Reproductive Governmentality in Mexico: Production, Control and Regulation of Contraceptive Practices in a Public Hospital

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Abstract: Introduction: Forced contraception constitutes part of an effort to control the life and reproductive capacity of women through public health institutions. This phenomenon has affected many Mexican women historically and still persists nowadays. The notion of reproductive governmentality refers to the mechanisms through which different historical configurations of social actors (state institutions, churches, donor agents, NGOs, etc.) use legislative controls, economic incentives, moral mandates, direct coercion, and ethical incitements, to produce, monitor and control reproductive behaviors and practices. This research focuses on the use of these mechanisms by the Mexican State to control women's contraceptive practices in a public hospital. Method: An Institutional Ethnography was carried out, with the objective of knowing women's experiences from their own perspective, as they occur in their daily lives, but at the same time, discovering the structural elements that shape the discourses that promote women's contraception, even against their will. The fieldwork consisted in an observation of the dynamics between different participants within a public hospital and the conduction of interviews with the medical and nursing staff in charge of family planning services, as well as women attending the family planning office. Results: Public health institutions in Mexico are state tools to control and regulate reproduction. There are several strategies that are used for this purpose, for example, health personnel provide insufficient or misleading information to ensure that women agree to use contraceptives; health institutions provide economic incentives to the members of the health staff who reach certain goals in terms of contraceptive placement; young women are forced to go to the family planning service, regardless of the reason they went to the clinic; health campaigns are carried out, consisting of the application of contraceptives outside the health facilities, directly in the communities of people who visit the hospital less frequently. All these mechanisms seek for women to use contraceptives, from the women's perspective; however, the reception of these discourses is ambiguous. While, for some women, the strategies become coercive mechanisms to use contraceptives against their will, for others, they represent an opportunity to take control over their reproductive lives. Conclusion: Since 1974, the Mexican government has implemented campaigns for the promotion of family planning methods as a means to control population growth. Although it is established in several legislations that the counselling must be carried out with a gender and human rights perspective, always respecting the autonomy of people, these research testify that health personnel uses different strategies to force some women to use contraceptive methods, thereby violating their reproductive rights.

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