

## SEX IN DEVELOPMENT

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Science, Sexuality,  
and Morality in Global  
Perspective

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Family Planning, Human Nature, and the  
Ethical Subject of Sex in Urban Greece

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In urban Greece since the 1970s, family planning—the calculated use of contraceptives to achieve desired family size—has been forwarded as a new, liberating practice, a clear alternative to so-called traditional strategies for birth control that rely on sexual restrictions, frequently backed by abortion. Family planning advocacy in Greece considers it a human right that people be able to have the number of children they want and when they want—without women having to resort to abortion (Margaritidou and Mestheneou 1991; Apostolopoulou 1994). What is more, advocates see family planning as introducing a moral dimension to the efforts made by Greeks in fertility control; promoting women's physical, social, and emotional well-being by stressing the responsibility to care for one's self. In so doing, they hope to “modernize” these practices in line with Western liberalism. Here, however, family planning advocates neglect how morality has already been central to women's sexual and reproductive agency in Greece. In this essay I examine how efforts to establish scientific discourses of sexual health in Athens have produced a partial, uneven shift in the ethical terms through which many urban Greeks consider sexual and reproductive issues. This not only impedes contraceptive uptake and safe sex practices, but leads to a moral conflict for women, who are at once asked to inhabit two ethical bodies and to realize competing moral objects of sex.

I detail here how modern family planning rhetoric and Greek reproductive discourses that have come to be labeled “traditional” turn on conflicting notions of agency, responsibility, and nature. The moral object of sex is figured differently within the two ethical frames. For family planning advo-

cates, the moral objects of sexual responsibility is the personal achievement of physiological and psychological health, something considered equally available to women and men—that is, gender neutral. Family planning advocates intend for an individuated *ethic of well-being* consistent with the philosophical commitments embedded in biomedicine (what Robert Crawford [1980] has termed “healthism”), to replace a set of virtues castigated by family planners for being “backward” and for compromising women’s autonomy. Under the extant ethic—what Athenians might recognize as Greek cultural tradition and what I term an *ethic of service*—the moral object of sex has been directed at realizing social expectations within patriarchal models of family and nation. In both cases, I argue, the moral object of sex in Greece encompasses the creation of ethical, and gendered, subjects. Thus, it is through a rescripting of this moral object from social to physical well-being that ethical (and gendered) subjectification has begun to shift. This shift—and the ambivalence it produces for women—is made particularly audible in the ways that people talk about the appropriate uses of abortion and the means of protecting against HIV and sexually transmitted diseases. Through tracing such narratives, and by situating family planning rhetoric in the national context of Greece’s declining birthrate, I hope here to suggest reasons why middle-class Athenians have partially adopted modern evaluations of fertility control without necessarily adopting the modern methods themselves.

My arguments are based on wider ethnographic research into meanings of motherhood and practices of fertility control carried out in Athens between 1993 and 1995, during which I was interested to learn where professional and lay theories converged and diverged on what counts as appropriate sexual and reproductive behavior for both women and men. I draw on a range of sources, including public discussions of the social and demographic impact of family planning; professional conference lectures where gynecologists evaluated medical approaches to family planning; media analysis; interviews with family planning volunteers, physicians, psychologists, demographers; and discussions with middle-class women ranging from retired grandmothers to doctoral students, most of whom were living and/or working in the residential neighborhood of Pangrati. Niki, a thirty-five-year-old homemaker who was looking for employment when I met her, reflected tellingly on the changes in gender roles that have occurred since she moved to Athens from a nearby village nearly two decades ago: “Of course it’s changed a lot because they’re trying to change us. From the television and in the schools they speak to us, all the politicians, they’re trying to change us, to make us European because we are Third World. So the foreigners say.”<sup>1</sup> The

most recent aspects of Greek modernity are embraced as progress by its participants in one moment but distrusted in the next as foreign condescension and imposition (see Sutton 1994). Changing gender roles and sexual mores are no exception.

In this essay, after contextualizing the 1970s introduction of family planning ideology and methods to Greece, I trace the promulgation and reception of the ethic of well-being—and its negotiation with an ethic of service—through two family planning initiatives in the 1990s: first, the warnings of the damage that abortion can do to a woman’s body; and second, the fight against AIDS and HIV transmission. In both cases, an individual’s right to good health is translated into a personal, moral responsibility to control what happens to the body, as the social sphere of sexuality is reframed as a medicalized site of personal, physical health. In light of these two cases, I consider one reason why even the most “Western” of urban Greeks are not fully embracing the biomedical understandings of “nature.” Indeed, I argue that customary Greek notions of nature are entangled not only in ideologies of sexuality but in national narratives. I then move on to discuss how the Westernizing rhetoric of the safe sex campaign has prompted a backlash upholding a romantic, deeply gendered sexual discourse of Greek national character. In this context, I consider how the moral object of sex articulates what it means to be a properly Greek woman or man in the midst of morally ambiguous economic, social, and political change. Both Greek and biomedical ethical models of sexuality are amenable to the interests of larger political communities, in part because gender and sexuality have long provided a framework for the discussion of Greek national identity (Dubisch 1995; Herzfeld 1997: 96–97). What this national identity comprises has been subject to recent debate in Greece amid the ongoing issues of European Union integration, contested claims to “Macedonian” history, and territorial disputes with neighboring Turkey. More particularly, the process of maintaining a strong body politic through appeals to men’s and women’s gendered embodiment, especially through heterosexual behavior, has been brought into sharp focus amid anxiety over the declining (below replacement level) birthrate commonly rendered as a “crisis” of national demographic weakening (Ernke-Poulopoulou 1994; Paxson 1997; Halkias 1998). But before I begin my analysis, I wish to situate the ethical claims made on sexual practice within the contrasting metaphysics of Greek notions of “nature” and those of biomedicine.

*The Metaphysics of Greek and of Biomedical Notions  
of "Nature"*

Arthur Kleinman has argued that one feature of biomedicine unique among all medical forms is "its peculiarly powerful commitment to an idea of *nature* that excludes the teleological" (1995: 29). Biomedical nature simply is: it is imbued with neither design nor purpose. Under the biomedical gaze, filtered as it is through the logic of Cartesian dualisms separating mind and body and reason and emotion, the "nature" of the body is reduced to inert material. As Kleinman states: "The psychological, social, and moral are only so many superficial layers of epiphenomenal cover that disguise the bedrock of truth, the ultimately natural substance in pathology and therapy, the real stuff: biology as an architectural structure and its chemical associates" (1995: 30). But in Greece, *anthrópini físi*, the "nature" of the human, of *ánthropos*, is not fixed but rather is realized through social practice. Nature here is as much characteriological as biological, and it has a kind of teleology: the formation of ethical gendered subjects.

Humans, *ánthropi*, are expected to realize gendered natures through activity appropriate to either women or men, conforming to normative behavior learned through example. Juliet du Boulay, writing of a Greek village where she conducted fieldwork in the 1960s, keenly recognized and described this issue through the idiom of divine destiny:

The people of Ambeli do not argue that gender characteristics are inherent in the biology of both sexes; they argue from the gender characteristics themselves, with both men and women being understood to possess a "nature" and a "destiny" as a direct inheritance from their society. What I [call] "destiny" is an ideal pattern that is prescribed a priori, while what I [call] "nature" consists of the observed deviations from this destiny that answer to the pattern of temptation in daily life. The villagers themselves, however, do not use the terms "nature" or "destiny" but embody these concepts in images—on the one hand, of Adam and Eve, and on the other, of Christ and the Mother of God. (1986: 157)

According to du Boulay, both Eve and the Madonna are inevitable and therefore (to villagers) justifiable components of the condition of womanhood. The moral woman "transforms" Eve into the Mother of God; she recognizes and accepts her fallen "nature" but overcomes it by fulfilling her maternal "destiny." In du Boulay's formulation, the moral woman, the maternal woman, is also the true complete woman. While the religious dictates de-

scribed by du Boulay were not so audible in Athens in the 1990s, it remains clear that Greeks must be seen to live up to gendered expectations. As one young woman said to me while we were discussing reproductive decision making: "All one's actions and everything that one does, one does in the interest of what others will confirm about one's self." And a professor of midwifery explained to me why as many as 95 percent of abortions continue to be performed in the private sector when national health insurance would cover them in state hospitals: "I think it's the Greek ethics. It's what other people will say about you."

A connection between virtuous and customary behavior was made explicit by Aristotle, for whom ethics concerned the socially orchestrated actualization of potentialities provided by nature. In "Nicomachean Ethics," he writes: "Neither by nature . . . nor contrary to nature do the virtues arise in us; rather we are adapted by nature to receive them, and are made perfect by habit" (II.I). I cite Aristotle not as evidence of any cultural survivalism, but because I view contemporary Greek culture, supported by Orthodox Christian theology, as organized by a virtue-based ethics which moral theorists attribute to Aristotelian thought and term "naturalism." Such a notion "views the moral project as teleological, its *raison d'être* being to bring to fulfillment those features of our humanness which are present as potentialities within us and which constitute our uniqueness as human" (Parsons 1987: 390). I view gender in contemporary Greece as working in just this way: as du Boulay and others have recognized, here gender operates as a system of virtues. Women and men feel the burden of ethical responsibility differently, not because they live under different moral systems (pace Gilligan 1982; Noddings 1984), but because ethics and gender are mutually constitutive means of organizing social identity and inequality. Lela, a thirty-four-year-old mother of a toddler son, offered this telling comment in an interview: "Boys and girls I think are just the same. Society is the one that makes the difference between them." While manliness is largely established through demonstrating the virtue of *eghoísmós*—what Michael Herzfeld has glossed as "aggressive self-regard" (1985: 49)—women are seen as naturally, and properly, self-controlling, and are supposed to cultivate this disposition through habit (Campbell 1964; Hirschon 1978; Herzfeld 1985, 1991; du Boulay 1974; Friedl 1967; Iossifides 1991). Put another way, women demonstrate virtue through the habituated control of their own nature.

I focus here on what women must do to realize proper femininity through morally responsible action because Greek family planners, operating under a common assumption that reproductive issues are essentially women's is-

sues, pitch their efforts primarily at women. To get Athenian women to think differently about abortion and contraception, family planning advocacy has worked to encourage them to think differently about sex, about themselves as subjects, and about their own agency. If Athenian women have not wholeheartedly taken up medical contraceptive practice—taking the pill, having IUDs inserted—I found that scientific discourses of the body are working to transform the substance of the “nature” that a woman is to control to demonstrate womanly virtue. In the past, women have been asked to exercise a social control over their natural sex drive—a legacy from Adam and Eve—in the service of lineage and family and with the aid of ever-watchful fathers and husbands (Hirschon 1978; Iossifides 1991: 135). But these days, family planning ideology holds that “modern” women should engage in reasoned manipulations of their bodies’ biological nature, their fertility, by using medical contraceptives and thus obviating the need for social control of sensuality. As the ethic of service is being pushed aside to make way for the ethic of well-being, the “nature” that women are ethically to control is pressed inward into the realm of the biological. As I demonstrate below, this personalizes both reproductive responsibility and gender proficiency.

In order to understand Athenians’ fertility control practices within local meanings of gender, sexuality, embodiment, and ethical subjectivity, it is necessary to comprehend the world of (Greek) humans as simultaneously natural and fabricated, biological and social. The biomedicalization (cf. Zola 1976) of fertility limitation in Greece engages metaphysical and moral issues in which, as I examine later, the well-being of the body politic, or nation, is ultimately at stake. This formulation resonates too with Nancy Scheper-Hughes and Margaret Lock’s call to “reconnect the social and biological worlds” that biomedical practice often works to separate, a call that seeks to trace the particular interrelationships between “three bodies”: the physical body that houses the self; the cultural body that authorizes processes of signification in and through the body; and the regulated political body, part of an aggregate body politic (1991: 412). To do this, and following the lead of Athenians, I introduce a fourth body: an ethical body that coordinates the other three and that helps us to comprehend reproductive agency from the level of the individual, to institutions of family and medicine, to the nation. I am proposing, then, that the ethical questions asked of sexual and reproductive practices in particular settings can allow us to scale—to measure and analytically ascend—the body politic (see also Ginsburg and Rapp 1995; Gal and Kligman 2000).

### *Introducing Family Planning Ideology: Toward an Ethic of Well-Being*

In the mid-1970s British-trained gynecologist George Kakoyanis (a pseudonym) worked with a group of concerned housewives and politicians to establish the nongovernmentally affiliated Family Planning Association of Greece (FPAG). They believed that if women were better informed about the pill and the IUD then the nation’s soaring abortion rate would decline. Middle-aged women in the 1990s explained to me that in the 1940s and 1950s their mothers “discovered” abortion as a crucial means of limiting family size amid war-time famine, urban relocation, and economic struggle (see Blum and Blum 1965; Comninou 1988). Abortion offered women a backup to the contraceptive methods they knew, which included natural sponges doused in lemon juice but primarily consisted of withdrawal, abstinence during fertile days of the menstrual cycle, and condoms (Arnold 1985; Emke-Pouloupoulou 1994; Georges 1996a).

While abortion was becoming medicalized as a routine (albeit underground and illegal) gynecological practice, it was brought to national attention only after a birth control survey in the late 1960s suggested a link between abortion and the nation’s dramatically declining fertility rate.<sup>2</sup> According to this study (Valoras and Trichopoulos 1970), women having abortions were “to blame” for as much as 40 percent of the declining birthrate not only, or even primarily, through an accounting of “Greek lives lost” to terminated pregnancies (although see Dorkofiki 1985), but because repeat abortions reportedly resulted in women’s secondary sterility (see Paxson 1997). By the 1980s, as many as three hundred thousand abortions were being performed each year in Greece, at nearly three times the live birthrate (Comninou 1988; Margaritidou and Mesteneos 1992: 30). During this same decade, the nationwide fertility rate dropped to 1.4 children per woman of reproductive age (Emke-Pouloupoulou 1994). The FPAG (which in 1985 became an affiliate of the International Planned Parenthood Federation [IPPF]) acts primarily in an outreach educational capacity, although their efforts have been somewhat hampered by a suspicion that “family planning” has exclusively to do with strategies by the industrialized nations to suppress population growth in the developing world (e.g., Apostolopoulou 1994: 14). In fighting legislative limitations, family planning advocates have learned that it is expedient to speak to Greece’s “demographic problem.” An FPAG publication, for example, clarifies that family planning in Greece “secures the human rights of the population and of the individual, promotes general health,

and in addition . . . is the tool for materializing the policy of birth increase within the frame of the country's potentials and needs" (1993: 7).

In this context, FPAG members work to educate people about biomedical contraception, the damage that abortion can do to a woman's reproductive organs, and the need to prevent the spread of sexually transmitted diseases. They do this by hoping to "introduce" a moral dimension to women's attitudes toward abortion because in the view of many, as reported by state-employed social scientists in 1990, "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 categorizing abortion as Greek women's "main method of birth control" (cf. Apostolopoulou 1994: 14), professionals imply if not assume a sexual perverseness among women who have repeat abortions.

The offices of FPAG are located in a dingy building on Solonos Street, near the University of Athens. On my first visit to the association I found Evangelia, an experienced volunteer counselor, leading an informational seminar to a coed group of about forty university students. These seminars, along with publications addressing AIDS, contraception, infertility, and abortion, represent the bulk of the association's activities. Standing in the back of the room, I was impressed with Evangelia's frank discussion of such "traditional" methods as withdrawal and abstinence during fertile days, acknowledging these to be valid "methods of family planning," if not as reliably effective as such "technical" methods as the pill or IUD. As Evangelia said to me in a later interview, "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." At the same time, however, family planning advocacy works to update "traditional" methods through scientific knowledge. A booklet titled "Conception and Contraception," published by the state office of the General Secretary for [Gender] Equality (which I picked up at the FPAG office), includes a two-page schematic diagram of how ovulation and menstruation proceed, day by day, over a twenty-eight-day cycle. The idea is to offer women a way of testing their understanding of when contraceptively "safe" days happen against scientific knowledge of female reproductive biology.

Biomedical "knowledge" of human nature thus becomes a key tool that family planners offer women. A booklet published by FPAG, "What Do You Know about Contraception?," explains the premise of the work done by the association: "This booklet aims to give information about how the reproductive systems of the man and the woman work, how conception happens, and

how you can control your fertility. Thus you will be able not only to prevent an abortion but to plan your family responsibly and consciously, without stress and without danger to the health of mother and children." Here, biomedical knowledge signifies the autonomy promised women once they learn, as an FPAG board member said to me in an interview, "how their bodies work [and] what they're doing to them—in a sense, to feel in control." The commitment to education as a key element in changing behavior is one that Greek family planners share with U.S. public health programs (Oaks 2001: 81) and with the feminist consciousness-raising movement (Evans 1979) that reached Greece in the 1980s.

However, FPAG members further recognize that the popular uptake of medical contraceptives requires more than mere "knowledge" of biology and methods. Spermicide and female condoms are openly displayed in middle-class neighborhood pharmacies in Athens. In the mid-1990s a woman could purchase triphasal contraceptive pills over the counter at pharmacies for between US\$4.50 to US\$9.00 per cycle. And yet Greek women report the lowest rate of oral contraceptive use in the European Union; IUD use is only slightly higher; diaphragms are used largely by women who first used them abroad; and the abortion rate continues to exceed the live birthrate (Margaritidou and Mestheneou 1991; Creatsas 1994). Even middle-class urban Greeks, those who set "modern" cultural and social standards, continue to rely heavily on nonmedical contraceptive means. Condoms, for generations associated with disease prevention and prostitution (and customarily purchased at outdoor kiosks), have not been thought of as contraceptives—and have not been used in marital relations—until quite recently (they are now stocked on supermarket shelves).<sup>3</sup> The low rate of use of medical contraceptives, at least in urban areas, cannot be attributed to a lack of awareness or availability (see also Georges 1996a).

Greek demographic and sociological studies, taking Western European and U.S. cases as standards for comparison, tend to make sense of Greek women's reliance on abortion by referring to the tenacity of a culture that impedes medical contraceptive uptake (see Paxson 2002). Members of the FPAG stressed to me in interviews (and discuss in their publications) that contraceptive use requires the willing acceptance and adoption of the idea of prevention. Some professionals reason that abortion has been popular among Greek women precisely because it operates as a post hoc therapeutic measure, which also was the conclusion of a 1990 study conducted by FPAG board members to assess the effectiveness of their decade-old hospital-based state counterparts.<sup>4</sup> State-run family planning centers, they found, oper-

ate primarily as women's health clinics, with the majority of clients using the services for Pap tests and breast examinations (Margaritidou and Mesteneos 1991; Margaritidou and Mesteneos 1992). The authors interpret this as part of a wider cultural tendency among Greeks to approach medical services for curative and therapeutic benefits, with little regard for health promotion and disease prevention (Margaritidou and Mesteneos 1992: 31).

Elaborating on this idea, Dr. Kakoyanis told me in an interview that in his opinion the greatest obstacle to family planning in Greece concerns "cultural" notions about proper sexual practice, notions that were more diffuse than could be explained by religious proscription. "The Orthodox Church is not so demanding a tradition as the Catholics. Abortion is traditional birth control. Despite all this education, people still resist the pill. They don't like to interfere with the spontaneity of intercourse—I think it's more cultural, the attitudes of people. Because everybody knows that contraceptives exist, especially young people. And the stranger thing is that the doctors—they know there is contraception—but they don't push it." After dismissing any suggestion that the church impedes family planning messages (as many Athenians schooled me, "We have no pope!"), Kakoyanis astutely acknowledges that physicians operate within the same cultural system as their patients and thus can be disposed against contraceptives like anyone else. Yet here he reduces "culture" to "tradition," to something that people "have" and can overcome.

As with other modernization programs, family planning advocacy presupposes that to be modern, people must think themselves away from cultural biases, and further, that if people give up collective mentalities based on folk belief for "modern" subjectivities, personal liberation will follow. As is evident in Kakoyanis's words, family planners often conflate a lack of preventative action with cultural assumptions of feminine passivity in heterosexual relations, viewing "traditional" birth control methods as reinforcing prevailing patriarchal norms that posit men as active participants in sexual relations and women as passive recipients of it (Campbell 1964: 227; du Boulay 1986: 150). Consequently, whereas "old fashioned" methods such as withdrawal, condoms, and abstinence via the rhythm method require the (implicitly unreliable) cooperation of male partners, in their literature and presentations the FPAG (along with state-sponsored family planning publications) define "modern" contraceptives as being for women to use in their own interests. Backed by biomedical authority and committed to Enlightenment notions of individual subjectivity and prescriptive morality, family planners

frequently translate women's "traditional" sense of reproductive agency, reliant on post hoc abortion, as a moral flaw marked by the "failure" to take preventative action.

Members of the FPAG believe they can succeed in encouraging women to think differently about abortion precisely because they see themselves introducing morality, in the form of rational self-interest, to reproductive decision making. Editorializing in *Planned Parenthood in Europe*, IPPF consultant Evert Ketting explains that their "broader mission indicates that 'family planning' . . . 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" (1995: 1). This "philosophical" dimension links thinking and ethics. From a family planning perspective, moral virtue is realized through control of the physical body via preventative health care. Being well requires doing good (cf. Comaroff 1982). Greek women have approached abortion "amorally," they declare, not because women undervalue motherhood or act out of selfishness—as U.S. women have become accustomed to hearing—but because they "lack" a sense of preventative action and have been "ignorant" of the physical damage and threat of sterility that repeat abortions pose (see, for example, "The Triviality of Abortion in Greece" [Naziri 1991]).

Family planning ideology shares modernity's commitment to rationalism, to a sense that our primary moral responsibility should be to our self-interests. Even sex, often regarded as appropriately emotional, is drawn in to a realm of calculated logic. Thus family planners assume that given proper knowledge about biological nature, women will choose contraception over abortion because as rational beings they will accept scientifically backed promises of safety and surety (see Thompson 2000; Paxson 2002). What is more, the ethic of well-being moves what it takes to be proficient at being a woman toward being a properly autonomous individual, thereby flattening gender difference.

In discouraging abortion practice, then, most Greek physicians and politicians do not appeal to some "sanctity of life" at conception or to the "rights" of an "unborn child." Instead, as I detail below, the family planning strategy has been to apply the ethic of well-being, first, to exhort women to protect their own bodies from the potential damage done by repeat abortions and sexually transmitted disease, holding over them in particular the threat of subsequent sterility; and, second, to encourage women and men to think of "sex" as separate from procreation, and therefore as something that can be properly prophylactic. Because, as we will see, the ethics of abortion have "tradi-

tionally" aimed at hiding the evidence of inappropriate sexual relations, discussions of abortion in Greece are always indirectly about sexuality and gender and thus also plug into the safe sex campaign to prevent HIV/AIDS.

*Case 1: Negotiating an Ethic of Well-Being and an Ethic of Service in Abortion Narratives*

In a variety of pamphlets with titles such as "Do You Know? It Could Happen to You: Abortion," the FPAG warns of abortion's biomedical dangers, listing allergic reaction to anaesthetic drugs, hemorrhage, perforation of the uterus, damage to the neck or interior of the uterus, inflammation, fever, and endometriosis and salpingitis which increase the danger of ectopic pregnancy or sterility. Such family planning rhetoric actively challenges the popular belief that abortions in Greece are safe, even "the safest in the world," as an older woman once assured me. The FPAG publication "Conclusions of the Seminar on Women and Family Planning" warns: "Abortion is a violent dilation of the cervix, and scraping of the fetus from the uterine cavity by mechanical means. It is not a natural medical practice, but a violent intervention that . . . [leads] to devastating consequences for the woman's mental and physical and psychological health" (1993: 10). Women who regard Greek abortions as the world's safest are thinking of the low risk of maternal mortality when abortion is practiced by physicians versed in the technique. Family planners seek to recalibrate the "safety" of abortion in line with an ethic of well-being by emphasizing the risks of abortion to one's well-being. When state pronatalism picks up the family planning message, abortion's "safety" also becomes an index for demographic health: the body becomes emblematic for the culture as a whole (Scheper-Hughes and Lock 1991: 412) as the empty womb, scraped out and destroyed, transposes barrenness onto the national body politic. At the same time, family planners voice concern over the effects of abortion for women's emotional health. Not only will a properly modern, "enlightened" woman "know better" than to find herself with an inopportune pregnancy she must rid herself of through abortion, one demographer writes, she will also learn how to "maintain her psychic, bodily and social well-being," having been released "from the anxiety of an unwanted pregnancy and childbirth" (Emke-Pouloupoulou 1994: 79). Thus the ethical body created by the ethic of well-being promises health for the three bodies: physical, cultural, and political.

But what do women think? Several of my interviewees mentioned to me having seen American-style television talk shows featuring medical experts

discussing the new reproductive technologies, contraceptives, and the medical dangers of abortion. Doctors in Greece are highly respected and their word is rarely questioned (Arnold 1985; Lefkarites 1992; Tsalicoglou 1995). Nadia, whom I met when she appeared at my door selling English-language cassettes, had seen such programs. During a later interview she volunteered that while repeat abortions can lead to female infertility, she believed that new techniques are making them more safe: "Does abortion clearly damage the organism? I believe this is not a matter of opinion because it's a medical issue. Of course the doctors maintain that some methods [are better], for example not to scrape a piece of the uterus [dilation and curettage] but to use suction, like with a cupping-glass, you understand. Today I think it's done with suction [aspiration]. Now, how successful is it? I believe that after some two or three abortions you always do harm to the organism for the next time you want to keep a child. I have heard of cases where [a woman has] had around two abortions with the result that [she] can't have a child."

When I asked twenty-five-year-old Vasso about how having an abortion affects a woman, she stated that there "must be" some "psychological effect" but went on to clarify that the "worst" thing that can happen is "maybe in the end, when [women] finally decide to have a child after they already had abortions, then many women can't because something has been damaged." Other women I interviewed spoke from direct experience. Litsa, who at age thirty had a child after using in vitro fertilization, confided she was rendered unable to conceive "naturally" after having an abortion in her youth.

Middle-class Athenian women know the medical dangers of abortion. But they speak of abortion in relative terms, in the register of an ethic of service keyed to responsible motherhood. Lela, whose parents look after her child while she is at her civil service job, reveals how Greeks qualitatively assess fetal life in terms of the potential social life of a future child: "It's bad for you to have an abortion. But then who will bring up the child for you [if you're at work all the time]? And if your relationship is not working, is it better to bring up your child in a disintegrating family? It is better to have an abortion than not be able to give it a good life." Pressed into ethical service of family and community, abortion has been presented as a solution—albeit fraught and imperfect—to a pregnancy that occurs when a woman is not in a position to fulfill the social requisites of being a good mother.

If abortion can symbolize either a woman's patriarchal obligation and dependency or her free exercise of personal choice (Wilt 1990; Pitch 1992), I was struck by how many middle-class Athenian women of various ages expressed the former view as opposed to the latter. As a means of family

limitation, abortion has enabled women to better care for the children they already have, but 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. Women have frequently been compelled to have abortions, especially "in the past," I was told, when men did not shoulder their responsibility in sexual relations so as to avoid conception. Eleni, the mother of three grown children, forcefully conveyed how abortion practice in the Peloponnesian village where she was raised and married related largely to a lack of male responsibility in sex: "I know a woman who had forty-one [abortions] and five children. I know that particular woman felt sex as a rape, 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." This woman's husband apparently conceived of marriage as a property agreement whereby a husband owned access to his wife's body for sating his sexual desire and for producing heirs. Prior to 1982 there were legal grounds for this type of behavior, although morally speaking it was understood that men as well as women were expected to at least attempt to exercise sexual moderation (Campbell 1964; du Boulay 1974). Middle-aged and older women like Eleni frequently distinguished between "good" and "not nice" husbands in terms of whether their wives had to resort to abortion to cover over men's lack of sexual control.

If frequently abortion is ethically motivated by proper motherhood, under an ethic of service it becomes a moral issue in that it is a woman's moral responsibility to hide sex: hiding an abortion hides from others evidence of sexual impropriety. Of sexual transgressions, a friend of mine explained: "If you don't talk about it, it doesn't exist." Robinette Kennedy reports of Cretan women speaking similarly of extramarital affairs, and she quotes one as saying, "When I don't say anything to my husband, the evil stops right there. Nothing happens. But if I tell anyone about it, the bad thing goes on" (1986: 125). As demonstrated in the honor and shame literature (cf. Campbell 1964; du Boulay 1974; Herzfeld 1983, 1991; Gilmore 1987), silences surrounding abortion in Greece uphold reputation because this depends less on what one does as on what others believe one does; as the midwife said, this is the "Greek ethics." Meanwhile, discreet actions can achieve useful ends. A woman who finds herself with a husband who "isn't nice" can, and indeed should, attempt to correct for his moral weakness (unfettered sexuality) with her moral strength (terminating pregnancy). However, it is not the case (as modernizers hold) that Greeks view hidden behavior such as inappropriate sex or abortion as exempt from moral evaluation; rather, morally question-

able behavior that goes undiscovered is allowed to continue.<sup>5</sup> With this history in mind, a gynecologist and feminist activist I interviewed pronounced abortion—and patriarchal complicity with it through institutions of family, church, and medicine—as "part of the violence against women" in Greek society.

And yet, such cases demonstrate a disjuncture between the "appearance" of male authority and the "reality" of women acting behind the scenes to safeguard the family's ethical/social well-being (Friedl 1967; Dubisch 1986). In other words, and contrary to the assumptions of both "honor and shame" and of family planning ideology, Greek women have not been merely the passive victims of male sexual dominance. Or, they have at least framed recourse to abortion as in keeping with womanly dispositional virtues of self-control and maternal sacrifice. Maro, a thirty-eight-year old unmarried dentist who lives two blocks from her parents, who followed her to Athens from their village, stated to me: "The mother, for me, plays the most significant role in the house. However, because society is androcentric [*androkratiki*], the world appears male and the father thinks he has the upper hand. For although anymore they both generally work, say, in the shop, and in the majority also both participate in the home, the woman is the one who is responsible for the house, for the kid—the father participates less in the common responsibilities because he's tired, he's going to go to see his friends, he'll read his newspaper and sit around—this is the classic Greek family. It's generally thought that the role of the father is more important, when in essence it's the mother's." Women have had abortions not only to terminate inopportune pregnancies but also to conceal immoral sexualities (see Schneider and Schneider 1995: 178)—ranging from incest to having "too much" marital sex—and they have done so in service of family, community, and even perhaps nation. In so doing, they demonstrate virtue. This is the ethical service that family planners miss as they hope to instill a different kind of ethic that pushes for women's individual acquiescence to state interests in modernity and larger families by protecting personal health and future fertility. These challenges may compromise women's reproductive agency.

Whereas "in the past" the immoral sexuality that abortion kept from public scrutiny included extramarital affairs, incest (an issue raised in several interviews), and sex between spouses after "a certain age," at present this list has expanded to include "irresponsible" (nonprophylactic) sexual relations. And while abortion and sex are discussed more openly today, Athenians wanting to espouse "modern" views may be more quick to label abortion as a shameful last resort. The moral questions deliberated are significant—and



the moral doubt understandable—because what is at stake in questions of intent and agency is not only the moral character but the gender proficiency of women. According to the traditional ethic, matters of sexual propriety are decided on the basis of established character, meaning that a woman must attend continually to her public appearance and to others' opinions: having a moral reputation results in morally appropriate behavior. In contrast, under the biomedical ethic of family planning ideology, repute is after the act: abortion is damaging to a woman's body, and because it is avoidable it is morally unsound, and thus a woman who has an abortion is lacking in forethought and moral judgment. Well aware of this distinction, the middle-class Athenian women I interviewed commented on the high incidence of repeat abortions in Greece; most offered stories of friends and relatives who had had abortions and only a few offered their own abortion stories.

At twenty, Nia was the youngest woman I interviewed. A university student, she lived down the street from me in a neoclassical house with her elderly widower father. Nia, who is close to many surrogate mothers, her aunts, and the wives of her fathers' friends, filtered her analysis of the Greek habitus (Bourdieu 1977 [1972]) of abortion through the lens of both ethics: "I've heard of women who have had an abortion, married with older children already—they feel ashamed that, having a child of twenty, they go and get pregnant again. And they and their husbands know only this way. It is for them the solution. They have had children, it can't harm their system." Here Nia is making a secondhand evaluation of "traditional" practices—even as she makes excuses for them—in light of scientific knowledge about the harm abortion can do to one's reproductive system. Nia believes that women who might regard abortion as birth control must be older; they are mothers. She makes rational excuses for their "ignorance," even suggesting that abortion in their case is not such a bad option because at their age it can't harm them anyway. Realizing that the ethic she might apply to her generation is not fairly applicable to older women, she excuses herself from having to judge them: "Since women are today more informed, they believe it is better to be preventative, so they consider abortion as a last resort. If you can't do anything else and a child comes to you suddenly—and at an age when you can't have a baby—then I think you resort to an abortion." (Nia's report is outdated: in fact, the Greek abortion rate is rising most rapidly among teenagers.) Women are able to draw on a legitimate ethic of service in talking sympathetically about others, while reserving for themselves a more contemporary, scientifically underwritten, moral position.<sup>6</sup>

This ethical brokerage indicates that family planners, in order to foster the

modern mentality they believe will produce modern contraceptive use, must do more than frighten women into wanting to avoid an abortion: family planning advocacy must change the way women and men approach sexual relations and think about their own agency. The new sexual ethic that family planners hope to instill is well illustrated in a column in the May 1993 issue of *Yinéka* (Woman) magazine. There Anthi Doxiadi-Trip observes that "the problem with prophylactics is not that no one has told [adolescents] about them, or that they've never heard of them. The problem is that, because they do not have the proper 'psychological training,' it goes in one ear and out the other."<sup>7</sup> She advocates training children to adopt preventative practices early in life: if kids grow up using sunblock to prevent skin cancer and brushing teeth to prevent tooth decay, they will be more inclined in later years to use condoms to prevent inopportune pregnancy and sexually transmitted disease. Doxiadi-Trip champions a decidedly modern type of agency: "To give them the sense, the pragmatics [to realize] that many of the things that seem to happen to them are in their hands to make happen, not let happen to them" (321). The ethic of well-being asks women to realize morally appropriate behavior through enacting responsible decisions that are explicitly self-interested, rather than finding self-worth through service to others.

To help facilitate a shift in people's understanding of control as it relates to fertility, the family planning pamphlets and newspaper articles described and quoted in this essay frequently replace the Greek word *érotas* (passionate love) with the English word "sex," represented in either Greek or Latin characters. While socializing with Athenian teenagers as an American exchange student in 1988, anthropologist Joanna Skilogianis told me she never heard the word "sex"; "back then," she said, "people 'made love' [*kánoun érota*]." Another friend recalled to me: "My grandmother wouldn't talk about 'the act'—that's what she would call it, *I Práksi*, with a capital I and a capital P." Today, the public use of the foreign word "sex" (which is strewn throughout magazines and newspapers, heard on television, and voiced by doctors) expands the allowable parameters of acceptable and valid sexual practice beyond (unprotected) vaginal intercourse. Being "Western," the word "sex" simultaneously connotes pleasure and rationality. Family planners, committed to the liberating promise of rational action, also need sex to be pleasurable as a way of disentangling morally appropriate sexual practice from its "traditional" mooring in the possibility of procreation and generating proper families. A "modern" mentality amenable to contraception would take pleasure, not social repute, as the object of sex. In the family planning rhetoric (including FPAG and state Ministry of Health literature, as well as in such

popular media as pregnancy test advertisements), the modern pleasure ethic of "sex" is set apart from a traditional "procreative ethic" (Katz 1990), which can still be referred to through *kánoun érota*, or "making love." The word "sex" signals the advent of nontraditional sexual practice: primarily guilt-free sex outside marriage without intent to marry, but also including anything that is not monogamous marital sex, men having sex with prostitutes, or incest (all of which might be considered more "traditional")—the kinds of sex that abortion has covered over.<sup>8</sup> But "sex" on the model of Western modernity, as Carole Vance (1984) has noted, is if pleasurable then simultaneously dangerous. And this brings us to the second element of the 1990s family planning campaign: the promotion of safe sex practices.

#### *Case 2: AIDS and HIV Transmission and the Marketing of "Safe Sex"*

The phenomenon of AIDS not only participates in the opening up of public and private discussions about sex, but the AIDS awareness campaign provides a window onto how Greek family planning and its attendant ethic of well-being must reconcile the promises and perils of being modern. The first cases of AIDS in Greece were reported in 1983.<sup>9</sup> "The last few years," thirty-eight-year-old Maro said to me a decade later, "now since AIDS appeared and the campaign about AIDS began, the prophylactic has begun to enter into people's lives." An article published in a leading daily newspaper, *Ta Nea*, reported: "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 [*me ti seksoualiki práksi*]." <sup>10</sup> Consensus among the family planning community suggests that the abortion rate has been falling since 1992 as a welcome by-product of the increased use of condoms to prevent HIV infection.<sup>11</sup> "Fear of AIDS and the increased use of condoms has apparently led to a 50 percent drop in the number of abortions in Greece," *Ta Nea* reported on 19 April 1995.

In Greece, people's fear of AIDS has been focused on the virus itself, which seems to be looming in "today's world." According to popular opinion, AIDS "appeared" in Greece via tourist "carriers." AIDS, always otherized through its English acronym (in line with the use of the English word "sex"), is depicted as a symptom of modern times and not as, say, a disease put on the earth to punish individuals for engaging in certain practices. It was striking to me how infrequently AIDS was mentioned in conjunction with

homosexuality or gay men; more often, it is attributed to IV drug use, another modern import.<sup>12</sup> Amid the collective memory of centuries-long struggle against occupation and foreign rule, this view is in keeping not only with Greece's historically rooted "underdog imagination" vis-à-vis the "West" (Di-amandouros 1993) but also with an understanding that homosexuality reflects a weakness of sexual will rather than concretizes a sexual identity. Homosexuality, like overenthusiastic heterosexuality, is a natural (if morally problematic) phenomenon that can be blamed on the characterological human condition of original sin. The HIV virus, in contrast, is seen to come from "outside" Greece. When HIV is not ghettoized among a "sexual minority," the health message is that anyone can contract the virus.<sup>13</sup> According to FPAG: "All sexual acts are dangerous without prophylactics"; "Any kind of sexual activity without proper use of a prophylactic is very dangerous"; "AIDS attacks anyone regardless of sexual orientation."<sup>14</sup>

In the informational literature put out by the FPAG and by the Ministry of Health Center for the Control of Infectious Disease, it is *seksoualiki epafi*, or sexual contact, that transmits disease as well as causes inopportune pregnancy. The FPAG literature on HIV prevention can be quite sexually explicit. One leaflet cautions readers to remember that "oral sex" [*to somatikó sex*] is very dangerous during menstruation or if the active partner has a cut in his mouth, swollen gums, ulcers, bleeding wounds, etc." In saying that any sexual practice or "contact" is potentially "risky," the literature acknowledges that any sexual practice, regardless of procreative potential, is indeed, sex. An article titled "Save Safe Sex" that appeared in a 1995 issue of *Flash* magazine (which is geared toward young men) voices the newly sanctioned permissiveness with the voice of traditional authority (parental figures): "We would never tell you (like your mother) to find a good girl so [you] can have a family and put your mind at ease. We tell you, 'great, go out and screw this summer,' because the winter is miserable, because all the country's babes are now unwinding and you can't miss the party!"<sup>15</sup> Young people are being told that sex is not shameful—so don't be ashamed to carry a condom. Sex in this view—safe sex—can be enjoyable, but still it is not something to be engaged in "freely" with "abandon." As this article's title reveals, sex "for pleasure" will not be much fun if it leads to disease or inopportune pregnancy.

By playing to a collective fear that every instance of "sexual contact" can transmit HIV, the AIDS information campaign presents its message as the light at the end of the tunnel, as a glimmer of hope in a fallen world. If *kánoun érota* (making love) refers to an almost quaint ideal of "traditional" relations between romantic and/or conjugal partners, *seksoualiki epafi*, by

its ability to transmit disease, is a tarnished, contemporary form of the old ideal. However, there is redemption after the Fall: *seksoualiki epafi* has been brought out of the silenced sphere of the family and into the public domain of scientific medicine. True, every instance of sexual contact runs the potential risk of disease, but family planning fights modernity with modernity by retooling and reapplying (for instance, within marital relations) that ancient technology, the prophylactic. As noted by FPAG: "The surest method of *protection* is to *insistently demand* that your sexual partner wear a *prophylactic*." Here, prophylactic sex and the "traditional" sex acts that spread disease are distinguished as having sex versus "making love": "Don't make love in any way with a man who refuses to wear one. Your own life and your partner's comes first."<sup>16</sup> In these lines of officialized discourse, people are told they can do good and have sex—any kind of sex, as much sex as they want—so long as it is safe from disease and other "undesirable consequences,"—namely, inopportune pregnancy that would likely lead to abortion, which, like a disease, is potentially damaging to biological fertility and health. Family planning advocacy, then, works to frame "sex" as a medicalized space of rational, autonomous control separate from constricting patriarchal relations and symbolic links between procreation and motherhood. The latter, recalling Kakoyanis's words, are relegated to the more "cultural" category of "making love."

As shown in the example above, promotional campaigns for condoms frequently act on traditional stereotypes of gender and sexuality and pitch their message toward women and not men. The August 1992 issue of *DIVA*, a glossy fashion magazine targeting middle-class young adult women, was during my fieldwork prominently sold at kiosks covered in plastic that also encased a silver-wrapped condom. Moreover, I once bought a skirt of Greek manufacture from a centrally located shop that had affixed to it a paper packet labeled "AIDS" that contained a male condom. Here, family planning efforts neglect to realize that in feminizing a traditionally "male" contraceptive, the burden of contraceptive accountability is increasingly placed on women. While it is unequivocally good that condoms are becoming commonplace (indeed, as mentioned earlier, a side effect of increased condom use to prevent HIV has been the drop in the national abortion rate over the last few years), a feminist gynecologist once complained to me that condoms were never advertised extensively when their primary purpose was to prevent pregnancy: "You see how unfair it is. How many years have we tried as women to make men use the prophylactic, the condom! They will try it for women, but the partner, he will not accept it. But now with the AIDS problem

it's really advertised everywhere. This was never done for pregnancy. Not to save the poor women's life [by reducing need for abortions], but it's only to save the man's life. I find it outrageous, actually." Just as it has "traditionally" been viewed as a woman's maternal duty to limit the size of her family, it is a "modern" woman's duty to protect the heterosexual family from disease.

Under the ethic of well-being, each person is held morally responsible for her or his own actions in terms of the possible resultant health consequences—that is, infection from disease or sterility from abortion. This is in contrast to how "traditional" moral codes of sexual relations are aimed at upholding God's will and family solidarity; the repercussions of premarital or adulterous sexual activity have to do with what others would say about the transgression: "How will what you've done reflect back on the rest of us?" It is not merely the moral codes—what people are or are not allowed to do (or admit to) sexually—that are changing, then. The bodily ethic of health also requires a change in "the way in which the individual establishes his relation to the rule and recognizes himself as obliged to put it into practice" (Foucault 1990: 27). An ethic of well-being is "new" in how it imagines the ethical subject. Put plainly, the new ethical subject is the moral object of sex.

The narcissism of this subject is made explicit in Doxiadi-Trip's magazine column: "The difficulty is the meaning of prevention, the meaning of 'I have control over things that concern me,' the meaning of communication, of discussion as a form of intimacy. And above all else the meaning of *érotá* [passionate love] and devotion, profound respect for the body—our own and others" (1993: 320). As FPAG states in one of its pamphlets: "AIDS is combated if each one, individually, takes measures! Looking out for myself means looking out for the one I love!"<sup>17</sup> Here, in taking "love" as something that motivates behavior in sexual relationships, family planning advocacy hopes to encourage not only new understandings of sex but also of love. Motivated by an ethic of well-being, love can take one's very self as its object. And yet, paradoxically, the family planning notion of sex, divorced from reproduction, is also morally divorced from the specificity of particular relationships. Under an ethic of well-being, a properly moral attitude toward sex will approach it rationally, each instance of sex being morally equivalent to any other because the moral object of sex is one's own personal health and well-being. The family planning "philosophy of life" depends on this new object of sex which is encouraged by a new object of erotic love: love thyself. Passionate love—being swept away by pure emotion and physical urge—is irrelevant to the pleasure of rationalized sex.

What would it mean to take passionate love out of the ideal picture of

sexual relations? In Greek cultural thought, sexual attraction (*érotas*) is defined as a matter of physical attraction and recognized as a “natural impulse,” but it is largely valued (perhaps especially by women) because it may become a path to *aghápi*, the enduring love of the heart (Papataxiarchis 1991). As Phoebe, a forty-year-old divorced administrative assistant, explained to me: “Érotas, 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.” Eva, a 25-year-old administrative assistant, concurred, noting that “after érota comes aghápi. When I’m *erotevméni* [in érota] I have a passion for this man. I like him, I want him [sexually], then after awhile I believe that the passion and my érotas will continue to exist, but aghápi will prevail.” Physical attraction and sexual relations come before and potentially lead to enduring love, a point that Athenians explained to me as being in contrast with the more puritanical American or British way of doing things. Family planning and safe sex rhetoric, cast in this foreign mold, asks Greeks to bring aghápi to their érota, so to speak. The repercussions for conceiving agency and subjectivity are significant. In this context, it is not surprising to find a backlash against safe sex mandates: a proliferation of romantic visions in Greek public culture.

#### *Nature and Nation: Siting Sexuality within the Moral Politics of National Identity*

In Greece, the backlash against safe sex mandates is unleashed in the context of a cultural imperialism where the safe sex campaign is often viewed as a sanitizing threat to a wild, unruly, and virile sexuality that many Greeks claim as an aspect of national character—the kind of male sexuality that women’s use of abortion has often been directed at correcting or, perhaps, enabling. To demonstrate this briefly, I draw further on magazine images; because Greek media often mimic Western formats, media representations of gender and sexuality offer an incisive view of the ambivalence that characterizes a young urban Greek gaze toward the West, emblematically represented by the United States. *Flash* magazine’s “Save Safe Sex” article appealed to “the person who wants to live and not to survive. Who isn’t closed up in his room, traumatized by hysteria, paroxysms and prohibitions, who has no taste for either ‘absti-

nence and temperance’ or self-service. Greek folk wisdom said it years ago: ‘masturbation [*malakía*] is fine, but with sex you know the world.’ Save sex! And do it safe! [emphasis added]” (72). Here Greeks are recognized to be “customarily” incurable romantics and insatiable lovers. The tourist T-shirts with their slogans such as “Greek men are the world’s greatest lovers” remind us, though, that this “tradition” has revolved around gender asymmetry in sexual relations.

Such popular images reveal how Athenians’ receptions to family planning rhetoric are tuned to the wider political culture of a nation-state where gender and sexuality provide a framework for debate over national identity (Dubisch 1993: 281). Gendered, sexualized imagery figures widely in national stereotyping because “like gender . . . nationality is a relational term whose identity derives from its inherence in a system of differences. In the same way that ‘man’ and ‘woman’ define themselves reciprocally (though never symmetrically), national identity is determined not on the basis of its own intrinsic properties but as a function of what it (presumably) is not” (Parker et al. 1992: 5). In the early 1990s, the virile component of a Greek national character may have been most potently portrayed by the country’s late septuagenarian prime minister, whom the mainstream press could not help but admire for his bold move to court and marry a “tall—taller than 80% of the men in [his] PASOK party—blonde and sexy” woman, a contemporary of his children.<sup>18</sup> Far from being raked over the coals of media morality for leaving his (American) wife of several decades and the mother of his children for a significantly younger (Greek) woman (and an Olympic airline hostess at that), Andreas Papandreou was credited with rekindling the national flame of érota “in the years of a spiritually crippled Greece.” Another heterosexual men’s magazine waxed poetic: “Oh men of Athens, anatomists of History. Come let us avenge the prime-ministerial member for the adolescent pursuits of dawning érota. . . . It’s true. Andreas Papandreou, this fearsome generator of aghápi and myths, did it for you. He, whilst having a rendezvous with death, collided with érota. He dressed his feathers and set off on a solo journey, an odyssey to the depths of the soul . . . Érotas swept like a conflagration over the hypocritical ‘don’t’ and ‘must’ of constipated neohellenic society. He came like a spring rain to sweep away the dust of aged ideas.”<sup>19</sup>

Papandreou’s much-publicized exploits were seen to breathe new life into the “Greek spirit” that had been flattened, presumably, by institutionalizing forces whose parameters for sanctioned behavior today include safe sex mandates. If Papandreou could let loose and find happiness at his age and in his position then hope is not lost for the Greek masculine/national ideal accord-

ing to which “Greeks” are mortal (male) adventurers in a land of female sirens. As the probable sarcasm of the authorial tone itself suggests, this article belies an ambivalent view of “the West”: in a magazine explicitly modeled after Western prototypes lurks implied “condescension toward the effeteness of the West” (Herzfeld 1986: 222). Just as women’s supposed sexual weakness ultimately reveals their strength, the Greek (male) lack of sexual control in practice (a normatively feminine characteristic) ultimately testifies to the nation’s virility. This contradiction (or better, inequality) is not particular to Greece but rather appears in the nationalist rhetoric of many modern nation-states. David Horn, for example, writes of early-twentieth-century Italian fascism that “the virility of the social body, like that of the individual male, was seen to depend crucially upon women” (1994: 65). The moral object of sex under construction through family planning turns out to threaten the “natural” fixity of that masculine sexual energy (responsibly channeled by women’s post hoc birth control) that helps to distinguish and reproduce Greeks as a unique and special people. The ethical body is a gendered body.

What is perhaps most striking about this sexual idealism in the Greek case is that it revolves around men’s romantic, emotional inclinations. A decade or two ago, men’s magazines were more apt to celebrate the “calculated, unemotional skillfulness” that a certain subculture of men, *kamákia*—literally, “harpooners”—applied to “the hunt” of foreign women for recreational sex (Zinovieff 1991). When the promise of sex (along with sea, sand, and sun) is seen to draw tourists to Greece from wealthy nations (Zinovieff 1991), the irresistible, charming, and sexually prolific “Greek” (male) carries national value as a marketable commodity. The practice and social status of *kamákia* has declined since a fear of HIV infection has induced more men to use condoms in casual sex, to abstain from its practice, or even to settle down and marry. In the wake of rational safe sex campaigns, and perhaps inspired by Andreas Papandreou’s amorous adventures, in the early 1990s the Greek media added a romantic, marital “happily ever after” to the lure of Greek male heterosexuality. The virile/fertile Greek lover is, after all, not only a marketable tourist commodity but a potentially crucial national resource, a sexual service worker in the production of new Greeks—if, like Papandreou, he stays home and marries the Greek girl. While the stereotype of virile masculinity may help placate government anxiety over a declining birthrate, as with the gendered assignation of “blame” for infertility problems Greek men (including politicians) can still hold Greek women primarily account-

able for this decline, thereby translating the nation’s underfertility, its “demographic problem,” into its “woman problem.”<sup>20</sup>

What all this means for Greek women is that now more than ever many may feel pressure to be alluring to men, to make themselves sexually available to men, and to flatter men’s sexual egos by letting men sweep them off their feet. Greek men, in Athens and in other tourist areas around the country, complained repeatedly to me, a young *Amerikanída*, that “local” women were not nearly as exciting or accommodating as foreign women (see also Zinovieff 1991). While discussing her former marriage over dinner one night, my friend Moira advised me: “A woman must be interested in what the man is interested in.” Indeed, as soon as forty-year-old Moira began expressing interest in her own projects and goals rather than devoting her time to cheering on her husband’s career in television production, the marriage fell apart. How are women to reconcile the pressure to play the supporting conjugal role at the same time that media articles and advertisements and even their doctors exhort them to “take control” of their sexual and reproductive lives? Needless to say, debate ensues: How are “modern” Greeks supposed to talk about sex and go about romantic relations? To phrase this in the Aristotelian frame I introduced at the outset of this chapter, how are people to act morally and realize their gendered “natures” when they are pressured to adopt practices that directly challenge customary relations?

When gender remains crucial to the construction of the Greek nation-state and is symbolically enacted by male-dominant heterosexual relations, it becomes easier to understand why Greek women can eagerly consume a biomedical model of pregnancy (Georges 1996b; Mitchell and Georges 1997) and birth (Arnold 1985; Lefkarites 1992) while remaining wary of medicalized female contraceptive practices that challenge the moral symbolics of heterosexuality. We can also see how those among the Greek medical establishment who advocate family planning construct their own orientalizing stereotypes of “Greek women” in explicating an irrational “preference” for abortion. Michael Herzfeld elucidates this Greek dilemma as follows: “As self-styled Westerners discursively seek to distance themselves from the ‘atavistic’ Balkan and Muslim worlds, usually by decrying a supposed lack of rationality in those populations, they find themselves imitating precisely the same paradoxical strategy of simultaneously exoticizing their own past and pointing to it as the source of their national character” (1997: 110; see also Sutton 1994). Greeks frequently view proudly their sexual proclivities as more “Eastern” or “Mediterranean” (*mesoghiakés*)—that is, more in line with

the Turks who are similarly “hot blooded” and “passionate” as opposed to, say, the “cold” Brits who, in being stereotyped as overly rational and unemotional, are seen as emasculated and “effete.” But while Greeks are berated for having far fewer children (and hence producing a far smaller army) than do Turks, Greek politicians nevertheless praise their constituency for being “modern” enough to validate Greece’s membership in the European Union, the privilege of which Greece officially finds Turkey undeserving. Nationalism colludes with patriarchy in demanding that family planning, responsibly employed by modern citizens, rationalize the “nature” not only of sex and fertility but of population growth.

### *Conclusion*

In this essay I have taken an ethical view of gender and sex so as to demonstrate how the desires of family planners to introduce a moral dimension to fertility control overlook an existing set of ethical precepts that are densely woven into women’s sense of abortion and that inform Athenians’ ambivalent reception of safe sex imperatives. In describing how Athenians struggle to update their ethical evaluations of sexual and reproductive practice, I have demonstrated that family planning advocacy underestimates the powerful role that gender plays in shaping ethically appropriate sexual and fertility control practice under both biomedical and customarily Greek models. The ethical body required by the ethic of well-being—like that summoned forth by the ethic of service—is a gendered body. In recognition of this, and counter to modernization theory, I have argued that if knowledge of biomedical fertility control facilitates a “modern” shift in the ideal site of reproductive agency—from the social realm of sexual relations and the post hoc arena of abortion toward the biologized space of conception and contraception—this does not signal an automatic gain in women’s autonomy. The ideological commitments of family planning advocacy produce an ethical indeterminacy that is played out in assessments of women’s virtue as self-controlling and that multiply the kinds of sexual impropriety women are charged with concealing. Athenian women’s gender proficiency is judged in a context in which patriarchy and liberal individualism are in uneasy—sometimes consistent, sometimes contradictory—coexistence. Conflicting social/ethical expectations become especially burdensome in an era when the very same irrepressible—even immoral—sexuality that family planners want women to overcome continues to inform the “nature” of Greek national identity, thereby helping to distinguish “Greece” from the encroaching and dominant

“West.” By superimposing an ethic of well-being onto an ethic of service, family planning rhetoric, far from facilitating modern women’s liberation, has furthered women’s lived contradictions as Greek women.

Ethics is what makes the physical, cultural, and political bodies stick together, and ethics is an important place to look to understand how people respond to social change, including the transcultural transfer of medical technology. In Greece, an ethical view of gender tunes us into the way a characteriological “nature” to be socially realized in the frame of Aristotelian naturalism and Orthodox theories of sin (Campbell 1964) conflicts and combines with the material “nature” of biomedicine: recall Aristotle’s notion that “neither by nature . . . nor contrary to nature do the virtues arise in us; rather we are adapted by nature to receive them, and are made perfect by habit.” Today, Athenian women are asked to realize through habit a new kind of nature, one presented by family planners as asocial and biological, even as it is to be adjusted to through ethical modification of habit. Even biomedical nature is socially realized through ethical action. The recognition of this notion reveals how sexual and reproductive agency is neither a matter of free will nor of resistance to the imperatives of a fixed nature or a constraining culture. Agency emerges in ways that reconfigure and reproduce identities and social relations, including relations of gender and global inequality. To conclude, I would like to suggest here that this lesson about nature and agency might helpfully be extended beyond the Greek case—that it might be bent back to reflect critically on the definitively “modern West,” the post-Enlightenment source of healthism, which embodies moral reasoning consistent with biomedicine. What is “real” about human nature here, too, is not its fixity or inevitability but its realization through social practice. The physical, cultural, and political body is a creature of habit, of ethical habitus realized at a variety of scales at once.

### *Notes*

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- 1 All undocumented quotes in this essay are taken from interviews I conducted during the course of my fieldwork in 1993 to 1995. The thirty-eight women I interviewed about their personal stories range in age from twenty to seventy; around half

are mothers and several are divorced. Their occupations include student, civil servant, salesperson, professional, and homemaker. Most recognize themselves—in explicit contrast to their mothers and grandmothers—as “modern” or “contemporary” women.

- 2 The earliest research into contraceptive use and abortion in Greece was conducted in the mid-1960s by the (now defunct) University of Athens Centre of Demographic Research. This survey of 6,513 married women throughout the country found that since World War II abortion had served Greek women as the best known and most available and effective method to avert inopportune births. Among those who “admitted” to having had an abortion (35 percent of the women surveyed), women averaged two abortions each in rural areas and nearly four abortions each in the greater Athens area (Valaoras and Trichopoulos 1970; Comninou 1988). The following figures (Valaoras and Trichopoulos, 1970: 290) reflect responses to a question posed by researchers regarding “methods of family limitation” (see also Symeonidou 1990): coitus interruptus, 49.2%; condom, 22.0%; induced abortion, 20.6%; other [pill, IUD], 8.2%; total: 89.5%.
- 3 A 1994 article published in the progressive youth magazine *oi* (Lykouropoulos 1994) 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. 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-selling brand *Duo*, which is manufactured in Malaysia and packaged in Greece under the German-based multinational Beiersdorf corporation (reported in “Faulty Condoms,” *Athens News*, 12 March 1998, A3).
- 4 In 1980 (not coincidentally, the year before Greece became a full member of the European Union) the Greek Parliament legalized female methods of contraception and legislated the establishment of family planning (*ikoyeniakós programmatismós*) clinics in a select number of state hospitals. By 1990, thirty-eight state-sponsored clinics were in operation throughout Greece (thirteen others had by then shut down), eight of which were in the Athens area. These state-run centers operate apart from FPAG, but because the number of qualified instructors is limited, private and public initiatives and memberships overlap. Evangelia, for instance, volunteers her time to FPAG but is paid by a state insurance agency to give similar kinds of presentations.
- 5 In a social world where the operational notion of “self” is “rooted neither in individual impulses nor in institutional roles, but in changing, situated pressures” (Derné 1992: 260), morality becomes a matter of character development, of conformity to normative standards of propriety. Discrete actions are left to achieve pragmatic ends. This is somewhat different than in, say, Catholic Ireland where women may keep a history of having an abortion from others “to protect themselves from the criticism of others” who condemn abortion as “wrong” in and of itself (Fletcher 1995).
- 6 For a similar observation of U.S. women’s moral evaluations of smoking during pregnancy, see Oaks 2001: 112–13.

- 7 Anthi Doxiadi-Trip, “Pro-Profilaktiká” [Pro-prophylactics], *Yinéka*, May 1993, 320–21.
- 8 The difference between “having sex” and “making love,” or between modern and traditional sexual practices, may be one of semantics. People may now simply be talking about a variety of sexual practices that others have quietly been doing, happily or in resignation, for generations. One friend told me that she heard the older women in her “husband’s village” giggling one day in the fields, telling dirty jokes, and the women started saying things like, “Oh, you know sex, it’s really good” (not the attitude they were supposed to convey); “and you know if you don’t want children you do it from behind!” My friend, a Greek American, was aghast. “No really,” a woman of her grandmother’s generation assured her, “how else are you going to do it and have a good time—you just do it from behind!” The correlation between anal sex and contraceptively safe sex has been noted for additional areas of the Mediterranean (Delaney 1991: 50–51).
- 9 In 1989 an estimated 8,000 persons in Greece had tested HIV positive (Agrafiotis et al. 1990). In 1993, 721 cases of AIDS had been reported. These numbers are low in comparison with other European countries, where in 1993 22,939 cases were reported in France, 17,029 in Spain, 15,780 in Italy, and 6,929 in the United Kingdom (Hellenic Archives of AIDS 1993: 141, cited in Tsalicoglou 1995: 95). But as noted in Tsalicoglou 1995: 85, the relatively small numbers in Greece should be considered in light of an increasing rate of occurrence: in 1992 there were thirty times more new cases than in 1984. By early 1994, 871 persons were reportedly living with AIDS in Greece, of these 779 were men and 92 were women (35.2 percent of the women were infected by their husbands) (Lazanas 1994).
- 10 Based on surveys done in 424 general military hospitals of male patients from urban areas, aged eighteen to twenty-seven (presented at the Ninth Northern Greek Medical Conference in Thessaloniki, 6–10 April, as reported in “They Know Only the Prophylactic,” *Ta Nea*, 1 April 1994).
- 11 I heard this in numerous interviews with physicians and social science researchers; see also Emke-Pouloupoulou 1994.
- 12 Official statistics on means of infection do not quite match up with popular understanding: 58 percent of AIDS cases were linked to homosexual contact, and only 4 percent to IV drug use; 10 percent were reportedly due to blood transfusion (despite a state center for the Control of Infectious Diseases pamphlet’s assurance that you can get a blood transfusion without fear of contracting HIV); 15 percent were infected from heterosexual contact; and 11 percent were linked to “unknown source” (“World AIDS Day,” *Athens News*, 28 November 1993).
- 13 Indeed, traumatic images of AIDS victims from around the world had in the 1990s instilled a fear among Greeks that bordered on paranoia. A German man working at a small inn in Mytilene, Lesbos, complained to me in 1992 that over the past few years Greek tourists had begun to grumble noisily about having to share a bathroom with “other” (meaning foreign) guests; they feared they would “catch AIDS” from the toilet seat. In early 1994 a health clinic/social center opened in a working-class neighborhood near Piraeus, a place where people living with AIDS or with HIV could

come for support, care, and counseling. According to newspapers, children at a nearby elementary school staged a strike claiming that the "air was bad," while a neighboring restaurant owner complained that his business had suffered since the clinic's opening. So widespread are the misperceptions of how one can contract HIV that a KEEL pamphlet goes through a list of thirteen items that one can do and not be in danger, including embrace someone, shake hands, give a simple kiss, be near someone who sneezes, use someone else's books or pencils, use a "foreign" toilet, shower, or used towel, swim in a pool, eat in a restaurant, handle foreign plates or glasses, be stung by mosquitoes, fall with an open wound, give blood, get a blood transfusion.

- 14 The quotes here are from the FPAG leaflets "AIDS: O gnostós 'ágnostos': gnósi horís prokatalípsis"; "AIDS ke allióis . . . Profilaktikó!"
- 15 "Save Safe Sex," *Flash*, August 1995, 72.
- 16 From the FPAG leaflet "AIDS: O gnostós 'ágnostos': gnósi horís prokatalípsis."
- 17 From the FPAG leaflet "AIDS ke allióis . . . Profilaktikó!"
- 18 "Love in the Time of Cholera," *Colt*, February 1996.
- 19 See "Dhimografikó: I yinékes ke páli énoches" (Demographics: women are again to blame), a piece written by the Greek Chapter of the European Forum of Leftist Feminists that appeared in the newspaper *Mesimvrini* on 12 December 1993. See also Paxson 1997; Halkias 1998.
- 20 Vasili Bonio, "O érotas sta chrónia tis choléras," *Colt*, February 1996, 59.

SHANTI A. PARIKH

# From Auntie to Disco: The Bifurcation of Risk and Pleasure in Sex Education in Uganda

...

All those social controls . . . which screened the sexuality of couples, parents and children, dangerous and endangered adolescents—undertaking to protect, separate, and forewarn, signaling perils everywhere, awakening people's attention, calling for diagnoses, piling up reports, organizing therapies. These sites radiated discourses aimed at sex, intensifying people's awareness of it as a constant danger, and this in turn created a further incentive to talk about it.—MICHEL FOUCAULT

The proverbial question of who should teach children about sex was an issue being debated by national planners in Uganda in 1999 when I was there to conclude the first phase of my research on youth sexuality.<sup>1</sup> Although proud of their remarkable and widely cited success for reducing HIV prevalence rates from as high as 36 percent in some urban sites (with the national average at 21 percent) in 1991 to the low of 8.3 percent in 1999, planners grappled with a new dilemma—the reality that their 1986-initiated AIDS campaigns had aggressively thrust sex into the public domain by offering ways to reduce sexual risk without talking directly about the sexual acts themselves. Much of the medically constructed talk about safe sex assumed a certain level of knowledge about sexual activity and a shared moral code, thus circumventing discussions about the pleasures that attracted people to the potentially deadly act. For those young people without firsthand technical knowledge about sexual practices, the safe sex messages became catchy man-