

# PART I

## Global Technologies, States Policies, and Local Realities

Part I explores intersections of, and interactions among, local, national, and global influences on diverse reproductive practices. The chapters consider conceptual and methodological challenges anthropologists face when conducting global ethnography. In addition, they examine the impact of globalization processes on reproduction and the strategies that individuals and couples develop in response. Taken together, these chapters show that governmental policies and state power continue to have major impact on reproductive behavior in many parts of the world, even as global forces may to some extent eclipse them.

In “Global Ethnography: Problems of Theory and Method,” Susan L. Erikson elucidates the complexities and principal dilemmas faced by anthropologists who seek to conduct global ethnography, and offers a model for conducting such research. Using the example of German prenatal care, Erikson identifies the complex network of actors (i.e., international corporations, private doctors’ associations, insurance companies, medical practitioners, and pregnant women) who shape German practices associated with the use of fetal ultrasound technologies. Her chapter shows how an ethnographer can follow people, commodities, and concepts across the boundaries of nation-states, professions, and disciplines to apprehend the impact of the global flow of a medical technology as it is advanced by state and biomedical interests and the needs and desires of pregnant women.

Junjie Chen’s “Globalizing, Reproducing, and Civilizing Rural Subjects:

Population Control Policy and Constructions of Rural Identity in China” shows that despite multiple changes in government policies and ideologies during the second half of the twentieth century, the Chinese state has consistently identified its peasant populations and their reproductive practices as directly opposed to the state’s modernization agenda and therefore in need of “civilizing” state interventions. Rural women have been the main targets. After documenting the history of Chinese population policies and practices, including its highly criticized coercive aspects, Chen describes recent efforts to achieve a more internationally acceptable image by loosening some restrictions on individual reproductive choices. He argues, however, that these changes are largely cosmetic, aimed at the global community, and do not reflect any real change in policy.

Following Chen and paralleling some of his observations, in “Planning Men Out of Family Planning: A Case Study from Mexico,” Matthew Gutmann documents the influences of global and national processes on the evolution of Mexico’s population policy. He shows how men’s reproduction and reproductive health needs have systematically been excluded from Mexican population policies over the past century, even as the government has shifted from a pronatalistic agenda to one of population control. Emergent from the similar themes evidenced in Chen’s and Gutmann’s chapters are the ideas that men, especially rural men, are barriers to responsible reproduction and therefore best excluded from state population policies, and that while international pressures may help shape state population policies, they do not entirely determine them.

Lisa Ann Richey’s “Antiviral but Pronatal? ARVs and Reproductive Health: The View from a South African Township” explores the intersection of different histories and policies, at local, state, and global levels, on South African women being treated for HIV/AIDS. Richey uses the concept of the “therapeutic citizen” to discuss the transitive state that women occupy and enact while being treated with antiretroviral drugs (ARV). She argues that this concept needs to be reimagined and redefined in light of the seemingly contradictory stance of many women who are seropositive but want to become pregnant. ARV treatment is administered to these women, who, ironically, are encouraged to plan for future pregnancies—while also urged to have protected sex. Like both Chen and Gutmann, Richey describes the gendered nature of a medical intervention that once again systematically excludes men.

Whereas Richey's chapter reveals how many South African HIV/AIDS-positive women receiving ARV treatment hope to one day become pregnant, Cecilia Van Hollen's "Birth in the Age of AIDS: Local Responses to Global Policies and Technologies in South India" examines the social consequences for a group of Indian women who are already pregnant when they become aware of their HIV/AIDS-positive status. Van Hollen offers three case studies that illuminate how HIV/AIDS status is seen as a family—and hence a social—issue, as opposed to a private and personal one, as is generally the case in Western countries. The stigma attached to HIV/AIDS status in India and the related lack of enforced policies of informed consent create a milieu where doctors, patients, and family members engage in a web of duplicity, secrecy, and collusion. In the context of a weak regional state, Van Hollen describes the strategies that pregnant women have successfully used to navigate the Indian medical system, their individual kin, and larger social groups.

As with other chapters in part I, Ellen Gruenbaum's "Competing Globalizing Influences on Local Muslim Women's Reproductive Health and Human Rights in Sudan: Women's Rights, International Feminism, and Islamism" references a complex interplay of regional, national, international, ethnic, and religious policies and practices, in this instance to situate the contemporary history of female genital cutting (FGC) in Sudan. Recent debates about FGC have been shaped by globalizing influences in two seemingly opposite directions: on the one hand, Western feminism and human rights discourse, and on the other, that of various Islamist groups. Harking to themes introduced by both Chen and Gutmann, Gruenbaum shows how a state can interpret regional practices as appropriate or as backward at different points in its history, depending on multiple local and global dynamics.

The chapters that make up part I serve as a point of entry into the complex realities created by interactions among social, national, and global forces as they shape women's and men's reproductive experiences. In the context of these multiple, complex, and sometimes contradictory processes, these ethnographic accounts illustrate some of the creative means by which local actors navigate constraints and opportunities.