

THE FEMALE STERILIZATION CONTROVERSY: FRAMING REPRODUCTIVE RIGHTS
AT THE INTERSECTION OF RACE AND GENDER IN BRAZIL

By

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To my “boys” who spurred me on with their “*THESIS!*” chant

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Abstract of Thesis Presented to the Graduate School
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To understand the high incidence of female sterilization in Brazil, it is necessary to examine the socio-economic constraints and cultural context that limit the reproductive rights of women in this country. The visible role played by *controlista* agencies with ideologies of population control and backed by international funding, coupled with a lack of reliable options in terms of reversible contraceptive methods, have women's rights activists very concerned. Afro-Brazilian women, caught at the intersection of numerous forms of oppression, are particularly vulnerable to a global system of stratified reproduction, which creates hierarchies of valued motherhood and reproductive health based on nation, class, and race. In Brazil, a historical legacy of eugenics and "whitening" led Black activists to consider high levels of female sterilization in terms of genocide. Although demographic statistics failed to substantiate these claims, a controversy arose which highlighted different understandings of reproductive rights among women's movement activists.

This research examines these differences through the application of social movement theory, specifically frame analysis. I conducted semi-structured interviews with social movement activists in the feminist movement and Black women's movement in three cities in Southeastern Brazil during the summer of 2007. I was primarily interested in the framing of reproductive

rights, particularly female sterilization, but also attempted to assess the perceived impact of the 1996 Law of Family Planning, ten years after it was passed.

My findings suggest that while feminists focused on the *abuse* of female sterilization, and framed the practice as a vital reproductive right, Black women activists emphasized the coercive and racist environment which greatly restricted the real choices available to Afro-Brazilian women. Black women activists spoke of their concerns over female sterilization in the present tense, and framed this practice in terms of human rights and health, putting the improvement of the public health system at the top of their agenda. Understanding these different perspectives through the framing of reproductive rights enhances the possibility for alliances among heterogeneous segments of the women's movement, encouraging the formation of coalitions that respect diversity and act in solidarity.

CHAPTER 1 INTRODUCTION

Feminism... must be a comprehensive and inclusive ideology and movement that incorporates yet transcends gender-specificity. We must create a feminist movement which struggles against those things which can clearly be shown to oppress women, whether based on race, sex, or class or resulting from imperialism. Such a definition of feminism will allow us to isolate the gender-specific element in women's oppression while simultaneously relating it to broader issues, to the totality of what oppresses us as women. If the feminist movement does not address itself also to issues of race, class, and imperialism, it cannot be relevant to alleviating the oppression of most of the women of the world. [Johnson-Odim 1991:322]

In 1996 an astounding 40% of married Brazilian women of reproductive age were sterilized (Dalsgaard 2004). While empirical studies have not been able to prove that population policies were aimed specifically at Afro-Brazilian women, a drastic decrease in the birth rate of the Brazilian population, coupled with a history of public policy based on theories of eugenics and Social Darwinism has led some activists to equate the mass sterilization trend with genocide. This argument has been fueled by international donations to private organizations that are primarily responsible for the rise in sterilization rates.

The content of the debate over female sterilization in Brazil depends upon who frames the issue. For many women, sterilization is a means of gaining control over their lives, and is considered a vital reproductive right. However, when sterilization is the form of birth control most readily available, particularly in public health services that disproportionately affect the working class and people of color, it becomes necessary to ask if this option is about choice or coercion. Sterilization and other issues of reproductive justice are framed by activists with different priorities and lived experiences, creating an insightful lens by which to view the intersections of race, class, and gender in Brazil.

In 1980 the average number of births per Brazilian woman was 6.3; by 1996 this number had dropped to 2.5 (Caetano 2001). However, Brazilian feminists are concerned about “the high costs paid by women for the fertility transition, including the high incidence of female

sterilization, high cesarean rates, and significant numbers of clandestine abortions” (Goldani 2001:4). As women entered the work force they sought to control their fertility. Finding few reversible options, many of them chose to undergo tubal ligation surgery (Christensen 1995). In 1996, a national study found that 27.3% of all women of reproductive age were sterilized (Minella 2005). More than 60% of married women of fertile age who use birth control are sterilized (Serruya 1996) and 70% of these women have had the operation since 1980 (Schultz 1993). Serruya (1996) writes that “sterilization is the most common form of contraception and new data shows women are undergoing surgery at younger ages and with fewer living children” (p. 8, my translation).

A history of racist ideology and the fact that population control agencies targeted the Northeast, a region with a high concentration of Afro-Brazilians, have led some Black activists to view the sterilization of Afro-Brazilian women in terms of genocide. This understanding was reinforced when demographers’ expectations that the 1990 survey would reveal the Afro-Brazilian population exceeding that of Whites were not confirmed. The decline in Afro-Brazilian birth rates is undoubtedly connected to the prevalence of sterilization among women of color. The controversy that ensued pitted Black activists who see sterilization as an attempt to reduce the Afro-Brazilian population against researchers who could find no statistical difference in sterilization rates by race (Berquó 1999).

Afro-Brazilian activists who denounced birth control policies funded by international sources organized *The Campaign Against the Mass Sterilization of Women* in 1991 (Oliveira 2003a). Activists in the Black women’s movement have prioritized concerns about the health of Afro-Brazilian women, and for this campaign were able to mobilize the support of both Black men and White feminists. This mobilization has led to inquiries by the National Parliament and

the passing of countless municipal laws regulating abuses in sterilization practices (Oliveira 2003a).

The controversy over female sterilization in Brazil provides a critical entry point for an analysis of the Black women's movement and its relationship to the predominantly white feminist movement in Brazil. I employed social movement theory based on "frame analysis" to organize data collection and examine how activists have defined and presented issues of reproductive health and female sterilization. I conducted field research in the Southeastern region of Brazil, over a six-week-period during the summer of 2007. My conclusions are drawn primarily from perspectives and information gleaned from interviews with female social movement activists.

Although concern over female sterilization provoked active debate in Brazil during the late 1980s and early 1990s, and generated ample literature on sterilization at the time, much of this literature ignores the impact of race on sterilization abuse. The absence of a discussion of race is justified by the lack of statistical data to support claims of racial targeting in sterilization practices. However, a review of the history of racial ideology in Brazil as well as a global regime of stratified reproduction, suggest that these statistics do not tell the whole story. My research will contextualize the framing of sterilization abuse by activists within this historical and socio-cultural context.

Sterilization thus becomes a lens for examining the intersections of race and gender in Brazil, as well as the interactions and frames of social movements. Adding to the urgency of this research, little has been written on the subject since a sterilization reform law was passed in 1997. By revisiting the issue of sterilization abuse nearly ten years after the passage of this

legislation, I am in a position to examine changes that have taken place in the way that various social movements conceptualize their agendas and attempt to mobilize support for their causes.

Feminist Epistemology

Feminist and gender theories raise important questions for researchers, particularly anthropologists engaged in ethnographic fieldwork. Although time restraints limited the depth of my ethnographic methods, making this phase of my research an interview-based study, my ultimate goal is a contextualized understanding of female sterilization that I feel is only possible through ethnography. Therefore, I felt that even in conducting interviews, it was important that I understood dilemmas that were raised by ethnographic research. As I searched for guidance from other anthropologists interested in race and gender, and how they addressed methodological and ethical questions intrinsic to a feminist critique, I have been fortunate to have access to a number of excellent ethnographies on urban Brazil. An obvious influence of feminism, and other critical approaches, on ethnographic methods has been the recognition of the researcher in the research endeavor. Sensitivity to positionality underscores the notion that empirical research cannot claim a complete lack of bias or partiality.

Positionality

Addressing one's positionality is also an attempt to acknowledge the power inequalities inherent in ethnographic research. Nancy Naples (2003) writes that "reflective practice informed by standpoint analyses of positionality encourages feminist scholars to examine how gendered and racialized assumptions influence which voices and experiences are privileged in ethnographic encounters" (p. 22). Jessica Gregg raises this same debate in her text (citing well-known feminist theorists):

Anthropologists cannot escape their own positionality (Abu-Lughod 1993). At the same time, however, the goal is ethnography, not autobiography, and excessive self-reflection is not the point and is not helpful. As Knauff quite sensibly

explains, 'It now seems crucial if not axiomatic that ethnography must be critically aware of its own relationship to power and representation. If reflexive concerns take over the entire project, however, we are left spinning our wheels; we shed the light of analysis almost exclusively on texts and on ourselves rather than on the people we study with' (Knauff 1996:46). [Gregg 2003:10]

My positionality was glaringly obvious from the inception of this project. Although the astounding statistics on female sterilization in Brazil first drew me to this research, I was most intrigued by the paradigm shift that was required for me, educated primarily from a liberal feminist standpoint, to comprehend the idea that the struggle for reproductive rights included the fight for the right *to have* children. Despite this challenge to the assumptions of my education in feminist thought, there are many ways I have struggled, personally and academically, in relating to mainstream liberal feminism. This struggle further drives my desire to challenge and expand the definition of women's activism, as well as examine the potential for coalition building among diverse groups of women.

On the surface I share much in common with many of the women who have traditionally defined feminism in the United States. I am American, White, heterosexual, and educated. However, I also come from a working-class background, a family that prides itself on its Irish and French, as well as Catholic, ethnicity (categories that were not always considered to be Caucasian), and began to develop my personal identity in a childhood filled with memories of peace marches, protests, and years in socialist and civil-war torn Nicaragua. As an adult I am also defined by my interracial marriage with a Ghanaian man, and my choice to become a mother at a young age. My feminist education began early and is owed almost entirely to my mother; when I was three months old she carried me in my first protest march supporting the Equal Rights Amendment. However, women's rights were always explained and demonstrated to me within a greater context of social justice, of which gender oppression was only one facet.

My interests in the intersections of race and gender (as well as in culture more generally) stem from the very fundamental life experiences of growing up in the “third world” of Central America and the American South. Unlike some progressive Whites, I am proud of my identity as a Southerner, despite some disturbing aspects of the region’s history. My most direct confrontations with sexism and patriarchy have come through my extensive experiences as a female athlete. My personal experiences with racism have been, for the most part, more subtle but perhaps also more insidiously dehumanizing. These experiences, together with my background in Latin America and a semester abroad in Ghana, West Africa, have guided my academic interest in the struggles of Afro-Latin women, an interest that eventually led to my focus on Brazil.

Activist Anthropology

In addition to positionality, another active debate among feminist anthropologists has been in examining the proper role of the anthropologist, and whether this is as a scientist, researcher, bystander, or engaged and active member of a community. As a result of my experiences as a child in the “Movement,” and my decisions to continue working for social justice as an adult, this question was particularly poignant for me. “Activist” anthropology implies challenging the role of the researcher as disengaged scientist. Certainly, there are dangers in this engagement, as the unintended consequences of outside activism can be possibly damaging to the community. However, as the experiences of many anthropologists attest, complete detachment might be impossible and at times challenged as inappropriate by those with whom they work. When Scheper-Hughes (1992) returns to the Northeastern Brazilian community in which she once was an activist and organizer, women in the community tire of her ceaseless questions and perceived disinterest in improving their lives. After several weeks they confront her:

Why had I refused to work with them when they had been so willing to work with me? Didn't I care about them personally anymore, their lives, their suffering, their struggle? Why was I so passive, so indifferent, so resigned... The women gave me an ultimatum: the next time I came back to the *Alto* I would have to "be" with them—"accompany them" was the expression they used—in their *luta*, and not just "sit idly by" tak

ing fieldnotes. "What is this anthropology anyway to us?" they taunted. [Scheper-Hughes 1992:18]

Perhaps because of this experience, or maybe because of her own activist background, Scheper-Hughes sees a special role for anthropologists working among impoverished or disenfranchised people. She voices this stance despite knowing that outsiders have also been criticized for their naïveté in assuming such a role;

though I can hear the dissonant voices in the background protesting just this choice of words, I believe that there is still a role for the ethnographer-writer in giving voice, as best she can, to those who have been silenced, as have the people of the Alto by political and economic oppression and illiteracy and as have their children by hunger and premature death... I believe that there is still value in attempting to 'speak truth to power.' [Scheper-Hughes 1992:28]

Donna Goldstein addresses this question in a very similar manner:

While I am entirely sympathetic to the poststructuralist critiques of colonialist anthropology, especially their pursuit of unmasking the power relations embedded in knowledge-producing systems, I am skeptical about criticisms that suggest we (anthropologists) give up attempting to "give voice" to others—that, indeed, it is pure arrogance and conceit that drives us to attempt such projects. [Goldstein 2003:43]

Political scientist Michael G. Hanchard (2000) offers a different perspective, perhaps because his research is on political activists, or perhaps because of his status as an African-American male.

Despite his shared racial identification with the activists with whom he works, he still describes his perspective as very much that of an 'outsider.' He writes that "I was disabused of any illusion that I could be the 'voice of the powerless.' Whether activists found my work useful for their own political purposes was another matter about which I could not be certain" (Hanchard 2000:173). Again, it remains unclear whether this observation reflects more about his stance as a

researcher, or about the politically engaged subjects with whom he studies, who might be in less need of outsiders to speak for them. Although theoretically inclined to support Goldstein's and Scheper-Hughes's defense of activist anthropology, my own experiences with social movement activists in this research leaves me in accord with Hanchard. The women whom I interviewed were educated, eloquent, and certainly in no need of my assistance to "find their voice."

Hanchard's (2000) concerns over the assumptions of activist-oriented ethnographers are also echoed by postcolonial feminist scholars who "charge that the practice of ethnography among marginalized groups is historically tainted by ethnocentric biases in traditional ethnographic practice as well as feminist research" (Naples 2003:25). However, she goes on to add, "I remain optimistic that with a commitment to strong reflective strategies, especially ones that include, whenever possible, dialogue and respectful engagement with the subjects of our research, the context and form of the dilemmas can be brought to the surface and become part of the ethnographic story" (Naples 2003:26). I am also optimistic that there is a possibility for fruitful alliances between scholars and activists, and similarly that scholars can also be activists themselves, so long as care is taken to understand the local socio-cultural context.

One of the classic critiques of feminism has been its tendency to apply Western moral standards without regard to the specificity of the local realities, particularly in the case of declaring universal standards for the treatment of women. In her introduction to *Women Writing Culture*, Ruth Behar (1995) pays homage to the challenges to Western feminism in *This Bridge Called My Back* by Cherríe Moraga and Gloria Anzaldúa. She writes that "*This Bridge* was a product of the most severe and painful crisis that the North American feminist movement had ever faced—its need to come to terms with the fact that Other Women had been excluded from (or sometimes, just as matronizingly, unquestioningly included within) its universal project of

liberation” (Behar 1995:6). Anthropology itself also has a long history of association with colonizing powers; Harrison (1991) argues that in order to break from this oppressive tradition, special attention must be paid to the voices of third world ethnographers. Feminist ethnographers, particularly White women working among women of color, must constantly challenge their own ethnocentric assumptions. However, the other extreme -- complete moral relativism-- implies an acceptance of inequality and injustice that many scholars find unconscionable.

Researching Race

One of my greatest concerns was to examine how other anthropologists approached and dealt with the construction of race while working in the context of Brazil. In *Racing Research, Researching Race*, France Winddance Twine (2000) writes that “after decades of self-reflexivity among ethnographers analyzing the practices of writing and conducting field research, the lack of sustained attention to racialized dilemmas is particularly noteworthy, considering the degree to which other axes of power have been theorized” (p. 5). For American observers, race and racism in Brazilian society are constructed in new and foreign ways, and researchers walk a fine line between imposing standards and values from the United States, or buying into the myth of racial democracy which claims that Brazil, unlike the United States, lacks racial tensions or discrimination. One result of this racialized nationalism is that any discussion of racism, or even race can be seen as un-Brazilian. Foreign scholars focusing on race are often accused of importing the constructs, and “problems” of their own nations and cultures in inappropriate ways. Many Brazilians are much more comfortable discussing class inequality than in attributing the concentration of dark-skinned people in the *favelas* to any form of racism.

In my own research, racial ambiguity will be in some ways less of a problem, because I am working primarily with social movement activists who actively embrace the notion of

themselves as Black, or at least Afro-Brazilian, and who loudly protest racial discrimination in their society¹. I have chosen to capitalize the term “Black” throughout this thesis not only to illustrate the salience of this race to this controversial subject, but also the deliberate construction of “Black” as a political identity in these cases. I have chosen not to confront Brazilian notions of racial identification directly, because my interest lies more in the politicized collective identities of movements, as opposed to more fluid individual self-identities. However, in considering only politicized activists, there is also the question of representation; Sheriff (2001) and Burdick (1998) have both questioned the degree to which the message of these activists represents the interests and priorities of *favela* dwellers and working-class Afro-Brazilians that the researchers interviewed. It seems that any anthropologist working on race in Brazil must carefully balance the perspective of those they interview with an eye on the larger picture of racial inequality and the unique forms of racism in Brazil.

Feminist ethnography offers an exciting, but not unproblematic, way to examine social constructions like gender and race in diverse cultural settings. Certainly an awareness of positionality and the power relations inherent in any ethnography, but perhaps particularly those dealing with race, class, and gender, is crucial to reducing ethnocentric assumptions and biases in my research. It is my hope that I can engage in activist anthropology that carefully considers the needs and desires of the activists I interview, complementing rather than marginalizing their work. Finally, I will continue to search for guides and examples of feminism at its best, unifying without homogenizing, and challenging gender hierarchies without subsuming other forms of oppression.

¹ When dealing with race in Brazil, I focus almost exclusively on the experiences and perspectives of Afro-descendants. Although Afro-Brazilians are by far the largest non-White population, a more complete picture would also include the perspective of Brazilians of indigenous or Asian descent. Jonathan Warren addresses some aspects of indigenous collective identity and mobilization in his work: *Racial Revolutions: Antiracism & Indian Resurgence in Brazil*. Durham, NC: Duke University Press, 2001.

Black Feminist Thought

To further understand the interaction of gender and race oppressions I feel compelled to draw upon the rich body of literature written by Black feminists in the United States. Although I certainly want to be sensitive to the cultural specificity of the oppression of both women and people of color in Brazil, I strongly agree with Violet Eudine Barriteau (2006), who writing specifically about Afro-Caribbean feminism, argues for the great relevance of Black feminist thought in addressing problems faced by women of color throughout the African diaspora. Calling for the recognition of the importance of Black feminist theory in the evolving epistemology of feminism worldwide, Barriteau writes that “Black feminist theorizing provides many important conceptual tools for rethinking our understanding of social institutions, especially if we wish to reveal and erase relations of domination in everyday life” (2006: 26). Evidence of the importance that Black feminist thought (mostly originating in the United States) to the development of the Black women’s movement in Brazil is found in the frequent references to Black feminist scholarship in writings by Afro-Brazilian women activists, including anthologies that contain sections written by African-American feminists.

Intersectionality and the Matrix of Domination

In the late 1970s and 1980s, Black female scholars and activists became more vocal about their critique of the mainstream feminist movement in the United States. Audre Lorde (1995) writes, “By and large within the women’s movement today, White women focus upon their oppression as women and ignore differences of race, sexual preference, class, and age. There is a pretense to a homogeneity of experience covered by the word sisterhood that does not in fact exist” (p. 285). Black women, as well as lesbians and other multiply oppressed women attacked the dominant sectors of the feminist movement for their tendency to speak of “sisterhood” without acknowledging the multiple oppressions and differing experiences of

particular groups of women. “Presumably, black women are included in this sisterhood, but, nonetheless, invisibility and marginality characterize much of our relationship to the women’s movement,” writes Black feminist Deborah K. King (1995: 303). She later adds, “black feminist ideology, first and foremost, thus declares the visibility of black women” (King 1995:312).

When multiple oppressions, such as those facing Black women are acknowledged, it is often in such a way that does not acknowledge the qualitative difference of experience at the intersection of oppressions, but instead assumes, “that the relationships among the various discriminations are merely additive...In this instance, each discrimination has a single, direct, and independent effect on status, wherein the relative contribution of each is readily apparent. This simple incremental process does not represent the nature of black women’s oppression...” (King 1995:297). Barbara Smith (1995) adds, “the concept of the simultaneity of oppression is still the crux of a black feminist understanding of political reality and one of the most significant ideological contributions of black feminist thought” (p. 260). Several concepts have been developed by Black feminists to help expand understandings of Black women’s reality, one of these is intersectionality, and another is the matrix of domination (Collins 1990).

To explain the differences between the concepts of intersectionality and the matrix of domination, Patricia Hill Collins writes:

Intersectionality refers to particular forms of intersecting oppressions, for example, intersections of race and gender, or of sexuality and nation. Intersectional paradigms remind us that oppression cannot be reduced to one fundamental type, and that oppressions work together in producing injustice. In contrast, the matrix of domination refers to how these intersecting oppressions are actually organized. Regardless of the particular intersections involved, structural, disciplinary, hegemonic and interpersonal domains of power reappear across quite different forms of oppression. [Collins 2000:18]

For this project I will be focused almost entirely on the intersections of race and gender oppressions. Although in Brazil, perhaps even more so than the United States, race and class

have a particularly linked-- and at times almost synonymous-- relationship, here I am most interested in racial diversity and coalition within women's activism. Other intersecting identities and hierarchies such as religion² and sexual orientation are also extremely relevant in the lives of Afro-Brazilian women, but will not be fully examined here.

Standpoint Epistemology

In addition to examining the simultaneity and interactions between oppressions, Black feminist scholars have argued that:

black women have a self-defined standpoint on their own oppression. Two interlocking components characterize this standpoint. First, black women's political and economic status provides them with a distinctive set of experiences that offers a different view of material reality than that available to other groups...Second, these experiences stimulate a distinctive black feminist consciousness concerning that material reality. [Collins 1995:339]

What Collins outlines is an epistemology that recognizes the socially constructed nature of knowledge. White (1999) writes, "oppressed groups have subjugated knowledges and perspectives, which are not reflected in the conceptual schemes of dominant groups...research guided by recent feminist epistemologies seeks to uncover the multifaceted nature of women's reality or "multiple truths" that are shaped by different sociopolitical contexts" (p. 79).

The critique of standpoint epistemology is that in identifying a particular worldview shared by all Black women, Black feminists have replicated the mistakes of earlier feminists by assuming a homogeneity of identity and experiences that ignores diversity even among Black women. Collins (2000) argues that standpoint epistemology never claimed that Black women as individuals do not display variations in their interpretations of reality. She writes, "despite the common challenges confronting African-American women as a group, individual Black women

² John Burdick does a particularly good job of examining the impact of religion on Afro-Brazilian women in his text: *Blessed Anastacia: Women, Race, and Popular Christianity in Brazil*. New York: Routledge., 1998.

neither have identical experiences nor interpret experiences in a similar fashion...Differences among individual Black women produce different patterns of experiential knowledge that in turn shape individual reactions to the core themes” (Collins 2000:27).

Standpoint epistemology, while developed by Black Feminists, applies equally to all social groups; “All social thought, including white masculinist and black feminist, reflects the interests and standpoint of its creators” (Collins 1995: 341). However, power inequalities exist in the “knowledge-validation process” meaning that the socially-constructed knowledge of some groups is given greater credence than the knowledge of less privileged groups (p. 342). The first line of this chapter begins with a statistical percentage, fitting since the number of women affected by sterilization in Brazil in itself demands further explanation, but my choice to quote statistics also reflects a certain understanding of what is academically acceptable knowledge.

Collins writes:

It is my contention that black female scholars may know that something is true but be unwilling or unable to legitimate their claims using Eurocentric masculinist criteria for consistency with substantiated knowledge and Eurocentric masculinist criteria for methodological adequacy. [Collins 1989:343]

This statement is particularly relevant for my examination of female sterilization abuse in Brazil, since so much of the argument has hinged on the lack of statistics backing concerns over the specific targeting of Afro-Brazilian women. Standpoint epistemology plays a particularly important role in my research because I am most interested in the diversity of perspectives among women’s movement organizations, and less interested in analyzing an absolute “truth” that privileges one perspective over all others.

Third Wave Feminism: Postcolonial and Global

Postcolonial or Third World feminism draws from the postmodern/poststructural epistemological approach of socially constructed and situated knowledge, but is actually “more

akin to the intersectionality theory created by women of color and ethnicity in the United States, in that they often embrace a macro-structural and relational analysis of oppression...not surprising, given that these sister perspectives both arose out of histories of colonialism and imperialism” (Mann and Huffman 2005:66). In fact, most postcolonial feminist scholars when using the term “Third World women” refer not only to residents of underdeveloped nations, but also to marginalized groups within developed countries. Cheryl Johnson-Odim (1991) writes, “despite their great diversity, Third World women seem to have much in common in their relationship to an international women’s movement” (p. 314). This includes their recognition that “a narrowly defined feminism, taking the eradication of gender discrimination as the route to ending women’s oppression, is insufficient to redress the oppression of Third World women” (Johnson-Odim 1991:315).

African-American feminist Angela Davis “stresses the need for new ways of conceptualizing oppression and activism that take class differences of a global matrix of domination into account” (Collins 2000:228). While Mann and Huffman (2005) acknowledge that one of the key contributions of postcolonial feminism was the expansion of the “macro-unit of analysis from a societal to a global level” (p. 66). In many ways, postcolonial critiques have borrowed from Black feminist theorists, but incorporated also a global scope and become more radically anticapitalist, speaking against a global political economy that exploits and exacerbates racial, gender, and class oppressions (Mohanty 2003, Mann and Huffman 2005, Harrison 1997).

Mohanty writes:

It is especially on the bodies and lives of women and girls from the Third World/South –the Two-Thirds World –that global capitalism writes its script, and it is by paying attention to and theorizing the experiences of these communities of women and girls that we demystify capitalism as a system of debilitating sexism and racism and envision anticapitalist resistance. [Mohanty 2003:235]

Despite growing acceptance and incorporation of Black feminist and Postcolonial critiques into mainstream feminist theory, “it remains a challenge at both the national and international levels to construct definitions of feminism that allow for autonomy and that are of immediate relevance in feminist struggles in various places, and yet have the breadth needed for the widest consensus and cooperation” (Johnson-Odim 1991:315). This is the same challenge that faces Black female activists working on reproductive rights in Brazil, some of whom consider themselves feminists and others who work exclusively with Black women’s organizations.

Stratified Reproduction

One arena in which the intersections of oppressions faced by women of color are abundantly clear is the area of reproductive rights. Shellee Colen (1995) coined the term stratified reproduction to describe the devaluation of Black women’s reproductive rights and experiences. She writes:

By stratified reproduction I mean that physical and social reproduction tasks are accomplished differentially according to inequalities that are based on hierarchies of class, race, ethnicity, gender, place in a global economy, and migration status and that are structured by social, economic, and political forces... Stratified reproduction... itself reproduces stratification by reflecting, reinforcing and intensifying the inequalities on which it is based. [Colen 1995:78]

According to Harrison (2004) stratified reproduction can be seen as the “differential ways that reproduction is organized along lines of social inequality, privileging some and dis-privileging others in their capacity to give birth, nurture, and sustain life” (p. 10). Although many of the most obvious examples of stratified reproduction are tied to the restrictions placed upon the reproduction of working-class and impoverished women, a racial dimension of oppression is nearly always present as well.

Sterilization and Race in the United States

Although stratified reproduction refers to all manner of control and coercion that surround the reproductive rights and health of marginalized women, forced sterilization has been a particularly obvious example of the extremes of reproductive inequality. In 1970, Black Feminist Frances Beale wrote: "...perhaps the most outlandish act of oppression in modern times is the current campaign to promote sterilization of nonwhite women in an attempt to maintain the population and power imbalance between the White haves and the nonwhite have-nots" (Beale 1995:151). Beale (1995) also notes that the control of poor and nonwhite fertility is a transnational campaign which highlights inequality on a global scale. Speaking of sterilization specifically, she charges, "what the authorities in charge of these programs refer to as "birth control" is in fact nothing but a method of outright surgical genocide" (p. 151).

Although such a critical view of the birth control movement is shocking to many feminists, Beale's charges are not without substantial historical backing. Early pro-birth control feminists like Margaret Sanger helped popularize the idea that the poor had a "moral obligation to restrict the size of their families because large families drained resources and because poor children had fewer opportunities for achievement" (Roland 1999:196). According to Angela Davis, "what was first demanded by the privileged as a 'right' became interpreted as an obligation for the poor" (Roland 1999: 196). While some feminists defended the control of poor women's fertility using Malthusian ideals of population control and poverty reduction, the ties between birth control and theories of eugenics were visible as well. As a result of the influence of eugenics, by 1932 twenty-six U.S. states had approved compulsory sterilization laws, and laws to counteract involuntary sterilization were passed only in 1974. In fact, Johnson-Odim (1991) writes that the alliance in the early 20th century between the movement for birth control and proponents of eugenics remains very much a part of Black women's consciousness.

Examples of stratified reproduction and forced sterilization are not only an issue of the past. More recently, sterilization has been coerced from African-American women in need of state assistance. Beale (1995) writes, “threatened with the cut-off of relief funds, some black welfare women have been forced to accept this sterilization procedure in exchange for a continuation of welfare benefits” (p. 152). Afro-Brazilian activist Edna Roland also recognizes that “in the conflict over sterilization and abortion, Black American women have experienced a harsh onslaught of social forces seeking to restrict growth of the US black population” (Roland 1999:195). However, Black women in the United States, alongside other nonwhite groups that have been subjected to coercive sterilization practices, have organized and become “heavily involved in exposing and combating sterilization abuse on local, state, and national levels” (Smith 1995:263).

Global Population Control

The experiences of women of color in the United States are echoed, or perhaps amplified by nonwhite women worldwide. Similar to the situation in the U.S., much of the justification for these practices rests on the Malthusian ideal that “explained poverty, economic stagnation, environmental degradation, hunger, and maternal and infant mortalities as outcomes of population pressure or overpopulation” (Harrison 2004:8). To these claims, Johnson-Odim (1991) replies, “the vehement advocacy of contraception and sterilization in the Third World as a method of population control leads to the conclusion that overpopulation is the primary cause of poverty in “underdeveloped” nations. This is a dangerous, false, and simplistic analysis” (p. 323). In other words, this type of thought has helped to obscure the contradictions and shortcomings of capitalism. In fact, stratified reproduction relies upon neo-liberal notions of value that place some individuals over others who are considered undeserving. Peggy Antrobus describes the cycle of poverty and reproduction in the Caribbean:

The majority of the poor are women. While many of them have large families, they are not poor *because* they have many children. In fact, the reverse is true. They have many children because they are poor, which means they have very limited options in terms of education, training and employment and see children as a source of wealth, perhaps the only source of affirmation [Collins 2000:244]

Christensen (1995) writes that “some feminists charge that the First World is more interested in limiting Third World populations than helping them eliminate their poverty” (p. 164). The data seems to lend some support to this charge. Female sterilization is now the most commonly used method of birth control in the world (Dalsgaard 2004) In 1990, estimates place worldwide rates of female sterilization rates for married women of reproductive age at 15.7% (Serruya 1995). However, while 7.6% of women in highly developed countries who use some form of contraception are sterilized, in less developed nations the sterilization rate is 17.8% (Serruya 1995). Ninety-five percent of sterilized women in less developed countries are found in 20 countries (including Brazil) (Serruya 1995). Although other factors obviously play a role in the prevalence of female sterilization, the presence of international donor agencies pushing population control policies is a common thread in many of these underdeveloped nations.

As previously mentioned, sterilization is not the only form of birth control that shows evidence of unequal application and practices. “The testing of contraceptives in the Third World, often before they are approved for distribution in the United States and Europe, is a crime against women,” writes Johnson-Odim (1991:323). One of the best documented cases of this practice has been Puerto Rico, which has essentially been used as laboratory, first for birth control pills, then for female sterilization (Beale 1995). At the time Beale was writing, 1970, 10% of Puerto Rican women between the ages of 15 to 45 had already been sterilized, in what was simply referred to as *la operación*, already the most common surgical procedure on the Island. Today, the rates are much higher.

In Brazil, Afro-Brazilian activist Edna Roland (1999) charges “for people of color, contraception was proposed not as an individual right to control fertility, but as a part of a larger racist strategy to control the Black population” (p. 196). Although the Brazilian government has never had an official policy of population control, mostly because of the influence of the Catholic Church, Roland believes that there has been implicit government support for “the idea that a drop in fertility could reduce poverty,” an idea that “has been proven false: women are having fewer children, but poor women remain poor” (Roland 1999:197). Studies of lower class women’s fertility, “reveal a complicated and opaque situation in which unequal gender and class relations motivate lower income women to control fertility, while medical authority and disrespecting attitudes push them into sterilization as a final solution to reproductive problems” (Dalsgaard 2004:30). Doctors and other health professionals encourage Afro-Brazilian women to be sterilized because they believe them “incapable of making informed decisions concerning their own reproduction” (Roland 1999: 203). In examining sterilization in the Northeast of Brazil, Dalsgaard finds that impoverished women are coerced into sterilization as a result of the actions and attitudes of health officials. She writes:

When at a hospital to give birth, lower class women are subject to the comments and opinions of health care providers that often question their ability to raise more children. In contrast, when asking the local gynecologist for sterilization, the women were met with understanding and reinforced in their efforts to be ‘responsible.’” [Dalsgaard 2004:16]

In both the U.S. and the global south, the ideology is such that “...the poverty of Black children was traced back to the sexuality and reproductive capacities of their mothers” (Collins 2000:241). Stratified reproduction is thus linked to the stereotype of sexual promiscuity of women of African descent, which has led to the objectification and commodification of Black women’s sexuality, and the devaluation of their role as responsible mothers. In Brazil, this example is primarily relevant in the portrayal of the sensual and available mulatta. In fact, the

image of the mulatta has become a very important national symbol and is used in the marketing of Brazilian sexuality and beauty. Harrison (2004) writes that "...in Brazil and Cuba, national identity is constructed across the mulatta's hybrid body" (p. 37). These sexualized images of Black and brown women are ideological mechanisms that make women of color susceptible to abuse "within a global regime of stratified reproduction and sexuality. That regime makes women vulnerable to modalities of objectification, devaluation, and exploitation that result in the violation of their reproductive rights, which include their right to sexual agency and freedom" (Harrison 2004:51-2). Stratified reproduction, whether influenced by Malthusian theories of overpopulation or eugenics focused on restricting the growth of people of color, thus plays a prominent role in the practice of reproductive rights by women across the world and within Brazil specifically.

Thesis Overview

This thesis examines how the specific historical and cultural context surrounding female sterilization in Brazil divided and shaped the Women's movement in a variety of lasting ways, but also how these divisions in many ways mirror global patterns of stratified reproduction that illustrate only one aspect of the intersecting oppressions of sexism and racism. Chapter II will outline the context for the different perspectives on female sterilization in Brazil by briefly examining the history of racial ideology in the country as well as the development of modern social movements, including the feminist movement and the Black women's movement. Chapter III focuses more specifically on the demographic transition in Brazil and possible reasons for the high rates of sterilization. In Chapter IV I will outline the social movement theories and the methodology that has guided my research, and Chapter V will present findings from my interviews with social movement activists and researchers in Southeastern Brazil. Finally, in Chapter VI, I will examine how this research has helped illuminate the differences in the ways

feminists and Black women activists in Brazil have framed the issues of female sterilization and reproductive rights.

CHAPTER 2 RACIAL IDEOLOGY AND SOCIAL MOVEMENTS

I Ain't the Right Kind of Feminist

I am a woman

You are a lady

We are sisters in the movement

It's about Neapolitan ice cream

Mixed and oh so sweet

It's not about white and sterility

....

Come share with me sister feminist

Let us dance in the movement

Let my blackness catch your feminism

Let your oppression peek at mine

After all

I ain't the right kind of feminist

I'm just woman

-Cheryl L. West (1983)

Like women of color around the globe, Afro-Brazilian women often find their loyalties torn between identifying by gender, or by the color of their skin. In situations in which they are clearly oppressed for being women and for being nonwhite, they are asked to privilege one identity over the other. In Brazil, neither the Black movement nor the contemporary women's movement has effectively addressed the concerns of Afro-Brazilian women. Black women responded by mobilizing and forming their own organizations as a means to establish their distinct collective identity and effectively frame important issues. Many of the issues which Black women's organizations chose to foreground on their agendas were directly linked to the histories of racial oppression in their nation.

Racial Ideology in Brazil

Studies of contemporary Brazilian race relations often find it difficult to avoid comparisons with race relations in the United States. Historical comparisons have focused on differences in the practices of slavery, and usually point to the prevalence of miscegenation in Latin America as a key to the present day relationships between Whites and nonwhites today.

Interracial sex and the lack of a bipolar system of racial classification based on descent are taken as further proof of the relatively benign nature of Latin American race relations in general and Brazilian race relations specifically. According to anthropologist Robin Sheriff, “Brazil is renowned for the extent to which its national discourse portrays *mistura*, or mixture, as a defining and celebrated feature of the nation” (Sheriff 2001: 29). This reputation leads to an assumption in academic sources and everyday discourse that Brazil’s multiple categories of race mean that racial boundaries are fluid and mutable. However, Martinez-Echazabal (1998) writes that the framework for the institutionalized rhetoric of miscegenation was marked by a “vacillation between two pseudo-polarities” (p. 30). One saw miscegenation as the reason for Latin America’s problems, and another school of thought saw race-mixing as the “cure” to the region’s social ills, Martinez-Echazabal (1998) argues that both sides were grounded in a similarly racist ideology. Even those who supported and glorified miscegenation did so to “encourage Western racial and cultural supremacy” (p. 30).

Eugenics

After all, miscegenation in Brazil was originally accepted as part of the national identity, not to elevate the status of nonwhite peoples but with the expressed purpose of the eventual elimination of Blacks (Degler 1971). Brazil’s concept of racial “whitening” has its roots in the theories of eugenics that were extremely popular among Brazilian elite in the early 1900s. Eugenics was a scientific and social movement, founded in 1883 by British scientist Francis Galton to encompass the social uses to which knowledge of heredity could be used to achieve goals of genetic breeding. The 1920s and 1930s saw the vast influence of theories of eugenics as both a science and social movement in Brazil (Goldani 2001). Theories of eugenics were used by cosmopolitan Brazilians in an attempt to counter the European theories of environmental determinism that placed the blame for Brazilian “backwardness” on the land’s climate and

people and which had been used to exclude Brazil from the role of “civilized nation” (Oliveira 2003a). Psychiatrists at the time thought that “Brazilians had not been able to promote the development of their country because the heat and mixture with inferior races made them lazy, unproductive, undisciplined and unintelligent. Unfortunately nothing could be done about the climate, on the other hand the racial problem could be resolved” (Oliveira 2003a: 80). For Brazilian intellectuals, sanitation, eugenics and civilization were key to creating a modern and developed nation.

Brazil was not the only country that became enamored with eugenics; theories of eugenics were popular and well respected in academic circles worldwide, until after WWII when it came to be equated with Nazi Germany, and even afterwards as “population politics.” In other countries of Latin America during this period, race was a common component of the eugenics discourse. Within the nation, leading intellectuals accepted that miscegenation was a serious impediment to Brazil’s development; to them miscegenation represented the degeneration of the race and an impediment to the progress of Brazil, the solution presented was the potential to “whiten” the population (Oliveira 2003a). In line with this resolution to the “race problem” were practices of sterilization and the restriction of immigration of “degenerate and inferior” races (Oliveira 2003a). The traditional values of the Catholic Church which have remained dominant in Brazil, have restricted the most extreme eugenic proposals, like forced sterilization, at least on an explicit level. However, to achieve the goal of “whitening” the Brazilian population, official immigration policy this century has favored Europeans over Asians and these sentiments remained strong enough that between the end of African slavery and the 1988 constitution, African immigration to Brazil was completely prohibited (Oliveira 2003a).

Challenges to the Myth of Racial Democracy

Brazilian sociologist Gilberto Freyre is primarily responsible for turning the theories of eugenics on their head, by calling for the celebration of miscegenation in Brazil. However, Freyre never contradicted the underlying assumptions of racial “whitening” and was also the most prominent proponent of the idea that Brazil’s history of miscegenation had led the country to a less extreme form of racial stratification. Freyre’s view of Brazil as a racial democracy has long been debunked by the socioeconomic reality of Afro-Brazilians in contemporary Brazil (Ribeiro 2000). Nevertheless, the legacy of miscegenation has had a significant impact on racial classification in Brazil. Certainly, Brazilian vocabulary contains a plethora of color terms to describe physical characteristics and skin color, as evidenced by Marvin Harris’ (1964) classic study. A number of other scholars highlight the importance that Brazilians place on skin color and physical appearance in determining race, as opposed to the ‘one-drop’ rule of hypodescent common in North America (Ribeiro 2000). However, more recent studies highlight the possibility that race in Brazil is at times conceptualized in bipolar (White and nonwhite) terms (Sheriff 2001). Sheriff is not the only one to note a trend toward an increasingly bipolar system of racial classification. She quotes historian Thomas Skidmore who wrote that Brazil was beginning to approximate a bipolar model. Donna Goldstein similarly cites political scientist Michael Hanchard on the development of an evolving racial polarization in Brazil, making a clear cut distinction between Black and White (Goldstein 2003).

Although accepted theories of racial classification have been rightfully challenged, the ambiguities of color used in everyday discourse allude to the importance of miscegenation in national identity. This miscegenation has influenced the language, structure and mechanisms of racism in Brazil. In examining the difference in racist ideologies between North and Latin America, anthropologist Helen Safa writes, “I would argue that mestizaje and hypodescent

represent two different mechanisms for the maintenance of White superiority, one by inclusion and hegemony and the other by exclusion or domination” (Safa 1998: 6). The Brazilian model lacks (to a certain degree) the degradation associated with race mixing, but requires the creation of a national identity to which ethnic groups must sacrifice their cultural and political heterogeneity. Historically, this nationalism was emphasized because of the large number of mixed race peoples in Latin America and the emergence of Latin American nation-states at a time when imperialism demanded fierce loyalty (Safa 1998). In this context, Latin American elites turned to the ideology of miscegenation to invent national identities intended to de-emphasize the internal formation of potentially powerful ethnic identities that might have inverted the power structures.

Inclusive Hegemony

As a result of this extreme nationalism, Afro-Brazilians were not allowed to “cling together as a mass fighting for ethnic authenticity, but as people intrinsically integrated into the same people, the Brazilian people” (Ribeiro 2000: 155). Brazilian anthropologist Darcy Ribeiro (2000) eloquently outlines the fundamental problem for oppressed groups under an assimilationist system, “In assimilationist circumstances, blackness is diluted on a broad scale of gradations, which breaks solidarity and reduces combativeness by insinuating the idea that the social order is a natural order, even a sacred one” (p. 157). Racial identity and skin color classification in Brazil therefore differ from their counterparts in the United States, where growing numbers of ethnic groups have ironically been using the racist ideology of hypodescent to their advantage, by gathering membership and politically mobilizing around a collective ethnic identity (Safa 1998). In Brazil, the system of gradations has effectively limited Afro-Brazilian political or social mobilization since no cohesive identity has been formed. Afro-Brazilians are taught that they are Brazilians above all else, although the reality of racial

discrimination shows that racial barriers are just as real in restricting Blacks despite this claim to togetherness.

Furthermore, Degler (1971) theorizes that miscegenation created a “mulatto escape hatch” that allows lighter-skinned Afro-Brazilians, especially those who have attained a level of education or economic success, to reject their African ancestry. Lighter-skinned Afro-Brazilians occasionally managed the educational and economic leaps necessary to escape classification as black, and because of the unique language of Brazilian racial ideology they were allowed this claim to differentiation on an individual basis. The internalization of “whitening” ideology and the valorization of European aesthetics have led to “a capitalistic current of self-preservation and individualistic progression” (Ojo-Ade 1999: 181). Although the vast majority of Afro-Brazilians have no hope of being accepted as “White,” the dream of “marrying up” to someone with lighter skin or more European features is quite common even in the *favelas*.

Thus it cannot be forgotten that “the idea of *mestizaje* or transculturation was and is guided by the dictates of power” and will continue to be “mediated by privilege and assigned value” (Martinez-Echazábal 1998: 37). In other words, the concept of miscegenation cannot be separated from the history of racial discourse that assigned value to all things White and European. The terms of transculturation are never fair or equal. In Brazil, this has meant the appropriation of Afro-Brazilian music and religion into national symbols while Blacks continue to be disadvantaged in every sector of society. Certainly the recognition that African heritage is an essential part of the national culture is not negative in itself, but politically represents part of a global commodification of Afro-American culture (Safa 1998: 14). This “de-Africanization” (Goldstein 2003) led to an essentialism and celebration of the exotic, while robbing Afro-Brazilians of ethnic identifiers and tools for political mobilization (Ojo-Ade 1999). Brazil

considers itself to not be racist because it adopts the *samba* and *candomblé*, but Afro-Brazilians are still bombarded on a regular basis with commodities and discourses that denigrate their blackness.

This complex intersection of ideologies has fragmented the ethnic and racial identity of Afro-Brazilians. This lack of racial identity seriously jeopardizes the chances of the Black movement that has struggled to take shape. Brazil has yet to have an “all-out civil rights movement where a black power or black pride movement captured the public imagination” (Goldstein 2003: 103). While North American Blacks in contrast had an overt target for opposition in the Jim Crow laws of segregation that helped forge their identity as an oppressed sub-group of the population, the ambiguities of an inclusive hegemony work against Afro-Brazilian activists in their struggle for political power. Although there are examples of legal discrimination against both Blacks and mulattos in the 17th and 18th centuries, the Portuguese unevenly and poorly enforced these laws (largely for practical reasons) (Degler 1971). Organizing under a legacy of miscegenation rather than a model of hypodescent, has created problems for Black activists; the lack of the legal codification of race in Brazil has in many ways contributed to the obstacles that black activists must overcome, as racism cannot be decisively challenged in the courts (Goldstein 2003). Femi Ojo-Ade (1999) quotes Brazilian Black activist and politician Abdias do Nascimento, “in Brazil, law is not necessary: it is codified in all culture and speech of the dominated and ruled classes” (p. 179). Black feminist activist Edna Roland writes:

After the abolition of slavery, blacks were not banned from voting; they simply did not meet the literacy requirement. There is no apartheid-like pass law on the books, but even today an unemployed black who does not have a work card could be arrested. There are no Bantustans, but Brazil’s favelas are home primarily to black people. [Roland 1999:198]

Even today in Brazil, although a strongly worded article in the 1988 constitution deems racism a crime, legal cases are routinely dismissed as judges arbitrarily disqualify the charges (Rohter 2006).

The Black Movement

The inability of Black activists to challenge the structures of racism in official legal arenas is one reason for the limitations of the contemporary Black movement. Still, there has been a history of counter-hegemonic movements based around ethnic identity in Latin America and Brazil, including the *quilombos* and massive Bahian slave revolt of 1835 (Safa 1998). The modern Black movement first began in the 1930s and struggled during early years to raise Afro-Brazilian consciousness and ethnic identity. Early groups mostly took the form of cultural groups, which promoted the expression of African cultural remnants (many of which have, as a result, been incorporated into Brazilian national culture).

The *Frente Negra Brasileira*, the first national organization that attempted to unite blacks and mulattos across the country, was founded in 1931, but focused primarily on showing the importance of black contributions within the framework of national identity (Davis 1999). Brazilian nationalism has played an important role in limiting the success of Afro-Brazilian movements, because of the culturally institutionalized prioritizing of national identity over ethnic consciousness. In considering the history of racial consciousness in Brazil, Davis (1999) writes, “Social commentary and criticism within national pride was not altogether lacking, nor was there a concerted effort to avoid discussion of slavery or Brazil’s race relations, as long as they were discussed within the confines of integration and an appreciation of ‘the national’” (p. 146).

The development of the Black movement was further repressed during the years of the military dictatorship, which saw this movement as an illegal political rival, but began to remobilize in the 1970s as dictatorial constraints began to weaken during the *abertura*. The

contagious energy of civil rights and Black power movements in the United States also provided inspiration. Throughout Latin America during the 1980s, social movements were often marked by the increasingly prominent role played by racial and ethnic minorities and people of the working-class, as well as lesbians and gay men (Babb 2001). In Brazil, “members of Brazil’s black movement and women’s movement were instrumental in calling for reconceptualizations of democracy and citizenship that gave central regard to issues of race and gender” (Caldwell 2007a:151).

Perhaps most importantly, during this period the first substantial group of nonwhites was able to obtain a university education. These graduates found themselves “caught in contradiction between the promise of upward mobility and the reality of continuing to be treated in the job market as second-class citizens” (Burdick 1998: 2). This early Afro-Brazilian elite –fairly prosperous and mostly light-skinned –was originally motivated to organize not because of overarching concerns about the state of Afro-Brazilians in a racist society, but because the myth of “whitening” had collapsed around them. Previously, a few talented mulattoes could expect their rise into the White world to be tolerated as Degler’s (1971) “escape-hatch” thesis predicted, but this meant the loss of many highly educated people of color as potential leaders in the Afro-Brazilian community.

In 1978 the *Movimento Negro Unificado (United Black Movement)* was formed, which became the center of the Black movement in Brazil. This organization and many others have mobilized for institutional, political and legal change with limited but significant success. One of the peculiarities of the modern Black movement is the insistence among activists that Afro-Brazilians adopt a North American model of hypodescent in their definition of blackness (Burdick 1998). That Brazilian Black activists should lament that racial classifications in Brazil

were not as rigidly defined as in the United States (Risério 1999), is ironic, but understandable in light of the corrosive effect of miscegenation on the potential for solidarity.

Adopting an all-inclusive stance on the definition of who is Black would appear to increase membership in the movement. However some mixed-race people find it inaccurate or even offensive to call themselves *negro*. Even today, the prevalence of the Whitening ideology means that “only highly politicized people can speak openly about their race without feeling the shame attached to blackness” (Goldstein 2003: 107). Anthropologist Peter Fry argues that race and color in Brazil are situational and that the bipolarization claimed by the Black movement is an attempt by politically correct North Americans and the Black Elite to erroneously project an ideology that doesn’t fit the reality of most Afro-Brazilians (Goldstein 2003). Although I agree that a rigidly bipolar model seems a strange fit for the ambiguous racial identities found in Brazil, the Black movement is searching for a solution to the fragmentation that the Brazilian myth of racial democracy has brought. Whether Afro-Brazilians are willing to call themselves *negro* depends on the development of a cohesive ethnic identity, and a change in the valorization of blackness.

A world away, Joshua Gamson (1995) writes about the conflicts of identity formation between the mainstream lesbian and gay movements in the United States, and growing support for “queer” identity which challenges the very nature of the categories of sexuality and gender around which lesbians and gay men have been organized. Despite the differences in the subjects of study, Gamson’s (1995) discussion of strategic essentialism and the contradictory nature of fixed categories of identity as “both the basis for oppression and the basis for political power” certainly rings true in Brazil (p. 391). Gamson applies his own theory to the push for multiracial categories in the U.S. context, a move long debated in Brazil, where Black activists have reacted

in much the same way as their American counterparts who claim that, however imperfect the social construction of race may be, the categories are necessary to monitor racial discrimination and mobilize for policy change.

The Women's Movement

Another social movement with obvious impact on the Black women's movement is the women's movement which developed alongside the contemporary Black movement, neighborhood associations, human rights groups, gay and lesbian movement, indigenous groups and peasant land right movements during the mid 1970s. These social movements formed a diverse coalition to challenge the military dictatorship and reclaim civil and political rights. In the beginning, the women's movement was not largely differentiated in goals and identity from the other political organizations working to bring an end to the dictatorship. Although prioritizing opposition to the dictatorship postponed a focus on women's rights, female activists also gained valuable experience by working within a broader coalition for social change.

As the women's movement began to mobilize and emerge with specific goals to combat gender inequality, it focused on political action based on women's solidarity and the political projection of a collective identity. During this critical political transition, the women's movement recognized that, "for women, democracy refers not only to citizenship in the public sphere, but also to the practices of everyday life, at work in the family, in health and education... women's struggle to democratize the country is, at the same time, a struggle to redefine democracy itself" (Pitanguy 1998:99). Feminism exposed the reality of gender inequality, and domestic violence, reinterpreting sexuality and violence in political terms.

Traditionally the women's movement in Brazil has counted on the support of middle and upper class women, bringing social, political and intellectual capital to the movement (Carneiro 1999). The predecessor for the feminist movement was the women's suffrage movement in the

beginning of 20th century. The latter did not question the cultural configuration of society, but succeeded in guaranteeing women the right to vote in 1932 due to the effective lobbying of middle-class, university-educated women (Pitanguy 1998). The new feminist vision called for organizing women politically and introducing gendered analysis into other social institutions, such as the Catholic Church. This expanded vision helped create an atmosphere in which gender concerns raised by feminists were adapted by women from popular classes, producing interconnections between gender and other social inequalities and struggles (Carneiro 1999).

Over time Brazilian feminists struggled to include the demands of different social sectors, and growing participation broadened understandings of different facets of gender discrimination in Brazil. According to Cordula Stucke (1993), the women's movement in Brazil can be divided conceptually into two major branches: a feminist movement of relatively privileged urban middle class women, often associated with left-wing parties, concentrated on attaining a modern standard of living, with personal, material and cultural development, and working class and poor women organizing into neighborhood groups, trade unions, grassroots Catholic organizations (base communities) and mother's clubs, that worked in urban slums, towns and rural areas to satisfy basic needs: food, shelter, work and health care.

The Black Women's Movement

While feminists in Brazil called for a rededication to women's rights in the late 1970s, the Black women's movement emerged in an attempt to address qualitative differences in oppression experienced by Afro-Brazilian women. Black women activists often feel that the male-dominated Black movement has failed to acknowledge the inequalities between Black men and women, while White feminists are reluctant to recognize and act against inequalities between White and Afro-Brazilian women due to racism, which often manifests itself in a "racial division of labor" (Carneiro 1999: 226). As a result of racism in early feminist groups, and a desire to ally with

Afro-Brazilian men, some Black women's organizations rejected the label 'feminist,' but others claimed feminism and worked "...to expand the parameters of the feminist struggle arguing that there could be no hierarchy of oppressions, that race, class, and gender shape the lives of Black women in inseparable ways" (Alvarez 1994:51).

The advances made by the White-dominated feminist movement in Brazil have helped Afro-Brazilian women to a certain degree, but for a long time the women's movement was mostly concerned with abolishing a patriarchy which confined upper class White women to the domestic realm. Feminists condemned the myth of feminine fragility, but Afro-Brazilian (and poor) women were never treated as fragile historically, working in the fields as slaves, and later as domestics and prostitutes (Carneiro 1999). Therefore, when feminists call for women's access to professional careers, this frame fails to resonate with poor Afro-Brazilian women whose collective identity is not based on concerns of being restricted to the domestic realm. Both Indigenous and Afro-Brazilian women have had to work outside of the house to supplement or replace the wages of male breadwinners who were restricted from stable and upwardly mobile employment in good measure because of their nonwhite status. Afro-Brazilian women in particular, were likely to be employed as domestic servants or in urban jobs that took them outside of their husbands' control, although as a result they have suffered from the stigma of immorality attached to their economic autonomy. The historical differences in the roles of White women and women of color have had a lasting impact on the interactions between these groups in a movement striving for gender equality. The women's movement, White in complexion and middle-class in origin, reflected and promoted an agenda that did not resonate with the life experiences of Afro-Brazilian women.

If Afro-Brazilian women felt only a fragile affinity with the women's movement, they have also had problems identifying with the male-dominated Black movement. Considering the refusal of the Black movement to address issues central to the lives of *negra* women, because of the possibility of airing criticism of Afro-Brazilian men, it is no wonder that *negras* have not flocked to join (Burdick 1998). Black activist Theresa Santos (1999) criticizes the movement from within by citing the "machista ideology that has always permeated the Black Movement" (p. 27). She feels that this has "slowed the emergence of politically active black women...resulting consequently in the weakening of the Black Movement" (Santos 1999: 27). Similarly to the experiences of African-American women in the civil rights movement in the United States, Afro-Brazilian women have often devoted long hours to movement projects and mobilization, only to find that their voices are ignored when it comes time to set the agenda. Although Black women activists often comprise the majority of movement participants, the leadership has remained dominated by Black men (Caldwell 2007a:155).

Afro-Brazilian women might also be deterred from participation because of the abstractness of the movement's goals. Burdick (1998) writes, "in a society in which misery is an overwhelming social reality, Blacks tend to be less concerned about color prejudice than they are about basic economic issues" (p. 5). His thoughts are echoed by Donna Goldstein (2003), who also emphasizes that the overwhelming burden of financial responsibility generally rests with Afro-Brazilian women: "Many mixed-race and black women who might otherwise feel, and scrutinize, the pangs of everyday racism in their lives and enthusiastically enter into racial identity politics are instead caught at the edge of economic survival, tethered to ambivalent fantasies of social, and in a sense racial, mobility" (p. 135).

The Black women's movement emerged in the mid-1980s at the intersection of the Black and the women's movements and representing issues unique to Afro-Brazilian women. At the Congress of Brazilian Women, in July of 1975, black women activists presented the *Manifesto das Mulheres Negras* (Manifesto of Black Women), a document that was concerned with "unmasking the gendered aspects of racial domination and the racial aspects of gender domination" (Caldwell 2007a:152). Lélia Gonzalez, Sueli Carneiro, and Thereza Santos, early black feminists, spoke out against racism within the women's movement in the late 1970s, and wrote about the resistance that they encountered from White feminists who saw the issue of racism as "unnecessarily divisive" (Caldwell 2007a: 152-53). Black activists argued that feminists who ignore the racial dimension of the anti-sexist struggle were replicating the eurocentrism and oppression of male colonizers (Bairros 2000:56).

As a result of the resistance to their concerns, many Black feminists began to form their own organizations devoted to Afro-Brazilian women's issues and identity. One of the earliest of these organizations was *Nzinga/Coletivo de Mulheres Negras* founded in Rio de Janeiro in 1983, but was soon joined by the *Coletivo de Mulheres Negras de São Paulo* in 1984. Additional groups such as *Geledés*, *Maria Mulher*, *Criola*, and *Fala Preta!* were among those founded in the late 1980s and early 1990s. These groups dealt with the contradictions between Black men's stances and Black women's issues, such as machismo and the objectification of women, White and nonwhite. Early Black activist Sandra Bello asserted: "when we organized, we broke the hegemony of the [feminist] movement, which I do not call classic, but eurocentric. It was an imported feminism, where black women occupied a position of submission" (Lemos 2000:64).

Whereas the efforts of women's movement have tended to benefit White women, Brazil's Black movement has primarily benefited Black men, leading to the subordination of Black

women's issues in both the Black and women's movements. There has been a general failure to account for qualitative differences in oppression experienced by Black women and the effect that this has had on the identity of Afro-Brazilian women. Kia Lilly Caldwell writes:

Viewing race and gender as intersectional and co-constructed aspects of social identity and social experience opens up the possibility of seeing the ways in which Afro-Brazilian women experience racial and gender discrimination simultaneously. Since Brazilian discourses on race and nation, particularly racial democracy and the emphasis on miscegenation, are highly gendered, it is crucial to focus on both race and gender. [Caldwell 2007a:18]

As is often the case with oppressive forces, both racist ideologies and theories of miscegenation manifest themselves in specifically gendered ways. In her ethnography examining Brazilian racism, Anthropologist Robin Sheriff (2001) notes that “the differences between the ways in which women and men interpret racism stem, to be sure, from the gendered nature of men's and women's wage labor and leisure activities as well as from the gendered nature of racist ideology and practice itself” (p. 113). However, despite this attention to gendered differences of racial discrimination, Sheriff misses a major component in the racial stereotyping of brown-skinned women as the sensual *mulata*. Gregg (2003) writes of the gendered racial stereotype of the *mulata*, “In contemporary Brazil, this sensuality is symbolized through veneration of the *mulata*, or dark-skinned woman of mixed ancestry... Veneration of the *mulata*'s sexuality comes with the understanding that she is only sexual, and sexual on demand” (p. 29). The power that comes with the *mulata*'s sexuality is then only minimally available to the women who wield it, and instead rests largely in the hands of White males who have objectified her body. Goldstein (2003) also attempts to deconstruct this national stereotype, “At the level of popular culture, the imagery of the seductress—the sexualized *mulata*—has been absorbed by black and mixed-race women themselves. This internalization, in turn, has both empowered and disempowered them in interesting ways” (p. 110). Burdick (1998) adds that the *mulata* is just

one of the various roles that Afro-Brazilian women are expected to play, one that is assumed by lighter-skinned Afro-Brazilian women, while dark-skinned women are taught that their features are ugly and undesirable. In this case both the oversexed and the denigrated are denied full humanity.

In 1988, the centennial of the abolition of slavery, Afro-Brazilian women advanced the internal organizational process and began to uncover the “contrasting ideological-political visions threaded through their movement” (Carneiro 1999: 224). In December of that same year, 460 activists representing 17 states assembled at Brazil’s First National Encounter of Black Women. As the Black women’s movement struggled to establish itself, Black male leaders tried to maintain control over Black female activists through attempts at the ideological control of movement goals and the devaluation of the movement’s political importance (Carneiro 1999). The Black women’s movement has struggled to develop a specific platform for political action, but creating consensus on the role of Black women’s movement has been difficult. According to Sueli Carneiro (1999) black women activists endorse four different perspectives. The first position recognizes the gravity of the Black women’s condition, but sees this as just one aspect of oppression and marginalization of Black people. Thus, Afro-Brazilian women’s issues should be framed in conjunction with, or subordinate to, the Black movement’s agenda and collective identity. A compromise resolution proposing that Black women’s meetings be coordinated with those of the Black movement revealed Black women’s fear of competing with Black men for political space.

A second position asserts that the Black women’s movement must assume a feminist character, and that while maintaining autonomy from the Black movement, Black women’s issues must be incorporated into discussion of women’s issues in general.

The third position frames Black Women's issues as one aspect of all oppressed social sectors within the class struggle. This perspective is premised on a traditionally leftist approach that fails to reflect a deep understanding of Afro-Brazilian women's identity and struggles. Carneiro (1999) advocates a synthesis of positions for the Black women's movement, a mass movement made up of differing political and ideological visions. This synthesis could be forged around a common platform for struggle that articulates the Black women's movement within the other two movements, but without subordinating Black women's interests and political power. In this way it would also be possible to "sensitize women's and Black movements to contradictions inherent in sexual and racial discrimination and to introduce them to new issues for reflection and political practice" (Carneiro 1999: 226). In order for Black female activists to continue to work with the male-dominated Black movement, the recognition of the inequalities between Afro-Brazilian men and women is necessary. Similarly, working with the women's movement means feminists recognizing and acting politically against inequalities between White and nonwhite women due to racism. In other words, the "struggle is for black Brazilian women's full citizenship beyond the constitutional rights achieved by the women's movement but including, as well, the struggle against all forms of racial discrimination" (Carneiro 1999: 227).

Carneiro (1999) argues that a constitutional provision for the protection of women in the labor market through the use of special incentives, can be conceived as justifying government policies and private sector incentives to promote equal opportunities for socially marginalized groups. Her dream might be partially realized in the recent passage of several "positive discrimination," Affirmative-Action-type laws that have helped to establish quotas for representation of Afro-Brazilians within the public university system. The Black women's movement also demands that government agencies collect and analyze race data in all official

censuses in order to accurately assess the status of Afro-Brazilians, and Afro-Brazilian women particularly. Additionally, activists in the Black women's movement continue to struggle for the enforcement of a constitutional ban on racial discrimination, the legalization of abortion, reproductive rights, affordable housing, health services, better sanitation, anti-racist and anti-sexist education, and overall a multiracial and multicultural society that recognizes both difference and equality.

Whereas the organizations of the Black movement tend to be modeled on leftist parties with a "highly centralized vision of democracy," the women's movement has been marked by "more horizontal forms of organizing by creating collectives and networks" (Carneiro 1999: 224). The Black women's movement has worked to incorporate both of these systems of organization in order to maximize their ability to mobilize from the grassroots, but also to organize effectively for political change. There are several different types of organizations that generally comprise the Black women's movement. At the grassroots, it is common for Afro-Brazilian women to organize themselves by occupation; farmworkers, fisherwomen, domestic servants, and prostitutes each have occupational organizations (often also organized by region) to help represent their interests in the Black women's movement. Other organizations are highly professionalized, organized as non-governmental agencies, and draw their membership from the educated middle-class. Efforts have been made to include the voice of working-class black women, particularly domestic servants, into the agenda of the Black women's movement, but class cleavages continue to hamper the growth of the movement, and particularly limit the mobilization of large numbers of working class women.

Some of the national centers of political and social action have been the urban areas of the Southeast of Brazil with *Geledés* in São Paulo and *Criola* in Rio de Janeiro. *Geledés*:

Instituto da Mulher Negra (Institute of the Black Woman) was founded on April 30, 1988 as a Black women's political organization whose institutional mission is to combat race and gender discrimination, value and promote the rights of Black women in particular, in the Black community and in Brazilian society as a whole (Human Rights Databank Website). *Geledés* helps develop proposals for public policy that call attention to the need for public debate on racism in Brazil. The organization works within networks of both feminist and Black community organizations in the areas of human rights, health, communications, and education. *Geledés* was one of the first of the Black women's organizations to frame racial and gender inequality in Brazil in terms of human rights, a strategy that helped the organization garner international support for its campaigns and programs. Although the Black women's movement has consciously chosen to not create a nationally centralized body, networking opportunities come through coalitions like the First National Congress of Black Women, as well as the *Rede Mulher* network, a feminist group that works on health issues and has been a valuable ally in campaigns for Black women's health (Caldwell 2007a).

As a result of the subtlety of the taboo topic of racism in Brazil, consciousness raising and identity formation have been primary goals for the Black movement. The Black women's movement certainly struggles with many of the same issues and incorporates many of the same strategies, including the decision to refer to all Afro-Brazilians as "Black" in an attempt to foster an ethnic collective identity. However, the other face of the Black women's movement is much more practical and applied. While the Black movement has been criticized for its abstract goals, the Black women's movement has chosen areas, like those stated by *Geledés*: human rights, communications, education, and health, which have a direct impact on the daily lives of Afro-Brazilian women.

Black Women's Health

Medical doctor and Black women's activist, Fátima Oliveira (2003b), writes, "the organization of the Black population in the fight for health, with basic elements like access to preventative care, and the right to medicine and nutritious food, needs to be made one of the top political goals of the Black Movement" (p. 67). However, one reason that the Black movement and other anti-racist organizations have paid less attention to racial discrimination in health care practices is that those most adversely affected in this area have been Afro-Brazilian women. John Burdick writes:

Not surprisingly, women are the most disadvantaged segment of the nonwhite population. We know that nonwhite women, and especially *pretas* [black women], continue to be sterilized, and their children continue to die from disease and violence at rates far exceeding those for analogous groups of Whites; that nonwhite women, and especially *pretas*, continue to be paid less, occupy lower-status jobs, and receive less education than do White women; and that nonwhite women, especially *pretas*, die from debilitating diseases far more often than their White counterparts. [Burdick 1998:2]

Afro-Brazilian women in Brazil are often asked by Afro-Brazilian men to subordinate their gender concerns under the interest of the anti-racist movement. This forces them to prioritize the oppression they face in a way that doesn't represent their reality as women of color. Founder of *Geledés*, Sueli Carneiro writes, "...we must fight for housing, health, sanitation, and antiracist and antisexist education –basic conditions to break the vicious cycle that confines the black population, and black women in particular, to the subterranean levels of Brazilian society" (Carneiro 1999). Groups such as *Geledés*, *Criola*, and *Fala Preta*, have formed to specifically address the concerns of Afro-Brazilian women, principle of which is often health (Safa 2005).

Black women's health has been a very important area of concern for the movement, with much of the emphasis being placed on infant and maternal mortality as well as reproductive rights and female sterilization. Numerous studies have found racial inequality in terms of

mortality rates for both newborns and their mothers (Wood and Lovell 1992, Lovell and Wood 1998, Leal, Gama and Cunha 2005, Oliveira 2003a). Nathalie Lebon's (1998) dissertation focuses on the emergence of a women's health movement to address the bleak situation for women's health under the public health system in São Paulo, Brazil. According to her, a lack of public investment coupled with damaging structural adjustment measures have led to a public health system that fails to meet the needs of the majority of the Brazilian population, and disproportionately affects impoverished women.

Reproductive health is a particular area of concern. Caldwell (2007b) writes that "Black women's contemporary struggles for reproductive autonomy can be traced to colonial patterns of racial, gender, and class subordination that denied enslaved women control over their bodies and sexuality" (p. 3). While the feminist movement has long been active in organizing for legalized abortion, and the Black women's movement has supported this endeavor, one of the foci of the latter has been on the high rates of female sterilization. Sterilization has garnered particular attention "given Brazil's high rate of female sterilization and a general consensus among activists that black women are targeted for forced sterilization" (Caldwell 2007a:159). Activist Fátima Oliveira (2003) cites the *Campaign Against the Mass Sterilization of Women* in 1991, as the only mass action of an anti-racist character in the area of health in the country. In many ways this campaign against sterilization abuse was a defining project to the Black women's movement and signified the emergence of Black women activists as a political force worthy of national and international recognition.

CHAPTER 3 THE FEMALE STERILIZATION CONTROVERSY

In view of health problems caused by hormonal methods of contraception, back-street abortions and attempts to make sterilization the main form of contraception for women, reproductive rights are a crucial issue. It is not merely a matter of the individual woman's right to choose how many children she has. More importantly, it is a question of creating the social conditions that will actually make free choice possible. [(Schultz 1993:81)]

Demographic Transitions and Female Sterilization in Brazil

According to a national study of population and health, in 1996 the Brazilian birth rate was 2.5 children per woman, whereas 15 years previously, in 1981, the birth rate was 4.1 (Minella 2005). Demographer André Caetano (2001), also drawing data from a national survey, claims that the Total Fertility Rate (TFR) in Brazil fell from 6.3 in 1980 to 2.5 in 1996. During the same period, the TFR in the Northeastern region fell from 7.4 to 3.1. This fertility rate decline has come to be called the Brazilian fertility transition. Even more amazingly, the Brazilian fertility rate has dropped more radically and more rapidly than other developing countries such as India and China which have official population control policies. Despite the reluctance of the Brazilian government to take an official stance on population control, George Martine writes that “the impact of various macrolevel policies aimed at the modernization of social, political and economic organization was probably greater than would have been the case [if] the state directly attempted to reduce fertility” (Goldani 2001:17).

The fertility transition in Brazil first began with increased urbanization and female participation in labor with rapid industrialization during the 1960s. The urbanization and industrialization of Brazil was accelerated by a project of development spearheaded by the military regime that controlled the country from 1964 until 1984 (Caetano 2001). Caetano (2001) critiques this rapid industrialization which “presented serious drawbacks. It was regionally unequal, urbanization was extremely precarious, and income inequality increased considerably”

(p. 3). Nevertheless, there has been a sentiment among social scientists and politicians that Brazil's current fertility decline favors solving some of Brazil's social problems including the implementation of better policies in terms of health, education and employment (Goldani 2001). However, this assumption does not consider the complexity of the economic dynamics at play, the political context and the power relations between social actors, during the dramatic fertility decline. Brazilian feminists specifically "charge that such demographic explanations overlooked the high costs paid by women for the fertility transition, including the high incidence of female sterilization, high cesarean rates, and significant numbers of clandestine abortions" (Goldani 2001:4). Goldani writes:

High rates of abortion and sterilization, the primary means by which rapid fertility decline was achieved in Brazil, are partly attributable to the interplay of attitudes, policies and changing agendas of key social actors, which tended to limit the practical availability of other contraceptive methods. [Goldani 2001:16]

Christensen (1995) also argues that "in the absence of adequate health care and family-planning options, many [women] have chosen the fail-safe method, tubal ligation" (p. 163).

Although optional sterilization was initially limited to the upper classes, changes in technology and the Brazilian health care system made this option increasingly accessible to the vast majority of women by the beginning of the 1980s. Today, in Brazil, sterilization is the most common form of contraception (Serruya 1995). In 1990, 69.2% of Brazilian women used contraception of some form, of these 43.9% were sterilized (Roland 1999). Overall, according to the Population Council in 1991, 30.4% of all women of reproductive age (15-45) were sterilized (Roland 1999). In 1996 the National study of demographics and health (DHS) found that 40.2% of women that lived with their husbands or partners were sterilized, and 27.3% of all women of reproductive age were sterilized (Minella 2005). Also striking is the fact that 70% of Brazil's sterilized women have had the operation since 1980 (Schultz 1993).

With these astounding statistics coming to light in the early 1990s, sterilization became the center of the debate in contraception and human reproduction alongside abortion. Feminist activists, media, public health researchers and agents, politicians, demographers and sociologists all have different perspectives on female sterilization. Adding to the controversy, rates of regret about this irreversible procedure were found to be high in Brazil. The accessibility of the surgery, the youth of some women undergoing the procedure and the presence of few living children at the time of sterilization were highlighted as risk factors for regret (Dalsgaard 2004). The 1986 PNAD survey documented the sterilization of girls as young as fifteen. Women's advocates complained that female sterilization was practically the only option for many working class women, and that women who consented to sterilization were often ill informed as to both its irreversibility and the surgical side effects. A portion of the Itapecerica Declaration, a statement written by Afro-Brazilian feminist activists reads:

The drop in fertility happened in total disrespect to women's reproductive rights, women were induced to surgical sterilization without other contraceptive options being made available. Sterilization has been erroneously considered a contraceptive method, safe and without negative effects, which should be demystified. [Caldwell 2007a: 163]

Female sterilization is not surgery without risks; there are always the risks of anesthesia and infection in the hospital. Side effects depend on the woman, the technique used, and the skill of the surgeon, but some can be: changes in menstruation, early menopause, weight loss, adherence of the internal organs to the abdomen, and frequent stomachaches (Oliveira 2003a). Additionally, women who have undergone the operation at times have additional complaints such as depression, and difficulties associated with sexual arousal (Minella 2005).

Brazilian Health Care, Cesareans, and Medicalization

Interestingly, the large increase in female sterilization during the 1980s and early 1990s occurred under a legal context that should have prohibited almost all tubal ligation surgeries in

the public health system. The high rate of the operation indicates an application of the *jeitinho brasileiro*³, with sterilizations often performed immediately after caesarian births, arranged ahead of time in a private agreement with the surgeon. Other women were sterilized for free in private population control clinics with the approval of the public health authorities. Serruya (1995) estimated that almost 30% of all sterilizations were done in Public Hospitals in conjunction with cesarean births, presumably with the doctor being paid under the table, 41% are done through federal reimbursement of private institutions and 28% in specialty clinics. These ways around the high costs of the operation, have made the procedure available to large numbers of women.

The Brazilian health care system is based on the contracting and reimbursement of services provided by private hospitals, so that in 1980, “public resources paid for 76 percent of all hospital services in the country while the private sector owned 80 percent of all medical establishments” (Caetano 2001:5). The federal government pays for hospital care through forms, and an approved list of procedures called the *Hospitalization Authorization* (AIH). The 1988 Constitution established the *Systema Único de Saúde* (SUS) which decentralized health care services and administration in reaction to the previous decades of centralized authoritarianism. Unfortunately, this system lends itself to fraud and mismanagement, particularly by politicians who are elected on the basis of their ability to provide goods and services to their constituents, a continuation of traditional clientelistic roles between political leaders and the poor. According to Caetano (2001), “Clientelism involves an interchange of favors in an unbalanced relationship of reciprocation in which the more powerful element tends to achieve more than the weaker one” (p. 7). Doctors play an important role in this exchange, frequently becoming political figures

³ The *jeitinho brasileiro* refers to the famous ability of Brazilians to find their way around a problem, regulation, procedure, etc.

themselves, or providing health services as favors to political allies and personal friends (Caetano 2001). Therefore, although “public health units were not meant to deliver family planning services, sterilizations included...a laissez faire attitude among legal and political authorities to the emerging unauthorized provision of sterilization within the public health care system soon made the method available for a huge number of lower class women” (Dalsgaard 2004:28).

The AIH approved list of procedures did not include sterilization until 1997, but sterilizations were often conducted in tandem with other federally funded operations, most commonly cesarean births. During a cesarean surgery, the surgeon could perform the tubal ligation using the same equipment and anesthesia, in order to limit the costs of the secondary procedure. This does not take into consideration the increased risks that the double operation brings for the woman involved. Prior to the 1970s, the government reimbursed hospitals and doctors more for cesarean births than for vaginal deliveries, leading analysts to propose that this price differential figured heavily in the dramatic increase in cesarean births (Caetano 2001).

Although the government equalized the reimbursement of doctors’ pay for cesarean and vaginal deliveries in the late 1970s, the hospital continues to receive more for the surgical option, and furthermore anesthesia for a vaginal delivery is not covered. Therefore, doctors operating in publicly funded facilities are inclined to continue to favor cesarean deliveries. Cecilia McCallum (2005) examines that high rate of cesarean births in Salvador da Bahia, Brazil. Her findings concerning cesareans closely parallel my own observations of female sterilization, in terms of the need to understand the cultural context, as well as coercive conditions, underlying the decisions of women requesting this form of childbirth.

Caetano (2001) examines why the incidence of cesarean-sterilization coupling is actually much lower in the Northeastern region, despite the inability of many Northeastern women to pay for sterilization without public funding. Caetano (2001) analyzes DHS surveys to show that between 1987 and 1996, 39.2% of Northeastern women who were sterilized had the procedure done during a cesarean delivery. Although this percentage seems high, the corresponding numbers in the regions of São Paulo and Rio de Janeiro are nearly 75%. However, although over 60% of Northeastern women are sterilized outside of cesarean operations, only 18% of the sterilizations are paid for by the women themselves. Caetano (2001) shows that doctors themselves pay for 57.6% of the procedures, and politicians pay for an additional 19.4%. He also shows how non-cesarean sterilizations increase dramatically in election years, tied to the clientelistic exchange of sterilizations for votes. It is a fairly common practice, especially in the North and the Northeast for politicians to offer free sterilizations in return for votes during election campaigns (Schultz 1993). In total, doctors and politicians paid for 70% of the tubal ligation surgeries performed in the Northeast (Caetano 2001).

While some doctors in Caetano's (2001) fieldwork in Pernambuco in the Northeastern region admitted to performing sterilizations for political favors, others excused their actions under the rubric of "personal criteria" in evaluating the need for sterilization, often citing "social indications" such as poverty, number of children, and bad marriages (p. 15). All physicians claimed that they had been approached by the women who actively sought sterilization as a birth control method. Caetano writes that "there is a mutual content of exploitation on the part of the patron and the client, but the enduring economic harshness in which these women live and the social gap that divides the worlds of the providers and the poor turn clientelism into an ordinary

event of everyday life” (Caetano 2001:17-18). In the Northeast particularly, the astronomical rise in sterilization rates:

is the result of the association of an increasing demand for contraception with the absence of effective public policies and thus poor birth control options, the influence of doctors amidst the diffusion of a hospital-based curative medicine, and the pervasiveness of a political behavior in which politicians provide goods and services to the poor in exchange for votes. [Caetano 2001:1]

According to Souza, the 1960s represented a new stage of medicalization over women’s bodies with the “eugenicists’ humanitarian sterilization” becoming widespread in Bahia (Northeastern state of Brazil) (Goldani 2001). Goldani (2001) also notes the medicalization of Brazilian society, and of social relations which she believes has led doctors to play an important role in shaping reproductive decisions and the ideology of contraception and family planning. Caetano (2001) argues that, “although there was no explicit or implicit intention to intervene in the population dynamics, the medicalization of reproductive behavior was instrumental to legitimate the interference in biological processes, the belief in the efficacy of medical interventions, and the use of modern birth control methods, especially the pill and female sterilization” (p. 4).

For many women, “a dramatic lack of information, education, services and alternatives in family planning led women to trust their reproductive decisions to doctors and medical technology” (Goldani 2001:30). One of the common threads noted by anthropologist Anne Lise Dalsgaard in her examination of impoverished women choosing sterilization in the Northeast of Brazil was the “discourse on individual responsibility and submission to medical authority that ran through the women’s reproductive histories” (Dalsgaard 2004:26). Women were influenced in their decision to be sterilized by the attitudes and opinions of medical doctors who often expressed thinly disguised class and racial prejudices.

Since the late 1980s, there has been increased social mobilization around sterilization as a reproductive right, to reach agreement about the criteria under which women might seek sterilization through the public health system. Feminists were concerned that the male dominated state would impose policies insensitive to women's needs, so the women's movement began to assert itself into policy making on reproductive rights. The women's health movement has been active in Brazil since the early 1980s, and militant feminists have helped call public attention to sterilization, an issue that affects reproductive rights and public policy about reproductive health. However, the women's health movement has encountered opposition from the Catholic Church, both the extreme left and extreme right, as well as from the "authoritarian practices of private population control organizations" (Schultz 1993:81). During the 1980s the Brazilian government began to reevaluate its official birth control policy, partly because of alleged population control conditions set by the IMF (which the IMF denies) but also because of the increasingly political visibility of the women's health movement (Schultz 1993).

In 1983, the Ministry of Health adopted the *Integrated Program of Assistance of Women's Health* (PAISM), formulated mostly by feminists from the women's health movement. This program was "designed to offer integral assistance in the women's health domain, including the supply of the whole spectrum of contraceptive methods" (Caetano 2001:6). PAISM addressed women's demands for safe forms of contraception, although it did not address abortion. Supposedly, PAISM was implemented in 1986, but a 1992 analysis of state sponsored family planning services, found these services either non-existent or at very minimal levels (Caetano 2001). Few aspects of PAISM have actually been implemented, largely because of corruption in both public and private strands of the health sector. This corruption and the common practice of sub-contracting health services out to private organizations led to women "being force to meet

requirements for contraception on a so-called free market controlled by the pharmaceutical industry” (Schultz 1993:86).

Feminists praised the 1988 Brazilian Constitution which guaranteed a 120 day maternity leave, but employers often conduct covert pregnancy tests during routine admission health check-ups or demand proof of sterilization to avoid the laws requiring paid leave (Roland 1999). Additionally, women have reported that employers threaten them with “signed resignation letters that are kept on file for use if an employee becomes pregnant” (Christensen 1995:165). During a four month campaign in 1989, with the slogan of “Women’s Health: a right we’ll have to fight for,” feminists called for the implementation of PAISM, and the persecution of employers who demand proof of sterilization from women before they are hired. The consequences of the failure to implement PAISM or other comprehensive women’s health programs can be seen in high maternal mortality rates and sterilization abuse, both tied to the prevalence of cesarean surgeries. Despite tension over the restriction of sterilization, there is a concurrence between the Black women’s movement and the feminist movement over the need to implement PAISM.

The Social Context of “Choice”

Part of what makes female sterilization in Brazil controversial and interesting is that, by most accounts, women choose this surgery voluntarily, and there is a need to recognize these women’s agency and power (Serruya 1995). However, international reproductive rights activist Rosalind Petchesky argues:

Women make their own reproductive choices, but not as they would like, not under conditions that they create, but under restricted social conditions that they as mere individuals are impotent to change... We should focus less on the issue of choice and more on the question of how to transform the social conditions of choice, of work and reproduction. [Roland 1999:205]

In many ways, women are “forced to ‘choose’ sterilization” (Roland 1999:202). It is essential to consider the social context of the reproductive choices made by these women. Dalsgaard (2004)

writes, “in this subjective world sterilization proves to be just the tip of the iceberg of intention, acquiring its particular meaning within a wider context of poverty, disrespect and constraint agency” (p. 25).

The constraint of women’s reproductive agency begins with gender roles that are deeply engrained in Brazilian society. For example, “the use of condoms, although a well-known method of birth control, is unacceptable to most men, since they regard contraception as the woman’s responsibility” (Schultz 1993: 83). Similarly, while male vasectomies would obviously accomplish the same degree of fertility control, and are a much safer and simpler procedure, the rate of vasectomy is only 0.8% of the Brazilian male population (Serruya 1995). As a result of sexist stereotypes surrounding male virility and the continued emphasis on birth control as a woman’s responsibility, Brazilian men are reluctant to agree to vasectomies. Additionally, Schultz (1993) argues that there is a strong social contradiction between Brazilian machismo which comes with the expectation of Brazilian women as permanently available sexually, and the notions of Catholic morality and virgin purity. In some ways, sterilization helps bridge this contradiction by allowing women to remain sexually available without the burden of additional children or a reputation of promiscuity (Schultz 1993).

The mass media has also played a role in linking the image of the smaller nuclear family, seen in commercials, movies and soap operas, to the ability to consume; enticing impoverished women to sterilization to in the hopes of better providing for their children (Schultz 1993). Suzanne Serruya’s (1996) work also shows how women sought sterilization in order to have fewer children and become better mothers. Ironically then, sterilization is justified and encouraged by cultural constructions of motherhood; motherhood itself is still considered to be sacred and untouchable. Brazilian “motherhood is lived with conflict and contradictions; radical

medicalized methods of contraception seem at first glance to be a magical solution for women” (Serruya 1996: 4, my translation).

Bérquo (1999) found indications that networks of women, united by familial and social ties can create a “culture of sterilization” that encourages other young women to undergo the procedure (Bérquo 1999). Cultural expectations, gender roles, financial constraints and desensitization to the procedure as a result of its commonness, have now led new generations of women to seek sterilization. Dalsgaard argues:

I link this sense of inferiority to the experience of the body as betraying and without value and I describe how women impose change, symbolic as well as real, upon their bodies in a search for the recognition they are denied by their inferior status...rather than seeing sterilization as simply a method of birth control I argue that for the women in focus it constitutes a hope for control in one’s own life. [Dalsgaard 2004:27]

Unfortunately, the control that sterilization offers is often fleeting, or false; “the decision to be sterilized is often a scientific solution to a serious crisis in a woman’s personal life; however, the ‘sexual freedom’ and improved living conditions which sterilization promises generally fail to materialize” (Schultz 1993:85).

Brazil is an underdeveloped and impoverished nation notorious for its egregious socio-economic inequality. More than half of Brazil’s population of 140 million live in poverty, and it is estimated that 40 million live without basic food, shelter or health care. Urbanization and industrialization have decreased the need for child labor while simultaneously making children more expensive and forcing women to join the labor force, limiting the availability of adequate child care options (Schultz 1993). Women, in particular, have been forced to adapt to the new roles and economic pressures. Carmen Barroso, a Brazilian feminist health researcher writes that making matters worse, “the IMF has been important in crushing the country and subtracting real income from people through structural adjustments. Women can’t feed their children because of

the policies of the IMF and that leads them to limit their births with desperate moves”
(Christensen 1995:164).

Most studies of the prevalence of sterilization abuse in Brazil conclude that the socio-economic context, together with difficult access to alternative forms of contraception, explains the phenomenon of sterilization of women in Brazil. State and national investigations into sterilization abuse led to reports that confirmed that the lack of alternative reproductive health services was a primary factor in the prevalence of sterilization. With cultural factors restricting the use of condoms, and birth control pills highly irregular in quality, renowned for their side effects and highly impractical in some regions and neighborhoods, women seeking birth control are eventually steered towards sterilization. Bérquo (1999) writes, “ in the face of a near-total absence of public health services and a lack of contraceptive options, poor women, the majority of whom are black, turn to tubal ligation as a means of regulating their fertility” (p. 207). A statement by the Feminist organization *SOS Corpo da Mulher* reads:

Faced with the nausea caused by taking hormones internally, with painful abortions, with marital rape, with having to bear sole responsibility for contraception and so on, many women regard sterilization as the light at the end of the tunnel. [Schultz 1993:83]

However, Schultz (1993) questions whether the decision to undergo a sterilization procedure is actually voluntary given the many external pressures coupled with the lack of viable options.

Caetano (2001) concludes, “eventually, the analyses of the determinants of sterilization diffusion in Brazil and in the Northeast interwove a complex set of factors, including the inadequacies of the Brazilian health care system, inappropriate behavior of medical providers, misinformation and limited access to other methods, poverty, and the development of a ‘sterilization culture’” (p. 21). Caetano (2001) does not, however, question whether these pressures and controls constitute coercion per se. Roland (1999), on the other hand, writes, “for

sterilization to be abusive, it is not necessary to submit a woman to open coercion, all that is needed is subtle influence to sway her decision” (p. 203). Another Black feminist activist, Fátima Oliveira (2003), argues that sterilization can be classified in three categories: voluntary, compulsory, or induced. Sterilizations are induced when a woman is led to be sterilized for reasons that exercise direct or indirect pressure on her free will. Examples of these pressures include the discourse that ‘poor women shouldn’t have children,’ employer demands for sterilization, little knowledge of or difficulty in obtaining reversible contraceptive methods, the social pressures of motherhood (Oliveira 2003a). Carmen Barroso argues that, in the case of female sterilization in Brazil, “coercion is institutionalized. It is not done against women’s will. But their will has no choice” (Christensen 1995:165).

Population Control and BEMFAM

The 1980s saw writings on female sterilization in Brazil by feminists, demographers, and researchers who talked about family planning on one hand and on the other the existence of private services financed by international agencies with the basic goal of limiting population growth in Brazil (Serruya 1996:2). In the 1960s and 1970s, “internal and international pressure for the implementation of a nationwide family program” was resisted by the military regime which, at least officially, advocated nationalist policies and colonization of Amazon region (Goldani 2001:24). However, the government began reversing its pro-natalist stance during the 1980s as a result of the downward economic trend and political pressure from various sources. Although claims that the IMF demanded reductions in Brazil’s birth rate in exchange for a renegotiation of its \$115 billion debt have been denied by the IMF, the Brazilian authoritarian government permitted a large number of foreign-funded private organizations with population control programs to establish themselves in the country (Christensen 1995).

Schultz (1993) writes that the International Planned Parenthood Federation (IPPF) is an “exponent of the neo-Malthusian ideology, according to which the basic cause of underdevelopment is held to be not an unequal distribution of resources, but excessive population growth, above all within the poorer classes” (p. 82). In applying this theory globally:

The state of economic dependence and consequential social inequalities of third world countries are attributed to disorderly demographic growth, establishing an unequivocal relationship between development and population. The necessity of controlling population growth becomes, therefore, for underdeveloped countries, a stage to be passed through and also a demand made by countries of the first world, preoccupied with overpopulation and the inevitable rise in serious social problems. [Serruya 1995: 7, my translation]

Other international agencies, while not open supporters of Malthusian theories, have also lent their support to population control in Brazil. Between 1987 and 1991, USAID and IPPF combined to contribute more than \$20 million to Brazilian birth control clinics (Schultz 1993). Additionally, figures from United Nations Population Division indicate that \$46 million of UN and international nongovernmental sources has been channeled into Brazilian family planning agencies (Christensen 1995).

In 1965, the *Sociedade de Civil Bem-Estar Familiar* (BEMFAM), the first family planning agency in Brazil was founded. This agency became associated with the IPPF in 1967. Between 1987 and 1991, international sources, including USAID, contributed more than \$20 million to BEMFAM (Serruya 1995). BEMFAM used this money to finance birth control clinics and organize workshops on the subject of family planning. Officially, BEMFAM’s policy was to prioritize reversible methods of contraception, while presenting a critical posture on tubal ligation. However, although it did supply birth control pills, often to undernourished, older or ill women, BEMFAM regularly switched the brand of the pills without acknowledging side effects that changes might elicit (Schultz 1993). As a result, side effects like nausea, regular headaches and irritability are the rule rather than the exception among the women who accepted these pills.

One suggested alternative to the pill proposed in the early 1970s was the coil, which was often inserted without proper consultation on the risks involved, and without proper monitoring through regular check-ups (Schultz 1993). With few alternatives, many women accepted offers of sterilization at private clinics run by BEMFAM.

Opposition to BEMFAM and other birth control programs with a focus on population control has come from a variety of sources. Leftist political parties and the Catholic Church have been highly critical of BEMFAM and other population control agencies' authoritarian birth control measures, but this critique has helped to lead to opposition to all forms of contraception as well as abortion, a stance that the women's health movement has criticized as just as manipulative of women's personal decisions (Schultz 1993). Nevertheless, as a result of these concerns, the Brazilian government finally established The Mixed Parliamentary Commission of Inquiry on Sterilization which, "analyzed the activities of birth control agencies and concluded that BEMFAM had as their principal activity population control with the sale of services and commercialization of products that discredits it as a philanthropic entity and public utility" (Serruya 1996:27). All in all:

The action of domestic family planning agencies backed by international organizations had long been pointed to as one of the main reasons of the fertility diffusion. They were seen not only as disseminators and inculcators of a contraceptive rationale in which sterilization was desirable, valued and safe, but also as the facilitators that provided the means without providing either the due educative process or alternative options. [Caetano 2001:19]

Given this history, "many feminists argue that an 'ideology of control' rather than 'choice' has dominated international family-planning efforts in Brazil" (Christensen 1995:164). In fact, *controlista* is a term used to describe BEMFAM and other population control agencies, but also "defines an ideology of population control to combat poverty and other social disturbances" (Caetano 2001:20). A total of 135 different private agencies distribute free and low-cost

contraceptives and encourage women to be sterilized (Christensen 1995). In 1981, 120 of these *controlista* institutions came together to found the Brazilian Association of Family Planning Organizations (ABEPF). The ABEPF is said to have links with almost all of the private health care facilities offering free tubal ligations, and its strategy has been directed at allowing low-income women greater access to sterilization, which is presented as a desirable, safe, and efficient contraceptive method (Caetano 2001). Therefore, although the majority of sterilization surgeries are now performed in public hospitals or private hospitals with federal funds, BEMFAM and ABEPF have invested much time and money in opening cultural acceptability to irreversible forms of contraception.

Targeting the Northeast Region

Afro-Brazilian activists became particularly concerned with the issue of sterilization abuse when they realized that BEMFAM was concentrating its activities in the Northeast Region, the area with the highest poverty and birth rates in Brazil, but also one that is 71% Afro-Brazilian. As a result of this decision, the “Brazilian region with the greatest concentration of Blacks and poor experienced the greatest reduction in fertility rates” (Roland 1999: 201). In the Northeast region in 1991, 62.9% of all women using contraception were sterilized. This showed a 15% increase in rates of sterilization within a five year period, and a drastic change from 1975 when the sterilization rate was 2.8%, the lowest of all regions in Brazil (Roland 1999). Elza Bérquo’s study of the 1986 PNAD survey also revealed a greater tendency for women in the North and Northeast regions to undergo sterilization as compared to women in the more developed Southeast, with birth control pills being the only readily available contraceptive alternative (Roland 1999). Referring to rapid drop in birth rate in Northeast, Serruya writes:

In reality, what these numbers reveal, contrary to what BEMFAM would have expected was a lack of preparation to attend with competence and dignity to the desires of a population that, justifiably because of lack of real health action, called

for more cautious treatment. The result of these actions, far from having a qualitative character, was only the obtaining of a quantitative result, privileging methods that were probably necessary to achieve numerical results pre-established by the financing agencies. [Serruya 1995:25, my translation]

While Serruya (1995) assumes that the high rates of sterilization were not BEMFAM's original aims, many Afro-Brazilian activists began to suspect otherwise.

Sterilization of Afro-Brazilian Women and Genocide

With expectations that the 1990 survey would reveal the Afro-Brazilian population exceeding that of Whites, demographers were surprised to find that their predictions were not confirmed. For the first time in five decades the percent of the population that self-identified as "White" grew, while the percent of the "Black" category declined and that of "brown" remained constant. This change was partly a result of the steep decline in the Afro-Brazilian birth rate in the decade since 1980, from 4.1 to 2.5, whereas the corresponding numbers for Whites increased slightly from 2.2 to 2.6. Given the history of racial ideology, including eugenics, in Brazil and the specific targeting of the Northeastern region for population control programs, some black activists began to examine the sterilization of black women in terms of the genocide. Caldwell (2007b) writes that "since the 1980s, activists in the black women's movement have sought to unmask the racial and class dimensions of reproductive rights in Brazil by asserting that the promotion of non-reversible birth control methods, such as female sterilization, has a greater impact on impoverished women, many of whom are Afro-Brazilian" (p. 3). Federal deputy Benedita da Silva, along with other black activists, protested increased use of female sterilization. Da Silva compared the sterilization of Afro-Brazilian women to the massacres of Brazilian street children which had garnered international headlines by saying "those that have an interest in killing poor black children in Brazil, also have an interest in not allowing these children to be born" (Dalsgaard 2004:29).

In 1990, activists from the Black movement, together with the *Center for Disenfranchised Populations* (CEAP) in Rio de Janeiro, “created a permanent forum of debate to denounce the racist and eugenic strategy behind the ‘*mass sterilization*’ of poor women” (Caetano 2001:21). The *Campaign Against the Mass Sterilization of Women* was later supported by the Women’s movement, but it began principally as an anti-racist struggle. Oliveira (2003) argues that one of the triumphs of the campaign has been to illustrate the importance that the health sector can play in the anti-racist struggle, and particularly that the lack of data on race in health services needed to be added to the list of the Black movement’s concerns.

Goldani writes that “Brazil’s women’s movement and black women in particular denounced sterilization as part of a deliberate international conspiracy, supported by national elites and medical interests, to control the growth of poor and non-White people” (Goldani 2001:7). However, the accusation of racial motivation has been difficult to prove. A Parliamentary Inquiry Commission established in 1992 to investigate high sterilization rates came to vague conclusions. Other statistical data has shown little statistical difference in sterilization according to race (Dalsgaard 2004, Bérquo 1999).

In the early 1990s, a debate developed between Black activists who saw sterilization as an attempt to reduce the Afro-Brazilian population and researchers who pointed to the lack of empirical evidence backing this claim. Roland elaborates:

Although researchers have presented data that show no difference in levels of sterilization for White and black women in different regions of the country, black activists have responded by questioning the methodologies of those researchers and arguing that regional differences point to a policy directed at the Northeast. [Roland 1999:202]

Inspired by their concerns over female sterilization, in August of 1993, activists in the Black women’s movement organized the National Seminar on Black Women’s Reproductive Rights and Policies in order to prepare for the 1994 U.N. World Population Conference in Cairo

(Caldwell 2007a). The National Seminar culminated in the publication of the *Declaração de Itaipécerica da Serra das Mulheres Negras Brasileiras* (Itaipécerica da Serra Declaration of Brazilian Black Women), which:

addressed the impact of population policies on poor and nonwhite communities and criticized the Brazilian state's involvement in the realm of population policy through its involvement in formulating and implementing population control policies as well as through its failure to prevent the action of organizations seeking to limit population growth in the country. [Caldwell 2007a: 162]

Protests and organizing by Afro-Brazilian and feminist activists has since led to the passing of countless municipal laws regulating abuses in sterilization practices (Oliveira 2003a).

It was at this point that Afro-Brazilian feminists began to lose the support of some males in the Black movement. One Black female leader of MNU in Belo Horizonte commented on the difficulties faced by Black women who attempted to discuss population control and forced sterilization in the Black movement during the 1980s: “a number of Black activists saw the forced sterilization of Afro-Brazilian women as proof of a genocidal conspiracy to decrease the size of the Black population,” but men and women expressed their concern in different ways.

She continues:

Beliefs that sterilization was part of a racist conspiracy caused many men in the organization to encourage black women to have children as a way to guarantee the survival of the black community. While a number of male activists proposed alternatives to sterilization that would increase women's childbearing responsibilities, women in the MNU sought alternatives that would allow them to maximize their reproductive autonomy. [Caldwell 2007a:156]

The gender divide often found Black men and women at odds over the call to legalize but regulate sterilization. Black feminist Edna Roland (1999) writes, “some black militants do not accept the regulation of sterilization because they consider it an instrument of genocide, whereas others, among whom I include myself, feel that bringing sterilization into the open is necessary to establish socially acceptable limits and regulate medical procedure” (p. 204).

While Black movement activists considered female sterilization as a form of genocide and wanted it declared illegal, radical feminists resisted any law that attempted to regulate a woman's decisions about her own body (Roland 2002). Most Black women's organizations rejected both extremes. The Health Program of Geledés made the statement that they:

considered sterilization to be a complex, multi-causal phenomenon that required the formation of public policies, adequate health services, women's education, media campaigns, etc. They also considered that poor and black women encountered [sterilization] under conditions of less freedom and choice. [Roland 2002:20, my translation]

With these considerations, Geledés supported a move to regulate female sterilization in order to curb its abuses and encourage other forms of contraception.

On January 12, 1996, the "Law of Family Planning" was approved, amending the constitutional statute that regulated sterilization. Originally, the amendment was vetoed by President Cardoso who interpreted the law as a conservative move by the Catholic Church, but the veto was dropped after activists in the women's health movement, feminist movement and Black women's movement lobbied for its support. The new law requires a minimum age of twenty-five or the presence of two living children before sterilization is allowed, informed and written consent, and a minimum period of 60 days between the request and the surgery during which other contraceptive methods and counseling must be offered. Over ten years have passed since this law to curtail sterilization abuse was approved, yet the effects of the law remain unclear. Have the sterilization rates changed? Do feminists and/or Black women activists remain concerned about the prevalence of sterilization? And how do activists from these two movements recall the debate over sterilization in the early nineties and its impact on women's reproductive rights in Brazil?

CHAPTER 4 METHODOLOGY

The analysis of social movements can be carried out using many different conceptual and methodological approaches; each with its own advantages and disadvantages. Here I am primarily concerned with how the Black women's movement came to position itself in relation to the women's movement and the male-dominated Black movement. The history of these movements, summarized in the previous chapter, is a useful starting point, but the challenge was to adopt an approach to my own data collection that could effectively highlight the interplay between these movements in terms of the ways in which they conceptualize reproductive rights and sterilization. In order to accomplish this goal I choose to employ the notion of "frame analysis," a perspective that has been developed in social movement research, but rarely applied in the study of Brazil.

Social Movement Theory: Framing and Organizational Interaction

The construction of a unified collective identity, along with constituent mobilization, are important reasons for the careful consideration paid to the "framing" of issues by social movement organizations (SMOs) and activists. Snow and Benford (1988) write that movements are "actively engaged in the production of meaning... They *frame*, or assign meaning to and interpret, relevant events and conditions in ways that are intended to mobilize potential adherents and constituents" (p. 198, emphasis added). Framing theory, or frame analysis, is a relatively new, but extremely influential manner of examining the actions and accomplishments of social movements. William Carroll (1996) writes that "the recent literature on framing presents a challenge to resource mobilization (RM) theory: by accentuating the cultural and psychological aspect of social movement activity it points to a gap in RM theory, which has tended to employ a rather impoverished rational-choice theory of subjectivity" (p. 602). Much of the most influential

work in this area has been done either by William Gamson (1982, 1992) or by the team of David Snow and Robert Benford (1986, 1988, 1992, 2000). While Gamson has focused on frames from a social-psychological standpoint, looking mostly at how individuals interpret events in order to make sense of their world, Snow and colleagues have shifted “the focus of framing research away from how frames affect the negotiation of meaning by potential movement participants and toward the strategic activities of social movement entrepreneurs” (Noakes and Johnston 2005:5).

Snow and Benford (2000) further delineate core framing tasks which include: diagnostic framing (defining the problem), prognostic framing (proposing a solution), and motivational framing (calling for corrective action). Movement organizers must construct frames that are contextualized, and aligned with real world experiences. Snow et al (1986) write, “by frame alignment, we refer to the linkage of individual and SMO interpretive orientations, such that some set of individual interests, values and beliefs and SMO activities, goals and ideology are congruent and complimentary” (p. 464). Snow and his colleagues identify four frame alignment processes: frame bridging, frame amplification, frame extension, and frame transformation (Snow et al. 1986). Social movement activists use these methods to create a frame that resonates with potential constituents.

For example, when Black women activists interpret sterilization abuse in terms of genocide they introduce a racial dimension into their framing of the problem of female sterilization. This choice will dictate their proposed solution as well as change the constituency with whom the frame resonates. This frame already uses a number of the processes that Snow et al. (1986) have outlined. By *bridging* the concerns of Afro-Brazilian women with the injustice of racism, they open the door to support from male Afro-Brazilian activists. Likewise, the term “genocide” automatically *amplifies* the frame by capturing the essence of the concerns in one powerful and

potentially inflammatory word. The Black women's movement may have framed sterilization in terms of genocide partly out of a desire to appeal to coalition with the Black movement, but this does not mean that the claims are unfounded. It is also important to contextualize these claims within the larger history of racial discrimination and eugenics in Brazil.

Sidney Tarrow (1992) writes that “in order to link social movement ideologies to their societies, scholars must move outward from the explicitly constructed messages of movement leaders to the broader mentalities of a society and to the culture of understandings in its political community” (p. 176). In other words, although social movement organizers are key in framing events so as to maximize mobilization, those frames are not created out of thin air. Instead, they must be intricately tied to pre-existing ideologies, and sensitive to historical and cultural contexts.

To understand precisely how social movement organizations construct a frame that is consistent with the socio-political context, scholars have begun to focus on the role that ideology plays in the framing process. A recent exchange between social movement scholars acknowledges the need to differentiate between “frames” and “ideology” (Oliver and Johnston 2005, Snow and Benford 2005, Johnston and Oliver 2005), which I believe has been best answered by David Westby (2005). Westby writes:

Framing as discourse derived from (1) strategic imperatives created in the course of the shifting and complex historical flow of the cultural stock and (2) the domain of movement ideology, manifest in varying degrees of ideological diversity and salience. Framing is thereby formulated as a jointly constituted process, as discourse that conjoins the ideological and the strategic. [Westby 2005:220]

Westby (2005) goes on to identify six variants in the linkage between strategy and ideology. He argues essentially that a balance must be struck between strategy and ideology, although he proposes that certain forms of political opportunity (i.e. authoritarian regime vs. democracy) may

be more vulnerable to particular forms of linkages. Without examining each of these variants, what Westby's (2005) linkages mean for my interpretation of the Black women's movement in Brazil is a greater understanding of why activists may have used the strategic frame of genocide when addressing concerns over sterilization practices, while still drawing on a pre-existing ideology that recognized racial injustice and discrimination as a primary concern in Brazilian society.

Some scholars are uncomfortable with the idea of strategic framing, finding it based too strongly on a rational-actor perspective. Polletta (1997) claims this duality of strategic action and ideological orientation "undermines frame analysis by encouraging a reduction of movements' cultural aspects to little more than just another factor to be strategically manipulated" (Westby 2005:220-21). Ellen K. Scott (2000) in her examination of anti-racist practices in two feminist organizations writes "often, however, meaning work is the unintended consequence of interaction and organizational practice. Meanings emerge as a product of what social movement actors do in their pursuit of social change. Hence, meaning work can be much less deliberate than suggested by framing theory" (p. 785).

Both women raise valid criticism, but my understanding of collective action frames is that they are more often constructed around the "cultural aspects" of the movement instead of acting as manipulating devices as Polletta (1997) suggests. I agree with Scott (2000) that meanings often emerge through action, and are not always completely predictable. However, I also believe that there is room in framing theory to emphasize this dynamic aspect of collective action frames, and to recognize that, despite the strategic "meaning work" of social movement organizers there will always be meaning produced in ways that are not pre-determined. The study of framing processes is appealing precisely because it links the idea of strategic social

movement organizing, with the more organic ideological forces that translate those frames into unpredictable reality. Neither the frames, nor the actors remain static or rigid when meaning is translated into action.

In 1992, Snow and Benford expanded their idea of framing processes and micro-mobilization towards the macro-level by developing a theory of master frames, which set the stage for the framing options of individual social movement organizations and were tied to cycles of protest. Drawing upon Tarrow, Carroll (1996) writes, “master frames enable heterogeneous groups to be allied in common political struggles and thus lend coherence to the movement politics of an historical conjuncture, or even an era” (p. 603). The Black women’s movement has its roots in the united struggle of many social movements calling for democracy during the *abertura* of authoritarian rule in Brazil. During this period, a master frame of democracy and citizen rights shaped the framing processes of SMOs. However, master frames are also dynamic and shift over time. For example, the frame of “genocide” hints more at a master frame of human rights which was growing in international appeal just as the sterilization debate first began, especially in terms of its application to women’s rights or reproductive justice (Reilly 2007).

Master frames occasionally may limit the options of social movement organizers, but they also may aid in networking across social movements within a particular locale (Carroll 1996), as well as linking local organizations to international advocacy (Reilly 2007). Ferree and Roth (1998) also see framing as a potential source of coalition building between SMOs. Furthermore, they highlight how such coalitions often cut across the intersections of race, class, and gender. At times, neither “organizations nor constituents, nor issues and identities, can be separated a priori as belonging to certain movements, given the interrelatedness of race, class, and gender at the

individual and movement level” (Ferree and Roth 1998:626). This intersectionality is a constant struggle for Black women activists who find themselves caught between the Black movement and the women’s movement. However, this intermediary position might also be seen as advantageous when attempting to build coalitions. Molyneux (1985) writes, “...women’s unity and cohesion on gender issues cannot be assumed. Although they can form the basis of unity around a common program, such unity has to be constructed –it is never given” (p. 234).

Winifred R. Poster (1995) compares the organizational structure and practices of two women’s organizations, one upper-class and primarily White, and another working-class women of color. She writes that “these examples demonstrate that class and racial diversity in the women’s movement carries with it both promises and challenges; yet, they also reveal how coalition building can be an extremely sensitive and tenuous endeavor” (p. 661). Poster’s (1995) article is a rare example of social movement research that examines the interactions between social movements and attempts to, as Ferree and Roth (1998) write, “highlight the limitations of social movement theories that treat gender, race, or class as unproblematic and nonoverlapping social categories that inherently give rise to singular social movements” (p. 627). They argue that, “in contrast, gender theory has paid particular attention to the interactions of gender, race, class, and sexual orientation, arguing that these are not categories that can simply be added, like pop-beads in a string, to define social position or identity, but are processes that interact with each other to create complex and specific socially situated selves” (Ferree and Roth 1998:627).

Methods: Fieldwork, Grounded Theory and Frame Analysis

Fieldwork was conducted in the Southeastern region of Brazil over a six week period during the months of June and July 2007. I conducted semi-structured interviews with social movement activists from feminist and Black women’s organizations, sociologists, demographers, and a medical doctor. These interviews were audiotaped and lasted an average of half an hour.

Altogether I conducted nine interviews, four with feminist activists, two with Black women activists, two with academics, and one with a gynecologist who performed sterilizations but was also involved in feminist activist networks. Prior to my fieldwork period, key organizations had been identified through academic sources and Internet research. I attempted to contact these organizations primarily using electronic correspondence, as well as through personal and professional contacts. Organizations were selected because of their previous involvement in the debate over sterilization or their prominence in social movement activism, with an eye to representing both Feminist and Black Women's organizations, particularly those whose agenda included a women's health or reproductive rights component. The activists whom I eventually interviewed were those who responded to my original inquiry, or others who were referred to me, essentially determined by snowball sampling. In addition to the interviews, data were gathered through a limited amount of participant observation at women's movement activities, as well as visits to social movement administrative centers.

All of the social movement organizations that I visited were located in the two largest Brazilian cities of São Paulo and Rio de Janeiro. Both of these cities are large metropolitan areas, highly developed in many ways, but both infamous for their undisguised displays of gross socio-economic inequality. Together with Belo Horizonte, another large city where I interviewed the demographers and the medical doctor, these three cities are all located in the Southeastern region of Brazil. It is particularly important to note that my fieldwork was conducted solely in the Southeast, because it is generally the Northeastern region of Brazil that has been the focus of the debate over female sterilization. However, my primary interest at this stage of my research was in framing processes, and I concluded that targeting national level organizations, with highly educated and sophisticated organizers would give me the best idea of the "meaning work" that

exemplified these social movements on a national scale. Since most of these organizations were located in the three largest and most developed cities of Brazil (all in the Southeastern region), that is where I focused my fieldwork. Therefore, my findings should not be generalized either to the Northeastern region of Brazil, nor necessarily to the micro-level mobilization practices of more locally focused SMOs. Hopefully connecting the national to the local, as well as comparing approaches in the Southeast and Northeastern regions can be the focus of future research on this topic.

I approached my fieldwork in Brazil from a grounded theory approach, which “seeks not only to uncover relevant conditions, but also to determine how the actors respond to changing conditions and to the consequences of their actions” (Corbin and Strauss 1990:5). Grounded theory methodology is inductive and values the dynamism of unpredictable research situations, which might often lead in unexpected directions. I entered the field with a fairly comprehensive understanding of Brazilian race relations and the specifics of sterilization, but I wanted to remain open to the possibility that activists would not be interested in my proposed topics, and that my data would lead me elsewhere. This approach was particularly relevant given my research on framing processes and the “meaning work” of social movement actors, in that I was able to grant those activists the freedom to frame the issue as they saw fit. Additionally, I entered the field unsure as to whether my basic line of inquiry even remained relevant, given that the most heated debate surrounding the issue had occurred at least ten years previously. By keeping memos, and by reformulating interview questionnaires as fieldwork progressed, I was able to focus my research on the issues and frames that presented themselves, and not ones that I had previously decided were important.

When analyzing frames, Hank Johnston (2005) proposes the use of hierarchical groupings, with linkages indicated by lines to visually show the construction and interconnectedness of frames with each other and with master. His goal is to provide “a language of presentation whereby frame analysis can be accomplished systematically and with greater empirical fealty” (Johnston 2005:242). I appreciate Johnston’s argument for increased transparency in the sometimes arbitrary process of isolating “frames,” as well as the visual appeal of his graphic illustrations of interconnectedness. However, I also fear that his push towards positivist empiricism is not an altogether appropriate direction for frame analysis to take. Snow and Benford (2005) go to lengths to argue that their theories relate to dynamic framing *processes*, and although I will follow Johnston (2005) and most other researchers in isolating “snapshots” of the ever-changing *frame*, I am not sufficiently comfortable with this static proxy to subject it to the categorical and linear deconstruction that Johnston suggests. Although perhaps less precise, Charlotte Ryan (1991) also represents frames visually, outlining the key issue, the diagnosis and prognosis of the problem, key symbols used and supporting arguments of the frame, in a chart format. I found her approach to be helpful and clear, while still allowing for the dynamism of framing processes as well as considering the more organic ideological and cultural context behind the frame. For these reasons, my own frame analysis will more closely resemble her methodological approach.

My frame analysis began by reviewing the audio-taped interviews multiple times. After this, I moved through each interview, typing notes and transcribing the majority of the recordings. These notes were combined with research notes from field notebooks and memos recorded on my computer. Together, these texts underwent several rounds of examination, after which I began to identify and code major themes that were either repeated in multiple texts, or

appeared to be particularly salient to one individual. This coding was done with an intuitive awareness of the themes frequency in the interview and the immediacy with which the topic was raised by informants, as well as its centrality and the degree of emotionality attached to it. From this process, I identified twenty-five themes that were then categorized under ten headings by which the differing perspectives of informants could be analyzed (Table 4-1). Additionally, I compiled lists of the major themes raised by the different categories of informants: Black activists, feminists, demographer and medical doctor. These composite lists were then compared for their commonalities as well as their differences in terms of the themes and frames that they choose to employ when confronted with questions about the issue of female sterilization.

Table 4-1. Coded Themes and Constructed Headings from analysis of interviews

Coded Themes (25)	Constructed Headings (10)
Abortion as only one aspect of Reproductive Rights Decriminalization/Legalization of Abortion “Reproductive Technologies”	Abortion
The Public Health System Maternal Mortality Women’s Health “Double Protection” and STDs Side Effects of Sterilization	Health
BEMFAM and <i>controlista</i> agencies Population Control	Population Control
Statistics (disproving race as factor) Changes in feminist movement Nationalism Genocide	The Original Debate
Porto Alegre	Porto Alegre
Women’s control over their Bodies Birth Control as Women’s Responsibility Vasectomy	Gender Roles
“Culture of Sterilization” Lack of Sex Education Lack of Access to Reversible Methods	Choice/Coercion
Law of Family Planning	Law of Family Planning
Sterilization as a Right (curb abuses) Difficulty accessing sterilization today	Sterilization as a Right
Reproductive Rights vs. Human Rights	Human Rights

CHAPTER 5 FRAME ANALYSIS

In any case, for us, the cause of sterilization...is seen differently from every angle, because the problem for Black women is not the problem for White women. -Silvia, a Black feminist Activist

The Original Debate

My research questions originally grew out of a debate over female sterilization that raged through Brazil in the late 1980s and early 1990s. One feminist activist, Lúcia⁴, who heads a national organization with its headquarters in an upscale neighborhood in Rio de Janeiro, told me, "...it wasn't just a feminist debate, it was a debate that carried ample weight; it was much more national, even governmental."⁵ She went on to say, "there was a question of nationalism, that this [sterilization] was a response to external forces and that some people...organizations, the leadership of the Black Movement spoke of the genocide of the Black population through sterilization." Another feminist activist⁶, Carolina, who worked for a private organization that conducted research on issues of gender equality and reproductive rights, also commented on the importance of nationalism in the debate. She highlighted what she saw as a contradiction in the claims of sterilization being used as a method of population control, and the expansionist rhetoric of the military government in the 1970s and 1980s.

More interestingly, the term "genocide," which had been so important in the earlier debate came up only on two occasions in all of my interviews. The first time was in the general outline

⁴ All informant names have been changed to protect their confidentiality.

⁵ All translations are my own, from audio taped recordings and notes from the interviews.

⁶ While all the feminists that I interviewed appeared, by my North American standards, to be White, and all of the activists that I interviewed in Black women's organizations would be classified as Black in the United States, I did not ask them to self-identify by race, so I will avoid using it here. Although some of the Black activists referred to themselves as feminists, others did not, so I did not feel comfortable using the term "Black feminist" to apply to all Black women activists. Additionally, it is quite plausible that there are Afro-Brazilian women working in these feminist organizations, and likewise it may be that White women work in the Black women's organizations. Therefore, it is important to remember that the designations "feminist" and "Black woman activist" are political identities more than racial designations, though skin color certainly played a role in these women's perspectives.

of the debate that Lúcia mentioned above, and the next was by a female activist at a Black women's organization in São Paulo, who reiterated the mass sterilization of Black women in terms of "genocide," but only briefly, she quickly moved on to use the more common way in which the issue is currently framed, by referring to "population control." João, a demographer at a large public university, explained the abandonment of this frame in terms of a response to what he saw as incontrovertible statistical evidence: "In the poor Black population, this issue of race was analyzed a lot, valorized. But since the moment when it became clear that in reality the problem was actually deeper, a lack of access, of restricted options, etc. and that women demanded in order to stop having children, this debate vanished." Later he told me:

What happened was that with the CPI [Parliamentary Investigative Committee] and with the data from the DHS [Demography and Health Survey] of 1996, it became clear that the problem was not a problem exactly of skin color, no. There was not premeditation in relation to population control...but that there was a demand for contraceptives, and there weren't any, for the women. But for the poor there was a perverse and restricted lack of options.

Population Control

Nevertheless, almost all of the activists that I interviewed remained outspoken about the role of population control in sterilization abuse, although many did not directly address the dimension of race. Sofia was the only feminist to speak directly to the targeting of Black women. She told me that during the 1970s and 1980s, "sterilization was often used, including to sterilize Black women, with the idea that you will diminish poverty, diminish the number of poor that are born." Marisol, a gynecologist and self-described feminist activist in Belo Horizonte, also noted the "controlista" attitude that she often encountered, although she spoke mostly in terms of population growth: "We have to be very attentive to *controlista* and misinformed discourses... There exists an idea, that certain groups want to act against specific groups... saying

the following, ‘we need to diminish the demographic explosion.’ There is no demographic explosion in Brazil.”

Marisol mentioned the family planning organization, BEMFAM, as one of the organizations that had been involved in attempts at population control. BEMFAM was also mentioned by Carolina, a feminist, as being particularly affected by the legacy of population control and sterilization abuse. She seemed exasperated that despite attempts to reorganize its policies and revitalize its image, BEMFAM continued to be vilified by some women’s organizations. Lúcia also agreed that she would be willing to work with BEMFAM when it organized family planning conferences and workshops, because there was a need to recognize that things change, as well as the need for new alliances.

I interviewed Sílvia in the headquarters of her Black women’s organization in downtown Rio de Janeiro. It was a basement office, hidden behind a maze of doorways, but located in a fairly upscale office building off the principal avenue of the city. A framed newspaper article on the wall quoted the organization’s founder, who described the choice to locate the office in the downtown area as an “invasion” into mainstream public space, and a refusal to remain, physically or symbolically, “marginal.”

Sílvia spoke often about “population control” but with a much more current focus. She told me:

Last year, we were surprised with a reemergence of this strategy in the control of violence, in the control of birth rates, again for control of the Black population... They think it’s natural to have sterilization as part of the options of family planning, and not because the state admits the need to have population control, but because society supports the control of the Black population. So, for whatever problem, the answer is sterilization.

Although she supports the decriminalization of abortion, Sílvia also made the connection between sterilization and abortion in terms of population control, saying, “Some scholars have

even talked about abortion as a method for preventing criminality. This is the view of poor women, that the majority of criminals are born to poor Black women, so by permitting abortion you don't permit that this criminal element enters society.”

It is worth noting that *Silvia* was the only informant to speak directly to the right of a woman to control her own body, despite that frame's more typical association with mainstream feminism. However, *Silvia* extends this concern beyond an individualistic understanding by tying it to population control:

Sterilization, from the perspective of Black women, was a cause that was very important, because it brought attention to very complex policies in how racism and sexism were acted out upon the bodies of Black women, but more than anything how racism supported authoritarian positions against Black women that justified their sterilization. In this case, more than dominating the body –the bodies of Black women were always considered objects...what it wanted to control as well was this group of the population that it dominated. So, sterilization was used for this. It was used as a way of controlling birth rates, control over the growth of the Black population.

In addition to concern over the control and objectification of women's bodies, other informants also spoke of gender roles that restricted the use of condoms and vasectomies as available forms of contraception.

Gender Roles and “Double Protection”

Sofia is a middle-aged feminist who works at an organization in São Paulo that prides itself on its efforts to create a more popular base for feminism. She advocated “educational options about contraceptive methods, that there be sexual education in the schools, principally for youth, girls and boys. So that boys also learn to use condoms early on, that they learn that the responsibility to avoid pregnancy, to avoid AIDS is not just on the girls, it's on boys as well.” *Sofia* and a number of other informants, complained that the discourse surrounding contraception in Brazil was limited to birth control pills and sterilization. She told me:

It's like there's this discourse, that the only contraceptive methods, secure methods to avoid pregnancy, are tubal ligation and the pill. We've never had a larger policy of educational actions so that women know more about condoms, or IUDs, or other forms, diaphragms, so that they know other methods, including methods that affect their health less. So, in Brazil there's this idea. So, for the majority of women if you asked them, 'what are the methods that you know to avoid having children?' She's going to say tubal ligation or the pill.

Sofia was frustrated that the government continued to reinforce only these two methods of contraception. She cited a recent governmental family planning campaign that offered birth control pills at a very low price, and distributed propaganda on tubal ligation and vasectomies. Sofia was concerned that many women could not use these hormonal methods of birth control because of the health effects, and that they had little luck convincing their husbands to use condoms.

The lack of emphasis on condom use was particularly disturbing to nearly all my informants, who worried about the effects of STDs, particularly HIV, on women who sought hormonal contraceptives that offered no protection against diseases. The gynecologist, Marisol, emphasized the need for women to have access to “double protection.” This “double protection” referred to protection against unwanted pregnancy simultaneous with protection against sexually transmitted diseases. This view was echoed by Maria, a Black women's activist:

What are the consequences [of sterilization]? ... What is your sexual life like after this? You can't get pregnant anymore, but you can contract [sexually transmitted] diseases, HIV...and today, in Brazil...we're still not conscientious about the need to use condoms, masculine or feminine. You need to have another form of prevention, not just against pregnancy, but of these needs as well. So, we've done work emphasizing the importance of the two things. Sterilization, if you decide that you don't want more children, but you also need to use other methods to preserve your health.

Marisol was very concerned with the current trend towards the “feminization” of the AIDS epidemic in Brazil, and the rise of incidents of the virus among married and monogamous

women, who contract the disease from male partners that refuse to use condoms even in their extramarital affairs.

Health Effects of Sterilization

Maria met with me at the headquarters of one of the most nationally and internationally recognized Black women's organizations in São Paulo. Our interview began awkwardly as the result of a miscommunication that left Maria feeling that she had been put on the spot at the last minute. However, she rejected my offers to reschedule the meeting, and her annoyance quickly melted away as she spoke passionately about the subject of Black women's health.

Maria's concerns with sterilization were not limited to the false sense of security that it brought to women in terms of their sexual health. She also raised concerns about the health effects of sterilization, in particularly as it related to Black women. She cited a study by an English doctor, who she claimed found evidence that Black women who underwent a tubal ligation in their fertile years were particularly susceptible to a form of breast cancer that was often fatal, with a consequential mortality rate among Black women that she equated to genocide. Sofia, a feminist, did not make a distinction based on race, but also spoke of the possible side effects of sterilization:

I think women's health is always...less studied...Women who had been sterilized spoke of lots of problems that we never knew if they were socially constructed, or it really had some effects, tubal ligation. So the women talked a lot about "frigidity," they said that their sexual desire had diminished after they had tubal ligations. Of various problems that they perceived...many problems were not discussed. For example, the view that for women, sex was for reproduction, so if you already know that you won't have children, so there's the idea that you also won't have pleasure. These things are often confused in your head.

Sofia also spoke about concerns specific to tubal ligation in Brazil, and that lack of research on the consequences of this common procedure:

Here in Brazil, also in the past, what happened was that women were sterilized during childbirth, during a cesarean operation. So what happened was that your

body is –your sexual organs are –altered. You’re there at the time of childbirth, so everything is totally altered. So if you have an operation at that time...we always thought it was very complicated. Because what is really indicated, if you want to be sterilized, is that you do it after birth, that you have a laparoscopic tubal ligation, because your tubes will be normal, not altered like during childbirth. And because here, almost 100%...the large majority of sterilizations were performed at the time of childbirth, so we don’t know if at the time of the sterilization if something else was affected, and maybe gives the women problems later.

The Public Health System

The dubious quality of women’s health care, particularly for those women who needed the services of the public health care system, came up often in my interviews. Lúcia told me, “I think that, for many women, particularly those that have less access to private medical care and to private pharmacies as well, that have to depend on public services and public pharmacies, it is still very difficult to have access to reversible methods [of contraception].” Maria, was even more emphatic in her critique of class divisions in access to contraceptive methods and reproductive health. Here she is speaking directly about access to safe abortions (which are illegal in Brazil):

If you have resources, you have three or four thousand reais [Brazilian currency], you can go to any clinic in any part of the Jardins [an upper-class area of São Paulo], and have an abortion. Now, if you don’t have the socio-economic position, you’re going to pay 200 reais to take a concoction, another 200 reais to get an injection. And sometimes the process is not resolved...and it causes much more serious health problems.

Earlier in our conversation, Maria talked about the experiences of poor, and particularly Black, women seeking care through the public health system:

Today, we see a lot of problems with young girls, from ten to fifteen years of age, who begin their sexual lives and consequently get pregnant. Sometimes they attempt to abort, without any structure, and then they end up in the health centers. When they seek medical attention...they are badly treated. Because in that category of medical providers, they are prejudiced; they are against abortion. They make the person pay, in some way, for what they have done, by treating them badly. They leave them waiting to be attended, the doctor takes more than three or four hours to see them.... We still don’t have a health program that

sufficiently attends to these women as well, that attends to that segment of the population that calls for a quality of care...because women should have the right to decide what to do with her body.

Maria also made a direct link between racial discrimination against Black women during prenatal care in the offices of gynecologists, and high rates of maternal mortality among this segment of the population.

The Law of Family Planning

Of all my informants, only Marisol, the gynecologist, spoke positively about the public health system. When she did, she was speaking about the changes to the system after the passage of the Law of Family Planning in 1996, a law that she helped to implement in the region in which she practiced. When I asked her if this law benefited poor women and Black women in their access to reversible methods of contraception, she answered:

Yes, without a doubt, because the women who most use SUS [Systema Unico de Saude- the public health system], are the ones who benefit the most. The system is available for any person; it's not a system for the poor, but it has an element of equality as well. They [the poor] use it more, because they need it more; they are the principal users. Without a doubt, those that don't have the ability to buy [contraceptives] today, with this question of the lowering of the prices, it would be very difficult for somebody to say that they couldn't afford to buy [contraceptives]. But, even those that can't afford for whatever reasons to buy, are beneficiaries with the offer of contraceptive methods by the Systema Unico de Saude [public health system] ...and it is a more equitable access, with more choices for them to choose from.

Nearly everyone mentioned the Law of Family Planning but most doubted that it had brought real change in terms of access to alternative forms of contraception, or restricted sterilization abuse. Marisol spoke from her personal experience, working with couples seeking sterilizations, and emphasized that she spent countless hours with each couple, counseling them on their options and filing paperwork to ensure that she was proceeding in accordance with the law. However, João, the demographer, indicated that, in his opinion, Marisol's diligence was

probably the exception rather than the rule. When I asked him about the Law of Family Planning, he replied:

I don't think it changed anything. I think the DHS of 2006 will show this; [it] will show that in reality perhaps the proportion of sterilized women has grown. I don't think it changed anything, to be honest...it didn't increase what was offered, it didn't facilitate access to other methods, nor did it offer sterilization: tubal ligation or vasectomies, according to the law. Not even that happened.

João is referring to the 2006 Demographic and Health Survey (DHS) that will be completed early next year. This survey will give the first nationwide statistics on reproductive health since the last DHS in 1996⁷. Since the Law of Family Planning was passed in 1996 and has slowly been implemented since then, it is unclear what impact this law has had on access to contraceptive methods, the prevalence of sterilization and reproductive health.

Marisol confidently predicted at least one effect of the law. She felt that the number of men seeking vasectomies had increased dramatically, primarily in situations in which their partners had medical reasons for avoiding tubal ligation. She argued that this trend reflected changing cultural ideals, but also the fact that the Law of Family Planning had made vasectomies, as well as female sterilization, a free service provided by the public health system.

Porto Alegre

In all but one of my interviews the informants felt it relevant to make sure I was aware of an incident from November of 2006 in Porto Alegre in Rio Grande do Sul. The municipal government of this metropolitan area, that is ironically, perhaps best known as the site of the World Social Forum, approved and supported a program to inject hormone implants into adolescent girls, aged fifteen to eighteen, who lived in state shelters in impoverished neighborhoods of the city (Rede Nacional Feminista de Saúde 2006). This program was initiated

⁷ It is worth noting that that a major sponsor/administrator of the DHS survey is BEMFAM, the family planning organization that was among those cited for its population control measures in the 1970s and 80s.

by a non-governmental organization (NGO) called the “Institute of the Conscious Woman” that donated 2,500 of the implants, and promised 2,500 more at a second stage. Some women’s organizations noted the relative youth of this NGO, the expense of the contraceptive implants, and the visible involvement of the multinational corporation, Organon Laboratories (who manufactured the implants) and alleged that this program was essentially a clinical trial for a form of contraception with some concerning side effects.

When Maria, a Black activist from São Paulo mentioned the incident, she referred to it as a program of “sterilization” of young girls. When I questioned whether she meant “sterilization” or if she was referring to the hormonal implants, she replied, “It was sterilization, a form of contraception, an implant...[but] there was not a single study done that guaranteed that this medication taken at this age, wouldn’t lead to sterilization.” Maria, and most of the other activists were also concerned about the lack of attention paid to protecting these young women against sexually transmitted diseases, like HIV, as well as questioning whether these adolescents were well informed as to the consequences of the implant, and asked for the implants without coercion. All in all, many of the same concerns that were raised in terms of female sterilization in the late 1980s and early 1990s were revisited, reinforcing for many of these activists the continued relevance of this debate. As a result of protests by feminist and Black women’s organizations, the Porto Alegre hormone implant program was discontinued after only 200 implants had been administered, but there was also a public outcry in support of the project which was seen by others as an effective way of avoiding unwanted teenage pregnancies. Societal support for population control measures was therefore shown to be a continued reality as well.

Identifying Frames

Thus far, I have identified major themes that were apparent from the interviews that I conducted. To narrow in on the commonalities and differences in the framing of sterilization by feminist organizations and Black women's groups, I will put aside for the moment the interviews with the demographer and the gynecologist. The remaining informants, all of whom worked at least part-time for social movement organizations, shared many common understandings in their opinions and framing of reproductive health and sterilization. All of them identified a lack of access to reversible contraceptive options and an ideology of population control as major factors in sterilization abuse, at least at the time period of the original debate in the late 1980s and early 1990s. They also shared concerns over women's reproductive health in a more general sense, including possible side effects of sterilization, maternal mortality, and rising rates of STDs and HIV that were not solved through hormonal methods of contraception.

The "Tense" of the Debate

Despite these similarities, my observations from these interviews revealed some differences in framing of reproductive rights and sterilization that seemed to be tied to the racial identity and focus of the organizations that these individuals represented. One of the primary differences that I noticed, which is more difficult to isolate through quotations but came out in the context and focus of the interviews, was a different use of tense and immediacy when discussing the issue of female sterilization abuse. Almost all the feminists agreed that the debate over female sterilization was an important one for women's reproductive health, and left a lasting impact on the women's movement in Brazil, but they placed this debate in the 1980s and early 1990s, and talked about it in the past tense. These same feminists often identified present day problems that remained, but they always began their discussion with a review of the earlier debate in a way that suggested that they saw this controversy, or at least the racial dimension of

it, to be fairly resolved. Black activists, meanwhile, spoke about the issue with much more obvious emotionality, quickly tying the struggles of the past to present concerns, and speaking always in the present tense. Both Afro-Brazilian informants thoroughly disputed the idea that the controversy surrounding female sterilization was a topic past its prime. Neither one addressed directly the statistics mentioned by at least one feminist who disputed racial inequality in female sterilization practices, and both of the Black women activists continued to speak of female sterilization in highly racialized terms. Despite the similarities in many of the concerns presented by Black women and feminist activists, their understanding of the stage of the debate over female sterilization abuse was far from congruent.

Sterilization as a Right

Identifying an overriding framing of female sterilization by feminists was a complex endeavor, considering the diversity of organizations that these individuals represented. However, a close examination of my conversations with these women, revealed a particular perspective in terms of female sterilization. While expressing concern with coercive sterilization practices, and the lack of adequate options, feminists were also careful to not speak directly against sterilization. For instance, Sofia began discussing the “problem *of* sterilization,” but quickly corrected herself to speak of “problems *with* sterilization in Brazil.” Additionally, she spoke to the “overuse” of sterilization during the 1970s and 1980s, implying that it was the frequency of tubal ligations that was concerning, not the practice itself.

Lúcia was not nearly so subtle, and almost immediately during our interview launched into a critique of those organizations that “criminalized sterilization.” She told me:

Here in [this organization], we adopted a position that was completely different. [We] organized in 1992 a meeting to which we called representatives from different organizations to debate the issue of sterilization as a right, as a right of women, and from this perspective of sterilization as a right, to discuss the abuses. This was, not to condemn sterilization itself, but to condemn the abusive use, and

disrespect of human rights, of sterilization...So, from a space of condemnation and...criminalization, we were able to put sterilization in a space of reproductive rights, which is what we wanted to do.

Later, she reemphasized the distinction between sterilization as a reproductive right, and abusive sterilization practices:

The right [to sterilization] is one thing, but the violation of that right, forced sterilization, sterilization motivated by population control, sterilization with ethnic or racial motivations...this is something fascist. Now sterilization itself, can be different if it is used conscientiously by a woman who knows definitely that she doesn't want more children, or doesn't want children...it is a right.

Lúcia was proud of her organization's defense of sterilization as a right, although she saw that stance as highly controversial during the high point of the accusations of mass sterilization. She told a story about the critique that her organization faced when they ran a television advertisement that featured a prominent actress listing women's rights, which included sterilization. Lúcia felt that few women's organizations would presently dispute that claim, although it was unpopular at the time.

Seemingly tied to the underlying frame of sterilization as a reproductive right, most of the feminists, as well as the feminist gynecologist drew my attention to an unintended consequence of the Law of Family Planning of 1996. According to Sofia:

Today, when the women want [sterilizations] through public services, they have problems. Before, it was easier for the women to pay the doctor, and now since the doctors can't receive outside money, so many times the women have difficulty even finding [a doctor]. Because many hospitals aren't organized to offer tubal ligation or vasectomies.

The other feminist activists echoed this finding: that even women who followed the proper procedure, and met all the criteria the law demanded prior to sterilization, had difficulty finding a surgeon to perform the operation because the exchange was no longer profitable for the doctors, and often discouraged by the public hospitals who were reimbursed more by the federal government if they performed other operations.

Health and Human Rights

Interestingly, with all their critique of the public health system, Black women activists did not echo this concern over restricted access to female sterilization. I am not sure if they did not agree with this assessment of the situation, or if perhaps because of their critique of sterilization, that perhaps they did not perceive this restricted access as a problem. I must clarify that the Black activists whom I interviewed never spoke against sterilization as a reproductive right, but they also chose not to reinforce that categorization. When talking about sterilization abuse, these activists often generalized their concerns under the rubrics of health or human rights. Sílvia told me, “the advantage that we have over the feminist movement is in being able to see health issues not only from the perspective of reproductive or sexual rights, but also from the direction of human rights.” Helen Safa (2006) also notes that Afro-Brazilian women’s organizations often use the frame of human rights to express racial consciousness and confront injustice.

While the feminists sought to separate the right to sterilization from coercive sterilization practices, Sílvia seemed to be articulating a Black women’s position that the lack of guaranteed basic human rights ensured that there was no such thing as freely chosen female sterilization. She said:

The issue of sterilization also falsely talks about reproductive and sexual rights, because it is presupposed that the woman is free, to live her sexuality intensely, when in reality, she doesn’t have citizenship, she doesn’t have access to services, she doesn’t have guaranteed rights.

At another point, Sílvia spoke of maternal mortality, to illustrate again how the underlying guarantee of basic human rights is missing, making the debate over reproductive rights essentially irrelevant from her point of view.

If we return to the topic of reproductive rights, we see the dilemma. Black women are the principle victims of maternal mortality. They die before, during and after childbirth. They, therefore, are the example of what it means to have reproductive

rights in Brazil, no? What they don't have is the fundamental guarantee of their lives.

Sílvia and Maria both spoke positively about the changes that mainstream feminist organizations have undergone to recognize the particular concerns of Afro-Brazilian women and incorporate some anti-racist language and programming into their agendas. However, Sílvia spoke of the particular importance that the public health system has for the health of Black women, a view that she did not feel was fully appreciated by feminist groups:

Although women's health is also very important to the feminist movement, the difference is that there is a distinction made between the fight for women's health, and the fight to improve the public health system. In looking at Black women, this distinction is not there; this is an important dimension.

Sílvia also stated, “today it is the Black women’s movement that fights the hardest for the public health system, for the democratization of its methods, better access, better quality of life,” while Maria added, “We haven’t been able to make the government, the state structures, recognize that the issue of public health is also a human rights issue.”

Afro-Brazilian women’s vulnerable economic position, coupled with racial discrimination in public health facilities, has meant that many Black women experience a lack of basic human rights. This leads Black activists to focus on sterilization abuse as one example of racial targeting in coercive health practices driven by an ideology of population control, whereas most feminists frame sterilization among other reproductive rights to be protected and defended, while simultaneously expressing concerns about its overuse.

Black Feminism and Reproductive Rights

My research findings are consistent with the writings of Black feminists in the United States and Third World feminists who note the differences in the ways in which reproductive rights are framed. Cheryl Johnson-Odim writes:

Often [third world women] are suspicious about the safety of contraceptive devices and drugs and about the motives of researchers and distributors, even though many feel desperate for safe, effective, affordable, and voluntary birth control. It is not that black or other Third World feminists take a position against contraception, but that they seek to frame the discussion in a context which incorporates the impact of race and class on reproductive issues. [Johnson-Odim 1991:323]

The global context of stratified reproduction, coupled with local systems of gender and racial oppression have led women of color in diverse regions of the world to question traditional feminist definitions and agendas of reproductive rights. Harrison (2004) writes that the Black feminist organization Sistersong has expanded the rubric of reproductive justice to include the right of all women to “HAVE children...free from sterilization abuse, medical coercion, population control strategies, immigrant restrictions, abstinence education, infant mortality, and lack of access to basic health care” (Harrison 2004:5). All of these are issues at the center of the political agenda for women of color. In Brazil specifically, “Jurema Werneck [an Afro-Brazilian feminist] masterfully illustrates other contradictions between Black feminism and White feminism: ‘If the White woman claims the right to not have children, the Black woman claims the right to have them, raise them, and see them live until old age’ ” (Lemos 2000:64, my translation).

An additional difference between White women and women of color in terms of reproductive rights that appears in the literature is in the degree of emphasis on individual rights. Dorothy Roberts, a critical race feminist, writes that reproductive freedom is not just a matter of individual choice, but also of social justice (Harrison 2004). African-American feminist Frances Beale adds:

We are not saying that black women should not practice birth control. Black women have the right and the responsibility to determine when it is in the interest of the struggle to have children or not to have them, and this right must not be relinquished to anyone. It is also her right and responsibility to determine when it is in her own best interests to have children, how many she will have and how far

apart. The lack of the availability of safe birth control methods, the forced sterilization practices, and the inability to obtain legal abortions are all symptoms of a decadent society that jeopardizes the health of black women. [Beale 1995:152]

I also found this emphasis on the collective well-being in my interviews with Afro-Brazilian activists, but never to the degree that I thought that it was privileged above an individual woman's rights. In fact it was the Black women who most emphasized a woman's right to own and control her own body, an understandable concern in a country whose racial history is rife with the objectification of the bodies of women of color.

In Brazil, and around the world, women of color are confronted by ideologies of population control and stratified reproduction that contextualize their own conceptualizations of, and relationships to, reproductive rights. While many women of color recognize the need to fight for their right to access reproductive technologies to control their fertility, history has shown them how these same technologies can be used in coercive ways to limit their fundamental freedoms. The socio-economic environment and the strong correlation between class and race, means a lack of access to alternatives and a poor quality of care that further constricts the power of women of color to make their own reproductive decisions free from external pressure and control.

CHAPTER 6 CONCLUSION

Review of Chapters

In the introductory chapter, I outlined the debate over female sterilization in Brazil and how this controversial issue could be used as a lens through which to examine the intersection of race, class, and gender in this country. I examined feminist critiques of ethnography and anthropology, and their concerns with these disciplines' historical ties to imperialism, and ethnocentric assumptions. I outlined my own positionality and how this led to my interests in race and gender in Latin America, and Brazil specifically. I reviewed literature on Black feminist theories, including standpoint epistemology, intersectionality, and the matrix of domination (Collins 1995, 2000). Finally, I examined the writings of Third World and Postcolonial feminists, and some of their critiques of Western liberal feminism. By exploring Shellee Colen's (1995) concept of stratified reproduction, I was able to show how challenges to liberal White feminism grew from the differences in lived experiences by women of color, particularly in the arena of reproductive rights.

Chapter II explained the Brazilian context of the female sterilization controversy. It began by identifying a history of race relations and racial ideology in Brazil that includes a legacy of eugenics and the ideology of "whitening," underneath the myth of racial democracy which glorifies miscegenation and complicates the designations of White and Black in this country. While Brazil avoided the legal segregation of individuals by the color of their skin, Black activists argue that this history actually divides the Afro-Brazilian population and threatens racial solidarity despite the fact that racism continues to exist. After a brief synopsis of the development of the Black and feminist movements, I showed how the Black women's movement emerged at the intersection of these movements because of concerns that Afro-

Brazilian women's unique needs were not being met, nor their different perspective acknowledged.

Chapter III explored the specifics of female sterilization in Brazil, beginning with the drastic decline in fertility rates between the 1970s and 1990s. Some women's rights organizations and feminist activists attributed this decline in large part to the soaring rates of sterilization among the lower classes, a segment of the population to whom surgical sterilization had not been an option until the 1980s. During this decade, it was common practice for a woman seeking sterilization to arrange for a surgeon to conduct the procedure during a cesarean birth. The doctor was paid under the table for the sterilization, and the medical expenses were covered by the public health system. As a result of this cesarean-sterilization coupling, cesarean rates in Brazil became one of the highest in the world. Politicians often offered sterilizations in exchange for political endorsement, while poor women felt pressured by medical doctors to make "responsible" choices concerning their fertility.

A cultural context that puts the responsibilities of contraception solely on women, discourages condom use, and fails to offer access to reversible methods, further pressured women into the decision to undergo surgical sterilization. In addition, population control agencies, funded by international sources, propagated an ideology that tied poverty to overpopulation. These 'controlista' agencies, particularly the *Sociedade de Civil Bem-Estar Familiar* (BEMFAM) focused their energies and policies in the Northeast, a region of Brazil that is particularly underdeveloped and contains the largest percentage of Afro-Brazilian inhabitants. Concerns over the actions of BEMFAM and other agencies, coupled with surprise at the slow growth in the Afro-Brazilian population, led Black activists to mobilize the *Campaign Against the Mass Sterilization of Women* in 1991. In many ways this campaign marked the emergence of

Black women's organizations as a major part of the women's movement in Brazil. Activism by these Black women's organizations, with the help of both feminist activists and Black movement organizations, led to the passage in 1996 of the Law of Family Planning, which legalized sterilization. By doing so it was possible to place restrictions on sterilization's use and availability.

In Chapter IV, I outlined how my own research examines the frames adopted by feminist activists and Black female activists in their view of reproductive rights, particularly sterilization. Snow and Benford (1988) write that movements are "actively engaged in the production of meaning... They *frame*, or assign meaning to and interpret, relevant events and conditions in ways that are intended to mobilize potential adherents and constituents" (Snow and Benford 1988:198, emphasis added). Many other social movement theorists have used the idea of "framing processes" and "frame analysis" to examine how constituents are mobilized to action. I was more concerned with how different experiences and perspectives led activists from these interrelated but distinct movements to conceptualize reproductive rights in non-congruent ways.

Examining frames also helps bridge the divide between the study of strategic rationalism of social movement actors, and that of the ideological factors and collective identity that unify them in less calculated ways. Additionally, this chapter outlined my method: semi-structured interviews with social movement activists in metropolitan regions of Southeastern Brazil. These interviews and additional observations were then analyzed in order to reconstruct the frames used by different activists to understand female sterilization and the debate that it generated in Brazil in past decades.

Summary of Findings

My findings are based on a close analysis of interviews that I conducted with feminist activists, Black women's organization activists, a demographer, and a female gynecologist.

Particularly, among the activists, there was a lot of agreement in terms of themes that emerged during our discussions. The important influence of the ideology of population control and *controlista* organizations, was mentioned by female activists, both Black and feminist, as well as the gynecologist. Only the demographer contested the presence of a coercive climate of population control, citing the typical situation in which it is the women themselves who initiate requests for sterilization. One of the feminists expressed concerns that the legacy of population control prevented some women's organizations from working with agencies like BEMFAM that could contribute to education about abortion, condoms, and other contraceptives. One of the Black activists, *Silvia*, noted the present-day manifestations of population control that viewed sterilization and abortion as necessary to the control of the criminal population. This particularly concerned Black activists because of the high association in Brazilian society between criminality and stereotypes of Afro-Brazilian youth.

Feminists and Black female activists also agreed that gender roles placed the responsibility for contraception on women, and discouraged condom use. These activists argued that campaigns by the government emphasized sterilization and hormonal methods of contraception, like birth control pills, which cause side effects and fail to protect against sexually transmitted diseases, particularly HIV. Their concern over women's exposure to HIV has grown because of current trends in the feminization of AIDs, particularly among married, monogamous women, who contract the disease from their husbands who refuse to wear condoms in their extramarital affairs.

Another area of concern, according to activists in both movements, was the side effects of female sterilization, a subject which they claimed had been little studied or considered. New data on sterilization rates, the first in over ten years, are due out at the beginning of 2008, but the

demographer and the gynecologist whom I interviewed had very different predictions as to what the findings would show. Marisol, the doctor, conducted sterilizations herself, and cited the additional criteria and paperwork as a result of the Law of Family Planning –passed in 1997 –as reasons for her prediction of a decline in the number of female sterilizations. She did, however, predict that the new statistics would show that the number of males seeking vasectomies had grown as a result of the access to this free service through the public health system. João, the demographer, disagreed. In his opinion, the Law of Family Planning was poorly implemented and had had little real effect. He predicted that the DHS survey would find that sterilization rates may have even increased since 1996.

In practically all of my interviews, informants mentioned an incident that happened during November of 2006 in Porto Alegre, Brazil. The municipal government, along with a non-governmental organization known as “Institute of the Conscious Woman” collaborated to begin a program of injecting hormone implants into young women, ages fifteen to eighteen, living in poor neighborhoods and state-run shelters. Ostensibly, the goal of the program was to limit unwanted teenage pregnancy, but both feminist organizations and Black women’s organizations were concerned that the girls were not fully informed of their rights nor of the side effects of the implants. Additionally, there were allegations that Organon Laboratories, a multinational corporation, was using Porto Alegre as a test site for contraceptives whose health effects had not been fully established. As a result of mass mobilization and protests surrounding these concerns, the program was halted after only 200 girls received the implant (out of the originally planned 5000).

Despite similarities in the ways that feminists and Black female activists talked about or conceptualized female sterilization and other reproductive rights, differences did emerge in the

way they framed the issue. One of these was the tense in which activists approached the controversy. Many of the feminists began the interview by revisiting the debate of the 1980s and early 1990s. Although, they moved into present day concerns, much of their language was laden with references to the past and the idea that these concerns were more a legacy of past abuses than indications of an ongoing ideology. The Black women, however, spoke with a much greater degree of emotionality and immediacy. They both spoke in the present tense, and continued to identify problems with sterilization that were specifically tied to racial inequality. They never mentioned the statistics that failed to find a direct correlation between skin color and sterilization rates, which one feminist claimed had put an end to concerns over racial targeting in sterilization practices.

The overriding frame that most feminists employed was to speak about sterilization as a reproductive right; a right that had been abused in the past through overuse and coercive practices. One of the feminists, in particular, spoke directly of the need to view female sterilization as a right to be protected, and not a practice to be criminalized. She spoke of her organization's efforts to emphasize this right, although she was also outspoken in her condemnation of sterilization "motivated by population control" or with "ethnic or racial motivations." Tied to this view of sterilization as a legitimate reproductive right, feminists expressed concerns that since the Law of Family Planning in 1996, women were finding it increasingly difficult to access surgical sterilization through the public health system, because hospitals and doctors no longer benefited monetarily from the operation.

The Black female activists never mentioned this problem, although they were very concerned with the state of the public health system that primarily served the poor, and people of color. They cited various incidents of racial inequality and discrimination in the attitudes and

behaviors of medical professionals in regards to the treatment of Afro-Brazilian women in the public health centers. This focus on health permeated our discussions of female sterilization. When talking about sterilization abuse, these activists often placed their concerns under the rubric of health or human rights. While feminists focused on the *abuse* of sterilization, Black women activists focused on the coercion and control inherent in the perpetuation of this form of contraception. They noted the ways in which Afro-Brazilian women lacked the guarantee to even basic rights, like their lives, because of discrimination and defects in the public health system. The concern over sterilization as a reproductive right was supplementary to their primarily focus on Black women's health in the current environment of coercion and control.

Implications of Findings: Alliances and Coalitions

In general, my findings led to conclusions similar to what the literature suggested: women of color encounter multiple problems in their claim to reproductive rights, and these difficulties have led them to a perspective on these rights that differs from the liberal feminist agenda. Understanding the history of racial ideology, and the formation of Black women's organizations in Brazil, is crucial to appreciating their perspective on female sterilization. Furthermore, theories and perspectives by Black, Third World, and Postcolonial feminists, such as understanding the global system of stratified reproduction and a critique of the ideology of population control, challenge Western liberal feminism and its relatively narrow agenda in terms of reproductive rights.

The importance of this research is in its contextualization of the issue, and the flexibility in which I allowed informants to define their own agendas and concerns. Ethnographic studies are needed to understand the local manifestations and particularities of global forces, like stratified reproduction. By focusing on the local, women's rights organizations worldwide can be sensitive to the needs of diverse groups of women. This is particularly important for the future of

coalitions among “third world” women who can greatly benefit from such solidarity. Perhaps more pertinent to the focus of this study, is the possibility of coalitions and alliances between primarily White, liberal feminist organizations and groups that represent the interests of women of color.

Despite their differences with feminist organizations, the Black activists that I interviewed noted the strides that these groups had made to incorporate anti-racist language and concerns into their agendas. However, another Afro-Brazilian woman, Gláucia Matos Adeníké (2007), a Black activist who attended a regional conference for women’s activists in the state of São Paulo, recently distributed a statement critiquing the treatment of the concerns of Afro-Brazilian women at this feminist gathering. She quotes another Black activist, Nilza Iracy, who challenged the assembled women by saying, “It is still us Black feminists who defend our proposals, while our non-black feminist sisters remain silent” (Adeníké 2007). Afro-Brazilian women, continue to be made to feel like outsiders in many feminist circles. These feelings parallel the experiences of African-American women in many ways. Deborah King (1995) an African-American activist and sociologist writes:

In a curious twist of fate, we find ourselves marginal to both the movements for women’s liberation and black liberation irrespective of our victimization under the dual discriminations of racism and sexism... Ironically, black women are often in conflict with the very same subordinate groups with which we share some interests. The groups in which we find logical allies on certain issues are the groups in which we may find opponents on others. To the extent that we have found ourselves confronting the exclusivity of monistic politics, we have had to manage ideologies and activities that did not address the dialectics of our lives. We are asked to decide with whom to ally, which interests to advance. [King 1995: 299-300]

The pressure to prioritize oppressions has frequently led to problems in alliances with feminist groups that claim gender oppression supersedes all other concerns in any woman’s life (Ross et al.:2002). For women of color:

Different opportunity structures and life options make interracial alliances and feminist solidarity problematic. Conceptually invisible, interpersonally misunderstood and insulted, and strategically marginal, black women have found that much in the movement has denied important aspects of our history and experience. Yet, despite the critical obstacles and limitations, the imperatives of multiple jeopardy necessitate recognizing and resisting sexism. [King 1995:306]

Coalitions among women's groups against sexist assumptions and practices are particularly relevant in the area of reproductive rights, but, as this research has shown, understanding the gendered nature of reproductive rights is not enough to grasp the perspective of women of color who suffer from multiple oppressions simultaneously. Third World feminist, Chandra Mohanty writes:

In the arena of reproductive rights, because of the race- and class-based history of population control and sterilization abuse, women of color have a clearly ambivalent relation to the "abortion rights" platform. For poor women of color, the notion of a "woman's right to choose" to bear children has always been mediated by a coercive, racist state. Thus, abortion rights defined as a woman's right vs. men's familial control can never be the only basis of feminist coalitions across race and class lines. For many women of color, reproductive rights conceived in its broadest form, in terms of familial male/female relationships, but also, more significantly, in terms of institutional relationships and state policies, must be the basis for such coalitions. [Mohanty 1991:12]

A broadening of reproductive rights, outside of the abortion debate, and beyond the idea of women's right to choose, is a necessary precondition to a diverse women's coalition.

Additionally, there must be an understanding that women experience coercive institutional pressure on their reproductive rights differently depending on their race, class, sexual orientation, or national identity. In other words, "we need to move outside the safety zone of liberal feminism if we are ever going to build a reproductive rights movement strong enough to defend both women's right to terminate a pregnancy and to bear a child, if we are ever going to confront the racism both inside and outside the movement" (Hartmann 2002:283). In their framing of issues and agendas, social movement activists have a unique opportunity to foster these coalitions, or at least lay the groundwork for mutual understandings that might allow further solidarity work.

Research Concerns and Limitations

In a research project that seeks to illuminate different perspectives and frames of reproductive rights between organizations and activists from various race and class backgrounds, my own identity and appearance play a role in influencing the responses and comfort level of various informants. Ideally, this is the sort of research that would be conducted with at least one other researcher, specifically a woman of color, with the possibility that the framing of issues is heavily contingent on the audience the activist is attempting to reach. In this case, my nationality and intermediate grasp of the language also created a barrier for understanding and building rapport.

Aside from these methodological concerns, it is important to note that I also gathered a large amount of data specific to the topic of abortion, which more than sterilization is particularly current in Brazil. Although I chose to separate these data here and focus on sterilization, the responses of my informants, coupled with Black and Third World feminist critiques, have convinced me of the importance of studying these two issues together, under the greater rubric of reproductive rights. Often these two issues were examined and discussed side by side in highly illuminating ways, which would allow further insight into structures of racial inequality and stratified reproduction.

Future Research

There are many ways and directions in which this preliminary research can be expanded. The first is the impact of these frames on the prospects for interracial coalitions that I began to explore earlier in this chapter. Another is the replication of similar methods such as these in the Northeast region of Brazil. All of my interviews were conducted in urban, developed parts of the Southeast. The ways in which these regions differ are numerous and affect the conclusions that I reached. My findings should not be generalized to represent the entire nation of Brazil. The

purpose of this research was to target activists in social movement organizations and isolate the similarities and differences in the way they framed reproductive rights. However, the literature suggests that these frames do not always represent the perspectives of the women who are most likely to seek sterilizations for themselves. Further research could focus on grassroots organizations at the local level, as well as compiling the personal and sexual histories of women seeking sterilizations and their justifications for this decision.

Concluding Remarks

Female sterilization is a particularly poignant example of the subtle and complicated ways in which intersections of race, gender, nation, and class can fundamentally alter perspectives on issues like reproductive rights. Ideologies of stratified reproduction and population control concern women worldwide, but disproportionately affect women of color, particularly those in the African diaspora. Local and global systems of inequality converge on something as personal as a woman's decision to control her fertility, carrying with them the legacy of coercive and racist ideologies that effectively undermine arguments of free choice.

The controversy over female sterilization in Brazil illustrates the importance of qualitative research in contextualizing statistical data, and recognizing the possibility of multiple valid perspectives. By examining the framing processes and meaning work of social movement activists, anthropologists and other social scientists can create a more realistic picture of constructed knowledge which is often contested by groups with different life experiences. Nevertheless, I remain hopeful that it is possible for women with diverse perspectives to reach a level of knowledge and respect that allows for the framing of issues so as to maximize the opportunities for coalitions and alliances. No matter how contentious and fluid these coalitions may be, they are fundamental for the possibility of true solidarity.

LIST OF REFERENCES

- Adeniké, Gláucia Matos
2007 *Marias e Antônias -Um convite ao diálogo com o feminismo negro!* São Paulo, Brazil.
- Alvarez, Sonia E.
1994 The (Trans)formation of Feminism(s) and Gender Politics in Democratizing Brazil. *In The Women's Movement in Latin America: Participation and Democracy*. J.S. Jaquette, ed. Pp. 13-63. Boulder, CO: Westview Press.
- Babb, Florence E.
2001 *After Revolution: Mapping Gender and Cultural Politics in Neoliberal Nicaragua*. Austin, TX: University of Texas Press.
- Bairros, Luiza
2000 Lembrando Lelia Gonzalez. *In O Livro da Saúde das Mulheres Negras: Nossos Passos Vem de Longe*. J. Werneck, M. Mendonça, and E.C. White, eds. Rio de Janeiro, Brazil: Impresso no Brasil.
- Barriteau, Violet Eudine
2006 The relevance of black feminist scholarship: a Caribbean perspective. *Feminist Africa 7: Diaspora Voices* 7:9-31.
- Beale, Frances
1995 [1970] Double Jeopardy: To be Black and Female. *In Words of Fire: An Anthology of African-American Feminist Thought*. B. Guy-Sheftall, ed. New York: The New Press.
- Behar, Ruth
1995 Introduction: Out of Exile. *In Women Writing Culture*. R. Behar and D.A. Gordon, eds. Pp. 1-29. Berkeley, CA: University of California Press.
- Benford, Robert D., and David A. Snow
2000 Framing Processes and Social Movements: An Overview and Assessment. *Annual Review of Sociology* 26(1):611-39.
- Berquó, Elza
1999 Sterilization and Race in São Paulo. *In Race in Contemporary Brazil*. R. Reichmann, ed. Pp. 207-215. University Park, Pennsylvania: The Pennsylvania State University Press.
- Burdick, John
1998 *Blessed Anastacia: Women, Race, and Popular Christianity in Brazil*. New York: Routledge.

- Caetano, Andre
 2001 Fertility Transition and the Diffusion of Female Sterilization in Northeastern Brazil: The Roles of Medicine and Politics. XXIV General Population Conference, International Union for the Scientific Study of Population. Salvador, Bahia, Brazil.
- Caldwell, Kia Lilly
 2007a *Negras in Brazil: Re-envisioning Black Women, Citizenship and the Politics of Identity*. New Brunswick, NJ: Rutgers University Press.
 2007b *Mapping Gender, Race, and Health in Brazilian Citizenship Struggles*. Conference of the Latin American Studies Association. Montréal, Canada.
- Carneiro, Sueli
 1999 *Black Women's Identity in Brazil*. In *Race in Contemporary Brazil*. R. Reichmann, ed. Pp. 217-228. University Park, Pennsylvania: The Pennsylvania State University Press.
- Carroll, William K., and R.S. Ratner
 1996 *Master Framing and Cross-Movement Networking in Contemporary Social Movements*. *The Sociology Quarterly* 37(4):601-625.
- Christensen, John
 1995 *In Brazil, Sterilizing Women is the Method of Choice*. In *Fighting for the Soul of Brazil*. K. Danaher and M. Shellenberger, eds. New York: Monthly Review Press.
- Colen, Shellee
 1995 'Like a Mother to Them': Stratified Reproduction and West Indian Childcare Workers and Employers in New York. In *Conceiving the New World Order: The Global Politics of Reproduction*. F.D. Ginsburg and R. Rapp, eds. Berkeley, CA: The University of California Press.
- Collins, Patricia Hill
 1995 [1989] *The Social Construction of Black Feminist Thought*. In *Words of Fire: An Anthology of African-American Feminist Thought*. B. Guy-Sheftall, ed. New York: The New Press.
 2000 *Black Feminist Thought*. New York: Routledge.
- Corbin, Juliet, and Anseim Strauss
 1990 *Grounded Theory Research: Procedures, Canons, and Evaluative Criteria*. *Qualitative Sociology* 13(1):3-21.
- Dalsgaard, Anne Line
 2004 *Matters of Life and Longing: Female Sterilization in Northeast Brazil*. Copenhagen, Denmark: Museum Tusulanum Press, University of Copenhagen.

- Davis, Darién J.
1999 *Avoiding the Dark: Race and the Forging of National Culture in Modern Brazil*. Brookfield, Vermont: Ashgate Publishing Company.
- Degler, Carl N.
1971 *Neither Black Nor White: Slavery and Race Relations in Brazil and the United States*. New York: Macmillan.
- Ferree, Myra Marx, and Silke Roth
1998 Gender, Class, and the Interaction Between Social Movements: A Strike of West Berlin Day Care Workers. *Gender & Society* 12(6):626-648.
- Gamson, Joshua
1995 Must Identity Movements Self-Destruct? A Queer Dilemma. *Social Problems* 42(3):390-407.
- Gamson, William A.
1992 Social Psychology of Collective Action. *In* *Frontiers in Social Movement Theory*. A.D. Morris and C.M. Mueller, eds. New Haven, CT: Yale University Press.
- Gamson, William A., Bruce Fireman, and Steven Rytina
1982 *Encounters with Unjust Authority*. Homewood, IL: Dorsey Press.
- Goldani, Ana Maria
2001 Rethinking Brazilian Fertility Decline. XXIV General Population Conference, International Union for the Scientific Study of Population. Salvador, Bahia, Brazil.
- Goldstein, Donna M.
2003 *Laughter Out of Place: Race, Class, Violence, and Sexuality in a Rio Shantytown*. Berkeley, CA: University of California Press.
- Gregg, Jessica L.
2003 *Virtually Virgins: Sexual Strategies and Cervical Cancer in Recife, Brazil*. Stanford, CA: Stanford University Press.
- Hanchard, Michael G.
2000 Racism, Eroticism, and the Paradoxes of a U.S. Black Researcher in Brazil. *In* *Racing Research Researching Race: Methodological Dilemmas in Critical Race Studies*. F.W. Twine and J.W. Warren, eds. Pp. 165-185. New York: New York University Press.
- Harris, Marvin
1964 *Patterns of Race in the Americas*: Walker. New York.

- Harrison, Faye V.
 1997 [1991] Anthropology as Agent of Transformation. *In Decolonizing Anthropology: Moving Further Toward an Anthropology of Liberation*. F. Harrison, ed. Pp. 1-15. Washington, DC: American Anthropological Association.
- 2004 Race, Rights, and the Global Regime of Stratified Sexuality. Unpublished Manuscript.
- Hartmann, Betsy
 2002 The Changing Faces of Population Control. *In Policing the National Body: Race, Gender, and Criminalization*. J. Silliman and A. Bhattacharjee, eds. Cambridge, Massachusetts South End Press.
- Human Rights Databank, The.
 2000. "Géledes: Instituto da Mulher Negra." Ottawa, Canada: Human Rights Internet. Retrieved October 28, 2006. (www.hri.ca/organizations/vieworg.asp?ID=6241)
- Johnson-Odim, Cheryl
 1991 Common Themes, Different Contexts: Third World Women and Feminism. *In Third World Women and the Politics of Feminism*. C.T. Mohanty, A. Russo, and L. Torres, eds. Bloomington, IN: Indiana University Press.
- Johnston, Hank
 2005 Comparative Frame Analysis. *In Frames of Protest: Social Movements and the Framing Perspective*. H. Johnston and J.A. Noakes, eds. Pp. 237-260. New York: Rowman & Littlefield Publishers.
- Johnston, Hank, and Pamela E. Oliver
 2005 Breaking the Frame. *In Frames of Protest: Social Movements and the Framing Perspective*. H. Johnston and J.A. Noakes, eds. New York: Rowman & Littlefield Publishers.
- King, Deborah K.
 1995 [1988] Multiple Jeopardy, Multiple Consciousness: The Context of a Black Feminist Ideology. *In Words of Fire: An Anthology of African-American Feminist Thought*. B. Guy-Sheftall, ed. New York: The New Press.
- Leal, Maria do Carmo, Silvana Granado Nogueira da Gama, and Cynthia Braga da Cunha
 2005 Racial, sociodemographic, and prenatal and childbirth care inequalities in Brazil, 1999-2001. *Revista de Saúde Pública* 39(1):100-107.
- Lebon, Nathalie
 1998 The Labor of Love and Bread: Professionalized and Volunteer Activism in the São Paulo Women's Health Movement. PhD Dissertation, University of Florida.

- Lemos, Rosália de Oliveira
 2000 A Face Negra do Feminismo: Problemas e Perspectivas. *In* O Livro da Saúde das Mulheres Negras: Nossos Passos Vem de Longe. J. Werneck, M. Mendonça, and E.C. White, eds. Rio de Janeiro, Brazil: Impresso no Brasil.
- Lorde, Audrey
 1995 [1984] Age, Race, Class, and Sex: Women Redefining Difference. *In* Words of Fire: An Anthology of African-American Feminist Thought. B. Guy-Sheftall, ed. New York: The New Press.
- Lovell, Peggy A., and Charles H. Wood
 1998 Skin color, Racial Identity, and Life Chances in Brazil. *Latin American Perspectives* 25(3):90-110.
- Mann, Susan Archer, and Douglas J. Huffman
 2005 The Decentering of Second Wave Feminism and the Rise of the Third Wave. *Science & Society* 69(1):56-91.
- Martinez-Echazabal, Lourdes
 1998 Mestizaje and the Discourse of National/Cultural Identity in Latin America, 1845-1959. *Latin American Perspectives* 25(3):21-42.
- McCallum, Cecilia
 2005 Explaining Caesarean Section in Salvador da Bahia, Brazil. *Sociology of Health & Illness* 27(2):215-242.
- Minella, Luzinete Simões
 2005 Gênero e Contracepção: Uma Perspectiva Sociológica. Florianópolis, Brazil: Editora da Universidade Federal de Santa Catarina.
- Mohanty, Chandra Talpade
 1991 Cartographies of Struggle: Third World Women and the Politics of Feminism. *In* Third World Women and the Politics of Feminism. C.T. Mohanty, A. Russo, and L. Torres, eds. Bloomington, IN: Indiana University Press.
 2003 *Feminism Without Borders: Decolonizing Theory, Practicing Solidarity*. Durham, NC: Duke University Press.
- Molyneux, Maxine
 1985 Mobilization without Emancipation? Women's Interests, the State, and Revolution in Nicaragua. *Feminist Studies* 11:227-254.
- Naples, Nancy A.
 1999 *Feminism and Method: Ethnography, Discourse Analysis, and Activist Research*. New York: Routledge.

Noakes, John A., and Hank Johnston

- 2005 Frames of Protest: A Road Map to a Perspective. *In* Frames of Protest: Social Movements and the Framing Perspective. H. Johnston and J.A. Noakes, eds. Pp. 1-29. New York: Rowman & Littlefield Publishers.

Ojo-Ade, Femi

- 1999 Black Brazil: African Notes on a New Negritude. *In* Black Brazil: Culture, Identity and Social Mobilization. L. Crook and R. Johnson, eds. Pp. 175-197. Los Angeles, CA: UCLA Latin American Center Publications.

Oliveira, Fátima

- 2003a Saúde da População Negra: Brasil Ano 2001. Brasília, Brazil: Organização Pan-Americana da Saúde.
- 2003b Políticas públicas, salud de la mujer negra y la agenda feminista. *Cudernos Mujer Salud: Red de Salud de Las Mujeres Latinoamericanas y del Caribe* 8:60-68.

Oliver, Pamela E., and Hank Johnston

- 2005 What a Good Idea! Ideologies and Frames in Social Movement Research. *In* Frames of Protest: Social Movements and the Framing Perspective. H. Johnston and J.A. Noakes, eds. New York: Rowman & Littlefield Publishers.

Pitanguy, Jacqueline

- 1998 The Women's Movement and Public Policy in Brazil. *In* Women's Movements and Public Policy in Europe, Latin America, and the Caribbean. G.L.à. Nijeholt, V. Vargas, and S. Wieringa, eds. Pp. 97-111. New York: Garland Publishing, Inc.

Polletta, Francesca

- 1997 Culture and Its Discontents: Recent Theorizing on the Cultural Dimension of Protest. *Sociological Inquiry* 67:431-450.

Poster, Winifred R.

- 1995 The Challenges and Promises of Class and Racial Diversity in the Women's Movement: A Study of Two Women's Organizations. *Gender & Society* 9(6):659-679.

Rede Nacional Feminista de Saúde

- 2005 Implantes Hormonais em jovens: a volta do controle da natalidade, uma violação aos direitos humanos. Red de Salud Website. Retrieved September 14, 2007. (<http://www.reddesalud.org/espanol/datos/ftp/notadenuncia.htm>)

Reilly, Niamh

- 2007 Linking Local and Global Feminist Advocacy: Framing Women's Rights as Human Rights in the Republic of Ireland. *Women's Studies International Forum* 30(2):114-133.

- Ribeiro, Darcy
 2000 *The Brazilian People: The Formation and Meaning of Brazil*. Gainesville, FL: University of Florida Press.
- Risério, Antônio
 1999 *Carnival: The Colors of Change*. *In Black Brazil: Culture, Identity, and Social Mobilization*. L. Crook and R. Johnson, eds. Pp. 175-197. Los Angeles, CA: UCLA Latin American Center Publications.
- Rohter, Larry
 2006 *Soccer Skirmish Turns Spotlight on Brazil's Racial Divide*. *In São Paulo Journal* (The New York Times). São Paulo, Brazil.
- Roland, Edna
 1999 *The Soda Cracker Dilemma: Reproductive Rights and Racism in Brazil*. *In Race in Contemporary Brazil*. R. Reichmann, ed. University Park, Pennsylvania: The Pennsylvania State University Press.
 2002 *Saúde Reprodutiva da População Negra no Brasil: um Campo em Construção. Perspectivas: Em Saúde e Direitos Reprodutivos* (Women's Health Journal/MacArthur Foundation) 3(5):17-23.
- Ross, Loretta J., et al.
 2002 *Just Choices: Women of Color, Reproductive Health and Human Rights*. *In Policing the National Body: Race, Gender and Criminalization*. J. Silliman and A. Bhattacharjee, eds. Cambridge, Massachusetts: South End Press.
- Ryan, Charlotte
 1991 *Prime Time Activism*. Boston: South End Press.
- Safa, Helen I.
 1998 *Race and National Identity in the Americas*. *Latin American Perspectives* 25(100):3-20.
 2005 *Challenging Mestizaje: A Gender Perspective on Indigenous and Afrodescendant Movements in Latin America*. *Critique of Anthropology* 25(3):307-330.
 2006 *Racial and Gender Inequality in Latin America: Afro-descendent women respond*. *Feminist Africa 7: Diaspora Voices* 7:49-66.
- Santos, Thereza
 1999 *The Black Movement: Without Identity There is No Consciousness or Struggle*. *In Black Brazil: Culture, Identity, and Social Mobilization*. L. Crook and R. Johnson, eds. Los Angeles, CA: UCLA Latin American Center Publications.

Scheper-Hughes, Nancy

- 1992 *Death Without Weeping: The Violence of Everyday Life in Brazil*. Berkeley, CA: University of California Press.

Schultz, Susanne

- 1993 *Having Children? That's Our Decision!: The Women's Health Movement and Population Policy*. In *Women in Brazil*. C.W.s. Group, ed. Pp. 81-87. London, England: Latin America Bureau.

Scott, Ellen K.

- 2000 *Everyone Against Racism: Agency and the Production of Meaning in the Anti-Racism Practices of Two Feminist Organizations*. *Theory and Society* 29:785-818.

Serruya, Suzanne

- 1996 *Mulheres Esterilizadas: Submissão e Desejo*. Belém, Brazil: Universidade Federal do Pará.

Sheriff, Robin E.

- 2001 *Dreaming Equality: Color, Race, and Racism in Urban Brazil*. New Brunswick, NJ: Rutgers University Press.

Smith, Barbara

- 1995 [1983] *Some Home Truths on the Contemporary Black Feminist Movement*. In *Words of Fire: An Anthology of African-American Feminist Thought*. B. Guy-Sheftall, ed. New York: The New Press.

Snow, David A., and Robert D. Benford

- 1988 *Ideology, Frame Resonance, and Participant Mobilization*. *International Social Movement Research: From Structure to Action* 1:197-217.

- 1992 *Master Frames and Cycles of Protest*. In *Frontiers in Social Movement Theory*. A.D. Morris and C.M. Mueller, eds. Pp. 133-155. New Haven, CT: Yale University Press.

- 2005 *Clarifying the Relationship between Framing and Ideology*. In *Frames of Protest: Social Movements and the Framing Perspective*. H. Johnston and J.A. Noakes, eds. New York: Rowman & Littlefield Publishers.

Snow, David A., and E. Burke Rochford, Jr., Steven K. Worden, Robert D. Benford.

- 1986 *Frame Alignment Processes, Micromobilization, and Movement Participation*. *American Sociological Review* 51(4):464-481.

Stucke, Cordula

- 1993 *Not One But Many*. In *Women in Brazil*. C.W.s. Group, ed. London, England: Latin America Bureau.

Tarrow, Sidney

- 1992 Mentalities, Political Cultures, and Collective Action Frames: Constructing Meanings through Action. *In* *Frontiers in Social Movement Theory*. A.D. Morris and C.M. Mueller, eds. Pp. 133-155. New Haven, CT: Yale University Press.

Twine, France Winddance

- 2000 Racial Ideologies and Racial Methodologies. *In* *Racing Research Researching Race: Methodological Dilemmas in Critical Race Studies*. F.W. Twine and J.W. Warren, eds. Pp. 1-34. New York: New York University Press.

Westby, David L.

- 2005 Strategic Imperative, Ideology and Frames. *In* *Frames of Protest: Social Movements and the Framing Perspective*. H. Johnston and J.A. Noakes, eds. Pp. 217-235. New York: Rowman & Littlefield Publishers.

White, Aaronette M.

- 1998 Talking Feminist, Talking Black: Micromobilization Processes in a Collective Protest Against Rape. *Gender & Society* 13(1):77-100.

Wood, Charles H., and Peggy A. Lovell

- 1992 Racial Inequality and Child Mortality in Brazil. *Social Forces* 70(3):703-724.

BIOGRAPHICAL SKETCH

Megan Barolet-Fogarty was born in Gainesville, Florida, in 1982. She is the daughter of Lynne Marie Rigney Barolet and Timothy George Fogarty, and has an older brother, Ryan. She spent three years of her childhood in rural Nicaragua, as well as other parts of Central America, where her parents worked for Habitat for Humanity. She returned to Florida with her family in 1991, and graduated from the International Baccalaureate Program at Eastside High School in 2000. She then attended Guilford College in Greensboro, North Carolina, where she was captain of the varsity women's soccer team and a project coordinator overseeing community service opportunities in her role as a Bonner scholar. During her time at Guilford she was routinely a member of the dean's list and was twice awarded the Dana Scholarship for academic excellence. Her senior year she was recognized with the Eugene S. Hire Award for leadership, character and community involvement, and the English Award for leadership and excellence by a student-athlete. While at Guilford, Megan met her husband, Ampofo Kwame Darko, a native of Ghana where Megan also studied abroad for a semester. Megan and Ampofo were married in July of 2004 and welcomed their son, Kieran Yaw Stone Darko, the same year. Megan graduated with honors in 2004, with a bachelor's degree in sociology/anthropology, international studies (Africa), and African-American studies. Following graduation, she began to volunteer with, and was later hired by the Beloved Community Center, a nonprofit faith-based organization that worked on social justice issues in Greensboro. In 2005 she was named co-coordinator of the Greensboro Truth and Community Reconciliation Project, an organization that pushed for a revisiting of the 1979 massacre of antiracist union organizers, with the hope of dispelling myths and fostering community healing around issues of racial justice that continued to divide the city. In the fall of 2005, Megan began her graduate education at the Center for Latin American Studies at the University of Florida, financed by a FLAS academic year fellowship.