

rationalizing sex: family planning and the making of modern lovers in urban Greece

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Family planning has been imported to Greece as a means of encouraging individuals to become modern adults by rationalizing their sexual relations and fertility-control efforts. But family-planning discourse neglects how such factors as emotion and so-called traditional belief—including gender norms—guide people's reasonable actions. In this article, I examine how the purported gender neutrality of family-planning advocacy and its reliance on risk-management models fails to speak to women's experiences and undermines family planners' goals for women's autonomy. [family planning, abortion, gender, sexuality, modernity, risk, Greece]

Modern ideologies and institutions shape contemporary human worlds unevenly. Anthropologists of modernity have struggled to map this bumpy terrain by making Western modernity parochial—universal only in aspiration, not in foundation or effect. And yet, because anthropology is a disciplinary product of modernity, and because anthropologists are modern subjects, thinking against modernity's rationalist morality and persistent universalism can prove to be difficult. Accordingly, anthropologists have recently sought to multiply the modern, recognizing alternative or other modernities (Appadurai 1996; Faubion 1993; Gilroy 1993; Ong 1996; *Public Culture* 1999; Rabinow 1989; Rofel 1999), often, tellingly, using them as lenses to refract and reflexively question Western modernity's often-claimed production of rational selves and societies (Derné 1992; Herzfeld 1992; Piot 1999). Of signal importance in this anthropology of reason has been attention to the gendered valences of rational thought and modern personhood (Abu-Lughod 1998; Collier 1997; Rofel 1999; Schein 1999; Stivens 1994; Strathern 1988). Feminist ethnography is well positioned to explicate the ways gender is constitutive of modernity and not merely affected by it. I hope to demonstrate here that such inquiry, grounded in local institutional and ideological settings, can enrich investigations of intersecting modernities, of what counts as modern in any particular context, and of prevailing understandings of how becoming modern happens.

In this article, I trace the cultural flow of one "means of modernity" (Appadurai 1996:112–113)—medicalized family planning—from the United States and United Kingdom to urban Greece, examining how it has contributed to a recasting of the terms through which Athenians consider sexual and reproductive issues. Although many Athenians tout contraceptive responsibility as an important measure of so-called modern mentalities (cf. Kanaaneh 2000), there is no consensus on how such mentalities develop or on what they actually entail. Anthropologists have long pointed out that Greece, owing to the nation's ambiguous historical and cultural positioning vis-à-vis the West, presents an especially illuminating site in which to query

aspects of modernity (Faubion 1993; Gefou-Madianou 1999; Georges 1996b; Herzfeld 1992:40, 1987, 1997a; Panourgia 1995; Sutton 1994). European and North American political pundits, journalists, and intellectuals delight in celebrating Greece's ancient past as the political and philosophical ancestor to the Enlightenment, while simultaneously denigrating the modern Greek nation-state as ever modernizing, held back by the lingering Eastern influence of Ottoman rule—responsible for visibly threading the fabric of everyday life with such supposedly irrational practices as patronage and clientelism (e.g., *The Economist* 1993; Michas 1999). People in definitively Western countries often view Greece as caught between the categories of East and West, traditional and modern; thus, perhaps not surprisingly, these are subjects of everyday conversation and contestation among Greeks. Family size, reproductive strategies, and gender roles figure importantly in these discussions. Imported family-planning rhetoric is thus brought into dialogue with what it means to be a “modern” Greek woman or man. Following Bruno Latour's arguments in *We Have Never Been Modern* (1993), however, it must be recognized that such dialogues do not refer to any absolute measure of modernity, so much as to inequalities between bigger or smaller networks of, say, medical treatment regimes, technologies, and agencies. Backed by the scientific authority of biomedical modernity and placed directly in the hands of ordinary persons confronting long-standing gender expectations, family planning offers remarkable insight into how Athenians are able to appeal to multiple modernities without seemingly contradicting themselves.

My arguments are based on my ethnographic fieldwork in Athens from 1993–95. I explored changes in how women's gender identity is established amidst recently expanded social and economic opportunities, attempts to institutionalize Western family-planning methods, and the pervasiveness of a pronatal nationalist rhetoric that sings the praises of full-time motherhood (Paxson in press). To learn how imported family-planning ideology is tailored and translated for an Athenian audience, I attended public discussions on the social and national impact of family planning as well as professional conferences where gynecologists debated clinical approaches to family planning. Taking a women-centered approach toward reproductive issues as a window onto wider social concerns (Rapp 1999), I conducted open-ended interviews with middle-class women—from retired grandmothers to doctoral students, mostly in and around the residential neighborhood of Pangrati—to learn where professional and lay theories converge and diverge on questions concerning what counts as appropriate sexual and reproductive behavior for women and why.¹ I also read newspapers and magazines for popular representations of gender and sexuality; because Greek media often mimic Western formats, they offer an incisive view of the ambivalence that characterizes a young urban Greek gaze toward the West, emblematically represented by the United States.

With such materials at hand, in this article I explore how Athenian advocates of medicalized family planning have sought to impose the logic of rationality onto sex, with sex figured as a social activity and as a means of procreation. In rationalizing sex, they aim to make sense in modern terms of the common but seemingly backward practice in urban Greece of repeat abortions and to forward what they see as a more rational and healthy alternative in the form of medicalized contraceptive practice. Whereas the middle-class Athenian women I interviewed described abortion chiefly as a solution to inopportune pregnancy, as a “necessary evil” forced by patriarchal gender relations and economic pressures, family planners and health professionals largely blame a reified traditional culture for women's apparent willingness to risk unprotected sex and subsequent recourse to abortion. But they also argue that this risk

behavior harbors a latent cultural logic that might yet be harnessed to persuade women of the greater rationality of prophylactic practice. Family-planning advocacy repeats a belief common among urban Greeks today, that if people choose to give up so-called traditional mentalities (*noötropíes*) based on folk belief or religion for modern mentalities guided by rational calculation, then personal liberation and autonomy will follow. But the idea that traditional mentalities can be replaced with modern ones is based on a dualism that is itself a product of modernity (Collier 1997:10–13; Dirks 1990). I show how family planners, caught in the dualism of modernity and tradition, overestimate the difference that knowledge, consciousness, responsibility, and cost-benefit analysis—the tools of Western rationality—can make in determining people’s decisions about sex and fertility control. Rationalizing sex compromises the success of family-planning goals and unwittingly contributes to the burden of women’s reproductive accountability.

Family planners are not alone in deploying a dichotomy between tradition and modernity. Middle-class Athenian women also describe a shift from traditional to modern attitudes toward fertility control, although they employ these terms in ways family planners have not anticipated. These women’s localized yet decidedly modern responses to imported family-planning rhetoric can helpfully be bent back to question a pervasive faith in risk assessment and rationalism—the notion that given enough information, people *will* act on rational decisions designed to maximize their well-being—which many moderns, including family-planning advocates around the globe, hold dear as the means to moral and self-fulfilling action (see LaFollette 2000). In the second half of this article, I query ethnographically what feminist ethicists have challenged philosophically: the gender neutrality of “a neo-Cartesian . . . moral agent that is essentially rational” (Jaggar 2000:355).

introducing family planning in Greece

In 1976, British-trained gynecologist George Kakoyanis helped establish the nongovernment-affiliated Family Planning Association of Greece (FPAG), believing that if women were better informed about modern means of contraception—particularly the pill and intrauterine device (IUD)—the nation’s soaring abortion rate would decline.² Although abortion was criminalized between 1950 and 1986 amidst post-war patriarchal political rule, it is during these same years that Greek women came to rely on abortion to limit family size.³ Prior to World War II, abortions seem to have been a rare occurrence. Following the war, attitudes toward abortion changed drastically as famine, poverty, the subsequent Greek civil war, and urban relocation pushed for smaller families (Comninos 1988). Women found physicians more than willing to perform quick, illegal abortions under general anesthetic in their offices for a fee (Georges 1996a:511)—in fact, several women suggested to me that the incentive of a nontaxable income prompted many doctors to encourage women to rely on abortion as a “method of birth control” (see also Arnold 1985). One woman who moved recently to Athens from a northern village assured me, “When abortion was illegal it was even easier [to get one]—there were always doctors who did it only for the money.” Meanwhile, the contraceptive pill was first distributed in Greece in 1963, but only by doctor’s prescription for “menstrual disorder.” IUDs have been made available more recently, but no more readily. By law, contraceptives must be advertised as prophylactic against disease transmission, thereby excluding all but condoms. By the 1980s, as many as 300,000 abortions were being performed each year, at nearly three times the live birth rate (Comninos 1988). Abortion, many women explained to me, has offered a surefire backup to withdrawal, the rhythm method, and

broken condoms. Adopting a somewhat different tone, Kakoyanis asserted to me in an interview that “abortion was, and still is, the main method of birth control in Greece” (see also Margaritidou and Mesteneos 1992:30).⁴

In this context, the private FPAG, an affiliate of the International Planned Parenthood Federation (IPPF) since 1985, has acted primarily in an outreach capacity. Through community presentations in villages and at their Athens headquarters; through their copious literature (they published the first family-planning materials in Greek); through occasional television spots; and through public workshops on such topics as sex education and health, the FPAG works to educate women and men about modern contraceptive methods, the need to prevent the spread of sexually transmitted diseases, and the damage that abortion can do to a woman’s reproductive organs.

a “passport to modernity”

Family planning—in the Athenian context, meaning the calculated use of contraception to achieve desired families—is best seen as an ideology, as a set of assumptions that organize and disseminate knowledge in such a way as to bring local practices in line with broader social forces and political ideals (Williams 1977). In Greece, these ideals turn on the European status of the nation. At various medical and family-planning conferences I attended in Athens between 1993–95, I heard policy makers and physicians speak of family planning in terms that Fotini Tsalicoglou would dub an ideological “passport to modernity” (1995:86).⁵ Westward-looking medical professionals and volunteers who work in family planning view the rational consciousness and responsibility embedded in family-planning ideology as a marker and manufacturer of European status. Left-leaning politicians and feminist activists present family planning as a tool with which women can gain Western-style sexual liberation and reproductive autonomy.

Family planning was not granted state support, however, until a state-sponsored demographic study suggested a link between women’s frequent use of abortion (and concomitant secondary infertility) and Greece’s population growth rate (Valaoras and Trichopoulos 1970). Greece’s population growth rate, frequently reduced to the low fertility index (1.4 in 1990), is unfavorable compared to the rising population and fertility rates of political rival, Turkey, and constructed as a threat to the continuance of the Greek nation (Parliament of Greece 1993; Paxson 1997). Swayed by the argument that because family planning operates rationally it can be employed to rationalize (and in this case stimulate) the national birth rate, in 1980 (not coincidentally the year before Greece became a full member of the European Union) Parliamentarians passed Law 1036/80, which fully legalized female methods of contraception (pills and IUD) and legislated the establishment of family-planning clinics in a number of state hospitals (Yenikí Grammatía Isótitas 1993). Advocates of family planning within and outside the government stress that for women contraception is preferable to abortion in every instance, saving women the emotional stress, financial burden, and risk of sterility said to accompany abortions. Contraception is good for women and for the nation.

By 1990, 38 state-sponsored clinics were in operation throughout Greece, the majority in urban areas (13 others had shut down by then). Despite politicians’ and physicians’ original intentions of reducing the soaring abortion rate (and, thus, increasing the birth rate) by providing women with the knowledge and means to use modern contraceptives properly, research has shown that women frequent these state clinics primarily for routine gynecological services such as Pap tests (Margaritidou

and Mesteneos 1992). Because the public school system has not included sex education classes in its curriculum, most young people learn about sex, procreation, contraception, and family planning by word of mouth and from radio programs and the glossy pages of fashion magazines. Provided a woman knows what to ask for, in the middle 1990s she could attain low-dosage (including tri-phasal) contraceptive pills over the counter for between US\$4.50 and US\$9.00 a cycle. Condoms have long been available at kiosks; now they are stocked on supermarket shelves.⁶ Spermicide and female condoms are openly displayed in Athenian pharmacies (diaphragms are virtually unavailable). As Kakoyanis acknowledged to me, however, the availability of contraceptives does not reflect their usage.

An extensive survey of married women throughout Greece conducted in the middle 1980s (Symeonidou 1990) found that 1,499 of 1,881 women returning surveys reported using some kind of birth control method. Of these, 44 percent listed withdrawal as their primary method, 36 percent the condom, and 9.3 percent the rhythm method. As for modern contraceptives, just 5.4 percent of women listed the pill or IUD as their primary method, although in Athens and Thessaloniki this rate ran closer to 12 percent (Symeonidou 1994).⁷ According to physicians and demographers I interviewed, the rates hardly wavered over the next decade (the exception being an upswing in condom use in response to the HIV/AIDS threat). Greece reports the lowest use-rate of oral contraceptives in the European Union, where in the middle 1990s the average use-rate was around 35 percent (Creatsas 1994). My concern in this article, however, is not to explain why modern contraceptive uptake remains low in Greece (see Georges 1996a).⁸ My interest lies in uncovering and analyzing the assumptions behind family-planning ideals—particularly those of the nongovernment-affiliated Family Planning Association of Greece, as well as Greek social scientists who have conducted research based in state-run family-planning clinics—and in demonstrating how middle-class women respond to this rhetoric and set of expectations, more than to the methods themselves.

Knowledge provides a key tool family planning claims to offer women, appearing as a well-rehearsed theme in much of the FPAG literature. FPAG pamphlet titles include: “Do you know? It could happen to you . . . Abortion” and “AIDS: the Known ‘Unknown’: Knowledge without Prejudice.” In “What Do You Know About Contraception?” the FPAG explains the premise of their work:

This booklet aims to give basic information about how the reproductive systems of the man and of the woman work, how conception happens, and with what ways you can control your fertility. Thus, you will be able not only to prevent an abortion, but also to plan your family responsibly and consciously, without stress and worry and without danger to the health of the mother and children. . . . Family Planning is a basic human right and prerequisite for the happiness of the family and for the emancipation of the woman. [Family Planning Association of Greece n.d.]

Knowledge serves to signify the degree of autonomy awaiting women once they gain a scientific understanding of their bodies' reproductive cycles. The educational strategy of the FPAG, as one board member explained to me in an interview, centers on raising awareness of contraceptive options and promoting sex education so that women “know how their bodies work, what they're doing to them—in a sense, to feel in control.” The treasurer of the Family Planning Association, a grandmother in her sixties, told me she became involved in family planning because she “felt that the liberation of the woman begins at the moment when the woman has the responsibility and the possibility to control the body.” Family planners share this liberal principle with the feminist consciousness-raising movements that swept the United States in the

1970s and reached Greece a decade later.⁹ One of the largest feminist political organizations in Greece in the 1980s, the Union of Greek Women, maintained affiliation with the reigning Panhellenic Socialist Movement (PASOK) party under the leadership of Margaret Papandreou, the U.S. wife of the then–Prime Minister. Family planning was high on the agenda of the Union of Greek Women’s platform (Papandreou 1984), and its membership overlapped with that of the FPAG (Stamiris 1986).

In these appeals to the liberating effects of knowledge can be read committed belief in human rationality such that even sex, often regarded as the most chthonic of human impulses, is drawn into a realm of logic and calculated action. Institutionalized family planning operates on the assumption that not only *can* people gain control of their lives, but that given certain knowledge they *will* make certain rational decisions and act accordingly. Lovers will not have sex without using prophylactics.¹⁰ Women will choose contraception over abortion because they accept its scientifically backed promises of safety and effectiveness. Thus, rational models purport not merely to influence how people act, but to determine their actions. Advocates’ optimism that such programs can succeed in prompting people to change willingly their fertility control practices arises from the belief that family planning does not merely proscribe behavior, but forwards a new way of thinking. Editorializing in a 1995 edition of *Planned Parenthood in Europe*, IPPF consultant Evert Ketting explains that their “broader mission indicates that ‘family planning’ is not an isolated issue; it is a philosophy of life. It is based in the conviction that human beings will act responsibly if they possess the knowledge, skills, and means to do so” (Ketting 1995:1). Family-planning advocates promote, if not inculcate, a particular way an individual should see oneself as a subject in society. This subjectivity employs rational calculation in maximizing personal interest and is purportedly *open equally to women and men*, that is, gender neutral. Viewed from the perspective of the IPPF, this subjectivity transcends local cultural idiosyncrasies; it is a unifying “philosophy of life,” politically charged with seeing personal freedom flourish in the face of patriarchal domesticity, nationalistic population agendas, and other traditionally based regimes of reproductive control. But from an anthropological perspective, this proposal appears naïve.¹¹

As with other modernization programs, the family planners’ strategy presupposes that to be fully modern, people must think themselves out from under emotional baggage and away from local cultural biases. In their literature and presentations, the FPAG describes family planning as a positive alternative to more traditional limitations on sexual activity, such as abstinence necessitated by the rhythm method and male restraint involved in withdrawal, let alone prescriptions for female premarital chastity. Modern contraceptives are defined as being *for women* to use in their own interests, whereas old-fashioned methods such as withdrawal and condoms require the (implicitly unreliable) cooperation of male partners. As Greek family planners tend to see it, traditional methods reinforce prevailing patriarchal norms that posit men as the active participants in sexual relations and women as the passive recipients of it (du Boulay 1986:150). Painting the past as a backward and undesirable social setting, especially for women, family-planning professionals bracket cultural tradition and belief from the processes of rational decision making that, for them, offer women the opportunity to overcome the burden of patriarchal tradition by which they are accountable virtually to everyone but themselves.

family planners’ cultural resistance theory

Assuming that all human action is guided by rational decision making, family planners set up a paradox. They must uphold the use of modern, medical contraceptives

as the rational choice, counterposed to a traditional reliance on less effective male-controlled methods and, in Greece, on abortion. At the same time, they also must explain apparently irresponsible, backwards, or irrational behavior either as stemming from ignorance or by providing rational grounds for it. Although women who supposedly rely on abortion as a method of birth control are chastised for acting in ignorance of alternatives or even of their own bodies, the very assignation of abortion as a *method* of birth control implies rational justification. When the practice of abortion is rationalized, women having abortions are portrayed as using a *traditional method* in a *modern way*. They code the method itself, abortion, as traditional—even when it has been practiced in significant numbers only since the 1950s—in order to encourage women to abandon it in favor of more modern contraceptive methods. Family-planning advocates thus reinscribe pejorative labels associated with tradition even as they insist that all women act on the rational, if misguided, basis of perceived self-interest.

Seeking rational reasons why women have come to accept abortion, some Greek professionals have chalked it up to a cultural resistance to contraception, reiterating a move common among social theorists in the 1980s to seek evidence of human agency solely in acts of direct resistance (see Abu-Lughod 1990). Proponents of what I call the resistance theory, including Greek psychologists, gynecologists, and family-planning volunteers (Agrafiotis et al. 1990:38; Naziri 1990, 1991; Naziri and Behrakis 1989; Tseperi and Mestheneos 1994), try to make sense of the reality that, as one psychologist I interviewed put it, even women who “have all the knowledge, the information” still “have abortions, many abortions, and women *are expected* to have them.”

The resistance theory begins with the observation that a woman’s adult status is traditionally secured on the basis of her becoming a mother. The ethnographic literature on rural Greece tends to confirm this claim (du Boulay 1974, 1986; Loizos and Papataxiarchis 1991), which Muriel Dimen (1986:64) summarizes: “Women begin as daughters, attain adulthood only as daughters-in-law, get no satisfaction until they are mothers of sons, and become powerful only when they are mothers-in-law.” Drawing on this codified version of traditional culture, clinical psychologist Despina Naziri writes:

[The] limited diffusion of modern contraception by the relevant state agencies and its ineffective use by women must be interpreted as a sort of “resistance” dictated by unconscious motives. This resistance is related to the symbolic and real meaning of modern contraceptives and conflicts related to the traditional importance of the mother role and, hence, the constraints concerning the expression of female sexuality. The “unwanted” pregnancy reveals the profound, unconscious need of both men and women to prove their fertility upon which modern contraception could cast doubt, even if temporarily. [1991:13]

A social psychologist affiliated with Athens’ Alexandra maternity hospital rephrased this same opinion, telling me in an interview that “a lot of research in Greece says that a woman is not legalized, quote-unquote, in her sex unless she becomes a mother. And this is very evident. Many women who have not become mothers feel rejected . . . by society.” Because it is as mothers that Greek women have gained social recognition and status, proponents of this resistance theory—conflating pregnancy and motherhood themselves—leap to the conclusion that pregnancies are rarely unwanted by Greek women even if births are. Naziri goes so far as to suggest that many Greek women *prefer* abortion because, unlike contraceptives, abortion does not disrupt a seemingly natural and valued link between sexual intercourse and procreation (see also Loizos and Papataxiarchis 1991:224). And pregnancy manifests female fertility,

which contraception obscures (see also Arnold 1985). Child psychologist Aliki Andoniou explained to me:

I think that it is considered taboo to be able to enjoy repeated sexual relations—there is this subconscious idea that the erotic act [*i erotikí práksi*], unchecked, is something for which one does penance [*timoríte*]. They can't enjoy it. That is, the erotic act is still linked to childbirth, to having children. For very many people. The erotic act is not autonomous, and if you want, you have children.

Assuming so great a causal link between sexual intercourse and procreation that the two are hardly separable in people's minds, she suggests that Greeks portray birth control as another matter altogether, one that enters into the picture (by way of abortion) after the fact of conception.

In viewing abortion as the outcome of a subconscious capitulation to a woman's presupposed "natural" or "cultural" desire for motherhood, or to "experience the power of the female body to be fertile, full" (Pitch 1992:35), these analysts measure abortion against a woman's capacity for motherhood, much as Faye Ginsburg (1989) and Kristin Luker (1984) have described in the United States.¹² Here, Naziri and the others are making an analytical mistake, reading one modernity onto another, for Greek women have viewed abortion more directly in relation to *sexuality* than to motherhood (Georges 1996a; Paxson in press). Motherhood must be demonstrated by the proper care of a child; not even childbirth is sufficient to signal the profoundly social maternal relationship (Doumanis 1983). Greek women describe pregnancy as a liminal state that anticipates but does not mimic motherhood. Not one woman I interviewed mentioned a woman wanting to prove her fertility through abortion, and yet this remains a popular explanation among Greek professionals. Perhaps the professionals are led in part to oversimplify what motherhood and fertility mean to Greek women because, working from a rationalist epistemology, they locate the object of their analysis within a traditional Greece from which they, frequently Greek women themselves, are removed by virtue of their education in foreign universities, experience living abroad, or elevated economic and social capital. Even when talking about middle-class Athenian women, many professionals fall back on rural stereotypes to express their frustration with what they see as Greek cultural conservatism (Doumanis 1983; Papagaroufali and Georges 1993; Tsalicoglou 1995:91); big and little networks of modernity coalesce within national borders, too.

I understand this view (that some women resist contraception because they are culturally driven to test out their fertility by letting themselves get pregnant without intending to have a child) as an attempt to rationalize a seemingly irrational practice, namely abortion. In this regard, the Greek resistance theory resonates with Luker's 1970s study of contraceptive risk taking among U.S. women. Luker argues that risk-taking behavior, despite its potential outcomes (in this case, including abortion, disease, or inopportune childbirth) is the product "of a 'rational' decision-making chain produced by a person who is acting in what he or she perceives to be his or her best interests, although often in the presence of faulty data" (1975:138). Women who proceed with "risky" sexual behavior—who do not take the pill or do not insist their partners use condoms—supposedly do so because they view contraception as relatively costly and pregnancy as potentially beneficial. It is easy to see how psychologists and family planners employ these terms to rationalize Greek reliance on abortion. The relative *costs* of modern contraceptive use for Greek women would include physiological harm to their own bodies, the embarrassment of asking a doctor or pharmacist for the means, and suffering social stigmatization for being "easy" if they carry

condoms (Iordanidou 1992) or take the pill when unmarried.¹³ An additional cost would be the implied challenge to the dominant model of gender, sex, and power relations that dictates that men play the active role in initiating sexual relations while moral women either resist their advances (when unmarried or with no intention of commitment) or submit (according to the sacrament of marriage). The relative *benefits* of even temporary pregnancy are said to include signifying womanhood, proving fertility to a prospective husband, or providing an impetus to get married sooner rather than later.¹⁴ Naziri, Luker, and others who apply a cost-benefit analysis in understanding women's engagement in unprotected sex are well intentioned in that they are trying to prove the rational will, and hence fundamental intelligence, of women who might otherwise be criticized for ignorance. Family planners do not want to question women's rational capacity—after all, they need women to be rational actors if they are going to act appropriately (i.e., prophylactically) on the basis of the new knowledge family planning provides. What family planners do question are the *premises* with which women are working in making rational decisions.

Much of the FPAG's literature is therefore directed toward changing, even modernizing, the premises women bring to bear in thinking about sex, pregnancy, and having children. Telling women they should be able to choose motherhood when they want it, family planners first insist that motherhood is not the defining feature of womanhood but is something on which (modern) women *consciously decide*. Indeed, this was precisely how middle-class Athenian women, fully sharing in this modern attitude, talked with me about motherhood: it was something to be planned around, saved for, even scheduled into one's busy life. Second, in such pamphlets on abortion as "Do you know? It could happen to you," the FPAG lists a litany of dangers associated with abortion and actively challenges the popular belief that abortions in Greece today are safe, even "the safest in the world" as one older woman assured me. Evangelia, an FPAG counselor, explained that "today we try to enlighten people to see that the effects of whatever method of contraceptive she uses will be less than that of having an abortion." Finally, FPAG members encourage women (and couples) to regard sex as something recreational, pleasurable in and of itself.¹⁵ They want to dissociate sex from procreation so that contraception will not create the cultural dissonance they fear. But it is one thing to rationalize abortion post hoc and quite another to present medical forms of contraception as *the* choice any rational woman would make.

In order to forward medical contraception as the rational choice they assume it to be, family planners must frame the experience of sexual relations as an event subject to rational deliberation within both traditional and modern framings of sexual experience. Distinguishing between the two, family planners describe a move from a subconscious to a conscious application of rationality. In this way, they cast both practices, and the women who follow them, as rational while still retaining a distinction between traditional and modern collective, embodied mentalities (noötropíes) or modes of rational application. Here their reliance on strict cost-benefit models undermines their own best intentions. Even if analysts root a driving desire for motherhood in specific cultural pressures facing women, they relegate culture to a realm separate from rational decision-making procedure when they dismiss this desire as something traditional that women can overcome through proper education. As Anthony Carter writes in his critique of Luker's early work, "Agency collapses under the demands of abstract rationality and is reduced to a mechanical implementation of cultural prescriptions that ill-accords with observed outcomes" (Carter 1995:82). This critique can be extended to the Greek case. In formulating a modern mentality requisite to

contraceptive uptake, family planners underestimate the impact of things cultural on what they would regard as rational action (Russell et al. 2000). When this happens, human agency becomes a matter of degree: How much or how little does an individual think herself out of cultural assumptions that neither accord with scientific knowledge nor maximize her own interests?

Women who remain mired in tradition, then, are implicitly portrayed as lacking both consciousness and conscientiousness, possibly incapable of feeling guilt, as suggested by the title of one of Naziri's (1991) publications, "The Triviality of Abortion in Greece" (cf. Banfield 1958).¹⁶ This kind of judgment, signaling another distancing move from the Greek tradition labeled by ethnographers in terms of "honor and shame," is borrowed from Enlightenment ethical theory; it,

regards rationality both as a natural property belonging to all normal human adults and as the only reliable guide to distinguishing right from wrong action. Viewing emotions as contaminants of pure reason, it defines moral rationality in terms of individuals' abilities to consider dispassionately the interests of all those affected in any situation. [Jaggar 2000:356]

Under the gaze of family planners, even gender inequality becomes a cultural bias that rational actors should overcome.

Committed to the liberating promises of women's rational contraceptive practice, Greek family planners adhere to a "medical sexual identity" that underestimates "the issue of power in gender relations" (Van Eeuwijk and Mlangwa 1997:38–40). A brief story illustrates: One physician at a public FPAG symposium I attended voiced his frustration that although women "refused" to take the pill because of the cancer scare, they did not stop smoking.¹⁷ If women are willing to take a certain health risk for the pleasure of smoking, he reasoned, they should not fuss over the unverified health risk of oral contraceptives. The most rational move, the physician explained, is for a woman to weigh the costs and benefits of smoking versus the pill and quit smoking in order to minimize any risks of pill consumption.¹⁸ Blinded by the gender neutrality of rational models, this physician cannot see that weighing the costs and benefits of smoking and of taking the pill are *not* culturally or ethically comparable practices. Responsibility in sexual relations entails more than working to avoid inopportune pregnancy and the spread of disease. I suggest it is not merely the premises, but the very model of rational action itself that is unhelpful in understanding sexual behavior and fertility-control practices. Sexual relations are profoundly shaped by cultural pressures and, in Greece, sexual responsibility for men and women include upholding asymmetrical gender relations. This gender asymmetry is inseparable from the meanings and practices of sex and love.

the gender of the choice: love, sex, and power

Critiquing the gender neutrality of anthropological theories of gift exchange in Melanesian societies, Marilyn Strathern writes, "To ask about the gender of the gift . . . is to ask about the situation of gift exchange in relation to the form that domination takes in these societies. It is also to ask about the 'gender' of analytical concepts, the worlds that particular assumptions sustain" (1988:xii). I apply this same critical formulation to the gender neutrality of the embedded assumptions about choice in family-planning advocacy. The premeditated "choice" to use medical contraceptives will not only mean something different for women and men, but will be differently enlisted in what it takes, elaborating on Michael Herzfeld (1985:16), to be "*good at being*" a

woman or man and to demonstrate one's virtue as a good woman or man, what I describe elsewhere as *gender proficiency* (Paxson in press).

everyday inequalities

Lela, a 39-year-old employee of the National Electric Company, explained to me the gendered double standard of traditional Greek sexual ethics:

For a woman it was ethical not to go out, even just to the corner. To have a[n unchaperoned] date with a boy was immoral, to be seen just walking along the road with some man, some boy, someone of the opposite sex. This is what ethics means for women, not men. Only for women was this the ethic. The man had to go with a woman by a certain age, to show his manhood. The woman simply had to be guarded so that no man approached her. This was so until a few years ago.

Greek femininity and masculinity are differentiated in part by the appearance of male sexual dominance (Friedl 1967). Proper masculinity partially depends on taking the active role in sexual relations; in Greek slang, manliness is questioned using the derogatory word for "passive homosexual" (*poústis*)—the emphasis being passivity, not homosexuality per se. Writing of a Greek village in the 1980s, Juliet du Boulay (1986: 151) observed that "girls . . . although they have so much to lose from this situation, apparently believe that a man who does not attempt to sleep with them within a very few days of their first going out together must be a homosexual" (1986:151). Women in Greece have been trained to expect and resist men's advances unless it is socially appropriate for relations to occur (an ever widening, but contested, category), in which case they are to be seen to submit to male desire (Cowan 1990; du Boulay 1974, 1986; Hirschon 1978) while, often, hoping that men will cooperate in preventing inopportune pregnancy by "pulling out" or wearing a condom. In urban areas, young women today are allowed far greater social and sexual mobility, but gender inequality continues to underwrite dominant definitions of sex. Koralia, an unmarried 42-year-old professional and Athenian native, confirmed that vaginal intercourse tends to define heterosexual relations.¹⁹ Although "97 percent of people have oral sex," she asserted in probable hyperbole, "it's not the only sex, you see. I don't think people feel it is completed if it doesn't have vaginal intercourse and if it doesn't have orgasm. Especially on the male side. On the female side," Koralia laughed wryly, "it's different." In contrast to the association between virility and manliness, heterosexual "sex" can be complete without female orgasm and without the absence of orgasm compromising women's femininity.

The greatest challenge to the family-planning strategy is one that advocates seem hardly to notice: Women who assume control over contraception and sexual relations must, in patriarchal settings such as Greece, guard against disempowering (or emasculating) men in their relations (see also Stark 2000).²⁰ It is understandable that family planners view the exercise of female control as an absolute good. Following the "our bodies, our selves" line made popular in 1970s American feminism motivated by the Lockean supposition that people hold natural property in their selves, family planners want to enfranchise women in the arena of contraceptive control because women risk more than men in sexual relations. But when sexual practices that would challenge male authority are viewed from an implicitly male perspective, the problems that female sexual initiative can create for women are obscured. It is *not* an easy matter of rational choice to ignore or defy dominant gender ideology. Still today, as one college-educated woman in her twenties (the only woman I interviewed who was at the time taking the contraceptive pill, which she "got from a friend") said to me, shaking

her head with dismay, "Greek women . . . believe that contraception is the man's problem."

The problem of gender blindness in family-planning proposals is underwritten by its reliance on liberal discourse, for which individual responsibility turns up as the flip side of individual rights. Consider the following advertisement for DUO condoms, which appeared in the July 11, 1993 issue of *Epsilon*, the magazine insert of the Sunday newspaper *Eleftherotipía*. This ad, pitched toward heterosexual adults, calls forth the autonomous moral agent family-planning discourse encourages:

HEALTH AND FAMILY PLANNING IS YOUR OWN CHOICE

For every man, for every woman, the partner and the character of every relationship is a careful choice. *It is your choice, health and family planning.* Respect your choices and protect as well as you can yourself, your partner, your relationship. See that you protect yourself from unpleasant surprises and enjoy life and erotic love. DUO condoms have been designed to respect the desires, the needs, the mutual pleasure that is possible to have in a couple's life. . . . You, the man, but also you, the woman, ask for the name DUO at SUPERMARKETS and also at kiosks. Boldness isn't necessary. What is necessary is the responsibility of the modern person who respects her/himself and her/his partner.

Men and woman alike are promised they can "enjoy life and erotic love" (*érotá*) without "unpleasant surprises" so long as they demonstrate "respect" for themselves and their loved ones and make the correct "choice" to use prophylactics. Such behavior is said to demonstrate "the responsibility of the modern person," echoing the family-planning rhetoric in which modern responsibility is presented as an informed choice autonomous individuals make maturely.

Personalizing responsibility in sexual relations in Greece itself represents a modern shift. As Lela explained above, in the past courtship was carefully chaperoned by a girl's parents, elder brothers, and other kin protective of her maidenhood (du Boulay 1974; Hirschon 1978). Such protection of women's honor had the additional benefit of regulating births: The prevention of unsanctioned sexual contact prevented inopportune pregnancies. Women's sexual responsibility in the past—protecting their honor by safeguarding virginity prior to marriage or engagement and getting pregnant soon thereafter—is recollected today not as a responsibility to make correct choices but as conformity to imposed convention (however, the mandate of female chastity is recalled more strictly than it probably ever was enacted [Herzfeld 1983, 1997b:160]). Although premarital sexual relations among adolescents and young adults in urban and tourist areas are becoming less the exception and more the rule, extramarital births remain rare, comprising fewer than two percent of all annual births (National Statistical Service of Greece 1993). Although women I talked with are not troubled by the notion of controlling fertility per se (the notion of restricting births is far from new, after all), they do see the *locus* of control shifting from parents and other relatives to couples.

Rather than signal a gain in agency or control in reproductive matters, biomedical modernity moves the ideal site of control from the social realm of orchestrating sexual relations (described as regulating men's access to women) and the post hoc arena of abortion, to the medicalized space of conception and contraception—to the act of sex, where only those having relations are directly involved. The very name of Greece's most popular condom reveals and reinscribes this move: *duo* means "two." What is omitted from the DUO condom advertisement, and what many family planners neglect to examine critically, is that the burden of *personalized* contraceptive responsibility is being gendered *feminine* (Luker 1975). Not only are the pill and IUD

described as exclusively female forms of contraception, but when condoms are marketed to both men and women, as in the DUO advertisement, this feminizes a traditionally male contraceptive.

Because contraception takes place in the context of heterosexual relations, contraception is never in practice exclusively male or female. Condoms, in Greece viewed more as prophylactic against the transmission of disease than against pregnancy, have been more popularly used by men in casual affairs and with prostitutes.²¹ Several middle-aged women I spoke with attested that, for their generation, it was expected that once a couple married, wives should (and generally did) relieve their husbands of the need to use condoms by “paying attention” to their fertile days. For a woman to introduce condoms into marital relations could be seen as shedding doubt on her own or her spouse’s sexual fidelity. Despite the extent to which contraception has been viewed as the prerogative of men, traditional birth-control practices have never translated into the denial of women’s sexual and reproductive agency. My friend Katherine, a Greek–Canadian writer who lived out her twenties in Athens in the 1960s, assured me “it was never a problem” to convince her Athenian husband that “today it’s safe or today isn’t safe.” Male withdrawal *can* work rather successfully hand in hand with the female rhythm method of pregnancy prevention (Greer 1984). But the terms of this cooperation are not equal. As Katherine noted, “I was *expected* to be the responsible one, you know, to make the decision, to say today it’s safe or today isn’t safe.” She began to mimic herself in a sing-song voice, “Yes, you can, dear! No, I don’t think it would be appropriate, dear! Fine, my precious!” Katherine was also the one who had an abortion when she “goofed” on her days and became pregnant while having what she had thought was procreatively safe sex with her husband.

If men retain the upper hand in *contraception*, Greek women, because they are accountable for bringing children into a family (and only as many children as they can raise properly), have often taken *birth control* into their own hands, through medical abortion, performed quickly and quietly in private doctors’ offices. Women like Katherine have resorted to abortion to correct for any unpleasant surprises. As a means of family limitation, abortion has enabled women to care better for the children they already have. It has also provided women with a means of coping with a careless or uncaring husband, with a too-forceful lover, or with an incestuous male relation. Eleni, a longtime feminist activist and mother of three, recalled to me that when, in the 1970s, her women’s groups would go out into the villages to talk with women about contraception, they frequently encountered women who were afraid to take the pill for nonmedical reasons—they feared their husbands would discover it. Men did not want women to use contraception, Eleni explained, because they thought that if their wives had many children their manhood would be bolstered. Abortion mitigates but does not challenge the power dynamic of heterosexual relations. Female control is asserted only after a couple leaves the bedroom; it can be hidden from the man if necessary.

Because abortion happens after the fact of sex—and because, in Greece, it has been fully medicalized—it can be viewed separately from sexual practice, if not always separately from the complexity of a heterosexual relationship. Indeed, abortion often belies an attempt to cover over the evidence of ethically inappropriate sexual relations (including extramarital affairs and sex between spouses after “a certain age” when they are deemed too old to have another child)—or, today, irresponsible (non-prophylactic) relations. For this reason, women who have abortions are able to cast themselves as good women, often as good mothers (see also Georges 1996a; Luker 1984:129 and Petchesky 1990:375–76 on the United States; Pitch 1992 on Italy;

Kligman 1998 on Romania). Very often women have abortions, I was told, when men do not shoulder their responsibility in sexual relations to avoid conception. A woman in her late twenties confided that her mother used to talk about a friend who had five abortions “because this woman’s husband wasn’t nice.” A 35-year-old, currently unemployed homemaker told me of a married friend, a mother of two children who could not afford or manage to have more, who became pregnant “because there wasn’t this understanding between the couple, so of necessity she went and had an abortion.” Eleni, who grew up during World War II, stated clearly that abortion practice in the Peloponnesian village where she was raised and married articulated to a lack of male responsibility in sex. She told me of a woman she knows who has five children and had 41 abortions. That woman, Eleni said, “felt sex as a rape and not at all as sex—because her husband would get drunk, come home, make love to her, and the next month she would have an abortion.”

Modern medical contraception, such as the pill or IUD, does not provide women with the same escape clause as abortion; because it is forwarded as an exclusively female method of contraception, it *does* challenge male dominance in heterosexual relations, as well as wider social inequalities heterosexual power helps engender. Greek gender stereotypes contrast men’s “intelligence” (*eksipnádha*) and women’s “cunning” (*poniría*). Whereas male intelligence is conversant with westerly modern scripts of premeditated action, women’s cunning is far more consistent with post hoc, behind-the-scenes maneuvering. Significantly, the pill often is referred to in Greek as “contraception” (*antisíllipsi*)—methods employed by women that predate the language of family planning are implicitly *not* “contraception,” described instead as “being careful” or “paying attention” (see Georges 1996a:513). For a woman to prepare for nonprocreative sex by inserting a diaphragm or by ingesting a daily pill—or even by insisting that her partner use a condom—is to act with more foresight than cunning, or in other words, rather “like a man.” This holds similarly in patriarchal Britain and the United States where abortion has never been so institutionalized and accepted; Linda Gordon has suggested that “it is easier and more ‘normal’ for men to be lustful and assertive, for women merely to surrender, to be carried away by a greater force” (1979:126).²² In these modern patriarchal contexts, the most fully feminine form of birth control is to manage the consequences of succumbing to sexual appetites—what in Cartesian terms would be termed emotion—by dissuading a male partner from trying anything (“it’s a bad time, dear”) or by being prepared to have an abortion or to birth a child she may or may not be able to raise properly.

At the same time, women can view men’s responsibility in contraceptive practices as a signal of their love (*aghápi*) and caring. If a “not nice” man causes his wife to have repeat abortions, the wife of a “good” man will never have to undergo one. Dimitra, a 28-year-old doctoral student, prefers condoms over pills, implying she does so because she wants men to take responsibility for contraception. She has tried the pill but only briefly because “I didn’t want to stuff myself with hormones,” despite the fact that “the pill is supposed to be more reliable. . . . But then again it depends on the situation you are in, because if you have a long-distance relationship as I had, and you are smoking a lot—I mean it is a pill, it’s not a natural thing, it’s artificial so what’s the point?” Dimitra returned to using condoms and, sometimes, withdrawal, “when you don’t have a condom and it [sex] just happens.” She continued, drawing on her cigarette, to tell me she did not like the new female condom being marketed in Athens: “I think it’s too much. I mean, you know, women have to take the pill, women have to do everything—now we have to do the condom as well? I hate this idea, I would never try it, just for this reason.” Withdrawal and male condoms, the most

accepted forms of contraception in Greece, may be additionally valued by women *precisely because they are male methods*. In performing withdrawal and by using condoms, I suggest, men are taking responsibility for the sexual encounter so that women can be seen to submit to emotion (and, indeed, to men) without having to worry about unpleasant consequences.

Writing of Tuscany, Germaine Greer similarly suggests that men may view their prowess in the art of withdrawal as a point of honor, the distinction of an adroit lover:

we need not be surprised to find that a male contraceptive is more acceptable than a female contraceptive, for the men value the illusion that they are controlling the fertility of their womenfolk and suffer a concomitant anxiety that women who do not have to rely upon their love and altruism to avoid unwanted pregnancy will be debauched by other, less considerate, men. [1984:108–109]

Although it may not be seen to further the cause of feminism, in appearing to succumb or to surrender to men, at least within relatively stable relationships, there may in fact be for women strategy and agency—women may be testing out their *men* as much as their fertility in risking pregnancy. Agency, family planners would do well to recognize, does not always come in the form of overt, unilateral control or, for that matter, resistance—in this case to male domination (Abu-Lughod 1990; Cowan 1990; McNay 2000; Scott 1987). The expression of male love (aghápi) through contraception can be for these modern Athenian women at least as meaningful an aspect of heterosexual passion (érota) as is the possibility of pregnancy or any symbolic connection with procreation. Phoebe, a 40-year-old divorced administrative assistant, explained to me:

Erotas, with the meaning of sex, or passion which you feel for an individual, is something that is passing. Aghápi is something that stays forever. That is, I believe, as you set out in your relationship with an individual you start out first with érota, this attraction between two persons, and then either it will fade—it will never become anything else—or it will be followed by aghápi and this lasts, certainly, for all the years of your life.

The relationship between sex and risk may indeed be fundamental to notions of érota, a form of love distinguished from aghápi by virtue of its physicality, unreliability and fleetingness.

reassessing risk

In this light, I wish to reconsider female risk taking in unprotected sex. Family planners, as we have seen, couch the notion of sexual risk in terms of risk management aimed at avoiding inopportune birth and sexually transmitted disease. But by taking into account the gendered aspect of heterosexual relations in the Athenian context, a new meaning of risk comes into focus, one that is not well captured by the English word carrying with it connotations of “the possibility of suffering harm or loss” and implying willful accountability. In contrast, Greeks talk about “being in danger of” something (*kindinévo*), or “playing” the odds (*pézo*)—risk implies leaving matters to chance, abdicating responsibility rather than incurring the responsibility of miscalculation. Alexandra Bakalaki has observed that an “element of risk” afforded by having sex without using technical contraception is often said in Greece to heighten sexual desire (1993:160). Koralia, a gynecologist who clearly knows her contraceptive options, has never married and has chosen not to have children (and is in this sense one of the most modern women I interviewed). She confided to me: “The idea of reproducing has always come up in my sex life. I have to admit that the idea that

[conception] might happen is a very exciting fantasy I have used." Risk, she implies, can be sexy. Risk suddenly appears as something a woman might not wish to avoid.

The risk Koralia finds sexy is her own. As an unmarried woman, she would have to confront the decision of how to proceed with a pregnancy, deciding between abortion or motherhood (formal adoption is not common practice in Greece and is virtually never presented as an option to pregnant women). Because modern Greek heterosexual relations have been defined by male initiative and orgasm, creating women's pregnancy risk as a side effect, heterosexuality has been organized around a preconception of female vulnerability (Cowan 1990:76). Fear of inopportune pregnancy can of course detract from women's sexual pleasure (Georges 1996a:514), but what Koralia seems to find sexy is giving herself up to risk, much as one relinquishes the self in modern romantic love. And when modern women like Koralia give themselves to men in *érotas*, in passionate sexual relations, they challenge men's sexual responsibility or self-control to do what is right—and perhaps gain clarity regarding their relationships. Is this a man who can be trusted, relied upon? What the family planners miss, then, is that many (certainly not all) heterosexual encounters are experienced in the context of gendered ideals surrounding passion and love where a woman's risk might either test a man or conversely express her trust in him.

The gender power differential impacts sexual and contraceptive practices at the level of the culturally taken for granted, of that which "goes without saying because it comes without saying" (Bourdieu 1977:167, emphasis omitted). This partially explains why family planners fail to take gender into consideration when they rationalize women's recourse to abortion and encourage women to take control of sexual relations. Despite the family planners' exhortation that women approach sex with rational foresight and emotional detachment, Greek women have been—and often continue to be—the guardians of a double standard. Although the gendered ethics of appropriate sexual behavior dictate that women must demonstrate greater control because their moral character is weaker (in theory) and hence they are in greater need of restraint, in demonstrating such restraint they actually prove themselves stronger (in practice) than men, who can't help themselves in any event. This ideological contradiction has worked out well for the men, as women are left to shoulder (behind the scenes, as with abortion) the burden of procreative accountability. Far from disrupting this paradox, family-planning rhetoric has tended to reinforce women's accountability, demonstrating that "ideologies of modernization, so often thought to challenge traditional gender roles and relations and, in particular, to benefit women, have just as often reinforced the 'traditional' sexual division of labor" (Cowan 1990:49; see also Abu-Lughod 1990, 1998; Collier 1997; Stamiris 1986; Sutton 1986).

The idea that women are supposed to choose modern contraception over abortion constitutes, as well, a visible problem at the conscious, contestable level of ideology: namely, that modern peoples tend to see sex as something that *defies* rationality. After all, rational calculation follows its antecedents in Cartesian epistemology in regarding "all sense experience as illusory" (Bordo 1986:452; Jaggar 1989). Sexual love, *érotas*, is seen to come from the heart, or from the gut, but certainly not from the mind. Implicitly, in the view of these modern subjects, sex is only ever *rational* well before or well after the fact. Women can make the most careful plans and keep condoms in purses and bedside tables. But as Dimitra noted above, sometimes "it [sex] just happens." Nadia, a salesperson who shares Koralia's age group and never-married status, but not her education or economic status, explained to me in all earnestness that the actual experience of sex is something "crazy," something outside the

realm of abstract rationality. Regardless of one's best intentions in the light of day, how one behaves in the heat of the moment is another matter entirely.

Risky, crazy—these narratives represent the frank reflections of middle-aged, sexually experienced urban women working to come to terms with innumerable, always contingent, personal encounters. Rather than voicing a supposedly traditional view of sex bound up in procreative possibility, Koralia and Nadia voice the very modern conceptual opposition between reason and emotion—an opposition on which biomedicine is founded. In their formulations, reason is associated with rational, informed, market-driven, cost-benefit analyses while emotion is associated with the home, feeling, and noncontingent love (*aghápi*). As good women, Koralia and Nadia are morally and culturally obligated to appeal to emotion in their justificatory narratives and to be seen to succumb to male initiative in the heat of the moment of heterosexual contact. As Hillmann and Sörensen have similarly noted of modern Swiss women's ambivalent approaches to motherhood, "A rationally justified decision is demanded, although many factors for women cannot be determined rationally" (1997:180). Precisely because rational decision making is defined apart from emotion, morality, and tradition, when the most modern of subjects either resist or fail the particular demands of rational calculation (in this case owing in part to hegemonic gender directives concerning heterosexual relations) they are able to call on emotion and morality in their defense. As Louisa Schein writes, "People not only position themselves vis-à-vis modernity through multifarious practices but also struggle to *reposition* themselves, sometimes through deploying the very codes of the modern that have framed them as its others" (1999:363–64). Thus, the narratives women tell others (and probably themselves) outside the moment of intimacy, explaining what is increasingly viewed as laxness in prophylactic practice, draw on the distinction between rational calculation and emotional impulse on which the very idea of rationality depends. "Sex is crazy," Nadia said to me, "and within this madness you can think of nothing . . . At that moment you can't think to [use a condom], and in the sight of the person you're going with. . . . You don't know how you will act at that moment." The view that sex is exempt from the demands of rationality lets women off the hook for failing to meet family-planning directives.

Family-planning rhetoric has helped fuel the sexual paradox as professionals continue to insist that although sex is *pleasurable* (and dangerous) it is *not crazy*. Family-planning advocacy has worked to unfetter sex from the potential outcome of procreation and forward it as recreational: As the Duo condom advertisement encouraged, "Enjoy life and erotic love." Yet, at an FPAG-sponsored public symposium on "Sexual Education and Health," one gynecologist proclaimed that the "widespread notion" that sexual relations are a "joy [*hará*] and nothing else is irresponsible."²³ Their programs are, after all, based in the idea—or better, faith—that sex must be rationalizable, such that it can in every instance be subject to predetermined cost-benefit analysis.²⁴ When sex and love are joined in popular heterosexual imagination and understood, in colloquial Cartesian terms, as crazy, the ideology of family planning faces a difficult challenge.

conclusion

Late modernity has been popularly characterized as a "risk society" (Beck 1992) where conditions of capitalism and institutional surveillance "more or less" force individuals "to acknowledge that no aspects of our activities follow a predestined course, and all are open to contingent happenings" (Giddens 1991:28). What follows, these theorists argue, is an ongoing process of "reflexive modernization" by which

people live “with a calculative attitude to the open possibilities of action, positive and negative, with which, as individuals and globally, we are confronted in a continuous way in our contemporary social existence” (Giddens 1991:28). George Marcus suggests that “the construct of reflexive modernization specifies and provides a theoretical context for the task of cultural critique” (1999:12); indeed, my argument here has been indebted to the cultural critique of middle-class Athenian women. However, in taking it to be “indisputable that reflexivity as a self-monitoring process is pervasive in contemporary rationalist organizations and institutions” (1999:12), Marcus stops short of asking how such reflexivity may itself depend on rationality as constituted in certain gendered, classed, and institutionally reinforced and rewarded identities. Following Thomas Malaby, I have shown how “risk in Greece is, rather than tamed and quantified, instead engaged and performed” (1997:76). Reflexive modernity in Greece, then, seems less about risk assessment directed at controlling outcomes, than about playing up one’s engagement with a risk situation where what is managed is “what is exposed to the inspection of others” (Malaby 1997:240). Far from regarding this apparent disregard for calculative outcome as a lapse into fatalism—identified by Giddens as “the refusal of modernity” (1991:110)—I view this genre of social reflexivity as a very modern (as well as distinctly Greek) stance. That stance is marked by a refusal to let chance circumstances, “impending doom” (Malaby 1997:242), or the encroaching cultural hegemony of the West change who one is.

Malaby, who writes of gambling in Crete, insists that one must query what is at stake in any given risk situation. In heterosexual encounters, I have argued, what is at risk for women is not only pregnancy or disease, but also their moral claims to gender proficiency, as well as their social relationships with sexual partners, family members, and others who have an interest in their repute or procreative capacity. As Malaby contends: “Reality itself is negotiated and shaped by the ephemeral emergence of shifting forces of chance, luck, skill, and fate implicating not simply the bounded chance of the cards and dice”—or (I would add) in the case of family-planning concerns, the bounded chance of pregnancy or disease—“but also the local social world of participants” (1997:64).

Looking beyond rationalist assumptions about risk situations, I have argued that the everyday politics of gender difference constitute a greater check on Athenian women’s use of medical contraceptives than does a lack of biomedical knowledge or the tenacity of cultural belief. Although an increasingly biomedical sense of their bodies’ well-being may prompt Athenians to reevaluate such bodily practices as abortion (Paxson in press), self-knowledge remains a misguided *symbol* of social change. Analysts and activists who are genuinely concerned about reproductive freedoms often reify self-knowledge as a symbol of choice, but to do so is to overlook the material and symbolic factors that impinge on people’s choices (Haraway 1997:196–197; Rothman 1984:26). The middle-class women whose insights motivate my critique of family-planning advocacy are well aware that reproductive choices—even the most conscious ones—are never free, but are made in contexts of competing claims and expectations that women face as mothers, wives, daughters, national citizens, and modern women (Harcourt 1997; Russell et al. 2000). Supporting Constantine Tsoucalas’s observation that “it cannot be taken for granted that dominant practical reason and individual ‘strategies’ will necessarily conform to what liberals conceive of as ‘natural’ norms” (1991:3), the stories middle-class Athenian women tell about sexual relations and contraceptive practice reveal how their personal decisions or preferences do not reflect an either-or choice between tradition or modernity, following self-compromising convention or acting rationally. They aim, rather, at negotiating

traditional and modern expectations simultaneously demanded of them by a society at the margins of Europe. Middle-class Athenian women know modern contraceptives and understand how family planning is supposed to work, but remain skeptical of its efficacy—and they voice this skepticism by calling on aspects of their experience that have been categorically excluded from the terms of rationality. In so doing, they rightly point out the limitations of rationality as a guide to or predictor of sexual practice.

When rationality has a place in discussions of sexual activity and fertility control, then, it is because self-styled modern people discuss such issues in rational terms, not because rationality is a universal ontology of action. When social scientists, as modern subjects, suspend deep-seated belief in rationality as the fundamental guide to human action, we can move beyond the moralistic judgment entailed in rationalizing women's use of abortion as preferential. In this way too we can better comprehend how women and men continually negotiate emotional, moral, and social concerns in the course of their sexual and reproductive lives, often in ways that appear to compromise their individual autonomy and to reproduce wider social inequalities. At localized junctions of political history and mythmaking, "gender serves as one of the central modalities through which modernity is imagined and desired" (Rofel 1999:19). It also does more than this. I have indicated how a women-centered analysis of social change reveals gender to be constitutive of modernities—for instance, through articulations of how emotion, morality, and reasoned action inform one another—in ways that may simultaneously advance and undermine local struggles for self-determination, equity, and justice.

notes

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1. The 38 women I interviewed about their reproductive histories and understandings of change and continuity in Greek social life range in age from 20 to 70: about half are mothers; several are divorced. Their occupations include student, civil servant, school teacher, salesperson, professional, and homemaker. Most recognize themselves—in explicit contrast to their mothers and grandmothers—as modern or contemporary women. Because I interviewed physicians and psychologists who worked in reproductive and family issues, both professionally and personally, my sample of middle-class subjects is a bit skewed to the professional end, although I did not discern significant differences in attitudes toward motherhood and fertility control between, say, doctors and salespersons.

2. George Kakoyanis, like other names used for persons I interviewed, is a pseudonym.

3. As is clear from the wording of Law 1492/50 (Comninos 1988:208–209), abortion was criminalized in part to secure men's paternal rights to their heirs as well as conjugal rights to their wives' fertility. It is not surprising that politicians and church leaders (who have had considerable political pull) felt that patriarchy could use some legal reinforcement in postwar Greece, for many women had grown accustomed to new autonomy during the decade of World War II and subsequent civil war as heads of households in their husbands' absence, or as political prisoners and even soldiers themselves (Fourtouni 1986; Hart 1996).

4. The earliest research into contraceptive use and abortion in Greece was conducted in the middle 1960s by the (now defunct) University of Athens Centre of Demographic Research. Their survey of 6,513 married women throughout the country found that, since World War II, abortion had served Greek women as the best known, available, and effective method to avert inopportune birth. Among those who “admitted” to having had an abortion (35 percent of the women surveyed), women averaged 2 abortions each in rural areas and nearly 4 abortions each in greater Athens (Comninou 1988; Valaoras and Trichopoulos 1970). The following figures reflect responses to a question they posed regarding “methods of family limitation” (Valaoras and Trichopoulos 1970:290; see also Symeonidou 1990):

coitus interruptus	49.2 percent
condom	22.0 percent
induced abortion	20.6 percent
other [pill, IUD]	8.2 percent
total	89.5 percent

5. These conferences include: “Birth and the Future: European Program of Educating Educators,” a three-day professional seminar run by the Foundation for Research on Childhood, November 19, 1993; “Contemporary Demographic Trends and Family Planning in Greece,” a public symposium sponsored by the Family Planning Association of Greece, January 21, 1994; “Woman and AIDS,” a panel at the 5th Panhellenic Conference on AIDS and Sexually Transmitted Diseases, Caravel Hotel, February 11–13, 1994; and the Family Planning Association’s “4th Seminar on Sexual Education and Health,” the War Museum, November 3–5, 1994.

6. A 1994 article published in the progressive youth magazine *01* reported that many Greek companies that package foreign-manufactured condoms do so without sterilizing the imported product, which has never been tested for tears or other damage (Lykouropoulos 1994). Indeed, in March 1998, seven brands of imported condoms were removed from the Greek market after they were found to be defective. Included among these were models of the top-seller brand DUO, manufactured in Malaysia and packaged in Greece under the German-based multinational Beiersdorf corporation (*The Athens News* 1998).

7. Athenian women generally attribute low use-rates of the contraceptive pill to its association with cancer and “messing with hormones.” As 40-year-old Nadia, a salesperson, expressed her misgivings about the pill to me in an interview: “I believe that as good as contraception [meaning the pill] is, it’s equally dangerous to the body. I believe that it will have some effect generally on the body because all pills have an effect on the body. It’s no good, any kind of pill.”

8. Eugenia Georges’s research on Rhodes (1996a; see also Skilogianis 1997 on Athens) suggests that Greek women’s wariness of modern contraceptives can be explained at least partially by an ethnomedical discourse of “naturalness” based on a distinction between the inside and the outside of a woman’s body. “For both the social and the physical body,” Georges writes, “the ‘foreign,’ with its disruptive potential, is usually suspect, potentially polluting and injurious to well-being. Maintaining health, then, involves upholding the integrity of bodily boundaries, with the orifices representing sites of special vulnerability” (1996a:513). Women described the IUD to Georges as a “foreign body” that threatens the integrity of their own bodies, even asserting that the device could “become one” with their bodies or get lost therein (1996a:513). I heard similar descriptions from Athenian women. The use of diaphragms is so low as to be statistically negligible; the contraceptive sponge is hardly available. In comparison, *coitus interruptus* is described as a more natural method because it happens outside of a woman’s body—not because it interrupts a linkage between sex and conception (Georges 1996a:514).

9. Consciousness raising, as feminist historian Sara Evans has noted, is founded on the belief that people instigate social change “through a process of talking together, discovering common problems, and thereby understanding the need for collective action” (1979:134). In these words can be recognized committed belief in human rationality: Given certain knowledge, given the opportunity to reflect on one’s experiences and using the tools of socialist principles, people will naturally be led to rethink their position in the world and will cease capitulating to

previously unexamined forms of oppression. Fertility control issues have been central to feminist consciousness raising.

10. An extreme example of this same modern faith in rational acting can be found in *Private Choices and Public Health: The AIDS Epidemic in an Economic Perspective* (Philipson and Posner 1993). In his *Times Higher Education Supplement* review, Keith Tolley (1994) writes,

The premise [of the book] is that individuals prefer sex without a condom. When, because infected numbers are low, the probability of experiencing a sexual trade with an infected person is low, the extra satisfaction (i.e. gain in utility) that risky sex provides over safe sex, is likely to exceed the perceived cost (i.e. loss of utility) associated with a higher risk of infection. Basic economic theory of trading under conditions of uncertainty means that as the incidence of AIDS in a population increases, the probability of experiencing a sexual trade with an infected person also increases, resulting in a rise in the price (i.e. the expected cost) of risky sex and a fall in demand. As there is a reasonably close substitute available, i.e. sex with a condom, the individual wishing to maximise utility, has an incentive to switch to this activity. The economic model thus predicts a natural limit on the growth in AIDS cases.

Tolley goes on to note, "The existence of 'irrational behaviour,' a distinct possibility in actual sexual behaviour, is not considered."

11. Several feminist anthropologists have leveled similar critiques at national and international, public and private family-planning programs implemented throughout the developing world. See for example Kligman 1998; Morsy 1995; Pearce 1995; Stark 2000; Thompson 2000; and Van Eeuwijk and Mlangwa 1997.

12. For some of the pro-lifers in Ginsburg's (1989) account, abortion is so unnatural to womanhood that they describe it as imbued with male sexual violence and destruction.

13. The contraceptive pill received high profile negative press in Greece when it was introduced in the 1960s, and many women still today associate it with cancer.

14. In Greece, it is quite acceptable to be a pregnant bride, and it is common today in Athens for a couple to live together, unmarried, until the woman becomes pregnant—often by design. Only then will the couple marry. Indeed, 21.8 percent of all Greek births in 1989 occurred within the first year of a marriage (National Statistical Service of Greece 1992).

15. See Jonathan Ned Katz (1990) on the invention of this modern value in 19th-century Western Europe.

16. In the first draft of a medical report on local knowledge, attitudes and practices in relation to HIV and AIDS in Athens, the authors write, "Abortion is not a moral issue of any dimension in Greece, and . . . there is a general lack of guilt about the subject" (Agrafiotis et al. 1990:38).

In his ethnography of southern Italian village life, *The Moral Basis of a Backward Society*, Banfield explicates what he sees as the villagers' problematic lack of " 'enlightened' self-interest" (1958:11), faulting poverty, ignorance ("The peasant is as ignorant as his donkey"), desire for status quo (blind adherence to convention), and a history of oppression that breeds despairing fatalism (1958:35). Banfield concludes that the villagers are unable "to act together for their common good or, indeed, for any end transcending the immediate, material interest of the nuclear family" (1958:10). Although much of Banfield's language reads today as orientalizing and dated, his concern that a "family-centered ethos" impedes productive public spiritedness (1958:155) resonates with the family-planning notion that a family-centered ethos gets in the way of women's liberating self-interest.

17. More tobacco is consumed per capita in Greece than in nearly any other country in the world, and its rate of use is increasing (Tsalicoglou 1995:92).

18. At the same FPAG symposium, George Kakoyanis, to his credit, hinted that women's sexual behavior carries with it moral implications that family planners should address. He suggested that the pill's purported link with cancer suppressed its uptake in Greece not merely owing to the health risk, but because it exacerbated the association of women's pill use with a loose sexual morality—a woman taking the pill could be seen by others to have a certain attitude, an overly developed enthusiasm toward sex because she was willing to risk cancer for it.

Family planners frequently respond to this kind of observation, however, by reducing gender roles to some realm of culture that rational action can and should overcome.

19. In 1996, a report from a Greek Institute of Sexology survey among 20- to 25-year-old Athenians indicated that "a large percentage . . . were not impressed the first time they had sex. For example, 61.6% of women said that the attempt had failed and 47.7% of men said they were not able to carry out the act" (*The Athens News* 1996). This suggests that Greek sexologists, too, define sex as male-initiated heterosexual intercourse.

20. British feminist Scarlet Pollock writes,

Contraceptive research and the distribution of contraceptive methods are based upon [a] male-centered version of sex. Of central concern is how to prevent pregnancy and thus control the birth rate. It is *not* to question why it is women who bear the consequences of "normal" sex; nor is it to ask what is so sacred about this male-oriented form of sexuality. The goal of government, pharmaceutical and medical organisations is to develop and distribute contraceptives which are most likely to prevent pregnancy while least likely to interfere with men's enjoyment of heterosexual intercourse. [1984:138–139]

21. An April 1, 1994 article in the Athenian newspaper *Ta Nea*, "They Know Only the Prophylactic," reported that, "The male prophylactic is almost the only method of contraception that young men know and the majority of them use it—not for contraception, but for their own protection from the diseases which are transmitted by the sex act." The report was based on surveys of urban Greek Army men, aged 18–27 in 424 General Military Hospitals (*Ta Nea* 1994).

22. In her late-1970s work "The Struggle for Reproductive Freedom," Linda Gordon concluded that "for women, therefore, heterosexual relations are always intense, frightening, high-risk situations which ought, if a woman has any sense of self-preservation, to be carefully calculated. These calculations call for weapons of resistance, which may include sexual denial . . . [and] pregnancy itself" (1979:127). The liberatory promise of rational calculation is hard to ignore in Enlightenment-based societies.

23. The symposium (*Seksoualikí Aghoghí ke Ighía*) was held at the War Museum Amphitheater in Athens on November 3–5, 1994.

24. As Michael Herzfeld has noted, modernity "treats rationality as distinct from belief, yet demands an unquestioning faith not radically different from that exacted by some religions" (1992:17).

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