

Reproducing Margins: Situating the Anthropology of Fertility and Migration in
Geneva, Switzerland.

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Abstract

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Populations are not neatly contained in geographic or national areas, and the experiences of transnational populations are elided by traditional demographic practice. Fertility is an ever more contested topic in Europe in part because of ambiguity over the significance of population statistics and anxiety over who is counted as part of the nation. I argue that biopolitical anxieties in contemporary European political discourses conceptualize invasive migration and low fertility as dual problems facing national populations. This paper explores these concepts through a review of the anthropological literature on stratified reproduction and boundary maintenance in European contexts. I use this review to situate my own research in Geneva Switzerland, which brings these two paradigms together in an inquiry into displaced women's family planning practices. Examining the experiences of migrant persons making reproductive decisions in Switzerland on "the margins of legitimacy" (Bledsoe 2004:88) allows me to explore how boundaries are mapped onto bodies (Berdahl 1999:167) and what the consequences are for individuals, families, populations, and nations.

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Introduction

This paper uses anthropological case studies from selected Western European contexts to extract several questions from the anthropological literature on the discourses of reproduction and migration: Why are states concerned with the welfare of their populations? What is at stake in policing the boundary of who is and is not included in the population? How have normative discourses of proper reproductive practices changed over time? Whose fertility has been targeted for interventions? What has been the goal of these interventions? What kinds of citizens are desirable? Why are certain types of immigrants excluded from belonging to the national populations in various contexts? What aspects of discourses of migration and fertility have anthropologists focused on? Finally, how do these discourses inform the realities of stratified reproduction?

In this thesis I examine several anthropological inquiries that grapple with the contested issues of low fertility and high migration through the lens of stratified reproduction and boundary maintenance to situate my research in Geneva Switzerland. Stratified reproduction refers to the ways “physical and social reproductive tasks are accomplished differentially according to inequalities that are based on hierarchies of class, race, ethnicity, gender, place in a global economy, and migration status and that are structured by social, economic and political forces.” (Colen 1995:78). By juxtaposing the literatures of stratified reproduction and boundary maintenance in this paper I explore the discourses and expert knowledge that underlie and perpetuate both unequal reproductive chances for certain

categories of women and logics of exclusion for certain categories of person. I ask how these practices are informed by biopolitical understandings of the nation.

Writing in the 2008 annual review of anthropology, the demographer and sociologist Johnson-Hanks calls for increased integration between the fields of demography and anthropology, advocating a study of fertility as a strategy to understand modernity. She suggests:

In sum, populations have systematic properties that emerge only at the aggregate level, making them natural objects for anthropological investigation. When so many of the social sciences are gravitating to methodological individualism or reducing the social to an epiphenomenon of brain structure, population dynamics offer an unassailable example of why that path can never be sufficient. (Johnson-Hanks 2008: 310).

The specificity of anthropology and ethnographic practice is crucial to the study of populations on any level. By looking not only at the aggregate populations and trends in fertility, but also at the micro levels of power, anthropologists have the possibility of contributing to a new understanding of population. Today populations are not neatly contained in geographic or national areas, and the experiences of transnational populations are elided by traditional demographic practice. Fertility is becoming an ever more contested topic in Europe in part because of ambiguity over the significance of population statistics and anxiety over who is and has been counted as part of the nation.

In the study of populations and especially in the widely used demographic transition theory¹ Western European fertility history and practices function as an unmarked yardstick by which other populations are implicitly judged. The European experience of declining

¹ **Demographic transition:** a historically specific change from high to low rates of fertility and mortality that many human populations have undergone since 1750. **Theories of demographic transition (TDT):** set of related theories regarding the causes and mechanisms of the historical decline of fertility and mortality, usually focused on modernization as a primary driver. (Johnson Hanks 2008: 302)

fertility or “the quiet revolution” (Gillis et. al 1991:2) frame the assumptions that inform this model:

Virtually all the non-institutional theories of the demographic transition, both classical and post-classical, make four key assumptions: first, there is but one pattern of change that all societies undergo, that of moving from ‘tradition’ to ‘modernity’; second, this pattern of change is one of movement towards western-type lifestyles which include, among other things, low fertility; third, change of this sort is irreversible, once set in train; and fourth, it is progressive and ultimately good (Greenhalgh 1995:16)

This set of assumptions outlined by Greenhalgh carries the historical baggage of the colonial project as well as its attendant ideological history in the form of social Darwinism and its modern offshoot, modernization theory (Greenhalgh 1995:5). Greenhalgh further posits that this foundation in demography has led to the creation of a “super theory of Eurocentric diffusionism” in which the world is split into a permanent inside (Europe) which is naturally progressive and dynamic, and a permanent outside (not Europe) which is naturally stagnant and must be enlivened by exposure to European practices and ideals (Greenhalgh 1995: 10). The hegemonic idea of Europe Greenhalgh critiques is one that has been constituted over time primarily through a narrative of shared history and practice that elides the current and historical barriers to a unitary model of Europe.

The case studies I highlight in this paper reveal the geography of Europe as complex and contradictory. Scholars variously define these local contexts as central or peripheral to the idea of Europe strategically to reinforce their historical and cultural claims. This illustrates that understandings of core and periphery are contingent and dynamic. Studying Switzerland indicates the futility of trying to define a European “core”. Geographically central to Western Europe but conceptually differentiated and marked, Switzerland is positioned on the axis of many different formations of Europe: East and West, Catholic and

Protestant as well as North/ South. It borders France, Germany, Italy and Austria, countries with long standing differences and antagonisms that historically have impinged on and shaped its boundaries. The designation of permanent neutrality in 1815 (Vagts 1997: 467) as well as its mountainous geography set it apart from the surrounding countries and allows a space of cultural and linguistic intersections to form within its borders. By staying politically separate from the rest of Europe and the European Union, Switzerland maintains an air of separateness and independence from the European project. I think about Switzerland as a borderland; “A site for the construction and articulation of identities and distinctions through boundary-maintaining practices, a place betwixt and between cultures.” (Berdahl 1999:3).

The boundaries of what constitutes Europe are ambiguous and shifting, and “Europe is currently undergoing a virtual orgy of self-construction” (Asad et al 1997: 715) with the expansion of the European Union to include some formerly socialist states, as well as ongoing debates about the status of Turkey in relationship to Europe. A recurrent theme in the literature however is that these formerly socialist countries, even while incorporated into European institutions and studied as part of Europe, remain conceptually marked in relation to the imaginary “old Europe” and are seen in many ways as part of the rest rather than the West (Berdahl 1999:10). Writing on Russian Demography, Rivkin-Fish documents the strategic use of demographic transition theory by liberal demographers opposed to state pro-natalist practices. They argue that declining birthrates in Russia are desirable and signify progress towards a modernizing and industrializing state, catching up to the rest of Europe. In contrast, the state views declining birthrates as a catastrophe and speaks of the “dying out” of the nation (Rivkin-Fish 2003:298). Daphne Berdahl also documents a pervasive state

discourse in East Germany of the need to catch up, adapt to, and ultimately adopt western norms and practices (Berdahl 1999: 159).

In “The Politics of Reproduction” (1991) Ginsburg and Rapp review the anthropological literature on reproduction. They point explicitly to the utility of discourse analysis for understanding the debates around reproduction: “The powerful tools of discourse analysis can be used to analyze “reproduction” as an aspect of other contests for hegemonic control [...]. In a world in which contests over gender relations, population control, eugenics, and opposition to Western imperialism are often seriously interconnected and muddled, “the politics of reproduction” cannot and should not be extracted from the examination of politics in general.” (Ginsburg and Rapp 1991: 331). The works I focus on present fine-grained and sensitive analysis of women’s experiences in contexts of stratified reproduction through ethnographic and historical analysis as well as interrogating the discursive fields in which these experiences occur. The authors examine both the macro-level debates about reproductive policy and ideology and also look at the various factors that constrain and enable women to make individual reproductive decisions. Authors focus their ethnographic work on women from a specific class, location or occupation within a society, such as women in the woolens industry in Prato, Italy (Krause 2001) or middle class Athenian women (Paxson 2004). These works on reproduction study primarily citizen women as the authors focus on the conflicts between official state and expert discourses valorizing fertility and the divergent goals and values of family formation as well as the unacknowledged constraints faced by their target audiences.

Next I focus on to elucidate how biopolitical anxieties are expressed are boundary maintenance practices; particularly the regulation of immigration and asylum. As many of

the actors in these case studies theorize fertility as being problematically low, they concurrently view immigration as problematically high. Much of the pervasive anxiety around high immigration identified by Fassin, Silverstein, Lim and Tickin writing on France has focused on asylum seekers and refugees along with migrant workers. The state increasingly views these categories of persons with suspicion and restricts their numbers through changing policy. The works I examine engage with both the experiences of migrant persons and communities as well as the logics and anxieties behind policy regimes. These types of anthropological analyses provides insight into how different policy regimes are put into practice and negotiated by migrant persons in their attempts to get by (Silverstein, Tickin 2006, Fassin 2001, 2005, 2007). This work shows how humanitarian policies that deny rights to work and family to asylum seekers unmoor the individual suffering body from social networks in violent and damaging ways.

In the penultimate section of the paper I break from the literature review format and focus on the implications for my own work on a category of person who has been overlooked in these literatures: the non-citizen woman and mother. An in-depth ethnographic analysis into the experiences of women positioned at the margins of both discourses presents the opportunity to examine how political contests about citizenship and belonging structure the reproductive experiences of migrant women and legitimate their unequal reproductive chances and options. I argue that biological reproduction functions not only analogously to acts of symbolic reproduction, but that biological reproduction is made meaningful through symbolic processes that (re) produce persons as part of or outside the “nation”. A risk of not examining the ways political discourses of reproduction and migration are conceptually linked is further legitimatizing an essentialized view of citizenship and indirectly

contributing to the hegemonic power of these discourses to shape perceptions and political action. Anthropology's approaches problematize these discourses, highlight their arbitrariness as cultural constructions and examine the experiences that fall betwixt and between the two theoretical fields. I work towards a paradigm that incorporates not just the effects of stratified reproduction and exclusion on transnational women and families, but offers the potential to explain how these situations are created, maintained and legitimized in the European context. This work reaffirms the importance of inquiries into politics, populations and power to understanding the dynamics of transnational stratified and unequal reproduction.

Anthropological work on stratified reproduction and boundary maintenance offers a way to position the complex relationships between discourses of problematically low fertility and high migration by looking at the historical and political contexts in which different types of accounts are situated. Talal Asad characterizes anthropology as a lens that reveals "embedded concepts in societies differently located in time and space" (Asad 2003:17). By examining quotidian practices anthropology has the potential to reveal how concepts are embodied and become forms of life. Therefore anthropology, with its focus on ideas and meaning and their embodiment in social, political and economic systems and practice, is an appropriate tool to use to sift through and understand the tensions that inform debates on inclusion and the boundaries of populations and the practices that underlie them. By reviewing the anthropological work on these discourses I get to the stories people tell themselves about themselves. My anthropological analysis will allow me to examine the differential positions of various groups of citizens and non-citizen residents in relationship to the state in ways that are not possible in demographic and other quantitative analyses. These

types of analyses concerned with power, political economy and gender give us the tools to examine the particular relationship of women to the nation-state. The interventions of feminist anthropology reveal that this relationship is often problematic and ambiguous.

Chapter One: Reproducing the Nation

In this chapter I review the theoretical literature on biopolitics and reproduction of the nation. This work addresses and seeks to explain why and how the modern state seeks to control this aspect of the lives of its population, how the private act of reproduction has come to be a site of surveillance and control. The texts reviewed in this chapter seek to answer the question of why and how the state is concerned with the family life of its citizens and denizens. In this chapter I explore the theoretical bases that shape my conception of the ways reproduction is at stake in boundary maintenance and the exercise of state power. I build on Foucault's ideas of biopolitics and subject formation to examine the logics of subjectivity and experience of the body and the state as outlined in various works, exploring and theorizing both the nature of the nation and the ways that reproduction is discussed in a number of different geographical and temporal European contexts.

In We the People of Europe (2004), the philosopher Etienne Balibar explores the nature of state power in the context of European unification and posits that border maintenance is central to the constitution of the nation-state (2004:23). He broadens the definition of a border to move beyond geographical borders and signify any space where the movement of people, information, and goods is regulated and controlled (Balibar 2004:1). In this model, borders are not spatially peripheral to the state but are central to it physically, in cities, and conceptually as sites of control where state power is formed.

Balibar further posits that the increasing centrality of borders and the power of exclusion is leading to a new form of European apartheid in which immigrants and their families are becoming second-class citizens and are increasingly denied the possibility of inclusion. He argues that in the 1990s and concurrent with the process of EU integration, there has been a shift from modes of cultural racism that emphasized immigrants as culturally different to biological racism that constructs them as racially, biologically inferior. This dynamic leads to an image of immigrants as aliens who are unassimilable into the national community (Balibar 2004:122). For example, in Greek official discourses of low fertility the “immigrant birth”, a category in public debate, is explicitly opposed to the Greek birth and counted as separate (outside of the population) and threatening (Paxson 2004:174).

Foucault’s influential work on the birth of biopolitics is built on a vague, floating, geography of “Europe” and sheds light on some of the ways that the 21st century European nation-state is ambiguously a biologically based as well as political entity. My explication of the complex relationships between anxieties of low fertility and increasing hostility towards migration begins with unpacking the biological elements of how these imagined communities count populations. Michel Foucault first articulated the concept of biopower in The History of Sexuality Vol. 1 (1978) where he argues that from the 18th through the 19th centuries the governments of many countries in Europe and America transitioned from regimes based on law to ones based on norms:

A normalizing society is the historical outcome of a technology of power centered on life. We have entered a phase of juridical regression in comparison with the pre-seventeenth century societies we are acquainted with; we should not be deceived by all the constitutions framed throughout the world since the French

Revolution [...] these were the forms that made an essentially normalizing power acceptable. (Foucault 1978: 145)

In the historical shift in France and the United States from monarchy to democracy Foucault sees the development of this new form of state power based on discipline rather than punishment. Contrary to democratic states' own claims that they ensure the "freedom" of their citizens, Foucault maps out new organizations of power and coercion through biopolitics. Biopolitics is the processes through which power is organized around two bodies, the individual and species body of its subjects (Foucault 1978:139). It is this second aspect, the concern with the social body of the population, that ties biopolitics to the modern nation-state. In Foucault's model the state moves from exercising disciplinary power over the body of the individual to holding regulatory power over both the population and the individual as a part of that population. The state views the individual as a social as well as physical body (Foucault 1997:246). Experts and bureaucrats are central to this transition, they produce information about the population used to regulate it while partially displacing the state as a source of normative knowledge and discourses.

Rabinow and Rose (2006) define biopower generally as a "field comprised of more or less rationalized attempts to intervene upon the vital characteristics of human existence" (Rabinow & Rose 2006:196-197). They claim biopower is defined by a shift in the locus of power from death and punishment to the processes of life and bodily practices including the provision of health, drug rehabilitation, public health prevention etc. This is the power to make live or let die which Foucault opposed to killing or letting live (Foucault 1997:241).

In his history of sexuality Foucault says that under biopower the state went from working in a “symbolics of blood” concerned with purity and descent to an “analytics of sexuality” centered on relationships (Foucault 1978:148). Sex represents the conjuncture of the body and the population through reproduction, and states consider sexuality an important arena of biopolitical interventions aimed at shaping and regulating the life experiences of individuals and populations. Intermediaries such as demographers, public health workers and religious leaders undertake these interventions on the micro levels of power and shape and reinforce normative models of sexuality. These individual experts are positioned ambiguously, not necessarily actively working for the state, their knowledge never the less contributes to the construction of a doxic body of knowledge that informs governing practices even as they pursue their interests and agendas. The anxieties caused by low fertility in Europe highlight the centrality of sexuality and biological definitions of the nation to biopolitical power. Many of the discourses chronicled in the case studies in this paper expose recurring tropes of dying out and national fragility in official discourses around the birthrate. Scholars and politicians imagine the stakes of the problem to be the continuity and definition of the nation itself.

Susan Gal and Gail Kligman, in their book The Politics of Gender After Socialism, posit that in the European post-socialist context the state constitutes women as specific political actors who are ambiguously both producers and reproducers of and for the nation (Gal and Kligman 2000:34). Reproduction in these contexts is both private and public, as families, individuals, and the state, all have high stakes in the production of children as future citizens. The discourses they document around low fertility are structured by the nation-state and framed as discussions of national or social continuity.

The authors contend that official discourse envisions the nation as a quasi-biological and gendered female entity and its propagation is framed in terms of blood, descent, and the continuation of culture or a way of life (Gal and Kligman 2000:25, Paxson 2004:169). Whereas the state as the site of coercive power is often portrayed as a masculine force, women are at the center of this model of nationhood as essential vessels of continuity. Yet women are problematically positioned within the nation, particularly in patriarchal societies where dominant images focus on both fraternity and male descent as ideals (Gal and Kligman 2000: 26). The implication they draw is that women can be viewed with suspicion despite and even because of their citizenship, as their control over the crucial realm of reproduction positions them as potential internal traitors. Controlling women becomes a national project even as their protection is equally central (Gal and Kligman 2000:26). In the post-Socialist East German context declines in fertility are discussed and interpreted as “birth strikes” and Gal and Kligman highlight accusations of women’s selfishness as major re-occurring explanations for population decline (Gal and Kligman 2000:27).

Paxson identifies similar themes in Greek public debates, arguing that in Greece the state views women primarily as “maternal citizens” (Paxson 2004:178) whose primary role is the production of citizens and the reproduction of national identity. “Whether to treat women as producers or reproducers has been a perennial dilemma, differently handled in different historical moments and systems” (Gal and Kligman 2000: 32). The woman as a maternal citizen is in some ways problematically positioned within the male-gendered realm of the state even as women are central to the nation.

All of the paradigms I explored in this chapter deal with the top-down aspect of how reproduction is at stake in contests over state power and official projects of defining national identity. In the next chapter I review works grounded in specific local contexts where the authors reveal the ways that women themselves navigate, contest, and reproduce exclusionary models of national belonging. These texts revolve around the myriad tensions and conflicts between women, state actors, and experts over the role of the state in the family and the family in the state that are in part created by the uniquely ambiguous position of women citizens.

Chapter Two: Political Economy and Concepts of the Quality Child

This chapter builds on the first to examine how historians and anthropologists theorize fertility practices as intersecting with ideas about class, education and progress, historically and in the present. The literature I focus on in this chapter is a mix of historical anthropology and contemporary ethnographic analysis. I follow key themes outlined in historical works into accounts concerned with present-day discourses around fertility. The work in this chapter centers on the tensions between women's goals and desires and the constraints that shape their reproductive decisions. These show that the state's interest in population shape stratified reproduction in different ways. A major theme of this chapter is the interplay between official state agendas and desires for its population, and how these are in tension with women's individual experiences.

In the first part of this chapter I explore The European Experience of Declining Fertility (Gillis et al. 2002), which presents an array of case studies from around Europe and includes authors from across the social sciences, including anthropology, and the seminal work Festival of the Poor (Schneider & Schneider 1996). This book provides an in-depth account of demographic change over years in Villamura, Sicily relying on accounts of the locally grounded everyday interactions and practices of people and families to tell the story of declining fertility rather than statistics. The second part focuses on Krause's (2002) ethnographic work in Northern Italy and Paxson's (2002, 2004) work in Greece. Building this chapter on temporally and theoretically diverse

accounts of overlapping regions, all of which are similarly portrayed as margins of Europe. I highlights continuities and tensions in the concepts and methods the different anthropologists have used to understand the reproductive discourses and practices in these places.

“Demographic Transition Theory” is an explanatory paradigm from sociology that explains declining fertility in 20th century Europe as a consequence of modernization, increased education of the population, industrialization and the embrace of rationality over emotion as the guiding logic for family size (Greenhalgh 1995:5). NGOs and demographers have applied it to other contexts in conjunction with development efforts aiming to reduce fertility through public health and education. This model views mastery over natural fertility as the desirable product of historical and economic changes in the quality of the population and universalizes the ideal of fertility decline built on European experiences (Gillis et al. 2002:18).

Since the 1980s, public discussions of declining fertility and depopulation documented by anthropologists in many contexts paralleled rising fears and anxieties around immigration (particularly that of Muslim and African immigrants). Policy proposals offered to control immigration and boost the native population included tightening restrictions on immigration and the right to family reunification of immigrants as well as offering bonuses to reward the fertility of citizen women. Anthropologists noticed ways in which large immigrant families are unambiguously portrayed as a threat to the continuity of European culture, nationhood and society in various contexts (Gilroy 1987, Paxson 2004, Silverstein 2004, Bunzl 2007, Gal and Kligman 2000, Krause 2001).

In the late 19th and early 20th centuries by contrast, historians and anthropologists posited that elite discourses and state policies conceptualized large, poor and working class native families as the primary threat to the well-being of the population (Gillis et al 2002), and the state and public health authorities often exhorted women to take responsibility and make sacrifices with the goal of limiting their family size. One common theme accentuated in both discourses is the ways discursive authorities made moral judgments of women and exacted large demands on them.

The edited volume The European Experience of Declining Fertility (1992) explores the phenomenon of fertility decline in 19th century Europe through case studies from across Western Europe. The authors represent a range of social science disciplines and the book does not fully reject the premise of demographic transition, but rather seeks to provide nuance to the demographic account. The authors view the European fertility decline as a “quiet revolution” (Gillis et al. 1992: 3) and seek to understand the fraught and specific practices and discourses through which a “culture of contraception” (Gillis et al. 1992: 5) came to exist in different contexts. This book shows that limiting fertility was not an accidental or natural byproduct of historical processes such as industrialization or modernization, but was rather a project actively pursued by women and families using limited and unreliable means of contraception to achieve their family planning goals. The authors reject the idea that fertility declines were achieved through free rational individual choice and instead seek to understand the role of power, coercion and shifting gender roles in shaping the eventual “cultures of contraception” that emerged (Gillis et al. 1992: 6). The pattern of childbearing that came to define the model European family, that is still dominant today and that is the object of their inquiry, is defined by stopping

rather than spacing births. This means that rather than increasing the time between children to have fewer children over the course of their reproductive lives, women aim for a small number of children close together at the beginning of marriage and then prevent any further child bearing (Gillis et al 2002:2).

The authors in this volume provide detailed accounts of how women negotiated constraints of class and social position in making reproductive decisions. Throughout Europe those at the top of the socioeconomic ladder first employed technologies for limiting fertility and were resisted, appropriated, and negotiated by lower class women through processes fraught with conflicting meanings and values. This portrait contradicts a uniform process of social diffusionism. In Seccombe's chapter he documents how professionals, doctors and public health workers imposed expectations about birth control onto poor and working class women in 20th Century England through the deployment of their moral authority and expert knowledge. Doctors and other professionals harshly judged poor and working-class women for repeated pregnancies despite women's relative lack of power to determine their childbearing due to lack of contraceptive knowledge, religious views, and spousal coercion and violence. Here a woman from North Lancashire recounts her reaction to an interaction with her unsympathetic doctor in the early 20th century:

He said, "Its no good crying now, its too late!" I felt like saying it wasn't the woman's fault all the time. You are married and you have got to abide by these things... They don't know what I have gone through to try to avoid it, you know. [...]" ((E. Roberts 1984, p. 88) quoted in Seccombe 1992: 75).

In contrast to the top down encouragement of fertility restriction documented above, the Schneiders' chapter on Sicily presents a case in which working class families felt that upper classes who desired continual access to cheap and abundant labor were

systematically denying them access to reproductive knowledge and technologies and they fought to gain access to contraceptive techniques (Schneider and Schneider 1992: 168).

In the absence of reliable contraceptive technologies the most widely used documented methods to prevent pregnancy were *coitus interruptus* and abstinence, both of which were difficult to implement and exerted tolls on marriage and family life such as emotional hardship, sexual frustration, and gendered fears of abandonment and divorce. This volume uses an anthropological approach to examine how these hardships were differentially borne by marriage partners in different social positions with the brunt of the burden falling on women (Gillis et al 2002).

The dominant discourses around fertility in 19th and 20th century Europe traced in this volume linked family size to sexual morality. Doctors, public health workers and priests exerted coercive power at the micro levels of daily interaction but often on behalf of larger state agendas. For example, interventions into infant health in England were aimed primarily at improving the quality of potential army recruits.

In order to limit family size control over childbearing had to become thinkable and desirable. Educated elites around Europe created a normative discourse that valorized small families as healthier and morally better than large ones. They used the emerging sciences of public health and demography to re-enforce a quasi-religious sexual morality that exhorted couples to exercise self-control. However, many women discussed in Seccombe's article express anguish at their powerlessness in the face of male sexual prerogative and did not feel empowered to regulate their own fertility. Whether their disenfranchisement took the overt form of marital rape or their husband's refusal to withdraw, or the more normalized moral pressure and obligation to accede to his sexual

demands regardless of their own desires for family limitation, women were not autonomously making decisions about their fertility.

These books show how 19th and 20th century European women navigated a complex set of relationships and restraints both within their families and with various authority figures in their attempts to regulate the size of their families. They lacked many legal rights and were largely dependent on persuading their husbands to voluntarily control their sexual desires for their combined good. The motivations women and men had for limiting their childbearing were multiple, but those captured in the European Experience of Declining Fertility include worries over maternal health and the toll of repeated childbirth, ability to feed and care for existing children, and occasionally women's desires to evade their so-called "wifely duty" (Seccombe 1992:73). In the dominant moral discourse at the time as presented in these case studies, sex was supposed to be solely for procreation and to satisfy male needs. There was no conceptual role for female pleasure and for many women the fear of pregnancy made sex a frightening and alienating experience (Seccombe 1992:69). While Seccombe and the other contributors to this volume briefly discuss official interest in the population and the rhetoric and interventions the state employed in attempts to shape the social body, the authors highlight everyday intimate relationships, power dynamics and events as more salient for understanding women's reproductive decisions.

In her chapter "Mothers and the State in Britain 1904-1914," Ellen Ross chronicles working class women's resistance to the intervention of state welfare workers into their family lives. In England working class women adopted small families not to conform with middle class norms of respectability but in protest against projects to

improve the quality of their children for the state at their expense. The Infant Welfare Movement was implemented in 1904 in response to a series of reports by General J. F. Maurice that the British population was feeble and unfit for war (Ross 1992:50). In this context it was not reproductive choices themselves that were targeted, but the state worked to impose an ethic of high investment in individual children to encourage smaller families and better overall health of the population (Ross 1992:50).

The interventions the legislators and healthcare workers implemented were based on middle class ideas of adequate health and nutrition that were unattainable for working class women due to structural constraints of poverty, social resources and education. Unsurprisingly women regularly were unable to and refused to comply with the regulations. Anna Martin, a spokeswoman for the working class women of London, accused the state of deepening the problems working class women faced such as unwanted pregnancy, sick children, and unemployed husbands by their intrusion into neighborhood support networks. She argued that the rules designed to improve the health of poor children instead made it impossible for women to have babies at all and said that to be a mother under them was to be little more than “the unpaid nursemaid of the State” (A. Martin 1913, 1919, quoted in Ross 1992: 52). This shows how working class women and public health workers worked within completely different moral universes, and how what might be read as a capitulation on the part of working class women to normative expectations (limiting family size) was in fact experienced as a protest against the ways that public health professionals attempted to coerce them into adopting new models of motherhood that were unmanageable.

In Festival of the Poor (Schneider and Schneider: 1992) the authors present a longitudinal account of population change in Villamura, Sicily, coupled with a corresponding account of the theoretical discourses of population change that scholars used to understand the different changes. The book spans the era from the late 18th century until the 1960s. They examine fertility practices and family life by class, allowing them to tease out how norms around family size spread in society and provide an in-depth account of the different logics and practices used by sections of Sicilian Society (Schneider and Schneider 1992:11).

Their path-breaking approach examines the changing discourses around desirable population constitution and traces a timeline of the major thinkers who shaped and represented the dominant views of their eras. The early theories of Malthus famously decreed large populations as problematic and the prelude to catastrophe, Marx, later, similarly saw uncontrolled fertility as contributing to the problem of surplus labor and the oppression of the worker.² Adam Smith, in contrast, viewed large populations as a source of national wealth and a social good. They then explore the later work of the social Darwinists and Eugenicists regarding the desirability of large populations and the techniques these authors advocated for achieving desired population size (Schneider and Schneider 1992:39). This sets the stage for their analysis of the local situation in Villamura, focusing on interactions between elite groups influenced by these ideas, and poor agricultural laborers. By pairing their specific analysis of Villamura with

² While Marx saw high fertility as a problem for workers in the capitalist system and wrote about the dangers of high fertility, Marxist thought has evolved in an anti-Malthusian direction. Under Lenin and Stalin the Soviet Union promoted pronatalist and high birthrate policies based on the idea that the constraints Marx worried about had been limited to capitalism: "If capitalist societies suffered scarce resources and the need to control fertility, socialism fulfilled citizens' needs and enabled "natural" population growth to proceed uninhibited" (Rivkin-Fish 2003: 291)

discussions of the changing trends in population science, they contextualize the formation of what they call “reproductive stigma” (1992:12) at the global, national, and local levels. The Schneiders’ anthropological approach allows them to provide a nuanced picture of the many factors that contributed to fertility decline in Sicily. They especially focus on changing norms of respectability and education for children and the valorization of self-control and sacrifice within marriage. The peasants of Villamura referred to coitus interruptus as “making sacrifices” (1992:149). They show how valorization of self-control and sacrifice links with and was influenced by pervasive theories of eugenics and social Darwinism to create a moral universe in which the poor were responsible for their own suffering through their “profligacy” (1992:167). The early 18th and 19th century ideas of Malthus and then Marx informed the later social Darwinist eugenic theories that would become popular in the 20th century. They highlight how poor Sicilians contested their position in these dominant discourses. For example, at the turn of the 20th century, many poor and working class women suspected rich landholding gentry of actively withholding contraceptive knowledge from the peasants to increase their workforce and maintain a way of life that relied on cheap peasant labor (1992:167).

The echoes of these historical discourses inform current ideas in Italy and other European contexts of what it takes to raise a “quality child” and, just as importantly, ideas of what constitutes quality children and who can produce them. “Under the new circumstances, creating a small family becomes both a means and end - a means to respectability and a token of its legitimate claim” (Schneider and Schneider 1992:272).

The dominant discourse on appropriate fertility at the end of the 19th century, when the total fertility rates began to decline, was one that emphasized the value of

control and responsibility over the self. Women bore the brunt of social disapproval and were the targets of most scientific and state interventions to shape family size and quality despite their limited agency and control over their sexuality and reproduction. The biopolitical discourses advocated by thinkers influenced by Malthus who were writing in the late 19th and early 20th centuries viewed controlling the body and the population as crucial to making progress and advancing the nation. Poor and working class women in many countries in Europe were viewed in these cultural models as ambiguous and threatening, and so repeatedly became the targets of attempts to teach them proper regulation.

David Horn shows how themes of control and regulation persisted into the Fascist era in Italy. In an attempt to further their new colonial agenda the state adopted a pronatalist approach and attempted to halt and reverse the trend of declining fertility (Horn 1994: 5). Italian eugenics focused on maximizing the number of Italians and was not concerned with purity in the same way that Anglo and Germanic theorists were. Their concern was the production of a large number of Italian babies who could be improved through state interventions rather than restricting the reproduction of certain segments of the citizen population. The fascist period in Italy saw the intensification of government attempts to control women's reproduction for national ends: "In the name of social defense and the promotion of the population, previously private behaviors were made targets of a permanent governmental management" (Horn 1994: 24). In addition, scientists and health workers oriented their work not on improving the lives of individual families but exclusively on promoting the health of the national social body. Although pronatalist policies encouraged women to have children, Horn shows how reproduction

remained a site of state control and conflict: “Rather than purification, the goals of fascist demographic politics were social defense and multiplication; rather than selective breeding and sterilization, its means were improved hygiene, diet and education.” (Horn 1994: 60). Horn shows how the body and reproduction came to be objects of unprecedented regulation under the fascist regime, and makes clear that poor women continued to be targets of interventions and attempts to influence their intimate family practices by the state even as their fertility was extolled by the Fascist government

In contrast to the historical works outlined above, where the authors discuss how middle class women represented an ideal of rational family planning and were lauded for their success at limiting their fertility, a reoccurring theme identified by anthropologists in contemporary discussions of low fertility in Europe is the castigation of educated middle-class women for their presumed selfishness and refusal to bear appropriate numbers of children to ensure the continuity of the nation (Krause 2001, Douglass 2005, Paxson 2004, Lim 2005, Wikan 2002). Policymakers express concerns about declining births that reflect concerns with not only the sheer number of babies being born and dependency ratios or the population of a given state, but also ongoing anxieties over who is reproducing and what kind of children they are creating.

Women occupy the dual role in society³ of producer and reproducer (Gal and Kligman 2000:38). These two tasks are often conceptualized as conflicting in demographic and political narratives of low fertility. Women’s increasing role as producers in the workforce is widely blamed for their failure to produce more children

³ While they are explicitly discussing post-socialist society, similar ambiguities arise in contemporary capitalist societies where women are expected to work outside the home and earn income.

(Krause 2001:586). Having children has become increasingly expensive in terms of time, labor, and money for families in Europe, and cost is one of the main factors addressed by women in discussions of declining fertility and their own reproductive choices. In her book on mothers in Greece, Making Modern Mothers (2004), Heather Paxson discusses how having children is talked about by middle class Athenian women in the idiom of production with a word, *teknopiia*, that she translates as making children, in a manufactured sense (2004:102). Family planning is conditionally accepted by the state as a tool to help women rationally produce more and better quality children, rather than as a technique to limit fertility, which is discouraged (Paxson 2004:103).

In Greece middle class parents experience children as an increasingly expensive consumer project (Paxson 2004:65). The concern of parents making fertility decisions is increasingly with the quality of the child produced in terms of education and culture, rather than with the quantity; in fact many families spoke of not being able to have as many children as they would like and provide well for them. In much of Europe, particularly southern European states such as Italy, Greece, and Spain, fertility has been declining and conceptualized as a problem since at least the beginning of the 20th century (Krause 2001:578). In post-industrial Greece, Paxson claims children have gone from being hands that contribute, as they were in rural agricultural society, to being mouths that need to be fed and educated. Paxson argues that having many children is increasingly seen as untenable by women under pressure to present their children properly (Paxson 2004:87). This concern is recognized explicitly in some states' pro-natalist policies, such as the French distribution of family assistance to families with second and third children regardless of income (Lim 2008:219). Paxton's ethnographic approach allows her to

identify and analyze how changes in women's material and economic circumstances affect the meanings they give to bearing children, and in turn she draws connections between these changes in the meanings of children and the consequences for women's choices and reproductive practices.

In her article ““Empty Cradles” and the Quiet Revolution: Demographic Discourse and Cultural Struggles of Gender, Race and Class in Italy” (2001) on discourses concerning *bassissima* (super low) fertility in late 20th century Italy, Krause highlights the centrality of demography as a practice of statecraft: “Demographic practices, like other exercises of statecraft, have become so normalized as to be beyond the scope of questioning” (Krause 2001:578). This is an example of the successful deployment of biopower, these practices have become so integrated into the realm of everyday life as legitimate sources of information that people do not conceive of them as aspects of governmentality. She posits that super low fertility is especially problematic for Italian demographers who are accustomed to understanding Italian and European fertility practices as essentially rational, because Europeans are presumed to constitute normative rationality. Krause argues:

When populations exhibit patterns that do not fall within certain expectations, the scientists who track the patterns tend to interpret the irregularities as deriving from self-destructive behaviors that predictably will lead to population decline and imbalance rather than lasting equilibrium.” (2001:580)

Indeed, demographers accused Italian women of becoming not just irrational but pathological by taking rationality to a pathological, anorexic extreme in their “refusal” to bear children (Krause 2001:584). Anorexia as a gendered disorder that relies on the denial of natural appetites out of a desire for unattainable control over the body is a

potent metaphor in demographic discourse (Krause 2001:585). In addition, Krause links the way demographers discuss the danger of low fertility to the Italian state to their implicit acceptance of the “Italian Race” and anxieties of increasing populations of non-European migrants in Italy (Krause 2001:599). Anthropologists documented these types of racializing discourses around low fertility in many European contexts (Rivkin Fish 2008, Paxson 2002, Arextaga 2002, Lim 2008, Krause 2001.).

In contrast to demographers’ anxieties over women’s reproductive decisions and the rhetoric they employ blaming women for “depopulation” (Krause 2001:580), Krause discovered through her fieldwork that many Italian women viewed their decision to limit their fertility as an act of resistance to patriarchal family and social structures and valued their small families. Women extolled the opportunities they were able to give their few children. One of her informants says, “planned children are lucky children” (Krause 2001:588). In addition, the Italian women Krause interviewed face social expectations about child rearing that are precise and demanding. Northern Italians judge children by their appearance and behavior as public displays of their parents’ education and status (Krause 2001:592).

Krause also documents pervasive stigma towards women with large families. As she shows in her interview with an Italian woman expecting her third son who recounts being called an “idiot” and “dim-witted”, stigma around large families is expressed in morally imbued constructs of gender, race, and class (Krause 2001:593) and is experienced by Italian women as well as migrants. However, Krause highlights how people in her community of study negatively conceptualize the large families of racial others in particular, including immigrants, gypsies and southern Italians. Krause argues

that alarmist demographic discourses that link growing migrant populations to fears about the death of the Italian race underlie the racism she documents in Italian women's casual conversations during her fieldwork (Krause 2001:595).

Although anthropologists trace continuities in the ways elites discussed poor women and large families in the 19th century and immigrant women today as occupying a nexus of squalor and sexuality (Gilroy 1987:80), there are essential differences in their positions and the truth claims politicians and experts make about them that stem from the idea of biological similarity and difference. While policymakers castigated poor women as irresponsible for having “too many” children for much of the 20th century, the state targeted their children for interventions such as mandatory education and medical care to shape them into productive citizens rather than viewing them as an unassimilable threat to civilization. In contrast, as I will discuss in the next chapter, in European countries the state has taken a strategy towards migrant families of exclusion or elision.

In public debates and conversations concerning immigration chronicled by anthropologists in various European contexts, the larger size of immigrant families is spoken of as a demographic threat and used as evidence to prove their absolute cultural difference and unassimilability; their backwardness. Anthropologists argue that migrants are constructed as invaders who threaten the very existence of society (Lim 2008:208) and sometimes even of the “race” of Europeans, as in Italy (Krause 2001:597). These kinds of demographic discourses of irrational and irresponsible parenting are central to legitimizing immigrants, gypsies and other minorities as “other” and therefore outside of the population and the nation (Krause 2001:596).

The works I've explored in this chapter reveal that stratified reproduction, far from being a new phenomenon, is key to understanding the history of fertility decline in Western Europe as well as current anxieties over low fertility. It is only the low fertility of certain categories of women and the shortage of certain kinds of children that cause anxieties in these case studies. The studies in this chapter also highlight how prevalent experts' misreading of women's family formation decisions has been throughout history and in current policy efforts to influence fertility trends. This insight points to the need for careful ethnographic research focused on how women make family planning decisions and navigate contexts of unequal reproductive resources.

Chapter Three: The Shadow of Colonialism: Difference and the National Project

In this chapter I turn to texts on migration and colonialism to explicate how anthropological analyses highlight and expose the fears engendered by immigrant families and tease out some historic roots for these anxieties. I especially focus this section on works that explicitly theorize the increasing problematization of the asylum seeker and the concurrent ascendance of humanitarian exceptions (Ticktin, Fassin). The state's acceptance of the sick and suffering body at the expense of the healthy migrant and politically motivated asylum seeker is intimately bound to nationalist fears about migrant reproduction and the fears around immigrant sexuality outlined in the literature on migration.

Paul Silverstein documents anxieties over French national reproduction in his book Algeria In France (2004). While his focus is primarily on forms of public, symbolic and representational reproduction, such as media, policy, and sports, he documents some of the anxieties at stake in French policies towards post-colonial migrants and families. "As a locus of transnational violence and deterritorialized culture wars, France has increasingly had its capacity to socially reproduce the nation called into direct question" (Silverstein 2004:2).

Silverstein focuses on the experiences of the Algerian community living in the *banlieues* (impoverished suburbs) outside of Paris. Using a mixture of historical anthropology and ethnography, he demonstrates how contemporary Franco-Algerian

communities exist in a transpolitical space constructed through the history of colonialism and labor migration, as well as the Algerian Civil War (Silverstein 2004:8). By transpolitical Silverstein refers to the immediate salience of Algerian political conflicts being played out and enacted by migrant populations in France and how the violence and contests over national belonging are dis-embedded and become an integral part of life in the French suburbs. Silverstein focuses on the *beur*⁴ movement's continuing construction and negotiation of liminal Franco-Algerian subjectivities in the 1990s. In his chapter on spatializing practices, such as where people settle and how they negotiate movement between these places, and domesticity, Silverstein discusses the ways that colonialist disciplining practices are implemented and navigated in the *banlieues*. These are places which throughout the 1990s the state and popular media increasingly viewed as sites of violence and disorder. He marks continuities between representations of the Kabyle village and the *banlieue*: "Through these integration discourses and measures the *cités* and their residents have become endowed with a similar representation of otherness as the impenetrable Kabyle village, as signifiers for that which is not, or at best is problematically French." (Silverstein 2004: 78). In addition, according to Silverstein, the French media portrays the problems of violence and disorder in the *banlieues* as racial and cultural problems of resentment, religious difference and inability to integrate rather than as the result of economic exclusion (Silverstein 2004: 108). This book illustrates the ways that the colonial legacy influences contemporary social and symbolic practices of exclusion and anxieties around immigrant families and domesticity in France.

⁴ *Beur*: French slang for Arab. (it's an inversion of *arabe*)

In “Making Family: Depopulation and Social Crisis in France,” a chapter in the collection Barren States, Anna Lim argues that the French view the family as the central institution for the continuation of French society and the embodiment of its values. Using a historical analysis of pro-natalist policies since the 1970s she argues that in France only certain culturally defined families are counted as legitimate sites of social reproduction deserving of state support (Lim 2005:208) and that the state conceptualizes immigrant families as inherently socially problematic. Factors such as their perceived cultural difference and lack of assimilation call into question their ability to produce unmarked French citizens. In this discourse which influences both policy shifts and popular media, immigrants’ larger family size also makes them a threat to the production of future, proper citizens through their influence on schools and sheer numbers (Lim 2005:210). Lim discusses how immigrant families are positioned in relationship to the state and uses the comparative structural historical example of the long-term exclusion of French citizen Antillean women from child benefits to show how the categories of culturally acceptable families are not isomorphic with legal belonging in the French state, but rather are based on racialized models of national belonging (Lim 2005:221). This racialized model of citizenship rests on the legacy of French colonialism, which constructs immigrants as unassimilable others and draws on the designations of formerly colonized peoples as different and inferior (Silverstein 2008:39). The state then has a high stake in the fertility of its people and sees policing the boundary between native and foreigner as central to its continuation. Both Silverstein and Lim show how domestic and intimate practices are read as inhibiting assimilation and belonging for immigrant groups in France and are an area where exclusionary models of belonging are enforced.

Michel Foucault's insight into how the individual body and subjectivity are shaped by the state and intermediaries who exercise power through controlling the health and characteristics of its population allows us to see that under biopower health is an arena of governmentality, and interventions undertaken ostensibly for the public good should be understood additionally as ways that the state exerts power over its citizenry. This section largely revolves around the work of two scholars heavily influenced by Foucault, Didier Fassin and Miriam Ticktin, who apply the insights of a biopolitical framework to the recent changes in migration policy in France that have come to rely on humanitarian exceptions to exclusive laws rather than regularly codified policies. These changes are occurring with a corresponding restriction on other avenues of migration such as family reunification and labor migration as a result of anxieties stemming from the history of labor migration and the ambiguity of liminal citizens like the *beurs*. I focus on this literature about the emerging trend in French law because it is closely tied to French anxieties about migrant families. Fassin and Ticktin examine the logic and practices that are becoming hegemonic in French asylum law.

Didier Fassin has produced a number of articles focusing on the new French humanitarian laws (2001-2007). In "The Biopolitics of Otherness" (2001) Fassin focuses on the tension between the policy of providing humanitarian aid for would-be immigrants on a case-by-case basis, and a discourse of human rights that would entail entitlement of asylum seekers to basic aid and protection. Fassin looks at trends in late 20th century France to restrict immigration into France through family reunification and asylum seeking and the co-occurring rise in accepting immigrants for medical care under humanitarian logics (Fassin 2001:3). Unfortunately humanitarian visas are not equivalent

to the recognition of right to asylum and family reunification for a number of reasons, the most concrete being that being admitted for care of an illness usually comes with a prohibition on employment while in France (Fassin 2001:4). Symbolically this logic also reduces the immigrant to a purely bodily being who can only make claims on the nation based on shared biological but not social humanity:

No situation could reveal more obviously the recent change in European politics of life than this shift from political asylum to humanitarian reasons. For the French government and parliament, the legitimacy of the suffering body has become greater than that of the threatened body, and the right to life is being displaced from the political sphere to that of compassion. (Fassin 2005: 371)

This new regime denies that these refugees are social persons entitled to rights of personhood such as the right to family life, which is guaranteed in the Geneva conventions but which is increasingly restricted as France cracks down on reunification visas (Fassin 2001:4). In this way immigrants are reduced to suffering bodies whose presence in the country is legitimated by and dependent on continued suffering while the state is able to claim it is “helping” by providing humanitarian-based entitlement.

Fassin links this relegation of immigrants to suffering bodies with the rise in “biological racism” he sees overtaking models of cultural difference as the grounds for social and economic exclusion (Fassin 2001:6). Race is officially invisible in France, it is not recorded statistically nor made an object of government surveillance, and differences are spoken of in the idiom of culture rather than biology. However, Fassin points to the increasing naturalization of cultural difference, and the way it is increasingly tied to bodily markers, prevalent in anti-immigrant discourses in Europe increasingly acts as a

biological inscription of inequality on to the bodies of immigrants and French (Fassin 2001:7).

He points to the sad irony that by privileging the suffering body as a legitimate ground for legal residence, the policies of the French state undermine their very rationale by reinforcing an emerging biological racism that affects bodily integrity, the very aspects of life reified by this policy. Foucault argues that liberal states, regardless of claims of humanitarianism motives and compassion, rely on racism for the successful exercise of biopower: racism transforms enemies from political threats into biological dangers to the population. In the context of contemporary migration politics in liberal states, this kind of racism does not determine “who must die” or inspire genocidal campaigns (Foucault 2003:254-258) but rather operates to place certain categories of others outside of the realm of “who must live”; those whose well being and health the state takes responsibility for. By symbolically imagining immigrants as biologically other and outside of the population, looking after their physical health in a bodily way becomes something the state can do out of altruism rather than as part of its legitimating obligation for the health of its population under biopower (Foucault 1997:254).

Ticktin takes this analysis a step further in her article “Where Ethics and Politics Meet, The Violence of Humanitarianism in France” (2006). She argues that by making suffering the only legitimate claim asylum seekers have for entry into France, the state creates a situation in which “people end up trading in biological integrity for political recognition” (Ticktin 2006: 33). The suffering body recognized in the humanitarian law is also by definition a solitary body. By design, people granted exceptional admission for their illnesses are unmoored from any kind of social or family life. Ticktin describes the

case of Aicha, a Senegalese woman with a chronic skin condition and thyroid disorder who receives treatment in France at the cost of leaving her five children in Senegal with no possibility of bringing them to France, and no way to support them without the right to work (Ticktin 2006:41).

Fassin and Ticktin tie the narrowing of legitimate asylum to the suffering immigrant body by the state to the decline in employment opportunities in France: as the need for productive immigrant laborers decreased, their legitimate presence through their work was undermined. In Ticktin's words, "this liminal status is part of an increasing tension between regimes of circulation for capital and people - capital circulates freely, whereas people cannot - a consequence of the changed relationship between states and capital." (2006:37). It is no longer desirable to recruit immigrant laborers and the phrase "economic migrant" has come to signal the least legitimate of all migrants in European discourse, in sharp contrast to the 1950s and 60s when immigrants were admitted based mostly on their capacity to work (Silverstein 2004).

This literature suggests that dominant discourse and policy have increasingly viewed the immigrant as a completely other and external threat to the population biologically, the productive and reproductive body of the immigrant has become a threat to be excluded (Fassin 2001:7). The suffering body is individual and outside of family life and reproduction (Ticktin 2006:41). The pathological and pathetic body can be admitted but only on a temporary and exceptional basis. By legitimizing only the physical suffering, the French state undermines the image of the productive immigrant and furthers a pathetic image of immigrants which is internalized and normalized so that they

are viewed as and view themselves as victims, worthy of compassion but not equality (Fassin 2001:5).

Many contemporary political discourses of migration in European contexts view the nation and its population as opposed to the suffering or threatening body of the migrant, who is not constructed as part of a population, let alone the population of the state, but rather as an individual separate entity. Studying the physical and social reproductive practices of migrant women will show how migrant families negotiate building identity in ways that contest these oppositions and will highlight the ambiguities of lived experience and citizenship designations that are elided by these imaginative constructions.

The literature on discourses of fertility and immigration in Europe has largely focused on one aspect or the other, fertility *or* immigration, while works may mention both issues, they do not provide in-depth treatment of the connections between the conceptions problematic low fertility and high migration. In this way the literature does not contest effectively the divides articulated in nationalist rhetoric, of reproduction and immigration being separate and opposed. Caroline Bledsoe's work (2004, 2007) on fertility among Gambian immigrants in Spain is a notable exception to this trend and explicitly focuses on the links between fertility and migration.

In her book Contingent Lives Caroline Bledsoe explores how women in Gambia view aging as a result of expending their bodily energies in a variety of ways. A central cause of aging is trauma resulting from undesirable childbirth events such as miscarriages and stillbirths and women use family planning technologies to extend their youth and fertility (Bledsoe 2002:3). She shows that high fertility is not natural but rather is

intentionally sought after and achieved. Gambian women desire many children to secure their position in their family and marriage. After a traumatic event such as a miscarriage or still birth, they will use contraception to rest, hoping to extend their reproductive fitness and prevent their bodies from aging due to repeat trauma. This use of contraception is in conflict with western expectations that women contracept to attain a small family size by limiting the number of children. Bledsoe states that women balance the physical costs of children with the benefits, which in the Gambia are significant and include social status in the household, marital security, and support in one's old age.

The interesting thing about Gambian women's fertility strategies is that Gambian women who migrated to Catalonia in Spain have maintained high levels of fertility, to the extent that they have twice as many children as any other group in Spain, including other immigrant groups with historically high fertility (Bledsoe et al. 2007:378). Bledsoe makes the argument that women use high fertility to secure their place in Spain with their husband and avoid being sent back to Africa. Also, tightening borders have meant that children who in the past would have cycled between family members for fostering in Africa and Europe increasingly stay in Spain to avoid the possibility of not being able to re-enter. Being the mother of Spanish-born children can give Gambian women legitimacy in the eyes of the state and make it easier to live openly in Spain (Bledsoe et al. 2007:403). Thus Gambians strategically react to the structures of exclusion they are navigating set up by the Spanish state and immigration policies. Accumulating children in Spain resonates with cultural values of high fertility and also offers a response to the 18-year age limit for family reunification and the difficulty of travel back and forth across the border. Bledsoe demonstrates how this maintenance of high fertility in Spain is not a

holdover of tradition or a sign of intractable cultural difference, but rather a strategic and modern response to exclusion and marginality (Bledsoe et al. 2007:404).

It is possible that immigrant families in other contexts are using similar strategies and being misapprehended by scholars as backwards, other, and traditional. This misreading builds on the hegemonic influence of demographic transition and modernization theory and the legacy of social Darwinism and colonialism that informs the valorization of small families over large and assumes a baseline of natural fertility. Bledsoe shows how for these women high fertility is both intentional and rational. This research suggests that examining migrant women's fertility experiences has the potential to yield insight into how practices that often are written off by bureaucrats, demographers, and professionals and as maladaptive or primitive might be indicative of creative strategies to get by in the context of contemporary European society.

Chapter Four: Implications for Research

Fertility has been a central site of contention in the recent conflicts over Swissness. Switzerland has had declining births since the 1980s but in 2008 more babies were born in the country than any year since 2001. The total number of babies was 74,500, up 1.5 percent from the previous year. The increases in births were mostly among women over 30. Non-Swiss women have more children than Swiss women but they had not had an increase in births. The article on Swissinfo.com⁵ heralding this increase in births drew two readers' comments, both of which debated whether the new babies were "really Swiss". While internet comments come from a highly self-selected group and cannot be said to represent widespread discourses about Swiss identity, the comments speak baldly to the contested nature of who can and cannot be Swiss. They also indicate that the criteria for belonging are contested, and at least in some cases reference an essentialized model of belonging that distinguishes between biologically "real" Swiss from citizens without deep roots of Swiss descent who may "feel" culturally Swiss but are not accepted as authentic by the commentators. I reproduce them below:

Kevin , United Kingdom

I think every European country should be grateful for ANY babies now... Whether the baby is 100 per cent PURE Swiss is a technical question... All of Europe are below the magical 2.1.

⁵ An English language news source aimed at Swiss citizens abroad and affiliated with the Swiss embassy.

In Switzerland there has been immigration [sic.] for the last 50 years. Most people born in Switzerland [sic.] with one or both parents born abroad FEEL Swiss and regard themselves as Swiss.

But I [sic.] guess that babies born to Swiss parents who can BOTH trace their ancestry back 200 years is only about 20 per cent. We will have to accept that the TRUE Swiss and TRUE Europeans will one day disappear.
Lynx, Switzerland

I wonder how many of the 74500 babies were born to real Swiss, naturalised [sic.] Swiss and non-Swiss, both Swiss parents, mixed or no Swiss. I bet the real Swiss percentage is the lowest. And how many babies were actually born Swiss ?
(http://www.swissinfo.ch/eng/front/More_babies_born_in_Switzerland.html?siteSector=105&sid=9342614&cKey=1220275043000&ty=st)

These comments, reference explicitly biological models of Swissness, involving descent from Swiss parents, preferably “back 200 years”. Other citizens, those simply “born in Switzerland” merely “FEEL Swiss”. It is particularly interesting to see the promulgation of such an essentialized model of belonging in the context of Switzerland, a confederation of minority populations that is explicitly and historically multicultural and multilingual (McDowell 1996:56).

Since populations are open and fluid entities it is important to ask who is being counted in national populations. Who is being excluded and why (Douglass 2005:3)? In my discussion above, I have explored some of the discourses around low fertility and immigration in Europe. In this section I will draw primarily from Balibar (2004) and Gal and Kligman (2000) to propose a paradigm for interpreting discourses of low fertility in Europe. I will also sketch out the research I am undertaking in Geneva and how I plan to apply my paradigm to an investigation of migrant families in Switzerland. First however, I will situate Switzerland theoretically and explore the implications of its position.

Switzerland is unique in its composition, it has 4 official languages⁶ and an area divided by Catholic and Protestant majority populations. However, linguistic and religious divisions do not map onto each other cleanly in Switzerland; in cantons that are divided linguistically, the population shares a religion, and places divided between Catholic and protestant religions tend to be effectively monolingual, which may be responsibly for its remarkable political stability (Jenkins 1986:13). This complex map of commonality and difference has allowed for the development of a Swiss national imagination that is apart from language and religion. Geographically and demographically Switzerland is a country full of shifting boundaries and interfaces between groups and regions.

The central question I tackle in my research is: How do the circumstances and status of displacement shape family formation?

By comparing the life experiences and contraceptive practices of professional, high-status migrants with those of undocumented and asylum seeking women in Geneva, Switzerland, this project examines how the medical encounter, state policies on immigration, and women's familial and personal goals produce the effects known as stratified reproduction. I examine how Swiss medical providers treat women characterized by different legal categories of outsidership who seek reproductive health care, and how women's varying experiences of displacement affect their family planning options and practices. Understanding the history of conflicts over immigration and fertility and examining the threads anthropologists have teased out of these political

⁶ German, French, Italian and Romansch

struggles leads to an analysis of family planning and formation that goes beyond analyzing the effects of stratification, but also its underlying logics.

In her posthumously published Annual Review article “Maddening States,”

Begonia Arextaga identifies problematic aspects of women’s citizenship:

Actual women, who remain outside this imaginary of idealized motherhood, are a reminder of what cannot be fully controlled in the nation—the object of sexual political violence in endless performances of violent control of the body of the nation by the state body [...]. So too in societies torn by ethnic violence or war, women have become the embodiment of a threatening nation or a threatening ethnic other; their bodies become the field through which violent statehood not only enacts but draws its power. (Arextaga 2003:398)

I see a parallel between the position of women in relation to the state as she identifies it and the way that immigrants are positioned vis-à-vis the state. Carrying out the kind of fieldwork I advocate will offer the opportunity to explore possible structural reinforcements in the positionality of female foreign bodies in the state and also to delve into the experiences of those who represent the intersection of these two discursively separate categories. I plan to interrogate these questions ethnographically through my dissertation fieldwork.

Switzerland is an explicitly and self-proclaimed multicultural nation in which national belonging is constantly negotiated. Geneva is my field site in part because while living in Geneva, I became intrigued with the complex position of the major francophone city within a largely German speaking country. Known to much of the world as an international city, Geneva is the site of the United Nations, World Health Organization, International Red Cross, and many other international organizations. As the site of all of these global organizations working to improve health and human rights for people around

the world, Geneva is surprisingly understudied. The city of Geneva is a site of multiple contested ideas of belonging and locality. Known worldwide as the international city, Geneva is not only the site of the United Nations, World Health Organization, International Red Cross, and many other international organizations, but 45% of the population of about 188.000 of the city proper is “non-Swiss,” a broad category representing nearly 180 nationalities⁷ that includes people in the professional and privileged UN workforce, a regular stream of tourists and visitors, and also less enfranchised asylum seekers and undocumented domestic workers. Unlike many European countries Switzerland has historically had a relatively open immigration policy. Until the 1920s there were no quotas and migration was very loosely regulated. Even today the quota for the country is relatively large, up to 20% of the national population (McDowell 1996:55).

In the highly transient, mobile and international milieu of Geneva, the relative visibility of different groups of foreignness gets created and reified through state categories and policies of health access: migrants, asylum seekers and undocumented workers, are covered under distinct programs that offer different degrees of access to reproductive health care, particularly contraceptives. Asylum seekers, who make claims to legal membership in the Swiss State and whose children therefore may eventually become citizens are provided access to subsidized contraceptives through the social assistance they receive; undocumented women, who are officially invisible and whose children have no hope of becoming Swiss have no official access to subsidized contraception. Expatriate communities of highly educated, Francophone or Anglophone

⁷ <http://www.geneve-ville.ch/en/decouvrir/en-bref/population.html>

women “elite migrants” (Coles and Fechter 2008:5) are rendered relatively invisible in this context; the state and medical apparatus consider them part of the general patient population of the city. These women have health insurance or pay for care out of pocket, navigating the health system on their own or occasionally with support from their employer. For many young expatriate women care can be difficult due to barriers of language, culture and cost. Despite the diversity of cultural backgrounds, medical beliefs and resources in this population of women, doctors speak of these patients as unproblematic and compliant and they are never the targets of research or interventions.

Unlike many European countries, Switzerland has a mechanism for foreigners to become citizens. Citizenship is based on length of residence and descent; children born to foreign parents on Swiss soil do not automatically become Swiss until they have lived in the country for a minimum of 12 years (6 for children), while children born abroad to Swiss parents are entitled to citizenship rights at birth. The process for obtaining citizenship is uniquely community-based and decentralized in Switzerland and most decisions are made administratively by the cantons. The actual process varies by canton but often involves input from the prospective citizens’ neighbors and community about their success at integrating and becoming Swiss. While the Swiss are relatively open to migration formally, there is a premium placed on integration and conforming to Swiss social norms and expectations of self-presentation. My research will explore how family size and implicitly reproductive practices become part of the process through which potential new immigrants are judged.

While Switzerland is relatively open and pluralist, in recent years there has been an upswing in conflicts and tensions around migration and belonging. The “Swiss

People's Party", a nativist political group, won a large share of the vote in the 2007 national elections, which has had large impacts in Geneva. They have furthered an agenda of curbing immigration and asserting a hegemonic vision of Swiss national identity. One achievement of this political block is the banning of the building of minarets on mosques which they see as alien and obtrusive, to preserve the traditional Swiss character of the cityscape. This might indicate that despite official claims of multiculturalism only certain kinds of difference can be incorporated into the vision of what it means to be properly Swiss.

My project highlights the common aspects of experience shared by undocumented, asylum seeking and professional elite non-Swiss women in Geneva who are faced with choices about trusting an unfamiliar and bureaucratic system or obtaining supplies outside of the city, from providers in their home countries, through family networks, or from the Internet. This perspective moves away from the view evident in much public health literature that undocumented and asylum seeking women are merely desperate, passive and victimized (Wolff et. al. 2008). Instead I examine the ways in which they navigate the particular legal and material constraints of their positions to establish families, social networks and identities in a strange place, a project undertaken by all displaced persons. In studying women's experiences with family planning I also reveal the way expert knowledge is formed in and reinforces the context of stratified reproduction that women already navigate.

Women's decisions to establish ties with a Swiss doctor to acquire contraceptives in Switzerland or import pills from home, do not reflect merely their access to care. In their reproductive decisions, women are actively choosing the extent of engagement with

their current (and possibly very temporary) location. The material (legal, financial, and social) position women inhabit in the city affects how women pursue their desired families both on the level of contraceptive options and access to crucial resources.

Women's positions also influence how they interact with medical professionals and the kinds of reproductive care they receive.

Family planning practices provide a useful tool for examining how migrants' varying interactions with local authorities affect not only options for family formation but also possibilities for belonging, because "contraception impinges on the lives of the majority of heterosexual couples in their childbearing years without regard to income and social status" (Russell, Sobo, Thompson 2000:3). However, the range of contraceptive tactics women have at their disposal, as well as which ones they accept and utilize are determined by many factors, including linguistic ability, legal status, financial resources, education, support networks and their intimate relationships.

My research asks whether and how migrant families make claims of political belonging and cultural "Swissness" through their practices of reproduction and network formation, and concurrently aims to outline how popular and official discourses mark some types of difference threatening, such as potentially religious and racial difference and others, such as linguistic and political difference as compatible with Swiss multiculturalism. By looking at family formation as a site where techniques of citizen formation and bureaucratic regularization occur in addition to biological reproduction and family formation, I hope to examine the barriers to and possibilities for becoming Swiss and belonging in Geneva and how they are defined in debates on who is included in the population.

Chapter Five: Conclusion

Anthropological analysis provides the conceptual and methodological tools to deconstruct and interrogate the integralist views of European population that underlie increasingly restrictive migration controls and pronatalist initiatives in the contemporary context of increasing global inequality and mobility. My approach offers one potential strategy and research agenda using ethnography to interrogate how meanings and concepts of belonging and desirable family life are embodied and practiced by migrant women.

Contests over fertility and immigration provide a rich field in which to debate the construction of the nation. While many of these constructions re-inscribe official and exclusionary models of the nation, they provide a crucial window of understanding into some of the anxieties driving the rise of fortress Europe. Through anthropological inquiry into the relations between excluded people's reproductive practice and experiences of belonging anthropologists can contribute to the documentation of new discourses what reproduction of the nation means.

Daphne Berdahl (1999:3) defined a borderland as "A site for the construction and articulation of identities and distinctions through boundary-maintaining practices, a place betwixt and between cultures." In the liminal space of the border people construct themselves as insiders and outsiders through devices of boundary maintenance (Berdahl 1999:4). Demographic practice is one such device through which persons are counted as

Swiss or other. Looking at the practice of counting populations as a boundary-making device also exposes the ways that borders are places where the exercise of power can be especially transparent because it is a site of regulation and control as well as ambiguity (Berdahl 1999:9).

The clinical encounters that shape women's family planning decisions happen in the contexts of stratified reproduction and anxiety over boundaries. There are ways in which the provision of reproductive care is itself a boundary maintenance practice.

The primary site I engage with in my fieldwork is the clinical encounter in which provider and patient must negotiate perilous domains of trust, responsibility, communication, empathy and stigma. The dynamics at play in this interaction vary widely for patients of different legal status. For example, undocumented women are often viewed as incompetent and untrustworthy contraceptive users by doctors, and during my research this summer during an interview I was informed by a family planning nurse that the hospital's policy was to encourage these women use long term forms of birth-control such as an IUD because they were likely to stop taking pills when the ran out. In addition, undocumented patients are not given the option of a medical abortion (the abortion pill) in which the pill given at the doctor's office must be followed by a second pill the patient self-administers at home; instead doctors let the pregnancy continue until a surgical abortion was possible in order to make sure things proceeded correctly and as safely as possible, which for this population means under as much medical supervision as possible. The restriction of reproductive options available to undocumented women suggests that doctors view them as untrustworthy, unreliable, and/or uninformed patients needing extra

surveillance and intervention because of deficiencies in their individual educational, cultural and material faculties.

Asylum seeking women often live in supervised settings with nursing staff on duty in *Foyers d'asile*. They have access to more diverse contraceptive methods than undocumented women but are also conceptualized as problematic patients, largely due to perceived barriers of culture and tradition. Their ability to “choose” between more methods of contraception is a result of the fact that they live under nearly constant supervision as wards of the state. However, their position is always tenuous and temporary as they are in limbo until a decision is made on their application. During the asylum process their medical encounters are fraught with suspicion and distrust on many levels. Medical evidence including doctor’s certifications of injuries, disability illness and psychological trauma is often an important source of proof in asylum claims and both patients and doctors must strategically negotiate claims of sickness, disability and pregnancy (Fassin & Halluin 2005).

In contrast, the professional expatriate population of the city seems invisible in the medical imaginary. When I asked doctors about interactions with these patients they never spoke of cultural differences or problems with communication. Providers were not interested in discussing them, and viewed them as unproblematic; assuming shared educational and cultural backgrounds. However, expatriate women did not share this sanguine view of the medical encounter. American professional expatriate women I spoke with expressed frustration with their doctors who they described as cold, authoritative, frightening, and disrespectful. Doctors habitually use command forms with patients and one woman reported that the first words her physician spoke to her were

“take off your shirt.” which she felt was unacceptably disrespectful and dehumanizing. Another contact, a UN worker in her late 20s who planned to stay in the city because of her husband’s family, admitted she had postponed finding a doctor in Geneva by maintaining ties with one at home until marrying a man in the city and resolving to settle and start her family there. Her ultimate decision to find a Swiss gynecologist to dispense contraceptives and provide reproductive care was made with an eye towards having a trusted doctor for future pregnancy and only after many years of living in the city. These examples suggest that stratified reproduction shapes production of medical knowledge and the interactions between doctors and different categories of patients in ways that reinforce experiences of exclusion and constrain options for family formation.

These examples show how the clinical encounter is fraught with moments of misrecognition and assumptions about proper fertility regulation in the Swiss context. The literature reviewed in this paper provides the tools to reveal the complexities and conflicts in these medical situations. These examples also show how the work of boundary negotiation and maintenance is happening from both directions.

Moving forward, I want to explore the ways in which boundaries are reinforced through individuals’ every-day practice; the ways they are built from the bottom up as well as the top down. Although Geneva is not a spatially segregated city, its communities of expats effectively inhabit isolated, non-overlapping imagined cities. The vast majority of people they interact and socialize with share their language, national identity or social status. Interactions with the “local” population are kept to a minimum through daily practices. The transience of the population breeds alienation and a reluctance to engage with neighbors and make friends, many people see themselves as

temporary residents of the city, planning their stays in increments of less than 5 years, a mindset that can continue as these short blocks of time add up to a lifetime in the city, always uncomfortably on the outside, or “on the veranda” (Malinowski 1984).

Transnational people of all socioeconomic and legal statuses socialize and build networks with others from their same linguistic and cultural, if not national groups, divided by class and occupation. Professional expatriates are not likely to experience a sense of solidarity with undocumented or asylum seeking persons from their home country. To a stranger, the city feels empty and at the same time closed, there is no visible or intelligible core of common social life to join. My initial work in Geneva suggests that non-Swiss women and families make active choices about the extent to and ways in which they are willing to engage with the city.

The broader goal of this study is to bring together scholarship on fertility, stratified reproduction migration, and boundaries. I argue that ethnographic analysis of reproductive encounters and contraceptive practices illuminates the impacts of politics, state power, exclusion and medicine on daily life for displaced and transnational communities. Looking at the clinical encounter and family planning practices as boundary-making devices exposes the ways that borders are places where the exercise of power can be especially transparent as sites of regulation and control as well as ambiguity (Berdahl 1999:9). Examining the experiences of migrant persons making reproductive decisions in Switzerland on “the margins of legitimacy” (Bledsoe 2004:88) allows us to explore how boundaries are mapped onto bodies (Berdahl 1999:167) and what the consequences are for individuals, families, populations and nations.

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