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"I Only Want Two": Aesthetics, Race, and Sterilization in Brazil

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"I Only Want Two": Aesthetics, Race, and Sterilization in Brazil

by

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DISSERTATION

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To my daddy and mommy,

Mr. Edu Maurice Bassey Edu,

Mrs. Ufokiban Molly (Umoh) Edu,

To my favorite bigheads,

Imeh Dinah Edu, Ufokiban Molly Edu,

Edu Maurice Edu, Umoh Reginald Edu

And the newest additions,

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“I Only Want Two”: Aesthetics, Race, and Sterilization in Brazil

Ugo F. Edu

Abstract

Prior to 1997, and in spite of being illegal, tubal ligations were the preferred method of contraception among poor black and brown women in Brazil, with rates as high as 59% in particular regions. The significant decrease in fertility has been attributed, in part, to women’s reliance on tubal ligations. After accusations of genocide by the Black Women’s Movement and governmental investigations, a law addressing contraception was passed. This law legalized the creation of a national family planning program and legalized sterilization with guidelines to reduce the incidences of abuse and overuse. The rate of sterilization has since dropped to 29%.

The ushering in of a national family planning program and legalization of tubal ligation took place within a pre-existing economy of race, sexuality, and aesthetics. This economy foregrounds the social and cultural milieu women must navigate as they reproduce and create families. This dissertation, *“I Only Want Two”: Aesthetics, Race, and Sterilization in Brazil,* examines the factors that influence women’s decisions and their experiences trying to secure tubal ligations in Brazil. My work draws out the intersections of race, reproduction, gender, sexuality, class, agency, necropolitics and aesthetics. My work links Brazilian notions of beauty, desirability and family aesthetics to women’s reproduction and explicitly connects the history and legacy of slavery and racism in Brazil to the current moment and the health disparities as experienced by women in their attempts to control their fertility.

The dissertation draws on 16 months of ethnographic, qualitative and archival research in Brazil, among predominantly black Brazilian, popular-classed women and their families. Ultimately, this work demonstrates the ways that black women navigate through inherited

complex interplays of racial, sexual, class, and aesthetic structures; this work shows how women find and exploit tactics that create flexibility in these structures, improving their chances at fertility control.

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Dar Um Jeito

"Don't worry about where to stay. When you get here, you can stay with me until you find your spot. My place is small but we'll find a way (a *gente dar um jeito)*." My friend had sent these words to put me at ease about arriving to Salvador without any concrete plans regarding accommodations. We'd have to *dar um jeito* (find a way) not because of the size of her apartment, which really was a studio meant for one person, comfortably. We'd have to find a way because my presence there would be in violation of the rules of the apartment building. Each studio was exclusively meant to house one person or a couple. If the studio was to be occupied by a couple, it needed to be communicated to the grounds manager in advance, especially in the event that the couple was heterosexual as the studios were all occupied by women.

I think the notion of *dar um jeito* provides a useful metaphor for making sense of the complex ways in which race, sexuality, aesthetics, and class impact reproduction in contemporary Brazil. To *dar um jeito,* to find a way, is to improvise by breaking the rules, to do what has to be done practically even when it may be counter to official or categorical norms. Drawing on Robert Levine, Kevin Neuhouser describes the concept of *jeito* as the "ingenious subversion of the 'laws, customs, and facts of life'", which avoids an overt confrontation (2008). Levine points to Clovis de Abreu's conclusions about *jeito* as a "recourse to power", a system that emerges as a response to "unbending bureaucracies", when one is dealing with hierarchies, and serves to "confirm the duality of a system that distinguishes between haves and have-nots" (1997). The Brazilian concept of *jeito,* permeates all aspects of Brazilian society, culture, and social life, from the characteristic ways that Brazilians move and swing their bodies when

playing soccer, the swings and breaks of the body while doing *ginga,* to the negotiations with street vendors, the extraction of fees for the rendering of unsolicited services, etc. *O jeito,* and moreso the ability to *dar um jeito,* is a subtle play on the notion that the rules are there for breaking, the same sort of thing anthropologists talk about in relation to kinship, sexuality, economics, politics, and religious life. Rules exist, and in some sense only become visible when they are broken. I think this notion of being able to *dar um jeito* can help us understand Brazil as a nation, particularly the way it has helped Brazilians navigate in and through massive ambiguity in its construction of a national image that suggests cohesiveness.

First, *jeito* helps us understand race relations in Brazil to see how people navigate race in the effort to "make a life for oneself." Brazilians have to enact *jeito* to successfully navigate the racial structures that construct and give meaning to Brazilian life. *O jeito,* in some cases, serves to maintain the discursive flexibility of racial categories that operate as though fixed. In other cases, to *dar um jeito,* is an attempt to fix categories discursively that otherwise can operate as though fluid. These racial categories are associated with social hierarchy. In fact, the interplay of race with class and aesthetics—all things that ostensibly trouble people because they are associated with fixed categorizations and structures with rules that restrict and produce particular possibilities for life, reproduction, and death—are exactly the sort of things that *jeito* helps people to navigate. Brazilians move around within these structures. Their movements demonstrate a certain flexibility of the structures in practice--just as the ways that race, class, aesthetics and respective their rules interact depends, in turn, on the context, conditions, and circumstances under which they are being played out.

Similarly, *jeito* is useful for understanding sexuality and aesthetics. The way that race, class, and aesthetics come together rigidly to constrain a woman's ability to end her reproductive

career in one region of the state, may come together more flexibly in another region and moment for the same woman, facilitating her ability to secure a tubal ligation. A woman's own initiative in taking advantage of particular configurations and/or actively working to manipulate or contour the fixed structures of race, class, and aesthetics to make them more flexible, allows her the ability to exploit them for her reproductive gain. People "find their way" through the rigid structures of reproductive norms and opportunities to get what they want.

Finally, *jeito* arises in relation to class, again enabling women to take advantage of flouting the norms, transgressing the boundaries of their genetic inheritance, to change their future and move through the social structures that would otherwise constrain them. The ability to *dar um jeito* allows for the poor woman, for instance, to learn about and attain a drug that used differently from its indication can result in a clandestine abortion that doesn't also take the woman's life. Similarly, a woman coupling with lighter skinned men, can result in a lighter complexioned son who would then be better positioned to more successfully navigate a racist Brazilian society that favors lighter skin tones. *Dando un jeito* can be used to describe what happens when a woman takes up the option for a plastic surgery procedure to make possible an otherwise elusive tubal ligation, successfully ending her reproductivity. Women here move within and between the structures that impose limits on their lives. Women are active participants in creating the means and possibilities for particular movements that create different interplays between fixed structures, resulting in more flexibility.

This dissertation is an exploration of the ways that black women have found to navigate through the inherited complex interplays of the racial, sexual, class, and aesthetic structures that characterize Brazil's society and culture. Black women find and exploit tactics that create flexibility in these structures, encountering and renegotiating in daily practice the rules

governing the interactions between race, aesthetics, class, and sexuality. The navigations do not always work. Sometimes, they can end tragically in death, morbidity, and other undesired consequences. Still, this movement, this navigation is important. The moments where movement is diverted or halted altogether, where navigation becomes foreclosed—when we would say, "*Não tem jeito* (There is no way)"—, are also important in revealing the workings of power and social hierarchies. The construction and functions of the structures of race and aesthetics in particular and the ways that they are intertwined with the structures of class, sexuality, and gender to produce, elicit, shape, and restrict how women can exercise reproductive choice are all knowable in and through the concept of *dar um jeito*. I draw primarily on data collected during sixteen months of ethnographic field research, between June 2009 and June 2012.

In this brief introduction to the dissertation, I lay out some of the foundation underpinning this work. I introduce the literature about sterilization in Brazil, highlighting my intervention. I then discuss the methods I utilized to carry out this research, as well as methodological challenges that arose. Third, I introduce readers to Salvador, particularly where I lived and some very brief history about Salvador and Brazil more generally. Fourth, I explicitly position myself. Lastly, I give an overview of the chapters to come.

Reproduction, Contraception, and Tubal Ligations in Brazil

I came into the project to explore the decision-making process women engage in when deciding to secure a tubal ligation. I was able to explore this but was unable to do so without being lured into the complex world of race, beauty, and sexuality relations. This world became crucial to adding a level of complexity and understanding to the world of reproduction, contraceptive use, and tubal ligation/sterilization.

Social Critiques of Sterilization

Worldwide, female sterilization is one of the most common methods of contraception, despite its controversial and weighty consequences. Sterilization, particularly female sterilization, has enjoyed elevated success in Latin America and the Caribbean where high percentages of women use sterilization as their preferred method of contraception, especially historically. Reproductive health research focused on fertility control and sterilization has tended to focus on power, agency, violence, oppression and inequalities (Carranza, 2003). Sterilization is often seen as the means by which women's bodies are increasingly subjected to medicalization (O'Dougherty, 2008). Sterilization also raises questions about structure and agency and their interactions--for instance, how to get past dualistic conceptualizations of active, autonomous agents versus passive and constrained subjected ones, which separates agency, falsely, from structure?; or how to see agency as more than a performance of externally imposed norms or transgressions of norms? (O'Dougherty, 2008). Sterilization's history and link to eugenics, population control and other cases of abuse/force/coercion has greatly shaped the way that research of this topic has been approached, particularly when highly prevalent among vulnerable populations of women (Carranza, 2003).

Carranza credits the little social scientific research that has focused on sterilization as emerging from broad critiques in the 1970s about the "export" of population control to developing countries, then called Third World, and its application within particular groups in the U.S. (poor, blacks, Latina women, indigenous) (2003). Allegations of abuse in developing countries, particularly in India and Puerto Rico, were emerging and finding resonance in the U.S. (Carranza, 2003).[1] The explanations for the high rates of sterilization in particular countries tended to fall into two opposed positions: 1) the grass root response or increased demand by women for the procedure, as characterized by sociologist Harriet Presser and 2) the U.S. aided

governmental efforts to control population growth and solve other social issues (Carranza, 2003). The two major perspectives of sterilization which have emerged in the field of anthropology are: 1) One which critiques sterilization and represents women as passive and unable to change anything through sterilization and 2) another which critiques sterilization but represents women as more active (O'Dougherty, 2008).

Both perspectives rely on the centrality of the context of poverty to sterilization. One perspective uses this context of poverty to show how it serves to constrain and make women merely passive participants in their sterilization while the other perspective lets the context of poverty serve as the backdrop from which the researcher is able to demonstrate that women, through the emergence from poverty, are active agents in their sterilization. The critiques within the first perspective tend to view sterilization as a means to expand medicalization of women's bodies (Serruya, 1996; Vieira, 1999; Dalsgaard, 2004), the result of a decision made with limited knowledge of other birth control options and ambiguity regarding the ability to reverse the procedure (Vieira and Ford, 1996; Oliveira, 2003). Others criticize the development of family planning in Brazil by private NGOs and the local electoral process in Brazil for creating a situation in which doctors prescribed pills or were enlisted to perform tubal ligations based on their own criteria (as opposed to public health norms or standards), ties to politicians or the desire to later run for politics (Vieira and Ford, 1996; Caetano, 2000; Dalsgaard, 2004). Trying to designate sterilization as a procedure which empowers women or subordinates them by further entrenching the status quo highlights other critiques of the procedure. One such critique states that sterilization serves to maintain inequality in heterosexual relationships by placing the burden of responsibility for fertility on women and endorsing men's expectations of the sexual availability of women (Giffin, 1994; Barbosa and Villela, 1995; Vieira and Ford, 1996). Another

critique points to the way that sterilization increases women's risk for HIV and other STIs (Barbosa and Villela, 1995; Giffin, 1998). Sterilization has also been said to be used by women to assert a sort of autonomy in intimate gender relations, albeit through indirect methods (Leone and Hinde, 2005, de Bessa, 2006).

Feminists have convincingly argued that the medicalization of reproduction has serious negative effects for women's health (de Bessa, 2006). Technological advances and a privileging of interventions have led to excessive and inappropriate use of medical procedures which increases women's exposures to health risk, both physical and psychological (Carranza, 2003; de Bessa, 2006). Other dangers of the medicalization of reproduction include real and potential uses of reproductive technologies for social control, extension of patriarchal control over women's bodies and the loss of women's autonomy and self-determination through the privileging of scientific expertise over other forms of knowledge (de Bessa, 2006; Washington, 2006; Carranza, 2003; Martin, 1987). Yet, medicalization should be thought of as an interactive process because of the various ways in which women respond and engage with medicalization (de Bessa, 2006). Lock and Kaufert point out that women's responses range from resistance to compliance, with "ambivalence coupled with pragmatism" proposed as the dominant response by women to medicalization (1994). And yet, Lock and Kaufert's intervention still seems to frame the issue with medicalization as though it is an imposition to which women have to determine whether or not they will participate.

Serruya's work is important because it attempts to counter the notion of sterilization as a passive and negative act by showing how women in Brazil conceive of sterilization as a conquest (1996). Women see sterilization as a way to be better mothers, improve their sex lives and gain freedom from worry about reversible contraceptive methods (Serruya, 1996). Serruya analyzes

this as both a submission and alienation of the body as women give up control of their bodies to doctors and foreclose further decisions regarding their fertility (Serruya, 1996). Others elaborate that reproduction is seen as a high cost activity, like the taking of one's life, due to the wear and tear on the body as a result of multiple pregnancies and deliveries and the limitations of one's life due to the need to care for one's children (Citeli et al., 1998). Caetano's research in the Northeast of Brazil where politicians generally paid for women to get the procedure, while highlighting the role of politicians and doctors and an unmonitored system, also demonstrated the ways that women learned from one another to obtain a free and important sterilization (2000). Dalsgaard pushes these ideas further in her recognition of medicalization as a "double-edged sword" which both allows and alienates because "the active subject willingly entering the medical discourse is simultaneously made subject to the same discourse" (2004:133). Her work in Northeast Brazil found sterilization to be both a submission but also a way for women to control their lives by allowing them to be better mothers and gain recognition as worthy members of their society who maintained social relations (Dalsgaard, 2004). De Bessa argues alongside Dalsgaard against seeing medicalization as merely a top-down imposition (2006). She uses ethnographic data to demonstrate that women make use of sterilization as a route to social mobility and better health and that though the decision to sterilize "is conflicted and constrained, it is an expression of their active agency" (de Bessa, 2006:572). Charis Thompson's work on assisted reproductive technologies interrogates the notion that objectification through technology is opposed to agency, demonstrating that objectification and agency can in fact be partners and that the seeming relationship between the two can change over time (2005).

The feminist critiques of medicalization as a top-down imposition and as always negative have been challenged by anthropologists and sociologists who have demonstrated, through

sterilization, that this is a limited understanding of the way that medicalization functions and fails to account for how sterilization is viewed by those who are seen to be imposed upon by medicalization. Interestingly enough, research regarding other methods of contraception tend to focus on low prevalence, ways to increase acceptance of modern methods, cultural barriers to the adoption of modern methods and reasons for discontinuation (Carranza, 2003). This is often linked to a general conception of contraception as instrumental to improving women's and children's heath and well-being (Carranza, 2003). The extent to which female sterilization, both voluntary and involuntary, has enjoyed this sort of privileging in the way it has been researched demonstrates that sterilization is the exception to this sort of analysis, making for very few nuanced interpretations of motives for sterilization. Rosalind Petchesky in 1981 and Adele Clark in 1984 critiqued the previous two explanations of sterilization and further complicated the view about decisions to sterilize, moving away from a binary of overt abuse and "free" choice towards exploring "voluntary" decisions within constrained social contexts, signaling the need to bring in case studies of particular women into the analysis (Carranza, 2003). Carranza points us to examples of works which make use of the interventions by Petchesky and Clarke but also highlights an aspect of their work that they all share: their focus on poor women, without explanation (2003). Carranza links Lopez (on Puerto Rican women in Brooklyn), Hunter de Bessa (Brazilian women living in slums) and Serruya's (Brazilian women with family incomes no larger than three minimum salaries) attention to poor women to the tendency in social science research on contraceptives to look at low use among poor women and the fact that sterilization as contraception emerged in association with abuse mainly among the poor (2003).[2] Of interest to Carranza and myself is the seeming lack of critical interest in sterilization outside of poverty and abuse (actual and cases with potential) highlighted in the following quote from her dissertation:

"The research problem is not framed as a study of sterilisation among poor women, but it is only when poor women are sterilised that there seems to be a research problem at all" (2003). Carranza's ethnography of sterilization differs from the trend of studies of sterilization in that she studies the complex processes by which sterilization becomes part of the social imaginary and how it plays out in practice (2003).

Sterilization in Brazil

Sterilization came to be the most preferred method of contraception among poor Black and Brown women in Brazil for specific reasons. China and India, for example, have used widespread and strict family planning programs to increase the number of married women relying on sterilization up to 33.5% and 34.2%, respectively (United Nations, 2001). Still, Brazil's rates of sterilization among married women of all ages are higher than both China and India and this has occurred in the absence of any national family planning program. Furthermore, the sort of fertility decline that Brazil underwent in the span of twenty years, largely attributed to women's use of abortion and sterilization, was comparatively fast. Such changes stretched across more than 50 years in countries like England and Sweden (Carvalho and Wong, 1998). Brazil's fertility decline was not accompanied by any sudden and abrupt changes nor rapid or sustained economic growth (Martine, 1998). Until 1997, sterilizations were illegal in Brazil, except in cases of medical emergency. Since the legalization of tubal ligations, sterilization rates have since decreased in Brazil to 29% but it is worth briefly revisiting the history of sterilization in Brazil.

In Brazil, the trend towards sterilizations began first among the elite. It was considered a privilege of rich, mostly White women and was associated with an increase in birth deliveries by caesarean sections (Dalsgaard, 2004), despite being illegal. This can be attributed to several

factors, including the ease with which it could be accomplished during a caesarian section, the financial gain to be earned by doctors and the representation of caesarian sections as a consumer good (Dalsgaard, 2004; Mello e Souza, 1994; Faundes and Cecatti, 1991). It became something of a luxury commodity among White and rich Brazilian women. As poor women also sought to control their fertility and desired to participate in the consumption of consumer goods and/or change their lives through medical procedures, they too began to find ways to access sterilizations. They were helped by politicians and doctors who arranged and paid for 70% of the sterilizations performed in the Northeast (Caetano, 2000).

Although the history suggests that women pursued the use of sterilization as a free reproductive choice, women's groups and feminist politicians have criticized this over-reliance on both sterilization and caesarian sections, calling them instruments of oppression for a class of people who were not able to make informed decisions. The Black Feminist Movement and Black Movements of Brazil launched a campaign against mass sterilizations of women, accusing the government of a genocidal plan against Black Brazilians. This resulted in official inquiries that were coordinated by the government to investigate the practice of rampant sterilizations and make changes to the law. Although this movement and outcome were significant for the Black Feminist Movement, illuminating the usefulness of certain health issues in the effort to fight racism in Brazil, few studies have ever explored in any detail or thoroughness the sentiments and decision-making of the women who chose these reproductive options in this context.

Methods

My project sought to answer the following questions:

(1) *What are the ways that women experience, interpret, shape and rearticulate the various claims, norms and discourses about sterilization in Brazil?* In trying to push beyond the tendency in such studies to recoup agency for women in their decisions to undergo tubal ligation or locate their actions as either subordination or resistance, my research assumed agency of the women and asked questions which allow for multiple and complex interpretations of women's actions around discourses which attempt to regulate fertility, femininity, sexual behavior and access to modernity. In asking such questions as: how do women's decisions articulate with larger social movements focused on feminism, anti-racism and class inequality?, my research was also demonstrating the need to explore the ways institutional movements are engaged with women's bodies. How do they make sense of the discourses, norms and claims being made about them in a more meaningful manner? My hypothesis was that pushing for this sort of engagement and understanding from the women's perspectives enabled us to get a more nuanced picture and analysis of the complicated politics of reproduction.

(2) *What are the sexual and bodily aesthetics produced, changed and/or foreclosed by the decision to sterilize?* Plastic surgery was a popular method of body beautification in Brazil, particularly among women. In a country well-known for its beaches, barely clad samba dancers, tiny bikinis, cosmetic surgery, tight and revealing clothing and "*corpo dourado*", what is the place of a scar marking incisions made to sterilize and to deliver a baby through caesarian section? Do the aesthetics of clothing change to accommodate the new markings on the body or do the scars come to symbolize certain things for groups of people? If medicine can cut into the flesh to make the body act as a modern body, as suggested by Lawrence Cohen's idea of operability (2004), might this mark that remains later require and make possible a body ready for the cut of beautification? Or might the mark foreclose body beauty and certain aesthetic

displays? What sort of negotiations do women make with their bodies and the aesthetics in play, including those which may persuade a woman to tie her tubes? Preliminary interviews had revealed potential associations with sexual and bodily aesthetics associated with one's ability to reproduce. How have women renegotiated these bodily and sexual aesthetics to include their non-fertile bodies? My research was interested in those ideologies governing the aesthetics of daily life that are new and those that have been left behind to incorporate the large number of women with sterilized bodies. I hypothesized that new ideas about aesthetics made sterilization a popular method and that new sexual and bodily aesthetics emerged.

To answer these questions, I enlisted the ethnographic research methods of participant observation, semi-structured interviews, life narratives, and some media analysis. I also searched at the local library for recent and past newspaper articles to get a sense of the debates, controversies, and portrayals of social life, policy, and beauty/aesthetics and cosmetic surgery as it related to contraception and sterilization more specifically. I also collected and examined pamphlets, brochures, posters, and books from activists and doctors when possible. My participant observation included all aspects of social life such as beach trips, parties, dining, and other social gatherings as well as more focused activities such as health fairs, lectures on health, social movement meetings, contraception orientation lectures at a private clinic, and female space (such as in tourist locations where mostly women sell their goods). I paid attention to advertisements as they appeared publicly on billboards as well as those that were placed in magazines, as they assisted in gaining an understanding of the ideal aesthetics as it related to families, women, race, contraceptives, body, and raising children.

I conducted interviews with three main groups of people: 1) women who had expressed an interest in sterilization, had already been sterilized and/or was of reproductive age and making

decisions about her reproduction [majority of the interviews]; 2) activists [particularly black activists and black women activists) and NGO employees; 3) Medical personnel-Physicians, Nurses, Social Workers. I conducted interviews and/or collected life narratives from a total of 33 people: approximately 7 activists/NGO employees, 2 Medical Personnel, and 24 women.[3] I had informal conversations with many more women, activists, and medical personnel. Informal conversations lent themselves better to getting perspectives from men and other family members than the interview could. I recruited participants initially through my own networks and contacts that I had through the Capoeira Angola community and then relied on snowball sampling. My attendance and participation at particular intellectual events, such as academic conferences or lectures on university campuses facilitated my ability to network and find activists. The grand majority of participants were people who lived in Salvador. There were some participants who lived in other parts of Brazil, namely, Porto Alegre, Rio de Janeiro, and a smaller city in Bahia outside of Salvador.

Methodological Challenges

I went to meet with a black female scholar that I met at the LASA conference. She has done extensive research in Salvador and I wanted to talk to her about her experiences and ask her to help me think about the race issues a bit and see what she knew about reproductive health in Salvador. She had advised me over the phone that she would be coming with one of her friends, Isabeli, an informant from the community in Salvador in which the scholar works. We ended up meeting in a pricey restaurant in the neighborhood called Dois de Julio (2, July) because it was a holiday and other restaurants were closed. The restaurant was full. Some of the patrons looked up as we walked in. Two unambiguous black women—myself and the scholar—and Isabeli with her 6 month old son, both significantly lighter than myself and scholar friend, but not white. But Isabeli and her son are legible as not in the upper or middle class. We would not discuss her racial background. We are all speaking Portuguese when we enter the restaurant as we are trying to determine where to sit down and eat. Some of the patrons seem rather taken by us as they follow our trek into the restaurant until we decide where to sit down and eat. My scholar friend was wearing an African print shirt and white pants. I was wearing jeans that were rolled up at the bottom and a flowing top with my black havaianas.

We finally sit and begin talking. My scholar friend has asked me to tell her more about my project and what I want to do. I start to tell her about my interest in esterilização. She asked Isabeli if she knew of places in Salvador where a woman could get that done. Isabeli looked at me and asked again, what I was talking about. I explained and said the word again. Eli still looked confused. I asked my scholar friend if maybe my Portuguese was wrong and she said no, that was how you say the word. My scholar friend explains what I am talking about. Eli's eyes light up in recognition. Isabeli doesn't call it esterilização. She refers more specifically to the name of the procedure-estrangulamento, estrangular and ligadura. I had never heard these terms and she was the first to refer to them in this way. She states that she too would like to get one."Really, you want to do this?" She nods, as she shifts her baby in her lap. He is a little fussy, as they have explained that he is sick. "I only want one more and then I'll go para estrangular". I ask her if she only wants two children. She nods and exclaims that two are more than enough children. She smiles and so do I. She is my age (29) and married or at least in a relationship and living with the father of her present child. Unable to follow up with the questions I have for Isabeli, I wonder if perhaps I need to learn the other ways for describing sterilization in Brazil. I also wonder about this idealization of two children and how it traveled and indeed became as pervasive as it is, even amongst people of a community who feel like the government of Bahia and Salvador are trying to kill them and their culture off and with poor health outcomes and indicators.

—Fieldnotes, June 24, 2009

This was one of my first ventures into the field and reveals some of the tensions and difficulties that shaped my research project. Terminology was a constant negotiation and marker—it could mark me as overly formal, threatening, outsider, out of touch, imposing. I quickly learned that though *esterilização* was the direct translation for the term sterilization,[4] it was not necessarily the term used colloquially and was open to misinterpretations about what I was studying and my intentions. This occurred with other terms, especially around class, which meant that I needed to often let the characterization come from the people I was interacting with and then come to some more distinct definition later, if possible. In focusing on tubal ligation as sterilization, there were other stories that were foreclosed. Women who had hysterectomies were largely excluded from my project.

Another challenge that this scenario reveals was the way that my Americanness did not trump my blackness and how that affected the way I was understood and legible or illegible in

different contexts. Thus, gaining access to black women to interview and interact with was not difficult. My language skills often meant that I could be read as a Baiana. Nonetheless, there were moments where my black participants wanted to shield me or felt embarrassed by their humble dwellings, because of the class differential—doctoral student from the United States, living in a one bedroom apartment alone paying what many thought was a high monthly rent fee. In Brazil, where blackness is not often associated with university education and thus research, it was often hard for non-blacks to initially read me as such or believe that I was a university researcher. My topic—sterilization—often conjured an image of coercion, thus having to do with poor and black women. Thus, while I had the intention of interviewing women from a broader spectrum of Brazilian society, including white women, it was very difficult to get women who were white and/or elite to participate in my research project outside of those that were in the medical field. Besides my network's reach being somehow limited—participants in a cultural practice that has mostly been marginalized and associated with criminal and activists that fight against racism in particular in Brazil—the few white people that I did know and spoke to about my project, often made it clear that their participation could not be counted on and that they would not suggest anyone for me. When I did get white and/or elite participants, it was an exceptional case.

Race is still very difficult to talk about in Brazil. There was and continues to be much work being done to get people to identify themselves as black—*negra* and/or *preta*—proudly and consistently. There were many times when very fair-skinned women who I might have expected to identify as *morena/parda* identified instead as *negra/preta.* Depending on how they responded in the moment, I wondered if they felt pressured to identify in such a way because of who I am as the researcher—did my dark skin and proud embrace of blackness[5] unintentionally

guilt them into identifying in that way to suit me or not be portrayed as racially unconscious? And of course there were the cases where people identified themselves or identified an issue in ways I found problematic, which left me in a dilemma of how to "accurately" represent the person without privileging US-centric understandings of race, class, gender, etc. The classic question of representation. Some of this complication though lends itself to capturing these complexities and the ways that women find to navigate or use them to their advantage and/or limited by them.

My Positionality

I am black. I am a black woman. I am the first born in the United States to Nigerian parents. I was born in San Luis Obispo, where my father was studying and where my mother had come to join him after having finishing her degree at Brigham Young University. My parents came from a country where they spoke English, albeit with an accent, and where race was a less significant marker than one's tribal affiliations. In the United States, their English was also different, from the English of both whites and blacks. This difference allowed whites to distinguish them from black Americans, usually in the positive sense, and black Americans distinguished my parents from themselves, negatively, as not quite black. When I look at photos of my parents in college, they are surrounded by African students, other foreign students, and whites. There were few black Americans in their circles.

My siblings and I were thus raised in predominantly white neighborhoods, schools and churches by Nigerian parents who were interested in our speaking "proper" English, taking the appropriate courses, being respectful and remembering that despite our birthplace in the United States, we were Nigerians. My hard to pronounce and/or markedly different name, over pronunciation (by American English standards) of certain words, ignorance and unfamiliarity of

certain black American cultural markers ("You don't drink kool-aid?!") and too kinky African hair, had long marked me as "other" within the country of my birth. I distinctly remember a black American girl in high school exclaiming that she was the only black girl in our gym class. When another student remarked about my presence, she had responded, "Oh she's African."

My upbringing as a racially marked, yet not so easily classified black American probably predisposed me to being interested in the ways race works in Brazil. So at the same time that I am hyper-sensitive to race, I am also very aware of the contingency of the notion of blackness and even, to some extent, the notion of "race." My fascination with Brazil's rainbow colored national soccer team that had come to participate in the 1994 World Cup hosted in the United States and the then prevalent discourse of racial democracy had enchanted me and I found myself wanting to visit and know Brazil, this place where, I was told, no one was worried about the color of your skin, shape and size of your nose, lips and butt or the tightness of the curl of your hair. Undergraduate classes about Brazil had debunked the racial democracy for me but I still desired to go to the land of mixed people. My first trip to Brazil was to Salvador, Bahia in 2001.

That first trip was a distinctive moment in my life. I remember walking down one side of *Campo Grande* with my American friend, who was of black and Italian descent, talking about race. We had marveled openly, though in English for privacy's sake, so we thought, at a girl in front of us. She had dark brown skin and a head of loosely coiled dark hair. I had remarked about the interesting nature of race in Brazil because that girl, who had darker skin than my own would have been considered black in the United States[6]. I repeated myself, stating again that in the United States she would have definitely been black. The speed with which this young lady swiveled her head around to glare at us was warning enough to stop talking. She had heard us,

but it was fairly clear that she disagreed with what I had said. We remained unable to speak as we continued behind her, each of us wondering how we could have mistaken her linguistic competencies and surprised by the power of our spoken observation. As she got to her street, she turned and glared at us, one last time. I had talked to black Americans in the U.S. who had denied, or at least mitigated their blackness by stating repeatedly that they possessed Native American blood and thus were not pure blacks. But I had never witnessed such a vehement disavowal of one's blackness or at least overt discomfort over being called black, let alone the suggested implication that it might not be true for a person who was so clearly "black" in my understanding of identities.

I had encounters like this a lot. On my first trip to Brazil, I had a conversation with an unusual-looking Bahian man. He was tall, white, red-haired and green eyed. I asked him where he was from. He replied that he was from Salvador. I asked him the question that people often asked me in the United States: "But *where* are you *really* from?" He laughed and repeated that he was Bahian. I asked where his parents were from. He said that they were from Bahia too. I was confused and he picked up on my confusion. He asked why I didn't believe that he was from Bahia; was it because he was white and red-haired? I said it was. I prodded more, trying to find out where his family had originally come from. I stopped soon enough though as it became apparent that it was a slightly disturbing conversation, my questioning his authenticity as a *Baiano* (Bahian) merely because he was white. What surprised me even more, however was when he referred to me as a *morena*.[7] I told him that I was surely not *morena* and surely and proudly *preta.*[8] In our Portuguese classes thus far, no one had taught us about the heavy baggage some of these terms carried. He asked me why I wanted to be called *preta.* I pointed to my skin color and said that there was no confusion with my skin color and that I was certainly *preta,*

black, and he didn't need to refer to me as *morena.* I still understood *morena* in the way that I had heard it used in the United States Latino context.

In Brazil, race and beauty are coded in relation to social status in ways that are tied to sexuality, class, and desire. My brunette Argentinian friend and very fair-skinned mixed black and Italian friend had been referred to as *morenas,* further justifying and solidifying my disassociation of myself with the term. He told me that absolutely not, I could not be *preta,* afterall, I was pretty. The comment reminded me of comments I had heard in the United States thrown at my darker-skinned friends as "compliments", "Oh you're pretty for a *dark* girl!". I asked him what he meant by that, that *pretas* can't be pretty? He was uncomfortable again and told me that he could not call me a *preta.* I asked him why. He explained that he as a white man could not call me *preta* because it would be akin to calling me a nigger in the United States. He again asked me to allow him to just call me *morena.* Later in my trip, I was introduced to the adage, "white women for marrying, *morenas/mulatas* for fornicating and *pretas* to work".

After this first visit then, I was aware that there was something about race in Brazil. There was no racial democracy, if you didn't count its circulation and vivid life in the minds and imaginations of people. Race was complex and confusing mixed in with questions of skin color, hair texture and other phenotypical features, as well as class, social hierarchy, and occupation. But in its complexity and ambiguity, it was also extremely clear and unambiguous. After this first trip, I would go back to Brazil four more times, including a full year of fieldwork, each time, race becoming more ambiguous and unambiguous, more confusing and more clear. Things have changed significantly from my first encounter with Brazil. The effects of the Black Movement's earlier works is easier to distinguish and has grown in strength. Discussions about race and racism are happening, if not uncomfortably and infrequently enough. Some of the spaces in

which debates about race are happening are those related to the implementation of affirmative action, which is under debate and has been implemented in many areas and institutions in Brazil, including universities, hiring of school teachers, etc. The Black Movement, particularly the Black Women's Movement, had been key in bringing the issue of unregulated sterilizations to the fore, launching a campaign against the mass sterilizations of women, including accusing the government of a genocide against the black population. One thing that has not changed is the harsh reality of race, similar to the United States, in that when you really want to know who is black, you ask the police, as they know which bodies are always already marked as dangerous, polluting, disposable, those marked for violation and death.

Much of the insights I draw upon come then from the experiences of the people who participated in my research project, friends and unknown people who I observed. This time around, I would have my own encounter with the Brazilian health care system, as an African parented, U.S. Born, black, heterosexual, cis-female researcher in Brazil. Though the majority of the time in my main fieldsite, I could "pass" or blend in as a *Baiana,*[9] there were many moments when I was marked as an outsider or my understanding of a situation was skewed or different from a Brazilian's. My own experiences trying to navigate the Brazilian health system to attempt to resolve issues related to my reproductive health allowed me to personally confirm some of the concerns that my informants had raised and in other ways raised other questions for me. I got to experience first-hand ways that plastic surgery went hand-in-hand with sterilizations while also noticing the way that medical options could be offered to women. I was reminded of Alexander Edmonds' work on plastic surgery among the poor in Brazil revealing ways that plastic surgery can provide access to beauty,[10] and thus opportunities for social mobility and for older women, the ability to stay sexually competitive (2007). Sterilizations and c-section

deliveries often get coupled with plastic surgeries, particularly when a woman has ended her reproductive career and wanted to rejuvenate and start dating again (Edmonds, 2009). Though my health condition did not require a c-section, the doctor I was seeing had a clinic whose walls were plastered with the various kinds of plastic surgeries she provided. One day as I was heading to a follow up appointment, I ran into one of her receptionists in the elevator. When we got into the office, she revealed to me that the doctor also did sterilizations. I was shocked as I had told the doctor what I was studying and had specifically used the Portuguese term *ligaduras* to avoid confusion with *esterilização*, which might have led her to think I was studying the sterilization process of medical instruments. I said as much to the receptionist who told me that the doctor had indeed told them that I was studying the sterilization of medical instruments. More disturbing was that the receptionist told me not to tell the doctor that I found out she did sterilizations from her receptionist. I wondered how these conversations might have been different if I had gone in because I was pregnant. Not wanting to compromise the receptionist and her employment, I didn't pursue the matter further with my doctor and rather wrote it up in fieldnotes. And yet, I had to remember that my experiences differed from my participants not only in that I was a foreigner, but also a researcher. More importantly, my body was marked a little differently from those studied, not in appearance but certainly in signification.

Introduction of Fieldsite

My research took place in the South American country of Brazil. The largest South American country, Brazil also received the largest number of enslaved Africans during the Trans-Atlantic Slave Trade. Salvador is the capital of the Northeastern state of Bahia. With an estimated 2014 population of 2,902,927 people, according to the IGBE Census, Salvador is the 3rd most populous city, after São Paulo and Rio de Janeiro. Of the 2010 population, 51.7%

identified as *pardo/*brown/multiracial, 27.8% as *preto/*black, 18.9% as *branco/*white, 1.3% as *amarelo/*yellow, and .2% as *indigena/*indigenous. It is worth noting that *população negra*/black population combines those that identify as *pretos* and *pardos,* as they generally have similar outcomes, in terms of mortality rates, morbidity, health indicators, education levels, socioeconomic status, etc. Salvador has one of the highest unemployment rates in Brazil (Williams, 2010). Within a country known for its contradictions evidenced in its income inequality, the Human Development Atlas characterized wealth distribution in the Metropolitan Region of Salvador as the second worst in the world (PNUD, 2006). The last twenty years, have seen a decrease of youth crime in Salvador and a decrease in crime in the state of Bahia in the last ten years (Coutinho, 2009). This is in spite of violent crimes increasing in neighboring capitals and states, like Pernambuco and Espirito Santo (Coutinho, 2009).

Historically, Salvador was the first colonial capital (1549-1793) of the country and was once one of the leading sugar-producing regions in the world (Meades, 2003, cited in Williams, 2010). The shift in priority to coffee production in the Center-South regions of the country caused a decline for Salvador and Bahia. The Northeast, of which Bahia is part, is considered the "poverty reserves" and the most underdeveloped area of Brazil (Diego's, 2001, cited in Williams, 2010). Today, Salvador is a large tourist spot, for both other Brazilians and foreigners. Salvador is well known as the center of Afro-Brazilian culture, music, and cuisine, and boasts a population of which 80% claims black African ancestry. The city is divided into Upper City (*Cidade Alta*) and Lower City (*Cidade Baixa*). Lower City is often seen as more impoverished while Upper City is more wealthy. Despite a reputation as being wealthier, there are areas of impoverishment within Upper City, such as *Federação,* one of the neighborhoods where several women I interviewed lived.

Introduction of Chapters

Chapter 2, titled, "'Venha Virar Morena Pra Duas Reais': Sexy Race or Raced Sexy", in Brazil, is where I begin to develop one of the central arguments throughout the dissertation—the importance of aesthetics to an analysis of women's reproduction. Specifically, I argue that in order to grasp the important roles that race, sexuality, and desire play in shaping the way women reproduce and the nation's concern with reproduction, we must also understand the role of aesthetics. Aesthetics is key to understanding how race, sexuality, desire, and gender are constituted, contested, and affirmed. Brazil's history and legacy of slavery also becomes an important point of examination in this chapter, particularly as it relates to the ways that race shapes and determines reproduction. Aesthetics, race, and sexuality, within a racist society allow for a more nuanced understanding of the relationship between reproduction and labor and the way it links women's bodies to national projects, differentially. By de-emphasizing class as the relevant frame for understanding the politics of reproduction in Brazil, I explore the way that racism functions and the effects it has on life and death for the black population. By discussing the ways that movement away from blackness to brownness, where blackness represents ugliness and labor while brownness represents sexuality and a certain kind of beauty, I link aesthetics, race, sexuality, and reproduction, both at the level of individual women and at the level of the nation.

I continue to demonstrate how class has dominated as the most salient frame by which to understand discrimination in general and discrimination in reproduction in Brazil in chapter 3, "Sterilizing the Black Body: Race and Sterilization in Brazil". I discuss how a focus on class serves to mask racism at work. I retell the history of sterilization in Brazil through the lens of race and the Black Movement. Through this retelling, I show that race cannot be excluded from

the discussions about reproduction, contraception and sterilization in Brazil. I explore the general health status and reproductive outcomes of the black population in Brazil to explore 1) how we might think differently about the way that genocide could manifest in the context of sterilization and 2) necropolitics at play, based in the legacy of slavery, colonialism, and racism. I posit that legality and law is a problematic way to attempt to address the issues facing women attempting to control their fertility.

Chapter 4, "Reproductive "Choice" and Agency: Aesthetics of Rationality as Fertility Control" links aesthetics to fertility control and rationality, through an analysis of the concepts of choice and agency. This chapter posits that there is an aesthetics that governs what we are able to conceptualize as fertility control. Fertility control has become a marker of rationality. Rationality is also governed by an aesthetic that I argue is racist, sexist, and elitist. Rationality is linked to our thinking and use of the concepts of choice and agency, meaning that choice and agency are already inflected by racism, sexism, and elitism. The difference in the way these concepts are applied to different groups of women reveals these underlying assumptions at work. I problematize the use of the concept of reproductive choice and agency to talk about family planning for women in general, but most certainly for women of color.

"Class, Race, and Aesthetics" are the topics I take up in chapter 5. This chapter focuses on women who were able to secure tubal ligations through a variety of means. By focusing on stories of black women who did get tubal ligations, I demonstrate the problem of analyzing reproductive questions in Brazil solely in terms of class. The three women whom I focus on vary in class, but mostly hovering between lower middle class/working class (living in a favela) to middle class (living in nicer parts of the city for one woman, and higher educational level and working for an NGO in souther Brazil for another woman), and identify as black. All three had

children. Their stories demonstrate that lack of access to disposable income is not the only factor that interrupts a woman's ability to control her fertility. Rather, an underlying aesthetics complicates the reading of female blackness as middle class. The exercise and privileges that often accompany a status of middle class often remains elusive for black women. This complicates the rationale about relationships between fertility control and cycles of poverty. By discussing the discomfort and difficulty that Brazilians experienced talking about class, I draw conclusions about the way that class is always already in conversation with race and relies on an aesthetic to include and exclude.

Lastly, chapter 6, "When Doctors Don't Tie" focuses on women who were unsuccessful in securing tubal ligations. Their stories serve to demonstrate the problematics of relying on law as a remedy for issues that benefit and reproduce racial injustice and inequality. I discuss the workings of the governmental apparatus in creating and sustaining "death-in-life" for the black population despite the invocation of reproductive rights rhetoric. By focusing on moments when the structural forecloses the individual, I call our attention to the functioning of anatamopolitics and necropolitics in shaping life and reproduction for the black population in Brazil. I also highlight the tyranny of family planning and how it governs what can be read as a planned and thus legitimate family, inherently excluding blackness and any other variants from an aesthetic norm of the planned family.

Chapter Two: "Venha virar morena pra duas reais": Sexy Race or Raced Sexy, in Brazil

Chapter Overview

The previous chapter provided the introduction to my fieldsite, some of my theoretical literature and the history and discourse about contraception generally and sterilization more specifically. In the following pages, I frame an argument that deems aesthetics essential to an analysis of race, sexuality, and desire in consideration of women's reproduction and reproduction of the nation. In order to frame how integral aesthetics is to an analysis of race and sexuality in Brazil as it relates to reproduction, I draw on various works that have demonstrated the links between skin color, hair texture, bodily proportions, racial and sexual hierarchies as well as drawing from field experiences which further demonstrate the connection of these factors. While stressing the importance of aesthetics in understanding race, sexuality, and desire in Brazil, I also demonstrate the importance of an analysis of race in terms of reproduction, labor, and the functioning of racism as a legacy of slavery with dire results for the black population in Brazil.

Gilberto Freyre's The Masters and The Slaves provided his understanding of the relations between the interracial sexuality of slavemasters and enslaved Africans, a discussion of Brazilian sexuality and race (1964). Donna Goldstein points out the importance of Freyre's work in codifying the idea of Brazil as 1) a color-blind erotic democracy and 2) as a racial democracy (1999). Scholarly work analyzing sexuality and race and their intimate connections in Brazil, since Freyre, have been rare, if at all (Goldstein, 1999). Fewer still have analyzed sexuality, race, and aesthetics, especially as it relates to reproduction and reproductive decision-making. Goldstein rightly points out that "race is bound up with a number of factors such as class, identity, and social and economic mobility. But is specifically and yet subtly connected with

sexuality…" (1999). Alexander Edmonds' work on plastic surgery in Brazil has pointed to the ways that aesthetics is tied to race and the erotic and important to understanding Brazilian culture, where "physical beauty, along with samba and soccer, is a cliché of Brazil" (2010). Edmonds reminds us of the ability of beauty to stimulate sexual desire and the way that attractiveness comes to be legible as an "exchangeable form of physical capital" (2010). The dominance of the aesthetic appeal by Europe does not diminish "a cultural logic that celebrates mixture and eroticizes brownness" (Edmonds, 2010). The legacy of slavery and the way then that beauty becomes racialized, has impacts for "attributions of sexual misconduct" among women and impacts their concerns for the romantic partners of their children (Rebhun, 2004). This chapter is then an attempt to demonstrate the economy of desire, aesthetics, sexuality, and race at work in Brazil. I will demonstrate how an economy of desire, aesthetics, sexuality, and race is integral to and not distinguishable from reproduction, both individually and at the level of the nation.

This chapter is also an engagement with the question of race in Brazil. I am attempting to displace the dominant frame through which Brazil is often examined, that of class. There has been much work by the black consciousness movement to demonstrate that racism is a problem in Brazil. Social science research in Brazil has also examined the way that race complicates one's life chances, education, and health. Yet, unless intervening explicitly with the question of race and/or racism, race remains on the peripheries of literature about reproduction

Race, Slavery, Reproduction, and Black Bodies

Kia Caldwell's 2007, Negras in Brazil: Re-envisioning Black Women, Citizenship, and the Politics of Identity, states that "The relationship between physical bodies and citizenship merits close discussion since bodies form the material substance of citizen-subjects, and

normative notions of acceptable and unacceptable bodies are used to determine who belongs to the nation"(106). Within the borders of Brazil, the determination of bodies that were to be considered acceptable, unacceptable, and/or instrumental was also influenced by the geopolitical divisions to which the Brazilian elite wished Brazil to be a part. Brazil's history of slavery and racial mixing during this period, in concert with international debates and advances, such as the practice of scientific racism, informed the manner in which the country would reproduce itself. It also informed the way that Brazilian citizens' reproduction would be understood, differentially. This history continues to physically and psychically impact the identity and social relations of Brazilians, which I will explore below. Caldwell's call to pay attention to the physical body gives context to the attention I pay to physical bodies, materially but more importantly, aesthetically.

To illustrate the legacy of slavery and its importance in an analysis of race, black bodies, and reproduction, I begin with two popular Brazilian sayings and appropriate modern variants to demonstrate the thinking about black women's bodies as it relates to ideologies of race in Brazil and the role of black women in reproducing themselves and the nation. I discuss the plantation to illuminate the ways that the institution of slavery has been maintained and influences the current context in which women, particularly those of African descent, in Brazil, make decisions related to reproduction and sexuality.

"*Cada Brasileiro tem um pé na cozinha*/Every Brazilian has a foot in the kitchen."
-Brazilian Encyclopedia of African Diaspora, 2004

An often used phrase in Brazil, "the foot in the kitchen" captures the complex relationship and interactions of race, the history and legacy of slavery, and the politics of reproduction, both in the past and presently. That foot in the kitchen refers to the slave woman whose domain was the kitchen. The quote has been attributed to Brazil's 34th president Francisco

Henrique Cardoso, used during his electoral campaigning, in attempts to show that he was not just white and part of the majority population[11]. The phrase is a way of acknowledging the existence of black ancestry in one's family, usually as a result of slavery. The phrase makes possible a linking of oneself to blackness, and a Brazilian authenticity, which discursively requires miscegenation, even if there exists contrasting skin color or hair texture and other features which are used to determine and mark blackness. More specifically, for those not read as black, this phrase distances their link to blackness through the reference to the slave period and distances a desire for blackness that can be assumed with more proximal and obvious black ancestry. As Caldwell eloquently illuminates, "while past ties to African and Afro-Brazilian ancestry are valorized within national discourse, present-day markers of blackness, particularly phenotypical markers are largely denigrated" (2007).

The phrase above points to the sexual relations that took place between slave masters and their female slaves. The imaginary created by Gilberto Freyre attempted to present these sexual relations as having occurred in a context that was pleasant and consensual,[12] as opposed to a more sexually brutal psychologically violent one (Caldwell, 2007, 39). This seeming valorization of Afro-Brazilian women and their involuntary role in the national formation, albeit through miscegenation, simultaneously masks the racial and social inequalities which have placed Afro-Brazilian women in subordinate positions, socially, racially, sexually and one could argue economically (Caldwell, 2007, 39). In this way, Afro-Brazilian women bear the brunt of having blackened the population of Brazil with their black offspring but also providing proof for Brazil's ability to whiten through their *mestiço* or mulatto offspring (Caldwell, 2007, 40).

This reference to the "foot in the kitchen" ties into what Edmonds characterizes as a dominant theme for Brazilian 20th century politics and culture, *mestiçagem* (2010). For

Edmonds, *mestiçagem* refers to "a cultural paradigm that represents the nation as racially mixed and which deemphasizes clear racial boundaries between groups" (2010). A black activist in Porto Alegre explained the dominant ideology about what makes the Brazilian: "Because in reality, the Brazilian is not white, he is not black, he is not indigenous. He is *mestiço*. This is the true Brazilian". More specifically, the national identity of the Brazilian is constructed on the *fabula das tres raças* (fable of three races)-those three being the African, indigenous, and the European (da Matta, 1981) or a mixture of the "three sad races"-Portuguese, Africans, and Indians (Haberly, 1983 as quoted by Edmonds, 2010). While the "foot in the kitchen" references the idea of a mixed nation, the specific reference to the domain that was reserved for the enslaved African woman, highlights a particular preoccupation with the African/black element, the one which most visibly and aesthetically left its mark on one's body.

This history of racial separation and aspiration was repeated into the post-colonial and post-slavery era. Pigg and Adams remind us that development illuminates the connections of sexuality to nation-building and notions of modernity, starting with the way that sexual practices serve as the focus of efforts towards reforming and modernizing the nation (2005), which was particularly and continues to be of significance in Brazil's development and emergence as an independent nation. The links between nation, progress and sexual conduct were clear during the colonial period and early postcolonial state-building projects. They continue to persist today, albeit in altered ways, allowing us to read implicit concerns with advancing ideas of being "modern" through one's sexual habits and choices and medical rhetoric (Pigg and Adams, 2005). As a nation developing itself in the slavery and post-slavery period, the late 19th and early 20th century, Brazil was facing new scientific theorizing on race that had great implications for the

way that Brazil could and would align geo-politically (Peard, 1999; Graham, 1990; Marchant, 2000; Fry, 2000; Stepan, 1991; Edmonds, 2010).

At stake in Brazil's race discourse were competing constructs about the nation, the caliber of the people, the possibilities for improvement and where the boundaries within the nation were to be set (Peard, 1999; Edmonds, 2010). Thus, there was a desire by Brazil's elites to undermine the European cultural authority which inferiorized Brazil and Latin America while wanting to gain a mantle of legitimacy only accessible through European science (Peard, 1999). The two main barriers to Brazilian development and favorable geopolitical positioning as a nation, were the environment and more problematically, the black and brown population. At the same time that Brazil was having to prove that its tropical climate was not responsible for reducing the caliber of its population, it was contending with a majority black and brown population, which by the new science standards was inferior. Sônia Beatriz dos Santos draws on Décio da Fonseca Sobrinho to describe the period between the 19th century until 1964 as one characterized by two discourses within Brazil attempting to address their inferiority and ability to modernize (2012). One discourse was described as pro-birth diffusion and the other was a eugenics racial discourse emphasizing the need to improve the "Brazilian race" (dos Santos, 2012).

Paulo Freyre's writing about Brazil, specifically in The Masters and the Slaves, can be seen as a writing against the dominant theory of the time that regarded racial mixing and the tropics as a pathway to degeneracy. Freyre posited that racial mixing that characterized Brazil was actually an immense asset (Skidmore, 1990). Some elites saw miscegenation as a viable method for moving the nation towards whiteness (Skidmore, 1990). Dos Santos characterized the eugenicists pushing for miscegenation not so much as a show of agreement that racial mixing

was an asset or that there was any value to the contributions of the black and indigenous populations. Rather, the push to miscegenate to whiten the nation was based on the notion of a natural superiority of white people (dos Santos, 2012). This is reflected in various policies such as immigration policies in Brazil during the late 1890s and through the 1920s that encouraged Europeans into the country while simultaneously denying black Americans entry into Brazil (Skidmore, 1990). Other such policies included "social legislation regarding children's and maternal health, family control of infectious diseases…and proposals created to give the state the power to regulate marriage relations" (dos Santos, 2012). While dos Santos does not mention specific policies, she does discuss the way that the pro-birth position, guaranteeing a certain racial "quality" of the population, which inherently meant whiteness, was premised on the erasure of the African-descendent population (2012). Though it may seem then that I am positing a sort of valorization of the racially mixed body, I am not. I am attempting to demonstrate the way that the body was taken up, utilized and made to work for the nation as it grappled with joining "the ranks of modern nations" (Edmonds, 2010). The way Brazil *deu um jeito,* made a way. Though Edmonds argues that unlike the United States, which employed "a logic of *separation*[13] to deal with non-whites", Brazil incorporated their racial others into the national body through a citizenship that was "hierarchical and inclusive" (2010; Holston, 2008), I will argue in Chapter 3 that this hierarchical and inclusive citizenship functions in a such a way as to be exclusionary and marginalizing.

There were other social practices in the early to late twentieth century that weren't policy but had similar effects. Since blackness manifested itself in ways beyond darker skin tone, one's nose width, lip size, and hair texture, for example, could also be used to characterize and then exclude one for being black. Caldwell's analysis of "good appearance"[14], which was often used

as a criterion for applications for employment, reveals the ways that black women in particular were excluded from certain types of work, work that would allow black women to alter their "place" in Brazilian society from the lower rungs of the kitchens, whorehouses, bakeries/lunchonettes, and custodial services (2007). Edmonds further elaborates that *boa aparência* or good appearance was "a euphemism for a whitish appearance, or some exceptional quality-stunning beauty, for example" (2010). Thus social movement upwards for black women was limited as this movement would have facilitated better life outcomes and a visibility of blackness that was important to hide if not entirely eliminate. Based on Brazil's particular circumstances and makeup of its citizenry, different from the United States and South Africa, Brazil had to find its own way of nation-building and positioning itself geopolitically. This manner of addressing the elements that distanced the nation from modernity and whiteness, was Brazil's way/*jeito*—playing in ambiguity and the bending and manipulating of rules.

"White woman for marriage, mulatto woman for fucking, Negro woman for work/*Branca para se casar, mulata para fuder, preta para trabalhar.*[15]"

-Gilberto Freyre, *Casa Grande & Senzala*[16]

As a description of the roles and status of women within the colonial plantation system, the social space and place in which the black woman and her body could be and continue to be confined to is revealed as that of worker/laborer/labor force. By labor here, I am referring to labor as work, whether sex work, sexual[17] work, or manual labor, as well as labor performed by women to birth a child. Both in the past and presently, as a laborer/worker/labor force, she would be in the service of the nation, even if it was a nation that would exclude her and the black or blackened products of her body. Kia Lily Caldwell highlights the ways that each line of the adage reveals the unalterable social roles available to each woman, based on her color, thus constructing female gender identities closely tied to their potential relationships to white men

and racial patriarchy (2007). I hope to add the factor of beauty to what Caldwell has posited here and to point out ways that women do exercise some mobility across these roles through beauty.

This hierarchical characterization of women and their functions is one constructed for men, particularly the white man, and implies particular constructions of womenhood. Freyre's references to the mulatto woman who initiated him into sex, for example, represent the way that mulatto women were historically constructed to serve as the initiators of young men into sex. Mulatto women in this role such served to preserve white femininity and purity that was tied to virginity. The construction of white women for marriage and mulatto women for sex also implies sex outside of marriage. This implication of sex outside of marriage undergirds an underlying madonna/whore dualism in which soon-to-be mothers, women that were for marriage, were not to enjoy or be knowledgable about sex. Thus, the whore, the woman that was not to be charged with marriage neither any respectable form of reproducing, besides future slaves and/or labor force, was available to allow for sexual exploration and fullfilment, particularly to the benefit of white men. As Leith Mullings describes when discussing African-American women in the United States, deeming women inappropriate for marriage, made them available and appropriate for sexual activity (1994). Thus, white women could maintain their respectability and honor, marry, and raise the next generation of elite in Brazil while the mulatto woman, providing sexual pleasure, also provided the next generation of laborers/labor pool for the nation.

Similarly to in the United States, historically, the black woman was simultaneously hypersexualized and desexualized. Thus, in the mulatto woman, we see the hypersexualization of black women's sexuality, the initiator and sexually insatiable black women for fornication. The Negro[18] woman who was for work or cooking, depending on the version of the proverb you refer to, was the desexualized black woman, the *Mãe Preta* (Gilliam & Gilliam, 1999). While the

mulatto woman then justified miscegenation and sexual assault, the *Mãe Preta* justified the slave conditions of labor (Gilliam & Gilliam, 1999). Though Gilliam & Gilliam describe the black woman's movement between a hypersexualized mulatto woman to a desexualized *Mãe Preta* as a function of age, a movement from youth-sexualized-to old age-desexualized-I would argue that beauty is also of consideration in determining which black women and bodies are sexualized throughout the life course (1999). Beauty is of importance not only because of the way that assumptions about what is and can be beautiful is already thought of in terms of age such that youth is assumed beautiful, but also because of the way then that beauty operates within the age groups.

While the first phrase points to the black woman being recognized historically as the mother of Brazilianness, this proverb serves to clarify the way that dominant configurations of femininity and womanhood are still associated with whiteness (Caldwell, 2007). Patricia Maria dos Santos Santana, in an article analyzing the poem, "*Mulata Exportação*" draws on Isildinha B. Nogueira to demonstrate the way that black women's bodies have been excluded from the ideals of femininity (2011). Santana reads Nogueira as positing that the oppression of colonialism didn't make a black Brazilian female femininity possible, necessitating the creation of a sexual identity for her, created by the white slave masters, and steeped in stereotypes, discrimination, and prejudices (2011). For Nogueira, "Your body, historically devoid of her human condition, reified, fed all manner of sexual perversity that the master had…This is, the black woman historically disinvested of whatever possibility that would have permitted you exercise your femininity" (2011). Outside the realm of labor, existed the realm of the sensual or sexual, in which the *mulata,* as characterized by John Burdick, was the embodiment of "the male sexual fantasy of uniting the white woman's respectability with the black woman's stereotypical

lubricity and powerlessness" (Williams, 2013; Burdick, 1998). Furthermore, Caldwell continues that "Skin color serves as the primary determinant of whether Afro-Brazilian women's social identities are classified in terms of sensuality or associated with physical labor" (2007). Femininity and womanhood, characteristics that warranted or bestowed a certain level of respectability, were reserved for white women. Sensuality or sexuality then lay just outside of the realm of labor and the realm of respectability and could be inhabited by women not marked as white—mixed or brown women and black women. I add to this the factor of beauty—as skin color darker than what can be considered white could be tolerated as long as it fell into the realm of aesthetically pleasing—not too dark. Actual beauty could also mitigate which skin tones were designated solely labor and/or sensual/sexual.

The mulatto woman and her symbolism has not remained constant in Brazilian history and continues to change in the present. But she still remains an important figure to understand and through which we can understand the politics of beauty, reproduction, femininity, blackness, and desire. Modern day Salvador, the capital of the state known for Afro-Brazilian culture, the Black Mecca, as it is called, is where one comes to explore, understand, taste, maybe even experience what it is to be a Black Brazilian, or so it seems. The *mulata* has gone from demonstrating Brazil's ability to move towards whiteness to a source of national pride to Brazil's best export and draw for tourism[19] (Williams, 2013; Caldwell, 2007; Lucinda, 2002; Carneiro, 1999; Nascimento, 1978).

Historically, the *mulata,* as evidence that blackness could be submerged and whitened out, led to a kind of valorization of this body, even if as a valorization that involved a laboring for the nation.[20] The *mulata,* since the 1930s, has been responsible for serving as the preferred representation of the Brazilian nation as mixed, "beautiful, voluptuous, full of contagious energy,

sensual, and possessing an inherent mastery of samba 'in the blood'" (Williams 2013; Giacomini 1991). Brazil's early twentieth century consolidation of national identity, a project carried out by the federal government, characterized *mulatas* as the best "product" the country has to offer, and hence, the exportation-type *mulata*[21] (Williams 2013). The famous *mulata* shows of the mid-1960s, as created by Oswaldo Sargentelli, posited the *mulatas* as spectacle and entertainment within the nation, both for elite Brazilians and for foreigners (Williams 2013). Presently, the *mulata's* body continues to be twisted and contorted into sensual poses or provide profile shots along an isolated beach in Bahia, as part of the package one can expect upon travel to Brazil (Williams 2013). Bahia has consistently been portrayed as "an exotic paradise of parties and promiscuity, beautiful women, magic, and sensuality-in short, as the most hedonistic part of Brazil". In the same way that national and international tourists come to experience Brazil through visiting tropical beaches, going to parties, and trying exotic foods, the beautiful sexualized *mulatas* serve as the means by which the tourist experiences Brazil's sensuality or sexuality and a not-yet-arrived future. The desexualized *baiana* cooks the exotic food to be eaten, cleans the sex-stained sheets, and poses in pictures to symbolize the past still in the present.

Beauty and Whitening

One of the things I will argue in this work is that skin color is primary indeed, tempered importantly by beauty, even as beauty is always already tied up with skin tone.[22] There is something in aesthetics, in terms of a combination of features associated with beauty and sexual appeal, that can help a *preta* stand out as *gostosa*[23] and/or *linda/bonita*[24] and thus desirable as a sexual object, thus becoming a *mulata* or a *morena,* as people are more apt to use these days.[25] *Negra* or *nega,* depending on location and the speaker, can also be acceptable in Bahia. I want to

draw our attention briefly to a call I heard in the streets of Salvador that demonstrates the way that the term *morena* can come to stand for blackness, and particularly Bahianness. I want to argue that this is related to the necessity of not referring to black women as black and thus calling them *morenas* or other terms to their face, so as not to offend them by marking their blackness, and thus, among other things such as poverty, their ugliness. It often sounds like this: "No, but you're beautiful. Don't call yourself preta." Or "You're too pretty to be a preta." Or the exclamation of a male friend upon seeing the picture of another male friend's dark-skinned model girlfriend, "*Que morena linda*/What a beautiful *morena*!"

"Venha virar morena pra 2 reais (Come turn into a *morena* for 2 *reais*)!!"

A street seller in Praça da Sé, Salvador, Bahia would shout this out as people walked by her. Praça da Sé is a popular tourist attraction as one heads to the Pelourinho, another historic tourist site, in the capital of Bahia State, Salvador. It is an open public space that serves as an entrance of sorts to the Pelourinho. One can find popcorn—savory, sweet or really sweet--small *berimbaus* made for children, all sorts of necklaces, bracelets, earrings, dogs chasing and barking at each other or you, *cocadas, acaraje, abara, picolé,* coffee, figures dressed in metallic looking material ready to dance and take a photo with you, *baianas,* in their full regalia also photo-ready, street cleaners, police officers, and all manner of tourists, students, dancers, *capoeiristas*, children on their way to somewhere. In the midst of all that, you also have the opportunity to become a *morena, negra*, or *baiana*,[26] take a picture of that time when you were black, all for the low price of 2 *reais,* the equivalent of maybe a dollar. Depending on who is out there selling blackness that day, she may refer to the transformation as becoming *baiana, morena* or *negra*. The transformation is made possible when one goes behind the clothes of a traditional *baiana* and sticks their head into the empty space above the outfit making it look like the tourist's head belonged to the *baiana's* particularly dressed body.

What is being sold is an opportunity to pose as though one was a *baiana,* a figure which is part of the culture of the state of Bahia and Afro-Brazilian culture, one of the attractions when one comes to Bahia. A *baiana* was generally not a sexualized figure, in fact, with her very large skirt or dress and conservative blouse, it is often very difficult to determine the size of the women underneath the clothing let alone whether her hips, thighs and/or butt are of the proportions deemed to be the national preference. *Baianas* and the foods they sell, especially in the past, were often practitioners and/or linked with the Afro-Brazilian religious manifestation of *Candomblé* which today still suffers persecution and death for those that practice. But as the term *baiana/o* has come to designate a way of marking another's blackness, without offending them, the term has also become sexualized. The famous song performed by Carmen Miranda, *:O que é que a baiana tem?/*What is it that the Bahian Woman Has?", not originally sexual in nature, has become a phrase used by men to insinuate that special something/enchantment that the *baiana,* black sexualized woman has that makes the men unable to control themselves and their desire for her.[27] Thus, the usually desexualized *baiana,* the oversexualized *morena,* that was formerly known as *mulata,* and the newly but not consistently sexualized *negra,* become interchangeable in selling the opportunity to "become" the epitome of Bahian culture, a black woman. But in the times I passed through Praça da Sé, the term *preta,* which would signify the blackest woman, was never used. One would not pay to "become" a *preta*, at least not yet. One also is not offered the opportunity to "become" a *loira*[28] or *alemão*[29] when one ventures to the southern parts of Brazil. There is only the opportunity for browning, and to some extent, blackening oneself.

Preta, in a move to reclaim the term and remove the negative connotations and baggage it carries, is also used as a term of endearment and to recognize beauty and sensuality of a person, but the politics of this term are complicated and vary drastically depending on the community,

location, speakers, etc. I draw on a fieldnote below to demonstrate some of the complications and difficulties still attached to this term.

Figure 1. The girl from Lençois

On the last day of our excursion to the interior of Bahia, we were in Lençøis and I had already decided to go on a hike with a new friend, Celio, and two of his friends, Rosalva and Clara. One of these friends, Clara, had really fair skin, so much so that I thought of her as branca[30]. The other friend, Rosalva, had skin fairer than mine but features that tend to be associated with blackness (as problematic as that is)[31], so I thought of her as morena/parda.[32] Granted, their colors really were of little importance to me except that it becomes important later in the story. Rosalva was obsessively taking pictures of herself in every place we went and from various perspectives, to the point of coming off a little vain. Suddenly along the trail, we decided to deviate and go down a river by the side. She asked me to take a picture of her. I accepted and asked her to change her position a few times. To remove the shadows from her face, I also asked her to remove her hat. Without the sun or hat to interrupt, I took pictures of

Rosalva. I asked her to stay as I took one last shot, as I wanted to make sure the focus of the photo was indeed her and not the surroundings. She responded, "You're calling me preta![33]", insinuating she needed to be "lightened". I was not commenting on her color at all and so, fumbled to explain that to her. Her face seemed to register how that comment may have been taken by someone who looks like me (someone with darker skin) and she quickly replied, trying to ease the tension, "I'm just kidding." I nodded and we awkwardly moved away from each other. I had not tried to insinuate that she was dark. Even if I had wanted to refer to her color, I would not have used the term preta. But it was obvious that the term would have been an offensive to her. And that was troubling, but also confusing to me; especially considering that she probably realized I could have been offended by her comment.

-Fieldnotes from May 7, 2012

The negative connotations inherent in the term *preta,* are frequently made obvious, even inadvertently. A history of denigrating blackness in Brazil continues into the present, seemingly unchanged and uninterrupted. I asked some of my more radical black activists friends about this particular incident. Surprisingly, they were all convinced that she had been kidding. It was clear that even when used humorously, the term was charged with negative associations. What becomes clear through the story of this girl, her hair straightening[34], and joking about being called black, is that there is a lot of tension around color and beauty. Negative associations with color could simultaneously or even more so be about beauty. To call someone *preta* can also serve as calling them ugly. If Rosalva's reaction was less about a distancing from blackness, it may have been a desire to distance herself from ugliness. The association though of the term used to categorize black people with ugliness, is inherently anti-black and a denigration of blackness already.

I saw the same thing during an interview with a young woman in her late teens finishing up secondary school—a case demonstrating the deeply embedded struggle with this term, *preta,* particularly by those most likely to be interpellated as such. This particular young woman, Bruna, was 19 years old, articulate, dark brown, slim, and what men would deem beautiful. Her family was from the interior but she and her brother had come to the capital city to try and get a

better education for themselves. We had been discussing the racial terms for categorizations used officially. Bruna was explaining to me the way it worked, according to what she had learned from her school teacher. According to her teacher, the categories available for identification of color were *branco, pardo, preto,* and *amarelo.*[35] Bruna complained that before the changes implemented by the government, her brother had identified as *Cabo Verde/*Cape Verde. She didn't think it was fair that he was now limited to identifying himself as *preto.* She also was not happy about her limitation to the category of *preta.* Bruna, despite being very beautiful, couldn't override the darkness of her skin and allow her movement into identification as *parda* or *morena,* without ridicule. In other words, for Bruna, with the new categorizations of race, *não tem jeito/*there is no way; which is part of her complaint. She did accept the term *negra* but would have preferred to be able to label herself the way she wanted. She registered her frustration with the government's naming system as follows: "*Eu não sou da cor da camisa preta. Eu não sou/*I'm not the color of a black shirt. I'm not." Bruna's dissatisfaction with having to identify with the word black highlights the operation of racism through naming/identifying. Though she claimed to love her skin color, she didn't like the term designated to describe it, *preta.* Bruna's and Rosalva's attitudes towards the term *preto/a* become more revealing when I noticed that friends of mine not identified in society as *pardos,* let alone *pretos,* would refer to themselves and loved ones with these very same terms, *preto/a.*

As I pointed out above, the term and its relationship to blackness and ugliness continue to make its usage fraught and often avoided by the less bold and proud. For those in Brazilian society that still maintain and reproduce the problematics of a logic that associate blackness with ugliness and denigration through the term *preto,* there are those who are working to renegotiate the way the term is associated and thus used. There was and continues to be a campaign by black

women and the Black Consciousness movement to reject the term *morena,* calling it a term of insult. Attempts at reclamation of the terms *negra* and *preta*-can be seen in song lyrics by *Ilê Aiyê*[36] and public discourse. But that reclamation does not safeguard against the sexualization that ensues. For example, Williams argues that in Salvador, "*negra* and *morena* are sexualized and imbued with heightened erotic powers in much the same way as the *mulata*" (2013). I agree with her reading. Features associated with Europeans or whiteness such as thinner noses, thinner lips, and/or straighter hair, can help one move away from blackness and thus towards a beauty that is sexualizable. But these sexual powers should not be confused with also endowing some sort of social status or social mobility. This sexual power may merely be the ability to be the object of an unknown man's sexual desire for a night, a week, as afterall, the *mulata* was for fornication. The term serves to sexualize the woman in that moment and is a term that can be used to describe white women as well. Intersections of class, education level, body type, and context further complicate this seeming movement for black women as well as white women. Class, in particular, often the preferred variable to pay attention to, can affect the movement of a woman from worker, to sexually appealing, and in some rare cases, even to marriageable. An example from personal experience on the beach helps to illustrate this point.

I sat with two American female friends on the beach. We shared our experiences in Brazil thus far and the men on the beach. All around us were an assortment of sun-kissed bodies clad in itty-bitty bikinis and sungas[37] *for the guys. Before we had made it to sit down, we had endured a barrage of catcalls and leaned-in whispers of: "Olha essas negras bonitas!*[38]*", "Que gostosa!*[39]*", and others. Two guys came to sit by us. One was black, even for Brazilians,*[40] *and the other's race was more ambiguous.*[41] *The ambiguously raced friend, who I'll call Paulo, began talking to me with signs of interest. We got on the topic of race and partner preference.*

Paulo: What kind of guys do you two like? I know you like homem negro.[42]
Me: We love beautiful men.
Paulo: Ok. But do you like homem negro?
Me: Of course we do!
Paulo: Good. Because there are some negras that don't like or date homens negros.

Me: No, that's not us. We love black men.

Paulo: That's good to hear. Do you think I'm negro?

Me: (making a face of surprise) Uhh, well, what do you consider yourself to be?

Paulo: I'm indigenous because my parents and grandparents come from the interior of Brazil and I know they descended from the native Brazilians. But I don't know. I just feel negro.

Me: (another surprised face. Looked at his friend) Hmmn. How is it possible that a person that has a family line that traces back to indigenous people of Brazil, a person that identifies as indigenous, can say that they feel negro?

Paulo: I don't know. I don't really have a reason. I just know that I feel negro. I love mulheres negras.[43] *Your skin. I love mulheres negras' skin.*

Me: What about other women? Why do you only like mulheres negras? Or is it some obsession?

Paulo: No, no. I like all women. I just love mulheres negras and their skin. I don't know why. I just do. I'm negro! (Pulls off his hat to reveal his hair)

Me: (Laughing along with Paulo's friend) Ha! With that hair?!

Paulo: I know I'm indigenous but I just feel negro. I feel like I'm a negro person

Me: (nodding) Ok. You are negro.

There are a few points, that are not evident in the fieldnote but are needed to better contextualize this moment and how it helps illustrate the various factors that influence a woman's categorization as worker, sexualizable, and/or marriage material. My friend and I were two of a few black women visiting the beach for enjoyment. The other black women at the beach were working, often selling handmade wares, hot cheese, seafood, or sunscreen.[44] Our presence on the beach then made us somewhat of a novelty-were we famous? Were we rich? Were we foreign then?[45] More important, this beach was known for the large number of tourists that visit there and the ensuing trend of Brazilian men and women who come to the beach "hunting *gringos/as*" to marry/sexually liaison with, as a way to leave or temporarily improve their poor living conditions. My first experience on this particular beach had been back in 2001 with a lighter complexioned friend. That time I had been completely ignored, mistaken by the white Brazilian male hitting on my friend as her maid, a typical black Brazilian maid. So I had been shocked this time around when this guy approached us. Though generally speaking, I could

blend and pass as a Bahian woman, this time with my locs,[46] I stood out a little differently than my first time to Brazil. My presence with another black woman about my color also left little doubt as to whether I was anyone's maid. Since the last time I had been in Brazil in 2003, there were significantly more people in Salvador that were willing to identify themselves as black and openly express interest in black women. Paulo's liking of black women and the whispers as we walked along the beach, especially as we were with a friend who was white, demonstrate some of the ways that black women can be openly sexualized.[47]

Varying factors such as beauty, class, citizenship, and body type (in this case), come into play in everyday encounters of racial play. My black friend and I, and much more so my friend, have looks that can be read as African and not just black. My friend is of Ethiopian descent and stands out more in Brazil. Brazil had few Africans from that part of Africa in their gene pool. My keeping company with this friend, at the time of day that we were at the beach may have contributed to our being read as worthy of receiving catcalls and undivided attention. It became apparent during our time that our beauty was recognizable as beauty and sexualizeable by Brazilian men.[48] Since we were going to the beach, we wore beachware, which allowed some glimpses of our bodies as we walked, and certainly once we sat down to sunbathe and were only dressed in the Brazilian barely there bikinis. These factors of beauty, foreignness, and body type mediate our darker skin and kinkier hair, especially mine, to move us away from being identified as *pretas.* It allowed us to be *negras bonitas, gostosas*, and not mistakable as sex workers, which is an important distinction. It is often the case that black women, even the beautiful ones and many times foreign ones, are assumed to be prostitutes or sex workers or open to sexual liaisons that involve the exchange of gifts, travel, and other perks for the woman. The time of day that we were visiting the beach, our different names, lack of preoccupation with the cost of things we

purchased on the beach—hot cheese, seats with umbrellas, drinks—ownership of different beach gear, conveyed a membership in a class that could be desirable to a man lucky enough to liaison with one of us, whether in the form of gifts, or even better, being taken out the country abroad. In other words, we couldn't reach whiteness but the combination of beauty, foreign citizenship, higher class status meant we could become marriageable for a certain class of men, even if only temporarily. In other words, we could be beautiful.

This is not necessarily the case of many black Brazilian women due to the citizenship question and way that poverty is so intertwined and linked to blackness, but is still illustrative of the aspirational pull of beauty. There were many other occasions with beautiful black Brazilian women friends of mine in which they were able to be read as sexually appealing. Those in the middle class had even more possibility for approximating the status of *morena.* The fieldnote experience serves to illuminate the way that a beautiful black woman, exhibiting a level of access to disposable income not often associated with blackness, becomes an exception/an exceptional case, sometimes even in spite of physical traits that mark her as very far away from whiteness. To be clear, this is not an argument in support of the Brazilian notion that "money lightens"[49] or "whitens", a circulating discourse that posits that the more access one has to disposable income or the higher they move in class, they can become white, regardless of their actual skin color. Rather my argument is for the way that beauty can move a woman away from blackness as ugliness, poverty, and manual labor towards a blackness that is sexually appealing and consumable. This example highlights how other factors, such as class, can shape the social movement of the black female body and the way these other factors can shape how the black female body can be consumed.

This is not only an upward movement that is possible to black women. White women can also move, albeit downward, to be sexualizeable. Though I am not aware of any such hierarchy characterizing men and their social status and attributes, men are also able to manipulate and sexualize themselves through a browning of themselves or allowing a woman of interest to brown them.[50] Beauty or aesthetics work somewhat differently when thinking of the move downward for white women, but are linked to a legacy of gendered and racialized hierarchies as a basis for societal structuring. Caldwell describes these gendered and racialized hierarchies functioning contemporarily to classify women through the dissection of their bodies and attribution of "certain physical features to the category of either sex or beauty" (2007). Caldwell continues by pointing out that the features assigned to beauty are those of "skin color, hair texture, and the shape and size of the nose and lips" while the features of sex are the "breasts, hips, and buttocks" (2007). Within a society in which the European standard prevails, Caldwell describes black women as traditionally having been defined as "sexual, rather than beautiful" (2007). Williams, through an exploration of sex tourism in Brazil, points to the creation of a racial hierarchy of desire in Salvador, in which the standard of beauty continues to privilege whiteness and "the standard of sensuality privileges women of African descent" (2013; Williams, 2010). The corporeal ideal which favors, "large hips and buttocks, and a narrow waist, with little attention to breast size" (Edmonds, 2010, quoting Hanchard) or "Brazilian preferences for large buttocks reflect long-standing processes of racial intermixture premised on the sexual objectification of black women. Both discursively and in practice, buttocks function as a key signifier of female sexuality and womanhood" (Caldwell, 2007). Williams makes an important distinction in relaying the different experiences of two women in Salvador, a black Bahian woman and a white foreign woman. While black Bahian women are assumed to be sexually

available by both foreign and intra-national tourists, white foreign women can also be assumed as sexually available (2013). Williams' analysis reveals the way that a foreign white woman's sexual availability is drawn not from an "innate" characteristic about her, as is the case for black women, but rather on an assumption that she and other "white foreigners are seeking black eroticized bodies" (2013). But for the white Brazilian women or Brazilian man, not necessarily assumed to be looking for black eroticized bodies as part of a sex adventure, movement to be sexualized, to brown oneself, can be negotiated through different sets of aesthetics and practices.

The indigenous looking guy, Paulo, from the fieldnote above, may have come to "feel black" for a variety of reasons, some of which include having experienced racially motivated discrimination.[51] Another reading of his black sentiment may have been an attempt to be read as sexually desirable by two black women, possibly assumed to be looking for exotic Brazilian black men. Of importance though is the embrace of blackness by someone "obviously" not black. I will not focus on the "feeling" aspect of Paulo's commentary in the dissertation,[52] but find his ability to unproblematically admit to his heritage, as one that does not include African or black blood, and yet claim a feeling of blackness as worthy of inquiry and analysis. His "feeling" of blackness is sufficient to make him identify as black and in some ways, then, become black, for himself and non-black tourists. His skin and hair aesthetic, skin that could never be classifiable as white but not so dark as to still carry enough exotic appeal of brownness and straight hair, meant that for tourists both from outside of Brazil and within, he could be an aesthetically pleasing black man in Salvador. Paulo as black, ties into the logics and circulating discourses of Brazilians as inherently mixed, racial democracy, and Salvador as the capital for blackness and Africanness. His declaration of blackness serves to remind us that though I will talk about race in reference to those unable to escape their blackness, there is still this

slipperiness in race, in this case, a muddying that comes from below, so to speak, and not from above. I am referring to the way those that do not have to identify as black and would not necessarily be marked black by those with authority, can voluntarily mark themselves. And do so in spite of the warnings against the various ways of darkening oneself.

Figure 2. "Go Young Girl! Go Young Girl! Virgin Maria Young Girl? Virgin Maria Young Girl? You fucked yourself young girl? Nobody tells this part of the story huh?

The image above of a young sexy blond white girl depicts what I would argue is the fear of the white girl or woman who is able to move down towards brownness, literally and figuratively. In the first image, she is shown with the characteristic Brazilian ideal body, albeit white and blond. With her small waist, thick thighs, and presumably a big butt, and little to no clothes to show it all off, her body allows a sexualizing. She can become a *loira gostosa*/sexy blond. In the second image, without any ring of marriage, society laments that the young girl has become pregnant. It is not known what the child will look like. It is not clear who the father is just yet and she is alone. But in the last image, it becomes clear that she has gone down the ladder and produced a black, ugly, margin[53]al child. The young girl now looks incredibly worn out, overweight, sagging breasts and is marked with a long obscenely crude caesarian scar, which is striking because the scars from having given birth through caesarian surgery are usually not visible at all. And this after only one child—the utter destruction of her body and appeal after birthing a black child seem akin to the fears about the destruction of the social moral fabric with the birth of black children. Though she herself does not become black, she must walk around with her black ugly marginal child, which serves to darken her if not by revealing the truth about her sexual relationships and/or betraying the existence of a black ancestor in her lineage.

Lucia, a dancer from Belo Horizonte who was living in Salvador while I was there had expressed her concerns about having a black child. Lucia, who was dark-haired and looked much like the originators of the non-Brazilian dance style she practiced, had expressed to a mutual friend that she didn't want a black child because life would be difficult for him, "what with racism and all." But, Lucia had no problem sleeping with and dating black men, to the point that her family was telling her that she wanted to be with a black man. Our mutual friend lamented that this was the way it was, okay to sleep with black men/black people but to have a black child

with them was another thing and not always as desirable. In other words, consumption could be tolerated as long as it did not lead to reproduction. Lucia would later travel abroad and have a child with a white partner. Though I have talked about the mulatto woman as the body for fornication, it becomes obvious that it also is the case for mulatto and/or black men.[54] Their bodies hold the potential for polluting through the production of black or too dark mulatto babies. These sexual liaisons may also reveal the black ancestor that discursively is salient but materially should stay hidden. In other words, sexual liaisons may unveil those dark black ancestors that many white Brazilians have worked hard to cleanse from the phenotypic expression. These sexual liaisons may also serve to hide black ancestry, as was the case for another friend, Gabriella.

I read this friend, Gabriella, as *morena* because she had incredibly light, pretty much white, skin, and smallish facial features-nose and lips-but she had the Brazilian body, thick thighs, a big butt and hips, small waist and curly hair.[55] I would later meet her sister, who straightens her hair. Gabriella came up in discussion one day about a photo I wanted to recreate. My friend, Iara, asked me why I had included Gabriella, since the photo was of black women. I responded that I wanted to include *morenas* also.

Iara: "But she's white." (Iara knows Gabriella and her family much better than I do so I was shocked.)
Ugo: "How is she white?"
Iara: "What is she then if not white?"
Ugo: "*Morena."*
Iara: "No. Her mom is white. Her dad is white. So she is white. There is no black or *moreno* there. Though she would be happy to know that you thought she was *morena.* She wishes she was darker."

Later when I interviewed Gabriella and her mother, they both identified as *parda,* the official category for the idea behind *morenas.* Later on, in another setting with a different set of friends who happened to know the man that Gabriella was dating and had a child with, they

classified Gabriella as white. They explained that there had been some grumblings by some of the more radical black activists about the level of consciousness of Gabriella's partner. The radical black activists faulted him for having a child with a white woman, Gabriella. Gabriella would pass by my house much later on to pick up some things. We started conversing and she made reference to herself as a white woman. Besides again demonstrating the unfixable nature of race,[56] it serves to demonstrate 1) attempts at a browning of oneself, 2) push back against the browning of "whiteness" by those without choice in their own browning, and 3) the way that children may not help in the browning of a woman. In the case of Gabriella, though she has a child with a man considered to be black,[57] the aesthetics of her child, who is also very fair-skinned with dark brown curly hair, doesn't immediately indicate blackness. This is a case in which a white woman has the right combination of features and aesthetics to allow her to move downwards, and may do so successfully with the men, but receives push back from black women. The process and consequences for browning are different and not always successful. The failures to brown or be read consistently as brown also vary and have differing results and recourse. Browning or blackening of whiteness still has the power to invoke fear, vehement refusal and backlash against it, while beauty's ability to serve as a kind of move or escape away from blackness to brownness is less fearful. Beauty and reproduction still hold the possibilities for a move towards whiteness but may not always be desired.[58]

The Black, The Ugly, and Perpetual Racism

These questions of blackness, beauty, desire, and reproduction remain significant and complicated. Sexual relations were and continue to be important to modernity, nation-building, and the anxieties surrounding reproduction (Pigg & Adams, 2005). As I mentioned above

already, the end of the 19th century and early 20th century marked the period of the project of whitening and growing the Brazilian population. The discursive moves away from scientific racism in Brazil meant that the need for certain types of reproduction were no longer necessary, primarily those that would produce blackness or brownness from whiteness. Lucia's fears about having a black child, the cartoon in Figure 2, and the black radical community's reluctance in recognizing Gabriella as nonwhite, illustrate that the production of blackness, from a white body is viewed as undesirable, unnecessary, and the path to spoil, physically, socially, and aesthetically. As Joanne Nagel points out, "ethnic boundaries are also sexual boundaries" as they join together in determining who is included and excluded, distinguish between pure and impure, shape views about ourselves and others, our sexual desires and notions of sexual desirability, even as their connection is often hidden (2003). She further posits that sexuality is an important factor in the erection and defense of ethnic boundaries, manifested in "patterns of dating, childbearing, marriage and sexual relations…as well as in sexual cosmologies" (Nagel, 2003). In this way, ethnicity has the capacity to sexually repel and attract as sexuality has the power to serve as an instrument of racial formation (Nagel, 2003). As a blonde-haired, blue-eyed researcher stated at the Congress for Black Researchers, she felt black because she had married a black man.

So while some women weigh the consequences of marrying and birthing blackness or brownness, others bemoan the desire to birth black families and the lack of opportunity. A friend's reflections after a night out repeated a refrain heard by many black women, socially and as topics of research at academic conferences I attended. My friend Carla and I had come back from celebrating *Ilê Aiyê's* 38th anniversary. *Ilê Aiyê* is an Afro-Brazilian group that was founded in the largest black population area of Salvador. They work to raise consciousness, pride, and

celebration around blackness. They did this by their participation in carnival, providing a *bloco* upon which blacks could participate, creating music, costumes, and *bloco* themes that celebrated blackness and African heritage and starting their parades from the community in a such a way that made it possible for the community members to participate in carnival despite income. They also host an annual competition that celebrates black female beauty. Carla lamented to me that despite all the work that *Ilê Aiyê* had and continues to do to improve the self-esteem of the Black population in Brazil, "Black women learned to live with *solidão* (loneliness). Not because we want to or like it but because it is the reality. Black men often don't want to create families with us." She continued that black men preferred women that had European features or white women.

> "There are few that actually want to have families with us. But we want to have children and families with them. And others call us racist for having this point of view. Why didn't they say anything about racism when white men said they wanted white women to marry? Don't I have a right to my preferences or to say that I want to be with a black man? People say, 'Oh but love has no color'. Love is supposed to be this emotion. But it is also social, political."
>
> —Carla, November 2, 2011

So Carla chooses to be with black men not because she doesn't also experience interest or passion for white men. White men also find her attractive and she has had sexual experiences with them. Her choice to be with black men though is also a social and political decision. "I want to be with a black man so that we can keep reproducing ourselves." But even for her, a fair-skinned, very pretty,[59] slim, and intelligent academic, this was proving difficult. She pointed to our *Ilê Aiyê* experience as one example of many similar ones. "How many women, all beautiful, educated, black women had gone out that night and how many of us had any sort of interaction that might have had some promise of hope?" By promise of hope, she was referring to the possibility of something beyond a night of passion. There had been six of us, one of whom is practically married. She left early. Of the five of us that had stayed, only two had found men interested in them by the end of the night. One of the guys had been a guy from the past. The

other guy was a mutual friend of one of the women and she had introduced the two hoping that something would happen—something more than a night of passion.

Carla helps to frame how the decision regarding who one decides to date, marry, and/or reproduce with becomes a question of politics—the ability to reproduce one's self, in terms of race. She reveals how this is complicated for black women who are deemed outside the ideal woman for creating families. Many of the women I spoke with, felt that motherhood was an important aspect of womanhood. Their ability to fully enact and experience themselves as women, through sexual pleasure, male companionship, and/or reproduction, was compromised by the complicated politics of ascription in relation to color, beauty, class, and mobility. As black men couple and reproduce with white women, mulatto babies can still be produced, and bestow a sense of status upon a black man, one not as easily negotiated for black women. Often, the mulatto babies can negotiate being read as white. The trend of rich, successful black men marrying a white, often blond woman, as the final sign to show that he has arrived socially, continues and can even be seen among the lower classes. Because men also suffer being mere sexual adventures for white women, when they can convince a white woman to marry them, it is considered a feat overcome and can be a source of immense pride. For black women, who according to the hierarchy is not for marrying, being able to marry a white man doesn't convey the same sort of accolades. Their relationships are often viewed skeptically and as illegitimate, based on the assumption that the relationship started off as one where sex was traded for money and/or gifts.[60]

The functioning and impacts of racism in Brazil, especially for black woman, still seems to misrepresent race relations and their links to sexuality. A famous doctor had this to say:

"And that of race, look daughter, dude that doesn't like blacks shouldn't live in Brazil. You have to like blacks, understood? You have to be able to sleep with one, have a *negra*

girlfriend, have sex, like the person physically, understood? Sit a baby on your lap and kiss the baby. The people that live here and do this are happy. That's why we have so many *mulatos* here. Because we already mixed, before we mixed. Here is a very mixed civilization, understood? Our composers, the majority are blacks. And we samba with them, dance with them. Here, we don't have that no. Now, you can have a youth that gets into an argument with a black kid and calls him *negro* and he is offended because he was called *negro.* He should turn around and call him *branco!* There, call him names, *branco*…that's why I raised a *negro,* put him in my house, he slept next to my son who was the same age as he, and they were raised together. They went to school together, understood?...this thing of racism is always going to exist because it's a cultural thing. If there is culture, there is no racism. The more educated a person is, the more he knows that we are all human beings. And period."[61]

—Dr. Magalhães

Racism in a Place Without Racists

I went to Dr. Magalhães' clinic to interview him as he is a well-known and influential medical practitioner and innovator in contraceptive technology and understandings about the female reproductive system. He talked to me about his practice, some of the issues he had faced and criticism lobbed at him, especially from the black activist community. I asked him a few questions that I had felt had implications for him and his work. One had been about the question of racism. Dr. Magalhães links racism to ignorance and a lack of culture. What culture means to Dr. Magalhães was unclear. His linking of racism to ignorance, or more specifically lack of education, is telling in a country where the majority of those who are not educated are those who suffer the most discrimination and acts of racism. When they do denounce acts of racism, they are often accused of inventing it, racism being a thing in their head, racism only existing as a problem because the victims talked about it. Frequently, the victims of racism are called the racist for pointing out the operation of race and racism in their society. Dr. Magalhães implicates himself in the subtle perpetuation of racism that many Brazilians participate in. In his attempt to explain why and how one can come to like blacks, and evidence that this happened also in the past, he reduces blackness to a conquerable and knowable thing through sex. He turns the black

woman's body and physiology into an instrument of scientific labor for the state, her body producing the physical "data" and proof of the absence of racism, through her mulatto child—proof that someone white was able to engage in sexual relations with her.

Dr. Magalhães' linkages of black and brown bodies of women and sexual pleasure is not unique to him and continues from the past. We see it in advertising, media print, and television casting. One controversial advertisement that was released while I was in Brazil makes this explicit link between the availability of black and brown female bodies for the fulfillment of one's sexual pleasures.

Figure 3. Controversial ad that says, "It is by the body that you recognize the true negra."

As one of the writers criticizing the advertisement put it, "The black woman is still seen as a mercantile part. The propaganda sustain this thingification. We are not recognized as thinking,

but as walking bodies for satisfaction." The woman in the ad's seductive and sexual posing and look serve to illustrate the ideal body of a "true" black woman, similar to that of the beer bottle and to entice and invite one to sexually explore her as a way to get to know her. She is also beautiful. What is conveyed is that merely through sex, physically liking them and anything related to a seeming appreciation or comprehension of them through physicality can bring about an understanding, a tolerance, and a liking of blacks, at best. The warning to drink in moderation, is a reminder that such indulgences and consumption should not be partaken of in excess. Consumption can and should only go so far.

Salvador is the largest tourism destination in the Northeast and the third largest in the country (Williams, 2010). Williams further points out that black culture, in Bahia "…is *for* sale and *on* sale: it is cheap, accessible, hawked on cobblestone street corners, and priced to sell quickly"[62] (2010). This notion of blackness for sale and on sale, gets transferred to women's bodies in the form of sex and/or companionship. In Williams' further discussion about Salvador in tourist propaganda, she highlights how the city is represented as "the most hedonistic part of Brazil" (2010). Williams' work focuses on another moment when again, the black and brown bodies of women and to a lesser extent men, are made to do work for the national and state interests, this time to entice tourists. She and other authors point to the ways that sexualized images of black women offer a glimpse of what tourists can expect to see, hear, taste and touch, associating their black bodies with nature through images of close ups of black women's butts on the beach in their small bikinis, muscular black men playing capoeira or black women dancing samba (Williams, 2010; Pinho, 2004; Sansone, 2003). Further reinforcing for both national and international tourists to Salvador that these women and their bodies are always already sexually

available. And again the importance of the black body as a way to interact, understand, like, and experience blackness.

Carnaval presents another good moment to see the functioning of this national imaginary about black and brown women specifically and black and brown people more generally. The differential constructions of the roles of black and white women serve as the window through which we can see this play out. I spent my first *Carnaval* in Salvador during my year in Brazil and was struck by the stark difference in imagery during that time in comparison with other times of the year, like Christmas or Mothers Day. *Carnaval* is high season for tourism into the country, in general and Salvador, including sex tourism. *Carnaval* was one of the few times when the images of women used for advertising the event were exclusively or predominantly those of black and brown bodied women, usually in poses that conveyed the availability and readiness of such bodies for consumption.[63] Outside this celebration of carnal indulgences, pleasures, desires, and other interruptions of the norms, rules, and structures of everyday life, despite being in a city that is well-known for its majority black and brown population, white women predominate when it comes to advertising family, motherhood, beauty, virtue, and overall positive and respectable womanhood. In spite of the joke of the nonexistence of "real white people" in Brazil, these white women featured are often reminiscent of Brazilian supermodels Gisele Bundchen, Alessandra Ambrosio and Adriana Lima.

The black woman, if unable to couple and reproduce with black men, then stands to serve as the bodies with which white men and other foreigners can dance, samba, sing, and fornicate with. If reproduction does happen, it is an unplanned for eventuality that the black woman sorts out how to deal with. This had been the case for one of the women I interviewed. She had never wanted children as she wanted to pursue an acting career. A sexual relationship with a French

man left her pregnant with twins. The French man wasn't interested in having his life inconvenienced by the arrival of twins he had not planned for with a very fair-skinned woman who identified herself as *negra* to me. He had advised her to abort and left the country. She, feeling alone, but comforted with growing twin girls in her belly, decided to go forth and have and raise her twins, alone.

The notion that one shows a tolerance or liking of the other, in this case, blacks, through sex, taking them as girlfriends, liking them physically, can have painful consequences for black women, men, and children. Dr. Magalhães' solution for resolving the abuse of a black colleague by his white colleague demonstrates a failure or refusal to understand how racism works. His solution somehow equates a black child being offended by being called *negro* with the possibility of calling a white child *branco,* as an offensive act. No one white in Brazil is going to ever be offended when called *branco.* The fact that the term to describe one's race can also serve as an offense, eludes consideration and analysis by Dr. Magalhães, who believed or was feigning ignorance of the different values and weight of the terms in question. He fails to understand the role of power in how racism functions and thus the inherent problems in his offered solution for a black child to negotiate being called his race, as an offense of his person. Further it reveals flaws in his and Brazil's heteronormative solution for dealing with blacks, through sex and taking them as lovers. In his very own clinic, sex or a physical liking of black people's bodies would not erase the social inequalities replicated there.

I met with the social services worker at the clinic to discuss my ability to come and visit the facilities and learn more about the contraceptive services they provided to the community. As we talked, she informed me that in order to make the best use of my time, it would be best to come for the lectures they provided to community members coming in search of a contraceptive method. I was to arrive by 7:30am for the lectures to begin at 8am. For those seeking a contraceptive method, the process entailed their attendance at the lecture early in the morning. After the lecture, they would choose the method they want and then have consultations with

social services, doctors, and nurses to determine the best method for them. Often by the time I arrived, people looking for contraceptives were already in the waiting room. Doctors and social service workers often came much later, after 9am, sometimes even later. The doctors and social service workers were white or considerable lighter and with European features compared with the community members who arrived early in the morning and those employees who had to arrive before 9am, who were Moreno or black. I often found myself wondering about the people who were in the clinic early in the morning to attend the lecture or meet with the social service worker who was an hour late; where had they come from, what about their jobs? I was lucky enough to live a short uphill walk away from the clinic. I wondered who they left their children with.

-Fieldnotes from April 2012

The social inequalities in Brazil mean that even in a city known for its large black population and a neighborhood that is predominantly black, the clinic serving many of the contraceptive needs would have no black medical personnel, whether doctor, nurse or social worker. The black or brown employees all held lower paying, low-level jobs, such as receptionist, the contraception lecturer,[64] cleaners, and other such labor intensive positions. One morning, as I waited in the hallway with other women, I overhead one woman explaining to her friend her preference for the doctor to see that day. She explained that the doctor who had brushed by us all without acknowledging the presence of anyone, was a racist doctor from São Paulo who mistreats the people who come to the clinic. She wondered why, if he didn't like a *gente,*[65] the doctor had agreed to come and work in a place that served such a demographic. Poor treatment experienced by black women at the hands of doctors was a common theme that was attributed to elitism and class, but rarely to race. It is hard to not take seriously the question of race, particularly in light of such grave disparities in who practices medicine and who receives care, especially state funded care. It is often poor, black, female patients interfacing with predominantly white, upper-class physicians.[66] Dr. Magalhães' trivializing of racism in Brazil

and the way that it can be overcome is troubled by the experiences of women within his own clinic.

Further comments by Dr. Magalhães himself serve to confirm the subtle ways that racism permeates the social fabric of Brazilian society.

As I was leaving his [Dr. Magalhães] office, we were still conversing. He [Dr. Magalhães] gave the example of black men producing more testosterone because they are more sexually active. And that made them have higher rates of prostate cancer than white men do, according to Dr. Magalhães. And though through medical studies (Tsai, et. al., 2006; Ellis and Nyborg, 1992; Ross, et. al, 1986) , it seems that this higher level of testosterone in black men is true, the link to the cause by Dr. Magalhães as a result of more sexual activity was not necessarily supported by the research. It is striking that the example Dr. Magalhães chose to use, draws upon and also reinforces a hyper-sexualized understanding of black masculinity or the black man as always already hyper-sexual. There are countless other examples that Dr. Magalhães could have used that do not reinforce male blackness in particular as excessively sexual, such as incidence of sickle cell anemia, high blood pressure or diabetes. His presentation of the information regarding testosterone levels in black men also seemed committed to making the connection with black men's sexuality. More importantly then, his commentary contrasted so drastically with the way he characterized blackness and whiteness when I questioned him more. I had responded to his report about testosterone levels by stating, "But that's the thing because what is black and what is white? What makes a person black and what makes a person white?" He responded, "Here what makes you white is being rich and what makes you black is being poor." He finished by telling me to go get some money together so that I could become white.

—Fieldnotes, May 7, 2012

On the one hand, Dr. Magalhães links race to a particular health outcome, though the very association he makes to explain the "biological" difference is reliant on a particular construction of blackness as hyper-sexual, which seems not true through the same scientific methodology that discovered the health difference—disparity in testosterone levels. But he then constructs blackness and whiteness as mere social constructs related to one's ability to access certain levels of disposable income. Unfortunately, both his logics depend upon and reinscribe racist underlying scripts. The second notion constructing blackness and whiteness through class refers to a pervasive logic in Brazil that I referred to earlier—the notion that money whitens—

despite having been proven a fallacy many times over. This logic operates by minimizing and/or denying race as a significant factor and focuses on poverty and one's class as the only factor important in evaluating one's social position and treatment. Racism is embedded in a logic that must always associate blackness with sexuality in excess (or deficient when blackness is desexualized such as in the figure of *mãe preta*-mammy-the working class laborer whose reproduction is a threat). This association is often linked to biology as though to mark an inherent essence. Further, racism is also embedded in the logic that associates whiteness with wealth and blackness with poverty while also naturalizing the relationship, ignoring the history that allowed for such a relationship to develop and failing to identify the structures, attitudes, and practices that allow it to flourish and be sustained.

This association or disassociation or perhaps better stated, manner of relating in terms of race, is shared across the classes and races. As I explained above, Brazilian national identity builds off a notion of mixedness. Elane, a black activist in Porto Alegre, explained the way this construction of national identity ties into the ways people then talk or don't talk about race.

"Because in reality, the Brazilian is not white, he is not black, he is not indigenous. He is *mestiço.* This is the true Brazilian. So from there, you create this ideal—that we don't, don't talk about race in Brazil and really, ??? don't talk. Because it doesn't exist because everybody believes so much that Brazil is *mestiço.* So, in the limits/boundaries, whites, blacks and Indians don't exist. In Brazil. In the imaginary and in the, in the discourse, not much. In practice—no, there's a politician that one time said, in practice, it works like this: there is no racism because blacks know their place."[67]

—Elane, black activist in Porto Alegre

What Elane then is stating is how this ideal of Brazil as a mixed nation functions within Brazil to disallow discussions and denunciations of racism. Those that are oppressed don't speak against their oppression because of the way these relations and oppressions are naturalized and hidden behind the illusion of inclusion through a discourse of a mixed society. Thus their oppression is because they are poor or it is their destiny or their own fault or non-existent. And everyone has

learned the discourse and when to use it. One of my younger black, female interviewees had stated that Brazil, like any other nation had racism because racism exist everywhere in the world. Thus, in comparison with the rest of the world and thus, like the rest of the world, there was racism in Brazil. Yet, she later repeated the national discourse about Brazil:

"A gente não tem distinção de pais de cor, de raça. A gente aceita tudo de braço aberto./We don't have distinctions by country, by color, by race. We accept everything with open arms"

—Bruna, age 19

The absence of explicit laws that encouraged segregation, discrimination, and racism as was the case in the United States and South Africa, coupled with discourse of mixture and a celebration of brownness, has fostered the entrenchment of an insidious form of racism often hard to pinpoint, even for those suffering from it. The countless stories of black apartment owners or tenants being asked to use the service elevator to go to their apartments[68] or the experiences of black parents out with their lighter complexioned children who are then assumed to be in service of the youth, demonstrate this racism at work. Often this racism is synonymous with beauty. In advertisements for employment, one can still find a call for "good appearance"*boa aparência* or sometimes they are more explicit and outright ask for light skin.[69] The vicious attacks on foreign students from African countries that come to study in Brazil, which often go unpunished or the suicides of black Brazilian students who succumb to the verbal abuse by university colleagues and professors who question their right to be in those settings, get reported as exceptional cases. These are often the sensationalized cases that make it to media attention, masking the everyday countless other ways in which racism functions and kills the black population with impunity.[70]

SOCIEDADE

Pesquisa mostra que, anualmente, para cada branco assassinado, 2,3 pretos ou pardos são vítimas de morte violen
as cidades do Entorno do Distrito Federal estão entre as 60 piores. Ministra relaciona índice à ausência da polícia na

Negros são princip alvo dos homicídio

» RENATA MARIZ

A violência no Brasil tem cor. Em números absolutos, proporcionalmente à população, considerando qualquer ano como referência, negros são sempre as vítimas preferenciais dos homicídios. Enquanto a morte violenta de brancos no país caiu, entre 2002 e 2010, de 20,6 para 15,5 por 100 mil habitantes da cor, entre negros o índice subiu, passando de 34,1 para 36. Ou seja, anualmente, para cada branco assassinado, 2,3 pretos ou pardos perderam a vida pelo mesmo motivo. No início do período analisado, morriam 65,4% mais negros do que brancos. Essa proporção pulou para 132,2% em 2010. O Distrito Federal ocupa a sexta posição no ranking da letalidade contra negros. Cidades do Entorno da capital estão entre as 60 piores. **(veja ilustração).**

Os dados constam do estudo Mapa da Violência 2012: a cor dos homicídios, divulgado ontem na Secretaria de Políticas de Promoção da Igualdade Racial (Seppir), ligada à Presidência da República. A pesquisa usou informações do Ministério da Saúde de 2002 a 2010, base mais recente da pasta sobre a mortalidade no Brasil. Luiza Bairros, ministra da Seppir, afirma que os bairros periféricos, onde está grande parte da população negra, sofrem com a falta de serviços básicos, como educação e saúde, e a ausência da polícia. "São áreas que recebem menos atenção da segurança pública ou recebem uma atenção discriminatória, porque não são raros os casos em que a polícia entra em favelas para cometer abusos", afirma a ministra.

De acordo com o pesquisador responsável pelo estudo, Julio Jacob Waiselfisz, os índices são alarmantes, não apenas porque supe- só tem aumentado", diz o pesquisador. Segundo ele, essa discriminação tem a ver com as condições desiguais do país. "O Estado oferece o mínimo de benefícios sociais para a maioria. Os que podem pagar vivem melhor. É assim com a saúde, com a Previdência, com a educação e, agora, com a segurança", lamenta.

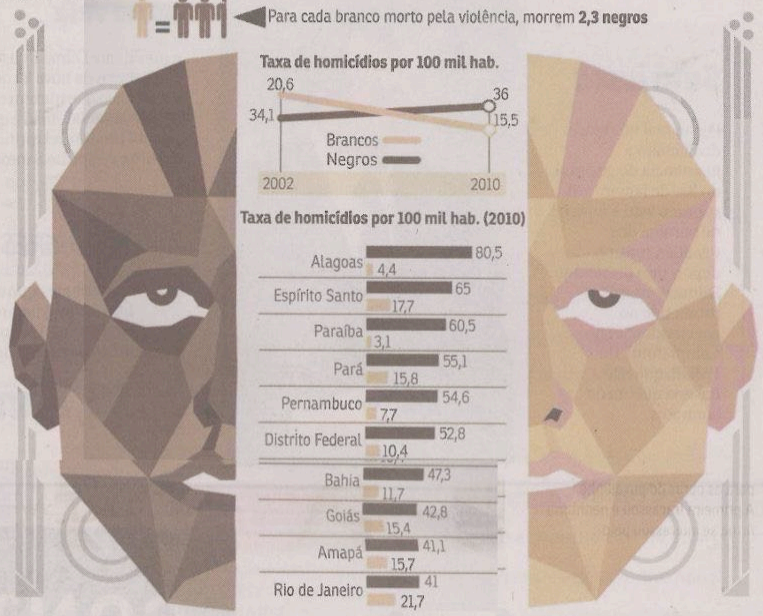
Ele acrescenta ainda a existência de uma cultura da violência que permeia sobretudo as camadas mais desassistidas da população. "A própria mídia presta mais atenção no assassinato que atinge o branco na área nobre do que contra três negros mortos na periferia. Tudo isso faz com que as áreas mais pobres recebam menos investimentos", comenta.

> **"São áreas que recebem menos atenção da segurança pública ou recebem uma atenção discriminatória"**
>
> *Luiza Bairros, ministra da Seppir*

O fenômeno da letalidade na juventude se acentua quando analisada a questão da cor. A partir dos 12 anos, a taxa de homicídios de brancos passa de 1,3 para 37,3 em cada 100 mil habitantes da mesma cor, aos 21 anos. No caso de negros, o índice sobe, no período etário, de 2 para 89,6. Se na população total morrem 36 negros por 100 mil habitantes da mesma cor, entre os jovens, a taxa é de 72 assassi-

Violência que tem cor

A taxa de homicídios de negros é quase o dobro da registrada entre brancos. Disparidades se acentuam ao longo do tempo:



O Entorno no mapa

Seis dos 60 municípios com os mais altos índices de homicídios de negros estão na vizinhança do DF. Confira:

As piores no Brasil

Veja as cinco cidades com taxas mais elevadas

1º Ananindeua (PA) 29,3 198,8

2º Simões Filho (BA) 97,8 177,8

3º Cabedelo (PB) 8,8 159,4

Figure 4. Newspaper article titled: Blacks are principal targets of homicides

The consequences of a denial of an insidious antiblack racist foundation underlying Brazilian society are borne disproportionately by the black population. This newspaper article points out that blacks are the primary targets of homicides, where annually, for every white person killed, 2.3 black/brown people are killed. Also, between 2003 and 2010, the number of white violent deaths dropped while the number rose of black and brown people. The newspaper article goes on to explain that the periphery neighborhoods, where a large part of the black population lives, are described as lacking basic services, education, health, and the presence of police. These areas were described as "receiving less attention in public safety or receiving discriminatory attention", discriminatory because when the police do enter these neighborhoods, they do so to abuse. The homicide rates are alarming not only because they exceed what the World Health Organization has deemed as the limit, after which it constitutes an epidemic, but also they are evidence of a worrying historical legacy that only seems to be increasing, more black deaths. The researcher related to the study, Julio Jacob Walselfisz, was quoted as saying, "The state offers the minimum of social benefits to the majority. Those that can pay, live better. It's like this with health, with *Previdência*, with education, and now with security."[71] The majority is black, brown, and poor. There is no aesthetic of beauty that saves one from state-sanctioned violence and death. So where before I discussed the way that beauty can help one to navigate away from blackness, racism functions in part by violently reminding and navigating the beautiful one back to blackness when deemed necessary. Those unsure of their blackness or if black people do exist in Brazil, are told, "If you want to know who is black, go ask the police. They'll show you who is black." But without having conversed with the police, one can look at their carnage, especially in the peripheries, to see who is black. Much like the days of slavery, if

one can not be instrumentalized into a system in which their labor is productive and their bodies docile, they can and will be exterminated, easily replaced by another.

Conclusion

It should be clear by now then that my thinking with beauty and desire is not to intimate that the *preta* has found a way to escape the social place of cooking and manual labor, as indeed she has not. The lowest ranking jobs, those most resembling the work of the earlier enslaved Africans, such as domestic help and cleaning personnel, continue to be occupied by black women, those often deemed too *preta,* whether it is due to skin color, hair texture, width of nose, thickness of lips or not having *boa aparência* (aesthetically unpleasing). Caldwell's description of the place of women during the colonial period in Brazil is telling in the ways that not much has changed. White women continue to epitomize the ideals and norms of womanhood and femininity, to which I would also add motherhood, particularly good motherhood. Black and brown women continue to be excluded from these ideals, serving to maintain white and elite Brazilian white households and the Brazilian economy through their manual and sexual labor. As Caldwell points out, their importance to the nation's formation and maintenance over the years has been "because their labor has ensured the well-being and survival of the white population" (2007). They continue to fulfill the desires and needs of the white population (Santana, 2011; Caldwell, 2007;) and those of foreign tourists as well. A women's day commercial as recent as 2013, depicted a white Brazilian woman being dressed and catered to by black hands. The black domestic maid's body needed not even be present, just the parts of her body that served her white employer. Furthermore, the audience to whom the commercial is catering is clear and affirms who the Brazilian woman is imagined to be. Beauty in whiteness

then is assumed and can be cultivated and sustained. A beauty that is elegant, refined, and often demonstrated materially. Labor and sexuality are assumed already in blackness, to be extracted, exploited, and discarded when done.

My interest in this adage about the roles of women—for marriage, fornication, or work--and the imaginary of the bodies of black and brown women and their always already sexual availability is in terms of reproduction. The adage is explicit, as is the public and private discourse, in the ways that they valorize and prioritize whiteness as the ideal for womanhood, femininity, beauty, motherhood and reproduction, both physical and social. Thus, white women are allowed and encouraged to reproduce, a legitimate reproduction that is considered beneficial and good for society, as it is to occur within the institution of marriage. It is not stated that white women are to reproduce but it can be implied that within the confines of marriage, one will reproduce, thus the white women is to be responsible for the proper reproduction of society. An analysis of the São Paulo based magazine *Pais e Filhos,* found that no pictures of black children graced the cover of the magazine in the last 13 month, despite Brazil being a country that is 51% self-identified as *negro*. The writer of the critique of the magazine pondered, mockingly, that maybe no black children had been born in the last year and a month to be able to feature them on the cover. The author of the piece pointed out that the *fofinhos*[72] that were on the cover were not only white but more specifically blond with light-colored eyes. Certainly, a violent message about black existence and reproduction can be read from this "oversight" on the part of the magazine editorial staff, much like Burdick's characterization of "the everyday wounds of color" as a way to capture the torment experienced by black women as a result of their being judged based on an anti-black aesthetic standard (Caldwell, 2007).

The adage quoted earlier informs us that the *mulata/morena/negra* is not for marriage, and merely for fornication/fun/satisfaction/pleasure, and when too aesthetically unpleasing, for manual labor. The black mother that is fabled to have given birth to Brazil only served to demonstrate to the world that Brazil could whiten its population, visualized and materialized in the *mulata.* They had never been meant to reproduce. During slavery, it had been more advantageous and profitable to work the enslaved Africans to death and buy new bodies than to encourage reproduction or allowing a slave to live on into old age (Rout Jr., 1976). But how can a body that is used for sexual pleasure not ever reproduce? Certainly these black and brown bodied women reproduced but their reproduction has come to characterize all that is deviant and undesirable in reproduction. Since their sexual encounters are often not in the confines of marriage, they are often single mothers,[73] deviating from the Catholic and bourgeoisie ideal of the nuclear family. As their darker skin usually confines them to the lower echelons of society, socially and economically, they are usually balancing in poverty. Their dark skin and lower class status usually means that they endure harsher treatment at hospitals when giving birth and even worse so when attempting to abort, if they have the resolve to do so. They often can't afford appropriate and reliable contraceptive methods to avoid the possible results of heterosexual sexual intercourse. Already on the margins, they are blamed for reproducing *marginais,* marginals/criminals, bodies available to be acted upon by state violence.

Perhaps Richard Parker sums it up best when he states that the "*mulata* has been held up as a sexual, rather than social ideal" (1991), an ideal existing "within the paradoxes of Brazilian life, within the double standard of a patriarchal tradition developed in a slaveholding society" (Parker, 1991). A sexual ideal always being negotiated, relying on aesthetics to navigate away from the thin line separating that which we love, desire, and deem worthy of life, from that

which we revile and deem worthy of servitude and death. The "marginal and distant…yet possessing a seductive charm that sets them apart from any other people anywhere on the face of earth" (Parker, 1991), the *mulata, negra, morena, baiana,* and sometimes *preta,* moving away from ugliness, violence, and death towards life, life as a life worth living and life as reproduction through her sexualized beauty.

Chapter Three: Sterilizing the Black Body: Race and Sterilization in Brazil

Chapter Overview

The last chapter served to lay out the necessity of considering race and racism in any attempt to understand Brazil and the question of reproduction. I also made a case for the importance of paying attention to aesthetics and the way it is linked to desire, sexuality, and race in Brazil, and thus is crucial to our understanding the context which frames reproduction at the individual and societal levels. Lastly I drew attention to the underlying legacy of slavery that continues to dictate and inform contemporary Brazilian social relations. This chapter continues to make links between race and reproduction but focuses on the question of sterilization in Brazil. More specifically I address the absence of race in the literature about sterilization in Brazil in favor of an emphasis on class. One of the ways that I address the silence around race in is by demonstrating how my attempts to follow class and its impacts on access to sterilization, led me to race. To accompany my interjection of race in the telling of sterilization in Brazil, I also discuss the way that class has dominated as the only way to discuss disparities in Brazil and as the way of talking about race without explicitly naming it. Drawing on examples and literature, I argue the necessity and link between race and sterilization historically and in the contemporary moment. Later in the chapter, I use Saidiya Hartman and Achille Mbembe's necropolitics to analyze the use of the law to address sterilization abuse among poor and black women in Brazil.

Another Sterilization Project Without Race?

Pierre Bourdieu and Loïc Wacquant (1999) say the following about Michael Hanchard's 1994 book about race in Brazil:

> …by applying North American racial categories to the Brazilian situation, this book makes the particular history of the US Civil Rights Movement into the universal standard for the struggle of all groups oppressed on grounds of colour (or caste). Instead of dissecting the constitution of the Brazilian ethnoracial order according to its own logic, such inquiries are most often content to replace wholesale the national myth of "racial democracy" (as expressed for instance in the works of Gilberto Freire, e.g. 1978) by the myth according to which all societies are 'racist', including those within which 'race' relations seem at first sight to be less distant and hostile.

This and similar critiques, in particular of African American/black American scholars, and my own hypersensitivity and awareness of the US tendency to go abroad and impose its ideologies, initially made me abandon the category altogether. I was going to focus on class, the more comfortable term by which Brazilians discuss the inequalities prevalent in their society. I was also hesitant of so easily and readily occupying a savage slot;[74] I was already a woman looking at questions of gender and now would be the black woman, of course, looking at race, in Brazil where its existence is still highly contested.[75]

A colleague of mine had asked me, "But how can you study Brazil and this issue and *not* talk about race?" And he had been correct. Afterall, one of the things that had piqued my interest when looking at the question of sterilization in Brazil had been the response of the Black Movement, particularly the Black Women's Movement. They had launched a campaign and accusations of genocide against the government. The government took the accusations seriously enough to include in their analysis of the investigations into national sterilizations. And though other works about sterilization in Brazil mention the Black Women's Movement's involvement and accusations, none of them ever treats race (Dalsgaard, 2004; Hunter de Bessa, 2006;

Scheper-Hughes, 1992). In this way, race has been noticeably absent in the discussions around reproduction and particularly sterilization in Brazil. This seemingly deliberate exclusion of discussions about race in the discourse about sterilization in Brazil called for a deliberate focus or at least attention to the functioning of race. "…that the present in which we live has been built on a past for which imperialism and racial slavery were foundational-rather than incidental-elements of emergent notions of democracy throughout Europe and on both sides of the Atlantic" (Thomas, 2011), encapsulates well the importance that this legacy has to current issues of survival and reproduction.

My decision to pay attention to race I owe to noting the way that race always cropped up/appeared/manifested itself in the literature I was reading and conversations I was having, even if only implicitly.[76] The trend of sterilization in Brazil had begun with elite women, between the 1960s and 1970s, despite being illegal (Dalsgaard, 2004). The practice of sterilizations was associated with caesarian sections for deliveries, as this allowed sterilizations to go undetected (Dalsgaard, 2004). By the late 1970s and 80s, sterilizations quickly became an ideal among poor women who had been conscripted to the dreams of joining the middle class, world of consumption, two planned children, and the different options for participating in Brazilian society as mothers and women (Dalsgaard, 2004; Hunter de Bessa, 2006). Many poor women were helped by politicians and doctors who arranged and paid for 70% of the sterilizations performed in the Northeast, a trend that developed since the 1980s and differed from other parts of Brazil[77] (Caetano, 2000; Caetano and Potter, 2004). Sterilization within the literature on Brazil is framed in terms of class. And while class is a very salient marker, its overlap with race is revealing particularly because of the naturalization of the relationship between the two.[78] Statistics demonstrate that the poorest in Brazil are the blackest members of the population

(Pagano, 2014; Oliveira, 2002). This relationship between the two then facilitated a national acceptance of a class issue while masking an insidious race problem. An example of this occurred in conversation with a black nurse, with whom I was discussing contraceptive access. The nurse explained to me that poor girls had a difficult time accessing sufficient information and the most effective contraceptive methods. As a result, these girls became pregnant earlier and in more precarious situations.

> Me: Is it only a question of class?
> Nurse: When I say poor, everyone knows that those that are poor are black. No need to restate the obvious.

Her last comment reveals then how the language of class simultaneously is the less taboo language of race. My attempt to study sterilization through the lens of class led to race.

João Costa Vargas' discussion of what he terms a hyperconsciousness/negation of race dialectic helps to illustrate the way that the discussion of class disparities is often a discussion of Brazil's racism at work. Vargas posits that "Brazilian social relations…are marked by a hyperconsciousness of race" but manifest by an "often vehement negation of the importance of race" (2004). This dialectic functions through a strong denial of race as "an analytical and morally valid tool" or a factor in other aspects of Brazilian social life while serving as one of the most underlying basis for the structuring of Brazilian society. Vargas describes this dialectic as what "energizes how Brazilians think about/repress, interrogate/passively accept and justify/ignore social hierarchies" (2004). Further he characterizes this dialectic as an effect of the racial democracy myth and evidence that the myth has little correspondence with the structuring of Brazilian society by resources and power differentials (2004). On one hand, this hyperconsciousness/negation of race dialectic "silences awareness of racial classifications and ensuing practices and representations", ignoring race's relevance in social relations and obscuring the "role that race plays in determining one's position in the historical structures of

power and resources" (2004). On the other hand, this dialectic reveals the acute awareness of Brazilians of racial differences and utilization of "those to (often tacitly) justify, think about, and enforce behavior and social inequalities" (2004). Vargas points out how this dialectic allows us to understand how "a system that is on the surface devoid of racial awareness is in reality deeply immersed in racialized understandings of the social world" (2004).

In the literatures discussed above, women are spoken of only in terms of class and/or region; elite, poor, Northeast. Without being explicit, information about the race of the women is still conveyed, particularly for those within the culture. Within Brazilian society, elite stands in for white, poor and Northeast for black and brown, non-whites, similar to the way that urban space or *favelas* come to serve as code words for black (Vargas, 2004). Vargas goes on to discuss the relationship between race and class in the following:

> Rather it is to interrogate this naturalized race and class correspondence and suggest that the hyperconsciousness/negation of race contributes to the maintenance of this correspondence. Without this interrogation, class and race correlations are rendered self-evident, ubiquitous, and permanent…Silence about discrimination and prejudice is thus not surprising since the naturalization of race and class connections make it reasonable to discard racism and accentuate classism as explanation for why blacks continue to be marginalized (2004).

Class is insufficient to explain the discrimination, marginalization, and excessive death that the black population endures. While poverty can be read through ones clothing, manner of speech, and way of being in the world, it is read, understood, and treated differently on differently raced bodies. Such that, a black apartment owner in an expensive high-rise building has more chance of being assumed poor and part of the service staff, and thus asked to ride the service elevator at the back of her building, than a poor white Brazilian coming to visit a friend. The existence of poor white Brazilians makes the necessity of a quotas system for university acceptance, hiring, and government positions, for the poor, legible. And despite both the indigenous and black populations sharing past and present mistreatment, marginalization,

genocide, and land loss at the hands of the Brazilian government, only quotas for the indigenous population are readily legible, whereas those for blacks are highly debated.

Black Movement in Brazil

"Race…is a framing by the black social movement to say to whom we pertain to, what group is of pertinence to us and, it is our choice, it is a definition that we choose. And also to say that "yes, it is race" to be able to make this link with racism. We know that race is the human race and that it is a social construct and truthfully, that we have ethnic groups. But we fortify the concept/word race because if we deconstruct what race is, we can't make the link with racism. And truthfully, race wasn't constructed by us. It was constructed by the colonizer to be able to make this separation, this distinction and valorization of a particular race and the inferiorization of the other race…So we reinforce this to be able to have a way to confront racism."[79] --Rita, black activist in Porto Alegre

The end of the military dictatorship of Brazil in the late 1980s opened up the opportunity and space for the formation and development of social movements, particularly the black movement and the feminist/women's movement. The Brazilian black movement also drew inspiration from the African nations fighting to end colonialism within their borders and the civil rights and black power movements in the United States. Many of the first black movement groups in Brazil were formed in the South and Southeastern part of the country in cities like Rio de Janeiro and São Paulo. The movement in the south and southeast has tended to be characterized as more political while the movement in the north and northeast is characterized as more cultural[80]. By political, I mean that they have worked towards achieving black consciousness and equality through the legal system, legislation and advocacy. Cultural refers to attaining black consciousness and equality through cultural manifestations and the preservation of such practices such as the forming of black carnival blocos so that blacks could participate more fully in carnival or creating beauty pageants to celebrate black feminine beauty. Nonetheless, one could still find political groups in the north and cultural ones in the south. By

the late 1980s, there were a variety of groups across the country, charged with addressing the question of racial oppression and anti-black racism in Brazilian society.

Just as the Brazilian white elite women in the feminist movement were unable and unwilling to hear and prioritize concerns for poor black women within the movement, black men were equally unwilling to take into consideration the differential ways that black women's experiences of blackness were intersected by that of gender (Edna Roland lecture, 2011). A good example of the inability of black women to find and make space for their experiences in both the feminist and black movements in Brazil can be illustrated in regards to the question of population control and sterilizations. As noted by a well-known Brazilian activist, the ways that sterilizations were viewed and understood by both movements differed and served to erase the complexities that represented black women's experiences and engagements with population control in general and sterilization more specifically (Edna Roland lecture, 2011; Caldwell, 2007). A large number of black activists understood the forced sterilizations of black women as part of a genocidal conspiracy by the government to reduce the black population (Caldwell, 2007; Oliveira, 2002). As a result, many men in the black activist movement proposed that women avoid getting sterilized and continue having children to ensure the survival of the black population (Edna Roland lecture, 2011; Caldwell, 2007). This advocacy left unaddressed the question of black families, fatherhood, the burden that this put on black women and their bodies. Other men did not advocate any response because they saw the issue as gender specific and thus germane to black women only.

The feminist movement on the other hand viewed sterilization as a tool for empowerment for women as it gave women freedom from a life dictated by their reproductive capabilities (Edna Roland lecture, 2011). There are feminists who have also viewed sterilization as

problematic because of the way that it expands medicalization of women's bodies and further empowers doctors' control over the women's concerns and priorities. I present the predominant feminist view on sterilization as one of empowerment because this is the way that it was characterized by black women activists talking about that moment and the ideas as they grappled with their understanding of the issue. Sterilizations were viewed by feminists as a way to facilitate social mobility, assert sexual freedom, control family size and make the labor force more accessible (Edna Roland lecture, 2011). Black women's views on the issue of sterilization were more nuanced because of the ways that gender, race and class expressly impacted them. Black women took the lead in pursuing and addressing the issue of sterilizations of women, with other women's groups and black movement groups joining in. Black women activists launched a campaign in the late 1980s against the mass sterilizations of women, accusing the government of a genocidal plan against black Brazilians. The government coordinated official inquiries in the early 1990s to investigate the practice of rampant sterilizations, as raised by black women activists and other activist groups.[81] The government also had the intention to make changes to the law regarding contraception. Though the official investigations did not find proof of a genocidal plan, citing that there was no evidence by race about sterilizations, the movement and outcome were significant for the black women's movement as it illuminated the usefulness of certain health issues in the effort to fight racism in Brazil.

The shifting racial politics and the hauntings of an ever present legacy of Brazilian slavery and the post-abolition period impact the social marginalization, lack of employment and educational opportunities, poor access to quality housing, health and the full exercise of one's rights as a citizen, for descendants of enslaved Africans in Brazil (Oliveira, 2002). They also heavily imbricate the politics of reproduction in Brazil for this population. When I asked a

woman who identified herself as part of the Black Movement about the ideal number of children to have, she told me it depended. "The ideal family size? Depends who you are talking about. Middle class, 1 or 2. If you are talking about the masses, 3 or 4." Her male friend chimed in that "This question of religion, those from *Candomblé*[82] believe that children are a blessing…It's a question of faith". For those hoping to enter into the world of the middle class, two was the ideal. But for those more interested in maintaining an African aesthetic, more than two was ideal, at least in this particular case. The comments help to reveal the complex political terrains black people are negotiating in terms of reproduction and identity. Blackness and especially outwardly expressing an embrace of one's blackness and elevated black consciousness, in Bahia, often entails a certain proximity to religious practice in *Candomblé* and/or subscription to African ideals and aesthetics imagined as embracing large families. This outward show must also accommodate the material realities that demand fewer children to ensure the provision of a good education, housing, health, and an escape from social marginalization. These comments about a higher ideal family size may also indicate some of the chasm between black activists and the "masses" not necessarily involved in the black movement.

As explained above, Brazil's Black Movement, like that of social movements in other parts of the world, has different manifestations within it. In the South and Southeast, you are more apt to see black activists working towards political and legislative changes. In the North and Northeast, you see more of the strong maintenance of cultural manifestations of the African presence in Brazil in the practice of *Candomblé, samba de roda, capoeira,* and culinary practices. Other demonstrations of one's embrace of their African and/or black heritage through cultural practices, include naming practices of children, partners chosen, and the number of children one has. These demonstrations and reclamations of African heritage and black pride are

always being negotiated with larger societal messages and the realities of everyday survival. These negotiations often result in being at odds with the imaginary of the proud black subject, as imagined by members of the black consciousness movement. Black doctor and activist Jurema Werneck's comment, "If white women claim the right to not bear children, black women claim the right to have them, raise/care for them and see them into old age"[83] contrast the exercise of reproductive rights of white women with black women. Her contrast characterizes the exercise of reproductive rights by white women as fertility control and for black women as fecundity. Werneck's quote relates to the legacy of slavery in Brazil where black women were not encouraged to reproduce due to the cost-effectiveness of buying new slaves. But in the contemporary context, her comment represents a tension between exercising reproductive rights in the form of reproduction vs. limiting one's family size and one's blackness.

Talking about sterilization of women in Brazil garners different stories and responses, depending upon who you ask, the context in which they are asked, and the terms of the discussion. It also depends on where you look. Just as Rita, the black activist from Porto Alegre pointed out, sometimes, it is advantageous to invoke a particular narrative to allow for the confrontation of its hidden mechanisms. Especially in the case of sterilization, where on the one hand it is difficult to secure and on the other hand young women are being sterilized against their will.

One friend can be considered negra, perhaps morena in terms of color while the other was white, from Rio de Janeiro (Marina). The first friend, Bia, is from Bahia. While Bia was familiar with my research, Marina was not. As we rode the bus on our way to a capoeira roda,[84] *I was explaining to Marina about my research on sterilization among women in Brazil. As she asked me to elaborate, she asked if I was looking to see if women did it [got sterilized] so they could be sexually freed/free to have sex without worry of pregnancy. I said that that was one possibility and was going to explain that I was also interested in the aesthetic dimension of cuts and scars, when Bia interjected that there were many women that had been sterilized without knowing and without the doctor taking the opinions of the women into consideration. She then*

gave an example of twenty-year olds being sterilized without any notification or without having given their consent. Marina seemed shocked and surprised to hear that this was happening. Both friends are college educated and employed though Marina seems to be in a higher socio-economic status than Bia.

--Fieldnotes from July 19, 2011

PÁGINA C 4 ✕ SÃO PAULO, SEGUNDA-FEIRA, 20 DE JUNHO DE 2005 ✕ CORREIO BRAZILIENSE

ESTERILIZAÇÃO *Em estudo da UnB, 32% das mulheres entrevistadas afirmam que a decisão de esterilizar veio do parceiro*

Mulher aos 20 é laqueada sem informação

CLÁUDIA COLLUCCI
DA REPORTAGEM LOCAL

Mulheres brasileiras estão sendo laqueadas na faixa dos 20 anos, sem serem informadas das implicações do método —que, dependendo da técnica utilizada, pode ser irreversível— e, muitas vezes, por vontade do parceiro e não delas próprias.

As conclusões constam em estudo realizado no hospital da UnB (Universidade de Brasília), que acompanhou ao longo de oito anos (de 1996 a 2004) um grupo de 98 mulheres que, arrependidas da esterilização, procurou o serviço para tentar uma nova gravidez. As mulheres laqueadas tinham, em média, dois filhos cada uma.

O Brasil tem um dos maiores índices de laqueaduras do mundo, com 40% das mulheres em idade reprodutiva —de dez a 49 anos— esterilizadas, ao lado da Índia e China, segundo a OMS (Organização Mundial da Saúde).

Na região Centro-Oeste do país —de onde são as mulheres acompanhadas pela pesquisa—, o índice é de 59,5%.

Nos EUA, essa taxa é de 20%. Na Itália e na França, de 5% e de 6%, respectivamente.

A pesquisa da UnB mostra que 82% das entrevistadas se submeteram à esterilização antes dos 30 anos —47% delas na faixa etária entre 20 e 25 anos. No momento em que buscavam a reversão, estavam no declínio de sua vida fértil —44% tinham entre 31 e 35 anos e 25%, mais de 36 anos.

A Lei do Planejamento Familiar, de 1996, permite que façam laqueadura mulheres com, no mínimo, dois filhos vivos ou que tenham mais de 25 anos, independentemente de ter ou não filhos.

Desinformação

Segundo o ginecologista Antônio Carlos Rodrigues da Cunha, autor da pesquisa, 83% das mulheres entrevistadas não sabiam das dificuldades pelas quais poderiam passar se tentassem uma no-

credenciados pelo SUS—, o acesso às cirurgias de reversão ou ao tratamento de reprodução assistida é mais restrito.

Ao todo, 229 serviços realizam a salpingoplastia (reversão da laqueadura) na rede pública, mas o sistema não faz a reanastomose (reversão da vasectomia).

Em média, as mulheres demoram um ano para conseguir a recanalização tubária e pelo menos três para fazer uma fertilização *in vitro*. O governo federal promete ampliar a oferta desses serviços (leia texto nesta página).

"A legislação é muito permissiva na hora de fazer a laqueadura, mas, quando as mulheres se arrependem e querem engravidar de novo, falta assistência do Estado", afirma Cunha.

Poucas opções

Por essa razão, o ginecologista Nilson Roberto de Melo, presidente da Febrasgo (federação das sociedades de ginecologia e obstetrícia) defende uma maior oferta e promoção de procedimentos menos agressivos como a pílula, o DIU, os anticoncepcionais injetáveis e os implantes.

"As mulheres não merecem ser tratadas como cidadãs de terceira categoria", diz o ginecologista.

O Estado também ganharia com essa mudança de foco por não pagar duas cirurgias (a laqueadura e a reversão), avalia Antônio Carlos Cunha. A laqueadura sai em média R$ 266,41 para o SUS (pode chegar a R$ 2.000 se considerados os gastos com medicação, anestesias e internação).

A reversão sai por R$ 289,71 (podendo chegar a R$ 5.000). A fertilização *in vitro*, realizada em alguns hospitais da rede pública, pode custar R$ 10 mil.

Relacionamento

Entre as mulheres que Cunha acompanhou, o principal motivo que provocou a busca pela reversão da laqueadura foi um novo relacionamento: 80% tinham se casado novamente.

ARREPENDIMENTO

Lúcia Rodrigues e a filha Ester Caroline, de seis meses, que nasceu após reprodução assistida

"Foi uma enorme burrada"

OUTRO LADO

Cirurgias pelo SUS aumentam 347% em 4 anos

DA REPORTAGEM LOCAL

Nos últimos quatro anos, o número de laqueaduras feitas pelo SUS (Sistema Único de Saúde) passou de 9.100 para 40.656. E deve continuar crescendo.

O Ministério da Saúde anunciou que, até 2007, pretende aumentar em 50% o número de serviços de saúde credenciados para a realização de laqueadura tubária e vasectomia.

Segundo Maria José de Oliveira Araújo, coordenadora da área técnica de Saúde da Mulher do ministério, além de aumentar a oferta de serviços, o governo capacitará a rede para melhor informar as mulheres sobre os riscos e benefícios de cada um dos métodos contraceptivos existentes.

Maria José concorda que as mulheres ainda não são bem informadas sobre o risco de a laqueadura ser irreversível.

A média de sucesso nas cirurgias de reversão nos hospitais públicos, segundo a coordenadora, é de 45%.

A nova política de direitos sexuais e reprodutivos também promete aumentar o número de serviços credenciados que façam a reversão da laqueadura (não há um número fechado) e que também ofereçam a reprodução assistida.

Orientação

O Ministério da Saúde montou um grupo de trabalho que está definindo as regras de como os serviços vão funcionar, além de decidir

Figure 5. Newspaper article from 2005 with various headlines. The main article is titled: A 20 year old woman is sterilized/ligated without information. The article goes on to discuss the sterilization of women as young as 20 without being informed. Many of the women are sterilized at the request of their partners. The study was carried out in the capital of Brazil, Brasilia. It also found that the women who went to try and have the reversed did so because they were in a new relationship. It lends itself to Bia's assertion.

In this story, Marina seemed completely oblivious to the abuses that women experience through sterilization and only thought of sterilization in a way that follows from the rhetoric that promotes family planning and contraceptive methods, as a method for exercising one's

reproductive and sexual rights. Bia, on the other hand, is aware of the complexities of sterilization in Brazil. She suggested I interview one of my participants who had not been able to secure a tubal ligation, despite meeting all the criteria. Bia made sure to point out to Marina the way that sterilization is used as a mechanism of state and/or medicalized violence. Marina's thinking about sterilization and why women would choose this method stands in contrast to the way that a black, activist male informant talked to me about sterilization. For this black male activist, to speak of sterilization was to refer to a genocidal plan by the Brazilian government to rid itself of the black population by 2010. Marina's thinking of sterilization not only stands in opposition to the view of black activists but also in contrast to the reality, as demonstrated by this old newspaper clipping. As regards sterilization, Marina characterizes the predominant stance of the feminists, my male friend characterizes the black movement's stance. Bia characterizes the black women activists, in between the two extremes and having to strategically make claims for genocide when necessary while pointing a researcher to a case that demonstrates the opposite. The newspaper article clipping scanned here shows that there are women that are being sterilized without their consent, as recent as 2005, in line with Bia's claims. I don't focus on those cases of forced sterilization because it is obvious the problematics of such actions and has been studied excessively. I offer this study of women who want to get sterilized and are refused as an investigation of the disguised and subtle ways that force can work.

Genocide, Anti-Black Racism, Body Aesthetic, and Health Outcomes

In previous sections, I have attempted to make explicit the link between blackness and poverty and the ways that one can talk about blackness through class, poverty or pointing towards a person's lack of expendable funds. In this final section, I draw on Saidiya Hartman to

rethink our understanding of the legacy of slavery in Brazil despite the language of freedom and rights, as it relates most specifically to contraceptives and sterilization. I draw on moments from the field to demonstrate the legacy of the past in the present. I describe how circulating discourses about freedom of choice, increased options, and legislation have particularly damaging effects for black women who are on the margins of society due to their precarious economic situations and/or social position as black women. I explore the link between bodily aesthetics, contraceptives, and anti-black racism in the reproductive health of black women. I also draw on Achille Mbembe to think about necropolitics, genocide, and the legacy of slavery and colonialism for an understanding of the contemporary context of sterilizing and reproducing for black women in Brazil.

Saidiya Hartman's Scenes of Subjection: Terror, Slavery, and Self-Making in Nineteenth-Century America, in her own words, "examines the forms of violence and domination enabled by the recognition of humanity, licensed by the invocation of rights, and justified on the grounds of liberty and freedom" (1997). Furthermore, she examines

> the role of rights in facilitating relations of domination, the new forms of bondage enabled by proprietorial notions of the self, and the pedagogical and legislative efforts aimed at transforming the formerly enslaved into rational, acquisitive, and responsible individuals. From this vantage point, emancipation appears less the grand event of liberation than a point of transition between nodes of servitude and racial subjection.

Though she is specifically speaking about the experience in the United States, these provocations are informative in thinking and analyzing the situation in Brazil. Drawing on the rhetoric of reproductive, sexual and other social rights has been integral in the mobilization of a movement against sterilization and law changes. The changes in the law in Brazil concerning contraceptives seemingly provide more contraceptive options and freedom of choice in women's control over

their reproductive and sexual lives. But increased options and choice of contraceptive does not translate as the rights paradigm predicts.

> "If you were to go buy, there are contraceptives that are super expensive but you maintain your body cool. You won't gain weight. Your breast won't grow. Your butt won't grow. You won't have huge thighs and be awful. But what the government gives, it leaves women ugly and horrendous. Because they (the women) end up looking like a cake full of yeast…I got tired of seeing, because we would give every month, the one for 3 months, the injection for every 3 months. That one is poison. You give the injection to the girl, you see those girls all skinny. When they come back, just look at their breast, their thighs, their butts, horrible! All fat, all ugly, the body all messed up, because of the contraceptives given by the government…I work with men. I see what they say about women…'What a fat woman!'"
>
> —Camila, 48, sterilized mother of 2.

Camila is a 48-year old sterilized separated mother of two who also worked as a nursing technician in the government clinics. Her observations reveal the disparity in the quality of the options of contraceptives. The government contraceptives, provided through the public health system at no cost to the patients cause drastic bodily distortions. Women with access to the better contraceptives are those that have an income that affords the out-of pocket cost for expensive, effective, and appropriate methods. Those women or young girls dependent on the Brazilian public health care system, often poor and black, have to navigate contraceptives that prove not to be valid options for them. Bruna, a 19-year old black slim, beautiful teenager finishing up high school, had a remarkable knowledge of the contraceptive options available and which were appropriate for her. In response to the one that she would use when she became sexually active, she had the following to say:

> "The pill is good but if you forget to take it one day, you have—you run the risk of getting pregnant. And the injection, you can take it and not worry except that it depends on the injection. It changes your body, you know. You can gain weight. So it depends on how my body reacts best."
>
> —Bruna, 19

Bruna would become pregnant soon after I interviewed her. It would be erroneous to claim that Bruna became pregnant due to a lack of knowledge of her contraceptive options or the way they work. The public health discourse and programming continues to rely on a rationale that blames young women's inability to prevent unplanned pregnancies on an ignorance of contraceptive options. This rationale fails to capture a fuller understanding of the barriers to accessing the range of contraceptive options available. There is a failure to consider the social marginalization that makes the exercise and realization of reproductive rights impossible for particular populations group, more specifically, black and poor women. This failure to consider the social marginalization of these women, facilitates a system of blaming the women for their inability to access and utilize contraceptives in the ways that those that are not socially marginalized access and make use of contraceptives. It facilitates the association of irresponsibility, ignorance, and unwillingness with the most marginalized populations without consideration for failures in the contraceptive methods or the intentions of the women. Populations that are not socially marginalized get associated with responsibility, knowledge, and a willingness wherein, they are afforded assumptions of intentions—the assumption that they intended to avoid unplanned and "excessive" pregnancies.

Bruna's concern with the aesthetics of her body and thus willingness to discontinue the use of certain contraceptives that would change it, is often cause for questioning the rationality and responsibility of women on the margins of society. Camila's quote ended with her reflection on men's comments about women and young girls' bodies, devaluing the women and girls for their obesity. Obesity due to contraceptive use can disqualify one as a sexual partner or mate. Avoiding contraceptive-induced obesity can result in pregnancy and blame for having the wrong priorities. What I am trying to make clear is the way that access to contraceptive options is not as

easy and choice-filled as imagined. A young woman having to choose between using contraceptives that will diminish her physical beauty and non-use, as in the case for the girls at Camila's clinic and Bruna, and then face blame for a resulting pregnancy is hardly an example of the state improving the ability of its women to practice their reproductive rights. Especially when the majority of options made available for the masses are of the worst quality with highest risk for bodily distortion. Though aesthetics seems hardly a salient reason to spend more to provide access to better quality contraceptives, we must think differently about this connection for a population that often must rely on the beauty of their physical body to navigate away from the margins.

Orientation for contraceptive use often makes distinctions between the methods that have more likelihood of failure. Contraceptive methods also often come with a percentage of their effectiveness. Contraceptives are often described based on the possibility for human or user error. The contraceptives then can be seen as failing due to user error. This is often the assumption especially when discussing populations that are highly marginalized. The lectures on contraceptives that I attended in a clinic serving a black population that was described to me by the clinic social worker as "needy" utilized this manner of discussing the contraceptives. The contraceptive lecturers responsible for presenting and explaining the different contraceptive methods available at the clinic made it clear that the likelihood of contraceptive failure is low. This logic of blaming the user as responsible for failure of poor quality contraceptives has dangerous implications for the women who can't afford to buy more effective methods. This becomes more apparent when we look at contraceptive options less affected by user error.

Today's lecture at the clinic had 9 women and 4 men in the audience…One of the women asked the lecturer about an IUD that was different from the copper one that had been explained. The lecturer informed the woman that the other type of IUD to which she was referring, was provided at private clinics. She elaborated that those types of IUDs did not last as long as 12

years, worked differently, and that they were often used to reduce the size of fibroids and to make menstrual flows lighter.

—Excerpt from Fieldnotes, 01/09/2012

My former Portuguese professor had asked her student Jane to give me a ride home after I visited her class…I asked Jane about IUDs and women who were getting pregnant even though they had one in. She explained that there were two types. There are the copper ones, which are cheaper and have the reputation for not being effective. And there are the ones that give off hormones, which are more expensive and the one that she had been using for some time. She had not gotten pregnant while using her IUD. As she was talking, I thought back to the lectures at CEPARH and the type of IUD they offer. It was the copper IUD, the cheaper one.

—Excerpt from Fieldnotes, 04/14/2012

> "IUD children (*filhos de DIU)*. You've never heard of IUD children? It's what we call them, like a joke, because you're not supposed to get pregnant when you use them. But there are so many women that do. My mom is one."
>
> —Jane, Camila's daughter, 25

The intra-uterine device or IUD is a contraceptive method inserted by a medical professional, such as a doctor, into a woman's uterus. From inside the uterus, the device prevents pregnancy by making the uterus an inhospitable place for a fertilized egg to implant and begin to grow. This method is often one used by women who have already given birth and has interval medical check-ups to make sure that the device does not come out of the uterus. There are two types, one which is hormonal and the other which is non-hormonal. As Jane's comment demonstrates, the non-hormonal IUDs made of copper are the least effective and have a reputation of failure. The hormonal IUDs are more expensive but much more effective than the copper ones. With this knowledge, the government provides the cheaper less effective IUD for populations that can't afford to buy the more effective method, with the message that it is more effective than the pill as there is less room for user error. The non-reliability of the method has resulted in the creation of a joke by the general population referring to the method as though it were the father of all the children born to mothers using the IUD to avoid pregnancy.

Differing significantly from the poor, uneducated, and wary women of public health discourse, the women are willing to subject their bodies to contraceptive interventions to prevent unplanned pregnancies. And because many of these women want to avoid pregnancy and recognize their inability to follow the regimen of the pill, willingly go and accept to have the IUD inserted into their uteruses. This recognition that one will not be able to consistently take the pill according to its regimen is not to inadvertently validate these women as incapable of being the modern disciplined subject. Rather it is a validation of their ability to recognize their marginalization and the ways in which it encroaches upon their daily lives and the possibilities for regularity, routine, and the privacy to practice such a regimen. Nonetheless, despite their best intentions, within their possibilities, they are offered the least effective methods for controlling their fertility. These failures by the contraceptive methods offered by the government and resulting pregnancies has impacts for the women. Some of these impacts include the physical, emotional, and financial burdens borne by a woman when she has an unexpected pregnancy. These contraceptive method failures and pregnancies shape the way these populations of women are imagined in society and by those responsible for making legislation. Marginalized populations have to endure sterilizing campaigns proposed solely for their favelas by politicians attempting to address social issues. Or campaigns for implanting contraceptive implants without future plans for removal, again for poor and black communities in Porto Alegre. Not to mention the poor treatment these women often receive when they give birth or have to admit to the hospital for a botched illegal abortion. Many endure comments and jokes which paint the poor as only capable of reproducing, reproducing to be able to receive more of a Brazilian version of welfare, and/or as over-fertile. These populations get labeled as lacking in rationality, irresponsible, and the source of social ills related to poverty. These negative attributes are

demonstrated to society by the women's too many children in relation to their income. But this idea of an equal availability of contraceptive options for all women makes those who have unplanned pregnancies culpable for them. These women become culpable in a way that focuses on the result, an unplanned pregnancy, and not their intention, to avoid pregnancy through contraceptive use. This ability to become culpable despite one's best efforts fosters the continued construction of the more marginalized populations as those that must be acted and intervened upon by the state. The discourse of reliability of contraceptives serves to mask the efforts of the women.

Met a journalist who asked about my research and when I told her, she said that it was becoming difficult for women to get tubal ligations if not plain impossible because SUS [85] did not want to pay for sterilizations. I asked her to explain. Another women joined the conversation, a women who works with the justice system and rights work, among other things. They both informed me that there was the question of the catholic church which doesn't want women getting sterilized. And then there was the government itself, which has the money but doesn't want to pay for the sterilizations (because most women under 30 would want to get sterilized). Despite the law that outlines that women must be 25 with at least 3 children or 30 with 2 to get sterilized, the reality is that if doctors sterilize women, there are many cases that won't be paid for by SUS. In actuality, for SUS to pay there are very specific guidelines, which basically make it impossible/difficult to get a sterilization before 30 no matter how many children a woman has. So, a woman with 12 children, at the age of 28, will not get a sterilization, at least not in a public hospital supported by SUS. Seems consistent with what women have been saying. The other woman pointed out though that women could go to the court house and get a court order from the court to get sterilized, most women didn't know they had this right and if they did, they didn't often know how to exercise it; didn't know how to begin the process, what to ask for, how to ask the judge, how to fill out forms, etc.

—Fieldnotes from 04/06/2012

The fieldnote experience above occurred during a trip in the southern part of Brazil. Besides unveiling more about the ways that the changes in legislation can be undermined through poor funding, it reveals a strange sort of schismogenics of rights. By calling it a schismogenics of rights, I am referring to the ways that activists and government officials utilize and rely upon the language and the fight for the rights of the marginalized. In this case, the

Brazilian government changed the laws about contraception and sterilization to improve accessibility to them and to prevent cases of abuse. The black women activists pushed for law changes that take sterilization out of the realm of illegality to facilitate women's ability to exercise and realize their rights without fear of abuse by doctors. Rights-based law changes, activism, and education abound and some women still remain outside of the circle of women exercising their rights. And their inability to exercise their rights is not for lack of knowledge or effort as the cases I have presented demonstrate. Rather, there are economic and structural blocks disallowing the possibility for all women to exercise their reproductive rights. The solution proposed by the activists here is to turn to the law for assistance in granting their ability to exercise their right to sterilizations. In other words, marginalized women who meet the criteria for a legalized, state-paid sterilization, should turn to the courts. The courts would then be able to enforce a law created to help these women access their rights to a sterilization. But many of the women don't know about their right to involve the courts in enforcing a law created to guarantee reproductive rights. How is that for a conundrum? A whole lot of rights to be learned, exercised, and legislated. But no guarantee that once legislated and learned, that women will be able to exercise them, as is the case of sterilization.

I want then to think of this legalization by the Brazilian state of sterilization and rights rhetoric as ways by which a particular violence and domination is made possible or rather made to continue on from the days of slavery for the black population. Since slavery times, besides serving to illustrate the possibility for whitening the Brazilian population, black women have also been made responsible for the rise in criminal behavior through their birthing of delinquent children (Coutinho, 2009; dos Santos 2012, 13-30). I want to demonstrate that the denial of a tubal ligation for a poor black woman facilitates the marginalization/marginalizing of her

children into *marginais,* bodies marked for premature death through state violence, while also justifying violence against black women and the portrayal of black reproduction as deviant and problematic (dos Santos 2012, 13-30). These denials of tubal ligations within the circulation of discourse purporting free and accessible contraceptive options, facilitates and even encourages a certain type of governing and policing of black women's bodies. This governing and policing comes to be racialized, even if spoken of only in terms of class. Black women are more often subject to precarious living conditions such as poor to no access to quality health care, including contraceptives. These social marginalized realities of black women's lives often go ignored and are often associated with a failure by the women to take measures to reduce their reproduction. These social realities are often coupled with notions and ideas of black women as always already sexually available, hyper sexual, and uncontrollable. All of these factors allow for the proliferation of discourses, authority, and policies about black women's bodies and their offspring without a consideration for a more complete context of their lives.

Health System and Sterilization

Black women's marginality is coupled with a bad public health care system which serves to exacerbate already precarious health outcomes, including those pertaining to reproduction and sexuality. Camila's comments earlier about the poor contraceptives provided by the government for poor and black girls, were a brief introduction to the way that women already on the margin are made to stay there through faulty, unreliable, and unsustainable contraceptives, which can put young girls at risk for pregnancy or other health complications by continued use of the contraceptives. Speaking with Camila in her home, she shared with me that most health care plans do not pay for sterilizations, even though they are supposedly covered procedures.

Planos de saúde vão cobrir vasectomia, laqueadura e DIU

Seguradoras apóiam a medida, mas afirmam que custos dos procedimentos deverão ser repassados para os clientes

Norma, que deverá entrar em vigor no ano que vem, vale para planos de saúde com contratos feitos a partir de janeiro de 1999

ITALO NOGUEIRA
DA SUCURSAL DO RIO

Os planos de saúde passarão, a partir do ano que vem, a cobrir também assistência ao planejamento familiar, com laqueadura, vasectomia e DIU. Apesar de concordarem com a inclusão, as empresas afirmam que os custos serão repassados para os clientes.

O acordo entre as seguradoras e a ANS (Agência Nacional de Saúde) foi fechado anteontem no Rio. A resolução que atualiza o "rol de procedimentos" —que determina o que os planos devem cobrir— deve ser publicada em dezembro. As empresas têm três meses para se adequar às novas regras.

Além das medidas de planejamento familiar, a nova resolução trará, segundo a ANS, a inclusão de tratamentos não-médicos como fonoaudiologia, nutrição e terapia ocupacional.

Os procedimentos de planejamento familiar valem apenas para os "planos novos" —contratos feitos a partir de janeiro de 1999, após a regulamentação do setor—, que atende 70,1% dos beneficiários. Os planos ambulatoriais não cobrem a vasectomia e a laqueadura. No caso do DIU, são os hospitalares que não estão incluídos.

"Desde o ano passado estamos discutindo a atualização do rol de procedimentos para incluir procedimentos de cunho preventivo, que atendam a uma política de longo prazo", afirmou o diretor-presidente da ANS, Fausto Pereira dos Santos.

> Muitas pessoas deixam de fazer a cirurgia [para o planejamento familiar], pois ela não está entre os procedimentos obrigatórios. Quando entrar, haverá uma grande demanda
>
> ARLINDO ALMEIDA
> presidente da Abrange

O presidente da Abrange (Associação Brasileira de Medicina de Grupo), Arlindo Almeida, afirmou que a inclusão de novos procedimentos "vai ter um impacto financeiro e influir nos preços dos planos".

"Os cálculos ainda serão feitos, mas a previsão inicial é de que o impacto será de cerca de 10%." Almeida aponta a queda de abortos clandestinos como um benefícios para as próprias operadoras, o que pode suavizar o "impacto financeiro".

"É louvável em certos aspectos, pois pratica medicina de planejamento. Com isso evita muitos abortos. As operadores têm um custo alto com as consequências destes procedimentos. A longo prazo, pode-se dizer que pode até ter uma vantagem [para as empresas]."

A agência afirmou que pode considerar os custos no reajuste a ser autorizado em 2009 pela agência. No entanto, Santos acredita que não haverá um "impacto significativo".

PLANOS DE SAÚDE

» NOVAS COBERTURAS
Vasectomia, laqueadura e aplicação de DIU para planos hospitalar, hospitalar ambulatorial e referência.

» NOVOS TRATAMENTOS
Fonoaudiólogo, nutricionistas e terapia ocupacional (seis sessões por ano)

» COBERTURA MAIOR
Diminuição do grau limite para cirurgia de miopia: de 7 para 5 graus

» PARA VASECTOMIA E LAQUEADURA
É necessário ter pelo menos 25 anos ou dois filhos vivos. Também indicado quando uma gravidez possa representar risco à vida ou à saúde da mulher ou do feto. O consentimento dos cônjuges precisa ser expresso por escrito

» O QUE É VASECTOMIA
Procedimento cirúrgico reversível que interrompe a circulação dos espermatozóides conduzidos através do epidídimo (tubo que se localiza na parte superior dos testículos) para os canais que desembocam na uretra. Torna o homem estéril sem interferir na produção de hormônios masculinos ou no desempenho sexual.

» O QUE É LAQUEADURA
Processo de esterilização definitiva da mulher, que consiste no fechamento das tubas uterinas para impedir a descida do óvulo e a subida do espermatozóide. As trompas são cortadas e amarradas

Hoje, cirurgia só é feita quando há risco para mulher ou bebê

JULLIANE SILVEIRA
COLABORAÇÃO PARA A FOLHA

A cobertura dos planos de saúde para cirurgias de vasectomia e ligadura de trompas deve ser comemorada, de acordo com o presidente em exercício do Cremesp (Conselho Regional de Medicina do Estado de São Paulo), Luiz Alberto Bacheschi.

Esses procedimentos, atualmente, podem ser autorizados por alguns planos de saúde após um processo demorado, que inclui a indicação médica e uma perícia detalhada da instituição para que os custos sejam cobertos. Com a obrigatoriedade da cobertura, apenas a indicação médica será necessária para que o conveniado possa ser operado.

No entanto, pondera o superintendente da Confederação das Santas Casas de Misericórdia, José Luiz Spigolon, apesar de liberadas pelo plano, as cirurgias não poderão ser feitas arbitrariamente. "Mesmo com a facilidade do convênio médico, a ligadura de trompas e a vasectomia não podem ser realizadas sem uma boa avaliação médica", diz.

Reynaldo Ayer de Oliveira, professor de bioética da Faculdade de Medicina da USP (Universidade de São Paulo), fala que a indicação das cirurgias têm regras que devem ser levadas em consideração para que sejam realizadas.

A mulher, por exemplo, pode recorrer à ligadura de trompas caso uma gravidez coloque sua vida ou a do bebê em risco. É o caso de pacientes que têm pressão alta ou já passaram por mais de três cesarianas. Nesse último caso, há risco de o útero se romper durante a gravidez.

Ainda assim, a decisão final pode ser do paciente, como afirma o professor. "A medicina sempre pensa no que traz prejuízo à pessoa. Se o risco de engravidar a prejudica, ela pode escolher a cirurgia de esterilização, desde que bem orientada por especialista."

O Ministério da Saúde indica que essas cirurgias devem ser realizadas somente em pessoas com mais de 25 anos ou pelo menos dois filhos vivos e que haja um prazo mínimo de sessenta dias entre a manifestação da vontade do paciente e o procedimento cirúrgico.

Segundo o diretor presidente da ANS (Agência Nacional de Saúde Suplementar), Fausto Pereira dos Santos, a agência autoriza os procedimentos de acordo com o protocolo do ministério. Ele não acredita que a cobertura estimulará os conveniados a realizar esse tipo de cirurgia. "Esses procedimentos não são de alto custo, provavelmente quem realmente precisou realizá-los e não pôde pelo convênio já os fez no sistema privado", argumenta.

Figure 6. Newspaper article from 2007 announcing that Health care plans are going to cover the costs of vasectomies and tubal ligations.

Doctors are forced then, if they do perform the sterilization, to document a different procedure on official forms, many of the popular ones being vaginal plastic surgery or bladder lifts, which are similar in cost to tubal ligations. This allows them to get reimbursed for the surgeries. While SUS, the public system of healthcare in the country pays for sterilizations, "it takes forever to get one as the public hospitals are always overcrowded".[86] I was also informed that there were quotas for sterilizations, such that if a hospital exceeded the number of tubal ligations allotted for a time period, the government would not reimburse the expensive surgery. This was often a reason for local politicians/doctor friends of local politicians to take women to their practices in the interior of the state because the less dense population meant that the quotas for sterilizations

were often not filled. And this practice served as a way for local politicians to make the women feel that they had received a favor paid for by the politician, thus making the women more likely to convince family and friends to vote for the politician.

Black health in Brazil is precarious, with *negros* dying in greater numbers than *brancos* from HIV/AIDS, homicide, alcoholism and mental illness, stroke, diabetes and tuberculosis (Pagano, 2012; Araújo, 2009; Batista, Escuder and Pereira, 2004; Santos, 2007; Oliveira, 2002). *Negras* and their infants experience higher rates of maternal and infant mortality than their *branco* counterparts (Zordo, 2014). *Negras* have less access to education, lower socio-economic status, more precarious living conditions and greater chances of dying during pregnancy, placing them at a risk for death of up to seven times more than their *branca* counterparts (Martins, 2006). Arterial hypertension, to which black women are also more susceptible even without pregnancy, is well known as a preventable cause of maternal mortality (CLADEM, 2008; Oliveira, 2002). Black women have less time during their appointments than their white counterparts and 74.5% white women vs 55.7% black women reported getting pre-natal care (SUS sem Racismo Facebook page, 2015). When giving birth, 27% of black women had a medical caregiver present versus 46.2% of white women (SUS sem Racismo Facebook page, 2015). Many black women report poor treatment from doctors when they go to the hospital for botched abortions, ranging from impersonal and superficial treatment, verbal abuse, abandonment, and racism (Dissertation lecture about abortion at UFBA, 2012).

Camila and her daughter shared with me a story of a young girl that had become prematurely and unwantedly pregnant. As abortions are illegal in Brazil, and the young lady did not want to suffer the shame that would surely accompany the birth of the child, she attempted suicide by way of rat poison. Unfortunately or fortunately, she did not take a sufficient amount to

kill herself but a sufficient amount to stiffen the joints of her unborn child. Her child would now be subjected to a life with a body that was even less desirable than it would have been. Another participant relayed her personal story of using rat poison to abort her unborn child. In her case, she had been successful and able to convince the doctors that she had spontaneously aborted (a miscarriage), so as to avoid the treatment of being left to the side to suffer for her "sin" while doctors attended to the other patients. I had learned that rat poison was a way that people committed suicide and carried out abortions. One can imagine the risks involved in determining the right amount to use for one's aims when utilizing a substance created to kill an animal. For those women without money, the option of going to abort in a private beachfront suite with an attentive and careful doctor is non-existent. The hope for fair and respectful treatment at the hospital when dealing with complications of a homemade abortion that doesn't result in one's death is not always guaranteed. The plants that Camila used for her abortion are difficult to find as the urbanization of Salvador has replaced the natural habitat for these plants with high-rise buildings and homes.

SUS (Sistema Único de Saúde or Unified Health System), created in 1988 as part of the new democratic constitution of Brazil, for the first time made health care a universal citizen's right and signified an assumption of responsibility by the state for guaranteeing "universal and equal access" to health care (Pagano, 2012; Brazil 1988). The language of the constitution posits SUS as having the goal of providing an integrated or comprehensive array of health services (Pagano, 2012). Pagano's work further points out the way that community participation as a requirement of SUS has resulted in numerous partnerships between public health departments and civil society organizations in Brazil, reflecting a deferring of state responsibilities to civil society in a way that is often associated with neoliberal techniques of government (2012). A

rationale for this deferment has been that civil society is more in tune with the needs of the populations they represent, particularly in regards to "'vulnerable', hard-to-reach, or stigmatized populations" (Pagano, 2012). Women on the margins of society, where black women are over-represented, then are at the mercy of poorly trained medical staff working within an inadequate health care infrastructure and poorly managed health services (CLADEM,[87] 2008) and/or the interest in health as an area of interest for civil society in their area, which is a far cry from the rights rhetoric induced to craft the constitution and make up the guiding principles of SUS.

> "According to a study conducted by AMNB, black women are champions in the performance of housework without labor rights guaranteed and mortality rates by maternal death as a result of complications during pregnancy, childbirth, and the postpartum period."
>
> —From blog entry on black population health blog, written by a black woman movement member.
>
> "I've had vaginal plastic surgery. With Dr. Ferreira. He did the tubal ligation and the plastic surgery also, in the vagina. Because when we give birth, the vagina is flaccid. So, he did the plastic surgery also…(in response to whether she asked for the plastic surgery) No, he said that it had to be done. Because it is a way for him to get the government quota, understand?"
>
> —Rosa, sterilized mother of two

It is unclear whether Rosa actually had vaginal plastic surgery. On one hand, Rosa is under the impression that she had a vaginal plastic surgery as a requirement to get her tubes tied. On the other hand, activists and nurses informed me of the relationship between sterilizations and vaginal plastic surgery, due to the similarity in price of the two medical procedures. More importantly, this ambiguity about this second surgery provides another opportunity for us to understand the Brazilian government and public health system functioning. Brazilian government policy and funding makes plastic surgery more easily accessible than sterilization. As in the past, when sterilizations were piggybacked with c-sections, sterilizations can be piggybacked with other surgeries or completely replaced by them to provide the maximum

financial return for the doctor. The right to be beautiful seems to be an easier right to exercise for poor and black women in Brazil. The way that an exercise of a right to utilize science and medical innovation to make oneself aesthetically pleasing can facilitate the exercise of one's reproductive right to choose to permanently stop one's reproduction further links the importance of beauty and bodily aesthetics in the question of women's reproduction. Both of these, aesthetics and sterilization, on their own or in conjunction, are tools by which women attempt to ensure their lives and the lives of their children. Rosa, despite speaking about her possible vaginal plastic surgery with some shame, accepted it as a condition by which she could secure a tubal ligation. The added advantage of having allowed the means for a more pleasing sexual aesthetic, a tightened vagina, also increases the chances that Rosa's partner stays and does not stray completely.

Thus in this milieu, how can we characterize the options available to black women for the control of their reproduction and their children? Many of the Brazilian black activists have characterized this social reality as a navigation of an ongoing genocide by the Brazilian state. Saidiya Hartman asks that we rethink the notion that the "recognition of humanity and individuality" of enslaved Africans and their subsequent freedom from slavery was liberatory (1997). Rather she wants us to think of it as having actually served to further "tether, bind and oppress" (Hartman, 1997). The ending of slavery liberated a population of black and brown marked bodies into a societal context built and reliant on their subordination, an anti-black society with no place for them. Black Brazilian women rely significantly on their bodies fitting into a particular aesthetic to be seen as attractive at best, or sexually desirable or knowable, while simultaneously having to rely on methods of contraception that distort and mis-form their bodies, as Camila and Bruna's earlier comments indicate. Their ability to control their reproduction and

children is dependent on how well they navigate their marginalization as citizens and away from modernity. While on one hand, there are doctors and politicians sterilizing women without their knowledge, there are those who do not grant the desires of a woman wishing, even needing, to end her reproductive capacities. The refusal to grant a woman an end to her reproductive life leaves her susceptible to maternal mortality, unsafe abortions, further socio-economic marginality—in other words, a variety of deaths, physical, emotional, and/or social.

The legal definition for genocide, based on the definition in Article 2 of the Convention on the Prevention and Punishment of the Crime of Genocide (1948) is as follows:

> any of the following acts committed with intent to destroy, in whole or in part, a national, ethnical, racial or religious group, as such: killing members of the group; causing bodily or mental harm to members of the group; deliberately inflicting on the group conditions of life calculated to bring about its physical destruction in whole or in part; imposing measures intended to prevent births within the group; [and] forcibly transferring children of the group to another group.

Brazilian president, Dilma Rousseff, in 2013, in response to a shortage of Brazilian medical personnel, particularly in rural and underserved parts of Brazil, made an agreement with Cuba which would see Brazil supplied with Cuban medical doctors. The Cuban medical doctors arrived to meet resistance from the Brazilian medical establishment[88]. Cuban medical doctors were also greeted by Brazilian medical doctors and elite chanting "slaves", "boos", and being said to look like domestic workers[89]. The quality of the Cuban medical doctors' training were questioned and thus the quality of care they could provide.[90] It should be noted that these doctors from Cuba were coming to address the shortage of medical doctors for the Brazilian population most reliant on the public healthcare system and living in areas that are more rural and underserved. And this is after very few Brazilian doctors accepted offers by the Brazilian government of very high salaries to go live and work in these areas.

The Brazilian medical establishments' resistance to the "More Doctors" program can be read a multitude of ways. I am interested in the implications of such resistance, had it succeeded, of continuing the alienation and marginalization of a large segment of the national population away from basic access to medical care. The black and brown living in rural areas are mostly underserved, in terms of health but could also extend to education and other basic necessities. In urban areas, a police department is found to have circulated documents which explicitly mark darker skinned Brazilians as suspicious and thus to be stopped[91]. This incident is particularly troubling because young black and brown youth are killed routinely and unjustifiably by the police. Sterilizations without permission in rural poor areas and among the poor in general, impose an uninvited end to a community's reproduction. These acts have been seen and characterized by Brazilian activists as acts committed with the intent to destroy, in whole or in part, a racial group. I would ask, can we think of the refusal to grant a woman the right to carry out her desire to end her reproductive career, specifically women who fit into the common high-risk categories of women at risk for death by preventable maternal mortality in Brazil-young, low-income, low level of education, of Afro descent and living in a poor neighborhood (CLADEM, 2008)-as an act that puts these women and their unborn children at risk for death, as an act committed with the intent to destroy a racial group? How can we understand the fact that risks associated with preventable maternal mortality include markers that indicate black women, such as low level of education, low income, living in poor neighborhood, as well as more explicitly names blackness as a risk for death by maternal mortality?

The burden of proving intention, as a colleague pointed out in a discussion over tea in Berkeley, reminded me uncomfortably of the advice and hesitation of some black activists and scholars who also pause before calling what is happening a genocide. As Harriet Washington

asks in her work Medical Apartheid, is *genocide* an accurate description for an overrepresentation of black and brown Brazilian women utilizing sterilization as a contraceptive method (2006)?[92] Perhaps I am less concerned with taking on the burden of proving that there is an intention to destroy in whole or part a racial group or the genocidal plan itself and more interested in the possibility that deeming what is occurring a genocide, is an indication or nudge towards a way to better understand a certain kind of governance, a particular functioning of power that is still very much rooted in the past conceptualizing and understanding of race, particularly the black body.

Foucault urged us to think about a shifting in power that exerted itself by "kill and let live" to one that did so by "make live and let die". "For the first time in history, the possibilities of the social sciences are made known, and at once it becomes possible to both protect life and to authorize a holocaust" (Foucault, as quoted by Agamben, 1998). Through appropriate technologies, disciplinary control of bio-power created the "docile bodies" that were needed by the sovereign (Agamben, 1998). Foucault's work has been helpful in thinking through power and its shifts in certain instances and situations, particularly for what has traditionally been considered the "center" and its relations to the "peripheries" and "peripheries" within. How do we think about Brazil and the question of power, as Brazil is neither "center" nor "periphery"? Agamben's Homo Sacer, explores the sovereign and destructive violence through the death camps or those moments and places that strip the inhabitants of their political status and are reduced to bare life (Mbembe, 2003). Mbembe worries himself with "those figures of sovereignty whose central project is not the struggle for autonomy but *the generalized instrumentalization of human existence and the material destruction of human bodies and populations*"[93] in his positing of necropolitics and necropower to explain the creation of *"death-*

worlds, new and unique forms of social existence in which vast populations are subjected to conditions of life conferring upon them the status of *living dead*" (2003). Mbembe does this by looking specifically at the colony. I want to pull from a moment in the development of Mbembe's thesis when he states that in

> "Foucault's terms, racism is above all the technology aimed at permitting the exercise of biopower, 'that old sovereign right of death'. In the economy of biopower, the function of racism is to regulate the distribution of death and to make possible the murderous functions of the state. It is, he says, 'the condition for the acceptability of putting to death'"

Here we see a linking of the politics of race to the politics of death as Arendt also suggests, according to Mbembe (2003).

For Mbembe, the colony was the "site where sovereignty consists fundamentally in the exercise of a power outside the law and where 'peace' is more likely to take on the face of a 'war without end'", at least in the "modern philosophical thought and European political practice and imaginary" (2003). The colonies then, inhabited by savages and not yet a "human world", were the zones in which the "controls and guarantees of judicial order can be suspended" and ruled in "absolute lawlessness" (Mbembe, 2003). Ruling outside of law in the colony was sanctionable due to the "racial denial of any common bond between the conqueror and the native. In the eyes of the conqueror, *savage life* is just another form of *animal life*, a horrifying experience, something alien beyond imagination or comprehension" (Mbembe, 2003). As some sort of "'natural' human beings", their deaths weren't considered murders by the conquerors (Arendt, as paraphrased by Mbembe, 2003). Those Luso-Brazilians who took enslaved African women as their concubines were not considered to be committing any sin, as preached by the priests (Router, 1976). The colonial world served as the testing grounds for the "selection of races, the prohibition of mixed marriages, forced sterilizations, even the extermination of vanquished

peoples" (Mbembe, 2003) and the unleashing of a potential for violence unknown before (Arendt, as summarized by Mbembe, 2003).

It is then, in the context of the colony and colonial conquest in which humans, reduced to bodies and flesh, in other words, stripped of their humanity, were taken with the intent to further dehumanize them into the slave and put onto the plantation. Mbembe describes the plantation context as one in which "the humanity of the slave appears as the perfect figure of the shadow" (2003) and the slave condition is as a result of a triple loss. That triple loss is the "loss of a 'home', loss of rights over his or her body, and loss of political status" (Mbembe, 2003), a triple loss that Mbembe further characterizes as identical with "absolute domination, natal alienation, and social death (expulsion from humanity altogether)". The *savage life* that was another form of *animal life* was further reduced to slave life, "a form of death-in-life", a life in a "*state of injury,* in a phantom-like world of horrors and intense cruelty and profanity", life as "a 'thing' possessed by another person, the slave existence appears as a perfect figure of a shadow" (Mbembe, 2003).

The already dehumanized *animal life* black was then further degraded to a slave life or death-in-life to be taken to the plantation context in another colony with its own natives, its own *savage life.* Mbembe again describes colonial occupation as a "writing on the ground a new set of social and spatial relations", which was,

> ultimately, tantamount to the production of boundaries and hierarchies, zones and enclaves; the subversion of existing property arrangements; the classification of people according to different categories; resource extraction; and finally, the manufacturing of a large reservoir of cultural imaginaries. These imaginaries gave meaning to the enactment of differential rights to differing categories of people for different purposes within the same space; in brief, the exercise of sovereignty. Space was therefore the raw material of sovereignty and the violence it carried with it. Sovereignty meant occupation and occupation meant relegating the colonized into a third zone between subjecthood and objecthood.

(2003).

What does having undergone or come from a lineage that has undergone or at least bearing marks of a people that have been triply expelled from humanity and forced to linger in that nonhumanity despite the independence of the colony of Brazil and the abolition of slavery in Brazil mean for constructing a life, creating and maintaining life, one's own and that of one's offspring? A nonhumanity and death-in-life that continues, albeit the plantation replaced by *favelas* as death camps, prisons, marginality, and other forms of social and cultural exclusion, that can be read in the decision-making process and attempts to secure sterilizations, particularly by black women. Women speak about being good mothers and thus wanting to limit the number of children they have to two. But what is at stake as well, is the ability to create and sustain a life, their children's, two at most, in such a way that allows for the children to escape the doling out of death that comes as "kill" by police or "let die" in the margins, un/undereducated, malnourished, impoverished, violence riddled dwellings, and often unseen. The maintenance of the mother's life is also in consideration as many black women die in childbirth, pregnancy, and attempts to end pregnancies, if they escape the other violences of life they face in their everyday living. At the whims of those able to exercise their power outside the law, as is often the case in Brazil for the elite and middle class (Holston 2008), black women's decisions and attempts to control their reproduction to keep the number of children low to better provide for them, also serve to prepare their children to be more than instrumentalized existences and/or the human bodies up for destruction. Black women who attempt to aesthetically reproduce-same father for all children, proper number of children, ideal combination of gender of children, planned children-do so in an effort to make their children legible as worthy of a particular life beyond solely manual and sexual labor.

My intention in approaching my work was not necessarily to only solicit participation from black and/or poor women nor to necessarily focus on race. The results prove otherwise and I argue then the centrality of race in the question of sterilization in Brazil and more broadly reproduction. To only focus on the economic aspect of the issue in Brazil is to continue to elide the way that race and racism function in shaping and impacting the ways in which women live as women, mothers, sexual beings, and citizens in very meaningful ways. I would argue that race and racism, even more so than class, which is always already linked ominously with race, play a more important role in reproduction outcomes for Brazilian women. Paying attention to race allows us to see the ways that things have in fact remained relatively the same, albeit shifting in some ways the mechanisms by which they work. The ways that notions of citizenship and humanity imbued with rights and individuality have served to further entrench hierarchies, distinctions between humans and delineate groups for life and groups for something not quite life (Sanabria, 2010; Holston, 2008; Hartman, 1997), is even more apparent when we pay attention to race, racism and the role it plays in the process of social and physical reproduction, those moments at which the anatomo-polital and bio-political axes intersect.

Conclusion

I am arguing that this case of Brazil should not been seen as just a mere case of stratified reproduction. Shelley Colen's stratified reproduction describes "the power relations by which some categories of people are empowered to nurture and reproduce, while others are disempowered" (Ginsburg and Rapp, 1995). To do so would be a simplistic characterization of Brazil as another racist, classist, sexist, and unequal society. It is all of these things, and certainly the categories of women are differentially empowered or disempowered in terms of

reproduction. But it is not simply a reproduction of the stratification that happens in countries of the Global North for example nor the Global South. As Brazil's geopolitical positioning itself is up for contest, its reproduction as a nation has impacts for its governance and ascent out of the Global South. I am pointing to the power relations that structure and influence the power relations within Brazil, complicating a model of empowering some to nurture and reproduce and disempowering others. As I have tried to demonstrate in both this chapter and the last, there are multiple factors at play, based in power relations, that serve to simultaneously empower and disempower reproduction of not completely fixed categories of women. Attention to race and racism, particularly anti-black racism and the case of blackness, and beauty, illuminates and draws out some of the more intricate workings of power in the realm of reproduction. We also get to notice factors that often go undervalued or as unrelated to the question of reproduction, such as aesthetics and historical legacies.

Chapter Four: Reproductive "Choice" and Agency: Aesthetics of Rationality as Fertility Control

Chapter Overview

The last two chapters brought from the margins the question of race, historical legacies of slavery, and aesthetics to bear on studies about reproduction more generally and sterilization specifically. This chapter serves as a meditation on the way aesthetics is related to questions about reproductive choice and agency. The question of reproductive choice and agency arises when one sets out to study groups understood as marginalized. I offer this chapter in an attempt to problematize the very of act of asking about reproductive choice and agency in particular instances. I attempt to reveal the underlying racism in the concept of agency, questioning its validity as a framework through which to understand the decision-making of marginalized groups, particularly the black population within a country with a history of slavery. I support this argument by pointing to the value that transgressive expressions of agency are given over more submissive ones. I also point to the method of identifying an expression of agency and the way it functions differently for different populations of people. Where one group's agency is based on their stated or assumed intentions, another group's agency may be based on the results. The results often represent the limitations of one's agency that doesn't allow the intentions to come to fruition. I draw our attention to the problematic ways we frame and use the concepts of reproductive rights, reproductive choice, and agency as well as our reliance on intentions and results, differentially assumed for different populations, to articulate how I see aesthetics at play. I posit that there is an aesthetics to what rationality looks like, reproductively. This aesthetics entails fertility control. In other words, rationality can be read through one's ability and "choice" to limit the number of children to two or fewer. But not all bodies/families/people, even when

demonstrating an "appropriate" number of offspring, 2 or fewer, can be read as demonstrating fertility control and thus rationality, as rationality is always already tied to race and class. On one hand, the inability to read rationality on certain bodies, produces the need to ask questions about reproductive choice and agency. On the other hand, if a certain level of rationality, and thus some level of proximity to modernity, personhood, and humanness, can be demonstrated through the number of children one bears, how do we talk about reproductive choice and agency for anyone, but particularly the poor and raced?

Reproductive "Choice"

> On April 2, 1991, I presented to the then mayor of Salvador, Fernando José, a family planning project for the city of Salvador in a simple ceremony accompanied by councilors Pedro Godinho, Robespierre and Álvaro Martins, that despite belonging to to different parties, united in defense of this initiative. The situation was evaluated as serious, in virtue of the rapid growth of the population that occupied the vacant lots/wastelands and the margins of Bay of All Saints, degrading the environment. In the presentation of the project, I called attention to the numbers that showed the city that had taken 400 years to reach 200 thousand inhabitants and had jumped to more 2 million in less than 50 years…that included a permanent education campaign, encouraging the use of the existing diverse methods for the voluntary practice of contraception. (Coutinho, 2009)[94]

This quote comes from the book titled, Bahia Menos Violência Mais Felicidade: Como o controle voluntário da natalidade contribuiu para diminuir a violência no Estado da Bahia (1984-2004)/Bahia Less Violence More Happiness: How the voluntary control of births contributed to the decrease of violence in Bahia State (1984-2004) and written by the famous physician, professor, researcher, and reproductive health innovator, Elsimar Coutinho. His work and advocacy of contraceptives in Brazil has been controversial but he has remained unfettered. I pull this quote to highlight the fraught nature of talking about reproductive choice in such a context. A context in which high levels of violence are linked to black women's reproduction—

Bahia is noted for its large black population. Also, a context in which the concerns highlighted as signaling the necessity of a family planning project are those related to the environment and population growth. In such a context, how do we make sense of how a black women decides the number of children she would like to have? How do we understand a family planning project that included in its proposal an educational component which would "encourage" the use of the various methods of contraception available? I am trying to draw attention to the difference in encouragement and merely educating about the contraceptives available for use. If we can agree that encouragement is distinct from merely presenting the available methods, how does this impact what we understand as choice, both for the marginalized and those whom we assume are unencumbered by culture, tradition, religion, and the other factors that stand in the way of freely charting their life decisions?

Perhaps as problematic as the questions raised about choice is the slight misrepresentation of the population in question, which is also related to these questions of choice and agency. By 1986, the rates of sterilization were over 40% for coupled (married or living with a partner) women between the ages of 15-54 (dos Santos, 2012). While this statistic does not account for women who were uncoupled, what is of importance is the fact that many women were getting sterilized because of the lack of reliable contraceptives available. Poor women, particularly in the Northeast and North of the country, who could not afford to pay for sterilizations, relied on other means to secure sterilizations for themselves. In other words, women's non-use of a more diverse range of contraceptives and/or ignorance of the methods was due less to women's unwillingness to control their reproduction and rather the government's mostly non-existent attention to this issue. Furthermore, the gender roles that restrict the autonomy that a woman can over her body and the decision over how many children to have or

the use of contraceptives, gets elided in a characterization of women needing to be "encouraged". The other non-modern methods that women employ to avoid pregnancy are also not valued as signaling that the women are attempting to reduce the number of pregnancies they have. These women, then, are culpable for the results—bearing more than two children—which are influenced by a number of factors outside of their control, while their intentions are made irrelevant. This characterization of women in need of encouragement to control their fertility through the use of contraceptives then complicates how we can and should understand decisions by women to limit family size and the method of contraception that they choose. Do women choose to limit family size because they want to or because of the social capital that is supposed to accompany such a decision? The decision to use contraceptives and which contraceptives can similarly be scrutinized. Further, what do these questions matter when in fact many of these family planning initiatives use the language of choice and rights but also come with prescribed ways that women, men, and couples should exercise their reproductive rights?

Silvia de Zordo demonstrates how Dr. Coutinho and many from his generation saw family planning as "an instrument of preventive medicine" (2012, quoting Coutinho, 1998), as a weapon against underdevelopment, and as a means "to turn human reproduction into a rational practice" to ensure healthy and productive citizens (2012). Physicians then had the responsibility of educating the poor to "'rationalise' their desires and plan the size of their families according to their socio-economic and health conditions and poor people had the civic duty to sacrifice or at least postpone their desire to have a family by adopting highly efficient contraceptives" (Zordo, 2012). More importantly, family planning promoters and advocates have a legacy of imagining the poor as irrational as demonstrated by the size of their families and their non-use of contraceptives. The ways that class and race are linked means that non-white populations are

often understood as poor and thus irrational, demonstrably through their family sizes and non-use of contraceptives. Understanding these populations as ones in need of education regarding how to rationalize their desires and plan their families accordingly, complicates any meaning that reproductive choice and agency could have in relation to said populations. On one hand, a black woman or poor woman's family of two or fewer children has less chance of ever being comprehended as the "rational" un-influenced choice of the woman. This is evidenced in the trajectory of research into sterilization for example, which either looks to understand if women have been forced/coerced into their decisions about sterilization, focuses on cases of clear abuse and force, or attempts to demonstrate that the women's decisions are a result of an exercise of agency. On the other hand, too much emphasis is put on women's actions without attention to the structural forces that constricts their intentions and desires that fall in line with what is considered rational—an emphasis on results and not intention for certain populations. And more problematic is the inability to discuss the imposition of the notion of human reproduction as a rational practice, and the necessity for planning a family, informed and in accordance with an ideology dominated with concerns about overpopulation, a narrow definition of development, and environmental degradation. In other words, there are no other ways to imagine and talk about human reproduction outside of the notions of plannedness, contraceptive use, and choice. This is somewhat captured in Zordo's point that, "Family planning is in fact experienced by most female family planning users as both a 'duty', a heavy moral and social responsibility they have to carry to avoid stigmatization and to contribute to the well-being of their family, and as a means of social enhancement" (2012). This sense of duty and means for social enhancement that reproduction represents is not new, but rather I am interested in the way that the language used in talking about family planning and reproductive rights—freedom, choice, individual/couple—

actually serves to reproduce previous constraints on reproduction—responsibility to a social/environment/culture, limited options, and governance. Women are no less encumbered than they previously were.

Limitations of "Choice"

"To say to a person who feels beaten down and powerless and who does not have the means, 'you can make a choice,' is nonsense…" (Avery, 1990) is characterized by Rashmi Luthra as diametrically opposed to Celeste Condit's description of the rhetoric of choice as enabling the articulation of women's interests in the public arena (1993). Byllye Avery, who is posited as "fully conscious of the interplay of gender, race and class in the lives of women of color", through her comment, provides a critique to Condit's problematic classification of "choice" as of interest to women, as though the category of woman was inclusive when it really represents the interests of white women (Luthra, 1993). Although the necessity of this corrective was and remains valid in dismantling racism, classism, homophobia, ableism, etc. within the feminist movement, this dichotomy reinforces a binary in which white women are merely faced with choices—to sterilize or not/to abort or not—while "other" women have much more complex ties to culture/tradition and situations which complicate the question. This is not to say that all women are faced with similar circumstances but rather I am pointing to this underlying and unspoken understanding that comprehends female whiteness, preferably elite, heterosexual, and able-bodied, as inherently able to rise above social pressures and impositions and "rationally" decide between two different options while "others"—non-whites, poor, non-heterosexual, differently-abled—are over-burdened with balancing the multiple social pressures and impositions to the point of impeding any sort of "rational" decision-making.

Further critiques of the concept of choice relate to its hollowness, abstractness, and inability to speak to the "concrete realities experienced by women of color" (Luthra, 1993). Andrea Smith has discussed the ways that choice undergirds much of the policy that governs the politics of reproduction, often serving to further marginalize particular populations (2005). Betsy Hartmann further cautioned about the futility of distinguishing between two seemingly different interests when they are ultimately anti-women and seeking to control women and their bodies(1995). Rosalind Petchesky outlines three limitations of the concept of "choice": 1) the principle is insufficient to address moral questions regarding when, under what conditions and the purposes for which reproductive decisions should be made; 2) an assertion of women's choice as absolute and exclusive can be used against women such that women are solely responsible for pregnancy and children and misses the opportunity to challenge social structure and social relations of production and reproduction; 3) a "'woman's right to choose' is vulnerable to political manipulation" due to the ease with which the principles of individuality and control over one's own body get utilized toward bourgeois individualism (1990). Greta Gaard points out that emphasizing choice and privacy has ultimately backfired against the larger feminist goals (2010). Choice is also easily manipulated for the purposes of capitalism—right to choice as a right to consume—which can also impede and de-incentivize the governments from investing in public health and rather moving towards privatized health (Morgan & Roberts, 2009; Fried, 2008; Sanabria, 2012). Luthra takes up the issue of what she labels as an underlying issue in the debates about "choice"—the senses in which "choice" is authentic or inauthentic in the debates. While trying to highlight the impossibility of an "authentic choice" in the context of imperialism, racism, and poverty for women of color in the United States and feminist activists in India, and the ways that women "are made to collude in patriarchy in sexist and patriarchal

societies"—through the notion of "false consciousness" (1993)—again she constructs a binary. This binary operates by characterizing white, elite, "first-world" women as somehow not subject to the effects and demands of imperialism, colonialism and their legacies, racism, and poverty, albeit very differently, and the ways in which they also often collude in patriarchy, as well as racism and elitism. Recognizing our collective conscription to the various institutional, societal, and cultural norms and structures, even if differentially, has impacts for the ways we characterize problems and seek solutions to solve them and can open up different possibilities for thinking and talking about reproductive issues. But if "choice" serves as an appropriate concept through which to speak and grasp the experiences of white, elite women in the U.S., it should not be assumed that the concept will serve for white elite women in Brazil let alone black women and poor women. We must remember that the conditions out which the concept of "choice" was made possible and salient for certain populations of women necessitates that the same conditions subjugate and diminish any salience for the concept of "choice" for "other" women.

More importantly, if we can tear ourselves away from the underlying racism and elitism that inform how we think about choice, rationality, and decision-making, we might better grasp that coercion is the darker side, the underbelly. Coercion is the uglier face of "choice" that we are able to notice for particular populations—populations that we tend to classify as darker, uglier, poorer, dirtier, dumber, etc. In fact, the ability to recognize coercion as operative for particular populations is rather useful for continuing to constitute one's self as different, as a rational, choice-maker, as closer to a lighter, prettier, more elite, cleaner, smarter side. Marina, from the previous chapter, thinks that women are choosing sterilization as a way for them to have enjoyable sex free from the worry of pregnancy. This is usually posited as an exercise of reproductive and sexual rights and a woman's "right to choose" without seeing how this "choice"

is already prescripted. This fails to recognize the ways that being a "rational choice-maker" is also always already a coercion, better masked and at lower risk for detection—researchers know for which populations we ask such questions about choice and agency. The ability "to choose" entails options to choose from, which is already limited and not usually within our control. Who or what provides the options to choose from? Agency becomes an important factor to understanding the debates around choice as it relates to reproduction generally and particularly in Brazil. And as it relates to structures and the structuring of what can constitute "choice".

Agency

I am often asked, what is your project about? To which I replied , "It is about sterilization in Brazil". The responses to my response always varied but most always they asked if I was studying forced sterilizations and if Brazil was also forcing its women to get sterilized. I would answer that I was not focused necessarily on cases of obvious force but on all the different reasons for sterilization. However, I began to wonder if cases of forced sterilization were the only ones worth studying/noting? These cases were more exciting. They made researchers want to don their feminist/human rights activist/facebook activist hat and shout for justice. But are we as researchers not aware that these sort of things don't necessarily function in these blatant and overt ways anymore. Said another way, what does force look like today? Afterall, a friend of mine in Brazil had narrated a story of how his mom and aunts all had gone to the hospital with intentions of getting sterilized but because of the way that doctors and nurses "oriented" them, when they "chose" to sterilize, they no longer felt ownership of the decision.

-Fieldnotes from July 2010

> "…Women don't really understand that, about sterilization in the form of, that that is a form of violation, of rights, not a choice to, to be sterilized. When the doctors sterilize them, the major-, the majority of times, they think it is correct because they needed to do this…So the majority of times, doctors sterilize women without informing them. But when they find out, many of them don't worry about it because they also needed to do it, so its all kind of combined with the point of view of necessity…because women look to sterilize and the doctors sterilize them without any orientation but the women think it is like that and don't consider that to sterilize, that they need to be oriented about age, and that there are other control mechanisms, of reversible contraceptive methods that wouldn't…"
>
> -Flor, black activist

This project never was and will never be an attempt to recoup agency for the women who choose to participate in my research study; neither is it a project to find or define new versions of agency, particularly for populations which have traditionally been marginalized and disadvantaged. This project begins from the premise that the continued construction of research on human subjects in terms of asking if they have agency serves to construct and maintain boundaries of the human in problematic ways.

The case of sterilization in Brazil elicits an expectation of an exploration of questions about structure and agency and medicalization and reproductive agency (O'Dougherty, 2008; de Bessa, 2006). de Bessa points out that scholars have wondered "whether the demand for sterilization signifies an attempt at greater autonomy or whether it is a last resort taken by desperate women" (2006). The linked history of forced and coercive sterilizations, eugenics, population control, and other cases of abuse/force/coercion with different populations around the world has heavily influenced the approach to research of this topic. Carranza points to this historical link when she discusses the way that sterilization only becomes an issue in cases of abuse, force, coercion, and poverty (2003), moments that have come to be understood as major reductions even to the point of elimination, of one's agency. I see this tendency to ask about agency when poor women voluntary utilize sterilization, as indicative of an underlying logic in the construction and understanding of certain marginalized groups as incapable of making "rational" decisions about their lives. The search for agency amongst marginalized and oppressed groups in their actions for living, is an inability or unwillingness to see these populations as capable of action beyond resistance or compliance. Researchers' insistence on finding and demonstrating transgressive agency of underprivileged populations may say more

about the structural positioning of the researchers and institutions supporting research vs that of the researched.

The notion of agency has undergone many iterations and critiques by social science researchers. Social scientists have demonstrated the futility of accepting a conceptualization of agency as "the capacity to realize one's own interests against the weight of custom, tradition, transcendental will or other obstacles (whether individual or collective)" and criticized the liberal presuppositions placing agency in a binary of subordination and resistance, which asks us to look beyond acts deemed resistant to norm transgressing to explore other ways of engaging with norms that reveal other relationships (Mahmood, 2005; Holston, 2008; Omari-Tunkara, 2005; Thompson, 2005). Still others have critiqued the conceptualization of agency as active, autonomous agents vs passive, constrained, subjected ones in a way that falsely separates agency from structure and misinterprets their relationship, curtailing the opportunity to understand the ways that norms are performed, inhabited, lived, and experienced outside of subordination or resistance (Butler, 1993; Mahmood, 2005; O'Dougherty, 2008; Carter, 1995).

I do not ask then in my research whether participants are expressing their agency or whether their accounts of their life and reproductive histories represent expressions of agency. I assume agency for all participants, where agency is understood as life itself and its expression differently constrained by society. All agents have their ability to express their agency differently constrained by societal structures, institutions, stratifications, and hierarchies. This allows for more complex understandings of the ways that people attempt to live their lives and live those lives well. By saying that agency is life itself then, I mean the attempts one makes to sustain a life, but I do not preclude the act of death. In other words, one's taking of their own life is an act of agency in that it is an act that may make life possible and/or may open up the possibility for a

life worthy of being lived, in death. But death here can also be the rejection "of the terms of the social order or these acts that are sometimes called suicide or self-destruction, but which are really an embrace of death" (Hartman, 2003).

I do not scrutinize my participants' actions and ideas within the binary of transgression or submission per se and rather can look at the nuances of their attempts to live a life they determine worth living. Even when women, as described by Flor, accept having had a decision about their reproductive capabilities decided for them without asking their input as to what they needed, this acceptance can be seen as their ability to view the abuse/violation as an opportunity to continue to live and to live a certain sort of life. I found that a search for agency—or its lack—failed to account for the ways that women talked and experienced the decision to sterilize and the sterilization itself. A more nuanced set of emotional and political processes were in place than a metric of agency in which resisting or transgressing is given currency deemed "good". English and Comparative Literature scholar Saidiya Hartman, in her interview with scholar Frank B. Wilderson III, discusses the way that "social revisionist history undertaken by many leftists in the 1970s, who were trying to locate the agency of dominated groups, resulted in celebratory narratives of the oppressed" (2003), in a way that I see akin to looking for a good agency.[95]

Hartman asks how the notion of agency is further complicated when we think about the way that black agency gets linked to criminality. During slavery in the United States, blacks were allowed to be agents when they were resisting their masters or overseers or killing their oppressors, in other words, committing crimes (Hartman, 2003). Yet crimes could not be committed against them and neither could their masters be held culpable or responsible for killing or raping their slaves (Hartman, 2003). The link between blackness and criminality has not decreased and has in fact increased and been strengthened, such that even activities of daily

life, such as driving an expensive car, when performed by black people, is often seen as sufficient to suspect criminality. So contemporarily, if blackness in resistance or transgression is always seen as criminal, what does it mean to valorize an agency that is characterized as resisting or transgressing and then seek to demonstrate this sort of agency amongst a group that is always already linked to criminality and thus punishable, even by death? Historically, black agency has been criminalized and punished, often with death; meaning then that this sort of agency when enacted by blackness was not valorized. Historically, white agency has not had this linking to criminality such that resistance or transgression could be valorized as a "good" agency. I am arguing then that we cannot simply map onto the actions of blacks, the same value-ladened metric of agency that is used for actions of non-blacks, particularly white action.

Agency, despite its revisions, was conceptualized as a way to distinguish those that were rational humans and able to somehow think and act outside the holds of nature, culture, religion, and tradition, from those not-quite-humans who were still beholden to following tradition, culture, and nature. The underlying assumptions about who are the practitioners of agency then inform the analytical use of the concept, such that oppressed and marginalized populations cannot be assumed to be agents. These that cannot be assumed as agents are usually the aesthetically "darker", "uglier", "poorer", "dirtier" members of society. What has been less thought about is the possibility to speak about agency for a population that was considered an object—some may argue that this conceptualization has not stopped—as objects have not traditionally been thought to have agency. Those moments when the objects were granted agency were in moments to break from that object position. In the afterlife of slavery, we may think of the moments where agency is recognizable to the social scientist seeking it out as those where the not-quite-human/not-yet-human acts to overturn or disrupt this sort of social positioning at

the bottom. Looking at the case of Brazil, a country that was also the site of chattel slavery, helps to illuminate the problematics of transgression as agency, the law, citizenship, and blackness.

Agency and expressions of it can also be thought of as the ability to realize oneself as a full citizen within one's nation. The case of Brazil demonstrates more importantly the way that concepts can be taken up differently in different contexts with distorted results. It illuminates the importance of thinking race and the interplay of aesthetics if we are to think agency. Emilia Sanabria's work on hormonal contraceptives in Brazil draws on Brazilian anthropologist Roberto DaMatta's work on citizenship to better illuminate the hierarchies at play in Brazilian society. DaMatta makes a distinction between *sub*- and *super*-citizens to illuminate the way that Brazilian modernity functions through a tension between a formal rhetoric of equality and individualism and an implicit hierarchical relationality (DaMatta, 1991; Sanabria 2010). This distinction between *sub*- and *super*-citizens illustrates the way that the law is for the poor, marginalized, the black, and indigenous, the *sub*-citizen. Those that are able to circumvent the law or general rules, the *super*-citizens, are deemed somebody, and are able to work advantageously outside the law in a way that allows the elite to gain "personhood", a sign of privilege (DaMatta, 1991; Sanabria, 2010). Holston discusses the way that social differences in Brazilian society are managed by legalizing them so as to legitimate and reproduce inequality (2008). He further argues that Brazilian citizenship

> citizenship is a measure of differences and a means of distancing people from one another. It reminds people of what they are not—even though, paradoxically, they are themselves citizens—and defines citizens as others. I call this formulation a differentiated citizenship because it is a based on differentiating and not equating kinds of citizens. Moreover, it considers that what such others deserve is the law—not in the sense of law as rights but of law as disadvantage and humiliation, a sense perfectly expressed in the Brazilian maxim 'for friends, everything; for enemies, the law'. (2008)

Holston's work illustrates the workings of the hierarchical relationality that DaMatta described, through the law, which holds particular subjects, citizens, subject to it, while the privileged,

persons can navigate around and outside the law with ease. The law as such is not to guarantee rights but rather to manage, police, and govern particular bodies in such a way as to allow the privileged advantage and favor over humiliation and disadvantage. Holston describes this mechanism of citizenship functioning in Brazil through "social differences that are *not*[96] the basis of national membership—primarily differences of education, property, race, gender, and occupations—to distribute different treatment to different categories of citizens" (2008). He gives an example from the past, the beginning of the republic, where education as a citizen right was not offered by the state but literacy and gender were used to restrict one's engagement as a political citizen (Holston, 2008). Maureen O'Dougherty describes the functioning of Brazil's two-tiered healthcare system as one in which "the law mandates governmental controls over poor women's access, while leaving free-market regulations for private healthcare" (2008).

O'Dougherty's observation of the law and its functioning in the healthcare system demonstrates how class gets incorporated to differentiate the distribution of resources. Sanabria's discussion of abortion in Brazil further illustrates *sub*-citizenship and *super*-citizenship and the ways their distinctions are maintained and reinforced through law. Sanabria depicts a scenario described to me often about abortions occurring in Brazil. Though abortions are illegal in Brazil, the elite are able to afford private, ocean-front abortion clinics. The poor are left to their own devices and often death when they present in public hospitals for botched abortions. Sanabria draws on Holston's discussion of the intricate ways that civil rights are constructed in Brazil such that "what is public and guaranteed in the law as a right, is also understood as stigmatising" (2010). Those utilizing what is public are seeable and knowable by the government while those utilizing private services are known through the market (Sanabria, 2010). The public then that the government understands as under the purview of public policy excludes the elite and middle

class (Sanabria, 2010). Those that attempt to step out of the purview of public policy, but do not have enough access to expendable resources, find themselves in unsafe, precarious and life-threatening situations—often under the gaze of the law as criminals. Examples in my research demonstrate that women who could afford sterilization, could pay a willing doctor and safely and privately end their reproductive careers. Poor women had to find other means to secure a tubal ligation, often dependent on a system functioning on the borders of legality, and thus frequently endangering women's lives, without much recourse afterwards.

These moments when the marginalized attempt to navigate their lives outside of the purview of policy, are the moments we look to define a transgressive, non-conforming agency. In what way is it advantageous or useful to continue to label such instances of poor and marginalized women, always already outside of humanity, personhood, and privilege, as demonstrations of agency? In what ways does calling them agents in the moments when they transgress laws to which they are subject, further serve to oppress them through policies and mark them as criminal, thus punishable? When white women, also referred to as elite women, were utilizing sterilization as a method for reducing fertility, despite its illegality, not much was said by activists, in terms of concerns about abuse or coercion. Only after tubal ligations became prevalent amongst the poor, brown, and black female population in Brazil, that activists became concerned with sterilization. Sterilizations in Brazil became the topic of research, a rallying cause to investigate and change policies, all resulting in the legalization of the procedure, within certain criteria. In other words, bringing the procedure of sterilization under the gaze and policing of the law, as a way to ensure that poor women are not being coerced into using the method. I am questioning the logic that differentially asks questions about decision-making among women. This logic frames, understands, and privileges the decisions of the elite as

choices, agential action, while those same decisions, when made by the poor, are assumed to not be choices or agential actions, but rather force, coercion, and cause for study and regulation. For Flor, the women she described to me needed protection from doctors that would sterilize them without informing them of other options, conveying Flor's foreclosure of the possibility of interpreting the women's actions as agential. This is not to argue either that women should not be informed but rather to challenge our assumptions about actions made by marginalized populations, in my specific example, poor, brown, and black women.

And what can we understand from an appreciation and valorization of an agency that transgresses and simultaneously facilitates the emergence of a certain type of subject? Chikako Takeshita points out the way that women-initiated contraceptive choice and a rhetoric of rights, could on one hand be read as a resistance against biopower (2012). On the other hand, this same rhetoric could be seen as another form of governance, a ruling through the notion of freedom (Takeshita, 2012). Sanabria elucidates that in Brazil, "the pace set by private sector consumption patterns institutes desires that span across the class spectrum" (2010). These private sector consumption patterns are inevitably linked to and in dialogue with the consumption patterns in the Global North, as Brazilian elites negotiate what it means and looks like to be urban and modern in Brazil. Often, it is in the moments when those not included in the imaginary of modernity seek and actively pursue means by which to approximate and gain access to this modernity that questions of agency arise. One such moment is the quest to reduce one's fertility through sterilization. Once again, I refer to the way that sterilization only became a cause for concern when poor, black and brown women started taking advantage of it. The arguments by activists, blaming marginalized women's "decisions" to sterilize on ignorance of other options, fails to consider that 1) the women may have tried other options that failed or 2) women simply

chose sterilization because they wanted to permanently stop reproducing. Women choosing to sterilize in the absence of knowledge of other options should not eliminate the possibility for one's actions to be read as an expression of agency. It is in these moments that social science researchers, family planning programs, and reproductive health researchers choose to question the shift to relying on sterilization as a contraceptive method; is the shift coming from the women or is it an imposition? In other words, they are asking, are such people capable of rationalizing in such a way as to be able to come to the conclusion for fertility control on their own?

In raising these concerns and asking these questions, I am not suggesting then that this population does not in fact exercise individual agency but rather that the quest to prove that they are agents may result in further policing and governance of another kind for this population. One of the particular ways that women were accessing sterilizations, through increased caesarian sections for delivery of their children, also become a questioned practice and a move to better regulate this delivery method was suggested by activists. And this is not to posit that the activism was in vain, as surely some doctors were found to have abusive practices in relation to sterilization. But what I am trying to point out is the way that access to sterilization, which previously enjoyed an ambiguous legal status, is brought under the scrutiny, surveillance, and policing of the law in a manner that has the most impact for marginalized populations. This impact is experienced by the marginalized populations as decreased access to tubal ligations. I am arguing that our attention and emphasis on identifying and labeling of agency may serve to obscure the very mechanisms, processes, and structures in place which are constraining the exercise of said agency by these women.

Agency and Intention

Bia spoke of a cousin of hers that she described as careless in her seeming refusal to use contraceptives to protect against pregnancy while also not taking care of her children and continuing to choose men who seemed to lack interest in her beyond a casual sexual encounter. Bia did not speak of her cousin in terms of agency explicitly but referred to her in the following manner: *"She is one of those not-quite humans. The government gives out condoms and contraceptives for free so there is no need to need money but just think a little".* What justified characterizing her cousin in this way, as a non thinking subject? Particularly since Bia had friends and knew of women who had had similar fates, in terms of not utilizing a contraceptive method and unexpectedly getting pregnant, herself included as it would turn out?[97] I am pointing to the assumption of a non-thinking/non-rational subject in Bia's characterization of her cousin. And more generally, the problematic use of a notion of modern agency that relies on the notion of a rational subject.

Bia's characterization of her cousin is further intriguing because of the contrast in characterization of a group of girls considered lowly in society—*piriguetes.* I refuse to try and give a direct translation for the term as I don't think there is one that perfectly fits. *Piriguete,* is a term that has been traced to the peripheries/suburbs[98] of Salvador, as a term used to refer to a woman who is actively searching for a partner, though notoriously doesn't have long standing relationships as she changes sexual partners frequently and will have relations with a man independent of his relationship status. She is a promiscuous woman who relies on her sexuality and beauty to get what she wants from men. She often goes out to parties and clubs, dressed provocatively and suggestively, to call attention to herself. The term is said to come from a joining together of the terms dangerous, *perigosa* and the English version of *garota,* girl.[99] She

is generally unconcerned with the public's opinion of her. It also refers to the smaller than normal cans of beer that are sold at events at the price of three for 5 *reais*. By the time I was in Brazil doing my research, the term was one that could be used endearingly or offensively, depending on the context.[100]

At the beach one day, a group of girls dancing to *pagode* and *pagodão* music[101] caught the attention of Bia. After calling our attention to the girls, Bia exclaimed, "*Viva as piriguetes!".*[102] When asked about her fascination with *piriguetes,* Bia had explained that it had something to do with her appreciating their liberty/freedom with their bodies, *a liberdade que elas têm com os corpos delas.* Bia's description of her cousin's sexual mores, which included changing sexual partners frequently, implied a sort of freedom/liberty with her body. But Bia did not hold the same regard for her cousin as she did the *piriguetes.* I am arguing that though both the *piriguetes* and Bia's cousin could be characterized as being free with their bodies, because Bia's cousin's freedom had resulted in three children, she was judged differently by her cousin. While Bia deemed her cousin worthy of an involuntary tubal ligation, she praised the unknown *piriguetes.* I am calling attention to Bia's appreciation of the *piriguetes* for their expression of themselves and freedom with their bodies by focusing on their intentions without attention to the effects of their actions. It is very possible that many of them also have limited education, have multiple children or have had multiple abortions to avoid having children. Bia's friends who also did not want more children but didn't use contraception and got pregnant, perhaps because of their reasons for not wanting to use contraceptives, or their commitment to caring for their unintended/unplanned children, weren't judged by Bia based on the results or the effects of their inaction. Rather they were applauded for their adjustment to an unfortunate situation and their

intentions, evidenced through their attempts to get sterilized, for example, were held up over the results.

In another moment, Bia mentioned to me that it was not only men that used women for their bodies but that women had the capacity and certainly exercised this right to enjoy men purely for their bodies as well. She recounted a story in which she was out with a guy and a male friend pulled her to the side to ask her why she was with that particular guy as he had a reputation for being somewhat of a player. Bia asked her male friend how he was so sure that she was the victim and that it wasn't her that was using the guy for sex/for his body/for his *pica*.[103] What Bia's commentary about the *piriguetes* and the possibility for women to sexually use men reveals is that there are rules that govern the way a woman can express her sexual freedom. Much like the *mulata* of the past, constructed as the women for sexual pleasure divorced from the possibility of reproduction, Bia values a woman's sexual freedom that is detached from reproduction. And when reproduction is the result of one's sexual freedom, Bia has an expectation of an embrace of a certain type of responsible motherhood that engenders care and attention to the children. Or if motherhood was not to be embraced, then an abortion to terminate the pregnancy. Her cousin was sexually free but neither assumed her maternal responsibilities nor terminated the pregnancies. Bia did not see her cousin as an actor in the way that she was able to see other women who had assumed some sort of responsibility for the consequences of their sexual freedom.

Bia's way of focusing on the results of poor women, especially in assumed cases of inaction or negligence were shared by others. I draw on a conversation I had with an older gentleman that I met early upon my arrival to my field site.

Naturally, I let him know that I was here [in Brazil] to study. Study what?, he had inquired. Sterilization among women (this has been my standard response and then I let people

react or ask the questions it incites in them). He paused and then began to tell me his thoughts: that some women needed to be sterilized for their own good. I wasn't sure if he truly thought these things or was performing a sort of elitism he thought that I too shared because I was a foreigner. I asked him who. He responded that poor women needed the sterilizations, afterall, it didn't make sense for them to have so many children when they didn't have the resources and when people with resources were only having one or two children. It didn't make sense, he reiterated and went on to explain that at least with one child, they could at least have enough money to feed and educate that one child so they wouldn't become marginais/[104] vagabundos/[105] involved with drugs/traficantes/[106] etc. I asked him if he thought that poor women wanted a bunch of children and went out and had them just for kicks? He seemed a little unsure. I asked him why he thought that women were having so many children. He explained that a lot of them are ignorant and illiterate and thus don't read or follow instructions.

—Fieldnote excerpt, July, 2011

Similar to the way that Bia sees her cousin, as acted upon and not necessarily as an actor and for whom evaluation of her personhood is based on the results, this older man had assumptions about the reproductive practices of poor women which only paid attention to the results, that they often had many more children than one or two, rather than the intentions of these women. His statements are particularly interesting in light of a legislative requirement of having at least two children to be eligible for sterilization paid by the state through SUS, which many poor women would have to depend upon. Or in the context of the attempts by women to make use of the poor quality and highly ineffective methods provided by the state such as the copper IUD, which has often left many women unexpectedly pregnant.

Similar to development work, where the elite focus on the intentions of the project while the poor/receiving communities focus on the results, this sort of judgement happens in regards to reproduction and sexuality. I have tried to demonstrate a few cases in which women have been read based on their results—their children—as opposed to their intentions. I am arguing that marginalized and less privileged populations are often held responsible for the results of their actions or inaction. More privileged populations are held responsible for their intentions. I am arguing that this is linked to ideas about agency, who is able to exercise agency, and what the

exercise of agency looks like. Those assumed to be more agential are afforded the benefit of being judged based on intentions or assumed intentions. Those assumed to have less agency are judged based on their results, an assumed lack of intention or failure to intend. This is impacted by race, class, and gender such that poor, black women are more likely to be assumed to exercise less agency and thus are judged harshly based on the results of their sexual practices than their white counterparts. It is not only class though as the construction of the *mulata* and *preta* from the past continue to live in the present, impacting the ways we understand black women in relation to sexuality. This forecloses the possibilities for better understanding the contexts shaping the decision-making of those less privileged members of society. This assumption is one that permeates and becomes a practice both of those with more privilege as well as those with less, as is made clear by Bia's ability to judge her cousins and the *piriguetes*. Bia has more privilege than her cousin due to her location, educational level, employment status, and income but in Brazilian society is not considered among the more privileged. What may explain her annoyance and harsh judgement of her cousin may be related to her knowledge of the way this operates in society and more negatively affects women of color like herself and friends. This was apparent in a later outing with Bia and a mutual friend, Maria.

Bia expressed concern about her friend Maria being read as someone who was careless because she had more than two children. We had met for a lunch at Bia's house with Maria, her husband and three of her four children. Later that evening we found ourselves outside in the plaza. Maria had been feeding her then 6 month old daughter, while her oldest played with her friends. Bia and I entertained Maria's second daughter with her husband until we tired and sat down. A few of Bia's friends had approached us and began talking to her, asking what she was doing and if she would come back out later for the other carnival festivities. Bia explained to

them that we were outside hanging out with Maria and her children. After her friends had moved on, Bia asked me if I had noticed her friends' reactions to her pointing out Maria's children. I had not. Bia had described their reactions as somewhat shocked when she had pointed out the third daughter, almost as if they were exclaiming in their heads, "Another child?" Their reaction had troubled Bia, the disdain she had read from them for Maria and her too many children. Maria had also informed me that three was considered too many children. This illustrates the way a woman can be evaluated based on the results—three children—rather than her intentions—to have only two and later to tie her tubes after the third child. In the cases I presented earlier, I discussed poor women. In this case, it was not a question of Maria and her family being poor. Maria being friends with Bia, as well as the clothing used by her, her husband, and children left it doubtful that she and her family were poor. In this case, I posit that it was her race and the imagination of the black woman as hyper-sexual and hyper-fertile that would lead to her being identified based on her results of a lack of agency, a suspension of rationality, evidenced by her too many children. In this moment, the gaze was not of Bia, a fellow black woman, but rather that of white woman, which Bia interpreted as more harsh.

Access to sterilization, which was what Bia wanted to prescribe for her cousin, can function both as a punishment by those scrutinizing and as the discriminating agent, leaving women as unperceivable as agents or people with intention. By paying attention to the way that people issue agency through their judgement of women based on results vs intention, I am arguing that it becomes less a question of agency and illustrates more about the problematic usage of the concept of agency. In particular, I am referring to the racist, sexist, and elitist subscript of the concept of agency and its usage, even when used by people who are also subject to the discriminating gaze of the concept. Being perceived as agential also brings the type of

agency under scrutiny. The agency one exercises needs to also be one that serves to be read as transgressive, especially when underprivileged and from the margins. For black women to be read as transgressive agents, depends on who or what is doing the gazing and judging. In the case of Cristal, it was another case of black gazing on black, but with no familial or friendship ties.

I went to see a friend, Cristal who works selling jewelry at Mercado Modelo…After that, we settled into our normal routine of catching up and just talking…Towards the end of my stay with Cristal, a friend of hers, Eugenia, passed by with a little boy who she wanted to introduce to my friend. Cristal asked if the little boy belonged to Eugenia. Eugenia replied that the child was her nephew, son to her sister. The boy retreated away from our coos and his Aunt Eugenia followed. Soon after, she returned with him, another little boy and a woman with an infant. Eugenia told Cristal that the woman with her was the mother of the little boy as well as the mother of the other two children. We exchanged pleasantries. Then Cristal turned to me, while Eugenia, her sister and children were rather close and asked, "She doesn't know Elsimar Coutinho?! He likes cases like this!" I looked at her in shock and started laughing and told her that I was leaving. She exclaimed, "No really though, she doesn't know him? I can introduce her. I'm trying to tie mine and here she is with three."

--Fieldnote excerpts, June, 2012

Eugenia and her sister's ill-fitting, dirty, shabby clothing, belied their financial well-being. The appearance of the three children with the women implied to my friend Cristal, who only had one child with her husband, that the woman in question obviously had not tried to secure a sterilization for herself; she was being evaluated based on the materialized results of three children without regard for her intentions. Neither I nor Cristal know whether Eugenia's sister had wanted all three children, whether she had tried contraceptive methods and they had failed her or if she had attempted to get a tubal ligation and been denied. We didn't ask either. Cristal's suggestion of Elsimar Coutinho, a controversial doctor mentioned in the beginning of the chapter who was often associated, in small talk and gossip, with sterilizing poor and black women, whether voluntarily, involuntarily or simply irresponsibly, was Cristal's way of marking this woman. Cristal was marking this sort of woman as the kind that could not be expected to rationally seek ways to control her own fertility and rather was one whose fertility needed to be

controlled for her. She lacks agency. Or if she were to be recognized as enacting agency, it would be a bad agency, an agency which enabled more state violence and surveillance by conforming to a negative depiction of the black woman, and particularly the black mother.

Good and Bad Agency

Labeling different types of agency as "good" and "bad" is to express a kind of value that is given to the varied ways that one can express their agency. When I make reference to a good agency, then I am speaking to the way that social science researchers looking at questions of power, force, persuasion, and the adoption of seemingly new cultural manifestations and/or technologies try to find agencies which can be seen as "resisting" or "transgressing" some sort of hegemonic ordering of the society in question. The notion of an active, autonomous agency that transgresses norms is an agency given more value. This sort of agency serves as the desired agency when discussing the actions of certain populations. A bad agency, or a lesser valued agency, would be that one which we deem passive, constrained, subjected, and acting out externally imposed norms. I am trying to argue that there is a way that a "good" transgressive agency is linked to those that we deem intentional, as in, they are able to manifest or demonstrate their intention in a way that serves to overshadow results, even when the results contradict the intentions. A critique of sterilization that O'Dougherty presents in her work was one that represented women "as dependent on powerful doctors, imitating middle classes". This critique demonstrates the assumption that while poor women's incorporation of a technology or value "from the elite" must be questioned for intention and volition, the assumption for the elite is that the novelty was something that they adopted on their own. Elite women's adoption of sterilizations was understood as an intentional act. Research to ascertain that elite women were allowing themselves to be sterilized has more to do with the fact that women are positioned as

not as rational, intentional, and thus not as agential. The intersections of class, race, and gender help to illuminate why elite women soliciting tubal ligations in high numbers did not elicit a campaign against the mass sterilization of women that was engendered when record numbers of black and brown women were asking to be sterilized. Women unable to get sterilized and surrounded with their many children get evaluated by the excess of children as a marker for their inability to enact their agency. The women who did get sterilized but were not elite, had their intentions and ability to enact agency questioned to the point of government level investigation and policy change.

Linked to this question of value-ladened agency and intention is also the question of responsibility and culpability. A white middle class Brazilian mother of two unplanned children who left her husband to live somewhere else wouldn't be assumed initially to have been irresponsible because she had two children without having meant to. It would be assumed that she had wanted two children and had enacted her agency to have the two.[107] For those women for whom we evaluate based on results, responsibility and culpability fall on them. It is not assumed that their intention was to have two children but due to various factors, they ended up having more than two. Bia's cousin was assumed to have been careless—by not using contraceptives and choosing men who would not assume their paternity—in not preventing her multiple pregnancies and thus deserving of sterilization without her consent. An application of agency, imbued with underlying assumptions about intention, responsibility, and culpability, can have detrimental effects for different populations of women to whom the concept is attributed or not. In some cases, it can be the justification for mass sterilizations without the consent of the affected women or other more covert suggestions of decision-making for the women.

Good Intentioned Reproductive Rights

I have discussed the problematics of agency and choice due to their underlying assumptions and thus problematic ways in which the concepts are implemented. I now move to discuss the way that this problematically informed agency is inherent in formulations of human rights, specifically that of reproductive rights. Reproductive rights inherently assumes an active, rational, intentional, and responsible agent that would be able to take certain actions "freely". These actions to be undertaken by such an agent can be assumed then to be "responsible" actions, as implied by this statement granting an individual the reproductive right to "decide freely and responsibly". Reproductive rights are often invoked to advocate on behalf of those for whom a certain type of agency is understood as compromised or altogether lacking. Their lack of agency is often evidenced in their too many children, unplanned pregnancies, and difficulties managing their responsibilities. This is in contrast to the assumed responsible and freely deciding rational agent who has two children within a two parent employed, preferably middle class family. By the reproductive rights framework relying on this sort of an agent as its subject, the definition and use of reproductive rights further entrenches and reinforces problematic connections between rationality, intention, and responsibility. Relying on reproductive rights as a way to advocate for the underprivileged and marginalized in society, further strengthens and roots these communities in the margins and can facilitate the means for more policing and governance.

An important document in understanding what reproductive rights are and what they would look like materialized, can be ascertained from the International Conference on Population and Development (ICPD) Programme of Action, initially drafted in 1994 at the

conference in Cairo. The twentieth anniversary edition of the document, in Paragraph 7.3, states the following about reproductive rights:

> *Reproductive rights embrace certain human rights that are already recognized in national laws, international human rights documents and other consensus documents. These rights rest on the recognition of the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. It also includes their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents.*

By quoting from this document, I want to highlight the ways in which some notion of a free choice guaranteed by reproductive rights is foreclosed inherently and the problem of an emphasis on deciding. The notion of an individual or couple demonstrating their exercise of their reproductive rights through a free and responsible decision, 1) assumes that there exists some sort of decision making that is completely free from discrimination, coercion and violence, 2) assumes that couples and individuals want to decide and that what they want to decide corresponds with what the rights guarantee, 3) that a responsible decision is discernible and would be judged so independent of context, and 4) assumes that the information and means for timing and spacing of children will be suitable and appropriate across contexts and situations. The terms, "freely" and "responsibly" provide the measures by which a person or couple's actions as related to reproduction can be assessed. What would be a responsible number of children to have and how would this be determined? Mamdani's work from 1973 demonstrated that what the Indian farmers in the village of Manupur deemed responsible reproduction—large families—was in conflict with what family planners imagined as responsible—smaller families. China's one-child policy in a country that still has a preference for male children has resulted in an imbalance of gender ratios, making future reproduction complicated and fraught with

questions about ethnicity, mixed-racedness, and nation. The discourses and knowledge with which individuals and couple will rely upon to "responsibly" make decisions about their reproduction, whether it is information about overpopulation, planet sustainability, economic logics, limited resources theory, etc., are always already imbued with and created within cultural, political, and religious values, morals, and ideologies. The discourse and knowledge base from which emerge the ideas of a possibility of a responsible reproductive decision-making process, informs the framing of reproductive rights. This framing in responsibility serves to seemingly constrain how one chooses to reproduce in such a way as to foreclose the possibility of a decision or context made in a mental space free from discrimination, violence, and coercion.

The information to orient individuals and couples about their options for reproductive decision-making is also culturally and politically informed. Generally, information is oriented to convince couples and individuals to make use of contraceptives, with their effectiveness, and safety emphasized. The means by which one is to implement their decision favors the more technological and "modern" contraceptive techniques, such as devices which release hormones into the body of the woman. Those that understand and relate differently with their bodies are seen as needing more education and information about how the body works—their own cosmologically and culturally informed understandings ignored and belittled. In these moments, we see the functioning of science and scientific knowledge and technology as the hegemonic system Emily Martin labeled it in her study of reproduction in the United States (1987). But science is the hegemonic and discriminatory system of knowledge production and innovation upon which reproductive rights depends to provide the means for those making decisions about their reproduction. This is further complicated since reproductive rights mandate that a decision be made. The individual or couple that does not decide or decides to not decide, then can only be

understood as irresponsible, irrational, unintentional, due to a lack of education/information, and ultimately lack of agency.[108] The individual or couple for whom such judgement is reserved varies by race, class, gender, ability, etc., such that an elite couple can be assumed to have chosen and then graciously excused when revealed to have not chosen to space or time or determine an ideal number of offspring. The logic being that they can afford the lack of decision and that their lack of decision is in fact a decision, an act of agency.

Conclusion

I have discussed the problems inherent in the concepts of "choice" and "agency" as they relate to talking about reproduction, reproductive rights, and fertility control for women. I have discussed the ways that agency is linked to evaluations and assumptions around intentions and results. More importantly, what I hope has emerged is the way that rationality is still at stake and the particular aesthetics that govern what can be deemed rationality as it relates to reproduction. Anthropologists and feminists have demonstrated the ways that reproduction serves as the site for redoing, undoing, questioning, and validating the self and society. Reproduction serves as the site for the reproduction, making, renegotiating, challenging, and embrace of culture. Reproduction, and more specifically, a responsible reproduction, continues to serve as the marker of a rational modern subject. I hope to have pointed out the ways that an underlying aesthetics governing rationality is linked and co-constitutive of and co-constituting an aesthetics of childbearing and child raising, such that particular populations are inherently excluded. Intention, responsibility, control, modesty, and discipline are linked in how we can read and make sense of this aesthetic at play. Historically, rationality, discipline, control, modesty, responsibility, and respectability have not been associated with poverty, blackness or the "Third

World". The aesthetics governing childbearing, child raising and rational reproduction is informed by a racist, sexist, elitist, heteronormative, ableist, colonialist past and eurocentric worldview that has difficulty reconciling these bodies that were previously excluded. In other words, the aesthetics governing a rationality in reproduction, and thus governing childbearing and child raising, is unable to recognize families with greater than two children to non-white parents (differently bodied, non-heterosexual) or poor and un/under-educated parents as rational and responsible reproduction. This aesthetics further misunderstands and misrecognizes families with two or fewer children when parentage is non-white and/or poor and un/under-educated as force, coercion, or something not quite rational but achievable with orientation/education. Agency, choice, and human rights become language and concepts that further entrench long-standing mechanisms for oppression while diverting attention from more useful questions and opportunities for thinking and discussing reproduction in more pertinent ways.

Chapter Five: Class, Race, and Aesthetics

Chapter Overview

The last three chapters have helped to highlight the importance of race and aesthetics to understanding reproduction, contraception, and sexuality in Brazil. I have also described the racist, sexist, and classist foundation of the concepts of agency and choice and the problematics of relying upon them to understand power and force for black women navigating the public health care system in Brazil to gain control over their fertility. This chapter draws more heavily from stories of women to further elaborate the links between race and class, in ways that demonstrate that the quest for fertility control cannot be simplified to a question of class without looking at race. The vignettes in this chapter disturb the pure arguments for class as the most salient factor. My emphasis has been on black women not able to access the sterilization that they want. In this chapter, I focus on women who have successfully secured tubal ligations. But the manner in which they had to secure their tubal ligations begs the larger question of what is at stake in sterilizing black women who want to stop reproducing. We are confronted with the different ways in which force manifests and impacts the decisions of women.

Maria

I had finally arrived on the street that Maria lived on. You could hear the ocean crashing against the huge rocks across the street. The day was beautiful and I was tempted to call her and shift our interview to the beach. I instead made my way across the larger highway and walked up her smaller street. I found her place. A phone call later and I was inside the building making my way up the steep and winding stairwell. Housing in Brazil can be deceptive. From the outside, you could altogether miss that there was an apartment building next to the downstairs market as the door was so small. She opened the door and I walked into an expansive living

room with lots of sunlight pouring in from its street-facing window. As I greeted her, the babies, and her sister, I marveled at the home, exclaiming that I would have loved to have lived there.

Her sister was there helping her as she had injured her foot, reducing her mobility. Maria's youngest daughter, crawled towards her. The baby girl's aunt was called to come and take her so that we could conduct the interview. The sister next in age, Maria's third child, sat quietly watching Kirikou.[109] Maria asked if the tv would bother me. I told her no. I came into the interview knowing a bit about Maria's story; that she had wanted to get her tubes tied after her third child but the doctor had not obliged. I wanted to hear her tell the story herself.

Maria is a light brown-skinned stay-at-home mom, while her husband, who is foreign-born and slightly darker than Maria, works outside of the home. They identify as black, a fact that matters. Maria and her husband had decided that Maria could provide the best childcare for their two small daughters as a stay-at-home mom. I would hesitate to characterize Maria as a member of the Black Movement or a militant in that sense but she is aware of racism, discrimination and the difficulties of being Black in Brazil. She is an artist. She is aware of fashion, displayed in her outfits and the way she dressed her children. And though she would disagree with me characterizing her in this way ("No, don't put middle class, please…Poverty. We're considered. I'm not rich. I'm not rich"), she and her family could be considered lower middle class, at worst, based on where they live, that they have a car, and their levels of consumption, especially accounting for the number of children that they have (family trips to the Chapadas[110] and other local beaches, owning a television, living in an aesthetically appealing and safe part of the city).

At one point in the interview, Maria said the following:

> *"So, what folks say, that it is an easy thing, that they are tying tubes like (pause). I don't know. I believe that…for the*

> *interior, it should happen, because by the form too, there are a lot of people that have a lot of children. There are 20 and 25 year old girls that already have 5, 6. So, in these places, truly, you have people that ask the doctor 'look, I want that (pause) tie my tubes' because when they are in their 30s, 40s, they would have given birth to 12, 16. But its not that the government is 'hey, go tie tubes, tie tubes, right. Sterilize the women'. It's not really like that."*
>
> *--Maria*

Maria told me this after relating her frustration over an attempt to put an end to her reproductive capabilities. She had been denied by an unwilling and deceptive doctor who had agreed to perform the tubal ligation and had not. Maria was one of the first to present a different perspective regarding sterilization and women generally and black women in particular by having wanted to be sterilized and having been denied. Other informants, particularly those from within the Black Movement and with very politicized understandings of racism and blackness, stressed the story of the imposition of sterilization during the 70s and 80 and cases of forced sterilization and mass sterilization. Maria's assertion that in the urban areas of Bahia, sterilization was not happening at outrageous and alarming rates, highlights a disconnect between the discourse of black activists and the people they are advocating for. Her story disrupts the clean narrative of a governmental genocidal plan through sterilization, but, I will argue, it also opens up the possibility of seeing the refusal to perform sterilizations in a more complex light than has been portrayed previously. The refusal of sterilizations is more complicated than a rhetoric of safeguarding rights and offering other contraceptive options.

In reflecting on her upbringing, Maria described her father as a "reproducer", as something "in the genetics" to have a lot of children. She had been born of a sexual affair between her father and an extra-marital lover. As a child, Maria lived with her older father and stepmother, both of whom did not converse much. She had characterized the period of her first pregnancy (an unplanned one), and birth as very difficult, due to the conservative nature of her family and her age 17. She blamed the pregnancy and its unplanned and precocious nature on her

lack of sexual education and conversations to orient her. “It’s not that I didn’t know what I was doing and that I didn’t know that there were condoms, pills, such that at times I used the pill”. Her comment points to the difficulty of the argument for more education about contraceptives as one of the principal remedies for curbing unplanned pregnancies. Knowledge does not always translate into action or more importantly, into prescribed action-using the pill everyday as opposed to some days only.

Her second child, a daughter, was to follow seven years later, when she was 24. She no longer blamed lack of education but spoke of it as something that “happened”, giving no further explanation. The fact that she felt as though she needed to have an explanation for having a child unexpectedly is a reflection of the effects of a tyranny of family planning that shapes and governs modern reproduction and requires children be planned. She said nothing about the fathers of the first two children. Her son’s father’s identity, through a DNA test, had been important for Maria to show her family that she had dignity by knowing who the father was.

At this point, it might have been expected that Maria would try to get a sterilization, so as not to have more than two. Two children. That’s the preferred number, it seemed, when I asked Brazilians how many children they wanted. Men and women alike, agreed that two was the ideal. And usually, Brazilians expressed a preference for *um casal,* a couple-a boy and a girl, the order unimportant. Commercials and billboards catering to family products often depicted a family with two children, a boy and a girl. On soap operas, middle class families usually consisted of two children, a boy and a girl. Those interested in having more children wanted to be wealthy, or were not necessarily interested in being a normative part of Brazilian popular culture, particularly middle class culture. Entry into the middle class seems to necessitate one limiting

themselves to no more than two children, though if one had better conditions, they could reproduce more. Bruna says it best when she says that,

> *"I think that the maximum you can have (clears throat), that the society allows you to have these days is only two…because, I want to say, the society doesn't, doesn't implant the limit. But, the difficulties implant the limit…difficulties in having a good cost of living, difficulties in giving your children a good education…if we have a good cost of living and could give a good education, could provide a good life for our kids, I'm not against no, having more no. But if we don't have all the conditions, and could not give a good life, I'm against having more [than two]".*
>
> *--Bruna*

> *"Quem tem dois, tem um e quem tem um não tem nenhum/Who has two has one and who has one doesn't have anything at all."*
>
> *--Unknown, old saying*

I heard this old saying often in my conversations about family size and children[111], especially in responding to how they came to that number. This logic was explained as a way to take into consideration the possibility of *azar,* or bad luck, that everyone encounters that could result in the loss of a child. Thus at least if you had two, if one was killed, you still had one. This logic of insurance was not always articulated as explicitly as the saying. Other times it was implied with the concerns about money and expenses. Many of the women I interviewed had concerns about providing their children with a good education and good health in particular. A good education was supposed to help navigate their child to a better life outside of living in the favela in poverty and away from an *azar* with an affinity for the consumption of black bodies. The equation of finances vs. family size was one that was also tied to race. Black women and their families are more likely to live in more precarious situations which seem to facilitate and even encourage *azar* in the forms of state and urban violence. As black mothers are most often depicted as birthing the criminal and dangerous people who live at the margins of society, a good education is thought to end this reproductive cycle of poverty and second-class citizenship.

This logic was different from the one that assumed a loss of children from lack of nutrition or infectious disease. This new rationale informing the number of children one should have, considered a different kind of death. Death in this new rationale was not because of infectious disease but the new possible deaths of a society in stage three of demographic transition.[112] Deaths that come from poor luck, such as car accidents, state violence, urban violence, diseases of industrialization/urbanization and some infectious diseases, depending on who you are and where you reside. Not everyone in Brazilian society subscribes to this logic and there are many people that only want and have one.

The fact that this ideal of 2 corresponds with the number of children characterized as the number sufficient for a population to replace itself, is not a coincidence. One can demonstrate a level of modernity, rationale, sophistication and refinement, responsibility, discipline, and agency through carefully planning the ideal number of children to have. These rhetorics of national population quality reverberate through the public and become embedded in family size ideals. The desire for a boy and girl demonstrates one's attention to gender balance in an effort to even more responsibly replace the population. In a country such as Brazil, in an uncertain geopolitical position, neither "First World"/developed nor "Third World"/underdeveloped/developing, sometimes more comfortably middle-income, the reproduction of the population is demonstrative of the nation's ability to participate in modernity to shaping what that participation will look like. The ability then to produce the "family planned" aesthetic becomes a strategic mechanism for geopolitical negotiating. Facilitating the attainment of the "family planned" aesthetic is not equally distributed and necessitates that particular members of society serve as excess bodies for later instrumentalization and disposal. Anti-black racism within Brazil allows for the sovereign right of death, the acceptability of putting to death

(Mbembe, 2003) of those poor and black that live in *favelas,* in excess. The more than two children that Maria and others like her are "let" to have. At the global level, Brazil's geopolitical position hinges upon and encourages the particular instrumentalization of certain populations and destruction of other human bodies and populations through a variety of means. Black families with more than two children is recognizable as deviance and as a problem and justifies further policing, governing, and state surveillance and violence, which would not be understood or recognizable if visited upon other families, especially white ones.

The ideal of two children is imagined within a heterosexual married couple. The description Bruna gave about the family always imagined a present partner, as she spoke using *a gentle*, which signifies more than one person, she and her partner. The family planned, to have more than two, would require an assessment of one's conditions, planning of sorts, an engagement with reality, as Bruna mentioned. Maria and her partner embarked on such a planning.

> *"And seven years later, I was pregnant again. But it was by choice. And already in this third one, I really wanted to tie my tubes because I didn't want more, isn't it? This third child was one---It was discussed a lot between myself and my, my partner, that we wanted, he didn't have any child. And, and it allowed a maturing that we were going to stay together, we like each other, and, I wanted to have this child…When I had my second child, I was that I didn't want more. Right? So when I met my partner, that we stayed together and that we resolved that we were going to stay together, it was with him that I had the baby that, eh, that I got pregnant and lost it right? A miscarriage. And from there, we decided, after that pregnancy that no, no, we'll go along, that we would have the girl. That we would have her. But in this third one, I was real clear that it would be my last one, that we didn't, I didn't want and he also didn't want because my son was already 15."*
>
> *--Maria*

For many in the middle class, tying one's tubes after the second child made sense. Being middle class often meant having a stable relationship, preferably a marriage. Even when a relationship did not go as planned, the negotiation of the number of children could be reassessed, depending

on one's financial means. I want to draw attention here to the way that Maria changed her mind about being done having children when she began a new relationship. She and her partner saw a future in which they could raise the new addition together. Dr. Magalhães expressed that the difficulty in sterilizing young Brazilian girls, even if they had surpassed the two children limit was the instability of relationships and the importance of bearing a child for the next relationship.

> *A very young woman that had two children, but is only 18 years old, look! She's not going to stay alone, she's going to marry again, she is going to want to have children with the other husband. So we give a contraceptive to her, understood?*
>
> *--Dr. Magalhães*

Other women also voiced this willingness to have another child if they met another partner who really wanted a child. One woman ignored her desire to try for another child after taking into consideration the other children her husband already had. She did not want to financially burden him with another one. The most adamant women, usually in the popular/working class, who spoke against having more children, conceded that they would indeed birth again to share a child with a new partner. In these moments, the baby comes to signify more than an attempt to maintain the aesthetics of a family planned, two children. A new child serves to represent the new partner's commitment to the woman. In other cases, the decision to have another child was an expression of empathy by the woman to the childless man. Not all cases were like Maria's in that the man had not had a child previously. Many men had already had children (and often were not taking good care of those children), but insisted on having another with the new woman. Despite rampant single motherhood, many of the women themselves having been raised by single mothers, and in a society which values partnership while simultaneously encouraging a culture of extra-marital relationships, having another or extra child for a new partner, may be a strategic move. The new child can serve strategically to anchor the partner, often resulting in an

increase in income and a precarious entrance into the middle class. And even if not the middle class, an entrance into becoming a particular type of consumer.

I am stressing here the role of coupling in the decision-making related to family planning. Keeping a partner may depend on a woman's willingness to have another child, whether that child leads to the ideal number or exceeds. As many of these women are unreadable as planners, even with the "correct" number of children, the possibility for securing a partner by exceeding the ideal number of can be worth the risk. The precarious nature of relationships then also complicates the decision for a tubal ligation, highlighting the disparity in the quality of contraceptives that allows for an exercise of reproductive rights. An exclusive aesthetic governing planned families and ideal family sizes alter decision-making about contraception and desires for social stability. All of these inform women's tactics around contraception.

Having two children does not guarantee movement into the comforts of middle class life. Upon moving to Salvador, when Maria tried to put her daughter into a nursery/daycare. This daughter is significantly lighter than her mother and siblings and her hair is less curly. I mistook her for white when I initially saw her, despite "traces" of her mother. Maria's story with her daughter's daycare is illustrative of the ways that aesthetics come to play a role in childrearing and the policing and distributing of death that happens at the individual level. Maria was a single mother of two at the time, trying to secure care for her child while she worked. The woman in charge, after visibly surveying both mother and child, questioned Maria's decision to enroll her daughter at the daycare. The woman insisted that Maria could not leave her daughter—a pretty, well-taken care of girl— there and needed to find a better place for enrollment. Maria explained that her financial situation did not allow a better place and that she needed this daycare to be able to work and provide for her daughter. Ultimately, the woman refused enrollment for Maria's

daughter. The majority of the children in the day care were black and/or brown. The woman in charge of the daycare didn't condone what she read and considered to be a "pretty, well-taken care of white child" being left to associate, learn and socialize with presumably poorer black and brown children, those destined to the margins.[113] Maria's daughter, in this woman's opinion, despite having a black mother, deserved to be around other white and more economically stable children.

This sort of policing, racially and along class lines, experienced by Maria, has implications in shaping the reproductive choices of women. This brand of grassroots policing complicates the strategies relying on legal processes or human rights discourse to address the assurance of reproductive and sexual rights. Legality and human rights cannot easily address the deeply entrenched, naturalized hierarchies of race. The daycare mistress was not enforcing any sort of state policy per se, such as a law forbidding "white" or "whitish" children from attending daycares/nurseries with darker children. Rather the woman was reproducing the social order and hierarchy based on societal notions of what privilege and special treatment a child looking like Maria's deserved. These privileges that she thought were owed a white child still circulate in a discourse of racial democracy working alongside a less spoken but enacted privileging and valorizing of whiteness. Tanya Hernandez might argue that she was implementing customary laws about the spaces for white/whitish and black/brown bodied people generally and children in this case. The difficulties posed by society to "encourage" a lower number of children per woman/couple are further compounded when one considers the race and class of said navigators. The disparity between the way Maria's body was raced and the way her daughter's body is raced, meant Maria was inhibited from access from the place she could afford and needed, to be able to work to further improve her living conditions. Efforts to provide in spite of class

divisions were trumped by the politics of race and discrimination. Unlike other efforts that attempt to transcend class, Maria was trying to stay within her class but her daughter being "too white" worked against her.

As I mentioned before, having the ideal number of children is also tied to having planned the family, for recognizability as middle class. In Maria's case, the third child that was born had been decided by both parents as a venture that they were both willing and wanting to embark upon. What exactly women meant when they used planning/planned in reference to their children, varied. Some women were satisfied by the decision to have a child being shared by both parents and considered this a planned birth. Other women considered a child planned if the mother had previously decided that she was open to having a child. Other women, especially younger ones, talked about planned births as contingent on an attainment of material goods, a certain level of education, travel, or a level of relationship that sufficed. And of course there were women less interested in having planned their children. A planned pregnancy allowed women to convey a level of maturity, better status, better level of education even if not in the formal sense, and a sense of control over one's body, reproduction and sexuality. Having two children or less was supposed to help to make one recognizable as a conscientious pregnancy planner rather than an over-productive, irrational reproducer who had had to embrace the burden of an unplanned pregnancy. This was also certainly mediated by race and class.

Planning can entail a wide variety of steps in assessing the feasibility and readiness for a child, from merely limiting the number of children to two to determining exactly what month in which to have a child. Many women placed emphasis on planning any and all children while other women focused on the consideration of finances, and consequences when determining whether to have more than two children. This had been the case for Maria. She and her new

partner had talked extensively about staying together, having a child together, and what would be involved in such an endeavor. This talking came after Maria had become unexpectedly pregnant and lost the baby by miscarriage.

> *When I met this, my partner, that we wanted to be together and that we had resolved that we were going to be together, it was with him that I had the baby that, eh, that I got pregnant and lost it, right. The spontaneous pregnancy. And from there, we decided, after this pregnancy, that, no, no, we'll proceed, that we'll have the girl. That we would have her.*
>
> *--Maria*

Though the miscarriage had not been a planned pregnancy, the possibility for planning a subsequent one became feasible and a moment for the couple to re-examine their commitment to each other. Her repetition of this part of the story—the plannedness of the third child—seemed to point to Maria and her partner's ability to be modern, disciplined, rational, and sophisticated. The liberty women take in defining what constitutes a planned pregnancy and the large differences between the characterizations, does not take away from the satisfactory feeling of being able to say, "I planned this one".

Among public health practitioners, there is a desirability to increase the number of planned pregnancies and decrease the number of unplanned pregnancies that occur worldwide and for each particular country. Unplanned pregnancies have been linked to a range of negative sequelae for both society and the individuals, such as abortions, with its financial burden to the public health system and the woman herself, as well as the potential emotional and physical cost to be borne by the woman (Barrett & Wellings, 2002). Arguably, those who carry the unplanned pregnancy to term may diminish their opportunities to take advantage of prenatal care and may be more likely to engage in risky behaviors such as smoking, alcohol consumption, ignoring professional advice, resulting ultimately in poor fetal outcomes (Earle, 2004; Barrett & Wellings, 2002)[114] Other ways of characterizing planned pregnancies include, intended, wanted and their

opposites of unplanned, unintended and unwanted, including the concepts of planning and intending (Barrett & Wellings, 2002). These terms and concepts have also been problematized as not being terms that women themselves would use if not prompted and the impossibility of accurately and completely capturing women's experiences of pregnancy within the dichotomy of "planned" and "unplanned" (Barrett & Wellings, 2002; Earle, 2004). Barrett & Welling's study of women around the world found that women who had characterized their pregnancies as intended or planned, were continuing the pregnancy, married, in their 30s and 40s and educated to degree level (2002). Furthermore, these women shared the following criteria for having planned their pregnancies: 1) a clear intention to get pregnant, 2) non-use of contraception so as to become pregnant; 3) discussion and agreement with a partner to try to conceive; and 4) preparation for wider lifestyle provisions (got married, etc.) (Barrett & Wellings, 2002, 552). Whether using the specific terminology of planned/expected/wanted or unplanned/unexpected/unwanted, most women I interviewed agreed that pregnancy should occur in appropriate economic and social circumstances, as has been described above.

I want to think a bit about the aesthetics of planned pregnancies and what we imagine planned to look like. Iane is a white carioca single mother with two mixed race children.[115] She comes from a family that is middle class and despite having veered from the path taken by others in her family to maintain or elevate socio-economically, she can still be considered middle class. She had been married but left the father of her children to come back to live in Brazil. Maria is a black Bahian married mother with four children, ranging in color. Maria's four children would not allow her to be read as a planner in Brazil across classes. And though the only one that she claimed as planned was one out of the four, I want to argue that her race also diminishes the possibility of her being understood as a planner. Iane's own children could be

read as planned as she has only two, the preferred arrangement of a girl and a boy, and with similar looks—indicating the same father. Without knowing that the mother currently participates and has participated in parts of Afro-Brazilian culture-Capoeira Angola and Umbanda-and not being able to readily read her children as half black, she was often read as having planned her children.[116] The only other mediators for those not surprised that her children had not indeed been planned were those that also knew her and her lack of concern with following social norms. The ways that blackness and poverty are linked to an inherent deviance, I am arguing, makes it almost difficult to impossible for black women, regardless of class and marital status, and poor women to be read as planners of their children in a way that white, elite women have an easier chance of being mistaken for.

Figure 7. The translation for the image follows, as read from top left to right: "Ah, is that your brother?"; "Ah is that your son?"; "You applied to what universities?"; "You're going to be the first person in your family to finish high school?"; "What are your goals?"; "Are you the first

person in your family to go to college?"; "Do you have children?"; "How many children do you have?"; "What does your husband do?"; "Has the father assumed responsibility for the child?"[117]

Just as the image above suggests, there are privileges of whiteness that confer certain assumptions differently upon black, brown, and white gendered bodies. The various assumptions in operation in the image above mark the way that blackness on female bodies is always already read as reproductive, over productive, sexual, and deviant, needing to be managed by the state. And when the female black body is not ready as such—deviant, sexual, excessive—then she is read as exceptional, distinguished from the rest. It does not depict the young women with children with different races than themselves, as does happen quite a bit in Brazil, but as Maria's case at the daycare shows, there is a way that blackness marks and mediates the reading of the mothers. As in Maria's case at the daycare, her black skin in comparison to her daughter's white skin, was grounds for Maria to consider finding more resources, often not available to black women, to find a better daycare for her daughter. More often than not, black women with children lighter than themselves are assumed to be nannies and not the mother, a complaint that I never heard from white women.

Returning to Maria's story, she had also talked to her doctor about the decision to end her reproductive career after the third child. "So it came [the pregnancy] and the whole pregnancy, I was always telling the doctor that I was having this consciousness that I didn't want more, that I wanted to do the tubal ligation, that I didn't want to have more children." Maria's doctor, also a professor at UFBA (*Universidade Federal da Bahia/the* Federal University of Bahia) asked that Maria bring her partner to the doctor's office so that he could also confirm, as Maria still needed his authorization to be able to perform the procedure. According to Brazilian Law 9263, both a man and woman must have the consent of their partner to go through with a surgical sterilization.

As Maria did have a partner who also agreed to her getting a tubal ligation, he went and gave his verbal consent.[118] The agreement she had with the doctor had been:

> *"If the baby was born normally, a normal birth, that we would do it [the tubal ligation] later, by way of the belly button, that is done. And because I have a tendency to not have passage (referring to vaginal birth); so if it was a caesarian birth, a caesarian, that she would do the tubal ligation".*
>
> *--Maria*

Had the delivery been a vaginal birth, Maria would have delivered in her home and she and her husband would have paid. As she delivered via caesarian, she gave birth at the hospital at UFBA, a public hospital. The state was responsible for paying for this birth and did so. Had Maria gone to a private hospital, with this same doctor, the birth would have been more expensive and not paid by the state. Maria impressed upon me how intent she was to get her tubes tied after this third child. She explained that right up to the last time she saw her doctor before getting anesthesia for the caesarian birth, she had reminded her of the tubal ligation.

> *"And at the time of the exam, when she, she was going, she sent me to go for surgery, I spoke with her, 'Mrs. is not going to forget my tubal ligation'. She, 'ok'. She ' go speak with your husband, say bye, right, tell that you are going into the operating room'. Ok. And I went for my surgery."*
>
> *--Maria*

Maria's actions almost seem excessive. Maria could not have predicted any better than her insistent reminding indicated, that the tubal ligation would not be done. When she returned to the doctor for her one-month review, the doctor had "forgotten". Later in the meeting, the doctor said that Maria had also needed to have a signed document by her husband confirming that he also agreed with the tubal ligation. This paper would have needed a judge's authentication. Maria's own analysis of the situation highlighted that this extra stipulation seemed to be one unique to this particular doctor in this particular instance, and may have been forgotten about if Maria instead had gone to a private hospital to deliver as opposed to the public one.[119]

A journalist I met in Porto Alegre helped me better understand a doctor's reluctance to perform tubal ligations, even when the woman meets all the criteria. I was at a family dinner gathering for Good Friday, having been invited after my interview with a black woman's activist in Porto Alegre. This journalist asked me about my work. I told her that I was studying sterilization among women in Brazil. She told me that it was becoming difficult, if not plain impossible for women to get tubal ligations because SUS did not want to pay. As I asked her to explain, another friend joined the conversation. This friend works with the justice system and does rights work, also in Porto Alegre. The journalist and her friend talked about the role of the Catholic Church not wanting women to get sterilized. More interestingly, they explained that the government had changed policies to make sterilizations possible regardless of the church. The two women continued that the government also had the money to pay but did not want to pay for sterilizations, since most women under 30 would want to be sterilized. If doctors, most specifically those in large cities, were to sterilize the women that came demanding tubal ligations, SUS would not pay for a large number of them due to very specific guidelines for reimbursement. These guidelines make sterilizations for a woman under 30 almost impossible, regardless of the number of children she has. Other variations of this reluctance of the government to provide adequate funding for SUS sponsored sterilizations circulated in public discourse. Some noted that there were quotas for the hospitals, meaning that only a certain number of sterilizations would be paid for by SUS. These stories were further supported by stories of doctors who practiced medicine for the public sector in the city while maintaining private practices in cities in the interior of the state. When these doctors would refuse a woman a tubal ligation through the public system in the big cities, they would offer to provide the service at their private practices in the interior. Private practice quotas were not filled as quickly, making

reimbursement by SUS easier to obtain. If the intention was not for SUS to pay, then the offered tubal ligations in the interior were to secure votes and/or gain favor with voters by political candidates or doctors that were friends of political candidates (Caetano, 2011).

Again, before 1996, black women activists and black activists charged the government with genocide against the black population through sterilization. At that point, sterilization had been illegal though widespread especially among young black and brown women. Sterilization has since been legalized within the development of a national family planning program. In the hopes of decreasing women's reliance on the permanent method of tubal ligation and opportunities for abuse, misuse, and manipulation by doctors and politicians through sterilizations, the government incorporated particular measures into its national family planning program. Some of those included the provision of other contraceptive methods and criteria for establishing eligibility for a tubal ligation. This is what the black women activists and black activists were hoping for in calling for the regulation of sterilization. What remained unforeseen or unexpected was that the criteria would further limit the access to tubal ligation for women who really needed the procedure or that the governmental health payment system would become a further barrier. The reaction to the predominant narrative of forced sterilizations as a mechanism of genocide has, I would argue, made it difficult to consider what it means to deny tubal ligations to women who have deemed the procedure necessary for themselves. I am not necessarily arguing that the denial of tubal ligation is a form of genocide but rather that more attention should be paid to the way the denials unfold to reveal the more subtle workings of necropower, biopower, racism and power. When the means by which a woman may be able to secure a tubal ligation without paying out of her own pocket gravely puts her life at risk, requires

a subsequent unplanned pregnancy, necessitates utilizing private hospitals, or just remains an impossibility, there are grounds for concern.

Maria's next birth and tubal ligation occurred in a private hospital. "But it [the birth] was in a private hospital, with a private doctor. It wasn't public. (pause). I think that that had to have facilitated also…that it happened [the tubal ligation] because it was private." Maria said that the doctor for her third delivery had somewhat alluded to the fact that Maria should have gone to a different hospital, a private one, so that she could have been able to tie her tubes. Public discourse repeats the refrain about how women should be able to avoid unplanned pregnancies since there is so much information available and access to contraceptives. Maria was aware of her incompatibility with modern contraceptives, hence her desire to tie her tubes.

> *"No, I didn't want her [the doctor for her third pregnancy] because I told her the importance of me not wanting another child. And for the problem that I was having with the pill, I don--, don't, I don't have discipline, I have a problem in my stomach. There are things like that, in the end."*
>
> *--Maria*

When asked about the IUD, she had not tried it and said that they used condoms and sometimes nothing. And somewhere in there, between sometimes using condoms and not, she got pregnant again.

Her new doctor was also told, through tears, in her first meeting, of Maria's desire to tie her tubes.

> *"When I did with this doctor on the first day, I was like---including that I cried sometimes with her, even(?) wanting to say, [imitating a voice that is crying], 'but I didn't want to be pregnant again. I don't know what'. She, 'no, it's ok. Now, I'm going to d—do the tubal ligation because, shoot, you already have three'. She, 'don't worry because I'm not going to forget.'"*
>
> *--Maria*

Her new doctor seemed to feel for her as she already had three children. We see the notion of three as too many, repeated and confirmed by the doctor, willing to provide a tubal ligation. Perhaps the doctor's ability to see the excessiveness of three children was facilitated by the fact

that the birth was to take place in a private hospital with a patient who had private insurance to help pay the bill. Maria's previous doctor may have "seen" more clearly the excessiveness of three children and tied Maria's tubes too, had her birth taken place in a private hospital. As not all insurance companies cover the same procedures, hers would have needed to be an insurance that covered tubal ligations. Luckily, Maria's insurance covered tubal ligations.

Class Awkwardness: The Trouble With Class

Class has for so long been the explanation for women's inability to access proper contraceptive methods to prevent unplanned pregnancies. In Maria's case, we see that it is not just a question of class that interfered but rather a mixture of factors, including race, which overrode any benefit class could have given. Maria's case is useful to think about the ways that blackness is always already understood as outside of the middle class. In other words, I want to think through Maria's refusal of inclusion in the middle class and her first doctor's refusal of a tubal ligation as signaling the difficulty that blackness has in being initially read as anything but poverty, when not exceptional.

Among all interviewees in my project, there was a hesitancy to discuss class. When spoken about generally, everyone knew someone who was poor, knew what they did, why they did it, and where they could be found. And the same was true of someone rich. The discomfort came when it was their turn to place themselves within the matrix of poverty and wealth. Within this awkwardness, a variety of identifications emerged: *pobre,*[120] *popular,*[121] middle class, low-income, *classe c,* lower middle class, working class. *Classe C* or class C, is a formal national categorization of monthly income on the census and other data collecting surveys/forms.[122]

Conundrums as to how to identify or place one's self in terms of class or socio-economic status were commonplace in Brazil. One activist explained to me that she had been poor in the

past and because she had studied, had a PhD and was a professor, she could be considered working class. Maria was perhaps the most extreme in her insistence on working class despite being read as middle class by those who knew her more intimately or even peripherally. Other discrepancies included a mother identifying her family status as low-income while her daughter identified them as middle class. Another activist explained that "Socio-economic. Well. Within the divisions that we have here, I am (said slowly and more exhaled than said), (pause) denominated as middle class." I read this hesitation around identifying oneself as middle class by those who identify as black as directly related to the naturalized relationship between blackness and poverty. It seems to be a recognition on the part of activists and artists that the renouncement of the more acceptable category of oppressed, that of poverty, would somehow indicate a life free of discrimination and difficulty. It would remove them from the realm of the oppressed and into the realm of privileged, particularly in a society in which many still subscribe to the fallacy of the whitening power of money. The assumed life free of discrimination that is supposed to accompany the advanced degrees, career, and higher income, does not match with the lived experience of the activists and/or the experiences of family members and friends.

I have tried to describe Maria's family life to better equip us to understand where she would fall in terms of class. Maria's patterns of consumption, in spite of the number of children she has, are on par with many other Brazilian families that one would consider middle class—her family lived in what is considered a nicer part of the city, a middle class neighborhood where famous Brazilian musicians make their homes and tourists frequent. Her family has a car, she is a stay-at-home mom by choice, her older children are involved in a variety of structured activities outside the home, and they takes excursions together, both to local beaches and to other beyond

the city. Without explaining why, beyond that they were not rich, Maria never told me why she did not consider herself middle class. Middle class does not equal rich in Brazil.

The following exchange with a medical doctor further illuminates the strange relationship my participants, particularly the more affluent, some even closer to elite class, had with identifying themselves.

Me: Ah, social class?
Dr.: I don't know.[123] What a difficult question. I don't know. I don't pay much attention to these things, right. I don't think they are important.
Me: And, ah, level of education?
Dr.: I have. I'm a doctor right, I have it. University, I have post-graduate.

This medical doctor, specializing in gynecology, appeared not to have a clue about her social class/economic status on the grounds that it was not something that she thought was important. Especially since a mid-career gynecologist in Brazil can hope to make up to to 174, 600 USD per year[124], while many of the patients served do not make even half of that in a year, the irony of who pays attention to their class is telling about the way inequalities function and are perpetuated in society. The doctor's ignorance, feigned or real, of the poverty her patients endure accompanied a widespread practice of turning a blind eye to how her own wealth is implicated. This particular doctor I interviewed did not mention how much she made per month, so I could not use the amount in accordance with official formal categories, which are based on monthly salary. But when I asked interviewees to talk about education levels, which are indicative in many ways of wealth in Brazil and elsewhere, those who expressed some discomfort over their social/economic status freely spoke about their educational attainments, as this doctor did, indicating that education is a less charged topic than class.

According to the *Fundação Getulio Vargas*[125] (FGV), *Instituto Brasileiro de Pesquisa Econômica Aplicada*[126] (Ipea) and *Instituto Brasileiro de Geografia e Estatística*[127] (IBGE), class C has a monthly income of between 1,064 *reais* and 4,591 *reais.*[128] Class D has a monthly income between 768 and 1, 064 *reais,* while the poor make an income of less than 768 *reais* a month. The elite classes, A and B, make more than 4,591 *reais* as monthly income.[129] Antonio Cattani has characterized the class C group, also talked about as "lower middle class" or "midde class", as one made up of "a disparate set of situations and positions: small-scale capitalists, employees, the self-employed, free-lancers, small farmers, domestic employees, pensioners, and retired people" (2011). He describes class B or "upper middle class" as made up of "high-level employees in the public and private sectors (higher management, the judiciary, financial managers and executives in state enterprises and large companies), owners of medium-sized businesses and land-owners with capital, rentiers, famous sporting, cultural and media personalities, and highly-qualified professionals (lawyers, doctors, psychiatrists, engineers, architects and others)" (2011). The increase in this category of class C is attributed to "the rapid reduction in the number of poor and poverty-stricken", characterized as a phenomenon never seen in the country before, having started in 2003 by way of public policies implemented by the Federal Brazilian government under the administration of President Luiz Inácio Lula da Silva (Cattani, 2011; Neri, 2010). The two policies most credited with facilitating the economic mobility of the poor were an increase in minimum wage and policies targeting the most needy such as *Bolsa Família*[130] (Family Grant).

Despite these seeming gains, which has also increased the amount of debt now held by class C members, increased income does not address and reduce the other social inequalities which are linked to class. In other words, though there has been an increase in consumption,

improved living conditions and better access to goods and services, what remains intact is the status quo. Cattani highlights that a focus on developing public policy to "combat poverty" without simultaneously proposing measures to reduce the privileges of the rich (Schwartzman, 2004;Rocha, 2003—as cited by Cattani, 2011) serves to allow the rich to hide themselves and the relations between themselves and the poor (2011). The rich justify and naturalize their status and wealth through a distortion of the notion of meritocracy (Cattani, 2011). Hiding the "inheritance, unearned privilege, fraud, advantages" that sustains and allows for their wealth, the rich instead promote their wealth as legitimate, deserving, and justified based on their "'natural intelligence'" and fruit of their labor (Cattani, 2011). Poverty, previously seen as a "historical legacy", is explained by blaming the poor for their lack of education of will (Cattani, 2011). "In Brazil, 'order' has always been understood to mean that the positions held by the ruling class are immutable" (Cattani, 2011). This "new middle class" can gain more income and improve living conditions but it does not disrupt the status quo—it does not diminish or eliminate the advantages and privileges of the upper classes and does not bestow any of these advantages or privileges onto the newly "middle class".

Marcelo Neri's classification of this "new middle class" as in a dialectic between being and acting captures a tension that is related to race. Perhaps his title, *The New Middle Class in Brazil: The Bright Side of the Poor,* helps to reflect the tensions with this "new middle class" and the ways that class is not just about income and is always already raced. This increase in income has been most substantial for those that have always been on the margins of Brazilian society—nonwhites, women, Northeasterners, *favelados,*[131] and those on the outskirts of cities.[132] This new middle class is "female, young, black, and connected" (Zizola, 2013). This new middle class being made up of from those populations that have been marginalized and associated with

poverty and criminality, the increased income and purchasing power is not legible.[133] Those in the upper class who have always been associated with wealth do not recognize wealth, increased income as legitimate or valid when on bodies that are not white or do not match other markers of wealth. This is not new but has been exacerbated with the increase of economically mobile black Brazilians. The inability to read blackness as middle class, as owner of an apartment in an upscale building or as owner of a nice car, dismantles the myth of money as sufficient to whiten one and their experiences.

Black activists hesitating to identify as middle class may have more to do with a recognition of the impossibility of that recognition socially, making the claim futile. The misrecognition, socially and especially by those with more capital, wealth, and power, does not allow for a newly middle class Brazilian to embody and cultivate a more distinguishable middle class aesthetic. One may argue that the inability to cultivate and physically inhabit a middle class aesthetic may not be an inability and rather a choice to disrupt what is and can be seen as middle class. In the rare cases that I noticed a seemingly deliberate attempt to not completely inhabit a middle class aesthetic, it had more to do with strongly affirming one's blackness—wearing their hair naturally, dressing with african prints, naming practices, activities and cultural manifestations that they chose to participate in—but that could only be possible with access to disposable income, often generational—as in, their parents and perhaps grandparents were and had been middle class. Reproductive practices often mirrored those of the middle class with two or less children.

Maria and her family's access to increased income and consumption that mirrors the middle class does not bestow an embodiment or aesthetic that is easily read as middle class by Brazilian society. Her reluctance to claim middle class may have to do with the way that four

children differently restricts and limits the amount of disposable income available. But aesthetically too, four children is not a family of the middle class. Her family, if one ignored the quality of clothes they used, "looks" like one that should be struggling in poverty, not consuming as they do; a family struggling to make it-"too many children" and black. While her children may be able to more comfortably inhabit a middle class aesthetic, Maria felt uncomfortable doing so. Her inability or refusal to inhabit and embrace a middle class status may have affected her first doctor's interaction with her. As much as doctors expressed worry about performing tubal ligations and then being sued, it is noteworthy that Maria's doctor for the planned pregnancy (the third one) was not seem concerned with being sued for failure to perform the tubal ligation. Maria's first doctor's invocation of the law to justify her refusal of the agreed upon tubal ligation is indicative of those for whom the law favors; in this case, the doctor and not Maria. The invocation of the law may have been the doctor relying on the low probability of Maria knowing what the legislation actually stipulated and thus deterring her from trying to sue the doctor. A tentatively inhabited middle class status, as mentioned earlier, does not come with the privileges and advantages. Even without the privileges and advantages, a performance as though one had these perks associated with a higher social class or at the least the performance of one's rights may have worked to the advantage of Maria, as it did for another middle class woman who was able to convince her physician to approve a tubal ligation.

Maria's second doctor did not require any such form or court authentication before performing the tubal ligation, demonstrating the way doctors can use, refuse, invent, and manipulate laws for their benefit in ways that their patients, especially those not paying and in a particular class, cannot. The argument in defense of doctors not sterilizing women, for fear of legal suit by patients who come to regret their sterilization, seems moot. The policies governing

SUS further constrict the implementation of the law and access women have to tubal ligations. Doctors' ability to exercise their own scrutiny in discerning who to provide with a tubal ligation further compounds the scenario for women. Bruna pointed to the ways that society's difficulties make limiting one's family to two children ideal. Here we see some of the ways that society simultaneously presents difficulties to a method that would greatly facilitate a woman's ability to limit her family size. Limiting one's family to two children, can grant a certain level of access to consumption patterns that attempt to mirror the middle class, even if dependent on the use of credit. Yet to easily access the tools and technologies that make this sort of family planning and limitation possible requires an already middle class status and one not based merely on higher consumption, if not a stroke of luck. Maria might have more ideally participated had she opted for the "appropriate" hospital choice for delivery of her third child. Perhaps there is some rationale to Maria's discomfort with being marked as middle class.[134]

Maria was finally able to get her tubal ligation. The tubal ligation came after Maria got pregnant again, her third unplanned pregnancy, and fourth pregnancy in total. She had chosen to have her tubal ligation at a private hospital where she had a friend who worked as an anesthesiologist. She was no longer reliant on SUS as her private insurance would pay for the procedure. Though she had one more child than she had wanted, she was more fortunate that some of her friends who still could not get the procedure. The cousin to Maria's housemaid was one such case. The 23-year-old had just given birth to her sixth child and was financially incapable of caring for the children. She had been in Salvador in the hospital because her child was born with heart problems attributed to the mother's poor health and high parity. Yet, despite the woman's pleas requesting a tubal ligation, doctors would not perform the procedure. Another friend of Maria's was 35-years old with one child but also could not get sterilized as doctors

refused to perform the procedure on her. Maria told me of another friend that had five children and also could not get a tubal ligation. It became obvious that there were more friends of Maria who were also looking for tubal ligations and were unable to get them.

Sterilization is only one method of contraception and a permanent method as well. With a national family planning program in place, what would keep women from seeking out other methods to prohibit the birth of unplanned and unwanted children? Or asked another way, how much can we blame doctors and their denial of tubal ligations to women when there are other options for preventing pregnancies? I asked Maria why, if she really did not want another child, and after realizing that her doctor had not sterilized her, she did not use other forms of contraceptives. Maria did not mention the issue of expense as a barrier to contraceptive use. "No, I didn't try (in reference to IUD). I didn't try. Real-really like this, I didn't, or I was using the condom right? Or when I was going to use the pill, I didn't didn't accept, so I stayed with the condom and sometimes nothing." It was that they did not work for her, she lacked the discipline for the pills to be effective, sometimes they went on the impulse (no condom) and that she had stomach problems, as Maria told me. Other middle class women that may have verbalized not wanting more children but were hesitant to get their tubes tied, opted for other contraceptive methods, usually a method that they paid for themselves. This fact is important as it seems that with contraceptives and sterilizations, there are always at least two types: the cheap and/or free, ineffective/less effective "easily accessible" version vs. the more expensive, highly effective, less easily accessible version. The latter version is most available outside SUS, thus, the user usually pays.[135] Similarly, tubal ligations were thought to come in a variety of types based on effectiveness. There was the tubal ligation that lasted five years and then there was the permanent one. Maria was under the impression that her tubal ligation was the permanent kind,

based on her anesthesiologist friend's description of what would happen to the part of her fallopian tube that cut: "And cut it. And throw it out. Gave it to the cat to eat."

Beyond reinforcing the notions about disparities in the distribution of contraceptives, Maria's attitudes show the continued importance of questioning the consideration given to the acceptability and appropriateness of a contraceptive method. In other words, we cannot only focus on the effectiveness, efficiency, and affordability of a contraceptive method without also beginning to consider the varying relationships women have with their bodies that would not allow the use of certain contraceptive methods. The dominance of the scientific model and understanding of physiology and anatomy does not allow space for women to voice their differing reasons for engaging with some methods, the condoms and the pill for Maria, and not others, IUD. As was often the case during lectures at the clinic I would visit, women and men asking questions that expressed any concern seemingly outside of the paradigm accepted in medicine were immediately disregarded as folktales, misinformation, and/or nonsense. Histories of abuse by the medical institutions serve as worthwhile reasons to avoid using certain contraceptive methods that require the skill of a doctor. The stomach problems may be the only way in which women can voice their concerns and justify their non-use.

Maria's case demonstrates a problem that perhaps was not expected. A woman who met all the criteria as laid out by the government regulations for tubal ligations was denied her right to choose the terms of her reproduction. Maria was not at risk for being subjected to an unauthorized tubal ligation by a doctor who had decided that she had reproduced enough. Rather, she was subject to the denial of her decision to end her reproductive journey. I would argue that her doctor's refusal to grant the tubal ligation, conscripted her into reproduction and put her life at risk. As a foreigner, my ability to "recognize" Maria as middle class should not undermine her

inability to label herself as such. Her inability to see herself as middle class may speak to the dilemma of blackness in Brazil. Her difficulty securing a tubal ligation signals that something else is at play in negotiating one's reproduction. If Maria could have such difficulty securing a tubal ligation, a women with less disposable income than Maria may have to face different sets of options, with different consequences. Maria's case and the two that I will present below are black women at different strata of society that were able to secure a tubal ligation. I pay attention to their experiences to mark the ways that class is not enough to explain the disparity of access and to think more critically about the politics of death, life, reproduction and race through the state regulation of sterilization in Brazil.

Rosa

Rosa is a quiet, somewhat shy woman. She spoke fast and in low tones. She shooed her daughters away when it was her turn to be interviewed. She looked around often before answering questions that were of a sexual nature, making sure that none of the other women or daughters were passing. We sat outside in my designated area in the community to chat with the women and their daughters and generally hang out. Rosa was also able to secure a tubal ligation. She characterized her economic status as "*baixa renda*/low-income", unlike Maria who described herself as poor. Rosa lives in a place where the teenage daughters of the women I interviewed were sent to accompany me down the hill at night after I had finished there; a place where I was advised by Rosa and other women I interviewed against carrying my camera with me if I wasn't going to use it. They had the basics and no one was "*passando fome"*[136] but I would not describe them as consumers in the way that I characterize Maria and her family. For example, none of the women owned a car or had a car available in their household. At one point in the interview, Rosa stated that God had blessed her with *"trabalho"* and not yet

"emprego"[137], a distinction that reveals her socio-economic and social status. The distinction between "trabalho" and "emprego" validated Rosa's desire to go to college to improve the sort of work she could do. For now, she depended on her ability to enter the work force and make enough to provide for herself and her daughters.

Rosa is a 38-year old married mother of two who described her race/color as *negra*. She was a bit fairer in complexion than Maria. She was the first to leave her parents' home, when she had realized that things were not going in a fashion that would be favorable for her. She had moved in with her present husband. Three years later, she was pregnant with her first daughter. She had also noticed that things were not right in her relationship with her husband. She had not planned the pregnancy of her daughter and recalled crying upon finding out. She blamed the pregnancy on a night when she and her husband had sex without a condom and a desire not to conceive. The couple had relied on the pull-out or withdrawal method that night. Her husband's inability to pull out well resulted in her pregnancy. She described not taking care of her body and not paying attention to nutrition. She was sick throughout her pregnancy. She and her partner were both unemployed, further complicating their condition of poverty—"*foi aquela coisa".*[138] After her first child, she had to stop her schooling to work; "*Estudei. Não terminei. Queria ir pra faculdade."*[139] She used condoms to prevent pregnancy but twice they burst while her partner was inside her but before ejaculation. She credits her escaping pregnancy those times because "I wasn't in the fertile period, so I didn't get pregnant." She used another method before deciding finally on the IUD, which she used for 5 years.

Unlike Maria, Rosa had not necessarily only wanted two children. She had made the decision out of circumstance. If she won the lottery, she told me, she would adopt a boy and a girl, preferably above the ages of 3 or 4. In lieu of the lottery and her poor financial conditions.

> *"I decided [to tie her tubes] because he [her husband] didn't pass a sense of security to me [in regards to having more children]. During my pregnancy, I didn't feel secure. He abandoned me, left me alone. He treated me badly, it wasn't good."*
>
> *--Rosa*

After her first daughter, her relationship with her husband passed through a precarious moment. He wasn't giving her any financial security or the possibility of any in the future, which was important to her if she were to have many more children.

> *"In all of this, I expressed my opinion, I said, 'let's separate. I want another child, I don't want only one.' I had my second child, to see if things would get better. So, it was to have the second child and then separate. Until today, I'm trying, pushing, pushing. Nobody knows."*
>
> *--Rosa*

She is still with her husband, the father of her two daughters. She wanted him to at least give her another child before they separated, if things did not get better. In her second pregnancy, she had been more vigilant, paying attention to her body and eating well, so much so that she links her second daughter's fondness of eating salads to a taste gained while in her mother's womb.

Rosa is less interested in demonstrating a certain participation in Brazilian society that would restrict the number of children she wanted. She restricted herself then based on the reality of her familial finances and knowledge of the financial burden of raising a family. She also did not want only one child and utilized her husband to have another. It had been a sole decision taken by Rosa, unlike the couple decision in the case of Maria. What I want to point out is the self-disciplining and policing on the part of Rosa. Though she did not conform to the societal fascination of two children only—"*Sempre queria ter mais filhos. Mas devido a falta de segurança que ele me passava..*"[140]—she had taken into consideration her financial situation and the possibility of being a single mother and thus decided on only one more child. She had gone to her doctor and had her IUD removed so that she could get pregnant. Assuming that the

relationship may have been headed to an end, nonetheless, Rosa took advantage of the availability of the father and allowed herself to get pregnant, assuring that her children would at least have similar genetics. Rosa was one the many women to express this strategy of calculating the possible end of a relationship with a man that had fathered one child and then using him to produce one more, usually the second and final child. We tend to think of women whose bodies get used by men for pleasure. As Bia pointed out chapter 4, women were also capable of using men for their body, their parts—the penis—for pleasure. Rosa and other women often made this decision themselves, without consulting with the men and/or in direct opposition to the man's desires. Unlike those cases where women use another pregnancy to trap a man in a relationship, Rosa and other women expressing this strategy were not doing so to trap men or prolong relationships, per se. Rather the eminent end of the relationship signaled the need to get pregnant again.[141] Having two children with similar genetics at least could demonstrate a certain level of success and respectability, even if a woman "failed" at the relationship.

Based on her financial situation, Rosa chose not to realize her desire to have multiple children and instead settle on having two. She waited until her first daughter was 13 years of age before having her second daughter. As she would have to rely on herself to provide for her children, she decided to also tie her tubes after her second daughter. Around this time of choosing and getting pregnant, Rosa explained that her neighbors had been talking and commenting about a doctor, Dr. Ferreira:

> "*that he did the ligaduras (tubal ligations) free. Before, you had to have the age also. Because I didn't have the age, I think I was 25, around there. So I waited for it. You had to have 2 children or more right? I wanted and had this other child. So, I went…I decided, let me go and get pregnant soon because I should be at the point where they'll tie my tubes. Because at 30 years old with two children, they tie. So I got it [pregnant] and tied [her tubes]"*
>
> *--Rosa*

For Rosa, this second daughter was an attempt to improve a relationship on the rocks, provided a number closer to the many children she wanted to have, and was a way to secure a tubal ligation by giving her the requisite number of children. Her second child had been intended, wanted and to some degree planned, though Rosa never refers to her child using those words. She was not concerned with impressing upon me that her second daughter was planned and emphasized the strategic moment in which she orchestrated the birth of her second daughter—how she *deu um jet* to get her second child.

Similarly, she would orchestrate her tubal ligation. Rosa's demure, modest and quiet way meant that sometimes I filled in the word ejaculate when she didn't want to say it. I had to lean in when she talked about something that embarrassed her, like the way men tease women about their post-birth genitalia. But none of these characteristics had interfered with her ability to secure information and navigate the bureaucratic process to get her tubal ligation. Using information from her neighbors, she knew where to find Dr. Ferreira-in a municipal district outside Salvador.

> *"They have a scheduled day that he stays in the clinic just to do this [tubal ligations] on women…I arrive there with the exams because I looked to see before the day I had to be there what was the exam? So they said do this, this, this and come bringing them…The day he was there, I went."*
>
> *--Rosa*

Rosa would learn of the requirement of an unexpected vaginal plastic surgery as the package for tubal ligation at the clinic. As she was signing paperwork, she saw that she would have to agree to plastic surgery for the tubal ligation to happen. Rosa was aware that the doctor could use the plastic surgery to bypass government quota bureaucracy and have the government reimburse the hospital for the procedure. As vaginal plastic surgery and other surgeries costs as much as a tubal ligation, doctors would often use this strategy to provide women with tubal ligations despite the quotas. That was one justification for Rosa allowing the plastic surgery. The other was an

acknowledgement of the way that the vagina changes giving birth, particularly in terms of sexual intercourse. She later stated that it [the plastic surgery] was fine since she could eliminate her husband's complaints about her being too loose. Rosa told me the experience of a young girl, who was also at the clinic, to further demonstrate the way that vaginal plastic surgery became a necessary procedure to procure a tubal ligation with Dr. Ferreira, in a municipality outside of Salvador, the capital.

> "*There was a young girl that was there when I was there, that she had a caesarian, she gave birth by caesarian. Because of the fact that she didn't do the tubal ligation when she had the caesarian, because it isn't, you can't, by the government not obligating this because it would be a lot of money, right…went to the hospital to get her tubal ligation on the same day I went. She said, 'I want to do my plastic surgery so I can get the tubal ligation'. Because if not, she wouldn't have had it [the tubal ligation] done. She was obligated to do the plastic surgery."*
>
> *--Rosa*

Alexander Edmonds writes about the connection between sterilizations and plastic surgery as linked with caesarian sections in "the management regime of reproduction and sexuality" (2010). Further Edmonds points out how tubal ligations and c-sections prepare and accustom women with surgical interventions (2010). I found that often doctors use other surgeries to recoup the cost of performing tubal ligations that otherwise would not be reimbursed by the government. What remains unclear is whether or not Rosa and the other young woman actually had the plastic surgery performed or if it was something they were told, and signed for, to allow the hospital to recoup the cost of the tubal ligation from the government.

As Rosa continued, she felt that the girl's case was extreme, considering that the manner in which the girl had given birth had no impact on her vagina.

> "*In the girl's case, it was extreme because she had a caesarian, which has nothing to do with down below (laughs). But he said, it was. I was there in the moment, she spoke with me, that she was obligated to do the, the plastic surgery due to, to win a quota. If not, the government wouldn't liberate the money for her right?"*
>
> *--Rosa*

Others I spoke with confirmed that governmental quotas limit the number of tubal ligations that the government would reimburse through SUS. Dr. Ferreira found a way to convince women to agree to a vaginal plastic surgery as the terms by which he would perform the tubal ligation. He was able to provide women with the procedure they needed and still have his services reimbursed. Depending on one's networks and willingness, plastic surgery, particularly vaginal plastic surgery becomes a means by which women can control fertility. The government and doctors' commitment to guaranteeing the right to beauty through cosmetic surgery, especially for the poor, becomes the way in which women can exercise their reproductive right to choose the appropriate method for ending their reproductive capabilities.

What should not be ignored are the distinctly different ways in which Maria and Rosa were able to secure a tubal ligation. Maria was initially denied her right to terminate her reproductive capabilities. Her ability to secure a tubal ligation had to do with her network, a willing doctor, and a health plan. In Rosa's case, both she and the doctor took advantage of the government commitment to beauty through plastic surgery, to get around bureaucracy that may have interfered with Rosa's ability to get a tubal ligation. The manner in which these two very different women were able to secure their respective tubal ligations complicates arguments about class as the predominant factor in women meeting their reproductive and contraceptive needs. The woman with some level of middle class advantages had to have another unplanned child before she was able to get the procedure to stop reproducing. The woman who lived in a favela was able to secure hers without an extra child but with the agreement to have another surgery, a cosmetic surgery which in Brazil has come to be seen in some ways as a service and right due the poor. Both women endured extra cuts into their respective bodies—Maria had an extra caesarian while Rosa was supposed to have had cosmetic vaginal surgery—real or imagined, that

were necessary for these women to be able to exercise their reproductive right to choose when to stop having children. The argument about poverty falls short unless we can understand poverty as blackness, in which case, we can see how Maria and Rosa's poverty necessitated additional surgeries to be able to finally secure a tubal ligation.

In Porto Alegre, the capital city of the southernmost state in Brazil, another black mother was able to secure a tubal ligation after having her second child with her ex-husband. Juliana, who marked her race/color as *preta,* is a 39 year mother of two, pursuing her post-graduate degree and working for a social justice NGO. She identified as middle class. She had not planned her first child, her daughter. The experience of giving birth was traumatic and Juliana decided not to have more children. She delivered her daughter through SUS and felt that she had been mistreated by the hospital personnel. During delivery, when Juliana screamed in pain, the nurse responded, "you're screaming now but when you did what you did to gain the pregnancy, did you scream then?" Juliana had been wary of having to pass through such an experience again. It is not uncommon for black, brown, and poor women to share stories of mistreatment at the hands of medical staff, particularly during delivery or miscarriages, spontaneous and induced. Much of the mistreatment has to do with scolding the women's expressions of pain because the experience of gaining the pregnancy was pleasurable one, the women now were to endure the pains of childbirth, quietly.

But as time passed, her desire to have a little boy intensified. Though her marriage of 16 years was essentially over and her husband had expressed that he did not want more children, she made her plans to have her little boy.

> *"I wanted so much to have a boy also. I really wanted this boy. I knew, my pregnancy, when I would become pregnant again, I already knew that I would have a boy…I already knew…I already knew. Because I felt it, that I was going to have a boy. I knew that he was going to be born. I knew that it was for him*

to be born, I was just waiting for the moment…I know its wrong and I should have shared with him [her husband] but I wanted it."
--Juliana

Juliana expressed that due to her upbringing, she was not interested in having children by multiple men. So she got pregnant again. Much in the way that I described above, against the will of her husband, Juliana made his sperm, his body useful for her aims towards completing her couplet—a girl and a boy. Though she felt bad making her husband a father again, without including him in the decision to conceive again, she explained that the person who decides over women's bodies are women themselves. Women have this power and autonomy, she told me. So she did it. She found out in August 2009 that she was pregnant.

Juliana decided that this boy would be her last and met with her doctor to schedule a tubal ligation. She had private insurance and thus did not have to rely on SUS or all of its procedures; "SUS has much more of a process to go through than private insurance". Her doctor asked her if she was sure, to which she responded, "I am. I am mature, I am old enough to decide. I waited 14 years to get pregnant again. I think all of this is the context, all that you need to evaluate, right". The doctor insisted on asking for Juliana's certainty considering that she was separating from her husband and could meet another man for whom she would want to have another child. She told her doctor, "The decision is mine from the moment I decide that I don't want anymore children." Juliana's educational level and work made it that she was much more secure in what rights she had and felt comfortable expressing them to her doctor, despite her doctor being white. She talked about being very satisfied with her two children but having to deal with "*toda aquela questão de cultura*"[142] which says that "where one eats, two eat".[143]

"*Mas a feijão também é caro.*[144] *Nowadays, to raise a child, it's not just nutrition. It's not just rice and beans…you have milk, you have bread, you have medication, you have school lessons, you have education. There are various things like that that influence."*

--Juliana

She, like many women I talked to, was negating a past principle governing the navigation of poverty and family. The old cultural rules that dictated that there was always room and a way to provide for another hungry mouth and/or that rice and beans were sufficient to keep one from "*passando fome*"[145] were not as convincing nor worthwhile for this newer generation. They had equally pressing concerns, particularly education and health.

The disparity in the quality of contraceptives one receives is highlighted in the different relationships and ways that the women speak about tubal ligations. Tubal ligations are considered to be a permanent method, hence the hesitation in family planning programming for this to be the first line of defense against pregnancy. After showing me her multiple scars for the caesarian and tubal ligation, Juliana distinguished the past method of only tying the fallopian tube with what she had done, which was "forever".[146] Tying the tube only left the possibility for its untying and the women becoming fertile again. For her tubal ligation, doctors used the of cutting and burning the fallopian tube, dramatically diminishing the chance of reconnection and renewed fertility. Other women made this distinction, referring to the tying method and other less effective ones as the "five-year tubal ligation" while the ones that they referred to as "forever" were the methods that were supposed to be permanent, such as the cut and burn method.

Juliana insisted that the tying method and other less effective methods were things of the past, noting that a friend of hers received the cut and burn tubal ligation through SUS. Rosa maintained that only those with money could pay for the "forever" tubal ligation. When I spoke to Rosa, she was in her fifth year since the tubal ligation operation. She had gone to the doctor to confirm that the tubal ligation she received had been a "forever" type. The doctor advised that the process to verify the type of tubal ligation was also capable of undoing the ligation, if it had

only been tied. Rosa decided that the best course of action was to leave her fallopian tubes alone and hope that she had received the permanent procedure. Stories abound of women who became pregnant after having had a tubal ligation and of women who believed the tubal ligation another temporary method. Fertility control becomes more difficult and uncontrollable when a woman who relies on SUS to provide her tubal ligation, does not have certainty that the procedure was the permanent version. The only "secure" way to know that the procedure is permanent is the arrival of menopause without another pregnancy.

> *"But there are people that have a huge difficulty in doing [the tubal ligation] by SUS, due to the waiting list, there are many interviews that you need. Psychological, you have social, even with the nurse and with the doctor, until you get authorization to do it [tubal ligation]. Really, it, it is very complicated. You have to have a certain age, also, that you have to be above 25, 26 years of age-I'm not sure but I think it's this age. You have to have about 4 children to be able to in this…to do it with SUS. It is very difficult. It is not easy to do a tubal ligation nowadays."*
>
> *--Juliana*

Juliana's comment about the difficulty of securing a tubal ligation mirrors that of Maria's. Juliana expressed that she heard more people talking about the difficulty getting a tubal ligation than before legalization. Instead, it seems new and old impositions have been cemented in place such that women are now faced with different forms of conscription to multiple unexpected births, use of temporary contraceptive methods, caesarians, other excess surgeries, abusive birth experiences, abortions, and maternal morbidity and mortality.

Conclusion

I want to use irony as an analytical tool to think through some of what is revealed through these women's stories. The law, even when one meets all the criteria laid out, has not facilitated the process for a woman to safely secure a tubal ligation. The women I feature in this chapter

were able to secure a tubal ligation, but only Juliana was able to do so without any extra, unsolicited procedures or excesses. Juliana was also the only who clearly pronounced herself as part of the middle class, had a superior level of education, and a job working for an NGO. Through successful use of contraceptives until the moment she decided to have one more child and a private health care plan, she was able to convince her doctor to provide her with a tubal ligation; she was able to successfully navigate within the law and negotiate with her doctor to secure a tubal ligation that she paid for. Had her first birthing experience been any more traumatic and she had not decided to have another child, it cannot be guaranteed that she would have been able to convince her doctor to perform the procedure. Maria ended up having another unplanned pregnancy before she was able to secure a tubal ligation from a doctor with whom a friend of hers worked. She was also able to secure her tubal ligation once she was no longer relying on SUS to pay for her. The irony is that only when Maria no longer relied on the healthcare system created by the government to assist women without means to access tubal ligations free of charge. Another irony is the role the government plays in hindering the attempts women make to be more responsible, productive, and consumptive members of society and to rear non-*marginais*[147] children. Women try to utilize tubal ligations to end their reproductive careers after two children, in line with the preachings of society as the keys to national progress, and are thwarted.

Rosa was able to secure her tubal ligation through SUS but had to add her name to the throngs of women who had undergone plastic surgery. Rosa had not planned to have plastic surgery and almost seemed to be a secret she was burdened with sharing with me in a lowered voice. Without the certainty of the method of tubal ligation that would be used, Rosa agreed to another surgery. These women have had to temper the past cultural vision and orientation around

children to adapt to an increasingly difficult environment in which to raise children, one in which rice and beans are not sufficient and no longer cheap. Much like the women in Daalsgard's work, the concern with good parenting and the provision of a good upbringing is more important than merely providing a basis for bare survival (2004). Even as bare survival is more difficult to attain with the rising cost of living, those extras such as paying for private schools or healthcare have now become necessities, essentials in ways that complicate a worldview that says "where one eats, two can eat". Tubal ligation after two children., for many women, continues to hold the possibility for entrance into the middle class or an improved ability to consume. Rosa talked about going back to finish college to improve the sort of work she would be able to do.

Sterilization continues to hold sway as a way to allow women to escape poverty, change their consumption patterns, have a life of their own, freedom from the financial burden of quality contraceptives or from the burden of body distortion due to low quality contraceptives and/or to alleviate women of the burden and concern of becoming unexpectedly pregnant. Yet the procedure still remains difficult to access for those not firmly and comfortably in the middle class. As shown here and to be further explored in the next chapter, women who can afford their own healthcare plan are more likely to be able to secure a tubal ligation, that is permanent and without any extras, such as an unplanned child or unnecessary medical procedures, warranted or not. There is a level of stability within the middle class that one must have already attained to be certain to reproduce this class pattern of fertility and remain in that class. In an unexpected twist, instead of tubal ligations helping women move to the middle class, a woman must already be part of the middle class or have some middle class socialization and navigation skills of the system to be able to attain the fertility levels of the modern and elevate class status. The precariousness of the middle class and the complex relationship with race, makes it that a

complete middle class status reminds out of reach for blackness such that the benefits said to follow from smaller families are not experienced. The uncertainty of gaining the social capital that is to accompany a certain level of access to disposable income makes the commitment to the ideal family size of two for particular populations of women easier to shelf to preserve a relationship, for example.

Chapter Six: When Doctors Don't Tie

Chapter Overview

The previous chapter provided examples of women who had been able to secure tubal ligations for themselves. Through their successes, I explored ideas about the failure of class alone to explain women's problems accessing tubal ligations. In addressing this question of class, I also explored the relationship between race and class and aesthetics. By focusing on cases of women who were able to secure tubal ligations, I revealed the role of aesthetics in characterizing class and the relationship to race. This further demonstrated the more complex factors and calculations involved in determining family size, reproduction, fertility control, and maintaining marital relations. Ultimately, I show that class is insufficient to completely illustrate the barriers to women controlling their fertility through tubal ligation in Brazil.

In this chapter, I take two particular cases of women who could not secure tubal ligations as central foci. Through these cases, I further ground earlier theoretical thinking about the law, agency, and blackness, as well as about aesthetics in the creation of a state of "death-in-life"—an imminent death always around but held at bay by the maneuvering of the bodies most targeted/haunted. I draw on a discussion of necropolitics and anatomopolitics to further illustrate a doling out of "death-in-life" through an underfunded, criteria-based legalization of sterilization and national family planning program, couched in human rights rhetoric. To illustrate these connections, I focus on the moments when the structural forecloses the desire and will of the individual—both explicitly, such as when monthly public health care systems quotas for sterilization are significantly lower than demand—and otherwise, such as structural racism which produces conditions in which politicians capitalize on needy constituents' desires to access healthcare as a means to continue in power.

27, 4 Children, Stable Relationship, Unemployed, and 3 Nos

"They said I have to wait so I'm waiting because if I had the money, I won't lie, I would pay 700 reais and do it"

--Paula

Figure 8. Image mocking SUS and poor quality of healthcare delivery. In the first half of the frame, the mother is asking her daughter, "Where have you been?" The daughter replies, "Playing doctor with Joãozinho". In the second half the mother exclaims, ""Doctor?" to which the daughter replies, "It was SUS doctor mommy. He didn't even see me!"

We descended from the bus and started our walk through a lower-income neighborhood than the *Rio Vermelho* neighborhood we had met in. Lia had agreed to take me to a friend who wanted to get a tubal ligation but had been refused. We walked and walked and walked. She turned and apologized to me. I told her that the walking was welcome. I noted, though, how much more we had to walk from the bus stop to finally arrive at her house, significantly more than most places I had been to, besides favelas.

We finally arrived at the home of Paula, Lia's friend. Paula's husband opened the door to greet us. He came out, his hands full with the newest baby boy, while his other children sat inside the room. I caught enough of a glimpse to see that it was a one-room abode, stuffed with their things. I looked away as I didn't want to seem intrusive with my gaze. Paula was out running an errand. Lia called Paula and told her that we had arrived and were waiting for her. There was laughter and jokes and then Lia hung up.

Paula showed up a little while later. A tall, dark brown, curvy Catholic woman with a deep soothing voice, wearing a fitted dress, barely resembling a woman who had recently given birth, let alone having given birth 4 times. We sat outside because the crowded one room abode rented by Paula and her partner offered no privacy for our interview. She sat across from me and took the microphone I offered and we began. Her children wanted to come and be with their mother. She told them to go back inside.

We began the demographics part of the interview. Your age please? 27 years old. And your religion? Catholic. Your race or color? *Negra.* Civil status? Single. Eh, your class, economic status. I took a long pause. Social status, like, for example, high, middle class. I was interrupted by our mutual friend in the background who said "lower class". We all laughed and I said, "that! " Paula had still been laughing when she responded that she was class C, as used on formal paperwork in Brazil.

Two Too Many

Paula's friend marked her and her family as lower class/*classe baixa*. Paula said that they were *classe C*. I moved on with my questions because the possibility of Paula's family being classified as *classe C,* based on income, though neither she nor her husband[148] had a job, existed. Between the two of them, 1,064 *reais* or more could have been gained to pay for their place,

food, and other expenses. She told me that she had never worked as anything. She had been pregnant five times, four resulting in "normal" births and one in a miscarriage. She didn't want more children and wanted to be sterilized but was currently depending on her husband's use of male condoms as her method of contraception.

Her current partner, who is also the father of all her children, was her first boyfriend at 15 years of age. She became pregnant at age 16 with her first daughter and had her in 2002. Two years later in 2004, she had her son. Paula dreamed as a little girl of having only two children, a boy and a girl. But as she told me, she had realized her dream, plus an extra two. And she added that it would have been six had she not miscarried a set of twins. In 2004, eight months after having her son, she found out that she was five months pregnant. "I found out like this. I was having a fever. I had taken an, an *antipironha.* After, I went to the emergency room. I didn't know I was pregnant; if I had known I wouldn't have gone. So I lost my pregnancy. It was two children. It was twins in my stomach." She wanted to be sterilized after her second child, but doctors refused to do the procedure because of her age. "Children are a lot of work," Paula elaborated as her reason for only wanting two. She talked about her children's constant fighting and arguing over everything, as evidence of the kind of trouble children give their parents.

After her third child was born, she began to try an assortment of methods to prevent a future pregnancy, including IUDs, hormonal injections and the pill.

> *"After Marisa was born, I went and I put the IUD[149] three times. It didn't stay. Because they say that the IUD avoids, right, so that we won't have another child with it. I put the one for 10 years. I put it the first time. It came out of place. I put it the second time, it came out of place. I put it in the third time. I didn't put it again. I continued taking injections.[150] I stayed swollen and the doctor suspended [the injections].*
>
> *--Paula*

Contrary to popular narratives and discourses of poor, un- and under-educated women lacking knowledge, willpower, discipline and motivation to seek out contraception to protect themselves against unwanted/unplanned pregnancies and children, Paula attempted to make use of the contraceptive methods available to her. Three times she attempted the IUD, which was rejected by her body, meaning that the IUD provided by SUS was not a viable method for her to use against pregnancy. She tried the hormonal injections, which made her body swell to a point that her doctor suspended the prescription. Paula did not discontinue the hormonal injections because her body became aesthetically unpleasing, a common criticism leveled at poor women, but rather at her doctor's orders based on a concern for her health. She also tried to use the pill, but her living conditions made storing away from children and easily accessing it at a regular time each day very difficult, nullifying its protective possibilities. She then tried to take the hormonal injections again, which caused her blood pressure to rise. Again her doctor suspended her use of the hormonal injections. As nothing was working, and in an attempt to stave off another pregnancy, she began using a medicine for its non-indicated uses, but stopped. A month later, she was pregnant with her most recent son.

Before the birth of her last son, Paula tried to secure a tubal ligation during.

> *"After Marisa, I did lots of exams because they said that there were lots of exams. Lies. They said that to tie/estrangular, you had to do exams…transvaginal exam, ultrasound. They ask for exams to see if the person had heart problems…high blood pressure or diabetes. They ask all this. I told them I didn't have heart problems and I wasn't diabetic. Nonetheless, they still asked for the exams and I did them all."*
>
> *--Paula*

Paula subjected herself to the tests so as not to forego what was presented as the only option for getting a tubal ligation. Considering Paula's living conditions, finding the time to go to the places where such exams are done, was quite a demand for this wife and mother of three. Based

on her economic situation, Paula was depending on SUS to carry out the procedures, which could have meant long waits, going to the clinic and having to go back at a different time and day. Finally her diligence granted her an appointment—which proved to be insufficient because of difficulties of transportation to the location for her surgery.

> *"So the day they were supposed to do the surgery, it was to be done in Dias d'Avila, understood? And I live in Salvador so I didn't have a way to get there, no one to take me because at that time there was no ambulance. So I stayed without doing it. That was 2007; I was 22."*
>
> *--Paula*

More than five years after the law was passed that made sterilizations legal within particular stipulations, as mentioned above, tubal ligations were still elusive and full of bureaucratic blocks. Paula was denied a tubal ligation by some medical personnel because of her age, ignoring the fact that she had three children, which based on the law, should have been sufficient. Poorer women often do not have the means to travel to the interior of the state to secure tubal ligations. I heard stories of poor women brave and desperate enough to risk going to the interior via bus. Many suffered infections or their surgical wounds opening, which had to be addressed in the public hospitals if they did not die on the trip back to the city. Women in the upper middle class would have been able to call someone with a car to take them to the interior, if not their own spouse.

Five years later, although she meets the formal criteria, the prospects of securing a tubal ligation remained elusive if not impossible. Despite classifying herself as *classe C* and the talk about the new and emerging middle class, the state of public health for the masses continues to function to sustain and reinforce inequalities. Coupled by a year that had been plagued by teacher strikes, doctor strikes, and bus strikes and a general lack of interest by the state to provide the best and consistent quality care, Paula's best efforts at securing a tubal ligation were thwarted.

Her networking, willingness and attempts at using contraceptives, and buy-in of the ideal of two children were not and did not seem poised to assist her in being the responsible citizen she was striving to be. She is not sure that she will be able to fend off a fifth child.

> *"When I got to now, I had my son, in January of 2012. I had my son Everton and my child is four months and I've already gone 3 times trying to do the surgery. I went to Hospital Especial,[151] the maternity ward because they do it [the surgery] there. I went to Posto de Saúde Salvador[152] because there they refer you, they can refer me to another place. And to Hospital Geral[153] in Estrella.[154] So I received three nos."*
>
> *--Paula*

A mother, within four months of giving birth, had already traipsed around her large city to public health institutions, from one hospital to a health post to another hospital, in an attempt to secure a tubal ligation. At this point, she fit several of the criteria specified in the law regarding tubal ligation: being 25 years of age, more than three children, and in a stable relationship. She had not been subjected to a battery of tests to ensure that she could undergo a tubal ligation. Rather, she had been told to wait.

> *"So, they told me to wait so I'm waiting because I won't lie, if I had the money, I would pay the 700 reais and do it. But I don't have the conditions to pay so I have to wait. And prevent so I don't get pregnant right…they said no because in the moment, SUS isn't doing surgeries. Because I don't have health care so. It's like…they have a goal, I don't know how many people per month, so I have to wait."*
>
> *--Paula*

And she will have to wait. But even this waiting is a hopeful one that may be further delayed in the future due to her inability to get to the hospital on the exact date, new sets of medical related strikes, or encountering a doctor who thinks she may want to reproduce in the future with a different partner.

Rights, Expectations and The Law

Paula is unable to exercise her reproductive right to end her reproductive capabilities and has little means for redress in a country that has legalized family planning and sterilization

within a framework of human rights. I draw our attention to how human rights and policies can facilitate the conditions for the continued perpetuation of abuses and violations and foreclosing means for redress or justice. The invocation of human rights and the law by government and activists are often mobilized as reasonable steps towards eliminating the conditions for abuses and violations and as providing means for redress and justice. Stacy Leigh Pigg and Vincanne Adams highlighted the problematics of continuing to conceptualize human rights and health as arenas in which researchers, activists, and thinkers apply theory related to sexuality (2005). The conceptualization of human rights as the space in which we apply theory fails to pay attention to and capture the ways in which human rights serve as a context in which sexuality is made and remade (Pigg and Adams, 2005).

The Brazilian family planning law was followed by laws placing responsibility on the Ministry of Health "to administer SUS and its family planning component, to issue guidelines in the form of *portarias*[155] and to distribute funding for program implementation" (Kostrzewa, 2003). Duncan Kostrzewa argues that the guidelines set out by the Ministry of Health actually serve as ways to alleviate clinics from their responsibility of providing contraceptive services.[156] A clinic can fail accreditation that would allow for the provision of sterilizations, thus reducing the number of places women with limited economic resources can access for a tubal ligation. Dr. Eduardo Jorge argues that Brazil is unable to provide the services to everyone in need. More specifically, he "acknowledged that the grant of a universal right creates an infinite demand for family planning services and that Brazil cannot provide such services to everyone in need of them"(Duncan Kostrzewa 2003). To provide services to everyone in need would require that the various government health agencies set service provision priorities. His work also makes clear that the constitutional right to plan one's family is regulated through laws which limit the

exercise of one's rights, especially for those without money, who are often black. Such laws include restrictions on ligating at the time of birth, waiting periods, age restrictions, number of children and spousal consent.[157] Dr. Jorge's statements avoid reproducing an image of a population of poor always draining the system. The poor are often seen as a drain because they continue to reproduce "excessively" despite a lack of financial resources adequate to take care of the children. Their incessant reproduction is blamed on a lack of knowledge about methods and refusal to take any action to stop or control their reproduction. Dr. Jorge's recognition of an "infinite" demand for family planning rather points to a population that is willing and ready to have their fertility ended and/or under control.

Rights rhetoric and discourse promotes the need for state regulation to protect women against abuse and other violations of their exercise of individual rights. State regulations manifesting as laws can create the conditions which actually serve to protect the state and not the exercise of individual rights. In this case, the Brazilian government can avoid the protection of women's rights to sterilization by not making available the funding necessary to equip all medical personnel and buildings with the necessary training and equipment to be able to safely, effectively and correctly provide the services that the citizens, particularly the female ones, need in their exercise of their reproductive rights. In other words, the passing of the law without the provision for the means to make tubal ligations accessible to the poor, restrictive stipulations and poor promotion of the program, allows a masking of inequality under the guise of "universal access" to sterilization. Where historically the government was pronatalist to address its concerns with populating the vast territories of Brazil, enhancing national security and ensuring economic development, it is now lax in providing for the contraceptive needs of its large, growing population. While the government is no longer pronatalist, and concerned with its inability to

experience economic growth during the military regime, the government remains unwilling to allocate funding for those unable to fully contribute and/or participate in the economic growth of the country by a safe and efficacious reduction of their fertility.

This seeming demand that corresponds with the state's agenda—of a majority of the population keen to adopt a two-child policy for themselves—requires far more financial support from the government than the government is willing to provide. Population studies experts debate whether fertility can be reduced through the provision of contraceptives alone as opposed to the more traditional process of increased education, income, and career opportunities for women. The Brazilian case, especially thinking of the unmet demand for effective methods, seems to point to the precarious success in fertility reduction through the provision of contraceptives alone. In other words, among women still outside of a comfortable middle class lifestyle—un and undereducated, lacking high-salary jobs, and aesthetically illegible as middle class—many have "bought" into the notion that having fewer children will improve their chances for bettering their own and their children's life opportunities and outcomes. They are willing to make use of contraceptives to have two or fewer children to attempt to facilitate better life circumstances. They are further encouraged to restrict their number of children because of the difficulties presented by Brazilian society for those attempting to raise children. These encouraging factors often manifest through the education system, the medical apparatus or the police forces. The government's policies and refusal to fund the implementation of the policies governing contraception serve paradoxically to undermine the widespread demand for the procedures that would be conducive to the government's explicit purpose of reducing the size of lower class families.

Through the increasing difficulties of living life and raising children in Brazilian society, the notion of a two-child family has become the ideal. The constitutional granting of rights to contraception has further increased the demand for contraception and more specifically for sterilization. But Paula's story makes glaringly clear the government's reluctance to provide for the most needy of the population. Those women who have accessed some semblance of middle class and higher status can depend on themselves, their networks, and resources to negotiate their access and utilization of contraception and tubal ligations. The increased disposable income also makes for a good negotiating tool with doctors or for securing a private healthcare plan that covers tubal ligations. Paula and many others have to wait on a poorly funded public health system for their chance at what is supposed to be provided by the government or hope for a gift of 700 *reais* to alleviate the stress of avoiding the birth of another mouth to feed.

Paula's case is particularly frustrating because she has been willing and active in attempting to enact her reproductive rights to secure a tubal ligation, within her limitations. After denying the provision of a tubal ligation, the doctors suggested that she take the pill or injections, despite her previous history with the two methods, particularly the injection.

> *"But I convinced them in the moment that I can't, I can't do injections because I'm still swollen from the birth. I'm still swollen. So I told her that I can't take injection that she needs to give me something that doesn't have hormones or a low dose of hormones."*
>
> *--Paula*

From her previous experiences with contraception, Paula knew what her body could handle and still be healthy, even if medical records did not alert the medical personnel attending to her. Unfortunately for Paula, the kind of hormonal contraception she needed is not available unless one can afford to pay without the assistance of the government. Even if SUS was now making

available low-dose and/or highly effective non-hormonal contraception, Paula faced a further barrier.

> *"So we get into that, they tell me to make an appointment, that I have to make an appointment. I tried but wasn't able to make an appointment because they are on strike. My son hasn't been to a pediatrician because they are on strike. First, they didn't have the materials to weigh him and all that so they just took his name. They didn't have materials. Second, I didn't have the SUS card and third, they're on strike. So, I'm here in this situation. It's complicated."*
>
> *--Paula*

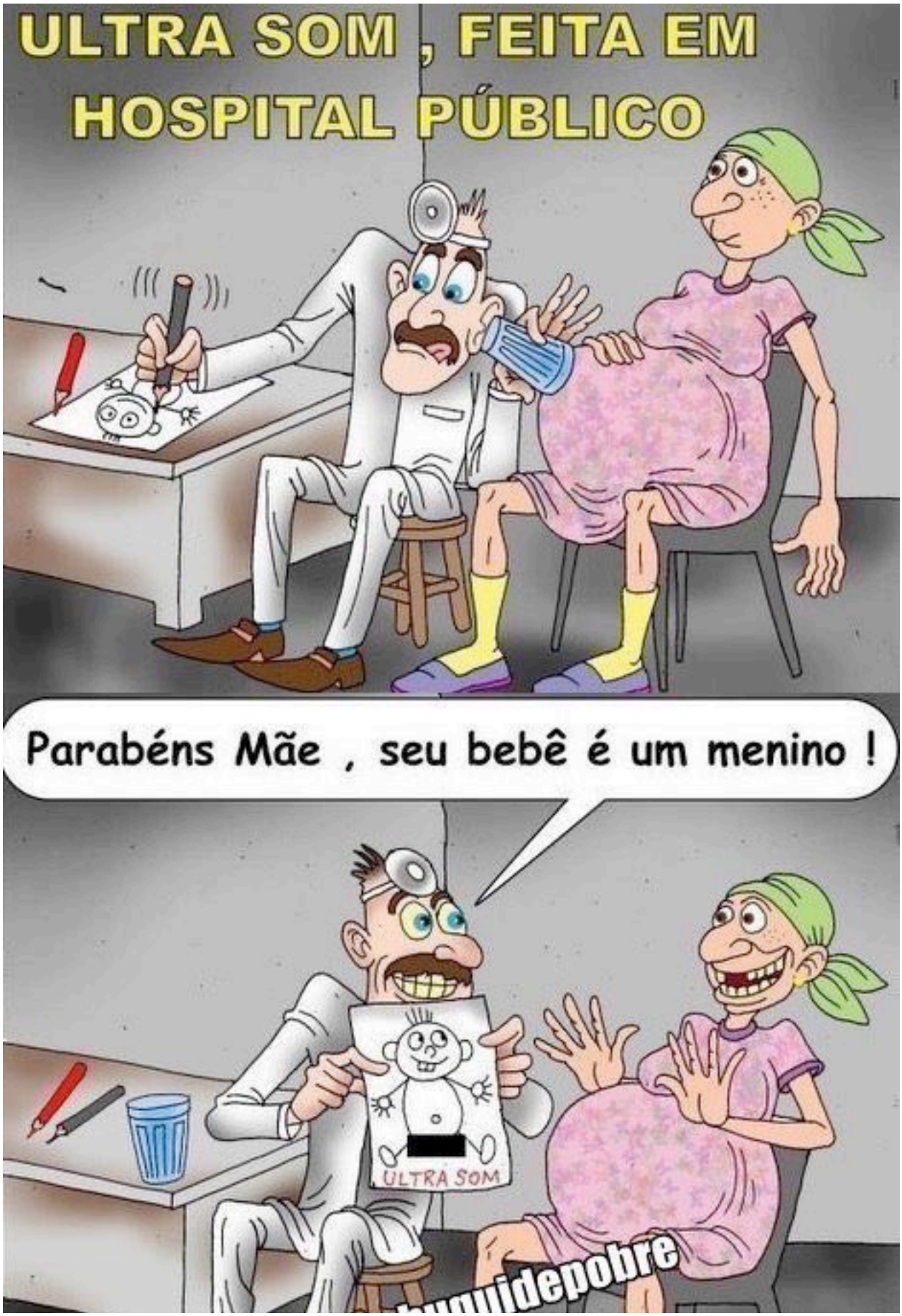

ULTRA SOM , FEITA EM HOSPITAL PÚBLICO
Parabéns Mãe , seu bebê é um menino !
ULTRA SOM

Figure 9. First frame states: "Ultrasound done in public hospitals". Second frame: "Congratulations Mom, your baby is a boy!". This is a commentary on the lack of basic equipment at many of these public health hospitals. Based on the woman's clothing and missing teeth, she is poor.

This joke illustrates public opinion about the quality of care of public hospitals, usually frequented by those with SUS or without any other source of healthcare. An already underfunded, under-resourced health care system reliant on sometimes underpaid medical personnel was further hampered by the personnel taking turns striking to get their demands met. The possibility for finding a hormonal method that would not endanger Paula's health could not be explored due to the strikes. Her son's health status was also in-waiting, four months after his birth, due to the strikes, but also, due to her and her husband's lack of access to disposable funds which would have afforded them the luxury of a better health care plan with doctors and nurses who would not have been striking.

In previous chapters, I discussed the way that citizens in Brazil are subjected to the law while those who are able to circumvent the law demonstrate their personhood. Yet this personhood is not bestowed to all who circumvent laws. Those citizens who are always already subject to the law remain unable to access personhood because when they attempt to circumvent the law, they are subject to punishment. I am thinking of circumvention of laws in a couple ways. One way that a law can be circumvented, is the more obvious manner in which the law is ignored or broken. An example would be abortion in Brazil. As abortions are illegal in Brazil, to seek one in a case other than rape is to seek to break the law. Those with money circumvent the law by going to private safe sanitary clinics, often along the beach, to get a "safe" and discreet abortion. The women leaves and does not fear any sort of punishment or follow up by the police or doctor. Those who do not have money and attempt an abortion do so but often must rely on the public health system to complete the abortion and save their lives. In this process, they can be punished

through the suffering they endure waiting hours to be seen or death when doctors take too long to attend to them. Doctors can also prosecute women for abortions. The other way in which I am conceptualizing a circumvention of law is more subtle as a law is often not necessarily broken. Rather, in this type of circumvention, barriers and bureaucracy in place by the improper implementation of the law are eliminated. The elimination of these impediments is not easily done and for those without the conditions often means putting oneself and life in a precarious situation. For the case of sterilization, a woman with money need only arrange with her private surgeon and the procedure can be done safely and properly. In the case of Paula, blackness and poverty mark one as subject to the law, unable to circumvent laws and bureaucratic structures and gain personhood. Any attempts she would enlist would inherently include a high level of danger and risk to her life.

After these mis-attempts to secure a tubal ligation and to secure any effective form of contraception to avoid another pregnancy while waiting for an appointment with SUS, an acquaintance suggested the possibility of a tubal ligation, secured outside the law—navigating bureaucratic barriers. Outside the law mandated procedures, process, and waiting times for a tubal ligation. I do not mean that this navigation is outside of law as necessarily breaking the specific law, but rather I am referring to a certain navigation of bureaucracy set in place by laws and policy. But I am pointing more to the way that these navigations of bureaucracy, when undertaken by certain bodies, are considered breaking the law/a disregard for law/outside of legality.

> *"An acquaintance came to me and said, 'Girl, you want to end this agony, you get', um, she said Mauricio Trinidade. Because, Mauricio Trinidade, beyond being a politician, he's also a doctor. And she told me to go to him and said that on Tuesdays, his car is in Ilha*[158] *distributing requisitions. Let's suppose a person wants an exam but can't make an appointment at the post. So he [Trinidade] gets and gives to you the requirements for whatever exam*

you want and you're able to get it, the request or whatever it will be. So she sent me to speak to with him to see if he will be able to give me my exams and he himself, Mauricio Trinidade give me the recommendation to do the surgery."

--Paula

This option is not uncommon, particularly for the region of the country in which Paula lives, the Northeast. It is well known that the politicians, who are often also doctors or friends of doctors, have played pivotal roles in women's ability to access sterilizations (Vieira and Ford 1996, 32-37; Caetano 2001; Caetano and Potter 2004, 79-108; Dalsgaard 2004). And Trinidade's renown for trading votes for sterilization had even reached US newspapers in 2004.[159] And though the 1997 law to legalize sterilization should have theoretically nullified the need for the continuance of such a practice, the faulty implementation of the 1997 law and continued under-attention to the public health system had not diminished the continued reliance on doctor-politicians and politicians with doctor friends. As it was an election year in 2012, Mauricio Trinidade was to be found out in particular neighborhoods, campaigning and offering health services.

"But not even this I'm able to do. Because on Tuesdays, they give out requisitions for pediatrics, gynecology but when you speak of this subject, they don't have the specific exams. And I can't get an appointment with him [Trinidade], its difficult. I can't get an appointment with him. And he sends you to do it [the tubal ligation] in Santo Amaro de Purificação. In that case, I won't do the surgery in Salvador. I'll do it in the interior because that's where he sees patients. He doesn't see patients here, he does in the interior. So I have to go there, to Santo Amaro, to do the surgery there.

--Paula

As she and many others in informal conversations and interviews pointed out, most of the doctor-politicians and doctor friends of politicians operate in the interior, more rural parts of the state. It was commonly remarked by acquaintances and individuals in the Black Movement and other social movements that many doctors worked in the public system in the capital city but also operated private practices in cities in the interior of the state, which allowed them to provide the "free" tubal ligations to women. One informant narrated a story of a famous doctor who operated

a clinic in the capital city but would come to her neighborhood, that was lower-income, and round up young girls as young as 20 years of age, who already had children and wanted to be sterilized. He would take them to the interior to his private clinic and give them sterilizations and then bring them back, especially during election times. This was the case for Trinidade. He was offering his services to people who lived in Salvador but they would have to travel 78.6 km/48.83 miles/approximately an hour and 11 minutes drive north to be seen by him in Santo Amaro de Purificação. In informal conversations, informants said that in the interior, with smaller populations, the quotas for tubal ligations weren't as quickly reached, making it easier to perform the tubal ligations and get reimbursed. As well, attending to patients in clinics in the interior of the state facilitates the doctors using public monies to pay for the procedures conducted in their private practices. Interestingly enough, Dr. Trinidade was most accessible through this alternative route, for which the 1997 law was written. It was more difficult to access him in the manner that he was to be most accessible, through SUS, much like the other doctors.

> *"In this case, the ambulance would take me there. An ambulance from here in Salvador takes me there to Santo Amaro. Now at the time to return to Salvador, I would have to have someone to come transport, a relative…They don't bring you back, no they don't bring you back no. They don't bring you back they only take you. It's their law, they take people but bring them back, no. So if I had a cousin, relative or neighbor, I could put gas in their car and they could come get me. But if you don't have, you have to ask the bus. They just take you, you already go with the clothing from the hospital and get there all ready to be attended to, for you to do the surgery.*
>
> *--Paula*

Finding her way back from Santo Amaro de Purificação deterred Paula from getting a sterilization this way. She never mentioned her partner as an option for transport from the clinic to the interior. She only spoke of other people for whom might feasibly have a means of transportation for which she would compensate with gas money. More importantly, we see her again subject to the law, albeit a law made outside the law itself. This is more than a structural

limitation. The law does not necessitate such risks to be undertaken by women looking to secure a tubal ligation. I am pointing to the way when one can pay for the bypass of bureaucracy or sometimes law—no more spaces based on filled quotas—the paying patient does not worry about getting caught, legal process or extra risk to her life due to the process or extra risk to her life due to the procedure itself. Those without means face more precarious conditions and consequences if not successful. These women are blamed for their misgivings—why didn't she use contraception/pay a taxi/wait—an/or made feel indebted to doctors and politicians who provide the tubal ligation. In other words, those who are able to navigate outside the law, to their benefit, are able to further manipulate the law to their benefit and against those who are subject to the law. The rules governing how and who can manipulate laws, safeguards and benefits those allowed to navigate outside while those always already subject to the law are also subject to rules governing manipulation and navigation outside. The white, educated, elite medical doctor creates a way to navigate outside the law and public health system to be able to provide a service to women in need, often to his gain. These women navigate outside the law at their own risk. Meanwhile, the doctors benefit either through reimbursements from the state or through a sense of debt the woman and her family feel they owe the doctor, especially if a doctor-politician or friend to a politician are running for political office. The women gain a sterilization,if they can successfully be subject to the laws and bureaucratic process. Paula's financial situation makes it difficult for her to follow the "law"-"It's their law, they take people but bring them back, no."-she can't afford for safe transportation back from the interior.[160] Unlike other cases I was told about, of doctors transporting the women back with freshly sewn stitches which opened up and were infected on the ride back, Trinidade's operation did not leave room for such mishaps and the possible legal ramifications. This is a moment when we can see how inequality is

written, encouraged, and solidified by the nature of the structure of the government and law. Historically Brazil has managed to obscure the mechanisms for inequality in ambiguity-there were no explicit laws mandating social relations such as in the United States. "Laws" governing social relations and hierarchies were determined in the everyday and naturalized when written in laws that implicitly reinforced these norms and marked certain populations of society.

Paula and her partner's financial situation makes securing a tubal ligation or use of an effective and safe contraceptive method impossible. Despite a strong desire to avoid another child, governmental legalization and policies governing contraceptions fail to provide Paula a reasonable and affordable means to meet her desire -"I don't have conditions for another child. Truthfully, I don't have conditions for this new baby, but…" Tiana, on the other side of the city, was a slightly different case as she was two years younger than Paula, unpartnered and had only one child. But she too has been denied the permanent end to her reproductive career.

So Wait for What; Wait for the Person to Die?

Tiana meets the age requirement but neither the stable relationship nor the number of children requirement. She had started to menstruate early, developed a body that called a lot of attention from men and had lost her virginity at 16. Tiana had already begun a salon course and started working as a manicurist. Her teacher and boss would pay the bill for her to also gain the skill of body waxing. At 17, she was working as a manicurist and a waxer, which she continues to do today. At 18 she became pregnant but aborted before her mother found out so as to avoid being a burden to her mother.

Tiana described her second pregnancy as difficult and painful, a time during which she stopped working. The five year relationship with her partner had ended. They separated over

some “nonsense”, in Tiana’s words, and shortly after she would find out that she was pregnant. Tiana alerted her ex-boyfriend of her pregnancy. She described him responding “as if it was nothing”. He would accompany her to the initial appointments where she was told that she had a fibroid and not a pregnancy. “He thought that I wasn’t pregnant and was trying to get pregnant so that we could stay together”, Tiana told me in a matter-of-fact tone. The accusations of manipulative lying from her ex-boyfriend along with other problems, cemented the end of their relationship.

The physiological effects of the pregnancy landed Tiana in the health post. “And when I got there, the doctor said, “‘No, I am thinking that its not just the fibroid…You’ll return to maternity because I’m thinking you’re pregnant.’” But exam after exam came back negative. Another doctor suggested a more sensitive test for Tiana. But this test was only available in private hospitals, not the public hospital that Tiana had gone to. She would have to wait 6 hours at the private hospital to be able to get her exam. The results came back showing that Tiana was three months pregnant and going into her fourth month. In Tiana’s view, her pregnancy was made that much more difficult with all the crisis she experienced just to establish that she was indeed pregnant and the accusations lobbed at her by the father-[161]-she opted to stay away from work. “Because it was already difficult. I was already very nauseous and throwing up a lot. Already on the bus feeling bad[sick], having to go to maternity everyday.” Tiana and her unborn child had difficulty maintaining proper weight. Her ex had a new girlfriend and decided not to be around her. . “And I, let’s say it like this. If I was already feeling alone, I was already feeling…with the pregnancy and everything that was happening. So I think like this, that he, that he had already done very little…to give some sustenance. And not even this he did.” The “this”

Tiana mentioned was coming to the hospital to visit Tiana and the new baby, which the father avoided until the day he had to register his daughter.

Poor public health infrastructure and subpar services complicated the simple task of confirming a pregnancy. Though Tiana is clear that the relationship was over and points to other factors that also indicated the end, she does contribute the bad feelings between herself and her ex to the confusion about her pregnancy status. The more sensitive test that Tiana finally had to take was only available at private hospitals for those who can afford to pay for their services or at least to afford an insurance that would cover such costs. Medicalization of pregnancy to the point that the confirmation of a woman's pregnancy depends upon and only gains validity through a medical exam can become dangerous in a context of poor funding. Tiana knew that she was pregnant but had this knowledge of her body discredited in favor of technological advances that are supposed to allow for the detection of pregnancy hormones as proof. Had Tiana wanted to abort the baby, waiting so long for the medical establishment to find evidence that supported what she already knew about her body, increased risks to Tiana's life. Any other more life threatening complication of pregnancy would have gone unresolved due to the reliance on medicine to tell us exclusively and accurately about the processes within. Much has been written about how the process of medicalization can alienate a woman from her body but this case is less about Tiana's alienation and more about the medical establishment's alienation from the processes and signs of a pregnant body. Coupled with low quality and underfunded technology and equipment, the public health system can serve as a space for doling out death. When not doling out death, the interaction with the public health system can be enough to discourage the desire for future childbearing.

When asked if she would like another child, Tiana responded, “Don’t even think about it”. Elaborating she said, “I think that I don’t want any more children no because it will always remain in my memories, that which I went through. You understood? To go back and get pregnant, even if I was married…I don’t intend to have more no.” Tiana envisioned herself going back to school to get a better paying job to better provide for her daughter. She has an interest in getting a tubal ligation. Doctors have indicated to her that she is too young to be approved for one. Tiana is hopeful that her fibroids will afford the opportunity for sterilization. One of the preferred methods for removal of fibroids includes extraction of the uterus, thus sterilization. While she waits, Tiana avoids dating and flirting so as not to run the risk of pregnancy. Tiana’s mother relied upon the medically indicated danger of cysts and fibroids and a personal friendship with the doctor to secure her own tubal ligation at age 26. Decades later and after legalization, Tiana is hoping to rely on a loophole provided by her body and the functioning of medicine, to secure her reproductive and sexual rights and a tubal ligation.

Tiana understands her and other women’s difficulty securing a tubal ligation in terms of rights. “We pay taxes so we have this right.” She explains that doctors will not tie a woman’s tubes because of their young age, and that this has been the case since her mother’s generation. Tiana talks about the other people she knows around her neighborhood and friends who, despite having done all the necessary exams, or having been able to secure a recommendation for the surgery, are denied or told to wait, with no future date. Even the CEPARH, known in other circles as the space in which one goes to successfully get her tubes tied, was not reliable for Tiana’s friends and family. She described a neighbor who had 17 children and had experienced swollen veins in her groin area as a result of so many pregnancies and had yet to be sterilized. Some people were able to travel to the interior cities and wait for elections when they were more

likely to get their tubal ligation. "So at the time of elections, that's when they'll do [the tubal ligations]?" Tiana considers this unwillingness to tie women's tubes to be the cause of the number of abandoned children seen around, excessive child mortality, and suffering.

> *"I had a base/foundation but I also thought lots of nonsense, like to take the child out (abortion). Because you see the reality of life, right, you see it's fragile. I see it like this. Its difficult raising 1. Imagine for those with 5 children, 12, 17…Many people are recommended for the surgery but when they get there, no one does it or they are told to come back later…It's nice having doctors, except you get there and there are no medications. The same thing with the surgeries."*
>
> *--Tiana*

On one of the days that Tiana was in maternity, she met a 21 year old, Luana, who was giving birth to her 11th child. Luana started her sexual life at the age of 10 with her partner who had assisted with home birthing all the children to that point. Luana gave birth at home to avoid arrest due to her young age and the man's advanced age. They had come to the hospital because she was having complications with this birth. Luana's partner was 42. Luana's mother, herself straddled with 24 children and unable to care for them, had given Luana to this man in the hopes that he would care for the little girl. Instead, the man left his wife and began sleeping with Luana. Luana's situation did not merit a tying of her tubes. Tiana expressed that not everyone thought the same way or had the same maturity that she had and thus some would keep having sex and getting pregnant. Or thinking that because they were breastfeeding and thus not menstruating, that they didn't need protection. Tiana distinguishes herself from others based on a lack of maturity or an impoverished way of thinking without recognizing the difficulty involved in simply abstaining from sex. This is not as easy an option for married women or women in long-standing relationships. And begs a question about a woman's sexuality, and the intrusion and interruption of the practice of sexual rights when reproductive rights are not met.

Tiana's experience with the pill had not been bad. She had gained excessive weight with the injection but had no such problem with the pill. She got pregnant in the interval in which she was ordered by her doctor to stop taking the pill because of concerns about her fibroids. She talked about the complaints her friends and family made to her, such as concerns with excessive weight gain with the pill or simply forgetting to take it. Though the father to Tiana's daughter abandoned her, when they were together, he had been helpful in reminding her to take the pill when she forgot. Tiana expressed that she had been lucky in that sense. And although she had no qualms about asking her partners to use condoms ("2 if we could!") and refusing intercourse if they didn't, she recognized that for other women negotiating the use of condoms wasn't as simple or easy.

> *"These days, in one plate where one can eat, 2,3,4 can't also eat right? You have all this. Nowadays, in a plate where one eats, even still, that one eats very poorly."*
>
> *--Tiana*

Tiana, like Juliana, is recalling the old adage in Brazil that says that where one eats, 2, 3, 4 can also eat. This is an expression marking the way that Brazilians find ways to make do, to accommodate more than was expected such that no one suffers/goes hungry.[162] Those who grew up poor and can remember sharing food from their plates with siblings, cousins, or neighbors, resonate with this proverb. Her discussion serves to mark what she envisions as a change in Brazilian society where such an ideology of sharing and stretching is no longer feasible. By talking about how poorly one eats from a plate, Tiana is challenging the assumptions about the plate for one as sufficient for that one let alone divided by others. She repeats a common refrain about the dramatic increase in the cost of raising a child. Her recognition of this shift and the increased difficulties raising children well further fueled her frustration with doctors who wouldn't tie the tubes of women wishing to be sterilized.

When I asked Tiana what age one needed to be to be able to tie one's tubes, she responded with another story of a friend of hers and expressed the questions she had for the government and health system.

> *"Here, to tie [one's tubes], you have to tie when you're 28 or 30 years of age. And you would have to already have 2, 3 children, because, you have, you already have girls here in the streets that have 5 and they [doctors] don't tie [their tubes] still. I don't know why not. Ah. To have 5 and even still, to have done 5, eh, 5 caesarians. And the doctors still haven't tied them. I think this is an error/mistake. Because, like this, they say that caesarians is only supposed to be done with 3. And to have girls already with 5 and still, til today, they haven't tied them…And I keep asking myself, meaning, you're going to wait till when, she dies?"*
>
> *--Tiana*

Tiana is incredulous that doctors are unwilling to sterilize even when based on the scientific knowledge produced and disseminated by themselves and/or peers; for example, a woman should only have up to three caesarians. In other words, Tiana challenges the doctors' rationale for not sterilizing women due to age, by asking if young age trumps their own science that advises against three caesarians. She seems to also challenge what the doctors consider to be a young age when she talked about her friend as already being 24. The high rates of maternal mortality and morbidity of black women in particular and Tiana's friend's most recent pregnancy is cause to take her rhetorical question seriously. Those subject to the law can't navigate out of a clandestine unsafe abortion, maternal morbidity or mortality. And the technological advances that would have allowed a maneuvering away from death are also out of bounds, a situation that makes these women's subjection to law more stark.

> *"This, this last pregnancy that my friend had, her stomach opened. Her stomach opened…and she was at home. After a month, her stomach opened and she had to go back to maternity…The baby had to go with her to the hospital. And the hospital didn't want to accept the baby. It happened. The hospital didn't want to accept the baby because they said they couldn't and could only accept the mother because they didn't have a place. They only had a place for the mother. And then? How does that stay? And I ask myself right?...She wants*

to tie her tubes. She's already done tests, of her head, her trunk, her arm, of everything. And til today, she waits (her daughter is now 1 year old). They have not tied her. She's running after the doctors to tie her. And they still don't want to tie her tubes…So, wait for what? Wait for the person to die? And leave 4 children or 5 children there?"

--Tiana

Tiana's friend, after birthing her fifth child by caesarian, experienced her wound opening and having to return to the hospital. She had been fortunate enough to have the means to be able to get to the hospital. Unable to find a babysitter for her one-month old daughter, her visit was compromised. Tiana felt that doctors should have taken advantage of the caesarian delivery to tie her friend's tubes. Her wound reopening should have been the signal to doctors of the excessiveness of procedures into the women's body, in the name of childbirth, and motivated them to tie her tubes. If the rationale for sterilizing young and poor women with multiple children, without the consent of the woman, is to save her from herself and society from excess burden through her children, then refusing to sterilize a woman who wants to stop reproducing and has more children than she wanted, serves what purpose?

Irony, Anatomopolitics, and Necropolitics

Figure 10. "The only thing the poor know how to do is children"

Despite a stressful start to the day, I had been able to make my trek up to the contraceptive clinic for their lectures…As the instructor began to talk about sterilizations, an olive toned brunette had a question early on. She was 41, separated, a mother of one and currently using the IUD. She wanted to get sterilized as she didn't want more children, but was having a hard time getting one. The instructor told her and the rest of the class, that even if she was 50, if she only had one child, she would not be able to get a sterilization. The same went for men with only one child. They too wouldn't be able to get sterilized…The brunette was now thinking of using the hormonal implant since it was likely that she wouldn't be able to get sterilized.

--Fieldnotes, from April 2012

On one hand, you have cases like Bia's cousin in chapter 2, who refused to do anything to prevent pregnancy despite her seeming lack of interest in taking care of the children that resulted from her sexual experiences. On the other hand, we have cases like those I have presented here, women who wanted two or less children but are denied the possibility for ensuring an end to their reproductive career and left the option of relying on ineffective, body-distorting, and health-damaging methods. Or in the extreme examples of Tiana, trying to avoid sexual relationships altogether. This is not a case of the classical population studies' quandary of women unwilling or unknowledgeable about preventing reproduction and the detriments of a large family. This is a fashioning and refashioning of the self that seems only to be available to certain members of society, those with large amounts of disposable income, higher educational levels who are not-*negro* or indigenous. In this logic, only those who can afford to pay deserve to be concerned with body image when choosing the sort of contraceptive they would like to use or can expect to have an effective contraceptive method; or can have more children because they can afford to take care of them, or can have one child and get their tubes tied.

Furthermore, the elite can be afforded a level of obliviousness to the options that less fortunate members of society navigate through. Governmental discourse about access and equality leads the general public to understand that contraceptives are provided free of charge by the government. The problem then of women who become pregnant outside of a plan, is one

borne entirely by the women with no consideration for the structural hindrances. As Bia had said, before becoming unexpectedly pregnant herself, "Women today get pregnant because they want to." This discourse of a plethora of options and the need only for women to go get the free contraceptives/be rational circulates in such a way as to place the blame of unwanted pregnancies on the women themselves without consideration of the role of a poorly funded and under-resourced public health system or the limited contraceptive technology that relies heavily on the manipulation of female hormones. The importance of these women's economic situations cannot be emphasized enough. But I want to be mindful of the influence that the interactions of the women, medical personnel and government with reproductive technologies play in determining reproductive outcomes. Whether interactions involve the prevention of conception or pregnancy detection, they are instrumental in differentially producing the varied experiences of the women in this chapter, in previous chapters, and in general. The government's decision to only fund certain forms of contraceptives, that are usually less effective and/or can cause gross distortions in women's bodies and refusal to subsidize a larger number of tubal ligations affects how and what doctors within the public health system can prescribe for women seeking contraception. And this obviously has impacts for women, such as prohibiting their ability to curtail their fertility, making over-reproduction possible, locking them in a cycle of poverty. The government continues its abandonment of population management, in terms of contraceptive security, to non-governmental, private sector, and even more so, individuals.

When a woman is able to control her fertility, she affords herself a level of privacy about her sexuality. In some cases, a woman's control of her fertility provides a means by which she can dismantle assumptions about her sexuality. Tiana, with a child that looks like her, and is well taken care of, may escape being read as any more sexual than a black woman is usually read in

Brazil. In other words, she can be read as a woman who may have had a one-night stand and got pregnant or a woman who got pregnant within a relationship that didn't work out, because at 25, she only has one child. Tiana's case is further obscured because one child complicates the comparisons and assumptions to be made about the mother. Paula, on the other hand, faces a different kind of scrutiny. Because she is considerably darker than three of her four children, she may not always be read as the mother. But when she is readable as the mother of all four of her children, their different skin tones may make her seem like a promiscuous woman who has had children for multiple men. Many women expressed a concern with not wanting to have children with a different man than the father of their current child/ren. If Paula is able to walk with her husband present, it may remove the doubt about multiple fathers but doesn't mask a perceived excess, materialized in the two "extra" children.

Foucault argued that sex told the truth about us as modern subjects. Children tell a seeming truth about women, especially too many children; about possible lapses in rationality or intention, about promiscuity, about failure of technologies purported to succeed, about a health system languishing in mediocrity at best despite eloquent human rights language. Though not often thought of in this way, I am arguing that there is an aesthetic to childbearing and childraising. The governing aesthetic should be apparent upon sight and should evidence a certain level of rationality, intention, control, respectability, modesty, and discipline. These are traits that are not associated with poverty or blackness, such that when poverty and/or blackness find a way to theoretically fit the aesthetic, there is a misrecognition. In other words, even when telling the same stories, some bodies and their offspring are read differently. The discourse about the growing middle class must demarcate that which is black/*nordestino*/[163]poor. Some women's bodies always serve to mark what is excessive, obscene, and abnormal. Few would assume that

Tiana had been using contraception and that her pregnancy had occurred in the interval in which she was told by her doctor to stop taking the pill. If she did explain, the public health personnel and discourse would question the partner's decision to not use condoms or refrain from sex in the interval. They would be read based on results and not intentions.

Foucault's discussion of biopower was mindful in noting that not all life would be integrated into governmental techniques: "It is not that life has been totally integrated into techniques that govern and administer it; it constantly escapes them" (Foucault 1978). For Foucault, there is no "escape" as such—whatever seems to escape is quickly adjusted for and brought right back in. Then, can Black Brazilian women, whose bodies refuse disciplining and for whom doctors refuse to utilize technology for disciplining, be characterized as part of the process? In other words, does their inability to conform and doctors' refusals, allow for a different "instrumentalization or integration of technique"? I would argue that this lack of access to particular women who are discriminated against due to failure to comply with a particular aesthetic is part of the functioning of an exercise of power that deals in the distribution of "living in the domain of value and utility" (Foucault 1978) while managed through racism (in Brazil spoken of in terms of class) and distributing death. A death that is not limited to the physical body but an emotional death at the loss of a child to violence in a favela or social death. The history of abolition demonstrates that the black subject was not freed to become an equal part of Brazilian society. This subject was expected to have been reproduced out or eliminated through the harshness of a life on the margins. Those that had bodies that were for disciplining for the controlled insertion into the new manner of functioning were to be imported through immigration or drawn from those that were already there, but not the black population. Discipline in and on black bodies is understood in very limited ways, many of which do not

match the lives and desires that the subject of the black body wishes to experience. A body that only produces two children and submits to be under the hormonal control of pharmaceutical does not guarantee that the body will be legible in ways that can meaningfully avoid the body being marked for death instead of life.

Conclusion

One of Maria's fears had been in regards to her only son. Though she lived in a nicer neighborhood, her son, as a black male, could easily become the target of police violence or the recruit of neighboring favela druglords. Many of the women I interviewed had mostly girls, which brings a different set of concerns. Paula's oldest son is still a little too young for the preoccupations with involvement with drugs and gangs to weigh on her mind. These women's attempts, whether successful or not, can be seen as attempts at navigating out of being distributed a death, whether through maternal mortality or other means. Living in a favela and not having sons involved in the drug trafficking does not ensure that one's daughter will not date a drug dealer—the case for Bruna— be the sexual interest of a drug dealer or that one's family will not be killed in crossfire between drug dealers and the police. An inability to maneuver well can also mean one's inclusion in a population marked by extremist politicians for massive state correctives, whether through hormonal contraceptive implants that will never be removed, such as what happened in a neighborhood in Porto Alegre, or for occupation by special police forces to get rid of the "bad elements", such as has escalated in the wake and preparations for World Cup and the Olympics. Many, such as the woman whose stories I have shared here, manage to navigate, for the time being, out of a distribution of death or even a death-in-life but still can't quite navigate into being disciplined or having a disciplined body. For women like Tiana, able to

discipline themselves and their bodies, their blackness can stand to obscure the possibility of ever being readable as disciplined.

The tyranny of family planning and aesthetics governing what can be considered a "planned family", excludes black families. The Brazilian government remains unwilling to put forth the funds that would make it possible for all women to safely access tubal ligations after deciding that they do not want to utilize the broad range of effective and appropriate reversible methods for contraception. Women with better access to effective and non-body distorting contraceptives prefer to use those rather than immediately getting a tubal ligation—many of them recognize that ending their reproductive careers early may have repercussions in the future. Black women and those with fragile amounts of disposable income have less room for error in terms of contraceptive failure and thus prefer tubal ligations. Despite an aesthetic that demands that they—black women—are unrecognizable as conscientious, responsible, and reflective women, both with sexual urges and the some with the desire to mother, they have embraced an ideal that makes successful navigation more feasible. Paula was unsuccessful but had not given up. Though she resigned herself to waiting, she was still alert to the moment when 700 *reais* would materialize or a doctor would be willing to provide the service. Tiana found a possible loophole that she hopes to follow to secure her tubal ligation.

Chapter Seven: Conclusion

Conclusion: Black Lives Matter, Black Bodies Matter

The BlackLivesMatter hashtag has made it to Brazil, where it has relevance and linked an experience of genocide through state sanctioned police violence and killings of black men, women, and youth in both countries. Within the interplay of the seemingly fixed structures I have described and the ways in which black women shape and maneuver within legal structures crafted for their policing, the ways in which they *dar um jeito* to live, reproduce, control their fertility, and attempt to live well, there is a consistent and persistent reminder that the structure can violently, extra-judicially, and seemingly without reason impose the rules governing the relations between race, aesthetics, and sexuality to restore a particular order that places blackness in the roles constructed through modernity. I have attempted to demonstrate the ways in which black lives have meaning, drawing on the ways in which black women strive to make their lives and those of their children matter, within a structure that operates from the principle rather that black bodies matter. Black bodies have mattered to the Brazilian national project and understanding of itself as manual labor providing the means for accumulations of wealth and the sustenance of white life. Black bodies have mattered to reproduce to demonstrate the feasibility of the whitening method as a way as demonstrating Brazil's possibility for progress and ability to participate in modernity, as well as participate in producing knowledge that challenged Eurocentrism. These black bodies have mattered to provide sexual labor in service of white men's sexuality and pleasure, producing the country's best exportable product. When it has been necessary, more profitable, and pleasurable, these same black bodies have mattered to serve as the disposable bodies for which there is no punishment.

Black bodies have continued to matter. They continue to produce the labor pool from which manual laborers are drawn to continue to build the country and sustain white life as domestic servants. Sexually these bodies matter as part of what draws sex tourists and those looking to experience Brazil and Afro-Brazilian culture through carnal consumption. These same bodies continue to be the disposable bodies that make the building of structures for global events such as World Cup and the Olympics as well as development within the nation possible. Anti-black racism serves to justify and make possible the killing and allowing to die, subjected to death and made to live in *death-worlds* as *living dead* (Mbembe, 2003). I have attempted to demonstrate the ways that reproduction and contraception, with specific focus on tubal ligations, are made to serve as necropolitical technologies in the service of necropower. By thinking about the way that complex interplays between race, sexuality, class, and aesthetics work in a variety of contexts to differentially shape what comes to constitute reproductive choice for black women in Brazil, we can see the ways that sterilization when denied to those voluntarily seeking it, instead of producing life, serves to produce death-worlds and more living dead. Thus rendering black lives non-matters for those not charged with inhabiting the black bodies trying to live lives that in fact do matter.

A focus on aesthetics allows us to see more clearly how black bodies do come to matter more than the lives that are lived in those bodies. One's skin color, hair texture, and body type interplay to approximate or distance one from beauty in different moments that have important implications for how and when one decides to reproduce and to stop reproducing. There are implications for one's ability to utilize reversible contraceptives to control fertility or access a tubal ligation. Aesthetics allows us to see how rules are constantly broken, renegotiated, recreated, and negated. Aesthetics serve as a way in which one can dabble in the ambiguities to

make apparent the flexibility of structures that attempt to be rigid and fixed. Aesthetics also reminds that we must be more critical of the use of legality and laws as a way to attempt to redress and alleviate abuse. Paying attention to the importance of the role of aesthetics also helps to question the reliance of family planning programs on the logic of science in the development and regulation of contraceptive methods. The economy of aesthetics, race, and sexuality in Brazil further illustrates the competing factors impacting reproductive choice, reproductive decision-making, contraceptive use, and the limits of technological advancements divorced from more complex engagements with the everyday lived experiences of the potential users. This economy also allows for an exploration of the imposition and circulation of a hegemonic notion of the creation and sustenance of a family. Beyond the colonizing power of the prioritizing of the nuclear family throughout the world, public health and family planners continue to wield power through the notion of the family planning which requires that couples plan their families in accordance with standards about responsibility and modernity that inherently exclude a large proportion of the world's population. The rights rhetoric uncritically incorporates the family planned notion, foreclosing the right to an unprojected future as decided by the involved partied. Instead, particular policies in collaboration with this economy of aesthetics, race, and sexuality impose unprojected futures onto particular populations, despite their desires for a planned family and future.

I would urge the Brazilian Black Movement to move beyond relying on a particular, well-known discourse of sterilization as genocide to think more critically about the ways in which power continues to morph and function in ever more subtle fashion. This is not to detract from the continued ways in which power functions in obvious ways when tubal ligations are imposed upon women against their will. But similar to ways in which I found multiple stories in

Brazil which complicated the possibility of telling one unified story about tubal ligations in Brazil, a similar approach must be enlisted in terms of making the links between anti-black racism and health. Another story that needs to be told is that of the denial of tubal ligations to women who have chosen the method as their method for controlling their fertility. This story is equally as salient and revelatory in the ways that a genocide or a necropolitical state functions subtly through the rhetoric of human rights and the law serves to legitimate privilege and legalize inequalities (Holston, 2009).

The necessity for being able to *dar um jeito*/ break the rules should trouble our understanding and usage of law and legality as a manner for addressing abuses and violence, perhaps for governing life. Breaking rules and navigating around and above law allows for life, while simultaneously justifying surveillance and providing the grounds for the destruction of certain lives. Science, technology, and the logics of public health, while providing more varied and complex possibilities for living and producing life, also provide the means by which we can more subtly and effectively devalue, dehumanize, and diminish the lives of particular populations.

Endnotes

1. Though the case of India was concerned with male sterilization (vasectomy), it is
2. Carranza does not mention them but we can add Dalsgaard's research among lower-income women in Northeast Brazil and (other authors who have looked at sterilization in PR)'s look at Puerto Rican mainland women.
3. These are not clear and distinct categories, meaning that there were women who were also nurses, nurses who were also activists. I characterized them based on my initial approach/contact with them. One example is one woman whom I met through her daughter. The daughter had introduced her mother as ideal to talk to because her IUD has failed her resulting in a pregnancy and the mother had successfully tied her tubes. Through the interview process itself, I found out from the mother that she also worked in a setting which allowed her to provide insightful commentary on access to effective contraceptives provided by the state.
4. It is not unlike the way that the term in the US inherently conjures images of forced sterilization campaigns, negative connotations.
5. This is not to insinuate that I was walking around with my fist up or proclaiming my blackness. I was told on many an occasion that my style of dress, confidence, hairstyle, etc was legible to others as a high level of racial pride
6. This is not to say that she wasn't indeed considered black in Brazil, if only in hushed tones, but her hair texture and beauty meant that she might have referred to herself as *morena, parda,* or some other descriptor that wasn't black.
7. I will define these terms later. For now, the term used to describe a range of people in Brazil, from brunettes, to mixed race to darker-skinned women.
8. I will also explain later. It literally is the term used to say something is black. Can be derogatory.
9. Often, it would take a while of someone speaking with me to realize that I was not from Brazil, usually when I said something in a way that was not characteristic of Brazilians.
10. Which can mean fixing one's negroid nose, for example.
11. Though, Cardoso has stated that he did not indeed make this statement. He was quoted in the Newspaper *Folha de São Paulo,* May 31, 1994 as having joked that he was "a little mulatto, with one foot in the kitchen" (dos Santos, 2006).
12. For example, see Edmonds' (2010) characterization of Freyre's discussion about an aspect of sexual relations with slaves as having a tone of nostalgia (pg. 130). Also see Goldstein's (1999) discussion of Freyre's writing as portraying women of color as offering themselves to white men and Freyre's failure to critique power inequalities between the actors he described (pg. 568). See also Gilliam & Gilliam's (1999) positing that "predatory patriarchy existed in every slave society" (pg. 63) and statement against the romanticizing of unions during the slave period in the Americas (pg. 64).
13. Author's original emphasis.
14. In portuguese, *boa aparência.*
15. Some iterations of this phrase use "to cook/*cozinhar"* in place of to work/*trabalhar.*
16. It is interesting to note, as pointed out by Gilliam & Gilliam that Freyre cites Handelmann as the source for this proverb. Handelmann was a professor of history at

the University of Kiel in Germany who had created a three part analytic, comparative work of the United States, Haiti, and Brazil in 1856 for those from Germany going to these places (1999).
17. By sexual work here, I am differentiating from sex work where sex is exchanged for money, such as prostitution or call girls. Though Erica Lorraine Williams' recent work on sex tourism in Bahia serves to make us question this distinction, I do want to be clear about distinguishing the two because of the way I am trying to talk about a labor for the nation as well. Thus, sex work as understood traditionally could be seen as a sort of labor for the nation-sex tourism for foreigners-for the region-intra-Brazilian sex tourism, whereas sexual work could also be in service of the nation but in a slightly different kind of way, in terms of reproducing culture, particular national discourses.
18. I use this word here for clarity so as not to confuse my other use of the word black and for the integrity of the explanation of the proverb.
19. This is not to assert a shift and disappearance of what has been shifted away from as each is dependent and relies on the previous notion to still be at play.
20. By "a laboring for the nation", I am positing that this so called valorization of this body was based on a work that this body was doing. The body and its ability to produce whiter babies was a labor for the nation, a burden of proof through literal parturition, the labor of giving birth to a child. The body itself was also proof, a product of a labor that served the geopolitical aims of the nation.
21. *Mulata tipo exportação*
22. By this I mean that there are ways that dark skin is always already considered ugly thus requiring often extreme qualities of beauty to be able to overcome the overwhelming skin tone. Skin color and beauty both as visible markers, work in tandem to classify an Afro-Brazilian woman in terms of sensuality or physical labor.
23. Appealing, usually in terms of sex appeal/sexual attraction, when used in reference to a person. Also used to describe food, which feeds into the Brazilian way of also talking about sex in terms of eating-*comer.* For example, a man might describe having had sex with a woman in the following way: *Eu comi ela. Ela é gostosa demais.*/I ate her. She is too tasty-literally translated.
24. Pretty/beautiful.
25. I am reminded of times when i was told or friends around me were told that we were too pretty to call ourselves *pretas.*
26. A *baiana* or *baiano* can be a person that comes from the state of Bahia. *Baiana* also refers to the usually black women (this is changing as women that are not black that practice Candomblé may dress this way to sell food) that to this day, sell traditional Bahian food on the streets. They are usually marked by the clothing they wear, which are colonial-era dresses with big skirts (or skirt and blouse), often made of lace, and head wraps. It often gives the image of a large very desexualized black woman as the parts of her body often judged for sexual appeal like her hips, thighs, and butt, are hidden. The dresses are often white though women often use other color clothing and/or head wraps. Some of the women are associated with the Afro-Brazilian religion of Candomblé, but many also are not. The discussion about *baianas* itself could be a dissertation, so I only give this brief description.
27. This ties to the age-old trope of the black, hot, seducing black woman who seduces and makes an otherwise honorable man succumb to his sexual urges for her. There is

also a bit of hinting at the idea of the use of charms/magic/voodoo to make men who ordinarily wouldn't be interested in black women, now find them irresistible. Similar things are said about Bahia as an enchanting, captivating place.
28. Blond
29. German. Especially in the southernmost parts of Brazil where there are communities where an old version of German is still spoken by descendants of German immigrants.
30. White.
31. Problematic because what are features attributed to black people? Even if I were to name them, it is not based on anything that is justifiably and consistent but are features that have come to be social facts of blackness. The girl's photo is featured and one can draw one's own conclusions. The features that I looked at to determine the existence of black heritage were the shape, size, and width of her nose, her lips, and her hair. In the case of her hair, though very straightened, I looked closely at the roots and her hair's mobility and reaction to wind and being moved.
32. *Parda* is a term to describe color, usually the color associated with *mulatas, morenas,* and generally people of mixed heritage. It's literal translation is brown. It is the case that darker-skinned people, that one could argue should identify as *preto* in terms of color, identify as *pardo.* As is the case too that lighter-skinned people, that arguably should identify as *branco,* also identify as *parda.* I add this nuance just to show some of the flexibility for this seeming "catch-all" category.
33. "*Ta me chamando de preta!"*
34. Hair straightening may not seem like much but in the Brazilian context, especially for black women, it is one way that many women use to escape the association with blackness-men shave their heads. Particularly in this moment, there was the movement about natural hair and black women discontinuing the practice of straightening their hair. Thus in Bahia, to find a black woman still straightening her hair, is often read as a woman's failure to embrace her blackness/black heritage/black identity.
35. White, brown, black and yellow.
36. *Ilê Aiyê* is an Afro-Brazilian Cultural Group. I elaborate on them later in this chapter.
37. Male swimwear; much like US speedos in size.
38. "Look at those pretty black girls!"
39. "How tasty!" In English, it can be understood as "How sexy!"
40. By this statement, "even for Brazilians", I mean to convey that despite the tendency to not want to label someone as black so as not to offend them, this guy was "too dark" to be anything but black and in this context, on the beach in the capital of afro-brazilian culture, it was actually advantageous to be black. Black as in *negro/negão,* a sexualized black man, and not necessarily the more heavily loaded *preto.*
41. He looked like he could have been of indigenous heritage as his hair, the little that was visible, was straight and dark and his skin, despite being darkened by the sun, had a hint of color I have grown accustomed to associate with the indigenous people of Brazil. The trouble with relying on phenotype is that other aspects of one heritage can be obscured. The associating of certain features to one race over another also trains what we see and don't see. I say this to say that he may very well have had black heritage but it was not "visible" to me or my friends.
42. black men
43. black women

44. It was winter, which also explains the lower numbers of people generally on the beach, and especially black people. During summer, there are significantly more black women and their families on the beach for enjoyment. But even then, it was usually a holiday when there was no work that the numbers increased.
45. These questions are literal questions i have been asked while in Brazil, particularly in moments like these-sunbathing or catching a taxi or other activities that displayed access to my own source of disposable income.
46. Interesting enough, my hair was worn in the style associated with rastafarianism, locs. Most definitely, the year I did my field work, I was read as African more than I ever have been. If I didn't pass as Bahian, then it was often assumed that I was African, which had not previously (sans locs) been the case, where I was often read as Bahian, and if not, then as foreign from the US or Europe (particularly French-speaking).
47. My first time in Brazil was marked by the moments when my black friend and I were ignored (when we were with other friends fairer in complexion to our own) and the moments when we were noticed (when it was just the two of us) and by whom-mostly ignored by white men regardless of who we were with and mostly acknowledged by darker men
48. If this reads as awkward, it represents my awkwardness in writing, "we are beautiful". How strange, vain, and unsettling would that be? But it is important to distinguish and disentangle beauty from the other factors that could be seen as contributing factors, such as class or foreignness.
49. Another common proverb which "suggests that social mobility changes the perception of color" (Edmonds, 2010).
50. Because this project is focused on women in particular, I do not spend much time talking about the nuances of aesthetics, beauty and blackness for men. Surely it could also be explored and we would find interesting manipulations as well. I explore it a little as I deem relevant to the points I am trying to make.
51. A male ambiguously raced had explained that he felt black because he had been discriminated against by the police on several occasions. Soccer star Neymar, upon reaching superstardom, negated his blackness, based on his reported lack of experience of racial discrimination. Neymar's case is particularly interesting because pics from his childhood make his blackness indisputable as well as looking at pictures of his father and taking into consideration the amount of money he has stated that he wastes in straightening his hair.
52. i am thinking about this and do plan to write about it. But I only address it briefly here to indicate to the reader that i too noticed it and have deemed it worthy of analysis. I just don't find it helpful just yet in the particular questions that I am addressing in this dissertation. In this work, it serves more to signal the way that race is still not completely rigid and the ways that the people themselves serve to muddy these terms coming from above.
53. I wanted to refer to the child as alien both in terms of citizenship, though what I mean is that the child will be on the margins and not fully incorporated into Brazilian society, and also in terms of aesthetics. A girl as beautiful as the one in the image, producing such a hideous child? And frankly, the child barely looks human. But I use instead the word marginal, to hopefully convey a similar message—of the perception of

the child's humanity, beauty, personhood, and citizenship as always already on the margins.
54. Williams' work on sex tourism also supports the way that black men and their bodies are sexualized.
55. This reading of Gabriella through beauty/whiteness-skin color, nose and lip size-and sexuality/sensuality/blackness-hips, butt, small waist, curly hair-left in her a category of neither white nor black-morena. I point this out to make sure that it is clear that i am not trying to conflate morena into blackness completely because i do think it a salient category that does work and begs more analysis. When I do align it with blackness or collapse it into blackness, there is a particular reason for that.
56. I would argue that Gabriella and her mom rightly marked *parda* for a more official documentation because in Salvador and Bahia they could pass as white, but in parts of Brazil, especially in the south where a lot of immigrants brought in to whiten Brazil settled, despite her French last name, her whiteness would be questioned. Also this points to the way that sometimes race is about phenotype, sometimes it is about heritage, immediate and/or distant. And depends on the context in which one is in and with whom one is conversing.
57. He is mixed and fair. I actually didn't know he was considered black until a friend told me. We debated this until I saw his mother, which shocked me, but closed the debate for me.
58. I will touch on this somewhat in chapter 5.
59. I am labeling her beauty based on how she is read in society.
60. This is not to say that the relationships of black men with white women don't also suffer scrutiny as they do but not quite to the extent that black women with white men experience. One big example is it is rare that society would assume that the man had previously been a sex worker, which happens quite a bit with black women.
61. "E aquilo de raça, olha filha, cara que não gosta de negro não deve morar no Brasil. Tem que gostar de negro, entendeu? Tem que puder dormir com um, tem uma namorada negra, transar, gostar da pessoa fisicamente, entendeu? Sentar no colo o bebe, dar um beijo nele. As pessoas que vivem aqui e fazem isso são felizes. Por isso que tem tanto mulato aqui. Porque a gente já se misturou antes a gente se misturar. Aqui é uma civilização muito misturada, entendeu? As nossos compositores, a maoiria parte são negros. E a gente sambar com eles, dancar com eles. Aqui não tem aquilo não. Agora, vc pode ter um jovem que tem um disputa com um negro e chama ele de negro, ele se ofenda porque chamou ele de negro. Ele deve virar e chama ele de *branco!* Pronto, xingar ele de branco….por isso que criei um negro, botei ele dentro da minha casa, dormia ao lado do meu filho que tinha idade dele e eles foram criados juntos. Foram pra escolar juntos, entendeu?...essa coisa de racismo sempre vai existir porque é uma coisa cultural. Se não tiver cultura, tem racismo. Se tem cultura, não tem racismo. Quanta mais educada a pessoa, quanto mais que ele tem a noção que somos todos ser humanos. E ponto pardo." Translation, mine.
62. Original emphasis by author.
63. By consumption, I am wanting to convey the notion of the body as a commodity-something to be bought, used and disposed of when done and also the way that sex and women's bodies are often imagined and spoken of in terms of food, something one would literally consume.

64. The contraception lecturer job could be thought of as akin to that of a community health educator except that their work did not entail them having to go to a community as the community came to them at the clinic. They were responsible for standing in front of the room with the posters they carried up the stairs, lecturing about the methods that were available, how they work, dispelling myths, and answering questions.
65. In this sense here the woman was referring to herself and the general population of people in the clinic waiting for services. It could have been referring to a collective economic status or a race status or some mixture of the two. In other words, she used it to demarcate a difference between the doctor and the people to be served. A gente means we/us/folks.
66. I don't mention it but the region from which a doctor hails is also important. The woman complaining to her friend was clear in pointing out that the doctor had come from São Paulo. There are stereotypes and prejudices prescribed to the different regions, with the northeast in particular seen as the part of the country holding Brazil back from fully developing and holding high populations of poor, uneducated, lazy and raced people.
67. "Porque o brasileiro na realidade, não é branco, ele não é negro, ele não é indigena. Ele é mestiço, Esse é o brasileiro verdadeiro. Então, a partir disso, se cria esse ideal, que não, não se fala em raça no brasil e realmente departista não se fala. Porque não existe porque tudo mundo acredita muito do que brasil é mestiço. Então, no limite, não existe branco nem negro nem indio. Em brasil. No imaginario e no, no discurso nem tanto. Na pratica---não, tem um politico que uma vez falou, na pratica funciona assim, não ha racism no brasil porque no brasil os negros sabem do seus lugar. " Translation, mine.
68. Service doors were the doors designated for use by those working as maids, butlers, etc. These positions have traditionally been the work of black people who were in service to the tenants, who were whites and didn't want to mix with black people while riding to their homes. Not much has changed except that now black people sometimes live in these buildings. Telling a black tenant to go ride the service elevator is then a way of "putting them in their place", insulting them based on their race, racism. They are only told to do so because of the color of their skin since their clothing would alert anyone that they were not in the service field. It is a way of affirming the inferiority of blackness, their inherent role to serve whites, and that other ways of being were not possible for them.
69. add link to cite with info on this-that negras in brazil or something site.
70. This is not dissimilar for the indigenous population, especially those disputing land ownership. I do not include a discussion of indigenous populations because they do not figure much into many of the statements and configurations around Brazilianness identity/proverbs in the same way that blacks do. I did not have anyone identify as such and for the one who did, she was not someone who would be read as indigenous. Which is also another point, that many indigenous and black populations have mixed and lived together such that one could be indigenous but may identify as black, as Paulo did, to gain a certain kind of currency tied to blackness in Bahia.
71. My translation from the original text in Portuguese.
72. A term used to denote something as cute.

73. Important to note that many sexual encounters also do occur within marriages or relationships the women understand to be monogamous. Sometimes the construction of families differs from the normative in that some women may have had children with a previous lover before marrying another one. Many of the women i interviewed had had few sexual partners, had married but it had not worked out, or other situations that troubled this characterizing of black women's relationships. i only state this to point out that the true exist together.
74. I am referring here to the way that a professor in the African-America Studies Departments described to the class the ways that discrimination functions in the academic system in terms of hiring practices for disciplines. Savage slots were those positions for which certain populations were expected to hold-raced people taught in ethnic focused disciplines/departments and or women taught in disciplines/fields/classes about gender and women.
75. The common adage, that race is something in the minds of black people/black people's imagination or my favorite, "look, you have to remember that this is not the United States. We didn't have laws or segregation. It is very different here!" It is contested across all "races", social classes and education levels.
76. See chapter 2 for more examples of race cropping up.
77. Caetano and Potter argue that this particular pattern of providing services was as a result of the associations between poverty, clientelistic politics, and a health care system that was easily manipulated, coupled with a lack of family planning services. In Brazil, since the colonial times, at every level, those elected to govern use public resources to favor or compensate their supporters.
78. See chapter 2 for a discussion of the ways that race and class relations are naturalized.
79. Translation my own from.
80. These academic characterizations have been nuanced by recent research in Brazilian that highlights more complex movements.
81. I have characterized the governmental inquiries as in response to pressure from social movements. It was characterized in this way to me by activists and medical personnel. It is worth noting that other pressures from the International Monetary Fund (IMF) and the United States had also played earlier roles in pressuring the government to to take seriously the questions about sterilization and family planning more broadly as related to national security, to promote development, and to prevent Brazil becoming another Cuba (dos Santos, 2012, quoting Edna Roland and Ana Costa)
82. Afro-Brazilian religious manifestation
83. Werneck's original quote was: "*Se a mulher branca reivindica o direito de evitar filhos, a mulher negra reivindica o direito de te-los, cria-los e ve-los vivos ate a velhice." (*Lemos, 2006)
84. Capoeira ritual circle where the whole band of instruments are there and people play Capoeira to live music.
85. Unified Health System (Sistema Único de Saúde). Brazilian public health care system. Explained more later in the chapter.
86. Camila's framing of the public system of healthcare.
87. CLADEM stands for the Latin-American and Caribbean Committee for the Defense of Women's Rights.

88. http://www.npr.org/blogs/parallels/2013/10/02/228376356/castro-care-divides-doctors-in-cuba-brazil; http://www.theguardian.com/world/2013/aug/28/brazil-doctors-jeer-cubans
89. http://blackwomenofbrazil.co/2013/09/19/cuban-doctors-are-under-attack-from-racist-brazilian-elite-anger-provoked-by-two-of-the-rights-favorite-targets-blacks-and-cubans/
90. Calling the predominantly black Cuban medical doctors domestic workers or stating that they look like domestic workers is to insinuate that as a black person, the only work one could and should be doing is service work. A doctor's face is white, not black.http://blackwomenofbrazil.co/2013/09/06/brazilian-journalist-says-cuban-doctors-arriving-in-brazil-look-like-maids/ It should also be noted that Portuguese and Spanish doctors were offered the possibility of also coming for this "More Doctors" program but few came. There didn't seem to be much dissent about them. In fact, in one of the articles footnoted above, a president of a medical doctor union in Brazil seems to lament that more of the Spanish and Portuguese doctors won't come instead of the Cubans.
91. This is one specific case that came out recently. http://blackwomenofbrazil.co/2013/01/26/stop-and-frisk-brazilian-style-military-police-captain-gives-order-to-approach-black-and-brown-suspects/ and in portuguese, http://www.estadao.com.br/noticias/geral,pm-poderia-descrever-suspeito-loiro-diz-alckmin,988299
92. Her actual question asked about abortion use by black American women.
93. Original emphasis by author.
94. Translation mine. Original: "No dia 2 de abril de 1991, apresentei ao então prefeito de Salvador, Fernando José, um projeto de planejamento familiar para a cidade do Salvador, em ceremônia simples, acompanhado dos vereadores Pedro Godinho, Robespierre e Álvaro Martins, que apesar de pertencerem a partidos diferentes, uniram-se em defesa da iniciativa. A situação era avaliada como grave, em virtude do rápido crescimento da população que ocupava terrenos baldios e as margens de Baía-de-Todos-os-Santos, degradando o ambiente. Na apresentação do projeto, chamei a atenção para os números que mostravam a cidade que levou 400 anos para alcançar 200 mil habitantes e tinha saltado para mais de 2 milhões em menos de 50 anos…que incluía uma campanha educativa permanente, encorajando o uso dos diversos métodos existentes para a prática voluntária de contracepção."
95. See for example, in Margaret Lock's "The Tempering of Medical Anthropology: Troubling Natural Categories", 2001 in Medical Anthropology Quarterly, particularly on page 481-483 where she is discussing the way that medicalization and resistance have been characterized in medical anthropology, and agency as well. Also see Erica Reischer and Kathryn S. Koo's "The Body Beautiful: Symbolism and Agency in the Social World", particularly on page 308 where they describe the body's capacity for "resistance" and "transformation", lending to its conceptualization as agentic.
96. Original emphasis of author.
97. I must point out here that Bia had helped me translate a paper that I presented at a few conferences in Brazil where I was treating this idea of the boundary between humans and nonhumans and the way that some humans were conceptualized and understood as not-quite-human. She helped with translation and whether the ideas

were legible, thus she engaged quite a bit with me on the ideas expressed. It is possible that had she not helped me with that paper that she may have characterized her cousin in different terms. But her general discussion and tone in which she discussed her cousin, I would argue, casts her cousin in a way that could be characterized as not-quite-human in the less horrific rhetoric of public health, population studies and other literature on reproduction and contraception.
98. Suburbs in the context of Brazil is opposite of that of the United States, representing instead poverty and marginalization.
99. Information about the definition of the term *piriguete* was drawn in large part from this site: http://www.ibahia.com/detalhe/noticia/piriguete-agora-e-chique-e-virou-termo-de-dicionario/, on November 3, 2013. The article was originally published September 3, 2011.
100. In much the same way that terms like "bitch", "bad bitch" and "slut" may be used by women and men alike in different contexts to convey different things, ranging from a promiscuous woman, to a sexy woman to an independent woman.
101. *Pagode* is a style of music that originated in Salvador, Bahia and was a version of *samba* that has been degraded by commercial artists who uses clichés in the music such that it connotes something similar to pop music. *Pagadão* is another way to refer to this genre of music and other genres which are marginalized in Brazil due to the content, which is usually of a sexual nature and accompanied by dances of a similar fashion.
102. "Long live the *piriguetes!"*
103. A vulgar term used to refer to a man's penis.
104. Marginals, usually refers to those born on the peripheries/suburbs of the cities; what we may refer to as at-risk youth in the United States.
105. A term usually used to refer to homeless people.
106. Drug-dealers
107. In this particular instance, where she may be culpable would be having chosen a black man to father the children. This would depend on how readily the children are read as black or non-white.
108. I am aware of and familiar with the feminist and particularly women of color critiques of reproductive rights and the rights framework in general, many opting instead for the framework of reproductive justice, which takes a more comprehensive approach, paying attention to the multiple intersections of oppression and working towards social, economic and political power and resources necessary for women to make healthy decisions in their lives and thus impacting their reproduction. I focus here though on reproductive rights as it still holds currency in public discourse and I want to address the work it does in the public imaginary on reproduction and the issues surrounding reproduction.
109. Cartoon about an incredibly small African child that was born talking and fully capable.
110. Waterfalls in the interior of the state of Bahia. Tourist attraction.
111. Though there does exist a song by Jackson do Pandeiro, "*Quem Tem Um, Não Tem Nenhum/Who has one doesn't have any"* in which he is very specifically talking about women: *"Quem só tem uma nega, se for embora fica sem mulher/*Who only has one nega(term of endearment for a woman), if she goes away stays without a woman"

112. Demographic transition refers here to the model that describes population change over time. The model is based on American demographer Warren Thompson's interpretation of the changes or transitions in birth and death rates in societies over a large span of time. It serves as an idealized representation of shifts from pre-modern (stage one; high but balanced birth and death rates) to urbanizing/industrializing (stage two; high birth rate, decreased death rate) to mature industrial (stage three; low and balanced birth and death rates) and post-industrial (stage four; population decline).
113. I base this analysis on 1) Maria's understanding and analysis of that situation, which she stated to me during the interview and 2)my own understanding and analysis of the subtle and "unspoken" manner in which racism and white supremacy function such that without having to explicitly say that little white children should not associate with black children, one can state that you can't leave your "pretty" and "well taken care of" daughter here to send the message. The beauty attributed the child and signs of being well-cared for, is language for whiteness, as whiteness is imagined as beautiful and elite while blackness is ugliness and poverty. It ties into earlier arguments I have made about the use of seemingly unrelated language to talk about race, the associations between beauty and elitism with whiteness vs. ugliness and poverty with blackness.
114. The link between pregnancy outcomes and whether or not the pregnancy was intended or not has been disputed by others (Sable, 1999)
115. Mixed race as their father is black.
116. I am specifying this aspect about her participation and ambiguity of her children not necessarily to insinuate that had these things been known, that she would be read differently—as that was not the case for a friend of mine—but rather as nuances of her situation with the possibility for different readings. Particularly because some white Brazilians do participate in such activities as ways of trying to mark themselves as black, brown, or not racist.
117. A middle class, college educated (she was finishing up her master thesis while I was there), employed black activist friend of mine, that was married (to a black man that was also middle class, college educated and well employed) and pregnant, posted this image, stating that she identified with the experiences of the black woman. I use it here to demonstrate white female privilege and the way it shapes the imaginaries of white mothers vs. black mothers in Brazil and white women vs. black women. It reveals the assumptions held about white women and black women, specifically. The couple had just bought a house in an area that was currently being constructed and bought a new car while I stayed with them, in preparation for their coming child.
118. When I asked Maria if she really had to bring her husband, she responded, "It is and I was already 33 years old". Maria had also asked her doctor what would have been the case had she not had a partner, if she was a single mother. It was explained to me that for a woman without a partner to bypass the confirmation by a partner, she would have to prove that she indeed was partner-less. The law requires both men and women to have their partner's consent, [do you mean this is the explicit point of the law? If not, explain further that this is your interpretation of the law] as a way to promote a society that takes as the norm heterosexual coupling, often what is practiced only applies to women.

119. It is very common for doctors in public hospitals to also have their own private practices. This will be touched upon in a later chapter.
120. Poor.
121. Popular, usually used to refer to those that are poor, lower income and sometimes lower middle class. For example, the neighborhood I lived in was considered *popular.*
122. Sometimes respondents asked if I was referring to whether they were class c, d or e, for example.
123. What she actually said was, "*Sei lá*", which is much more dismissive than merely, "I don't know" and closer to the way we might use something like "I don't have a clue/I have no idea"
124. This is a number garnered from an online article that was listing the top 10 careeers in Brazil in 2010. Gynecologists was the 6th on the list. http://www.lifestyles.com.br/index.htm/2010/08/top-10-melhores-carreiras/
125. Getulio Vargas Foundation
126. Brazilian Institute of Applied Economics Research
127. Brazilian Institute of Geography and Statistics.
128. Brazilian currency.
129. http://www.escoladegoverno.org.br/artigos/209-nova-classe-media
130. This program is like a welfare program. It provides monthly cash benefits to families if they meet certain conditions which include keeping their children and dependents in school and securing basic health care—vaccinations, for example.
131. Name used to designate those that live in *favelas/*slums.
132. Suburbs in Brazil connotes poverty. Those that live in the suburbs literally live on the margins of the city, limiting their access and ability to participate in daily life with others outside of their excluded neighborhoods.
133. For example, see: http://www.riogringa.com/my_weblog/2014/01/rolezinho-no-shopping-brazils-malls.html; http://www.theroot.com/articles/culture/2014/07/black_business_growth_fuels_brazil_s_new_middle_class.html; http://latino.foxnews.com/latino/lifestyle/2012/09/20/brazil-middle-class-swells-as-35-mn-climb-out-poverty/
134. I am being a bit facetious here. Particularly as I recognize Brazilians' reluctance to discuss class at times, especially when it is to be spoken about in a personal manner, as in when they are asked to speak about themselves and the question of class. Many people were uncomfortable or tickled or genuinely puzzled by the question about their class.
135. See Chapter 4 section titled: The Agency of Agency for more discussion about the disparities of the distribution of contraceptives.
136. Starving.
137. We can think of "trabalho" as signifying literal work. Rosa has work that she does that brings in income vs "emprego" which would better signify a job, often with some benefits included and requiring more qualifications than one needs for work.
138. "It was that thing."
139. "I studied. I didn't finish. I wanted to go to college."
140. " I always wanted to have more children but due the lack of security he gave me…"
141. This argument does not rule out the possibility of the pregnancies at the end of the relationships as ones holding hope for salvaging what was a broken relationship.

142. “all that question of culture”.
143. “onde come um, come dois”. I discuss more in-depth this notion in chapter 6.
144. “But beans are also expensive” Here she is referring to the notion that one can feed children beans and rice, cheap staples and stretchable so that where one plate was intended for one child, it can be stretched to accommodate another hungry mouth.
145. “going hungry/starving”
146. I made reference to this in an earlier chapter.
147. marginal
148. I refer to him as her husband as she also referred to him in this way. It is possible that they are not married legally but based on the nature of their relationship, consider themselves married or something approximating that.
149. Though she says “I”, she means that the doctors put the IUD in for her.
150. Injections like this refer to hormonal injections taken every three months to avoid pregnancy.
151. Fictitious hospital name.
152. Fictitious health post name.
153. Another fictitious hospital name.
154. Fictitious name of a suburb/periphery neighborhood.
155. “A document issued by a government entity setting forth an administrative act within the competence and jurisdiction of such entity.” As quoted from the footnote of the original text.
156. For example, she discusses mandates requiring credentialization and training of staff to provide sterilization services. Clinics must also provide access to all reversal contraceptive clinics, yet there are clinics that have been without certain reversal methods for over 3 years. Facilities and clinics can purposefully fail to meet accreditation. She also discusses other ways that access to sterilization is made difficult vs. reversal methods.
157. The requirement for spousal consent was as a result of the influence of the Catholic Church on government to only guarantee the right of couples to sterilization.
158. Fictitious name
159. See article that was written about Mauricio Trinidade in Washington Post in 2004. http://www.washingtonpost.com/wp-dyn/articles/A32622-2004Jun10.html
160. Again, I am trying to demonstrate that for some, avoiding bureaucracy is rewarded as a demonstration of one’s social status. For others, this same avoidance or navigation is considered illegal/outside of law with the requisite consequences or threat of consequences/punishment.
161. The father accused her of lying about her pregnancy as a tactic to get the father back in a relationship with her.
162. Though the possibility for sexual overtures is possible (and explored in a funk song), I do not explore that side as that was not the way that Tiana spoke about it with me.
163. Northeasterner. Someone from the Northeastern states of Brazil.

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