Schwerpunkt

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The afterlife of birth control policies in Mexico: Questioning the normalization of sterilization among racialized (mestiza) low-income women

Zusammenfassung

Die Nachwirkungen der Geburtenkontrollpolitik in Mexiko: Zur Normalisierung von Sterilisationen bei rassifizierten Frauen mit niedrigem Einkommen

Der Artikel untersucht die Normalisierung der Eileiterunterbindung in Mexiko anhand der Erfahrungen mestizischer Frauen. Wir haben 25 qualitative Interviews mit mestizischen Frauen mit niedrigem Einkommen, die sich einer Sterilisation unterzogen hatten, und sechs Gesundheitsfachkräften durchgeführt. Auch sind die Erfahrungen aus drei Workshops mit diesen Frauen, bei denen mit künstlerischen und partizipativen Methoden gearbeitet wurde, und Beobachtungen in einem staatlich subventionierten Krankenhaus in unsere Analyse eingeflossen. Danach ist Sterilisation nach wie vor die häufigste Form der Empfängnisverhütung für rassifizierte Frauen mit niedrigem Einkommen in Mexiko. Die befragten Frauen betrachten die Sterilisation als sicherste Option der Empfängnisverhütung, oft nachdem sie vorher negative Erfahrungen mit anderen Verhütungsmethoden gemacht hatten. Wir werfen einen kritischen Blick auf die Normalisierung der Sterilisation in Mexiko und zeigen, dass die weite Verbreitung als eine Form des Nachlebens *(afterlife)* der Bevölkerungspolitik gesehen werden kann. Im Gesundheitswesen wird immer noch mit Sterilisationsquoten und Kampagnen gearbeitet, um die gesetzten Ziele zu erreichen.

Schlüsselwörter
Mexiko, Sterilisation, Bevölkerungspolitik, Gesundheitsfachkräfte, Mestizische Frauen, Reproductive Othering

Summary

We analyze the normalization of tubal ligation in Mexico by examining both the institutional perspective of health professionals and the experiences of racialized mestiza women who opt for sterilization. Using qualitative methods, we conducted in-depth interviews with 25 low-income mestiza women who underwent sterilization, and six health professionals. Additionally, we held three art-based workshops and conducted observation in a state-subsidized hospital. Our research shows that surgical sterilization remains the most common form of contraception for racialized, low-income women in Mexico. The women we interviewed value tubal ligation, seeing it as the safest option after experiencing failures with reversible methods and health concerns. In this paper, we challenge the normalization of tubal ligation in Mexico by showing how the wide-spread use of sterilization can be considered what we call the afterlife of population control policies. Healthcare professionals still work under sterilization quotas and organize campaigns to meet set targets.

Keywords
Mexico, sterilization, population politics, health professionals, mestiza women, reproductive othering

1 From population control to populationism

During the 20th century, population control policies were launched to combat a supposed global problem: overpopulation. Inspired by Malthusian ideas on population growth and limited resources (Bashford 2014), as well as eugenics ideas on improving the genetic makeup of humankind (Connelly 2010; Hartmann 1997), birth control policies explicitly aimed at lowering fertility rates, especially in the Global South. The privileged target was the reproductive bodies of racialized low-income women, whose fertility (or supposed 'hyperfertility') was framed as a "social problem" and the main cause of "overpopulation" (Gutiérrez 2008). Aggressive family planning programs, which included quota-driven long-lasting contraception such as intrauterine devices (IUD), and forced, coerced, and unconsented (massive) sterilizations and abortions were used in a number of countries such as India, the USA, Peru, and Mexico (Chaparro-Buitrago 2021; Gutiérrez 2008; López 2008).

By the 1990s, a shift occurred from population control to reproductive health and rights globally (Hartmann 1999). The 1994 International Conference on Population and Development (ICPD) in Cairo marked this change as various organizations condemned the coercive nature of population control policies. Some scholars describe it as a paradigm shift, replacing population control with a reproductive rights and health frame (Bhatia et al. 2020). However, critics argue that aggressive population control programs have continued in a number of countries. For instance, Julieta Chaparro-Buitrago (2022) argues that the Peruvian state employed the discourse of sexual and reproductive rights, including women's empowerment, to promote tubal ligation as a way for women to control their fertility while at the same time approx. 200 000 low-income and indigenous women were forcibly sterilized between 1996 and 2000.

However, scholars today highlight that population control has not entirely disappeared. For instance, Bhatia et al. (2020) argue that abusive fertility reduction efforts persist in both familiar and unexpected forms. They propose the term "populationism" to encompass a broader range of practices beyond the coercive family planning methods characteristic of earlier population control policies. An example of populationism policies is the selectively widened of long-acting reversible contraception (LARCs) for populations perceived as over-reproductive (Bendix/Schultz 2018). Expanding upon this research line, in this paper, we propose to problematize the widespread use of consented tubal ligation among economically disadvantaged mestiza[1] women in Mexico. We argue that the normalization of sterilization within this specific social group, coupled with the absence of official anti-natalist policies, reflects the enduring legacy of state-driven population control programs.

1 In this article, we use the term *mestiza* to refer to the racialized low-income women we worked with, in contrast to the indigenous women we will engage with in the final phase of our project. While the term can be controversial, it remains significant in Mexican public discourse. Moreno Figueroa (2011) explains that *mestizaje* became central to Mexico's national identity in the late 19th and early 20th centuries, presenting the *mestizos* as those who represent Mexicaness. Despite its claims of inclusivity, *mestizaje* conceals exclusion and racism, especially against Black and Indigenous peoples. Thus, for many Mexicans, *mestiza* is seen as both 'neutral' (all Mexicans are mestizas/os) and 'loaded' (implying inclusion and exclusion in the national myth).

1.1 Mexican population politics: Family planning programs and sterilization campaigns

Until the early 1970s, Mexican government promoted pronatalist politics, manifested in president Luis Echeverría's presidential campaign slogan "To govern is to populate" (Braff 2013: 124). Child mortality had decreased resulting in a fast-growing Mexican population. Between 1970 and 1976, Mexico's population had increased from 48.3 million to over more than 70 million (Soto Lavega 2009). From 1973, a new family planning program was launched, promoting family size limitation through slogans such as "The small family lives better". The central idea behind the public campaigns was to move towards a modern family model by transforming women's reproductive behavior, reducing the ideal family size to two children and extending the spacing between births by using contraceptive methods. The campaigns explicitly targeted social groups with limited economic resources, arguing that one should only have as many children as one can afford (González-Santos 2019: 85). Fertility control was considered a way not merely to achieve economic security, modernization, and hemispheric stability, but also "to reduce the population of specific ethnic or racial groups" (Morgan/Roberts 2009: 12).

The family planning programs focused on women who were expected to decide their families' – and the nation's – fate. Sterilization was the preferred method due to its permanence, leading to extensive training of doctors and significant investment in free gynecological sterilization procedures during *Jornadas de OTB,*[2] or sterilization campaigns. One of the doctors interviewed described these *Jornadas* in the following terms: "During these campaigns, patients are invited to undergo tubal ligation. They are given sedation, and the procedure is almost entirely performed under local anesthesia" (female gynecologist, March 2024).[3] A state-mandated program called *la oferta sistemática* (systematic offering) was also installed and obliged every health care institution not only to inform women about family planning but to fulfill a quota of women receiving contraception – giving highest priority to female sterilization and intrauterine devices. The *oferta sistemática* was based on ideas around economic property and progress following Western ideals of modernization not paying much attention to questions of reproductive health and reproductive autonomy. The family planning programs resulted in racialized reproductive politics that "exercise[d] power over vulnerable persons and achieve[d] goals that [had] nothing to do with the well-being or interests of individual reproducers" (Ross et al. 2017: 6). This also becomes evident when looking at marketing campaigns especially in rural areas that were launched in form of "family planning entertainment programs" (Korzenny/Armstrong/Galvan 1983) like soap operas, posters and printed press.

While the state no longer advertises its family planning program as aggressively as it did between the 1970s and 1990s, until today "the most 'successful' clinics and hospitals to 'convince' women to *ligarse* (undertake irreversible tubal ligation) – allegedly

2 OTB stands for *Obstrucción Tubárica Bilateral*, which translates into Bilateral Tubaric Occlusion. This is the medical term used by Mexican health professionals for naming tubal ligation.

3 All interviews were conducted in Spanish and the quotations were translated into English by the authors.

with informed consent – receive awards, scholarships and extra resources" (personal communication with a Mexican doctor, October 2014). Additionally, state-subsidized hospitals continue to openly advertise *Jornadas de OTB*, dedicating full days or even weeks almost exclusively to tubal ligation procedures. These *Jornadas* are quota-driven, as confirmed by interviews with health professionals in 2022 and 2024, and direct observation in a Mexican public hospital. However, quotas and sterilization campaigns are not official state policies. We propose that these socio-medical dynamics that mainly target economically disadvantaged racialized women are understood as part of the afterlife of earlier birth control policies.

1.2 Normalizing sterilization: The afterlife of Mexican population politics

We draw on the notion of *afterlife* to highlight the persisting effects of past population control on presents politics of reproduction. We use the term to show how the afterlife of Mexico's (post-)colonial history of sexual and reproductive violence against indigenous people and the national project of *mestizaje* have informed past population control. They are inscribed until today in the racialized and class-specific logics, discourses and practices of sterilization. Referring to Saidiya Hartman's (2021) work on the "afterlife of slavery," we propose the term afterlife to highlight how indigenous and non-white lives are still imperiled and devalued in contemporary reproductive politics in consequence of a hierarchy of human life that was entrenched centuries ago (see also Perler et al. 2023; Schurr 2017). We aim to reveal how racialized logics and structures persist in the present day and shape the "reproductive biographies" (Perler/Schurr 2021) of indigenous and mestizo women in Mexico. The notion of afterlife further encompasses "the logics, ideologies, and structures embedded in legal and social systems that […] continue to maintain hierarchies of human life today" (Bruno 2023: 1543).

We address contemporary family planning programs and their translation into everyday practices such as discursive practices of 'convincing' women to accept a tubal ligation, *Jornadas de OTB* and a quota-driven medical practice, as part of the afterlife of Mexican population politics. Yet, we want to include in this argument the 'willingness' to undertake tubal ligation from women we met which we also consider a form of afterlife and shows the discursive power of population control until today. Indeed, the interviewed women manifested that sterilization was not only a positive and happy experience, but they considered the surgery crucial for their reproductive autonomy. None of the women felt forced or coerced to do so, although some recognized that physicians intended to influence them in their decision. The interviewed women described tubal ligation as their preferred contraceptive method. This apparent 'readiness' of racialized low-income women to be ligatured has already been pointed out by other authors in the USA regarding Mexican-origin women (Gutiérrez 2008), Puerto Rican (origin) women living in New York (López 2008), and in Brazil (Edu 2018; Hunter de Bessa 2001). Whereas debates about this 'readiness' are approached frequently from the perspective of freedom or coercion (López 2021; Senderowicz 2019), we want to propose an alternative interpretation.

We aim to argue that the normalization of voluntary sterilization in Mexico constitutes a continuation of Mexican population policies' afterlife. Some scholars have

characterized this normalization in Latin America as a "culture of sterilization" (López 2021: 173) that refers to tubal ligation as widely accepted, encouraged, and expected as a typical course of action for women, enforced by government policies, medical practices, and societal attitudes. We build up and expand on this notion to comprehend the broad acceptance of tubal ligation as the medicalized termination of women's reproductive capacities. In doing so, we juxtapose the institutional perspective of family planning programs, as represented by health professionals, with women's 'willingness' to undergo tubal ligation. In other terms, we seek to examine the postcolonial biomedicalization of women's bodies in Mexico, specifically focusing on the normalization of sterilization among economically disadvantaged racialized women who self-identify as mestiza rather than indigenous women. This entails exploring both the disposition of health professionals to readily facilitate tubal ligation and the readiness of economically disadvantaged racialized women we encountered to undergo the procedure.

2 Methodology

This paper draws on ongoing qualitative research on family planning programs in Mexico. The empirical data presented and analyzed here are from the first phase of fieldwork, which took place between July and August 2022 and January and February 2024. It was conducted by the medical anthropologist Yolinliztli Pérez-Hernández (first author of the paper) and assisted by the Mexican artists Armando Zacarías and Xictlixochitl Pérez Hernández.[4] Fieldwork was conducted in both a central Mexican state and a southern Mexican state. The fieldwork utilized qualitative methods and art-based methodologies. The qualitative research included in-depth interviews with racialized (mestiza) low-income women living in the central Mexican state and health professionals (n=6), primarily doctors and gynecologists, working in the southern Mexican state. The women interviewed (n=25) ranged in age from 23 to 80 years, had at least two children, and had undergone tubal ligation voluntarily.[5] Most of these women had basic education (primary and secondary school) and were for the most part[6] housekeepers. Yet, some (n=3) had attended university and worked part-time in their fields of study.

We contacted these women through a civil association that brings together individuals organizing against increases in electricity and water prices, among other issues. Most of them belong to economically disadvantaged social groups. Contacting women via this organization allowed us to homogenize the socioeconomic profile of the inter-

4 Fieldwork was conducted by the first author with assistance from the artists Zacarías and Pérez Hernández, while data theorization was a collaborative effort between Pérez-Hernández and Schurr. Despite this division of labor, we use "we" throughout the text to refer both to shared reflections and data collection. This choice streamlines the narrative and reflects Schurr's theoretical and methodological guidance during fieldwork.

5 None of the interviewees indicated or implied that tubal ligation was forced or coerced, although some acknowledged the influence of health professionals on their decisions. We use the term 'voluntarily' here to reflect on how this voluntariness is shaped by the normalization of this practice in Mexican society.

6 Although they identified as housekeepers, most held short-term informal jobs, such as working as cleaning ladies and door-to-door sellers. Others worked occasionally, primarily before having children and after becoming separated or widowed.

viewees and to contact women being treated in public hospitals. Although in theory sterilization campaigns do not target a specific group, in practice, it is a gendered, classed, and racialized intervention; only those without private insurance – mainly racialized, low-income indigenous and non-indigenous women – access public hospitals (Schurr 2016). We contacted the organizational committee and asked them to share a call for testimonies addressed to women who opted to undergo 'the operation for not having children anymore', which is the most common way women refer to tubal ligation, colloquially called *salpingoclasia* or simply *la salpingo*.[7] Women were asked to contact us if they were interested in sharing their stories and were invited to set a meeting, either in person or online. To compensate for the inconvenience of attending the one-hour interview, women were offered 300 Mexican Pesos (around €15). Interviews were audio recorded and transcribed verbatim.

We further used art-based methods. These methods move beyond the textual paradigm by using art as a research tool. Creative research fosters embodied reflexivity, engaging participants' senses and bodies to communicate their intimate experiences through different art-based methods (Von Benzon et al. 2021; Winkel et al. 2023). Three art-based workshops were conducted in the same central Mexican state in which the women were interviewed. Interviewed women were invited to participate in the workshops via an invitation tailored for this purpose, and 15 women accepted to participate. The workshops were facilitated by a team of three: a medical anthropologist (Yolinliztli Pérez-Hernández) and two artists (Armando Zacarías and Xictlixochitl Pérez Hernández) who collaboratively designed and conducted the sessions. Spanning three Saturdays, various techniques were employed such as collage, knitting, and body mapping to explore the women's experiences with tubal ligation in relation to broader topics like family planning programs, women's economic conditions, and society's perception of tubal ligation. Each workshop typically lasted three hours, beginning with breakfast and ending with a meal provided by the facilitators. They took place in a house rented specifically for this purpose, offering a closed and intimate setting. As compensation for their time and participation, the women were offered 900 Mexican Pesos (around €45).

Interviews with health professionals were conducted in states other than where the interviewed women reside. These professionals were doctors and gynecologists working in state-subsidized hospitals and private clinics. The majority were young female health professionals, some of whom belonged to a feminist group advocating for the right to choose. These physicians assist women in accessing abortion in states where it remains illegal and hold critical views on family planning programs that primarily offer long-term and permanent contraception to economically disadvantaged racialized women. Through one of these professionals, we were able to visit a public hospital on the day of *Jornadas de OTB*, where exchanges were conducted with health professionals and women undergoing tubal ligation that day. Health professionals were not compensated. Some interviews were recorded, while others were informal conversations documented in the anthropologist's fieldwork journal.

7 *Salpingoclasia* is another medical term to name the permanent surgical procedure for bilateral tubal occlusion.

3 Institutional perspective

The *Jornadas de OTB* events take place in state-subsidized hospitals and consist of entire days dedicated to performing tubal ligations. Public hospitals have quotas to fulfill and decide for themselves which days are devoted to receiving women for sterilization. For instance, the hospital visited devoted Tuesdays and Thursdays to these *Jornadas*. They announce these *Jornadas* through public campaigns. The *Jornadas* are open to women with access to social security (*derechohabientes*) and without (*no derechohabientes*) (see figure 1).

3.1 (Ongoing) sterilization campaigns in public hospitals and quota-driven medical practice

The *Jornadas* are quota-driven. The director of a large rural hospital in a Southern state of Mexico described the goals of the *Jornadas* in the following terms:

"What are the goals? Well, I am told from Mexico (central government) that this hospital has to ligature, I don't know, 40 patients, we check our census of fertile women, we identify the age of the patients, we investigate their obstetrics and gynecology history, we see how many children they have and that is how we start to locate them." (Male gynecologist, April 2023)

None of the health professionals interviewed knew by whom or how these quotas were established, and no information was available on institutional sources. A Mexican researcher consulted said that while working in the Health Ministry in the 1980s, he witnessed how quotas were established. The person responsible used mathematical calculations to set goals. He determined the number of tubal ligations required for each state and hospital based on state populations and public hospital numbers, disregarding local conditions (personal communication, February 2022).

The *Jornadas* and quotas are implemented through family planning programs in a hierarchical manner, from the central government to local rural clinics. Once the directors of the state-subsidized clinics receive instructions on their annual quotas, they determine how many women doctors must persuade to undergo sterilization. The same doctor previously quoted, director of an important public hospital in the South of Mexico, outlined this dynamic:

"There are about 80 of these hospitals throughout the country. This state is one of the poorest and has ten public hospitals. We are divided into regions and zones. This hospital oversees five zones, and each zone has local rural medical centers. What are the logistics for the *OTB* campaigns? Each rural medical center has doctors, nurses, and health personnel, and through them, we make projections for performing sterilizations." (Male gynecologist, April 2023)

In other terms, once quotas are established, each hospital, rural clinic, and doctor working in state-subsidized hospitals must perform a given number of tubal ligations to attain local, regional, and national objectives.

Figure 1: Examples of *Jornadas de OTB* organized in two state-subsidized hospitals

Source: The poster on the right was taken from the Facebook page of Secretaría de Salud Quintana Roo, while the one on the left was retrieved via Google Images from an expired official website where the image remains accessible.[8]

The quota-driven pyramidal logic shapes Mexican health professionals' relationships with patients. Sometimes, they describe women as "a salpingo," instead of a patient (fieldwork journal, February 2024). During observation in a public hospital, health professionals said that, that day, they had "two salpingos" still in the recovery rooms. They referred to the two young women of around 25 years who underwent tubal ligation right after childbirth. This perspective is widely shared by doctors, although some critical voices question that "women are seen as numbers, as an administrative formality, as part of the quotas to be filled, and their reasons for not having more children are not necessarily considered," as a young female gynecologist expressed in an interview. However, as we will later argue, their possibility of resistance is limited.

8 https://www.facebook.com/photo.php?fbid=2058633754198709&id=169308353131268&set=a.670692429659522&locale=es_LA&_rdr; https://www.google.com/imgres?imgurl=https://enlaceinformativomichoacan.com/media/k2/items/cache/964a78b2d96f3061f52701ec46354cb6_L.jpg&tbnid=lgSd84tTjxAOtM&vet=1&imgrefurl=https://enlaceinformativomichoacan.com/index.php/uruapan?start%3D480&docid=W2o0niiFd3oxCM&w=600&h=802&itg=1&source=sh/x/im/m1/1&kgs=1740fbd04bee2e40&shem=abme,trie [date of access: 15 February 2024].

3.2 'Conquering' consent: Discursive practices of convincing

As part of the *oferta sistemática,* doctors take advantage of any interaction with women to inquire about their contraception preferences, aiming for all women to have a contraceptive method after childbirth. Intensive promotion of long-lasting contraception and sterilization is common practice. Health professionals seize every opportunity to discuss contraceptive options with women, including during pregnancy follow-ups and postpartum care. "We inquire about the preferred contraceptive method during pre-delivery consultations to prepare for postpartum contraception, whether it's a device, an arm implant, oral contraceptives, or sterilization," shared a female gynecologist working in a public hospital in March 2022. Moreover, doctors extend these inquiries beyond gynecological or perinatal contexts, as expressed by a male gynecologist in April 2022: "We take advantage of every consultation, even if women visit for conditions like urinary tract infections, to discuss their contraception options."

Physicians emphasized that tubal ligation cannot be performed without a woman's explicit consent, underscoring the need to convince women to undergo sterilization. According to a doctor we spoke with, doctors' "role is to ensure that women are fully informed and convinced about sterilization because it is practically irreversible. We must be sure that the patient comprehends the procedure and its implications" (male gynecologist, April 2023). However, he noted that most of the time, it is the doctors who propose tubal ligation to women rather than the women's own initiative. Rural doctors in local centers 'persuade' the women before they refer them to regional hospitals where the tubal ligation is undertaken. This process of engaging with women, discussing the procedure, explaining its purpose, and refer them to the hospital for performing tubal ligation was described by one male health professional as "the conquest of consent": "When we identify that the patient no longer desires to have children, that's when we step in to offer the definitive contraception. It's not merely about performing a tubal ligation; it implies a process of conquering their consent."

Some of the health professionals we spoke with expressed critical views regarding tubal ligation campaigns but highlighted the pressure they face to fulfill quotas: "Many physicians either disagree with or are reluctant to perform tubal ligations, but it is the hospital's policy," shared a female doctor in February 2024. She recalled feeling pressured by hospital directors to meet established quotas, despite disagreeing on this policy. As a form of resistance, she and other health professionals regularly meet to discuss better approaches to addressing daily medical challenges, such as having a comprehensive approach to women's reasons for undertaking tubal ligation and being sure about informed consent. For some, the solution lies in ceasing to work in state-subsidized hospitals. This was the case for a 50-year-old gynecologist working in a private clinic who recounted her experience during her medical residency in an indigenous area in Northern Mexico. She decided to leave public hospital service after being informed about her quotas regarding DIU insertion and sterilization, including performing procedures without women's consent if necessary. "The hospital director told me that if I didn't accept, I would be fired. So, I chose to leave," she recounted fierily.

From an institutional perspective, the focus on meeting numerical targets leads to a prioritization of permanent and definitive contraception over other forms of contracep-

tion. This analysis might suggest that women are mere victims of a system that leads them to be sterilized. However, our argument extends beyond this simplistic victim narrative. In the following part of the paper, we explore the normalization of tubal ligation among economically disadvantaged racialized women from their own perspective.

4 Women's point of view

In this part, we examine how women (re)produce the medical and population control discourses on sterilization. This internalization shows that women are not passive recipients but active participants in the normalization of tubal ligation.

4.1 'Willingness' to undergo sterilization

All participants we engaged with shared that they opted for tubal ligation voluntarily, typically after having at least two children. While they expressed a desire for fertility control, various factors such as their economic situation and distrust in reversible contraceptives led them to view sterilization as a final option to prevent further pregnancies. For most of them, undergoing sterilization was perceived as a positive and empowering experience, often considered the best decision they had ever made. Terms like freedom, happiness, and autonomy emerged frequently during our art-based workshops when talking about their decision for a sterilization. These emotions were partly rooted in the feeling that they had taken this decision by and for themselves. Participants expressed feelings of reproductive autonomy, particularly when discussing their frustration about doctors seeking their husbands' consent for tubal ligation. For example, Lorena, a 41-year-old mother of two, shared her experience:

"Why do doctors ask our husbands when we decide to get *la salpingo*? Ask us! This happened to me after childbirth. Who did the doctors ask first? My husband! We were in the operating room, and he asked him, 'is she going to have a tubal ligation?' 'Yes,' my husband replied. Then he turned to me and asked, 'are you going to have the surgery?' And I said, 'Yes.' I thought, 'It's my body! It's my decision'."

Economic precarity frequently arose during discussions as a significant factor influencing their decision for a sterilization. The precarious economic conditions in which they live led many women to believe it necessary to restrict the number of children they have. Mony, a 38-year-old mother of three, expressed: "I wanted to have children, several actually. That was my plan, to have several. But obviously, I don't have, nor have I had, the financial means. I think that to have many children, I would need a lot of money." Participants often recounted not having the ideal family size they desired. Some ended up with fewer children than desired due to economic constraints, like Mony. Others had more children than desired due to failures of long-lasting contraceptives, like Romina, a 46-year-old mother of four:

"I requested a tubal ligation after my third child when I was 21 years old. Doctors refused because I was too young. 'You can use contraception,' they told me. I got pregnant with my second son while using birth control pills, and with him (she points to her son next to her), I got pregnant while using injections ... So, I think those methods are not very strong."

Indeed, mistrust in reversible contraception played an important role in perceiving sterilization as the best contraceptive method. Furthermore, the side effects derived from contraception reinforced women's perception of reversible contraception as detrimental to their health: "The pills made me very nervous, and I started gaining weight. The injections had the same effect. I gained a lot of weight with the injections. When I had my fourth child, I asked the doctors, 'Please, perform a tubal ligation on me'" (Dolores, 70, four children, widow). These experiences shaped women's view of reversible contraception as untrustworthy, reaffirming their belief that tubal ligation was the only reliable option for preventing further pregnancies. Yet, the most important reason women mentioned for choosing sterilization was the well-being of their children. Many of the participants experienced risky pregnancies, putting their lives in danger during pregnancy and childbirth. The prospect of another pregnancy posed a significant risk of death, leading them to medically end their reproductive lifespan to ensure they would not leave their children orphaned.

4.2 Enabling responsible motherhood and reproductive othering

Most of the women we met regarded tubal ligation as a responsible decision for the well-being of their children. During pregnancy, they encountered various medical conditions such as high blood pressure, preeclampsia, eclampsia, seizures, among others. For instance, Lucha, who experienced eclampsia (pregnancy-related high blood pressure that led to seizures and, in extreme cases, to coma), described how her three high-risk pregnancies led her to opt for a tubal ligation:

"[I accepted because] I had already three children to take care of. Every time I had a child, I ran the risk of dying. I had seizures with my first child, three times. I had problems with my liver and kidneys. I was going to die; the fluid went to my brain and to the baby's brain. With my third pregnancy, I had very high blood pressure, I developed a heart murmur. I ran the risk of dying and leaving my other children without a mother." (Lucha, 59, three children, divorced)

During interviews and art-based workshops, women delved deeper into the concept of responsible motherhood and contrasted their decision with that of women who refuse sterilization. Frequently, women expressed "pity" for (other) low-income mothers who, despite having "many children," do not opt for tubal ligation. These women were characterized as "irresponsible mothers" who should undergo sterilization for the well-being of their children: "I think it's not right [that poor women have many children]. Children don't deserve it. Imagine if you have to split a loaf of bread among many? These women should think about it and undergo salpingo. It's definitely the best option" (Paz, 55, five children, married).

The portrayal of irresponsible mothers was racialized. When participants referred to "poor women" who have "many children," they often specifically meant indigenous women. This notion was frequently represented in the art-based workshops: "What do you want to represent with this part of your collage?" we asked Dolores (70, four children, widow).

"I want to show the difference between responsible mothers who think, this is why I placed a brain here, and irresponsible mothers who don't think and have many children. For example, look at this mother. It makes all the difference: her baby is well wrapped, clean, and beautiful." (Fieldwork journal, Mexico, 2024)

Indeed, in her collage, she portrayed a "responsible mother" as a single woman holding a white baby, while next to her were the "irresponsible mothers," this is indigenous dark-skinned women with several children. Behind this second image, she pasted the phrase "Let's become less" (*Vámos hacienda menos*), which is derived from Mexican family planning slogans (see figure 2).

Figure 2: Piece of collective collage made during first art-based workshop, Mexico, 2024

Source: Photo taken by Xictlixochitl Pérez Hernández and polished by Armando Zacarías.

5 Conclusion

In this paper, we argue that the normalization of sterilization through the routinization of tubal ligation in state-subsidized hospitals is part of the afterlife of past programs of population control and (post-)colonial reproductive politics that are based on a racialized hierarchy of society. We assert that traditional family planning programs endure in the country but have evolved in form. Furthermore, the normalization of tubal ligation among economically disadvantaged racialized women is enabled by both the women themselves and healthcare professionals. The afterlife shows in the normalization of sterilization as the main method of contraception in public hospitals and the mundane practices of healthcare providers, who operate under quotas and employ persuasive techniques to encourage women to undergo sterilization-strategies that are rarely questioned and are incentivized by quota fulfillment, with potential consequences for noncompliance. Additionally, there is an apparent willingness among the targeted women to accept sterilization, accompanied by discourses of reproductive otherness (Braff 2013) directed towards indigenous women.

We have also demonstrated that there are critical voices among health professionals questioning family planning programs, particularly regarding *Jornadas de OTB* and quota-driven medical practices. Yet, their capacity for resistance is limited. In recent years, some female gynecologists affiliated with feminist groups have taken a critical stance toward these practices. They resist by organizing and developing sensitive approaches, such as inquiring about women's reasons for undergoing sterilization and ensuring their full understanding of the implications. Others opt to leave state-subsidized hospitals to work in private clinics. Although these voices remain marginal, they pose a significant challenge to the unquestioned narrative that tubal ligation is the sole option for racialized women seeking fertility control. They advocate for more ethical and respectful reproductive healthcare practices.

Finally, we recognize that the perspectives of mestiza women who willingly undergo sterilization represent just one facet of how the legacy of Mexican birth control policies persists. Our analysis reveals instances, recounted during fieldwork, where both health professionals and women reported cases of unconsented sterilization. Some of these cases, particularly among indigenous women, have been documented in local media and sporadically by Mexican researchers (Freyermuth Enciso 2001; Gaussens 2020; Thompson 1999). As we conclude this paper, we are embarking on the second phase of fieldwork to explore another dimension of how contemporary forms of population control manifest among indigenous women. For these women, family planning programs are deeply entrenched in the colonial legacy of blood purification, the *mestizaje* project, and ethnocide through fertility reduction. Throughout 2025, we will be exploring this facet of tubal ligation in Mexico, aiming to deepen our understanding of the complex dynamics at play in reproductive health practices among indigenous communities.

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