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Planning Men out of Family Planning: A Case Study from Mexico

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Abstract: Nowhere on earth do men participate in contraception in larger numbers than do women. As highly effective forms of contraception for women have become widely available throughout the world, and as women became the crucial target of planned parenthood campaigns in the last several decades, decisions about birth control have increasingly occurred in a female contraceptive culture. Men have been intentionally and inadvertently marginalized from responsibility for preventing pregnancy, including by the transnational pharmaceutical industry, national family planning agencies, religious institutions, and multilateral aid agencies and foundations. Through a cultural history of male contraception and ethnographic research on vasectomies in Oaxaca, Mexico, I explore men's experiences in contemporary female contraceptive cultures. The low rate of male participation in contraception in Oaxaca is shaped by global structures and ideologies articulated in the modernist premise of dichotomous male and female sexualities, legitimated through flawed biological platitudes.

Keywords: contraception; family planning campaigns; Mexico; male and female sexualities; vasectomy

Planificación familiar como exclusión de varones: Un estudio de caso de México

Resumen: No hay lugar en el mundo en que los varones participen más que las mujeres en la anticoncepción. Mientras que métodos altamente eficaces de anticoncepción para mujeres se han tornado muy accesibles, y las mujeres se han vuelto la meta principal de las campañas de planificación familiar de las últimas décadas, las decisiones sobre control de la natalidad se han producido cada vez más en una cultura anticonceptiva femenina. Los varones han sido intencional e inadvertidamente marginados de la responsabilidad de evitar embarazos, incluso por la industria farmacéutica, instituciones nacionales de planificación familiar, instituciones religiosas, agencias multilaterales y fundaciones. Por medio de una historia de la anticoncepción masculina y de investigaciones etnográficas sobre vasectomías en Oaxaca, México, pretendo explorar las experiencias de varones en culturas anticonceptivas femeninas contemporáneas. La baja tasa de participación masculina en la anticoncepción en Oaxaca es resultado de estructuras globales e ideologías articuladas en las premisas modernistas de sexualidades dicotómicas, legitimadas a través de tópicos biológicos erróneos.

Palabras clave: Anticoncepción; campañas de planificación familiar; México; sexualidades masculinas y femeninas; vasectomía

Planejamento familiar como exclusão de homens: Um estudo de caso do México

Resumo: Em nenhum lugar do mundo os homens participam mais do que as mulheres da anticoncepção. Tanto que quando várias formas eficazes de anticoncepção são muito acessíveis ao redor do mundo, e quando, nas últimas décadas, mudar o comportamento das mulheres tem sido a meta principal das campanhas de planejamento familiar, tomar decisões sobre métodos anticonceptivos tem ocorrido mais que nunca dentro de uma cultura anticonceptiva feminina. A propósito e por casualidade, os homens têm sido excluídos da responsabilidade de evitar gravidezes, inclusive pela indústria farmacêutica internacional, institutos nacionais de planejamento familiar, instituições religiosas e organizações e fundações multilaterais. Através de uma história sobre anticoncepção masculina e pesquisas etnográficas sobre vasectomia em Oaxaca, México, pretendo explorar as experiências de homens em culturas anticonceptivas femininas contemporâneas. A baixa taxa de participação varonil na anticoncepção em Oaxaca é resultado de estruturas e ideologias globais articuladas nas premissas modernistas de sexualidades dicotômicas legitimadas por discursos biológicos equivocados.

Palavras-chave: anticoncepção; campanhas de planejamento familiar; México; sexualidades masculinas e femininas; vasectomia

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Domestic Institutions in Family Planning

Family planning in Mexico has always been driven by public sector institutions, meaning federal and state governments and health centers. Non-governmental organizations, the pharmaceutical industry, and the Church have played a role in promoting or opposing governmental policies, but at no time have their efforts been comparable in scope or impact. In the early 2000s, medical personnel in government institutions provided most contraceptive devices in Mexico, with private pharmacists acting as the second most significant group of providers, and the number one group for first-time users. And in line with a local application of the female contraceptive culture (Viveros, 2002), women were the main targets of all public efforts from the outset of Mexican government family planning programs in 1973. Although men were formally mentioned in certain family planning programs in 1980s, in practice men were at best an afterthought and policy makers did not judge the participation of men in contraceptive use as necessary, possible, or worthwhile and therefore little effort has ever been made to involve men.

Family planning campaigns that have been developed in Mexico in the last three decades were designed to accomplish two key goals. First, to foster the regime of “personal choice” regarding the timing and number of children a couple wanted, and hence herald the advent of democratic decision-making and citizenship in this realm of social life. And, second, to analyze, regulate, and control populations. In part this emphasis on control is a reflection of feminist currents internationally that began in the 1970s, when women activists challenged prevailing attitudes and practices with respect to family planning, and asserted the need to gain “control” over their own bodies reproductively and otherwise.¹ Use of the term control reflected efforts on the part of states and international multilateral organizations beginning in the 1960s to promote economic development in the southern hemisphere through disarming the “population bomb” by lowering birth rates around the globe, a politics whose policies were diametrically opposed by an emerging feminist health care network.

¹ See, for example, *Our Bodies, Ourselves* published in 1973 by the Boston Women’s Health Book Collective. English-language versions of this text were passed around among feminist activists and scholars in Mexico in the 1970s.

From 2001 to 2005, I conducted research with heterosexual couples in the southern Mexican provincial capital of Oaxaca de Juárez. The heart of that study (see Gutmann, 2007) is an ethnography of men's reproductive health and sexuality focused on vasectomies and AIDS. In the book I also provide historical background on the history of population control, family planning, and reproductive health campaigns in Oaxaca as well as Mexico overall. In this article I draw on especially on the historical, background materials that provide a context in the book for the ethnographic findings based on interviews and participant observation.

One of the missing pieces in the history of family planning and other population policies in the last several decades in Mexico pertains to the mechanisms that were developed to foster women's adoption of various methods of contraception that at the same time, intentionally or not, also succeeded in excluding men from such reproductive health efforts. In the sections that follow, I discuss, the feminist challenge to population policies, institutional efforts to boost the participation of women in contraceptive adoption (through the *oferta sistemática*), the remarkable change in government policies from pronatalism to promotion of birth control in the early 1970s, as well as specific campaigns launched by the Mexican government, in line with international strictures, intended to identify women who were not participating in birth control.

Feminist Challenges to Population Policies

The reemergence of feminist movements in Mexico in the 1970s contributed to focusing attention on several issues related to family planning, such as demands for the legalization of abortion and greater legal penalties for rape and violence against women in general. Formally and informally the guiding assumption in family planning, domestic violence, and other campaigns developed by feminist activists in Mexico during this time was that women can be changed but men are largely a lost cause and not worth as much effort to try to change.² Mexico in the 1980s witnessed the development of reproductive health as a key platform of women's overall struggles for equality. This was true both at the level of the federal government as well as in particular communities. For example, in a pioneering study Carole Browner (1986) showed how the new government family planning policies had to contend with local conflicts in the early 1980s between men and

² This point has also been made to me repeatedly by feminist activists from organizations helping battered women in Mexico City. See, for instance, Gutmann, 2006:chapter 8.

women over the value of population growth versus the benefits of birth control in a Chinantec-Spanish-speaking township in rural Oaxaca.³

Needless to say, no organization of and/or for men has ever existed in Mexico or any other country that focused on men and questions of reproduction, contraception, abortion, and sexual violence. The silence of men on these issues has been indeed deafening—except, of course, when men have developed and implemented programs whose aims are to make women exclusively responsible for contraception and related matters. The only groups of and for men concerned with reproductive health have concentrated on medical problems like AIDS and other Sexually Transmitted Infections (STIs). There has never been a groundswell demand on the part of men for contraception for men. Nonetheless, from the international funding agencies to Mexican state-run health institutions in Mexico to local NGOs working on issues of sexual health and birth control, the institutional bias to ignore or even exclude men from these arenas has had indisputable and enduring consequences.

By examining the history of family planning in Mexico in the last several decades we may gain insight as to how men have intentionally and not been excluded from most governmental and non-governmental initiatives with respect to reproductive health in general and birth control in particular, and in this way the expectation that men will not easily or generally participate in family planning has become a self-fulfilling prophecy. One aim here is to contribute to the emerging literature on men, contraception, and sexuality.⁴

A final caveat may be in order: this chapter does not focus on individuals or personal negotiations regarding birth control or sexuality. Their absence is not meant to imply that discussions, debates, and resolutions by couples in Mexico regarding these matters are irrelevant. Although the term “agency” is sometimes overused, especially when individuals and groups fail to achieve desired results or do not even try, health institutions and state agencies are never monolithic. None-

³ See González Montes (1999) on the history of NGOs and reproductive health generally in Mexico.

⁴ For overviews of studies of masculinity in Latin America, see Valdés and Olavarría (1997; 1998) and Gutmann & Viveros (2005). Within the rich literature on homosexuals and men who have sex with men (MSMs) in Latin America (including Latinos in the United States), see Carrillo (1999; 2002; 2003a; 2003b); Núñez Noriega (1994; 2001); Parker (1999; 2003); and Parker & Cáceres (1999). Scholars who have focused more on heterosexual men and reproduction in this region are almost all themselves from Latin America; see especially Amuchástegui (2001); Figueroa (1998); Fuller (2001); García & de Oliveira (2004; 2005); Leal (1995; 1998); Lerner (1998); Minello (2002); Olavarría (2002); Szasz (1998a; 1998b); Szasz & Lerner (1998); and Viveros (1998a; 1998b; 2002).

theless, here I have chosen to examine how and the extent to which individuals and couples in Mexico are constrained by technical limits imposed by governing bodies, governmental, religious, and civic.

The Oferta Sistemática (for women only)

A recent contraceptive program in Mexico called *Oferta Sistemática* state-mandated policies sought to increase the adoption and employment of birth control by women. With the oferta sistemática (roughly, “the standard plan”), every time a woman of child-bearing age came into contact for any reason with a doctor, a nurse, or other health care worker, whether in a clinic or in her home, she was offered contraception. (All forms of birth control are free in public health centers in Mexico.) It is significant that men were not part of the oferta sistemática, unless they happened to accompany their spouses, which meant that men were not as a matter of course asked about what form of birth control they might employ unless they specifically sought information about contraception. In this way the female contraceptive culture emerged and was reinforced institutionally, including through the public health system, so that women were systematically confronted by health personnel about birth control in ways that few men experienced.⁵

What occurs locally in any state in Mexico is, of course, also governed by global events. With respect to women and men deciding about whether to use birth control, and if so, what method, this decision takes place at a time when highly effective forms of birth control for women have become widely available throughout the world, and in fact there has developed the *cultura anticonceptiva femenina*, the female contraceptive culture, that Viveros (2002), Barbosa and Viera Villela (1997), and others discuss.⁶ Nowhere on earth do men participate in contraception in larger numbers than women; in most locations the percentage of men using male forms of birth control is a tiny fraction of women employing other methods.

Although health care practitioners insisted that promotion of birth control among women was simply a reflection of the realities of the situation in which most women expected and were expected to be solely responsible for contraception, such interactions in reproductive health clinics reveal a form of medical profiling

⁵ An earlier version of this essay that was written for the seminar on “Reproduction, Globalization, and the State” was subsequently incorporated into my ethnography, *Fixing Men: Sex, Birth Control, and AIDS in Mexico* (California, 2007), especially chapter 5.

⁶ The work of Mara Viveros (2002) on Colombia is of inestimable importance in the study of vasectomies and men’s reproductive health generally in Latin America.

(see Briggs & Mantini-Briggs, 2003) in which doctors and nurses reveal their own prejudices and preferences for women to assume this obligation. In the same way, *metas* (targets) set by federal agencies for the promotion in local clinics of various forms of contraception are aimed at recruiting women as the “new users.”

In an effort to examine negotiations between women and men regarding contraception –what Carole Browner (2000) terms the “conjugal dynamic”– in 2001, I interviewed women in a family planning clinic in Oaxaca, Mexico.

I sat with one woman who told me her husband had just returned “for good” from the United States and the two had decided they needed reliable contraception. They might still have more children, so they were looking for temporary methods. She was in the clinic to get an intrauterine device (I.U.D.) inserted. I asked her, “I am sure you aren’t looking for your husband to get a vasectomy, because that is a permanent form of birth control, but have you thought about other methods for men instead of getting an I.U.D. put in?” The woman looked at me as if I were confused or maybe a little feeble-minded. “Like what?” she gently inquired.

Of course, I had little to say by way of response. Because other than condoms –and discounting withdrawal and rhythm as reliable forms of long-term temporary contraception for most men and women– there was no other method widely available on the market, in Mexico or any other part of the world. There were, again, few birth control options for men.

Histories of Men—Such as They Are

Histories of family planning and reproductive health usually focus on women while men are rarely addressed except with respect to AIDS and STIs. The account to follow is thus unorthodox history.

Occasionally men are mentioned in passing, almost as an afterthought, as if men might have something to do with reproduction, but the implicit assumption is that men probably have little to do with birth control because they are generally reluctant to share responsibility for preventing pregnancy from occurring during their few seconds of ejaculation. The absence of men from histories of family planning is customary in academic disciplines that have pioneered research in reproductive health such as medical anthropology, public health, and demography,⁷ and men are so remarkably missing from reports and teaching materials produced

⁷ Exceptions to this situation are Szasz (1998a; 1998b); Greene and Biddlecom (2000); Bledsoe, Lerner & Guyer (2000); and Dudgeon & Inhorn (2003; 2004).

by governments, international health agencies, family planning associations, and other educators that we might almost consider this a conspiracy of silence with respect to men and reproductive health.

International conferences in Cairo and Beijing in the mid-1990s formally addressed the problem of men not figuring significantly in family planning efforts internationally. These conferences and the general climate in global health policy at the time led to local efforts in Mexico such as training doctors in the “new” no-scalpel vasectomy technique that had been first developed in China twenty years earlier. For various reasons I explore elsewhere (Gutmann, 2007) male sterilization as a popular form of contraception never achieved widespread acceptance.

Thus, in this way and others, the overall impact of Cairo and Beijing as measured by local level changes ten years following on the conferences was still very limited. In part, I believe, this was the result of local health practitioners not supporting men’s involvement in reproductive health and sexuality agendas, as often as not because owing to concern that this would represent a diversion away from pressing issues of women’s health and sexuality. Not coincidentally, local reticence was inextricable from broader discomfort found within the ranks of international agencies and state institutions regarding the inclusion of men in any arenas related to gender and development. Men were not trusted by many practitioners to be responsible partners in health, while others viewed men as a threat to already limited financial and other resources (see Chant & Gutmann, 2000).

So-called “modern” forms of contraception became widely accessible in Mexico in the 1970s. Devices and methods like the condom and I.U.D. were available to middle-class women and men living in the cities before this time—in fact, the science to manufacture the birth control pill was developed in Mexico in the 1950s—but widespread access to and employment of these forms of contraception did not occur until major campaigns for family planning were launched by the Mexican federal government in the 1970s (see Brambila, 1998).

The history of family planning in Mexico is replete with the language of *control de población* (population control), *control de natalidad* (birth rate control), *control de fertilidad* (fertility rate control). The term *salud reproductiva* (reproductive health), coined in the United States in 1980s, is today widely employed in Mexico and throughout the world. Reproductive health was meant to shift the focus from population control to efforts to improve women’s health, contraception, maternal and child health, midwifery, sex education, and access to abortion, and to help prevent problems like sexual violence, infant mortality, and STIs. As used in public health, development, and academic studies, the expressions reproductive health and reproductive rights generally refer to women’s reproductive health and rights. Men’s reproductive health, if raised at all, usually refers to STIs and prob-

lems of male organs like the prostate. Indeed, the term “men’s reproductive health and rights” seems to many an oxymoron. Raewyn Connell (2005:1813) discusses the contradictory history of “men’s relational interests in gender equality” policy, finding that early assumptions that men and women had the same interests in equality have yet to be confirmed in practice. She argues that simplistic approaches to equality and rights can inadvertently conceal real differences along gender lines with respect to influence and needs.

The history of family planning in Mexico thus shares much in common with the history of family planning in other parts of the world. Perhaps for this reason one remarkable feature of the history of family planning in Mexico is how quickly the country went from being a bastion of pronatal policies as late as the early 1970s, to a country in which contraceptive methods were adopted in a matter of a few years by millions of women (and few men), which then led to a dramatic decline in the birth rate (from 6.7 in 1970 to 2.2 in 2003) and the rate of population growth.

Pronatalism had multiple roots and various justifications, while the impediments to widespread adoption of contraception were legion. The teachings, language, and regulations of Catholicism –for example, the sanctity of the seed– represented obvious obstacles to the use of modern forms of birth control by followers of the Church’s doctrinal rulings on preventing pregnancy. Others in Mexico who were intent on guarding the country from imperialist encroachment insisted that only foreign capitalists would benefit from fewer Mexican births, and on these grounds decried contraception as interference in the internal affairs of the country.

Pronatalism in Mexico

Although it would change spectacularly in the early 1970s, throughout most of the twentieth-century pronatalism was the official state ideology and the principles cherished by a nation that had witnessed millions dying in their revolution from 1910 to 1921. Population growth was not only not a problem, it was encouraged in order to repopulate the country as a whole, to spread needed workers to more remote but economically strategic areas of the country, and as part of a plan to vault Mexico into the ranks of more important regional powers. Children represented more hands in countryside as well as social security during old age in the cities–the more children the greater one’s chances of survival later in life. The dominant cultural ethos held that “big families were not merely a reflection of antiquated or ‘macho’ values... but rather an adaptation to an economically extremely precarious situation in which the majority of the Mexican population found (and finds) itself” (Márquez, 1984:314).

Through the early 1960s, Mexico's economic growth was double its population growth. As long as the economy grew at a faster pace than population, government and business leaders believed that there would be no problem sustaining the younger generations. On the contrary, a young work force was needed to fill the factories and populate more underdeveloped cities and regions of the country. Not only was family planning unnecessary in the view of the authorities, but as the Secretary of Public Health stated in 1962, birth control was antithetical to Mexican religious and social values. Nonetheless, despite this policy from above, the view from below was distinct. As in other countries, Mexico's mortality rate declined and life expectancy grew over the course of the twentieth-century, from a life expectancy of 24 in 1895 to 48 in 1950, to over 75 in 2006. A key component contributing to this rise were declining rates of infant mortality that consequently led to women and men no longer needing or seeking to have as many children to insure that some would survive. Unlike many other countries, however, fertility rates did not begin to decline in a commensurate fashion until the 1970s.

Worldwide debate unfolded in the 1960s regarding The Population Problem. Meanwhile, in Mexico, pronatalism reigned and nay saying academics and policy figures were largely ignored, as were the voices of international organizations trying to influence Mexico's family planning politics.⁸ According to the Sanitary Code at this time, contraceptives were to be distributed only with a medical prescription. This proved to be far less of an obstacle for people in major urban centers who had the social connections and financial means to obtain them, whereas obtaining birth control was invariably more difficult for most citizens of limited social and economic capital to accomplish. At this time there were also restrictions on the manufacture of contraceptives and all advertising for family planning was prohibited. During his presidential campaign in 1969, Luis Echeverría went so far as to state that, "to govern is to populate" (*gobernar es poblar*). It was not until April 1972 that the government formally announced a wide-ranging family planning program for the entire country.

By 1976, even in rural areas where prevalence rates lagged significantly behind urban centers, 14 percent of married women of childbearing age reported using birth control. By 1981 this figure raised to 27 percent, and by 1987 it was 33 percent (see Potter, 1999).

Culturalist explanations that insisted Mexican women would be reluctant to adopt birth control in large numbers were thus significantly flawed and proved

⁸ Including the International Planned Parenthood Federation (IPPF), the Ford Foundation, the Population Council, and the United Nations Population fund (UNFPA).

unable to predict the sea change in women's contraceptive practices. Yet what was learned about women in the process of implementing family planning programs in Mexico, including with respect to fallacious culturalist reasoning that women would be reluctant to avail themselves of birth control if given an opportunity, was unfortunately seldom utilized when it came to involving men in these projects. To this day, analysis of monolithic and monochrome Mexican men and their machismo, sexual attitudes, proclivities and practices have proved far more stubborn to dislodge. To the extent that male sexuality has been understood in Mexico in unitary and simplistic ways, public policy, including with respect to contraception, pregnancy, and child rearing has shown little more imagination or ability to engage men in contraceptive projects. Reproductive health policies have consequently been designed so that women alone are held ultimately responsible for family planning. Mexican men's supposedly uniform "negative attitudes" with respect to birth control, child spacing, and decisions about the number of children a couple might desire were seldom challenged by state or nongovernmental authorities in the early 2000s. This can be partially traced to the manner in which the very first family planning campaigns were fashioned, often, as we shall see, under the aegis of liberal international multilateral agencies and foundations, that explicitly or implicitly excluded men from the process.

The 1973 About Face

In April 1972, a new national family planning program was announced and launched with the slogans "*paternidad responsable*" (responsible parenthood) and "*la familia pequeña vive mejor*" (small families live better). Over the next two years, a series of programs and policies aimed at kick-starting "population regulation" was activated by the federal government. In February 1973, a new Sanitary Code abolished Article 24 of the Mexican Constitution that had prohibited the advertising and sale of contraceptives.

The abrupt about-face in population policy led to a rapid and sharp decline in fertility rates in Mexico, a decisive refutation of the views of policy wonks who had predicted that Mexican women would not acquiesce to contraception for religious, moral, and practical reasons. The predictions of "those who thought that Mexico's high fertility was entrenched" (Alba & Potter, 1986:63) were quickly dispelled.

What accounts for this spectacular turnaround is a key question in the history of population and family planning in Mexico. Economic pressures were clearly central to the decision to staunch population growth that was made early in his

presidency by Echeverría and other high officials. Although Mexico still enjoyed a healthy economy, annual rates of economic growth had slowed by the early 1970s. Additionally, migration within Mexico from the impoverished countryside to the cities was increasing rapidly as the appearance of “overpopulation” became more worrisome to many officials. Academic demographers in league with interested foreign foundations and agencies at long last seemed to find a receptive audience in positions of power. Yet at the same time, population control became yet another vehicle for the ruling party, the PRI, to influence and control the lives of the Mexican citizenry, in this case, within a few years beginning in the 1970s, by seeking to manage the very intimate realms of sexuality and contraception for tens of millions of women (McCoy, 1974:399). Throughout this reversal of policy, to be sure, the Mexican government did not want to appear to be responding to demands of the United States for Mexico to lower its birth rate. Nonetheless, it was difficult for Mexican authorities to conceal that its new policies were in part very much the result of strong international coercion, especially from the United States and affiliated funding agencies like the World Bank.

International pressure on Mexico during the 1960s and 1970s was tied inextricably to the sordid history of imperialism and colonialism from the time of the eugenics movement in the 1920s, through campaigns for sterilization Latin America, and subsequent dire prognoses by the CIA among other agencies of the United States that argued for population control as a way to reduce revolutionary movements and protect strategic U.S. interests in the Southern Hemisphere. On June 15, 1972, a summit talk between Presidents Richard Nixon and Luis Echeverría, Nixon badgered the Mexican head of state, “[T]he biggest problem in Latin America at this time is population growth, unemployment, and the tensions provoked by international communism” (see Welti ,2003:4).⁹ Washington considered Mexico’s population growth a risk factor threatening the security of the United States.

How could contraceptive use have become so widespread in a relatively short time in a Catholic country? The short answer to this question is that Mexico has long had an inconsistent and flexible relationship with its particular brand of Catholicism. In 1859, President Benito Juárez decreed the separation of church and state in Mexico; in 1867, Mexico broke diplomatic relations with the Vatican, and only reestablished them in 1992. The Mexican Revolution galvanized a wave of anti-clericalism that held sway in important ways for the next 100 years. Although Catholicism in contemporary Mexico has played an enormous role in preventing

⁹ My thanks to Ana Luisa Liguori for sharing this paper with me.

the legalization of abortion, it has had little barring on other issues relating to sexuality and reproduction.

Throughout most of the twentieth-century, following the adoption of the 1917 Constitution, in which the Church was prohibited from owning property and was brought under the strict supervision of the Mexican federal government, anti-clericalism has existed side-by-side with obeisance to Rome. And as state and church became ever more separate institutions, doctors came to substitute for priests as the ultimate authorities on family planning, in the formulation of the former director of Mexfam, the Mexican affiliate of the IPPF (International Planned Parenthood Federation; see López Juárez, 2003). Additionally, the lack of opposition to artificial birth control on the part of the Church should also not be exaggerated. Despite pronouncements by Church leaders, innumerable local priests certainly continued to counsel to their parishioners against the use of contraceptives. In practice this meant targeting women once again, both because far more women than men attended church regularly in Mexico, and because in the Catholic church as well as the Mexican health system women were de facto considered most responsible for family planning and most responsive to injunctions from religious authority. The adoption of the birth control pill and other forms of contraception by millions of women in the 1970s and beyond, however, illustrates that although significant, these countervailing efforts were on the losing side of the debate. As Catholic strictures against artificial contraception became more anachronistic, undoubtedly some clergy turned a blind eye to such transgressions to ward off further dwindling church attendance and membership.

From the outset family planning campaigns in Mexico were aimed at women far more than at men. This was true even in the Catholic church. In December 1972, a Pastoral Letter from the Bishops of Mexico stated that, "It is for the spouses to decide, in God's presence, how many children they will have in their family; not leaving it to chance or acting out of selfish reasons, but guided by objective norms." The Pastoral Letter appeared four years after the Papal *Encyclical Humanae Vitae* that provided a remarkably lenient view of the Catholic Church's birth control policies. The Mexican Bishops' Letter continued, "The decision on the means they are to take, loyally following the dictates of their conscience, ought to leave them at peace, in as much as they have no reason for feeling cut off from God's friendship. The important thing is for man to seek, sincerely and loyally, what is the will of God for him in his particular situation." The Letter further acknowledged "a very real and excruciating emergency for most Mexican families—the population explosion." Among the many harmful effects of this population explosion was a "lack of self-improvement in women." The Catholic Church in Mexico thus not only did not oppose the new family planning policies of the

government—many of which directly contradicted official Catholic canon—but through their Pastoral Letter and conspicuous lack of challenge the Church leaders offered their de facto *support* for the government's population efforts.

The Bishops' Pastoral Letter is indeed exceptional in explicitly naming “spouses”, not only women and wives, in their appeal to their congregations to follow their conscience when choosing to practice a method of birth control, if choosing to at all. The conclusion most commentators have drawn regarding the surprising change in contraceptive practices and the subsequent decline in fertility in Mexico, is that women proved far less religiously bound and more concerned with providing their fewer children with more educational opportunities and material privilege than some analysts had suspected possible. The slogan, “Smaller families live better,” was well and swiftly adopted by women in Mexico, as soon as government health institutions presented them with the opportunities to do so.

If at all considered by planners, men were seen as neutral or begrudging partners in birth control method utilization. That is, although it was (belatedly) acknowledged that women's desire to have fewer children would prevail over all sorts of other mitigating factors (like their Catholic prejudices), it was assumed that men still had to be thwarted from their preordained natural tendencies. Representing an emerging consensus in the Mexican government, Gilberto Loyo, the former Secretario de Gobernación¹⁰ and longtime PRI spokesman on population matters, published a paper in 1967 commenting, “It can be said that to some degree in the rural areas and to a greater degree in lower class urban areas women—oppressed by the number of children they have, by their poverty, and by the irresponsibility of their husbands—attempt to control birth by inducing abortion, (many times with regrettable consequences) or by ineffective contraceptive means” (Loyo, 1974 [1967]:187). In this way, Mexican men were officially labeled as “irresponsible” with respect to family planning. Men in the countryside and even more the poor men of the urban centers were identified as bad influences and cultural barriers to containing Mexico's population explosion. Yet, to the extent that irresponsibly spreading one's seed was considered natural to men in Mexico and elsewhere, culturalist assumptions about what curbing fertility rates might entail shaped the government's ensuing efforts; women were those targeted for change, while men were all but ignored as long as they did not interfere with these efforts.

The key foreign institutions involved in population politics in Mexico in this period included the U.S. Agency for International Development (USAID), the U.N.

¹⁰ Often translated as Secretary of the Interior, this post represents the second most powerful national political office in Mexico.

Fund for Population Activities (UNFPA), the IPPF, the World Bank, the Population Council, and the Rockefeller, Ford, Hewlett, Mellon, and MacArthur Foundations. Family planning shifted from a more strictly medical matter to a global enterprise involving billions of dollars spent annually in services, fees, and products, and population policies became central to overall economic, political, and social programs throughout the underdeveloped world (see Caldwell & Caldwell, 1986; Ford Foundation, 1991).¹¹

In Mexico and elsewhere women were the key to future success in family planning, though invariably in every country and every international agency on earth those developing and implementing family planning policies and projects were overwhelmingly men from the ruling and professional classes. This meant that women had to be convinced not to view “modern contraceptive methods as potential threats to their health and even to life itself” (Alba & Potter, 1986:64) and that it was their responsibility as women to “protect themselves” by using birth control. Remarkably enough, in Mexico as throughout the world before the arrival of the birth control pill, men had been more “active” participants in preventing pregnancy. Indeed they were often the key players in methods like withdrawal and condom use. All this changed with the pill and other female forms of contraception that the international agencies promoted so heavily beginning in the 1960s, spawning in turn a female contraceptive culture and the effective marginalization of men from more significant involvement in birth control.

Men-as-targets of policies and programs were not explicitly brought into the family planning equation until the 1994 International Conference on Population and Development, in Cairo, and a year later at the Fourth World Women’s Conference, in Beijing (see Chant & Gutmann, 2000), though of course men all the while had been genuinely concerned with preventing pregnancies—as well as implicated in making babies.

Contraceptive Targets

In 1977, Conapo, Mexico’s National Population Council, announced goals to reduce the rate of population growth in the country, so that by the year 2000 the rate would be 1.0 percent. A crucial component in reaching these goals were the contraceptive prevalence targets (*metas*) set by the council that same year. From

¹¹ Amuchástegui (2001) writes on the effect of scientific knowledge on sex experiences and on history of sexuality in Mexico.

that date until the present, every clinic and hospital in Mexico has been assigned specific numbers of women they must try to convince to accept one method of birth control or another. The targets are method-specific, with the highest priority given to the I.U.D. and female sterilization. As Potter (1999:717) writes: "The critical statistic for public hospitals and maternity clinics was the percentage of mothers who accepted one of these methods immediately following delivery."

With the contraceptive target system, the Mexican government decided to intervene in the sex lives of its citizens. Sexual reproduction was medicalized and institutionalized medicine became the regulator of fertility and normative reproductive practices. Although called "targets," these goals were in effect quotas, as clinics suffered penalties, at least indirectly through loss of prestige and clout within the healthcare system, if they consistently fell short of the federally established goals. Conversely, clinics could expect extra resources if their numbers were significantly over target. The target-quota system of promoting contraception among women was of a piece with other nationally mandated health care programs such as the *oferta sistemática* that compelled all medical personnel to encourage birth control use every time they meet with women for any other reason as well.

In all facets of family planning campaigns and programs sponsored by federal and state officials in Mexico, a notable underlying theme is the promotion of modern methods of contraception in contrast to "traditional" methods like withdrawal, rhythm, and abstinence. The decline in fertility rates is obviously not a simple result of accessibility and adoption of birth control of any kind. Undoubtedly, millions of Mexicans decided they wanted fewer children. Often cited reasons for wanting fewer children included: having more money for their children's education and for their general well-being. At the same time, the ideology of "modern is better" pervades discussions on birth spacing, number of children, and contraception.

Conclusion

The modern history of family planning, in Mexico and the rest of the world, is largely the history of women and birth control. It is also an institutional history, because international and national, governmental, and non-governmental organizations have played pivotal roles in developing family planning campaigns, contraceptive products, and promoting the use of one or another birth control method—among and for women. Mexico's own particular history of benign pronatalism was followed by intensive and widespread efforts to lower population birth rates throughout the country in a short period of time. These efforts were generally very successful, no doubt in part owing to the common desire of women (and men)

for smaller families, as well as contingent factors such as the essential abstinence of the Catholic church from attempting to derail the spread of contraceptives in order to prevent pregnancies. Smaller families were also a reflection of the process whereby Mexican women (and men) selectively choose to which Church doctrines they will adhere, and, to cite Gloria González-López (2005:244), that Mexican women in particular, “are neither submissive nor passive, but are active individuals who mediate Catholic teachings on sexual morality based on their personal subjectivities.”

In studying men’s reproductive health and sexuality in Mexico, among other things I tried to determine the influence of negotiations in couples with respect to contraception. This method was inherently problematic because such negotiations take place over years if not decades, and, more importantly, couples do not make such decisions in isolation from the larger contexts influenced by pharmaceutical companies, government health institutions, the Catholic church, and other “outside” actors. The global political economy is central to every decision regarding birth control by couples in every home in Mexico, regardless of how personal and intimate the choice may seem to the men and women themselves.

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