individuals and risk behaviours rather than an understanding of the circumstances in which people live and the structural conditions and social contexts that shape everyday health practice. However, there is little evidence that behavioural interventions aimed at reducing risk behaviours have any positive effect on poor, marginalized and socially excluded groups (Graham 2001). Graham (2001) suggests that policy to address inequalities in health needs to be founded upon an approach, which combines epidemiological research on individual health with sociological research on the contexts of social inequality. According to Graham (2001) a 'scientific approach' to policy development should combine a patterning of health over the life of individuals integrated into a sociological analysis of locally specific social relations and structures of inequality.

The framework for critical social analysis suggested in this thesis takes up the notion of the relationship between the individual and the structural conditions of social inequality suggested by Graham (2001), through the adoption of a theoretical framework which considers the dialectic nature of the relationship between social and historical conditions (structure) and concrete social practice (agency) in specific social contexts. However, the framework takes a theoretical and methodological step beyond that suggested by Graham in questioning the very notion and validity of the 'scientific' foundation of population policy and sexual and reproductive health programmes.

2 The Practical Application of Critical Social Analysis

2.1 *Critical Social Analysis: The Relationship Between Theory and Method*

As has been discussed in Chapter 1, social research to support the formulation and implementation of population policy and programmes (and in this I now include the new reproductive health and rights paradigm), has primarily been drawn from demography. Through a critical review of the literature, Chapter 2 argued that mainstream demographic research with its orientation towards positivism and empiricism has largely overlooked more critical and reflexive social theories.

Drawing on literature emanating from institutional demography, political-economy and anthropology, Chapter 2 has critiqued mainstream demographic theories (such as transition theory and cultural diffusionism), arguing that fertility behaviour, and reproductive and sexual decision-making are deeply embedded in locally and historically specific social, political and economic conditions. Chapter 2 argued that the notion of human agency encapsulated in mainstream fertility theory is based upon a utilitarian notion of human action grounded in an economic means-end rationality, which leaves the subjective meaning of human action wholly unexplored (Calhoun 2000). The challenge of postmodernism, which rejects the enlightenment notions of development and modernisation, and universalism and grand narrative, has not become part of the discourse of demography. While postmodernist social science challenges the very notion of objective social truth, and of the autonomous, individual and economically rational human agent (Van de Kaa 2001), postmodernist thought has had little impact on demographic research and population policy discourse. However, Chapter 2 has also suggested that in its rejection of universalising discourses and modernist utilitarian notions of human action, much postmodernism locates human action entirely in the realm of subjective meaning and interpretation, abstracting action from the concrete economic and historical context in which it is embedded.

Drawing eclectically upon developments in critical social theory and practice theory, I have suggested that an analytical approach to fertility, sexuality and

reproductive behaviour which considers the dynamic relationship between structure and agency is required. Such an approach, which I have termed critical social analysis, seeks to locate an understanding of how actors experience their social world through their everyday practical activity, within an analysis of the historical processes and structural conditions within which practice is embedded.

Central to the critical social analysis outlined in this thesis is the question of how social policy recognises and responds to identity and difference among the diverse groups in civil society. Through exploring the world of social actors in concrete historical, economic and social contexts, critical social analysis has the potential to contribute to the development of equitable policy frameworks which avoid false universalisms. Counter to the claims of nationalist policy discourses which seek to forge a unitary national identity (as discussed in Chapter 3), this thesis has argued that identity and difference are central to the experience of social life (Calhoun 2000). In everyday practice people continually negotiate multiple and complex identities in strategic attempts to increase their access to social and economic resources or capital. The framework for critical social analysis set out in this thesis has argued for policy and programme approaches that recognise the importance of identity and difference at global, national and local levels, rather than deny it.

However, in the context of development policy and programmes the act of differentiating social groups can often become a top-down act of 'labelling' or

stereotyping. Through using outside planners and consultants to identify specific groups for targeting by policies and programmes, identities which may be asserted by specific groups in specific social and political contexts often become seen as fixed and immutable as opposed to fluid, strategic and negotiable (Beall 1997). Beall (1997:11) suggests that what:

> "...'naming' and 'claiming' suggests for social development is that policy-makers, planners and practitioners can label and target people as 'the poor', 'vulnerable groups', 'children in difficult circumstances', 'lone parents', 'women', 'youth', 'elderly', 'disabled', 'minorities', 'refugees' or whatever. Ultimately, however, these groups will respond to the top-down ascription of identities only if it provides viable solutions for them out of the limited choices and options available, or if the labels themselves have resonance for them at a particular time in their life-cycle".

The challenge, therefore, is to find an approach to policy and programme development that is both true to the experience of social actors (and in particular marginalized and excluded groups), whilst being grounded in an understanding of social and historical conditions of inequality and difference.

Chapters 3, 4 and 5 have sought to demonstrate that the theoretical framework outlined above is inextricable from methodology. In Chapter 5, I have suggested that a truly reflexive and participatory approach to implementation and monitoring of policy and programmes requires a methodology which incorporates into development practice an understanding of how social actors negotiate identity and difference. Chapters 2 and 5 have raised fundamental questions concerning the validity of empiricist research methods for understanding social practices as enacted in specific social contexts. Nonetheless, the power of empiricism and

technocratic concerns in policy and programme development is reflected in a growing body of operational techniques such as cost-benefit analysis, operations research, systems analysis and strategic planning, in which knowledge becomes defined by scientific procedures (Fischer 1985:232). I have argued in Chapter 5 that while positivist approaches may successfully elicit socially and morally prescribed principles for behaviour (i.e. norms and values), they are limited in their ability to lay bare the concrete reality of everyday actions that often deviate from these norms and values. Furthermore, accounts of the most marginalized and socially excluded groups are often missing from demographic accounts of sexual and reproductive behaviour.

In Chapter 5, I outlined a methodological approach which places a primary focus on actors' categorisations and interpretation of events, emphasising the collections of narratives as opposed to the collection of 'social facts'.
I have suggested that the process of incorporating actors' narratives into social research and monitoring is one step to ensuring that the process of 'naming' or identifying marginalized groups during programme design and implementation does not occur uncritically. The approach makes a break from positivism, placing the actor and their social networks at the centre of the research or programme design process. As Chapters 3, 4 and 5 suggest, for a truly critical social analysis to take place, there is a need to understand actors' discourses and narratives within the historical and social context in which these practices and actors interpretations of events are organised. As the Bolivia case study has shown,

narratives need not simply be statements of what is occurring at present, but can also be accounts of how prior events or actions limit and orient subsequent ones. Hence, comparisons of narratives produced in different contexts, such as that carried out in Chapter 4, can facilitate a form of cross-situational knowledge (Calhoun 2000:507).

Through the collection of local narratives, the peer ethnographic approach outlined in Chapter 5 goes some way to enabling policy and programmes to listen to what Scott (1990) refers to as the 'hidden transcript', which remains un-spoken in power-laden situations. Through this methodological approach local people, and in particular the excluded and marginalized, assume responsibility for reflecting on policy and programme implementation, within the context of their everyday lived experience. As Forester (1985a:xiv) suggests:

> "Unless critical social research can illuminate the situated, interpretative, and judgemental character of social action, we may never understand politically the very real pragmatic meanings that a simple 'no', a simple silence...might have in the day-to-day play of power"

2.2 *The Implications For Policy and Practice*

This thesis has been an attempt to analyse critically the gap between population policy discourse and the reality of how reproduction, sexuality and health are experienced by poor and marginalized groups in specific social contexts. In exploring this issue I have suggested that the ICPD discourse of equity, empowerment and rights, is consistent with a neo-liberal economic and

development policy framework. International organisations, technical cooperating agencies and international lending institutions exert a decisive influence over national policy, directly or indirectly legitimising certain policy frameworks whilst condemning others (Stiefel and Wolfe 1996). Central to the neo-liberal policy framework is the notion that social institutions can influence forms of private life (such as the family) through empowering individuals to act as 'rational' subjects to pursue specific goals (Calhoun 2000:533). The neo-liberal notion of empowerment incorporated into the ICPD discourse, is not one of collective empowerment of marginalized and excluded groups. Rather the emphasis is on enabling individuals to participate as entrepreneurs in the free-market and to pursue individual health and fertility outcomes (identified by policy as being for the public good) through policy frameworks which remove obstacles to individual choice and freedom, as a result of liberalisation and privatisation.

While globally there may be a general decline in maternal and infant mortality and fertility rates, in specific localities, mortality and fertility may be rising as a result of impoverishment and the curtailment of public services (Stiefel and Wolfe 1996). In this context, participatory approaches to health policy and programme development have become an important part of the neo-liberal policy discourse. The neo-liberal notion of empowerment is closely linked to participation ideologies which seek to stimulate popular or voluntary initiatives by civil society to look after their own interests, in the face of depleting public resources. With national governments facing increased budgetary pressures and a trend towards

privatisation and reduced responsibility for welfare provision, the role of the state becomes one of creating an 'enabling environment' (a recent addition to neo-liberal development policy rhetoric) in which vulnerable and marginalized groups are 'empowered' to develop self-help initiatives. However, for many, the aspirations for social mobility implicit in the neo-liberal discourses of freedom, choice and equity are blocked by lack of access to economic and social resources as a result of historically-embedded relations of power and inequality.

The critical social analysis outlined in this thesis also has a direct methodological bearing on policy analysis and formulation. The view that there is one objective version of reality (in this case reproductive behaviour) which can be captured and explained through empirical and positivist research paradigms has been challenged. Rather, as the case study material has illustrated, reproductive health is a messy and complex business, in which social actors are continually trying to develop and negotiate strategies for dealing with competing interests and multiple perspectives in concrete social situations. The thesis has tried to demonstrate both the theoretical and methodological importance of engaging with actors' perspectives. However, this is not to argue for a position of relativism. Rather, the framework for critical social analysis that I have drawn upon attempts to bridge the gap between positivism and relativism, and structure and agency. I have argued that critical social analysis as applied to policy and programmes must always be grounded in an analysis of the historical and social

conditions in which practice is embedded and in which social narratives are produced.

I have suggested that critical social analysis is necessary not only to identify the distributional effects of policy on different groups in the population, but also to identify the historical processes by which certain groups become excluded and marginalized in the policy reform process. As yet the application of critical analysis to public or social policy remains limited (Forester 1985b; 1993). Little policy analysis looks at how policy making and policy implementation reshapes the lived world of actors, impacting on social worlds in ways that alter actors' opportunities and access to economic and social resources. Hence, critical social policy analysis needs to explore the social infrastructure in which policies are implemented and the mediating institutions which link the lived world of actors to the broad structures of society. The critical content of such analysis is centred on how historical and structural conditions shape policy frameworks, and the implications of implementation of policy frameworks on social practice in specific social and political contexts. In assessing the potential impact of policies, it is not enough to assess what the poor 'ought' to want in terms of reproductive health outcomes (Stiefel and Wolfe 1996). Indeed I have argued that good reproductive health outcomes mean different things to different groups in the population, in different social contexts, and hence that policy analysis must take account of social action and the actor's perspective. Policy reform cannot just be a technical issue but must also be a political process, which challenges the underlying

structural relations of power and inequality which deny marginalized groups access to the necessary resources and capital to realise their rights. In such a process:

> "consensus and sharing may not always be the goal, *but the recognition and appreciation of differences, in the context of confrontation with power*" (Young 1986:76 [original emphasis], cited in Taylor 1996: 161).

Taylor (1996: 163) suggests that the concepts of rights and entitlement should be tied to a notion of fulfilment of need, in which need is understood as contextualised and differentiated as opposed to universal and abstract. The meeting of need then implies not just a set of abstract rights, but also the concrete power to meet needs through access to the necessary resources. Hence, rights can only be meaningful if they raise the possibility of access to and control over the resources necessary for human development, and tied to a framework which recognises the gendered, ethnic and class basis of power inherent in the institutions of global capitalism, state and market mechanisms (Taylor 1996).

Above all, policy analysis must be open to a critical discourse in which diverse groups in civil society are understood as having unequal chances, and capacities for action which are embedded in historically specific relations of power, inequality and difference (Calhoun 2000). I have suggested that the central issues of identity and difference need to be understood by all partners in the development process, through a truly participatory approach, which recognises

the unequal ability of different groups in society to participate in the development process. This thesis has also suggested that the mechanisms for implementation of reproductive health and rights frameworks do not lead to social equity. Rather the implementation of the ICPD discourse through national policy and programme frameworks, often reproduces existing inequalities and power relations. The rights of citizens and civil society cannot be realised through a public policy alone which seeks the enhancement of individual choice and freedoms through partnerships between global institutions, the state and market agencies (Taylor 1996).

Improving reproductive health and promoting equity are apparently founding principles of the ICPD POA. However, this thesis has argued that the abstract universal notions of rights, freedoms and choices encapsulated in the ICPD discourse, fails to address the underlying structure of power relations which underscore practices of national and global institutions in local social contexts and impact on health outcomes. In drawing upon global rights frameworks and assuming a universal definition of reproductive health and rights, the ICPD discourse lacks a consideration of historical context and of the structural conditions that are necessary to support the individual freedoms, choices and decision-making power of 'citizens' to enable them to realise their rights and health. The abstract notion of universal individual rights upon which the ICPD discourse draws, needs to be revisited to consider the central issue of power and differential access to resources. Indeed, until the social conditions which enable

equitable access to power and resources are in place, reproductive health and rights will remain an abstract liberal ideal, as opposed to a concrete social and political reality for the majority of world's poor and socially marginalized.

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