THESIS

# *CUIDATE MIJA*: POWER IN EVERYDAY DISCOURSES ABOUT ADOLESCENT PREGNANCY IN URBAN ECUADOR

Submitted by

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# ABSTRACT

## *CUIDATE MIJA*: POWER IN EVERYDAY DISCOURSES ABOUT ADOLESCENT PREGNANCY IN URBAN ECUADOR

Adolescent pregnancy is a phenomenon which is heavily contested by local, national, and international entities. Problematically, the topic is predominantly referred to as a "social problem," a view which is often rooted in pathologized narratives about young people and their sexual and reproductive lives. This critical ethnography challenges these narratives by centering the voices of young people and their experiences with sex, sexuality, and pregnancy in the urban cities of Quito and Cuenca, Ecuador. Drawing upon interviews with young women who have experienced pregnancy and professionals working with pregnant adolescents, as well as a survey distributed to male and female adolescents, I identify several dominant discourses related to adolescent pregnancy in urban Ecuador. I argue that these discourses are informed by raced, classed, gendered, and aged notions about young women and their sexual and reproductive lives. Through the lenses of critical-interpretive medical anthropology, governmentality, and reproductive justice, my findings show that young women negotiate these discourses, reproducing some aspects while rejecting others. I further contend that these discourses work through the lives and bodies of young women through different forms of power. Although these young women could identify their desires, emotions, and frustrations, they were restricted in their social and bodily autonomy during and after pregnancy. I conclude by offering suggestions for advancing sexual and reproductive justice for young people based on the experiences that were shared with me by young women.

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# PREFACE

When I began this research, I had no idea where it would take me. I knew there was little research which focused on adolescent pregnancy in urban Ecuador, particularly works which centered adolescent voices. Still, I was unsure of how the stories of young people would unfold. After completing my fieldwork and prior to starting the writing process for this thesis, I began working at Planned Parenthood, both in a health center capacity and in clinical research. My time at Planned Parenthood afforded me the opportunity to attend trainings, conferences and workshops centered on sexual and reproductive health. My training included a dense amount of information regarding sexual and reproductive health, including abortion care. I also had the opportunity to observe the dynamics between patients and providers and listen to countless patient stories. This experience deepened my understanding of sexual and reproductive health and has given me the ability to think through this research in new ways that are not specifically rooted in academic thinking.

My own personal encounters with a precarious sexual and reproductive healthcare landscape have also informed my research. I write this as the United States is surpassing what would have been the 50th anniversary of Roe v. Wade if it had not been overturned by a conservative majority Supreme Court on June 24th, 2022. I am filled with hope as other countries make advancements for sexual and reproductive justice, and anger as the United States reverses its own. Mostly, though, I grapple with the similarities and differences between Ecuador and the United States in achieving reproductive justice. We all deserve the right to bodily autonomy, to choose if and when we want to have a family, how we choose to raise that family, and to have a safe environment to do so, and reproductive justice is our path to achieving this.

TABLE OF CONTENTS

# CHAPTER 1: INTRODUCTION

It was a quiet afternoon at the home for adolescent mothers where I had been staying for some time. Located in the outskirts of the city of Quito, Ecuador, the yard surrounding us created some isolation and drowned out any street noise. I sat with Maribel, playing with *naypes* (playing cards) and winding down from the chores of the day. Maribel, an unmarried seventeen-year-old, was always good at completing her daily tasks early and chose to spend her afternoons playing with her daughter. The little one, Isabel, who was about two years old, sat on the bed with us, entertaining herself with small toys. Maribel was sharing with me her initial response to learning about her pregnancy and wanting an abortion. "I didn't want my daughter. I am barely starting to feel some affection for her now," she said ambivalently. I asked her how things change when you have a baby. Her tone changed to one of slight confusion, "what do you mean how they change? Well, nothing changes. The only thing different is that I have a child." This response came to me as a surprise. How could life not change with a child? But Maribel's words offer a glimpse into her experience with motherhood as an adolescent. Even as she took on the role of being a parent, most other things in Maribel's life stayed constant. She still considered herself an adolescent, she was still a daughter embedded in family complexities, and she still knew herself as a person.

This thesis explores the adolescent experience with sex, sexuality, and pregnancy in Ecuadorian urban spaces. It also examines the way in which adolescent pregnancy is framed as a "social problem" and how that framing affects young, unmarried women experiencing pregnancy and parenthood between the ages of fourteen to nineteen. Scholars studying adolescent pregnancy in Ecuador and elsewhere have contemplated how pubescent biology, psychology,

culture, and society affect the adolescent experience as well as adolescent behaviors, but there is no consensus on how the phenomena of adolescent pregnancy should be approached.

There is no doubt that the wealth of studies on adolescent pregnancy, whether biomedical, socio-cultural, or critical, have contributed to our knowledge about the sexual and reproductive lives of young people. Yet many of these studies begin with the premise that adolescent pregnancy is a social problem, claiming that social, economic, and physical consequences of pregnancy at a young age are detrimental for the individual, their families, and society as a whole. This approach often implies that young people are "incapable of making meaningful moral choices," or that young people choose pregnancy and parenting through a cost-benefit analysis of having a baby, analyzing the benefits [such as] welfare (Luker 1996, 4). These attempts to rationalize young people's pregnancies lack consideration of the agency of young people and either discount the political contexts in which young people are situated or diminish the impacts they have on their experiences. Additionally, the focus on resolving the "issue" of adolescent pregnancy provides a narrow and inaccurate perspective of the adolescent experience with sex and pregnancy, one which is rarely informed by young people's perspectives but, rather, those of academic, medical, and humanitarian institutions.

Contrary to research which disregards or diminishes young people's agency and social location, I follow anthropologists Odger, Frohlick, and Lorway, who pose the following:

> What if ethnographic research did not begin with the assumption that young people are automatically at risk for negative sexual health outcomes but instead chose to focus on how sexual health itself becomes socially embedded as it gets discerned and (re)made by people in their everyday lives?... Assumptions based on statistics alone run the risk of reducing human experiences to something manageable and calculable, effectively erasing agency and resistance (2019, 313).

Anthropology has most notably emphasized the study of adolescent cultures, accounting for the "deliberate socialization practices" adolescents encounter and respond to, creating their own

adolescent culture that "meets their present expressive needs and through which they can contribute to the cultural life of their communities" (Schlegel and Hewlett 2011, 287). Acknowledging adolescents as agentive beings in the world they navigate has the potential for revealing the ways in which dominant discourses are learned and reconstructed by adolescents.

To better understand the adolescent experience with sex, sexuality, and pregnancy in urban Ecuador, I ask about the psychosocial and cultural understandings about sex, sexuality, and pregnancy circulating among Ecuadorian adolescents. How do adolescents think about sex and sexuality, and how do those understandings influence their intimate and sexual relationships? Where do they learn about these concepts, and how do they respond to ideas about sex and sexuality and adapt them to fit into their own lives? I also ask about the ways in which institutions of power intersect with the lives of adolescents: how are adolescents understood and represented by the government? How are adolescents limited in their choices in relation to sex and sexuality? How do government efforts to combat adolescent pregnancy affect the experiences of those adolescents who become pregnant, and how does this differ among adolescents who have wanted or unwanted pregnancies?

Based on data from 2020, Ecuador's adolescent birth rate is 78 per 1,000 live births (ages 15-19) and is the second highest adolescent fertility rate in South America, the first being Venezuela with a rate of 84 per 1,000 births (World Bank, 2023). These rates have been considered a prominent issue in the country of Ecuador by local, national, and international governmental and non-governmental organizations for some time. Despite various efforts to minimize the number of cases, adolescent pregnancy continues to impact the lives of many young individuals and their families. Due to its long history of presidential instability, policies on sexual and reproductive health for adolescents in Ecuador have oscillated between left and right

winged governments (Acosta and Polga-Hecimovich 2011, 90). From 1996-2004, Ecuador had almost nine presidents overthrown, a period which saw an increase in poverty from 19% to 30% (Roberts 2016, 48). This presidential instability, as well as other factors such as globalization, result in socio-political and economic climates that make it incredibly difficult for long lasting institutional reform to occur. Currently, Ecuador holds a rights-based constitution and recognizes that all people have rights, beginning at conception. Abortion is illegal unless it is a result of rape or if the mother's life is in danger. On the one hand, these legal restrictions, combined with a population that heavily identifies as Catholic, result in barriers to safe pregnancy termination if desired. On the other, Ecuador's support for the rights of women and children ensures that all expecting mothers have prioritized access to free prenatal care, and efforts to support adolescent mothers result in resources like a *casa hogar para madres adolescentes*, which, when translated, literally means house home for adolescent mother. This is similar to what we know as a foster care center, shelter, or safe home in the Unites States.

Over the course of fifteen weeks, I conducted ethnographic research in the two Ecuadorian urban cities of Quito and Cuenca to better understand how adolescents navigate sex, sexuality, gender, pregnancy, and parenthood. Ecuador is considered a middle-income country, though its long colonial history has heavily impacted how resources are distributed across the geographic landscape. Even if urban areas are most often where economic wealth is located and where resources are most available, someone's ability to tap into these resources will vary based on many factors. During my time in Ecuador, I visited a public health obstetrics and gynecology (OBGYN) clinic, a private high school, a *casa hogar para madres adolescentes*, several youth centers, public spaces such as parks, shopping malls, and marketplaces, and even wandered the neighborhoods with my host family.

Throughout this thesis, I examine several dominant discourses about sex, sexuality, and pregnancy that surfaced in my research and that illuminate how power works through the lives and bodies of adolescents who are mothers or pregnant. By centering adolescent voices, I demonstrate how young people are agentive beings who express their desires and frustrations but are often not listened to or are outright denied the ability to access the opportunities or resources they desire. For the young women I spoke with, their experience with pregnancy and motherhood was inseparable from the pathologizing discourses of adolescent pregnancy which stigmatized and punished them simultaneously for becoming pregnant and giving birth. I argue that these dominant discourses produced emotional complexities for the young women, and that the social, economic, and political institutions creating and imposing these discourses restricted the social and bodily autonomy of young women throughout their pregnancies and as young mothers.

For this study, I draw from Catriona Mackenzie's multidimensional analysis of relational autonomy. To Mackenzie:

> Autonomy is both a status and a capacity concept. As a status concept it refers… to the idea that individuals are entitled to exercise self-determining authority over their lives. As a capacity concept, autonomy refers to the capacity to be self-defining and self-governing; that is, to make decisions and act on the basis of preferences, values or commitments that are authentically "one's own". One of the central aims of relational autonomy theory is to explain how gender and other kinds of social oppression, such as racial oppression, can threaten a person's social status as an autonomous agent and can impair the development or exercise of the capacity for autonomy (2019, 147).

Mackenzie's approach to autonomy allows space for analyzing the complexities of internal and external processes that can influence one's bodily and social autonomy. At times, the young women in Ecuador self-identified or became comfortable with some of these dominant discourses and reproduced them when referring to themselves while conversing with others. At other times, the young mothers asserted their agency by rejecting parts of these discourses and

presenting alternative discourses that made more sense in their lives. This process of negotiating discourses resulted in complex, emotional experiences for the young women, but ones in which they were able to demonstrate emotional granularity and have greater social autonomy as they reshaped dominant narratives about their lives and experiences. An examination of how these discourses circulate in society, specifically by listening to the perspectives of young people, is not only a "strategy by which to understand or eliminate health inequalities," but also offers a new approach to how we understand sexual and reproductive health, one "that center[s] the people most impacted by interlocking systems of oppression" (Barcelos 2020, 6).

This study contributes to the anthropological literature on the politics of reproduction and reproductive justice. Anthropologists have recently examined how "historical and structural inequalities shape reproductive outcomes for both individuals and populations" by utilizing the reproductive justice framework, which brings "together scholarly research and political activism within intersectional and human rights frameworks" (Andaya and Kotni 2022, 218). However, there is currently no anthropological literature which utilizes the reproductive justice framework in relation to adolescents and adolescent pregnancy in urban Ecuador. I begin this thesis by outlining past anthropological research on adolescent pregnancy and other works that have informed my thesis in chapter two. Due to the lack of anthropological research on adolescent pregnancy in Ecuador, I review the anthropological literature that pertains to adolescent pregnancy more broadly. In chapter three I discuss the theoretical approach and methodology for this research, including my efforts to ensure that adolescent voices were central to the findings of this study. In the same chapter, I detail my use of feminist scholarship, critical-interpretive medical anthropology, the concepts of governmentality, and reproductive justice to gather and analyze the qualitative data in this study. In chapter four, I provide the local cultural, social and

political context for this study, including a discussion about law and policy in relation to adolescents and adolescent pregnancy in Ecuador.

The next three chapters comprise my analysis for this study. In chapter five I discuss general views about sex, sexuality, and pregnancy among young people in urban Ecuador. I compare these views to those of the young women I spoke with who had experienced pregnancy and/or motherhood and examine how the prominent discourse of *cuidate mija* ("take care of yourself my daughter") is reflective of a risk-based framework. I argue that by identifying with and articulating this discourse, the young women enact governmentality by reproducing stigmatized views of adolescent pregnancy, even when the discourse is intended to serve as a supportive warning for others. In chapter six, drawing on a phenomenological approach, I focus on the differences in experiences of desired and undesired pregnancies among young women and claim that the critique from society and working professionals directed toward pregnant adolescent women, no matter how the women felt about their pregnancies, influenced their experiences with pregnancy. Again, I show how governmentality is enacted through the discourse of *el bebe no tiene la culpa* ("it's not the baby's fault") to reproduce anti-abortion views and alter young women's feelings about unwanted pregnancies. Moving into experiences with motherhood, chapter seven examines the ways in which young women came to learn about how to be mothers. I provide examples of socio-cultural constructions of maternal love that were taught to and expected from the young women during and after pregnancy. Among these examples, I discuss obstetric violence and the restriction of young women's bodily autonomy. I contend that, for some young women, the pathologizing discourses of adolescent pregnancy result in a maternal ambivalence.

Lastly, chapter eight brings together the previous analytic chapters by elevating the voices of the young women I spoke with. I re-emphasize the many times in which young women were able to identity their desires and their feelings during their experience with pregnancy and motherhood, but external factors undermined their ability to achieve sexual and reproductive justice. I review the successes and failures of the state and society in providing sexual reproductive justice for young mothers based on the stories of the young mothers themselves. Through the reproductive justice lens, I argue that the discourse of adolescent pregnancy as a social problem and the stigmatization of pregnancy and parenthood at a young age discount young people's agency and deny them access to basic human rights. In the conclusion, I review the results of this anthropological ethnographic study, and, based on the experiences of the young women I spoke with, offer a few suggestions for how Ecuador can move forward in achieving sexual and reproductive justice for young people. While this study is a small contribution to the transnational fight for reproductive justice, it offers an alternative viewpoint that explains how pathologizing narratives about adolescent pregnancy impact the lives of young people in urban Ecuadorian spaces. Next, I review the anthropological literature related to this thesis and discuss how my research contributes to the academic scholarship on adolescent pregnancy.

# CHAPTER 2: LITERATURE REVIEW

Adolescent pregnancy is a multifaceted topic that has gained attention from many disciplines, including but not limited to, medicine, biology, public health, psychology, education, social work, sociology, and anthropology. Though modest in comparison to studies in other fields, the anthropological literature has contributed to our understanding of adolescent pregnancy through its use of ethnographic methods. Anthropological and other qualitative studies allow for the multiplicity of factors that influence or shape the adolescent lived experience with sex and pregnancy to unravel and connect simultaneously.

The definition and understanding of "adolescence" as a stage of human development is ever-evolving (Institute of Medicine and National Research Council 2011) and scholars continue to debate about how we understand adolescents in their decision making and lived experiences. Suggestions about what might be beneficial or detrimental to an adolescent as they approach adulthood are intimately related to how we view and understand adolescence as a phase of life (if we understand it as a "phase" at all). When considering the occurrence of adolescent pregnancy, researchers might focus on the role of cognitive and biological development while others emphasize social determinants of health. In both academic and nonacademic spaces, there is a dominant perspective of adolescent pregnancy as being unfavorable to adolescent life.

There are anthropological studies focused on adolescents in Ecuador, as well as studies which discuss adolescents in relation to sex, sexuality, reproduction, and motherhood, but none that I found explicitly discuss adolescent pregnancy in Ecuador. Therefore, this review focuses on adolescent pregnancy, or teen pregnancy, more broadly as it is represented in the anthropological literature. I focus on works published in anthropological journals or written by

anthropologists, as well as books by anthropologists, but it is important to note that many qualitative studies which utilize ethnographic methods exist in other disciplines outside of anthropology on the topic of adolescent pregnancy. Generally, anthropologists have conducted research to better understand why an adolescent might become pregnant, what that experience is like, the social, cultural, and political influences on adolescent pregnancy, and how adolescent pregnancy is related to studies of reproduction more broadly. Since this research aligns with the theoretical approaches found in the literature on the politics of reproduction, I also discuss how anthropology has approached the politics of reproduction and how the reproductive justice framework has been utilized by anthropologists.

Anthropological studies that focus primarily on sexual identities, breast feeding, sexually transmitted infections (STI's), contraceptives, or abortion in relation to adolescents are not within the scope of this review, even though these topics are intricately related to adolescents' sexual and reproductive lives. Also excluded are studies from biological anthropology that focus explicitly on biological aspects of early childbearing as they are distant from the focus of this thesis. Instead, this review will provide an understanding of the ways anthropologists have explained the occurrence of adolescent pregnancy, considered the differences in how adolescent pregnancy is experienced across cultures, and critically examined social and political responses to adolescent pregnancy.

*Early Pregnancy as Adaptive or Advantageous*

Several anthropological studies claim that pregnancy during adolescence is an adaptive or advantageous act, though they do so through a variety of theoretical lenses. One of those theories is life-history theory, which presumes that "broad characteristics of the anatomy, behavioral capacities, and development of species arise from natural selection for the optimal allocation of

somatic and reproductive effort" (Chisholm 1993, 2). In the context of adolescent pregnancy, life-history theory describes reproduction during adolescence as adaptive due to the biological and psychosocial effects of living in precarious environments as children. For example, based on ethnographic studies with three remote Aboriginal communities in Australia, authors Victoria Burbank, Kate Senior, and Sue McMullen argue that premature deaths, violence, and substance abuse creates an insecure environment and therefore an adolescent may reproduce early in life. They argue that life-history theory does not necessarily assume these "reproductive strategies" to be conscious, but rather that human bodies have a biological and psychosocial response to their surroundings in which reproductive strategy is more likely "expressed in the timing of neurophysiological changes," such as early age of menarche (2015, 253). Not only do Burbank, Senior and McMullen view adolescent pregnancy as an adaptive strategy, they identify aspects of the young people's surroundings, such as premature deaths and substance abuse, as a part of a "risky and uncertain environment," giving little attention to the how the political, economic, and social history of Aboriginal communities impact their lived experiences.

Karen L. Kramer also utilizes life-history in her analysis of adolescent pregnancy among Pumé foragers in Venezuela, however she takes a slightly different approach. Drawing on ethnographic research, Kramer emphasizes the community's current socioeconomic environment in which these pregnancies occur to argue that early reproductive maturity among Pumé foragers is functional due to cooperative breeding and the pooling of energy (Kramer 2008, 2017, as well as Kramer, Greaves and Ellison 2009). To Kramer and others, the community's cooperation in raising babies and sharing of their economic resources results in much socio-economic support for children birthed by females as young as 12 years of age.

W. Penn Handwerker also agrees, to some extent, that adolescent pregnancy is advantageous. In his study based on a statistical analysis of 80 questionnaires answered by Antiguan women, he tests the hypothesis that sexual and reproductive behavior is a function of traumatic circumstances in childhood environments. His results demonstrate that for adolescents with little job opportunity and who had experienced exploitative childhood environments, early childbearing increases (2003, 404). Using the theory of cultural dynamics, Handwerker argues that sexual precociousness, sexual mobility, and adolescent childbearing may prove to be advantageous for individuals who have experienced predation and lack of resources during childhood. Experiences of trauma, he argues, cause emotional pain which teach human organisms to make choices to avoid experiences of predation in the future, offering a way for young women to "empower" themselves by averting social exploitation and obtaining access to resources (2003, 407). Handwerker argues that this has implications for how we understand "risky" behavior, but based on his statistical analysis, it is unclear if the respondents agreed with his conclusions, or if they had other reasons to explain their decisions.

A similar approach to the idea of adolescent pregnancy as advantageous is one that, through a socio-cultural lens, examines motherhood as providing status. Ana L. N. Pantoja, whose ethnographic research focused on a group of low-income youth in a school in Belém, Pará State, Brazil, finds that adolescent mothers received admiration and compliments from those at school, affirming the idea that motherhood brings positive social status and opportunities for adolescents (2003, 342). Similarly, Karine A. Santos utilizes in-depth interviews, participant observation and focus groups to investigate whether low-income adolescent females in Vila Novo São Lucas, Brazil consider pregnancy to be a problem. She states that the misunderstanding of fertility intentions and the disregard for cultural norms and ideals of

motherhood might be one of the problems with inadequate family planning services (2012, 660). Santos finds that no participant reported unwanted pregnancy, and resources for sexual and reproductive health were available but were not accessed due to privacy and anonymity concerns for the adolescents. While sexual activity among teens was shamed and viewed negatively, motherhood was well received, and adolescent mothers found continued support from their families. Santos argues that for these low-income adolescents, motherhood is a rite of passage that fulfills the ideal of womanhood. For Santos and Pantoja, the choice to become a mother is made because adolescents seek social mobility and increased access to opportunities in an environment where there otherwise would little opportunity for social status or resources.

Unlike theories of life history and cultural dynamics, the approach of Santos and Pantoja consider the wider socio-cultural environment to explain why becoming pregnant at an early age would be an advantageous act. However, like proponents of life-history, they argue that the occurrence of adolescent pregnancy is due to having a *benefit* to young women, framing the act of becoming pregnant as a utilitarian one. By focusing on why the act of becoming pregnant would be advantageous, these authors diminish the responsibility of social, economic, and political systems to respond to the needs of younger people who may or may not want to be pregnant. Additionally, these studies overlook the possibility of how young people may be constrained in their decision making, or how they may understand and experience their decision making differently. A different approach to adolescent pregnancy by anthropologists is one which considers how adolescent pregnancy is understood differently across different cultures.

*Adolescent Pregnancy Across Cultures: Causes and Representations*

When exploring the topic of adolescent pregnancy, some anthropologists begin by asking if and how adolescent pregnancy manifests itself in societies across the world. Konner and

Shostak, for example, warn against the view of early childbearing as "primitive" while "higher-level civilizations" prolong the start of childbearing to free teenage years for education and maturation (1986, 325). Drawing on their ethnographic work with the !Kung San as well as a review of ethnographic literature, Konnar and Shostak demonstrate that multiple factors such as age of menarche and sociocultural approaches to sex and sexuality are causes for the occurrence or lack of adolescent pregnancy amongst communities. Similarly, for Worthman and Whiting, the effect of modernization offers one explanation for the occurrence of adolescent pregnancy. In their analysis of adolescent pregnancy among Kikuyu adolescents, the authors claim that changes to school, church, and the modern economy have destabilized the regulation of premarital sex and mate selection that was previously achieved through puberty rites (1987, 162). Both articles represent earlier anthropological contributions to scholarly debates surrounding adolescent pregnancy as well as efforts to offer explanations for why adolescent pregnancy may occur in some communities and not others.

Rather than seeking explanations for the prevalence of adolescent pregnancy, other authors have challenged the idea that adolescent pregnancy is problematic. Karen L. Kramer and Jane B. Lancaster focus on two primary debates on the topic of adolescent pregnancy in their review of adolescent pregnancy across cultures, one being whether pregnancy outcomes are negative and the other whether there are certain socioeconomic conditions which are associated with the occurrence of adolescent pregnancy. They find that there is generally no elevated risk to pregnancy and birth in teens when compared to females who wait to carry a pregnancy until their twenties, with some elevated risk for females under fourteen (Kramer and Lancaster 2010). The authors also contend that in smaller scale societies adolescent mothers have much communal support while those living in post-industrial societies often struggle with little economic

resources or social support. Karen L. Kramer is the same author mentioned in the previous section who argued that certain socioeconomic environments are conducive for adolescent pregnancy, meaning that the acknowledgment of the differences in how adolescent pregnancy occurs across cultures is not necessarily in opposition to the position that adolescent pregnancy is an advantageous act.

Brown offers another example of whether adolescent pregnancy is a social problem, and for whom. Drawing on data from the Human Relations Area Files and academic literature to investigate whether differences exist between Eurasian and African social systems on premarital, teen pregnancy, Brown's findings show no difference in approval or disapproval rates of adolescent pregnancy and that pregnancy outcomes vary only slightly. She argues that the emphasis on teen pregnancy as a social problem in the Western world is a result of a growing number of adolescents choosing to keep their babies (Brown 1999, 58). Brown concludes that that the act of premarital sex is not so much of a problem but rather the concern of babies born out of wedlock, thereby challenging the way adolescent pregnancy has been constructed as a social problem.

In their study, Kirisits and Kirchengast question whether pregnancy outcomes among adolescents are truly unfavorable. Their analysis of 51 structured interviews with girls in eastern Austria shows that there are no biological disadvantages to adolescent pregnancy, yet social factors such as a lack of familial or governmental support and negative public attitudes about teen pregnancy can lead to stress and other negative health outcomes on an adolescent (2013, 450). Kirisits and Kirchengast challenge the notion that adolescent pregnancy is unfavorable to young people's lives and offer evidence for circumstances which could lead to positive experiences for young mothers.

Related to attitudes and perceptions about adolescent pregnancy, many anthropologists have critiqued the ways in which adolescent pregnancy is stigmatized and adolescents are portrayed as irresponsible. In his analysis of media representations and interviews with teens, Andrew J. Russell finds that while the media in the U.K. represents a moral panic in response to adolescent pregnancy, teenage cultures provide better explanations for factors that may lead to pregnancy. For example, a lack of contraceptive use can be a result of a lack of sense of equality with partners or lack of assertiveness that might cause the negotiation of condom use to be difficult (Russell 2001, 411). In this case, media representations both stigmatize young people and focus on the morality of pregnancy early in life, rather than considering the reasons why young people may become pregnant and what they might need to avoid unwanted pregnancy.

Lila Sax also emphasizes the importance of understanding how adolescent pregnancy is understood and defined by populations. Over the course of three months, Sax conducted focus groups and interviews with 20 girls in Porto Alegre, Brazil, demonstrating that adolescents are constantly negotiating and redefining the meaning of adolescence and their motherhood identity. Early motherhood is not perceived negatively by the adolescents themselves, but rather as a series of decisions made in response to their current lived experience. Sax questions the focus on adolescent pregnancy as the most pressing issue for young women who might be simultaneously facing several other life challenges such as food and housing insecurity (2010, 332).

Like Russell and Sax, many authors agree that young mothers and young parents are often misrepresented. In her book, *Girls, Motherhood, and Inequality in Peru*, anthropologist Krista Van Vleet uses theoretical concepts such as intersectionality, the politics of care, and ordinary ethics to show how "the processes through which [young women in Palomitáy, Peru] endeavor to live a good life are dynamic and contingent and shaped by, not determined by, the

insecurities and inequalities of contemporary life" (2019, 5). Van Vleet shows how the young women in Palomitáy negotiate their moral selves through every day, mundane situations, bringing attention to the everyday lives of young people and illuminating how social and political economic processes influence the young mother's ability to choose how they wanted to raise their families (2019, 2). Also attempting to shift narratives about young parents, Krause and Gubrium use digital storytelling to provide "narrative shock," hoping to "unhinge the violent stigma that attaches to young parents" (2019, 421). Through their conversations and interviews, Krause and Gubrium find a common theme among the young women about migration and movement, and the impacts of that movement on their reproductive lives, such as precarities with housing, work, and continuing their education (2019, 435). Lastly, Sadiqa Taaseen focuses on how Muslim women's reproductive lives are impacted by reductive and essentialized perspectives of their religious practice in the U.S. Taaseen argues that intersectionality as theory and method details the diverse backgrounds of Muslim women, contrary to what racialized stereotypes in the U.S. may assume (2020, 18).

Drawing attention to these aspects of young women's lives demonstrates that young people have whole lives outside of their experience with adolescent pregnancy and parenthood, disrupting discourses that frame young mothers entirely around their pregnancies and children. These scholars highlight the importance of locality when discussing the adolescent experience with pregnancy and consider the multitude of explanations as to why some young people might find the resources necessary to have a positive experience with pregnancy and parenthood while others face stigma and further marginalization.

Anthropologists especially advocate for the use of qualitative data to support the development and implementation of programs and services aimed towards assisting adolescents

when it comes to sexual and reproductive education and healthcare. Focusing on attempts to reduce cases of adolescent pregnancy, anthropologists have critiqued the appropriateness and efficacy of sexual and reproductive health and programs aimed towards adolescents (Heilborn, Brandao, and Cabral 2007, Herrera et al. 2018, Kohli and Nyberg 1995, Nudelman 2006, and O'Donnell 2003). While education and social assistance programs for adolescents may be well intentioned, anthropologists posit that many of these efforts are often minimally informed by adolescent experiences and therefore result in programs that are not practical or useful for those they are meant to help. For example, Cheryl Rodriguez disputes negative portrayals of Black youth in the U.S. "by media, educators, and some youth-focused organizations as super-predators or super-breeders" by demonstrating notions of self-efficacy in interviews with low-income Black teenage mothers (2008, 18). Breaking down negative portrayals of Black teenage mothers allows for more accurate understandings of young people's lives and helps to identify what they might need and find useful from youth programs.

Laura Johnson and Hanneke Pot provide two additional examples of how adolescent programs can be misdirected. Johnson spent one year conducting ethnographic research with a group of 12 young women enrolled in a community-based family education program in Chicago, as well as key informants for the study. Her argument, informed by cultural models of childbearing and social constructivist theory, states that the knowledge these young women already hold from their upbringing about motherhood is not viewed as valuable or important to these community-based programs. Johnson describes how instead, the program adopts middle-class based practices of childbearing, and as these are not the practices of the adolescents, it results in mistrust in the teen mothers' childrearing practices (2009, 272). Similarly, Pot spent one year conducting ethnographic research with an international non-governmental organization

(INGO) aimed at reducing teen pregnancy in semirural Mangochi, a district in Malawi which traditionally belonged to the Yao matrilineal group but is now ethnically mixed. Using the theory of culturalism as ideology, she argues that the INGO overemphasized culture as an explanation for a lack of education, for example, that "African sexualities" and traditional beliefs were a key reason as to why adolescents became pregnant early in life and dropped out of school (2019, 328). According to Pot, the INGO lacked an understanding of the Yao initiation rituals practiced by these adolescents and their families and faulted these rituals for the occurrence of teen pregnancy and high school dropouts rather than considering other realities such as economic needs and personal aspirations. Pot, citing Lock and Nichter, states it is worth noting how "NGOs propagate new moralities in the name of development" (2019, 329). Both Johnson and Pot show how youth programs which are not appropriately informed by the community they are made for can result in more harm than good.

Alternatively, in Patricia Zavella's examination of the impacts of health literacy on the reproductive lives of migrant Latinas in California, we see what a well-informed program might look like. Her work demonstrates how a non-profit's approach to health literacy, which accounts for histories of structural violence experienced by this Latina migrants in the post 9/11 era, and is conducted in Spanish, is received much more positively among community members (2016, 38). Zavella emphasizes the importance of creating health programs that are relevant to the lives of community members by drawing on local knowledge while also implementing a vision for change based on the human rights discourse (2016, 42). In a later publication, Zavella draws on five years of ethnographic research to explore collaborations among women of color and advocates for the importance of intersectional approaches when organizing for reproductive justice (2020). Overall, anthropological scholars have taken many approaches when examining

the prevalence of adolescent pregnancy and critiquing how young people are represented within narratives about adolescent pregnancy. Scholars especially underscore how the complex lives and experiences of adolescents are often overlooked and misunderstood by media, educators, and program developers.

*The Politics of Reproduction and Reproductive Justice*

Perhaps most closely related to this research is the anthropological literature on the politics of reproduction, including some recent studies which utilize the reproductive justice framework. This area of work engages in critique of the biomedicalization of reproduction and understands gender and kindship systems as socially constructed (Andaya and Kotni 2022, 215). Faye Ginsburg and Rayna Rapp conceptualized the politics of reproduction in their work when highlighting the role of power and politics in the many parts of society and culture that affect reproduction (1991 and 1995). While I provide some works which characterize the politics of reproduction, it is not meant to be an exhaustive review, especially since many these sources are not focused on young people. Two useful books are *Conceiving the New World Order: The Global Politics of Reproduction* and *Births and Power: Social Change and the Politics of Reproduction* (Ginsburg and Rapp 1995 and Handwerker 1990, respectively). Additionally, the chapter by Elise Andaya and Mounia El Kotni on "The Anthropology of Reproduction" offers a concise overview of the literature, stressing "the importance of reproduction as an analytic and ethnographic lens through which to study gender, class, and racial dynamics, the politics of states and households, and the tensions and overlaps between traditional and biomedical knowledge" (2022, 216).

One topic commonly found in the literature on the politics of reproduction is that of stratified reproduction. The concept was coined by anthropologist Shellee Colen and defined as

"the local and global circumstances whereby some categories of people are empowered to nurture and reproduce, while others are disempowered" (Smietana, Thompson, and Twine 2018, 117). Stratified reproduction points to how race, class, ethnicity, nationality, sexuality, gender, and other identities influence reproduction. For example, Jodi A. Barnes takes a historical archaeological approach to examine reproductive oppression and stratified reproduction at a nineteenth-century rural Hollywood Plantation in southeastern Arkansas. In doing so, she uncovers the "connections between the control over African American women's bodies exercised by slaveholders and the contemporary trend to limit women's control of their reproductive health" (Barnes 2020, 27). By bringing together the past and present, her analysis offers a powerful statement about how nineteenth-century white supremacist and patriarchal practices continue to impact the lives of Black women in Arkansas, and more broadly in the U.S.

Another topic commonly discussed in the politics of reproduction is assisted reproductive technologies (ART). Elizabeth F.S. Roberts has done extensive work on ART in Ecuador, arguing that "assisted reproduction makes whiter babies," creating space for the construct of racial identities to be malleable (2013, 562). Her collaborations with Lynn M. Morgan have covered topics such as the rhetoric of rights (rights of the unborn), legislative shifts (pro-family movement), and reproductive governance as an analytical tool, specifically developed in reference to Latin America, to "trace shifting political rationalities of population and reproduction" (2012, 241-242). Also touching on shifting perspectives and technologies, in *Anthropology News*, Carolyn F. Sargent and Carole H. Browner comment on the impacts of globalization on the politics of reproduction, stating women across the globe maintain reproductive agency even amidst the introduction of new reproductive technologies (2005, 7).

Though the movement for reproductive justice began and continues to be primarily led by women of color, both in academia as well as in organizing groups, the framework has begun to be adopted by anthropological scholars and researchers interested in the politics of reproduction. Dána-Ain Davis' work brings together many of these discussion within the politics of reproduction by centering how politics and intersecting identities impact people's reproductive lives. In an analysis of the public media discourse around Nadya Suleman, a single mother in the United States who used in-vitro fertilization (IVF) and gave birth to octuplets, Dána-Ain Davis discusses how race, class, and reproduction are embedded within the discourses about Suleman. While Suleman is critiqued by the media for her decisions around ART, advocates for "choice" become silent. What Davis means by "choice" is the mainstream advocacy in the United States for "a woman's rights to choose," which she argues "rests on the availability of resources and sanctioned status [as well as] on consumerist ideas of free choice that operates neatly with the neoliberal stance of individualism (2009, 112). In a more recent publication, Dána-Ain Davis uses the theoretical concept of the afterlife of slavery to argue that for pregnant Black women in the U.S., their experiences with premature birth are a product of deeply entrenched racist practices and beliefs that continue to bleed into today's medical system (2019, 8). Her work is a careful examination of how the lasting impacts of slavery and racism influence Black women's reproductive lives, a critique of the medicalization of pregnancy, and a call for reproductive justice.

In her work with Puerto Rican women's history with sterilization, Iris Lopez's work demonstrates the connection between the local and global and underscores the importance of the reproductive justice framework. Her case study in the United States focuses on "how poor women exercise reproductive agency within a parameter of oppressive social, cultural, and

individual circumstances and how they negotiate these multiple dimensions" (2008 xii). For some of the women Lopez spoke to, sterilization was a desired operation, and although the women exercised their agency when choosing sterilization, Lopez argues that their environments did not provide them with *optimal* reproductive freedom whereas other middle-class women could access a higher degree of reproductive freedom (2008, xii). This nuanced analysis considers how Puerto Rico women's unique history, positions as poor women, and experiences with the health system restrict their reproductive choices, and sterilization becomes the most ideal option.

Some authors have adopted the theoretical concept of biopower in relation to reproductive justice. Foucault describes biopower as a series of techniques for "achieving the subjugation of bodies and the control of populations" rooted in various "political practices and economic observation, such as the problems of birthrate, longevity, public health, housing, and migration" (1978, 140). In her work, Jasmine Krapf takes a Foucauldian understanding of hospitals, viewing them as social institutions which function as disciplinary forces for social control. Based on an auto-ethnography, Krapf argues for doulas, as midwifery advocates, to act as "docile bodies" as they work to reform the medicalization of birthing practices while also working within the hospital institution (2020, 30). Although seemingly paradoxical, Krapf argues that to advance reproductive justice, doulas should accept a temporary role as docile protestors in which they offer support within the hospital setting for pregnant people, in protest of obstetric violence and the medicalization of birth. While Krapf critiques the false narratives of midwifery as unsafe and the power around decision making for where and how to give birth, Beatriz M. Reyes-Foster considers how certain birthing people are disempowered during births in the hospital context, particularly within the context of those choosing vaginal birth after cesarian

(VBAC) in the U.S. Through an analysis of twenty-five birth narratives from predominantly white women, Reyes-Foster argues that the women used tactics that "replicate hegemonic notions of neoliberal subjectivity and medical consumerism" to defy biomedical power (2021, 11). In other words, the women refused to be disempowered when choosing VBAC, yet they did so only for themselves rather than seeking a communal form of empowerment or considering wider systemic change. Both Krapf and Reyes-Foster point towards the potential for resisting biopower while simultaneously working within its disciplinary forces.

Combining both a critique of health programs and the politics of reproduction, Sandhya Ganapathy emphasizes the importance of historical events on current day reproductive issues. In her analysis of two archival pamphlets, Ganapathy finds that the pamphlets presented health education/intervention "as a way to improve the health and wellbeing of Indigenous families and as a way for Indigenous people to enjoy the full rights and benefits of U.S. citizenship" (2021, 327). However, Ganapathy argues, these public health initiatives aimed to improve birth outcomes for Indigenous families by swaying individuals to follow U.S. settler practices around birthing and raising a family. By drawing attention to the problematic logic of past public health aims, Ganapathy hopes to intervene in disproportionate infant and maternal mortality rates in the U.S. in the wake of current efforts in public health to follow similar logic as others have in the past.

Embedded in many of these writings is a critical dialogue about how politics and power affect sexual and reproductive lives, even if not all the authors speak directly on the reproductive justice framework. During my research, I was unable to find any anthropological work that focused on reproductive justice and young people or in the region of Ecuador. Although the literature mentioned above is not focused on young people or Ecuador, it points towards the

recent growth of the anthropological scholarship on reproductive justice. My application of the reproductive justice framework when considering young mothers in Ecuador will certainly contribute to the scholarly conversation about sexual and reproductive health.

*Others*

While not explicitly anthropological, additional qualitative studies in other fields exist that focus on adolescent pregnancy in Ecuador. Some discuss risk factors in relation to adolescent pregnancy and examine the relationship between social determinants of health and pregnancy among young people (Goicolea et al. 2009 and Reynolds, Sutherland and Palacios 2019). Others take a rights approach and examine public health or policy in relation to adolescent pregnancy (Bernardini et al. 2021 and Goicolea et al. 2010). In addition, two anthropological dissertation studies worth mentioning that analyze power and economic relations in relation to adolescent pregnancy are Nancy Anderson's dissertation on pregnancy decision making in a juvenile detention setting and Kathleen Maes' dissertation on the application of a geospatial information system (GIS) spatial analysis combined with qualitative methods. For Anderson, themes of responsibility, reputation and respect were prominent for the adolescents living in a juvenile detention system as well as the staff working there. Anderson argues that, contrary to previous literature, adolescent mothers possess objective self-evaluations and do not suffer from "low self-esteem" (1987, 407). For Maes, a GIS analysis based on the 1990 U.S. Census for several Florida counties confirmed that socioeconomic conditions are associated with the well-being of adolescents, with the anomaly that some areas had lower adolescent birth rates than expected based on the Index of Socioeconomic Inequality (2010, 129). Maes argues that this analysis offers a potential tool for health care and social service providers and funders when initiating projects, designating funding, or tracking impact.

*Summary*

While anthropological contributions to the topic of adolescent pregnancy have been modest in comparison to other fields, they have added to the conversation about young people's sexual and reproductive lives. Some perspectives provide explanations which view adolescent pregnancy as an adaptive choice while others view it as a complex result of preexisting personal, social, cultural, economic, and political conditions. Key differences among these authors include whether they understand adolescent pregnancy to be a social problem, try to explain or rationalize young people's actions, or focus on the experiences of young people and their sexual and reproductive lives.

It is evident that the field of anthropology lacks research which examines adolescent pregnancy specifically in urban Ecuador. Further, more research which utilizes the reproductive justice lens is needed in relation to young people. Ethnographic methods have the potential to provide the nuance necessary to disrupt stereotypes about and stigmatized representations of young people and their sexual and reproductive lives. Further, qualitative studies on adolescent pregnancy in urban Ecuador outside of the anthropological literature are sparse, and few studies exist which adopt the reproductive justice framework in relation to young people generally. This study fills these gaps by drawing on an anthropological ethnographic approach and utilizing by the reproductive justice framework when examining the adolescent experience with sex, sexuality and pregnancy in urban Ecuador. In the upcoming chapter, I discuss the methodological and theoretical approaches I utilized in this research to center the stories and experiences of young people's sexual and reproductive lives.

# CHAPTER 3: THEORY AND METHODOLOGY

While the Ecuadorian government has exclusively named adolescent pregnancy as a social problem and has made numerous efforts to reduce cases of pregnancy among adolescents within the past two decades, Ecuador continues to see some of the highest rates of adolescent pregnancy among Latin American countries (Herrán and Palacios 2020). Ecuador is not unique in approaching adolescent pregnancy as a social problem. Many countries and international organizations adopt the view that adolescent pregnancy is detrimental to young people and societies. For example, the World Health Organization (2022), the United Nations Populations Fund (2017), and Plan International (2023) make similar statements on their websites outlining contributing factors to adolescent pregnancy and its "consequences," as well as their efforts to partner with governments, civil groups, and nongovernmental organizations in various countries to respond to adolescent pregnancy through programmes, pilot initiatives, research, advocacy, and more.

The view of adolescent pregnancy as a social problem has been largely circulated by these Western entities, often under the guise of humanitarian efforts. In her ethnographic analysis of a campaign launched by The Nike Foundation in 2005 aimed to improve "the lives and well-being of adolescent girls," Kathryn Moeller argues that the logic of the campaign "positions particular adolescent girls - those racialized, classed, and situated geographically as "Third World Girls" - as disproportionately responsible for ending poverty for themselves and their families, communities, nations, and the world (2014, 579). Though not specific to adolescent pregnancy, Moeller's analysis demonstrates how the transnational flow of a particular framing of adolescents situates young women, such as those in Ecuador, as tools to advance the interests of

certain groups in power, such as bilateral or multilateral groups, rather than truly providing justice for the young women themselves. Contrary to this approach, I ask, what might adolescent experiences with sex, sexuality and pregnancy tell us when we refuse to see them through the narrow and pathologized discourse of adolescent pregnancy?

This study was conducted during two separate trips to Ecuador to conduct ethnographic fieldwork, totaling a period of 15 weeks in 2019 and 2020. During this time, I utilized ethnographic methods in the urban cities of Quito and Cuenca, guided by the primary objective to learn about how young people experienced and understood sex, sexuality, and pregnancy. In this chapter I outline the research methodology that informed my approach, the theoretical frameworks which I drew from for my research and analysis, and the methods I utilized, as well as their limitations. I also reflect on my positionality as the researcher and how it may have impacted the results of this research.

*Centering Adolescent Voices*

The purpose of this research study is to center the voices of adolescent women and challenge the dominant discourse of adolescent pregnancy as a social problem. I specifically use the term adolescent because that is how each of the participants I interviewed identified as, and that is the terminology generally used when discussing adolescent pregnancy in Ecuador. Nearly thirty years ago, Janice Irvine, a sociologist, felt that:

> The current limitations in the theoretical literature and in research initiatives inhibit a nuanced understanding of the lived experience of adolescents, of how they… create…meanings from their sexual thoughts, feelings, and behaviors. Adolescent sexuality is informed by a complex set of factors, including gender, race, class, and sexual identity; and the messages teenagers attach to sexuality and relationships will vary based on different messages and imperatives from their myriad social worlds (1994, 9).

Academic research has made much progress when considering the complexities Irvine refers to, yet the voices of young people continue to be the least considered (if at all) when developing law, policy, or programs relating to the sexual and reproductive health and the rights of adolescents. As Dána-Ain Davis states, "the details of the everyday and the particularities of lay knowledge stimulate an understanding of and ability to dismantle power" (2019, 10). Taking adolescents seriously and acknowledging that their experiences are valuable sources of knowledge production are key to challenging the power dynamics which exist in the discourses about adolescent pregnancy.

A theoretical framework that perpetuates the pathologizing discourses of adolescent pregnancy is the "risk" approach. *The Science of Adolescent Risk-Taking: Workshop Report* outlines the primary theoretical explanations for risky behavior in adolescents as biobehavioral processes, social and cognitive theories, and sociological and contextual factors (Institute of Medicine and National Research Council 2011, 5). Examples include hormonal and pubertal changes, socialization, cognition development during adolescence, morals and values, social skills, and social support systems. The report defines risky behaviors such as sexual risk-taking, substance use, illegal behavior, risky driving, and mental health risks as being correlated to risk factors, such as availability of drugs, economic deprivation, and family conflict (Institute of Medicine and National Research Council 2011, 91). Commonly, risk factors are associated with "problem" behaviors, therefore categorizing certain environments as conducive or detrimental for young people's growth and development. Moreover, the data that comes from this research informs public health initiatives and influences society's understanding of phenomena such as adolescent pregnancy. To move away from the view that adolescent pregnancy is a social problem related to risk, I adopt a methodology which centers the adolescent

experience in various ways. Two feminist theoretical concepts that informed my approach to this research are standpoint theory and intersectionality.

According to Sprague, citing Sandra Harding, standpoint theory takes the position that "all knowledge is constructed in a specific matrix of physical location, history, culture, and interests, and that these matrices change in configuration from one location to another" (2005, 41). Further, standpoint theorists believe that the perceptions of most people are distorted by dominant systems of knowledge and structures of everyday life (Jaggar 2014, 305). Standpoint theory is, in essence, epistemological which argues that social situations inform our ways of knowing. This theory should not be understood as personal beliefs, and it is also decidedly not an extreme relativism to one's perspective (or a group's) but rather the consideration of a group's ability to reveal more objective truths. Like Harding states, "the experience and lives of marginalized peoples, as they understand them, provide distinctive problems to be explained or research agendas that are not visible or not compelling to the dominant groups" (Harding 2014, 334). This is not to say that the standpoint of marginalized groups is the truest per say, but rather that the perspectives of those engaged in collective struggles can reveal a more complete perspective than that of the oppressor. For this methodology, standpoint theory challenges the notion that adolescents cannot be trusted in their ability to reflect on their experiences and desires in relation to sex, sexuality, and pregnancy.

The concept of intersectionality provides another rich layer to the understanding of adolescent experiences. Proposed by Kimberlé Crenshaw in 1989, intersectionality illustrates how systems of power are mutually constituted in ways that produce simultaneous forms of oppression. Thus, categories of social identities, when considered as integrated and simultaneous, create a unique experience with forms of oppression that may not otherwise be

captured or represented with one aspect of power or social identity category alone (Ross and Solinger 2017, 73). I draw on intersectionality to consider how race, class, gender, religion, and other identities influence the experiences of adolescents in Ecuador who have been pregnant or have given birth. Knowing that most law, policy, and medicine do not consider the complex realities of adolescents who experience pregnancy, the use of intersectionality illustrates the intimate ways in which larger political, social, and economic forces impact the personal lives of adolescents.

*Critical-Interpretive Medical Anthropology*

Critical-interpretive medical anthropology is a theoretical perspective proposed by Margaret Lock and Nancy Scheper-Hughes in the late 1980s in response to what they felt to be a major theoretical divide in medical anthropology. Lock and Scheper-Hughes felt that, during this time, researchers in medical anthropology either favored Western social science epistemologies or they radically understood all knowledge as culturally constructed (1996). Therefore, they proposed a critical-interpretive medical anthropology, aimed to describe "the culturally constructed variety of metaphorical conceptions…about the body…and to show the social, political, and individual uses to which these conceptions are applied in practice" (Lock and Scheper-Hughes 1996, 44). Through an analysis of what Lock and Scheper-Hughes refer to as the "three bodies," this lens has the capacity to describe people's experiences and medical knowledge as dynamic, embodied, and prone to change from social and political circumstances.

The three bodies, or three interacting levels of analysis, include the individual body, the social body, and the body politic. The individual body refers to the lived experience of the body-self; the social body refers to the symbolic, social, and structural meanings ascribed to the body, as well as the representational uses of the body as a symbol to conceive of nature, society and

culture; and the body politic refers to the regulation, surveillance, and control of bodies, both individual and collective bodies (Lock and Scheper-Hughes 1996, 45). The constructivist nature of this approach aligns with the premise of this research study, which is that ideas about sex, sexuality, pregnancy, motherhood, and adolescence are socially, and historically constructed realities predicated on a specific time and place and influenced by politic concerns and power. Each of the three bodies and their relation to one another allow for a critical analysis of adolescent pregnancy, examining how the individual experiences their reality in their body, how society understands that body and responds to it, how systems of power govern that body and experiences of life, and how all these forces interact with one another.

The analysis at the level of the individual body is a phenomenological consideration of the lived experience and is especially important when elevating the voices of adolescents. To truly understand how adolescents experience sex, sexuality, and pregnancy, we must refrain from assuming identities and people exist "between words and the world" (Jackson 1996, 3). While examining the ways in which individuals come to learn about and understand sex and sexuality is important, recognizing the deep ways in which these identities are felt and understood in the body is also a key component of wholly representing the adolescent experience. A phenomenological analysis of the body reveals how "societal ideals about [sex and] gender pervade the lived body" (Becker 2004, 126), offering insights about how sexuality, pregnancy, and motherhood are felt by adolescents, and how external factors, such as dominant discourses, impact these lived experiences. Through phenomenology, I also explore the emotional experiences of young women throughout their experiences with sex, pregnancy and motherhood.

The analysis at the level of the social body interrogates the meanings ascribed to the body, whether they be symbolic, social, or structural, at the individual and population level. For

the phenomena of adolescent pregnancy, analysis at the level of the social body can help us to understand precisely what condemns adolescents and their actions in some societies. Socially ascribed meanings to aged and gendered bodies determine how communities respond to behaviors such as premarital sex, sex during adolescence, and pregnancy during adolescence. Irvine, referring to the Unites States, feels that "adolescent sexuality, especially the visible manifestation of pregnancy, serves as a condensed symbol for social upheaval…a convenient displacement of complicated social problems of the political and sexual economy" (1994, 7). I draw upon Ecuador's social and political history to describe how culturally constructed notions of the adolescent body, sex, pregnancy, and gender affect young women through their pregnancies and as mothers.

Additionally, I reject the notion of motherhood and mothering practices as natural or universally defined. In *An Anthropology of Mothering*, Michelle Walks states that the concept of mothering is a difficult one to define, partly because it can be understood as both a "sexual-biological process and a gendered social engagement" (2011, 3). The debate about whether motherhood is a natural, identical practice or a learned and adaptable one is found across many disciplines, including anthropology and feminist scholarship, as well as other fields. For example, in her book, *Death Without Weeping: The Violence of Everyday Life in Brazil*, Nancy Scheper-Hughes challenges Ruddick, and rejects the notion that maternal love and maternal bonding are "natural," arguing instead for an understanding of a "maternal thinking and practice grounded in specific historical and cultural realities and bounded by different economic and demographic constraints" (1992, 356). For my work, I consider Scheper-Hughes' conceptualization of motherhood and agree that historical, cultural, political, economic, and demographic realities are powerful shapers of the motherhood experience. I specifically focus on

how the experience of mothering for young women in Ecuadorian urban spaces is complicated by discourses that stigmatize and shame them in their "mistake" of becoming pregnant at the wrong time and categorize them as unfit to parent due to their age. Equally as important to consider is how class, gender, and the historical and cultural context of Ecuador shape these women's experiences with motherhood.

At the level of the body politic, analysis allows us to think critically through the systems of power which attempt to regulate and control both individual and collective bodies. Lock and Scheper-Hughes assert that control of bodies by polities can occur during times of crisis when the "sense of social order is threatened [or to] reproduce and socialize the types of bodies that are needed" (1996, 61-62). According to some theorists, the body politic is only able to exist if it can regulate populations and discipline individual bodies as well as groups. One way that institutions of power can do this is through the medicalization of individual bodies.

Medicalization is a process in which an ever-widening array of "social arenas and behaviors [enter] the jurisdiction of bio-medical treatment through a constant extension of pathological terminology" (Singer 2004, 28). I take the position that the medicalization process is not inherently negative or positive but that it privileges specific bodily conditions as medical, rather than as an effect of a multitude of social, cultural, political, and biological interactions. Individual and collective bodies become "largely [medicalized] by means of public health initiatives and with the assistance of the popular media" (Lock 2004). This is especially relevant to my analysis of adolescent experiences with sex, sexuality, and pregnancy in urban Ecuador.

*Governmentality and Discourses about Sex*

To further analyze the body politic, I adopt Foucault's concept of governmentality, which he defines as "the way in which one conducts the conduct of" people, a seemingly simple

concept that is rather complex and acts as an "analytical grid" to describe the relationship between knowledge, power, and the individual (2004, 186). For Foucault, the process of governance over individuals has shifted since the sixteenth century from sovereign power to disciplinary and regulatory power, or in his own words, "one might say that the ancient right to *take* life or *let* live was replaced by a power to *foster* life or *disallow* it to the point of death (italics in original 1978, 138). Foucault calls this new form of power biopolitics, and specifically names the "explosion of numerous and diverse techniques for achieving the subjugation of bodies and the control of populations" the era of biopower (1978, 140). The techniques of biopower that Foucault refers to here are based in specific types of knowledge, for example statistics, population rate, morbidities, mortalities, demographics, housing, migration, and others. This "knowledge" is rooted in a concern for welfare and as a result, individuals may be more willing to accept this information as authoritative, natural, or morally correct. The modern form of governmentality describes the process in which individuals come to govern themselves by voluntary accepting this knowledge and becoming self-regulating and self-disciplining.

In my analysis, I discuss governmentality deployed in Ecuador to regulate adolescent pregnancy, analyzing dominant discourses that surfaced in my research. Foucault, speaking about discourses of sex, said:

> In a specific type of discourse…appearing historically and in specific places [and moments in time] what were the most immediate, the most local power relations at work? How did they make possible these kinds of discourses, and conversely, how were these discourses used to support power relations? How was the action of these power relations modified by their very exercise, entailing a strengthening of some terms and a weaking of others, with effects of resistance and counterinvestments, so that there has never existed one stable subjugation, given once and for all? (1978, 97).

I understand Foucault's conception of discourse, in his analysis, as an open process in which discourses are reproduced and reconstructed, and for this research, discourse analysis allows me to show how discourses move through the lives and bodies of adolescents.

As I mentioned in chapter one, I hope that an analysis of discourses in Ecuador offers an alternative to how we understand and approach the sexual and reproductive health landscape in relation to adolescent pregnancy. However, I acknowledge that scholars have critiqued Foucault for static representation and lack of consideration for people's agency, stating that he fails to consider adequately the "mutual dependencies and the emotion and psychodynamic dimensions of the medical encounter, preferring to rely upon a notion of the rational actor" (Lupton 1997, 108). According to Deveaux's critical reading of Foucault, his notion of biopower "deemphasizes agents' capacities to resist regulatory and disciplinary technologies" thereby overlooking "individual and collective struggles against coercive medical and social practices" (1994, 230). To ensure I am fully capturing young people as agentive beings, I draw on a phenomenological approach when considering the experiences of Ecuadorian adolescents, contextualize dominant discourses within the local, social, and political environments in which young people find themselves in, and analyze their negotiation of dominant discourses about adolescent sex, sexuality, and pregnancy.

*Reproductive Justice*

The reproductive justice framework combines a way for thinking about reproduction with an active practice for social justice. The framework was born in response to white feminists in the 1990s, when a group of individuals of the SisterSong Women of Color Reproductive Health Collective spoke to the reality that many women of color activists had long pointed out, that white women's focus on choice and the prevention of motherhood did not resonate with the

histories of slavery, child stealing, forced sterilization, and exclusion from social resources that women of color have experienced (Ross and Solinger 2017, 55). The discourse of choice wrongly assumes that all people have the access and resources to make equal and just decisions for their reproductive lives, and completely ignores other relevant issues related to sexual and reproductive justice that are not experienced by white women or by people with economic and resource wealth. Thus, reproductive justice emerged to better reflect the broad range of resources and conditions necessary for all individuals to achieve and maintain the three primary principles it proposes.

These primary principles include the right not to have a child, the right to have a child, and the right to parent children in safe and healthy environments, while simultaneously demanding sexual autonomy and gender freedom for every human being (Ross and Solinger 2017, 9). As a framework that takes the human rights approach, reproductive justice argues that individuals have the human right to bodily autonomy, to choose sexual relations and reproduction if desired, and to have a safe and healthy environment to do so. Moreover, it "offers a powerful means to analyze the intersection between the local and global, and to see how the personal, state and transnational interact to shape reproductive behaviors" (Sargent and Browner 2005). This framework does not assume that all people share universal experiences in respect to sex and reproduction, but it does assume that globally, all people have rights regarding sex, sexuality and reproduction.

Drawing on the concept of intersectionality, the reproductive justice framework considers the many characteristics of one's identity that might intersect and create unique experiences in relation to sex and reproduction, including the historical, social, and political realities that have preceded our current landscape of reproductive rights. Focusing on the rights of all birthing

people, regardless of what resources are available to them, shifts the conversation towards a communal, transnational fight and away from the narrowly focused discourse of "reproductive choice" and focus on abortion access. Many scholars and activists have contributed to the movement for reproductive justice, some even before the term was coined, such as Patricia Hill Collins, Loretta Ross, Patricia Zavella, Iris Lopez, Dorothy Roberts, Linda Gordon, Rickie Solinger, Jennifer Nelson, and others, including multiple organizing groups and coalitions across the United States (Silliman et al. 2004, 2). For example, in the 1970s the Combahee River Collective, a group of black lesbian socialist feminists, spoke about "simultaneous oppressions," stating they "find it difficult to separate race from class from sex oppression because in our lives they are most often experienced simultaneously" (Nelson 2010, 139). At this time, criticism of mainstream feminism, or second wave feminism, was gaining ground, and Loretta Ross became an influential voice for organizing groups and coalitions, including SisterSong, in the movement for reproductive justice.

The framework of reproductive justice rests on the work of many individuals who have contributed to ideas about intersectionality, included but not limited to, Deborah King, Patricia Hill Collins, Kimberlé Crenshaw, Cherrie Moraga, Gloria Anzaldua, and Nira Yuval-Davis (Price 2011, 55). Patricia Hill Collins, for example, contributed to ways of thinking about Black women's reproductive lives. Collins identifies three themes that shape women of color's motherwork, survival, power, and identity, and warns that these "themes remain muted when the mothering experiences of women of color are marginalized in feminist theorizing about motherhood" (1994, 385). Women of color have long been advocating for the consideration of experiences with sexuality, reproduction and motherhood outside of the experiences of white, upper-class women.

*Research Sites*

My fieldwork was conducted in the urban cities of Quito and Cuenca for two reasons. First, these urban cities in Ecuador were easier for me to access as a researcher who entered the field having only a few local contacts. Second, urban cities have the capacity to reveal how government attempts to combat adolescent pregnancy are being received, since urban regions are where governmental influences on sexual and reproductive education, healthcare, or youth developmental programs are more prominent or easily accessed. However, Quito and Cuenca are most densely populated by mestizo groups (mixed race, Spanish and Indigenous), and Cuenca has a history of gentrification and a heavy population of expats. This means that my focus on these cities limits this study by not representing other ethnic groups, especially those who are known to have the highest rates of socioeconomic inequalities, domestic violence, and discrimination, such as Indigenous or Afro-Ecuadorian groups (Wurtz 2012, Rahier 2011). I discuss more detail about the racial and economic contexts of these cities in chapter four.

During my research, there were several locations where I spent time observing daily life in Ecuador to learn about the adolescent experience. I spent time working at a public health center in the province of Azuay, which was located on the outskirts of the city of Cuenca. Because this location was outside of the city center, the community around the health center and the patients being served were not expats or dominated by the tourist economy of Cuenca. This health center was packed every day I visited, so I often would sit outside to allow others to take the seats inside the health center. To get there, I took two buses from the center of Cuenca, approximately a 30-minute commute and a cost of $1.50. There was one main waiting room with one window to communicate with a staff member, and a few seats along the halls leading to the clinic room. Towards the back was a small window to what looked like a pharmacy, and a hall

leading towards one of the exam rooms. The clinical room in the main building was big enough to fit a desk and exam bed comfortably but had little extra space. I never entered the administrative or pharmacy space.

When exiting the back of the first building, there was a detached, smaller building with two rooms nearby. It was this detached building where I spent most of my time when I visited the clinic since it was where the obstetric visits were held. The outside hall had about five seats along the wall, where women of all ages would wait for their visits with the one obstetric provider. The other room in the building was a large community room with a small storage office. While I was there, this room was used for parenting classes and celebrations for soon to be mothers. All the rooms in the health center had little decoration, with only a few posters on the wall, and no visible medical equipment. For obstetric visits, there was no imaging ultrasound, only a handheld device (perhaps a Doppler ultrasound device) that captured the fetal heartbeat when moved externally over the abdomen region.

My research at this health center provides only one example of a public clinic, but it demonstrates several realities of the healthcare system in Ecuador. Ecuador's constitution recognizes health as a human right, and thus, most of its health services belong to the public sector. While it is intended to be affordable and accessible, clinics often lack the providers and resources necessary to meet the demand, and since providers are usually condensed in the most urban areas, clinics in semi urban or rural areas have even fewer resources available for patients (Lucio, Villacrés and Henríquez 2011, 180). Although a city or province may have health centers available, it by no means reflects the ability for someone to secure an appointment in the necessary time frame and be able to arrive to their appointment on the scheduled day and pay for the services needed.

Another site where I conducted research was at a home for adolescent mothers, *la casa hogar para madres adolescentes*. This home accepted government funding in the form of staffing support. The Ministry of Economic and Social Inclusion (MIES) would pay the salaries of a social worker, a psychologist and support staff, as well as provide administrative staff to conduct inspections of the home. Just on the outskirts of Quito, the home was in a quiet neighborhood, surrounded by few homes and vendors. While central Quito has paved roads, traffic lights, and dozens of businesses including large corporate companies, this neighborhood had none of these. Few buildings lined a dirt road, selling foods or convenience items. The home itself was enclosed in a red brick fence and large metal gate. Once inside, I could see several buildings and a large backyard. After familiarizing myself with the home, I learned that there was a meeting room, an office for professionals working on site such as social workers or psychologists, a playroom, a large dining area, and sleeping quarters. The main building was a one room house in which the director lived, but the kitchen was used for communal cooking. The buildings created a circle around an outdoor play area and a laundry area with a stone washboard and clotheslines.

During my time here, there were a total of seven adolescents living in the home, each one with one child present with them. There were also three working professionals and the director who came and went depending on their tasks for the day. The home had a strict schedule from 6:30 a.m. until 9:00 p.m.: prayer twice a day, mealtimes, chores, dedicated time to spend with children twice a day, varying workshops, individual and group therapy, and time for attending school (some were not attending classes because they arrived at the home near the end of the school year and were expected to enroll once the new school year began). If a young woman was in school, she could be working until midnight or later to catch up on chores or homework.

Workshops included topics of beauty, early development, and crafts. I did not have the opportunity to attend a workshop, and it was unclear how the topics were decided and whether the young women had any role in the decision-making process. Yet the topics listed on the schedule during my visit suggest that the young women should be learning about beauty, awareness of child development, and having time for creative projects with their children.

I also spent time at a private Catholic high school to conduct a survey with students. The website for this school (which I do not name for confidentiality reasons) refers to itself as a private institution with a social purpose formed under the provisions of the Constitution of the Republic of Ecuador, the Concordat in force between Ecuador and the Holy See. Accessing a school proved more difficult than I anticipated as staff were very busy and unable to discuss the option of research with me. I was able to access this particular school because it was the location where the daughter of my host family attended, and they were able to assist me in getting connected to school administrators and to administer the survey to three classes of different age groups. As a private institution, this school charged $103 USD for registration and $165 USD in fees. This would mean that whoever is supporting a student attending this school would need to have the financial means to pay these costs, as well as purchase the school's designated uniform. However, I learned that some families may struggle to make these payments or prioritize school fees over other costs, such as food or rent, so these fees did not immediately reflect families of higher class. Many people I spoke with felt that the public school system lacked the resources necessary to provide a good education, but I was unable to visit any public schools to see this for myself.

I would occasionally accompany my family on the way to and from school. The school was gated with a cement wall and a gate guarded by a security officer during school hours. Once

the bell rang, students would scramble inside the building since the gates would be locked once classes were in session and no person could pass without interacting with the security officer first. I often observed the students as they gathered outside the building before and after classes. It was very common for me to see heterosexual couples embracing and kissing openly outside the school building, especially in the half hour after school ended. Since the survey portion of this research was towards the end of my time in Ecuador, I did not have much time to observe students from inside the school.

Lastly, I visited several other youth centers and was able to conduct interviews at one of them. This specific center was quite large, but I spent most of my short time there in a few classrooms, meeting rooms, the cafeteria, and the playground. During the rest of my time in Ecuador, I met family and friends of my host family, and generally engaged with these individuals in neighborhoods and their homes. I regularly met people at the *mercado de artesanías*, the market for handmade local goods, and in the neighborhood where I was staying during my time in Quito. I also visited many other places such as park and malls, and even attended a few public events on holidays.

*Gaining Entry and Finding Contributors*

My first visit to Ecuador was in 2016 for a study abroad trip during my undergraduate studies. As a native Spanish speaker, I was able to ask questions and engage in more intimate conversations with those who I crossed paths with. I grew fond of the family who hosted me during that summer. Having stayed in touch with my host family, I was able to reconnect with them as a graduate student and was fortunate enough to receive an invitation to stay in their home once again. My host family played a crucial role in helping me find my way throughout

Ecuador during my fieldwork as a graduate student. They helped me navigate the terrain, both literally and figuratively, as I went about trying to connect with people willing to speak with me.

I began this research study having only a few contacts from my previous study abroad trip in 2016 as well having access to the resources offered by The University of San Francisco Quito, whom I was affiliated with as a requirement of my university's Institutional Review Board. Originally, my intention was to build networks from the ground up based on a list I had compiled by searching Google for popular adolescent centers, health clinics, and other sites where adolescents might spend their time socializing or seeking reproductive healthcare or advice. However, once I arrived, I learned quickly that finding sites with research participants willing and able to speak with me was going to be more difficult than I anticipated. Discussions about sex, a topic often referred to as "taboo" in Ecuador, did not come easy, and unsurprisingly, my Google list led to nowhere.

Instead, I relied on convenience sampling, or as H. Russell Bernard puts it, "anyone who will stand still long enough to answer [my] questions" (2018, 149). With the help of my host family and the few people I knew in Ecuador, I was able to connect with individuals who were willing to speak to me about their thoughts about or experiences with adolescent pregnancy. This includes adolescents who had experienced pregnancy and adolescents who had not, family and friends of my host family, neighbors who lived in the same gated community as my host family, key informants who work with adolescents, and even people working at local markets. However, a limitation of convenience sampling in urban areas is failing to account for a range of different racial and ethnic identities, as most (but not all) of the people I spoke with identified as Mestizo/a.

The term adolescence is understood differently depending on the context. In this study it refers to all the young women whom I spoke with during my time in Ecuador who were between the ages of fourteen and nineteen. Since pregnancy among young people can occur for people under the age of fourteen, another limitation of this research is that it does not account for the issues that arise with younger girls in Ecuador. While I did not initially plan on only interviewing adolescent women, I was unable to speak closely with any adolescent males as most denied my request for an interview. Understanding what teachings young men receive about sex and sexuality, and pregnancy are also crucial when discussing adolescent pregnancy. On two occasions, male adolescents accepted my request to speak with them, but later failed to show up to our agreed time and place. It is unclear if these young men simply did not want to speak about the topic, or if it was my identity as a foreigner and a woman which deterred them. Interestingly, the only time I was denied interviews with adolescents was by a male director of a group home for adolescent mothers. He felt that many of the adolescents had experienced traumatic experiences and speaking about sex and their experience with pregnancy would be detrimental to the progress they had made. Still, he accepted an interview with me as the director of the *casa hogar*.

Ultimately, I was able to conduct in-depth interviews with seven young women that had experienced pregnancy. Additionally, I interviewed five key informants who were individuals specializing in work with adolescents or that had in-depth knowledge about adolescent pregnancy (Bernard 2018, 153). This includes two directors of homes for adolescent mothers, a social worker, a psychologist, and an OBGYN provider. I also learned much about adolescent pregnancy in Ecuador from two of my very close friends, my host mother and another woman living in the same housing complex, during informal conversations.

*Use of Ethnographic Methods*

During my time in Ecuador, I moved about my day with the intention of always seeking a better understanding of how adolescents living in Ecuador experienced their sexual and reproductive lives. I conducted participant observation, a method "in which a researcher takes part in the daily activities, rituals, interactions, and events of a group of people as one of the means of learning both the explicit and tacit aspects of their life routines and culture" (Musante 2015, 251). This meant that I asked questions about the topic when appropriate and was able to observe what daily life looked like for adolescents in Ecuador. I was also able to participate in some of their daily activities and spend time with adolescents in casual ways and connect more intimately. As I noted earlier, I conducted participant observation in a variety of locations, including in a public health clinic, a home for adolescent mothers, a private Catholic high school, several youth centers, neighborhoods, families' homes, a market, parks, and malls. I kept a journal where I recorded notes and reflected on these observations daily and collected other sources of information that I might find useful such as magazine articles, pamphlets, copies of posters, and other like items.

I had many informal conversations during my time in Ecuador that were fruitful, however my formal interviews with key informants and adolescents were some of the most informative parts to this research. To have more structured conversations around specific topics related to my research questions, I prepared semi-structured interviews with open ended questions that served as a guide for conversations with adolescents and key informants. Semi-structured interviews are "conducted conversationally with one respondent at a time," and may use a variety of questions, "usually followed by *why* or *how* questions" to create dialogue (Adams 2015, 493). The questions are not meant to be set in stone but rather flexible, to allow the interviewer to learn

information about the topic. I specifically chose open ended questions to "explore a topic and develop an understanding of relevant themes, questions, and responses" (Weller 2015, 344). My use of semi-structured interviewing with open ended questions provided direction for the conversation while allowing the participant to take the lead, thereby allowing for more nuanced conversations.

I was able to conduct and audio record seven semi-structured interviews with adolescents who had personally experienced pregnancy, and five semi-structured interviews with key informants. Carolina, whom I met at a youth center, was fourteen and had given birth to one child. She identified as Mestiza, had several siblings (including a sister who was also an adolescent parent) and was living at home. I met Diana and Gaby during my time at the OBGYN clinic. Diana, Mestiza, was an eighteen-year-old and currently pregnant for the first time, and Gaby, also Mestiza, was seventeen and currently pregnant. Gaby, however, had experienced two miscarriages, the first when she was fifteen. Anaiz, Flor, Maribel, and Victoria I met at the home for adolescent mothers. Anaiz was seventeen and identified as both "*negrita*" (black) and Mestiza. She had her first pregnancy when she was fifteen, and now had a two-year-old daughter. Flor was eighteen and had her daughter at fifteen. She had been at the home since her pregnancy and was the only young mother who I spoke with that was employed. She worked two jobs: one was at a hair salon as an assistant and the other was at something she called "*refrigerios,*" which means snacks[1]. Maribel was seventeen, Indigenous, and also had her first pregnancy at fifteen. Lastly, Victoria was fifteen, Mestiza, and had her first pregnancy at thirteen. She had just given birth to her second child the month before I arrived at the home.

[1] I was unable to clarify what type of establishment this was where Flor sold snacks, but it could have been with a small food vendor or at a convenience store.

Based on the geographic location of the sites where I interviewed young the women, the *casa hogar*, youth center, and public clinic, all the young women were members of the working class. Some also shared with me the jobs of their parents, the economic struggles of their families, and their desire to gain financial security. These details, along with the geographical areas which the young women reported as their home, reveal their working-class identities. Meanwhile, the survey I conducted at the private high school may represent a variety class groups. Though I asked which neighborhood participants lived in, it would be difficult to tell based on this information alone what someone's economic capacities were.

All the key informants I interviewed had jobs in which they worked directly with pregnant adolescents or young mothers. One person was in their twenties, two in their thirties, one in their forties, and one in their fifties. Three key informants identified as Catholic, one as Protestant, and one as agnostic (though she said she loved a god). As mentioned previously, I was able to interview two directors of homes for adolescent mothers, one OBGYN provider, one social worker, and one psychologist. All my key informants had either completed a higher education degree or were currently enrolled in higher education program.

My approach when developing interview questions with adolescents was a bit different than my approach to interviewing key informants because of my research focus. When speaking with adolescents, I tried my best to ask non-restraining questions about sex, sexuality, and their experience with adolescent pregnancy so that they could speak about whatever was most salient to them. I wanted to learn about their experience from their perspective, which meant that I had to refrain from asking leading questions or restricting the conversation. My interviews with key informants were meant to answer questions about the ways in which institutions address adolescent pregnancy and compare their perspectives to those of the adolescents, and so my

questions were more specific in nature. I maintained open ended questions and a semi-structured format with both groups. My questions were modified slightly after the first few interviews I conducted with members of each of these groups for clarity and relevance.

To analyze interview transcriptions, I utilized inductive coding to identify themes, and did so on the MAXDA software program. Inductive or open coding allows for "an understanding to emerge from close study of the texts" rather than testing a hypothesis (Russell 2018, 460). Some themes emerged immediately while I was still in Ecuador as they were specific phrases and words that were repeated often during interviews. These initial themes gave me an idea of where to start, but new themes, and subthemes emerged as I reviewed the transcriptions in more detail. I frame my analysis primarily through the theoretical perspectives I have outlined in this chapter, each of which connects the everyday lived experience of adolescents to the larger social and political circumstances.

After spending some time in Ecuador and conducting interviews, I drafted a survey based on what I had learned about the adolescent experience with sex, sexuality, and pregnancy. This survey was meant to gauge whether a common understanding about sex and sexuality might exist among adolescents living in urban Ecuadorian cities, no matter what experience they have had with adolescent pregnancy. My goal was to compare the survey results with my interviews with adolescents who had experienced pregnancy to see if their understandings about sex and sexuality were similar or different. I discussed some aspects of this survey with friends of my host family and made edits for culturally appropriate language before administering the questionnaires to sixty-six students at a private, Catholic high school in Quito. The Catholic and private status of this institution certainly impacts the results of the survey, yet it is unclear to what extent. A potential limitation is that this group of students could have better access to

resources, but the Catholic status of the school may limit or completely disallow education on sexual and reproductive health. Further, the Catholic teachings within the school may influence adolescents' perspectives on sex, sexuality, and adolescent pregnancy. Yet the majority of the Ecuadorian population identifies as Catholic, meaning the views of the students at this school are representative of the dominant views in Ecuador.

*A Note on Ethics and Researcher Positionality*

This study received approval from the Institutional Review Board at Colorado State University prior to any research being conducted. To maintain anonymity, I did not ask any participant to provide their name to me, and I use pseudonyms for all locations and individuals referenced in this study, except for the cities of Quito and Cuenca. I obtained verbal consent from all participants during interviews to avoid revealing their participation in the interview through a signature, as they were young people speaking about potentially sensitive topics. Consent for the survey was obtained by sending a letter to parents with the option to opt their student out of survey participation. In all cases, including during participant observation, I was sure to be transparent about my intentions as a student and a researcher. I always asked permission to make an audio recording of an interview or other discussion and made it clear when I was to start and stop an audio recording.

To situate myself, I must acknowledge my own positionality for this project and how it may have influenced my interactions with others. No matter who I was speaking with, most of the time I was a stranger asking about sex and intimate life experiences with no other reason than that I was a student researcher. As a young Latina woman in her late 20's, a U.S. citizen who speaks both English and Spanish fluently, and a graduate student, I am privileged in certain ways that affected my role as a researcher. Once I introduced myself, people often addressed me

formally and respectfully, given that I fulfilled their expectations for what a "successful and educated woman" should look like, though I would often receive critique for not seeking marriage or children (while I consider myself too young, my friends in Ecuador felt I was ripe for these things!). My Mexican roots and fluent Spanish meant I was well accepted and often mistaken for Ecuadorian. If I mentioned my affiliation to the University of San Francisco Quito, a private college, I was immediately granted status as this was known as a prestigious university in Ecuador. Yet, my identity was also a source of unfamiliarity, especially for younger people. I have no doubts that my identity influenced who I was and was not able to speak with. For example, the reluctance of adolescent males to participate in my research project or the acceptance of my request to live alongside adolescents in the home could have been due to my identity as a foreign woman conducting research. Further, the individuals willing to speak to me were selected out of convenience sampling, which raises questions about who is represented in this study and who is not.

I originally became interested in this topic after taking a course in graduate school and preparing a health situation analysis for the country of Ecuador. Since I had studied abroad there, I was curious to learn more about the country. I quickly learned that adolescent pregnancy was named as a prominent issue in much of the research I came across. Because my parents fostered children during most of my adolescence, I witnessed young people being affected by the world around them in different ways. For these reasons, I felt motivated to learn more about the adolescent experience with sex, sexuality, and pregnancy in Ecuador. However, it was my time working in the sexual and reproductive healthcare space in the United States (this was after I had conducted fieldwork for this project) that introduced me to the concept of reproductive justice and encouraged me to frame this project through the reproductive justice lens. My professional

training also provided me with knowledge about contraceptives, abortion care, and general sexual and reproductive health that helped me better understand the provision of sexual and reproductive healthcare and its role in the movement for reproductive justice.

As a student researcher asking about young people's experiences with pregnancy, it was difficult to know whether I was truly different from the many other researchers and working professionals who framed the young mothers as problematic. While I knew that my approach was different, in practice, I was yet another stranger asking questions and seeking information from the young women. My familiarity with the human rights approach and self-identification as a social justice advocate means that I understood what types of resources and human rights were restricted or lacking in the young women's lives. Yet knowing that I would have the privilege of accessing an array of resources that these young women could not, including abortion care, once returning home, made this work challenging at times. Still, I am grateful that they were open to speaking with me and sharing with me their intimate stories, and I hope that this work captures their experiences in a just way.

*Summary*

My priority for this study is to elevate the adolescent experience and consider how we, as scholars and older people, can disrupt the power dynamics that exist when discussing sex, sexuality, and pregnancy in relation to young people. To do this, I adopt a methodology that combines the use of ethnographic methods and a feminist research framework. Doing so allows me to connect the adolescent experience to larger social, cultural, and political structures which influence their experience with or constrain their ability to have happy and healthy sexual and reproductive lives. I draw on critical-interpretive medical anthropology to highlight the nuances in the lived experience with pregnancy, and governmentality to critique the role of power in the

state's approach to adolescent pregnancy. Lastly, I utilize the reproductive justice framework as a call to action for anthropologists and other scholars engaging in scholarly work on adolescent pregnancy to consider a rights-based approach when discussing the sexual and reproductive lives of young people. To situate the experiences of the young women I spoke with while in Ecuador, I now provide an overview of the sexual and reproductive landscape in the country, including geographical differences, law, policy, and sociocultural ideologies.

# CHAPTER 4: CONTEXTUALIZING ADOLESCENT PREGNANCY IN ECUADOR

The adolescent experience with pregnancy and birth may be radically different depending on the local context. A country's economic and political landscape will determine the availability of resources, and the local social, racial, and ideological contexts in which adolescents find themselves will drastically influence their experience moving forward with whichever decisions they make. To understand the local context in which young people experience sex, sexuality, and pregnancy in urban Ecuador, I briefly discuss the statistical rates of adolescent births, the racial landscape and the unequal distribution of resources by geographic region, laws and policies surrounding women and children, and several sociocultural ideologies, such as religious and gender ideologies, that impact people's access to or experience with sexual and reproductive health. In doing so, I hope to provide a brief snapshot of the local environment in which some young people in Ecuador, specifically those represented in my research, experience their sexual and reproductive lives.

## *Adolescent Birth Rates*

According to the World Bank Open Data available online, rates of adolescent fertility (births) in South America have been decreasing rapidly since 2000.[2] Countries such as Brazil, Bolivia, and Peru have seen, on average, anywhere from a 24%-32% decrease from 2005-2020 for women ages 15-19 (World Bank 2023). Countries like Ecuador, Columbia, Venezuela, and Guyana have seen little decrease and continue to have some of the highest rates of adolescent births in South America. Based on data for the year 2020, the adolescent birth rate in Ecuador was 78, approximately a 7% decrease since 2005, making it the country with second highest rate

[2] All fertility rates are births per 1,000 women ages 15-19.

of adolescent fertility in South America, the first being Venezuela with a rate of 84. For that same year, the Democratic People's Republic of Korea (South Korea) had the lowest rate of zero, Niger had the highest rate of 177, and the United States had a rate of 16. (World Bank 2023). A study conducting an epidemiological analysis in Ecuador for the years of 2009-2015 found that "the fertility rate among adolescents declined significantly at the national level, with a greater reduction in the provinces with the highest concentration of poverty" (Gutiérrez, Flores, and Genao 2019, 8). However, the rates in 2015 were still hovering in the high seventies, meaning that although a decline may have occurred, overall rates of adolescent births in Ecuador are still among the highest in Latin America.

Yet statistical data comes with limitations. First, these figures reflect a select number of adolescents and overlook other considerations in relation to adolescent experiences with pregnancy. For example, people outside of the ages 15-19 are excluded. Based on retrospective survey data, census data, and vital statistics, the Pan American Health Organization, United Nations Population Fund, and United Nations Children's Fund estimates that 2% of women of reproductive age in the Latin American and Caribbean regions had their first delivery before the age of 15 (2016, 25). A mixed-methods study on the health effects of forced motherhood on girls ages 9-14 stated that in the last decade, pregnancy in girls under 14 had increased in Ecuador by 74%, or approximately 4000 (Isaza et al. 2015, 14). Further, 91% of those who had given birth had "mental health issues," 71% suffered from a complication during pregnancy, and since having sex with a minor under 14 is against the law in Ecuador, rape was often committed by "persons close to the girls, including cousin, stepbrother, stepfather, biological father, and neighbors" (Isaza et al. 2015, 22-34). If we were to develop support systems based on these statistics, we would fail to reach those most marginalized.

Secondly, the indication of "live births" excludes young women who have experienced pregnancy with a result of miscarriage, abortion, or births that were not registered through the state. Since rates of adolescent fertility are often used as indicators for development and social planning, it is vital that we acknowledge the limitations to statistical rates when they are isolated from historical, political, and economic contexts local to the populations in mind. Statistical rates, which work within "biomedical research paradigms [that] emphasize gender, race, and class as characteristics of individuals rather than as social relations," may misrepresent health inequalities as conditions which are disconnected from the historical, social, and political processes from which they emerge (Mullings and Shulz 2006, 8). To be clear, my intention is not to write off statistics or public health approaches entirely. Rather, I point to the drawbacks of community members granting this data power as authoritative knowledge.

For Brigitte Jordan, in "any particular domain several knowledge systems exist, some of which, by consensus, come to carry more weight than others, either because they explain the state of the world better for the purposes at hand (efficacy) or because they are associated with a stronger power base (structural superiority), and usually both" (1997, 56). When statistical data is viewed as the most efficacious or superior, there is potential for also accepting a limited view of a population at best, and a gross misrepresentation at worst. According to Molina et al., higher rates of adolescent pregnancy are typically seen in developing countries, giving an "almost unequivocal reflection of the differences between developed and developing countries" (2010, 210). This is only one example of how adolescent birth rates can be used to create hierarchical categories based on limited information. Statistics of adolescent fertility, as well as other public health data on the social determinants of adolescent pregnancy, inform my project as I ask about

the roots of pathologizing narratives about adolescent pregnancy and show how those narratives influence social perceptions of young pregnant women, and in turn, their lived experiences.

*Racial and Ethnic Landscape and Its Relation to Resource Availability*

According to its most recent census data, Ecuador is home to approximately 18 million people and is comprised of five primary ethnic groups: 71.9% Mestizo, 7.4% Montubio, 7.2% Afroecuadorian, 7% Indigenous, 10.5% White, and 0.4% other (Instituto Nacional de Estadística y Census 2023). Mestizos and Montubios are typically defined as "mixed" European and Indigenous, and Afroecuadorians are defined as African and Indigenous. While other racial and ethnic groups exist in Ecuador, these identities are those that are formally recognized by the state and therefore are the categories used when developing law and social policy.

In Ecuador, "race relations, economics, gender roles, and law were all forged in the colonial encounter, and all relate to the formulation of individual identities in the country today" (Jamieson 2005, 212). Much research has been done on the history of the concept of *mestizaje* in Ecuador and how it influences the country today. *Mestizaje* began as "the ideal of a mixed-race society where racism does not exist" (Jamieson 2005, 213). The promotion of *mestizaje* makes it appear as if racial conflict is nonexistent, an idea that aligns with the Ecuador's aim to be plurinational. However, research on race and racism in Ecuador shows that racial differentiations among mestizos "interact with social and economic variables such as wealth, aesthetics, and education" (Roitman and Oviedo 2017, 2780). Evidence from studies observing race in the Andes demonstrate that race goes beyond skin color, involving "language, employment, residence (urban/rural), foods eaten, and bodily characteristics such as teeth, hair, size and smell" (Roberts 2016, 51).

During my time in Ecuador, I noticed that discussions of race based on skin color were not common. Instead of discussing notions of race, people seemed to use other factors, such as language, employment, residence, and education, when making judgements about one's social status. No one that I spoke to in Ecuador discussed *mestizaje* with me, but I find that its characteristics align with my observations of the way racism showed up when discussing adolescent pregnancy. In essence, *mestizaje* serves as an "assimilationist masking technique covering profound racism… urban people of the middle and upper classes refer to themselves as *gente decente* (decent people), *culto* (cultured), or *vecinos* (citizens, urban neighbors)…these terms can be seen as glosses on the concept of racial 'whiteness'" (Jamieson 2005, 2014). In my conversations, terms like *gente decente* and *vecinos* came up often, especially when referring to Indigenous people, immigrants from Venezuela, and adolescent mothers and their families.

Another element which has led to inequality in Ecuador is its natural landscape, which is made up of four geographical regions, the coast (*costa*), the Andean Mountain range (*sierra*), the Amazonian jungle (*oriente*), and the Galapagos Islands (*islas*). Because of its colonial history, Mestizos have long occupied *sierra* urban centers, Montubios the southern coastal regions, Afroecuadorians the northwest coastal regions, and Indigenous peoples the *sierra* and *oriente*. Additionally, the three most densely populated cities are Guayaquil (southern *costa*), Quito, and Cuenca (both *sierra*) with approximately 1.9 million, 1.4 million, and 277,000 inhabitants, respectively (World Population Review 2023). Although much of the population of Ecuador is concentrated within these three cities, the racial and ethnic makeup of each location varies.

Both Quito and Cuenca, the cities in which this research was conducted, are similar in that they hold most of the wealth in the inner city while the outskirts and surrounding cities gradually become more impoverished and rural. Historically, both Quito and Cuenca were

geographically advantageous as hubs for commerce, work, and resources because of their highland mountainous landscapes. According to Conniff, "from the very beginning [of the Spanish colonial period], Quito was the seat of the *audiencia*, a role justified by the city's demographic and economic preeminence in the region" (1977, 386). The *audiencia* was a Spanish court of justice with political, economic, and military authority in Quito (Phelan 1967, 127). Furthermore, "the need for laborers in Spanish colonial urban centers such as Cuenca meant that Native Andeans were forced to come from surrounding villages to work in the city…these groups settled, or were forced to live, in peripheral neighborhoods of the city, creating new urban identities in the colonial system" (Jamieson 2005, 219). While Quito is home to mostly locals, Cuenca's 18th century colonial architectural city environment attracts expats from around the world, and "international lifestyle marketers have been able to project its heritage urbanism to an aspirational class of…retirees" (Hayes 2020, 3061). Because of this gentrification, non-Ecuadorians of higher socioeconomic class than the native Mestizos and Indigenous citizens residing in the area dictate the market economy. The accumulation of wealth in Ecuador's most urban centers continues to push marginalized communities to the outskirts of Quito and Cuenca today.

Even though cases of adolescent pregnancy are most prevalent among marginalized communities such as those living in rural areas, or people of Indigenous or Afroecuadorian descent, (Goicolea et al. 2009, 221), governmental and social resources tend to be concentrated in the inner parts of the largest cities. Those who live in the city center or near it have more access to these resources simply because they are within a closer distance, requiring less time and money to commute. Roughly 36% of Ecuador's population lives in rural regions, while more than 86% of public practice health care providers work in urban areas (Brusnahan et al. 2022, 2).

In 2019, there were a total of 4,148 health centers across Ecuador's 10 major provinces, of which 500 were in Pinchinca, the province of Quito, and 248 in Azuay, the province of Cuenca (Instituto Nacional de Estadística y Census 2023). The province with the most health centers was Guayas, a coastal region with 672 sites, while the province with the least amount of centers was Cotopaxi, a mountain region with a total of 133 sites (Instituto Nacional de Estadística y Census 2023).

Even with health centers being available in urban or near urban areas, getting care and receiving the adequate care is not always so straightforward. Freire et al., in their 2015 National Survey of Sexual and Reproductive Health report, found that only 37% of the national population had health insurance (347). Further, 90% of people surveyed did not receive preventative care services in ages 15-29, and only about 18% of pregnant women aged 15-49 received more than eight prenatal visits during one pregnancy (2015, 377-378). Some reasons for not receiving general care, according to Freire et al., are costs, the health issue was perceived to be non-urgent or familiar, and other reasons, including being unable to leave unattended children or not having enough time (2015, 368). Ecuador's constitution guarantees free healthcare to all its citizens and provides this through the Ministry of Health. However, in these public "administered hospitals and clinics, patients [are] treated abysmally, there were few supplies or resources, buildings were crumbling" (Roberts 2016, 50), and the addition of staffing shortages and low wages for healthcare workers make for an inefficient and unethical healthcare system.

While in Ecuador, my host mother would describe to me how long she had to wait to secure an appointment, and that if that appointment did not resolve her issues, she would have to go back "in line" to await another appointment. Therefore, she preferred to save up the money and pay for a private doctor but was not always able to do so. Those who have insurance, which

makes up one fifth of Ecuadorians, can receive healthcare through The National Social Security Institute (IESS) for a small fee of anywhere from $8-10 USD per month (Brusnahan et. al, 2022, 2). A very small percentage of the population will receive health care through private health care providers and pay any requested fees at the time of service.

*Religious Ideology*

About 80% of the Ecuadorian population identifies as Roman Catholic, and this was certainly evident to me during my research (Hidalgo and Dewitte 2021, 2). Catholic influences can be seen in many areas of daily life for adolescents in Ecuador, both inside and outside the home. Most of my participants self-identified as Catholic though only a few confirmed that they attended mass at least once a week. It is likely that adolescents receive Catholic teachings from their parents, school, as well as when in church. Additionally, many locations that offer social services to adolescents are informed by religious beliefs, many of which are Catholic, including the home for adolescent mothers where I conducted fieldwork for some time during my stay in Ecuador. This home expected the young women to recite prayers after waking, before sleeping, and before meals, and often gave advice framed in a religious context. The walls were decorated with religious photos, often relating to parenting and children. For example, one portrait of a woman and a child said, “Thank you, my god, for the moms, for my mom and your mom!” Another photo of two children said, “Every time a child is born, god smiles again upon the earth.” A poem titled “Mommy, don’t kill me! Letter from a child who will not be born” hung on the walls of one of the main rooms, with a photo in the background of an older woman looking down and caressing her pregnant belly.

Catholic influences are often evident in Ecuadorian politics as well. In 1973, Ecuador and the Catholic church signed a Modus Vivendi, which resulted in economic, social, and political

privileges for the Catholic church. The contract states that the Ecuadorian government grants the Catholic church the rights to act freely within activities that relate to or are within the Church's sphere, including education, family, and assistance matters, and guarantees the presence of an *apostolic nuncio* (diplomatic representative) in the country, on behalf of the Holy See (Baquero 2011, 195-196). The Modus Vivendi prohibits Ecuadorian clergy from participating in politics, and the 2008 Ecuadorian Constitution declares freedom of religion and prohibits discrimination based on religion.

Still, it is evident that the Catholic church holds influence when it comes to Ecuadorian law and policy. In September 2019 the Ecuadorian parliament rejected a bill to legalize abortion for cases of incest, sexual violation, and fetal malformation. Prior to voting, parliament was presented with several arguments against the bill, and the archbishop of Quito was quoted in *The Guardian* as saying, "God is the God of life, not the God of death" (Daniels 2019). Similarly, politicians and other government officials have been known to make decisions based on their religious beliefs. For example, former president Correa's commitment to Catholicism was evident when he threatened to resign after members of his own party proposed legislation to lessen restrictions on abortion. He called his colleagues traitors, stating "if these acts of betrayal and disloyalty go on, I will tender my resignation" (BBC News 2013). In 2020, Correa's successor, Lenin Moreno, vetoed a health reform law after Catholic and evangelical Christian leaders expressed opposition to it. The law would require doctors to provide care to those suffering from abortion complications and needing emergency care, as well as require public health facilities to offer methods of contraception. Catholic leaders stated it "forced physicians to intervene in obstetric emergencies without the "right to conscientious objection [and that it]

approved the indiscriminate use of contraceptives by minors without parental consent" (United States Department of State 2020, 6).

*Relevant Law and Policy*

The most recent and drastic changes in Ecuador related to young people and their sexual and reproductive lives occurred during the Rafael Correa administration, who held office from 2007 until 2017. A socialist, trained economist, and devout Catholic, Correa proposed and led what he termed the Citizens' Revolution, an aim to establish a postneoliberal order based on the discourse of *sumak kawsay/buen vivir* (Lind 2012, Goeury 2021). [3] For Correa, the discourse of *sumak kawsay* was meant to offer an alternative approach to Western and neoliberal development models based in profit, extractivism, and commodification, shifting wealth away from big corporations and into the hands of marginalized groups.

However, many have pointed out the contradictions in Correa's rhetoric and the actual practices on behalf of the state to encourage reform for the lives of marginalized groups (Becker 2012, Lind 2012, and Valdivia 2017). Some scholars argue that the concept of *buen vivir* is resignified to fit personal projects of national leaders (Hidalgo-Capitán and Cubillo-Guevara 2019, 279), and serves to "cloak postcolonial development" (Radcliffe 2012, 248). One of the ways in which Correa gained popularity was by promising to redraft a new constitution under the *buen vivir* rhetoric, and, after being voted into office, the new constitution was approved. The 2008 Constitution takes a liberal, individual rights approach, and acknowledges that all citizens shall enjoy the rights named within, including the right to live free from discrimination and

[3] *Sumak kawsay* is a concept originating from indigenous people in the Andean and Amazonian regions and translates to "good life." The concept represents living in harmony with all living entities, including nature, recognizing the duality and cyclical nature of the world and universe, taking only what is needed and giving back when able to (Kowii 2018).

violence, to receive an education, to have access to food, clean water, and shelter, and to receive comprehensive health care, including the right to make free, responsible and informed decisions about one's health and reproductive life and to decide how many children to have (República del Ecuador, 2008). Women and children (among other groups) are named as "priority groups" meaning extra care is taken by the state to ensure the rights, safety and wellbeing of these groups are being met.

The Constitution states:

> Children and adolescents shall enjoy the rights that are common to all human beings, in addition to those that are specific to their age. The State shall recognize and guarantee life, including care and protection from the time of conception. Children and adolescents have the right to physical and psychological integrity; to an identity, name and citizenship; to integral health and nutrition; to education and culture, sports, and recreation; to social security, to have a family and enjoy peaceful coexistence with family and community; to social participation; to respect for their freedom and dignity; to be consulted in matters affecting them (art. XLVI).

However, the "rights" discourse looks different in Latin America than in the U.S. According to Morgan and Roberts, "the concept of 'human rights'…tends to have a more collective valence [and] apply to the citizenry broadly conceived, and not only to individuals…[while] the theory of 'natural rights'… refers to divinely given rights that exempt individuals from both state control and the reach of secular law" (2012, 246). This gives way for arguments about the "natural rights" of unborn children, aligning with the historically restrictive laws on abortion in Ecuador.

Prior to 2021, Ecuador allowed abortion only "in cases when the woman's life or health is in danger or if the pregnancy results from a rape of a mentally disabled person" (República del Ecuador 2008). Bill propositions were made in 2013 and again in 2019 to legalize abortion for all cases of rape but were rejected by the Ecuadorian Parliament, largely in part due to Catholic influences. Recently, in April of 2021, Ecuador's Constitutional Court voted to allow abortion in

all cases of rape, however stigma surrounding abortion care, and the fear of being criminalized "drives some women and girls to have illegal, unsafe abortions and impedes access to services for survivors of sexual violence" (Human Rights Watch 2021). Some women arriving at hospitals, for example, are pressured to confess to having an abortion in order to receive timely care, even if they have not undergone an abortion (Saavedra 2018). Unsafe abortions account for more than 15% of maternal deaths in the country, and between 2015 and 2019, 378 cases were investigated for illegal abortion (Carpenter 2019). Although the Constitution outlines the right to make free decisions about one's reproductive life, including how many children to have, a lack of access to legal and safe abortion care makes it impossible for individuals to exercise this right when they face an undesired pregnancy. While in office, Correa was overt in his preference for traditional, heteronormative, family structures, emphasizing the family as the foundation of society and overtly stating his anti-abortion views. His Citizens' Revolution relied on "caring labor as part of the *buen vivir* development model," identifying "women-as-mothers as primary targets of policies and legal reforms" (Lind 2012, 256). Though not all plans to address adolescent pregnancy were influenced by Correa's personal views, the plans released later in his presidency did adopt this *buen vivir* framework.

In 2007, the Andean Plan and the National Plan for the Prevention of Adolescent Pregnancy launched, which focused on the need to provide sexual and reproductive health information to vulnerable groups and did so by promoting the *Servicios de Atención Diferenciada para Adolescentes* (SADA) healthcare guidelines, or Services of Care Differentiated for Adolescents. The guidelines took a rights-based approach, and were "characterized by respect, confidentiality, positive attitudes among health care workers, and appropriate skills and competencies among such workers," operating under the assumption that

adolescents require access to sexual and reproductive health services and must be empowered in their sexuality to exercise their reproductive rights (Svanemyr et. al 2017, 6). However, census data from 2005 reported that 96% of adolescents already had some knowledge about contraceptive methods (Svanemyr et. al 2017, 4). In my research, I also found that most adolescents were already aware of several contraceptive methods and were actively using a method or knew about how to prevent pregnancy and STI's.

In 2011, the government launched the National Intersectoral Strategy for Family Planning and the Prevention of Adolescent Pregnancies (ENIPLA). This plan focused on "maintaining adolescents in the education system and strengthening comprehensive sex education, improving adolescents' access to sexual and reproductive health services including methods of contraception, family and community action, social dialogue and co-responsibility, and promoting changes in sociocultural patterns" (Svanemyr et.al. 2017, 7). At the same time, the Ministry of Health launched a new model for the Provision of Integrated Family and Community Health Care, *Modelo de atención integral del sistema nacional de salud familiar comunitario e intercultural* (MAIS-FCI) which takes a biopsychosocial approach to healthcare (Svanemyr et.al. 2017, 7). While SADAs failed to consider larger systemic forces at play in adolescent pregnancy, ENIPLA failed to provide the support needed at the local level, and since the plan "added workload requirements and confusion surrounding which competencies they were to continue under the new framework, health personnel had difficulty sustaining adolescent-targeted care" (Herrán and Palacios 2020, 2).

Then, in 2014, the Family Plan, *Plan Nacional de Fortalecimiento de la Familia,* launched, which was an abrupt shift from the biopsychosocial approach and towards an abstinence based, heterosexual and traditional family focused framework. The plan emphasized

moral values, with Correa stating objectives such as strengthening the leading role of the family (Vargas and Salgado 2021). When introducing the plan, Correa criticized ENIPLA for putting the health clinic first, stating that adolescents should first talk with their families about sexuality. He referred to ENIPLA as a hedonistic, "pleasure for pleasure" approach (Blabbeando 2015). This abstinence-based and family-oriented approach was what was in most recent memory for the individuals I spoke with while in Ecuador. Many professionals lamented the lack of sexual and reproductive health education available in schools and felt that families were not equipped to be teaching their children about topics of health. One study found that the ENIPLA plan did not reduce adolescent pregnancy in highly Indigenous cantons (the rates remained unchanged), and that the Family Plan did increase birth rates by reducing access to sexual and reproductive health resources for adolescent women (Galárraga and Harris 2021, 12). The Family Plan was most obviously informed by Correa's views, which emphasized family values, or, in other words, caring labor, as central to sexual and reproductive health.

Most recently, the Intersectoral Policy for the Prevention of Pregnancy in Girls and Adolescents, *Política Intersectorial de Prevención del Embarazo en Niñas y Adolescentes* was implemented in 2018. The plan's framework lists six levels in which influential factors may lead to adolescent pregnancy: institutional, community, school, family, peer groups, and individual. The plan applies a rights based and equity focused lens, grouping five government ministries, rather than two, like Correa's plan. Some objectives are: to promote the change of negative sociocultural patterns that limit the experience of sexuality, sexual health and reproductive health and naturalize gender-based violence against girls, boys and teenagers; guarantee the entry, reintegration and permanence of adolescents in the educational system until the completion of high school; and promote safe family environments and the strengthening of protective factors

for comprehensive development of sexuality in girls, boys and adolescents, among others. The plan is promising, but we have yet to see studies that demonstrate the effects from this policy change.

During my research, there was no mention of adoption as a possibility for young pregnant women. There is some research which examines international adoption from Ecuador, particularly child trafficking (Leifson 2008) and illegal practices (Fieweger 1991), as well as research which discusses child circulation (Leifson 2013) and informal fostering practices (Walmsley 2008). One article reports significant administrative delays in the adoption process, which is conducted through the MIES (Zambrano and Mosquera 2022). Based on a qualitative analysis, a recent article by Hermosa-Bosano et al. states that participants favored heterosexual couples over same sex couples as parents who were to adopt children. Some reasons provided by participants include concern that the child would be discriminated against, not "natural," concern the child would "repeat by example [and] adopt that behavior, even if, deep down, it goes against biology," needing a family that "God intended," needing a mother and father, and concern that society would reject the child (2022, 1713). While it is possible that, for some young mothers in Ecuador, having their child adopted or participating in informal fostering may occur, these options were not discussed by the young women I spoke with who had experienced pregnancy.

*Gender Norms and Gender Violence*

Due to Ecuador's long colonial and Catholic history, perception of gender in Ecuador remains primarily patriarchal and informed by a history of gender stereotypes specifically in relation to the machismo/marianismo dichotomy. Machismo, and its lesser-known counterpart, marianismo, are a set of gender stereotypes identified specifically in Latin American cultures. Machismo, first introduced by Mexican poet Octavio Paz in 1950, is widely cited in academic

literature as being a set of traits associated with men characterized by hypermasculinity, aggression, and greater sexual prowess compared to, and dominance over, women (DeSouza et al. 2004). Marianismo is a concept which was first used by Evelyn P. Stevens in 1973 to represent the feminine qualities that reinforce machismo. Based on the image of the Virgin Mary, marianismo consists of qualities like passiveness, self-sacrificing and dependency (on men), but can also be described as the "cult of female superiority" that teaches women they are spiritually and morally stronger than men, and somewhat goddess like due to their reproductive capacities (Navarro 2002, 257). These concepts are certainly familiar to Latin American discourses about gender, yet the stereotypes of machismo and marianismo are contested by some for being overly simplistic and failing to account for local, historical, and intersectional experiences of people across Latin America.

For example, Matthew Guttman's ethnographic work in urban Santo Domingo, Mexico City explores the meanings of gender identities and how they have transformed among men in Mexico in the last several decades. Guttman, an anthropologist, argues that the unitary images "anthropologists have been creating about Mexican working-class men are erroneous and harmful," and in turn, overlook differences among men and how "cultural difference and similarity are constituted by diverse social actors [who] limit and expand the meanings of gender identity" (1996, 2). Similarly, Hurtado and Sinha, in their work with educated, young Latinos living in the United States, use an intersectional lens to show how men negotiate different parts of their social identity, identifying with some aspects of hegemonic masculinity and rejecting others (2008, 347). Marianismo is likewise a debated topic, and Evelyn P. Stevens' ideas have been critiqued for being historically inaccurate and lacking actual examinations of family life

(Navarro 2002, 258). These authors break down the machismo/marianismo stereotypes and show how gender identities are dynamic and unique depending on local contexts.

Through feminist, Indigenous, and LGBTQ activist efforts, the way gender is understood in Ecuador is changing, both socially and within academia. Yet gender norms continue to permeate local cultures. Several studies have explored how adolescents understand gender norms as well as machismo and marianismo. Pinos et al. conducted twelve focus groups with 127 male and female adolescents in Cuenca, Ecuador, and found that participants had "absorbed" the gender stereotypes of machismo/marianismo into their belief system, although they equally blamed the stereotypes as the cause of gender inequality (2016, 26). The participants were able to describe the qualities of machismo and provide examples of how it is learned or exists in society, while also expressing feeling pressured from gender expectations and societal ideas about how they should behave sexually. Another study on gender norms and intimate partner violence by Goicolea et al. interviewed thirty-five young men and 11 young activist men, in Orellana, the Amazon basin in Ecuador. The authors demonstrate how both groups recognized the prevalence of intimate partner violence and its harmful effects, yet each group understood the root causes differently. The general young men considered machismo qualities inherent to men and felt that too much gender equality could trigger intimate partner violence, while the activist men blamed machismo for generating intimate partner violence (Goicolea et al., 2015, 226). Lastly, Neira and Hermida show how adolescents in Cuenca, Ecuador naturalize controlling behaviors of both men and women in heterosexual relationships as an expression of romantic love in relationships (2017, 138). These machismo/marianismo stereotypes, along with other gender norms, are only one influential factor in how adolescents experience sex and sexuality, learn about sexual education, and understand family dynamics or how they will behave in

intimate relationship roles. For example, expectations of expressing virility, masculinity and power could pressure young people to have sexual intercourse to avoid rumors of homosexuality (Hidalgo and Dewitte 2021, 2). Machismo was referenced to me by many adults during informal conversations throughout my time in Ecuador, and though marianismo was not specifically named, its description did come up in my conversations with young women who had experienced pregnancy when speaking about womanhood, motherhood, and relationships.

To be clear, not all people I spoke with inherently subscribed to these gender stereotypes. Some adults and key informants felt that that machismo was the cause of much violence against women and children, while others felt that "times are changing" and these stereotypes were outdated. Among the young women I interviewed who had experienced pregnancy, machismo was not a dominant characteristic that they named, but that does not mean that gender stereotypes do not influence them. Related to Catholicism, marianismo ideals of femininity and motherhood were prominent in past and current socio-cultural notions of mother love.

Gender norms are also prevalent in politics. During Correa's Citizens' Revolution, one focus was to decrease gender violence. A campaign titled "React Ecuador, machismo is violence" ran television advertisements intended to raise awareness about the causes and prevalence of violence against women and children. Some advertisements included statistics such as "8 in 10 women have suffered from physical, psychological, or sexual violence" or "21% of children and adolescents have suffered from sexual abuse from family members" (Caudet 2017). One advertisement represented a woman experiencing intimate partner violence, another portrayed a man as a caveman exhibiting aggressive behaviors, and one included several men of all ages saying statements such as "I cry, and what? I care for my children, and what? I don't drink alcohol, and what?" (Caudet 2017). Of course, Correa cannot be solely blamed for the use

of gender stereotypes to achieve a goal, but his influence during the decade he was in office surely provided the public with a discourse which links machismo to violence against women and children.

*Summary*

In this chapter, I have provided a brief overview of the local setting for this research to contextualize the social, cultural, and political environments affecting young people's sexual and reproductive lives in urban Ecuadorian spaces. This information helps in understanding why the state and society might frame or respond to adolescent pregnancy in particular ways. Additionally, this description of the local context allows for a deeper understanding of the ethnographic content that follows. I have given an overview of adolescent birth rates in Ecuador and the ways in which the state's wealth is distributed unequally based on its long colonial history. I provided examples of how Ecuador has approached adolescent pregnancy as a social problem in past policies and development plans. Additionally, I discussed how Catholicism and gender ideologies inform dominant scripts about sex, sexuality, and pregnancy. In the upcoming chapter, I discuss understandings of sex, sexuality, and pregnancy among young people in the general population as well as among young women who had experienced pregnancy. I relate dominant discourses to the risk framework of adolescent pregnancy and discuss how young women enact governmentality by reproducing parts of these discourses.

# CHAPTER 5: *CUIDATE MIJA*:

# A RISK-BASED DISCOURSE ABOUT SEX AND RESPONSIBILITY

When I first began to meet with young people in Ecuador and ask them questions about sex and sexuality, I was met with hesitation. Whenever I said the words "sex" or "sexuality," the responses were "I don't know about that" or "I don't have an answer." Often, those responses were followed by giggles and shrieks as the young women tried to circumvent my attempts to rephrase the questions. I learned quickly that the young women never described sex in physical terms. Instead, speaking about sex and sexuality was a door to stories filled with laughs, love, and pain.

While there is no one sentence summary for the experiences of these young women, the similarities in their identities as young women from working class families living in urban Ecuador resulted in some shared understandings about sex, sexuality, and pregnancy. In this chapter, I identify *cuidate* ("take care of yourself") as a discourse about sex and adolescent pregnancy that reflects the local dominant cultural ideologies about what success looks like for a young woman in urban Ecuador. Survey responses among sixty-six Ecuadorian adolescents confirm that similar understandings about sex and adolescent pregnancy exist among those who had not experienced pregnancy as compared to the understandings about sex and pregnancy among the young women I interviewed who had experienced pregnancy. These similarities confirm the prominence of the discourses surrounding adolescent pregnancy in the Ecuadorian society in which the young women are embedded. At this social body level of analysis, I describe how *cuidate* reproduces a risk-based framework of adolescent pregnancy. I also draw on Foucault's concept of governmentality to demonstrate how *cuidate*, as an ideology aligned with

state discourses and policies, operates on an emotional level for young women who are pregnant or have given birth.

*General Understandings of Sex, Sexuality and Adolescent Pregnancy Among Ecuadorian Youth*

One of the aims of this project was to assess whether adolescents who had experienced pregnancy had similar or different understandings about sex and sexuality as those who had not experienced pregnancy through the use of a survey. In total, I received sixty-six survey responses, of which: 71% identified as men and 29% identified as woman; 82% identified as being between the ages of sixteen and seventeen while 18% identified as either fifteen or eighteen. In a free text response to race/ethnicity, 86% identified as Mestizo/a, 6% identified as white, and 8% identified as "other race." Participants identified as coming from a variety of neighborhoods in Quito, from its northernmost to southernmost *parroquias* (parishes). This survey was conducted on a random day and classrooms were chosen by random, therefore the sample representation reflects who presented to class that day. Although there were some interesting differences in the ways that men and women responded to survey questions, they do not alter the observations I outline below.

Based on survey responses, it was clear that participants perceived positive reasons for having sex. When asked about reasons to have sex (with the ability to select more than one option), 79% chose love, 55% chose pleasure, and 59% chose being in a relationship. Further, in response to a similarly styled question asking *why* one would have sex before marriage, most respondents stated it was for personal pleasure, to learn more about themselves, or because they were seeking something intimate. In total, 85% felt it was fine to have sex so long as protection was being utilized. These responses indicate that young people desire intimate relationships for physical and emotional pleasure.

This was also true for the young women who had experienced pregnancy that I spoke with. Several of them referred to physical pleasure, experimentation, and love as reasons to have sex. For example, when I asked Maribel what some reasons are to have sex, she said for love. I prompted further and asked what qualities would be ideal for a positive sexual encounter. She said, "To sleep with someone? First, we have to have protection, so I don't end up pregnant. Also, to protect from infections." I responded with, "And what results from having sex?" Maribel laughs and says to me, "*Comenzamos a calentarnos!"* which translates to "we start to get warmed up," but reflects something more along the lines of becoming aroused. For Maribel, as well as some of the other young women I interviewed, sex was an enjoyable and exciting experience.

Maribel's responses also exemplify the knowledge young people have about safer sex practices such as protection against STI's and pregnancy prevention. Six out of seven of the young women I spoke with were able to name several methods of birth control, and though not all mentioned STI's, some did stress the importance of using condoms to prevent infections and getting tested regularly. It is unclear how much of this information the young women knew before becoming pregnant, however based on my conversations with them, I found that all had an understanding of how pregnancy occurs prior to becoming pregnant. One mentioned explicitly not using condoms because she desired pregnancy, and another said she thought the condom may have broken.

Similarly, many survey respondents demonstrated some knowledge about safer sex practices, and several survey respondents indicated that they used protection for prevention of pregnancy as well as STI's. Regarding birth control, 62% of respondents were confident they knew *all* methods of birth control. For those who responded they did not know all methods, most

were able to list at least three methods, including condoms, pills, and some long-acting reversible methods of contraceptives. Fewer talked about methods such as withdrawal, surgery, and emergency contraception (phrased as "the day after pill" on the survey), and one person listed *agua de ruda.*[4]

Overall, it appears that both survey participants and the young women I spoke with had positive views about sex and sexual relationships and had at least some knowledge about safer sex practices. Yet when answering questions based on moral ideas about sex before marriage, these perspectives about sex shifted drastically. When asked what society might think if you were to have sex before marriage, about half of the respondents said people would see them as irresponsible (as compared to 23% who stated people would not care). Further, nearly half stated that people might think they will end up pregnant. When asked to agree or disagree with several listed reasons as to what leads to adolescent pregnancy, about 88% of participants agreed with irresponsibility. Sixty-five percent agreed it was due to lack of education or lack of presence on behalf of parents, and 59% agreed that a lack of sexual education and sexual health resources played a role.

The overwhelming shift to negative perspectives of sex and its outcomes when asked about societal perspectives is indicative of the influence social pressures may have on young people in how they make decisions about and experience their sexual and reproductive lives. When asked when the right time would be to have a baby, 86% of respondents felt that having a university degree was important, and 92% felt that having enough funds was important. However, only 33% of participants stated that the desire to have a baby was very important for

[4] Ruda is a widely used plant in Ecuador (among other countries), typically for medicinal or healing purposes.

the ideal time to have a baby. Absolutely all the young women who experienced pregnancy that I interviewed felt that society generally viewed them as irresponsible for having become pregnant at a young age. In the words of Flor:

> Society thinks that us young people don't think things through…but we actually think having sex is something wonderful. But when we end up pregnant, we think, Ugh! I screwed up. I'm pregnant now, what can I do? Society thinks that we are too young to have our children. Like, we are not prepared yet to have children. Society thinks, why did she get pregnant, what is a child doing with a child?

These perspectives align with the young women's experiences in being told *cuidate* by their mothers and friends. The discourse of *cuidate* is consistent with the survey respondents in their emphasis on ensuring economic success and completing an education prior to having children. It is also consistent with accepting sexual activity while urging the importance of preventing unplanned pregnancy. However, when reproduced by young pregnant women and adolescent mothers, *cuidate* is also a discourse about the "risks" associated with adolescent pregnancy. The consistencies between my interviews and survey results reaffirms the dominance of these views on sex, sexuality and pregnancy among young people in urban Ecuador.

*Sex Talk: Mother to Daughter, Friend to Friend*

Some of the young women that I interviewed had experiences with becoming pregnant that involved a romantic partner they were dating. For this group of women, the concept of *cuidate mija* came up as a form of advice. In its most literal sense, *cuidate mija* was used in the context of pregnancy prevention. Gaby recounts that her mom would say, "daughter, you might one day do it but take care of yourself. Really take care of yourself, don't forget that suddenly you can become pregnant and all of that. She did give me advice." Gaby's mother acknowledged her daughter's romantic and possibly sexually intimate relationship, and rather than asking her not to have sex at all, she cautioned her daughter to be conscious about avoiding pregnancy.

Gaby had a loving and trusting relationship with her mother, and she took this advice as coming from a good place. Yet *cuidate mija* held a deeper meaning than not becoming pregnant. In the same quote from Gaby, the advice *cuidate* as pregnancy prevention normalizes sex as a part of romantic relationships while at the same time focusing on sex as procreative and placing the responsibility of preventing pregnancy on the young woman who is listening. Though the young women I spoke with did not view sex as strictly procreative, the emphasis on sex leading to pregnancy and pregnancy leading to negative outcomes underscores how the cautionary tone of *cuidate* is entrenched with racial, classed, aged, and gendered ideas about sex, pregnancy, and motherhood.

Indeed, mothers of the young women stressed *cuidate mija* as a warning of the dire consequences that could come from becoming pregnant as a teen. For many of these mothers, the experiences they were referring to were personal. When Victoria reflected on this advice, she said:

> It wasn't that we should take care of ourselves, but rather to never commit the error she had…not to commit the error like my mom who became pregnant [as a teen]. My mom has five children, with me, I am the third. Because she had five children, she has not finished her studies. She wanted to be a lawyer, but she couldn't. She fell behind in high school.

Encased in the discourse of *cuidate* is the presumption that adolescent pregnancy will irreversibly tarnish one's life. The mothers of these young women repeatedly expressed concern about their daughters' future, wanting them to complete their formal education and have the opportunity for economic and familial success, which somehow would be out of reach if they were to become pregnant as adolescents. In these cases, their desire for the well-being and happiness of their daughters is rooted in their personal experiences in which becoming pregnant as an adolescent resulted in undesirable outcomes, such as Victoria's mother being unable to

become a lawyer. Although I did not interview these mothers, the young women whom I did speak with echoed the same understanding that adolescent pregnancy will have negative outcomes when speaking to their friends, sisters, or their future adolescent daughters.

For example, Carolina recounted how she would caution her friends after she became pregnant as an adolescent. “I would always tell her, take care of yourself. Take care! Because I saw that she was already involved in those things. She would say, no, no, it’s only for fun. Then I saw what had happened to her (referring to her friend becoming pregnant).” When I asked what she told her friend after she learned of her pregnancy, she said, “I said oh well! They got involved in doing big things and now they have to act like adults. And like a good mom she has to have the baby. It’s a life.” Similar to Carolina, Maribel also used herself as an example of why one should prevent unplanned pregnancy during adolescence. Maribel told her sister that “she should not commit the same error as I did with my daughter, because, well I didn’t know you see, how it is to have children.” Anaiz, reflecting on herself as a mother, said to me, “I want to take good care of my daughter, give her advice about sex, so the same thing that happened to me will not happen to her…that sex is bad, she can get pregnant, and they should take care of themselves, her and him.”

When I spoke to these young women, none of them were over the age of eighteen, and even though they had many years to complete their education and gain financial and familial success, somehow these fears had already become a reality to them. They identified with the narrative that adolescent pregnancy leads to negative outcomes so much so that they used themselves as examples of what others should avoid, using words like error and mistakes. By urging others to “avoid” adolescent pregnancy and self-identifying with the idea that becoming pregnant as an adolescent is linked to negative outcomes, the young women were reproducing

pathologizing discourses of adolescent pregnancy. The discourse of *cuidate* is an example of the politics of reproduction in action. According to Ginsburg and Rapp, the politics of reproduction is the examination of the forms of power in which reproductive relations are embedded, including "the multiple levels on which reproductive practices, policies, and politics take place" (1991, 313). On the one hand, by reproducing the discourse of *cuidate* the young women unknowingly accepted and gave power to the narrative of adolescent pregnancy as a social problem. Yet on the other hand, the discourse of *cuidate* also framed sex as primarily procreative, which the young women did not identify with. In fact, many of the young women had positive views about sex and intimacy, describing it as beautiful, feeling good, and even "making love."

Discriminatory racial, classed, aged, and gendered notions hide well behind the discourse of *cuidate* and the idea of responsibility embedded within it. In my interviews, the young women repeated the need to "take responsibility" for their actions. Rachael, the psychologist I spoke with said to me that "society makes you responsible to care for the child, to form a home, and family." As mothers or mothers to be, they felt they somehow needed to "mature" and behave like "an adult" for their child. In saying this, the young women are taking on the moral responsibility of having to change their lifestyles to fit into the mold of a good adolescent mother, as outlined by parents, healthcare providers, teachers, and other adults in their lives. To Ranita Ray, "the reproductive justice framework [emphasizes] the racialized, classed, and gendered discourses that regulate and pathologize black and brown women's bodies while privileging a white, heterosexual, middle-class life trajectory where childbirth comes after economic independence and marriage" (2018, 457). As young Ecuadorian women, these individuals were judged as not representing "good" young women who prioritized their

education rather than engaging in sexual intercourse. Being young was synonymous with being irresponsible, as young women are deemed unfit for parenting (but are expected to continue a pregnancy and parent anyway). The young women were also expected to uphold expectations of "good mothers" by continuing their pregnancies, raising their children, bonding with them, and loving them unconditionally. Like Carolina mentioned, a pregnant adolescent must be a "good mother" and care for the child because "it's a life." These statements echo religious notions about women and reproduction that view pregnancies as "gifts from god."

At the *casa hogar*, youth center, and public OBGYN clinic where I interviewed young women, services were typically offered to populations of lower income. The key informants I spoke with recognized this, and even mentioned to me how most adolescent mothers had "dysfunctional" home lives, and that they came from families who did not have the capacity to teach them the appropriate skills to develop in healthy ways. During informal conversations, some would refer to pregnant adolescents as "*sin vergüenza*" (without shame) or as people who did not know how to "*ser decente*" (be decent). As I mentioned in chapter three, racism often hides behind characteristics other than skin color in Ecuador. Based on my experiences in Ecuador, characteristics which are most ideal are those closest to white and Western qualities. Some members of society, such as people I would meet at stores or neighbors in the area where I was staying, discriminated against pregnant adolescent women by claiming their pregnancy was a characteristic to be ashamed of, while, if it was an older woman in her twenties who was pregnant, perhaps they would view that pregnancy as something good and ideal.

The process of accepting the image of the "at risk" pregnant adolescent, as well as expressing the need to be held individually responsible, are indicative of governmentality, as state ideologies and policies, as well as church institutions, inform social perceptions and

professionals' discourses of adolescent pregnancy. The young women reproduce the discourse of *cuidate*, quite literally, by describing themselves as representative of the presumed outcomes that *cuidate* suggests and thereby giving power to the stigmatized narrative of adolescent pregnancy. I now turn to the risk framework, biopower, and governmentality in relation to the *cuidate* discourse.

*"At Risk" for Adolescent Pregnancy*

While in Ecuador I met a friend, Ana, who worked in the field of behavioral health with teens, some of whom had been pregnant or were mothers. Her job was to provide after school programs for teenagers where they could have time to complete schoolwork or talk with counselors if needed. One day she took me out for a walk just a few blocks away from her home to a neighborhood which she referred to as *una tristeza*, a place of sadness. Here, Ana explained, lived very poor communities who were pushed out from central Quito due to the rising costs of urban living. According to Ana, gang affiliation and adolescent pregnancy were very common in the area, as well as poverty, drugs, alcohol, and crime. She described those who are "likely to become pregnant" as wearing hair bows and sharp makeup, typically living in the south of Quito where there was "more poverty." Ana even suggested I avoid eye contact or engagement with people, since one might "get the wrong idea." I was unsure of what to expect, but when we arrived, I immediately noticed a difference between central Quito and the neighborhood we had stepped into. There was less traffic on the streets, more unhoused people roaming the sidewalks, fewer commercial locales, and no street vendors. She described the adolescents living in this area as undergoing many struggles that put them "at risk" for early pregnancy. Not even the police came to this neighborhood, she said.

The use of a risk framework can take many forms. For this discussion, I consider both clinical and public health perspectives as both realms may likely influence the experience of an adolescent who becomes pregnant in Ecuador. Typically, in a U.S. clinical setting, a risk-based framework considers the probability of a "hazard" occurring and the actual harm or severity of that hazard on the individual (Edwards and Elwyn 2001, i9). Within a U.S. public health setting, a consideration of social determinants of health is made to assess risk, and interventions are based in policy decision or health initiatives at the population level (Fielding, Teutsch and Breslow 2010, 176). Sources of authoritative knowledge, such as researchers, biomedical systems, and international health organizations, refer to adolescents as a group who are "at risk" for adolescent pregnancy depending on factors such as class, geographic location, family dynamics, psychological behavior, and socio-political or systemic influences.

Commonly, authors using risk frameworks assert the premise that adolescent pregnancy is a "public health issue with significant medical, emotional, and societal consequences for the mother, her child, and her family" (Black, Fleming, and Rome 2012, 123). Several studies conducted in Ecuador discuss risk and adolescent pregnancy (Goicolea et al. 2009 and Guijarro et al. 1999) as do plenty of thorough reviews focused on a variety of geographic locations (see Chung et al. 2018, East et al. 2006, Jeha et al. 2015, Miller et al. 2011, and Papri et al. 2016), indicating that the risk-based approach is a familiar one on the topic of adolescent pregnancy in various clinical, academic, and public health settings. Unfortunately, within the risk framework is the potential for risk factors to be misused to stigmatize and monitor groups rather than to assist in the prevention of adverse outcomes or improvements of health.

What I witnessed in Ecuador among the general population is the risk framework being employed to categorize individuals and reproduce stereotypes about those who experience

pregnancy during their adolescent years. Many people whom I spoke with in Ecuador used this terminology to describe individuals who they perceived as to be more likely to become pregnant at an early age, almost as if expressing sympathy for the possibility of its occurrence. For example, while at a youth center, one individual said to me that "these are the type to become pregnant as adolescents," referring to individuals of the working class who utilized the center as a resource for food and educational resources. The psychologist I spoke with, Rachael, said that "if mom was an adolescent parent, the child will be an adolescent parent. The cycle repeats itself." Ana had described the adolescents living in the poorer neighborhoods of Quito as "at risk," without naming which risks were present or verifying their existence. In these ways, the risk framework reproduced the narrative that poor people in Ecuador are more likely to become pregnant early in life.

To demonstrate how the idea of adolescent pregnancy elicits concern and presents a justification for both the state and society to act in efforts to address adolescent pregnancy, and in turn, how a risk framework affects the experience of pregnancy in adolescents, I use the concept of risk as a technology of power. In Behrent's reading of Foucault, the notion of technologies of power are "understood as processes that are directed at organizing the concrete behavior of human bodies and that, unlike legal norms, stimulate and incite rather than repress" (2013, 84). Risk as a technology of power, then, is a non-legal process in which stimulation and incitement occur though suggestive language around what one should and should not do for their health and wellbeing. Citing Ewald, Defert, and Castels, O'Malley states that:

> For…these writers, risk is not regarded as intrinsically real, but as a particular way in which problems are viewed or imagined and dealt with. What is specific to risk, in their view, is that it is a probabilistic technique, whereby large numbers of events are sorted into a distribution, and the distribution in turn is used as a means of making predictions to reduce harm (2008, 57).

O'Malley goes on to cite Rapp, who stresses that within medicine, and more specifically for pregnancy, women are "statistically graded" and have "thus been led to identify 'generic pregnancy anxieties with their particular characteristics and behaviors…' their present lives are shaped in terms of a *probable* future- a future that may never happen but that must be guarded against" (italics in original 2008, 63). Similarly, the risks associated with adolescent pregnancy in the discourse of *cuidate* are anticipatory of a probable future. Certain youth are explicitly determined as needing extra support in the way of after school programs or therapeutic support, while other groups may even be labeled as too rebellious to help.

Risk labeling is essential for the state and other groups to justify their aims towards risk reduction. The process of identifying certain conditions or behaviors as leading to adolescent pregnancy is exemplary of biopower, in which control of young populations occurs through identifying which factors are desirable, and which are undesirable or needing resolve (Foucault 1978, 140). It warrants justification to create systems of monitoring and control in which individuals are limited by law or policy that dictates what they should do with their bodies and how they should feel about, respond to, and live out their experiences. The risks determined to be associated with adolescent pregnancy, either before, during, or after pregnancy, function as a technology of power utilized by the government through which adolescents who are targeted (Li 2007) become a project of risk reduction for the social good.

Thus, programs and practices to minimize adolescent pregnancy are developed for young people who are not actually pregnant but are categorized as "at risk" in a generic manner. For example, after school programs in Quito are meant to keep the young "off the streets," as many told me, in hopes that they would not become involved in gangs or drug use. Employees at the two youth centers I visited echoed these sentiments and felt that their aims where to provide the

resources young people "at risk" might need to continue their education, ensure healthy development, and generally to discourage engagement with sex, drugs, or violence. Specifically in Ana's work, the program was implemented based on geographic location- a lower-class neighborhood with a prevalence of crime. Other programs, such as free prenatal care and classes related to birthing and parenting, address the "risk" that young mothers will be unable or not know how to care for their pregnancies or their children.

Adolescents who become pregnant are not only "at risk" clinically (which warrants the healthcare privileges that the state provides to pregnant adolescents) but also socially, "risking" their ability to complete an education and secure well-paying jobs. In the survey I conducted, I provided the statement, "If I have sex before marriage, society will think that…" and gave participants a series of statements to check if they agreed. The top statements of agreement were that society would view them as irresponsible if they had sex before marriage (52%) and that society would think they will become pregnant (47%). These risks were well understood by the young mothers I spoke with and were evident in their stories. Through the discourse of *cuidate*, the young women were fostering compliance to certain parts of the risk framework of adolescent pregnancy but also negotiating and responding to other parts based on what felt true for their own lives. The young women enacted governmentality through the process of accepting and self-identifying with risks often associated with adolescent pregnancy such as the possibility of not completing school or not finding economic success. However, their reluctance to accept all risks, for example, rejecting the notion that being mothers was something to be ashamed of, demonstrates the agency of the young women when faced with discourses embedded with biopower.

In their article, Morison and Herbert demonstrate how New Zealand policy on sexual and reproductive health for young people, which utilize risk and developmental discourses, "may actually produce new or veiled forms of morality and, by downplaying broader contextual factors, allow for covert stigmatisation and re-entrench the marginalisation of minority groups" (2019, 441). My analysis of the impacts of the risk framework on the lives and experiences of adolescents aligns with what Morison and Herbert observe in their own work. Among the general population in urban Ecuador, the risk framework is drawn upon to further marginalize individuals who may already be facing hardships due to their racial, classed, aged, and gendered identities. The focus on adolescents as being "irresponsible" if they become pregnant at an early age shifts the focus away from the role of state actors and impacts of structural inequality and instead places moral responsibility on young people to abstain from sex or to solely "take responsibility" for their pregnancies by giving birth and raising the child.

*Summary*

Interestingly, but not surprisingly, survey responses showed that most adolescents had some knowledge about birth control and had positive views about sex. Many stated that they enjoyed sex, were familiar with birth control methods, and felt that adolescent pregnancy was a result of irresponsibility. The discourse of *cuidate* is consistent with survey results, since adolescents who had not experienced pregnancy also believed that adolescent pregnancy would result in certain "life failures." When the discourse of *cuidate* is reproduced by young women who have experienced pregnancy, it affirms the risk framework of adolescent pregnancy asserted by the state. Though the young women self-identified with parts of the discourse and negotiated others, the governmentality of adolescent pregnancy grants authority to biopower, where certain groups of adolescents are generally believed to be exhibiting unfavorable behaviors or conditions

and needing the support on behalf of state actors. I contend that the risk framework also diverts attention away from the responsibility of state actors to provide adequate social support to adolescents, and instead places moral responsibility on young people to abstain from sex or to solely "take responsibility" for their children. Next, I draw on a phenomenological approach and discuss how the stigmatization of adolescent pregnancy and the focus on the young people as being "irresponsible" influences the experience of pregnancy during adolescence.

# CHAPTER 6: *EL BEBE NO TIENE LA CULPA*: DESIRED AND UNDESIRED PREGNANCIES

One of the more challenging parts of this project was speaking about the topic of abortion in a country that is overwhelmingly Catholic, and where abortion remains heavily stigmatized and inaccessible. I knew I had to tread this topic carefully after my first interview with a key informant who rigidly sat up when I asked about how abortion might relate to adolescent pregnancy. His words were very clear:

> We are an organization that is fundamentally anti-abortion. We do not support any position whatsoever that has anything to do with abortion…I don't want to make judgments because I know many people feel offended, hurt, or they think they have the right to take the lives of other people-as they please. My personal opinion is that it is an ideological topic, and ideology has inundated the topics of sexuality, abortion, gender, etcetera etcetera…So I repeat, our position is entirely and absolutely anti-abortion. I think that covers enough; we will not get into a debate with those who support the contrary. We stand by this and will work in this direction.

However, that did not deter me from speaking about abortion with other individuals during my time in Ecuador, as the [in]ability to receive high-quality abortion care is a critical topic in the movement for reproductive justice. In my previous chapter, I discussed the social understandings of adolescent pregnancy as being a product of irresponsibility, and how young mothers are stigmatized as individuals who have already failed to meet societal expectations of success, even if (being that all these individuals were under the age of eighteen) they have yet to embark on their journeys as older adult women.

As I spent more time among young mothers in Ecuador, the subjective experiences of coming into pregnancy for the seven individuals I interviewed began to unfold. To better understand the complexities of learning about and continuing a pregnancy as an adolescent in

Ecuador, I focus on the emotional experiences of the young women I spoke with, and how certain discourses swayed these experiences. Scheper-Hughes and Lock claim that "emotions entail both feelings and cognitive orientations, public morality, and cultural ideology [and] suggest that they provide an important "missing link" capable of bridging mind and body, individual, society, and body politic" (1987, 29). At the body-self level of analysis, a phenomenological lens to adolescent pregnancy reveals how adolescents experience their individual selves amidst dominant social discourses about their pregnancies.

*Undesired and Desired Pregnancies*

When interviewing the young women who had experienced pregnancy, many shared that their pregnancies were initially undesired, and that they either thought about or sought an abortion. Their stories pointed towards the negative emotional burden of carrying an undesired pregnancy and living in a visibly pregnant body that was stigmatized by society. For example, Flor felt the urgency of losing access to basic resources when she learned about a pregnancy she did not want.

> I felt bad because I was living with my uncle, and I didn't know where I was going to go. I felt bad because I was going to study. I felt bad and started to cry. I felt bad because I never wanted children in my life. In my life I did not want children. I decided I wanted to have an abortion, or to give her away when she was born. Then I said, now I am pregnant, and that's that.

Maribel, who actively sought abortion care, recounts:

> I was initially going to get an abortion. But the doctor told me no, that my daughter was already formed. That I couldn't. I was five months pregnant, but you couldn't tell. I told this doctor that I had been to another doctor, and he said that the baby wasn't formed yet, and I asked why he would not perform the abortion. He said no because *le da pena a matar otro ser humano* (it gives him sadness to kill another human being).

At five months pregnant, Maribel could have received clinically safe abortion care if she had had access to it. Currently, seven countries including the United States allow abortion past 20 weeks

of gestational age (Baglini 2014). However, rather than to speak about the legality of abortion in this context, the doctor chose to tell Maribel that he *personally* had a moral conflict with providing an abortion. It is unclear whether the doctor would have performed the abortion if Maribel was earlier in the pregnancy, or even whether the estimated gestational age provided to Maribel by this doctor was accurate.

Anaiz also recalled how she initially wanted an abortion because of the circumstances in which she became pregnant. Though she never explicitly stated that her experience was a result of sexual assault, she said things such as "I will not engage in sexual activity until I overcome my struggle," and rejected my attempt to ask about how she became pregnant by saying "No, no, I will not talk about that!" Later, in my interviews with the employees at the home it was confirmed that some of the young mothers were survivors of sexual assault, but no one was explicitly named. Even if words of assault were not spoken, my conversation with Anaiz revealed pain and suffering from an undesired pregnancy.

> When I became pregnant, at school I would feel really bad because I had a belly. I had one friend who didn't want to be my friend anymore. She said *que se llevaba mal conmigo porque estaba embarazada* (she didn't get along with me because I was pregnant). While I was pregnant, I felt bad. I didn't want my daughter. I was spending my time bored with my baby.

I asked Anaiz if she knew about abortion and its legal status. She told me, "I know that it is bad because the baby- she suffers greatly and it's difficult for the baby. The baby can no longer be at peace, it suffers a lot." I asked if it ever crossed her mind when she learned she was pregnant. "Yes, I wanted to abort my daughter, because of the situation that happened to me. But then they (employees of the *casa hogar*) told me that I should be very patient, and with time I will have affection for my daughter." For Anaiz, there was a simultaneous opposition to and desire for an abortion, an experience that, based on my experience working in a sexual and reproductive

health clinic, is not uncommon. For Diana, the flux between wanting an abortion and deciding to continue her pregnancy was also evident.

> At first, yes [I wanted an abortion], but then thinking it through, everything changed. I now feel like… well sometimes I feel like no, but I feel fine now. I see abortion as something bad but also as a way to relieve yourself of a really big responsibility. It's forever, and afterwards you can't do anything about it. That's how I used to see it. But now, well like it's also like doing something and not being responsible for it.

It is evident that Diana initially desired an abortion, however something changed her mind about that decision. Her reflections about understanding abortion as a way to "relieve" herself of a responsibility, but then later understanding it as a way of avoiding responsibility, demonstrates a shift in perspective.

Though Maribel and I did not discuss how she found the doctor she visited, and why she felt it was safe to request an abortion, it is not unusual for women in Ecuador to seek abortion care despite its legal status (Ortiz-Prado et. al 2017). Studies have pointed towards an overlap between gender violence and the criminalization of women for receiving abortion care or experiencing miscarriages in Ecuador (Saavedra 2018, Zaragocin et. al, 2018), creating an unsafe environment for those who seek abortion care, even if that abortion is within legal grounds. Human Rights Watch has published a report on their website documenting how the criminalization of abortion hinders the rights of women and girls as well as negatively impacts maternal morbidity and mortality. For example, women who "face obstetric emergencies mistakenly attributed to abortion or need post-abortion medical care or care during a miscarriage" may be wrongly prosecuted and face anywhere from six months to seven years in prison, including young women (2021). The legal and social environment that these young women faced eventually restricted all three young women's bodily autonomy in deciding if they wanted to continue a pregnancy or have an abortion.

However, not all the young women I interviewed had undesired pregnancies. Specifically, Gaby and Victoria very much wanted their pregnancies and were happy when they learned that they were pregnant. Gaby first became pregnant at fifteen and wanted children. “I was pregnant before, but I lost the pregnancy. Twice I lost the pregnancy. I couldn’t have children. There was a sadness and desperation too.” Gaby felt confused and concerned about the miscarriages, wondering if she would ever be able to have a full-term pregnancy. Now at seventeen, Gaby was grateful that her current pregnancy was going well, but still nervous. Initially, Gaby’s boyfriend had said he was excited to become a father but grew distant over time. They were no longer in a relationship when I was in contact with her, and Gaby could not say whether he would be present in the child’s life or willing to support Gaby with parenting responsibilities.

Victoria was ecstatic to be a parent. In the home for adolescent mothers, Victoria brought high energy, cheekiness, and confidence wherever she went. When I spoke with Victoria, she was proud to tell me that she and her partner (whom she refers to as husband, though they are not legally married) want many children. So, at thirteen, when she had her first sexual encounter, Victoria and her eighteen-year-old partner did not use protection because they were hoping for pregnancy. “He wanted to be a dad, and I wanted him to be the dad too.” Victoria had one child at thirteen, and was now nearing fifteen, living at the *casa hogar* with her second child whom she had recently given birth to. When Victoria learned about her second pregnancy, her mother asked her if she wanted an abortion. “When I was three months pregnant, she asked me, do you want to have her, or do you want an abortion? I said no, I want my daughter! I told my husband and my husband wanted to turn her in. He wanted to turn her in because she wanted me to have an abortion and I didn’t.”

The age of consent in Ecuador is 14, meaning Victoria's sexual encounter with her partner is legally considered statutory rape. I acknowledge that the large age gap between Victoria and her partner raises many legal and ethical concerns. Was she sexually groomed, or abused by this person? She had said to me that that her parents had conflict with her partner and did not accept him because he was older, however after some time they softened up to the idea. Diana had also mentioned to me that her boyfriend was older than her by two years, and that he had said he wanted a child. "At first I didn't want to, but then I changed my mind, since he also wanted [children]," she said to me. Was Diana pressured to have sex, become pregnant, keep the pregnancy, or a combination of any of these?

I have maintained that focusing on the voices of adolescents is crucial to the conversation about adolescent pregnancy, and therefore I focus on the experiences Victoria and others explicitly described to me as they are still a valued source of knowledge. All these young women should still be allowed to make decisions about their pregnancies and have the ability to raise their families in a safe and healthy environment, even if the conditions which led to their pregnancies involve questions about consent and abuse. Victoria loved being a parent and constantly expressed how much she desired her pregnancies. Her excitement about motherhood was especially apparent when she engaged with other adolescents in the home. During a conversation with myself and Victoria, Maribel said, "I didn't know I was going to have a child. My daughter caught me by surprise. I never wanted her, even today." Victoria gasped. "You don't want her? No, she says. How sad." Maribel's response was, "Because when I became pregnant, I had more problems with my parents." "And that's why you don't want her?" Victoria asked. "Well, when she was born, I was going to give her away." Maribel's demeaner was quiet and relatively calm compared to Victoria, who expressed a lot more energy in her responses. "I

would never give my daughter away, not even if I was crazy," said Victoria. Maribel turned toward her daughter and stroked her face, saying "Now I have caught a little bit of *cariño* (affection) for her."

The contrast between Maribel and Victoria offers a glimpse into the range of how pregnancy can be emotionally experienced among adolescents. In 2004, Kristen S. Montgomery published an article based on a study which utilizes phenomenological research methods to investigate the experience of planned pregnancy for adolescents, in which she stated that she had found no literature at that time that specifically addressed the experiences of adolescents with planned pregnancy. More recently though, Jenny S. Webb published a dissertation on a phenomenological study of adolescent pregnancy loss (2017), meaning that the range of phenomenological studies on adolescent experiences with pregnancy is growing. As a part of the individual body level of analysis in critical-interpretive medical anthropology, a focus on the emotional experience of adolescent pregnancy discourages the mind-body dualism that is present in pathologizing views of adolescent pregnancy.

*Phenomenology of Adolescent Pregnancy*

In arguing for a phenomenology of pregnancy that includes an analysis of rejected or denied pregnancy, Caroline Lundquist states that "although all women may experience similar phenomena during their time as pregnant subjects, something is lost in the assumption that their lived experiences are *qualitatively* similar" (2008, 140 italics in original). A pregnant person who does not positively accept their pregnancy might have a sense of splitting subjectivity, "radically unlike the experiential mother-child differentiation of chosen pregnancy," but instead where there is one subject and "some unwanted or menacing object…or the embodiment of the aggressor, [such as] in pregnancies resulting from rape" (Lundquist 2008, 141). It is unclear

whether Lundquist suggests that only undesired pregnancies are experienced as somewhat separate from the body, and whether she has considered possible differences in ontological perspectives of pregnancy. Still, she does point towards the importance in recognizing the differences in lived experiences of pregnancy in a useful way, and one that is applicable to the ways some young women in Ecuador experienced pregnancy.

For some, the initial feeling of having to carry an undesired pregnancy to term resulted in a deeply negative emotional state. This was worsened by the shaming that occurred from family, friends, healthcare providers, and the public in response to being a pregnant adolescent. For the young women who initially did not want their pregnancies, the early weeks and months of gestation were comprised of bodily changes and an emotional rejection of their pregnancy, as well as external struggles such as family conflict, conflict in their romantic relationships, and social shame. In a space (socially and politically) in which they were not allowed to pursue their desire to terminate the pregnancy, these struggles caused emotional turmoil for the young women.

For the mothers who desired their pregnancies, the joy that came with becoming pregnant and being an expecting mother was shadowed by external actors who did not share that same joy. While Gaby and Victoria were excited to be pregnant, their parents were not, and neither was the public when the young pregnant women stepped out of their home. Socially and culturally, it was not acceptable for Gaby and Victoria to be excited about their pregnancies. In Gaby's words:

> Sometimes, because I am like this (motions downwards and holds her pregnant belly) they say that I'm *haciendome* (pretending, likely meaning trying to get attention), and other things too. And I don't know. Other people say that I became pregnant and that I don't care [about being pregnant], but I am with pregnancy pains and all that, and it's like, I truly think people see me and they are appalled, or they say that girl is pregnant. Better said, it's like they're scared… Some are there with their good shoes and they look me up and down and just stare, and I just end up feeling bad.

The experience of being happy about a pregnancy is vastly different than that of an undesired pregnancy, yet all these women were shamed for failing to meet societal expectations of a proper adolescent and of a young woman. Even Anaiz, who struggled to reconcile her experience of becoming pregnant with carrying that pregnancy to term, was asked to ignore her struggle and instead to have patience, that the desire for the "baby" will soon come.

There was no moment in which these young women learned of their pregnancy and were supported in their experiences by external actors, whether their personal feelings about the pregnancy were positive, negative, or somewhere in between. According to Lundquist, "to assume the autonomy of [the decision to carry an unintended pregnancy] would ignore the powerful social forces, many of them internalized, that condition reproductive choices" (152, 2008). While social forces can indeed create deeply internalized conditions, the experiences of these young women demonstrate how the social forces working against them and their pregnancies were not entirely internalized. These women knew how they felt about their pregnancies, that is, many rejected or desired them, and still, they were met by others in their families and communities with shame, stigma, and disappointment.

This social opposition to their desires about how to proceed with a pregnancy created a state of unrest for the adolescents as they continued to live as young visibly pregnant women, a state of being which had marked them as having made wrong decisions. The social conditions meant that for some young women who desired pregnancy, they were met with disapproval for being "children having children." For others, the legal conditions meant there was a lack of bodily autonomy in choosing to terminate a pregnancy. Rather than referring to legality though, these young women negotiated discourses about abortion to come to terms with having to continue an undesired pregnancy.

*An Anti-Abortion Discourse*

The discourse of e*l bebe no tiene la culpa*, meaning it is not the baby's fault, was often the reasoning used against abortion as a resolution to an undesired or unintended pregnancy for an adolescent, and not just on used by the young women I interviewed. In a country that is overwhelmingly Catholic, and where highly restrictive abortion laws are in place, a discourse like e*l bebe no tiene la culpa* is expected. As I discussed earlier, in his ten years of being in office, former president Correa focused heavily on the "issue" of adolescent pregnancy and initiated multiple plans to lower the rates of adolescent pregnancy. According to a BBC News article posted online in 2013, Rafael Correa, who identified himself as a "left-wing, humanist, Roman Catholic," threatened to resign if the National Assembly decriminalized abortion. He was quoted saying statements such as "They can do whatever they want. I will never approve the decriminalization of abortion" and "Where do we say we should decriminalize abortion? On the contrary, our constitution pledges to defend life from the moment of conception." Correa's ENIPLA plan, which took an abstinence-only, family centered approach had the objectives to "rescue" the role of the family as the foundation of society and restore it as the initial "school" in which young people learn about human values, affection, and sexuality, and to prevent adolescent pregnancy. These objectives would be carried out through public schools, the Ministry of Health, the MIES, and families through encouragement of family engagement in schools and training programs. Since the end of his presidency there have been two successors, Lenín Moreno who was president from 2017-2021, and current president Guillermo Lasso who was voted into office in 2021.

Yet the lasting effects of Correa's presidency continue to impact the country's dissemination of sexual and reproductive health services and resources. According to two

individuals who taught after school programs for "struggling teenagers," Correa's policies were to blame for "completely stripping sexual education from schools." To them, Correa's abstinence-based approach was still the primary method of sexual education programs in public schools in the years following Correa's time as president. A discourse such as e*l bebe no tiene la culpa* encapsulates the state's abstinence-based sexual education, anti-abortion views, and emphasis on family values, which are rooted in Catholic and gendered notions of sex and pregnancy as well as postneoliberal development values. By shifting focus away from the fetus and onto the individual, young women "are simultaneously constructed as vulnerable and responsible for development [and] individual personhood and kinship are overemphasized" (Pot 2019, 327). The privileging of a fetus over the person carrying the pregnancy supports the Catholic view that "life begins at conception" when it condemns the pregnant person for becoming pregnant and demands they take responsibility for their "wrongful" actions. By condemning women and protecting the idea of family (a mother who loves her child), the discourse is used to rationalize forced pregnancies, ignoring the role of the state in denying women bodily autonomy, while also using young women's bodies to reproduce caring labor for the state. *El bebe no tiene la culpa* implies that, rather than terminating the pregnancy, the pregnant adolescent should receive the resources necessary to give birth to a healthy child and support the child. In chapter seven, I discuss how pregnant adolescents are treated as "vulnerable" groups and given priority status in the healthcare system. Thus, the pregnancy is treated as both a consequence and a blessing that the expecting adolescent mother must bear.

Many of the young people I spoke with during my time in Ecuador agreed with the sentiment that it was "not the baby's fault" if someone became pregnant and did not desire the pregnancy. According to my survey respondents, 41% felt positively about abortion, stating it

should be legalized and left as an option to the pregnant individual. About 37% were either neutral or had less restrictive opinions about abortion, specifically that abortion should be an option in cases of sexual assault, but not if the pregnancy was due to "irresponsibility." One survey respondent stated that abortion is "murder". The remaining 22% were adamantly against abortion under all circumstances, some even using the phrase e*l bebe no tiene la culpa*. In my conversations, abortion care was never mentioned in relation to cases in which the pregnant person's life may be at risk, the pregnancy was nonviable, or there were other clinical indications to terminate a pregnancy.

The young women I interviewed also reiterated the ideas of e*l bebe no tiene la culpa*. Flor, for example, felt that "It is not the baby's fault, it did not ask to come into the world. The people at fault are her and the boy." This is also visible in Anaiz's story. At one time she recounted how she changed her mind about not wanting her pregnancy, saying "she (the director of the home) gave me some good advice. She told me that it's not the baby's fault, the baby had nothing to do with it, and that I have to take care of the baby… That is when I realized that the baby is more than anything we have in life." Some mothers even redefined what it meant to parent as a young person through feelings of motivation and empowerment, such as "*tengo que luchar por ella*" (I have to keep fighting for her). This included fighting to attain their desire to continue their education, secure a job and an income, and overcome negative mental health impacts of shame and stigma received by society.

One could argue that this discourse was conducive to helping young women feel more comfortable with proceeding with a pregnancy they initially did not want. Again, we see that the governmentality of adolescent pregnancy is present in the way young women took on the discourse of *el bebe no tiene la culpa*, reproducing anti-abortion views and accepting their role as

women who do not reject their pregnancies, a "gift from god." Though the women were legally unable to access abortion, their experience in continuing their pregnancies rested on the narrative that they realized it was wrong to want an abortion, not that it was legally unattainable. If the young women were to have access to safe abortion, would they have reconsidered this discourse, or rejected it entirely?

Unlike Lundquist's idea that internalized conditions influence the autonomy of women in pregnancy decision making, the social processes through which these women came to feel less negative about their pregnancies are apparent in their stories. Maribel, who previously expressed how she still had only little affection for her daughter who was now a few years old, also felt that children were not to blame. "The other day I went home, and those people were saying, aren't you embarrassed to be out here with your daughter? I said, embarrassment is to steal. It is to kill. I am not doing any of that. Our children are not at fault here." Maribel rejected the notion that she should be embarrassed about being a young mother. The reality is that these young women can hold many truths simultaneously while not completely yielding to social forces. They can have ambivalence for their pregnancies and children, and they can also believe that the children are not to blame. These cases depict how women's restriction of bodily autonomy in pregnancy decision making due to social forces may not be totalizing. It also shows how social forces can, in some cases, have positive influences on pregnant adolescents' experiences of their pregnancy and decision making.

*Summary*

Regardless of whether the pregnancy was desired, undesired, or somewhere in between, the young women living in urban Ecuador that I spoke with faced multiple social points of contention for having become pregnant. For those who had undesired pregnancies and expressed

desire for abortion, they were told *el bebe no tiene la* culpa, and those who did desire their pregnancy were written off as not knowing truly what was best for them. The anti-abortion discourse of *el bebe no tiene la culpa* was used in some cases to restrict young women's decision making through legal means and social critique, resulting in complex, experiences for those who had undesired pregnancies. In other cases, the same discourse was conducive to young women feeling more positive about continuing their pregnancies.

Still, all the young women were marked as being individually irresponsible and as having done something wrong, and all the young women had emotional experiences that went largely unacknowledged by every key informant that I spoke with. Even if their emotional responses to this discourse varied, the reproduction of *el bebe no tiene la culpa* details how the governmentality of adolescent pregnancy can happen through the bodies of young women. Next, I discuss how the young women navigated the healthcare system during pregnancy and after birth, and how they negotiated their identities as adolescents and as mothers in a society that presses the need to "grow up" and "take responsibility" as an adolescent parent.

# CHAPTER 7: BECOMING A MOTHER, REMAINING AN ADOLESCENT

I have shown how the stigmatization of adolescent pregnancy caused these young women emotional distress when first learning about their pregnancy and when adjusting to the reality of having to carry the pregnancy to term. In their own words, the young mothers slowly began to feel more positive about their pregnancy, yet they still had lingering questions about their adolescence or expressed ambivalence about motherhood. In this chapter, I show how adolescent mothers experience an in betweenness of adolescence and motherhood due to the tensions of socio-cultural expectations for each identity.

Pregnant adolescents are considered a "vulnerable" group in Ecuador and therefore are granted priority status in healthcare and other social support systems. When the young women began to seek support, either in clinics or other centers for adolescents or adolescent mothers (either voluntarily or not), they faced a labyrinth of lessons and demands from working professionals aiming to equip the young women with the "tools necessary" for them to learn how to properly care for their bodies, how to feel about their pregnancies, and how to engage with their children. Though accessing these kinds of social support was helpful, participating in these social support systems was also a process in which the young women were shamed for their actions as adolescents and as mothers, invalidated in their desires, and limited or denied their social and bodily autonomy.

## *Getting Healthcare*

The mornings I visited *el centro de salud*, the health center, were brisk and wet from the condensation of the multiple rivers meandering through the city of Cuenca. I would take two buses to get there, one bus to get to the outskirts of the main city, and another bus that travelled

up one steep, windy road towards the clinic. About thirty minutes later, I would jump off the quick moving bus (quite literally) at the foot of the hill where the health center was located. A brief walk up an incline and I would reach the steps of the health center, arriving only a few minutes past eight in the morning. The waiting room in the main building would already be nearly full of patients waiting to be seen. This was a public health center, meaning all services were free of charge. The front building was where most patients were seen, I assume perhaps patients seen for general medicine, while the building detached and towards the back was for reserved for OBGYN. There were several chairs and a bench in front of the OBGYN office providing a small waiting area for about six or so people. This space filled up quickly by people of all ages, some pregnant and some not. Mothers came with their pregnant adolescent daughters, mothers of all ages with their children, and occasionally a partner would accompany an adolescent pregnant patient.

According to the OBGYN doctor I spoke with, Alicia, *los controles*, or prenatal care, for adolescents is better than the plan of care for adult woman.

> There is different treatment with adolescents because they are the most prioritized group, prioritized I say because these patients do not have good birth control, they do not attend prenatal visits, so in this case we have to try to have a better treatment with them so they can return to the unit. Yes, with them it is very important to give them confidence to return to prenatal check-ups. They are patients who go to a visit, and the next one they don't go. They are still a little irresponsible with their body, irresponsible with the pregnancy, so we have to give them a little more confidence so that they can return for the visits… In the first [prenatal] visit they are [referred] to psychology, and the psychologist also sees them each month. Yes, they go through all the doctors so they can evaluate them, they go through psychology, dentistry, a nutritionist, as well as psychoprophylaxis workshops, where the pregnant woman is taught to …em…to want her pregnancy, to be able to love her pregnancy. So, they are very well treated, the prenatal care is better.

This comes as no surprise since the Ecuadorian Constitution recognizes women and children as "priority groups," thereby requiring additional protections due to "risk" and "vulnerability" (art. XXXV). Specifically, the state guarantees pregnant and lactating women the rights to:

> 1. Not to be discriminated against because of their pregnancy in the educational, social and labor spheres.
> 2. Free maternal health services.
> 3. The priority protection and care of your comprehensive health and your life during pregnancy, childbirth and postpartum.
> 4. Have the necessary facilities for recovery after pregnancy and during the lactation period. (§5, art. XLIV)

The constitution does not specifically outline anything in relation to pregnant adolescents, although state plans for development have done so, as I outlined in chapter 4. Even if the prenatal plan of care is "better" it does not necessarily mean that its delivery is comprehensive or tailored for adolescents. Research has shown that financial, structural (transportation, device to schedule appointment), cognitive (health literacy), and other forms of barriers can affect one's ability to access adequate healthcare (Brusnahan et al. 2022, 16). When I asked Gaby how she felt about her healthcare, she said, "Sometimes *me regañan* (I am scolded) because I didn't get the tests done, and the doctor scolds me. But… yes, I like being seen here. I like the doctor." I ask her why she might miss her other appointments for medical exams. She said:

> Well, look. I tell my mom that it's the 27th. Well, turns out I got it wrong and mixed up the days. I have to go to all these different places, leave paperwork at other places. And my head is like this! (Gaby throws her hands up to shake her head in frustration). I think it's the second month, and no. It's so confusing when I am counting all the papers to drop off, all that is confusing.

Since pregnant adolescents are priority groups, they do not need to call and *tomar turno* like non-priority groups utilizing public healthcare services. *Tomar turno* is the phrase used to describe the process in which one makes an appointment at a public health center by calling a three-digit phone number and accessing a wait list. Dr. Alicia, as well as most of the people I encountered

during my time in Ecuador, described this process as burdensome. Due to the high demand of patients and lack of adequate numbers of providers, it could take weeks to secure an appointment. Pregnant adolescents, however, could take extra appointments or reschedule an appointment without the delay of waiting to *tomar turno*.

But not all the young women felt their prenatal care was confusing or overwhelming. Carolina, who was seen at a maternity hospital, told me she thought her experience was overall good.

> I understood everything. The doctors were nice, there's a separate place for adolescents. Only the emergency health staff were bad, they treated me badly. All my visits were good, the shots they gave me, the dentist, the psychologist, the social worker. Before giving birth, there was a program that was called prenatal. First, they explained to me the methods of birth control, they had models of the IUD (intrauterine device), the implant, the pills, the shot, how to breath during labor, how to push, that we should not scream. Before leaving the hospital, we had to have birth control so we wouldn't get pregnant.

I asked Carolina if they asked for "permission" prior to starting her on a birth control method. She said "Yes, they said the implant was the most effective. The IUD could move, the pills we could forget, the shot we could forget too." Notice that Carolina did not say anything about whether she was explicitly asked for consent before having the implant placed, but instead discusses how the doctors made their recommendation for the implant by naming other methods as less effective. When Dr. Alicia told me "We recommend the implant to adolescents and those with previous children and those who have had abortions," it confirmed that counseling and education for birth control options may be less centered around what a patient's needs and preferences are, and more around what health providers feel is most appropriate for them due to age or pregnancy histories. One woman whom I spoke with at the health center told me before her visit that she felt hesitant about the implant. "It's because you can't remove it. It's expensive and lasts three years." Although she was not an adolescent, she left her visit that day and told me

she had decided to move forward with the implant. Carolina had said yes when I asked if clinic staff asked her permission to place the implant, and even if the doctor's recommendations appeared to single out the implant as the most effective option and required her to choose a method before leaving the hospital, she said yes. What Carolina and Gaby have in common is that they refer to their experience as overall pleasant while highlighting the negative parts, then minimizing those negative parts by granting authority to medical staff. Gaby brushed off the scolding she received by Dr. Alicia and still liked having her prenatal visits with her, and Carolina did not seem too bothered by being "treated badly" by hospital staff, saying all her (other) visits were good.

Why does the state guarantee a broad range of rights to women and adolescents, providing pregnant adolescents with robust plans for prenatal care, if in practice, healthcare providers are providing biased information and denying young people's bodily autonomy and agency? From the moment these young women learn about their pregnancy, and throughout their prenatal visits, they are met with demands about how to care for their bodies and what healthcare decisions to make. The cases of Carolina, Gaby, and many others are indicative of the authoritative knowledge granted to medical figures by adolescents in Ecuador. Healthcare providers are well respected in Ecuador for their high level of education and social status and therefore usually go unchallenged. In a qualitative study based in the province of Orellana, a rural area located in the amazon basin of Ecuador, Goicolea et al. found that "the medical profession was perceived as responsible for adolescent pregnancy prevention and management, and medical knowledge was perceived as the most important for dealing with adolescent pregnancies" (2009, 7). They further contend that "even if providers were truly well-intentioned, the way they approached adolescent girls -and boys- could be constructed as paternalistic and

patronizing: girls were not really heard but advised…professionals assumed they had the right to decide what was best for the patient" (Goicolea 2009, 9). This is problematic since, in many of the experiences of the young women I spoke with, obstetric violence occurred throughout their prenatal care but was brushed aside as they trusted the doctors as healthcare providers who knew what was best for them.

Obstetric violence, as defined by Larrea, Assis and Mendoza in a case series study of testimonials by people experiencing abortion-related obstetric violence in Brazil, Chile, and Ecuador, is a feminist epistemic construct that shifts the framing of mistreatment in formal medical care during the reproductive lives of people who get pregnant from being "individual rights violations [to] manifestations of the same structural problem that health systems often tolerate, reproduce, and, not least, promote" (2021, 1). While in Ecuador, I learned about the discrimination against young people in clinics and the lack of high-quality care when they had their visits. The young women were discriminated against based on their age and assumed to be irresponsible, incapable, and generally not smart enough to make decisions in their healthcare. Gaby, for example, was reprimanded for missing appointments, but without knowing how difficult it was to manage all the referrals and paperwork, it is likely that this reaffirmed for Dr. Alicia that young people need to be given "a little more confidence so that they can return for the visits." Likewise, Carolina was denied high-quality care when she was given biased information about birth control methods centered more around the provider's agenda rather than her own opinions and was required to start a method prior to leaving the hospital after giving birth.

The way in which Carolina and Gaby expressed feeling satisfied with their healthcare, while minimizing their negative experiences, demonstrates how patronizing and paternalistic practices of healthcare providers are overlooked due to their status as having authoritative

knowledge. In other words, "the use of violent practices to informally punish people who defy laws and morals, or intend to do so, becomes socially accepted whenever authorized by social norms, laws and regulations" (Larrea, Assis and Mendoza 2021, 12). In my research, obstetric violence for young people happened through the stigmatizing of adolescent pregnancy, paternalistic and controlling medical practices, a lack of informed consent, denial of bodily autonomy, and the prioritization of the provider's agenda rather than the desires of the young women.

Although the unequal power relationship between medical professionals and pregnant adolescents inhibited the adolescents' ability to make decisions about their healthcare, such as whether to carry a pregnancy, to terminate it, or to start birth control or not, their experiences with medical professionals were normalized as part of being a pregnant adolescent. Information provided by healthcare professionals, such as reasons to not have an abortion and preferences for the implant, was then repeated by several of the young women I spoke with throughout my time in Ecuador. These processes reproduce and give power to the authoritative knowledge of healthcare professionals caring for pregnant adolescents, further exacerbating pathologizing narratives of adolescent pregnancy.

*Learning Motherhood*

Next to the OBGYN patient room was a larger room reserved for social events. Gaby and I were friendly at this point, and she asked if I was coming to the weekly gathering for pregnant adolescents. When I inquired about the event with the doctor, she said it was a celebration for the mothers who were nearing birth and extended an invitation to me. I arrived that Friday afternoon and helped set up balloons tied to chairs, streamers taped to the wall, and a small table with juice, crackers, and a cake. We were maybe ten in total, with some adolescents accompanied by their

mothers and one accompanied by her partner. I sat with Gaby towards the back as we waited for more people to arrive. She was excited to show me photos of her and her ex-boyfriend, the same person who she became pregnant with but had been "avoiding" her for several months now. We chatted for a few minutes as she scrolled through her flip phone, showing me photos of them together, then the doctor called for everyone's attention.

Dr. Alicia began to welcome everyone, and soon the young mothers were all pulled into a series of games typical for a baby shower. Music played in the background as they raced to finish drinking a baby bottle full of juice and then tried to spoon feed each other purees with baby spoons while blindfolded. Laughter filled the room and as the playful competition increased slightly. After snacks and cake, the doctor called for our attention again, and the room quieted down as Dr. Alicia began a series of lessons for the expecting mothers. It is extremely important, she said, to spend time with the baby. She brought out a doll and demonstrated how to wrap the baby in a blanket, using words like gentle and kind. We then went into an activity on how to respond to a fussy baby. Singing while rocking the baby was the recommendation, so we were asked to come up with a song. After a few minutes of silence, Dr. Alicia says, "You don't know one? Well, you can make anything up for the baby." After several minutes a mother accompanying an adolescent volunteered to sing the song she had sung to her children when they were babies. Dr. Alicia was pleased with this demonstration and concluded by repeating her main points. "*Cuida tu hijo, ama tu hijo, cántale tu hijo*" (take care of your child, love your child, sing to your child), she urged the young women.

When I later interviewed Dr. Alicia, she confirmed that these classes are held weekly with the intention of teaching pregnant women information that they might not receive during their brief prenatal visits. She also acknowledged that most of the pregnancies among

adolescents are undesired. “In this case, what should be promoted more is family planning… the values that they know. The values, because the values come from home, and that should be well founded. And for the pregnant women who are already pregnant… try to help them, yes, try to change their thoughts about not wanting the pregnancy.” Quite directly, she then explained, that since abortion is not permitted and they are unable to propose the idea, they try to teach the adolescents to want their pregnancy. The discourse of *ama tu hijo* (love your child) stems both from the reality that most adolescents have undesired pregnancies they must carry to term, and from the lack of confidence among health care and social service providers that adolescent mothers are enacting the appropriate bond with their children.

I encountered this type of teaching again in the *casa hogar*, with some differences since the young women had already given birth. Similarly, the young women were instructed on how to hold their babies, how to pacify them, and urged to love the child. However, since this was a live in situation, the young women received instruction outside of a formal classroom setting as they went about their day-to-day activities within the home. Both the home director and the one additional employee would consistently either praise the young mothers for their actions or behaviors or provide stern redirection on how they should engage with their children. During mealtimes, clean and patient children reflected good mothering, and during free time, after chores and homework, playing with the children or spending quality time with them was expected.

These teachings about how one should engage with their pregnancy and in their parenting exemplify the dominant perspective that women should and must care for their children in an unconditionally loving way. More specifically, the young women were expected to embody models of care rooted in *marianismo* and upper-class ideals about women and mothers. Young

mothers were expected to fill the role of caring laborers, representing family-based values and fulfilling their role as productive mothers, even though they did not represent the "ideal" mother as characterized by *marianismo's* religious and gendered notions of motherhood. Although Correa had not been in office for some years when I visited Ecuador, his approach to family planning could still be seen in how providers and other working professionals addressed pregnant adolescents or young mothers. Both directors with whom I spoke said that the home had clear goals and objectives, which were to ensure that adolescent mothers learn particular values and practices that they can carry with them in the future in order to become responsible young mothers. Victor, a director of another *casa hogar*, stated their goals where to "implement sustainability and autonomy" in the young women, further pressing that the young women must "contribute one hundred percent voluntarily to their rehabilitation and care." He said, "We don't have any type of coercive measures, we don't do anything that the minor does not want to do." Victor proceeded to explain that any minor can be admitted into the home voluntarily, but once they "knock on their doors" they are reported to authorities as a pregnant minor.

> As a guarantee for the minor herself and as a guarantee for the foundation of the house we will immediately inform the authorities in the minor's case so that the judge can resolve her legal situation here in the house…What the judicial unit does is initiate a summary trial on the minor who is in a situation of risk. And we, as the host entity, have the obligation to periodically report all the directives and activities that occurred during the time of the trial…We inform the authorities of …everything that revolves around the minor during her time here… the MIESS, which is the entity that regulates us, they prepare their own plans to carry out inspections and verifications and everything that has to do with their competency.

Unlike the home overseen by Victor, the *casa hogar* I visited (and where I was able to interview young women) did not report pregnant adolescent women who arrived without formal authorization, but rather denied them entrance to the home unless they had a directive from authorities. Melinda, the director of this second location, said that many young people and their

families attempt to seek refuge but are turned away from assistance when they refuse to get involved with authorities. Melinda referred to their main objectives as hosting and welcoming adolescents in need, and teaching solidarity and collaboration. Victor was the director of a privately run home who received no government assistance, while Melinda oversaw a home that received assistance from the MIESS in the form of a social worker, a psychologist, and teachers who worked with the adolescents in the home and were paid by the government. While the government played the role of overseeing both these locations to ensure all law-abiding practices, the teachings and daily activities were decided by the directors.

Yet contrary to Victor's and Melinda's claims of autonomous and collaborative approaches, the directors failed to ask the young women what they might want in terms of support, resources, and options for education or trainings. Thus, adolescent mothers were limited in their ability to fully "engage in self-definition, self-valuation, and self-empowerment [to] make their own choices about mothering" (Keller 2010, 843) when living in these homes and instead received very specific messages about how to feel and engage with their pregnancies and their children. Melinda explained to me that most of the adolescent mothers they care for only leave when they turn eighteen and are no longer under legal scrutiny, and that it was rare that a family will work to "get their daughters back." Depending on their age and terms during arrival, some young women may spend a longer amount of time in these homes than other young women, as it may be their only resource for support. This would mean that their experience with motherhood and parenting would be shaped by a setting with rigid expectations about how to live and parent, specific schedules determining their every hour, and constant surveillance by the safe home employees as well as government contractors.

*In Betweenness and Ambivalence*

When I asked the young women if anything was different in their lives now that they were pregnant or had children, I received a variety of responses. I found that, while the young women called themselves adolescents, they also reinforced the home's conception of the need to "grow up." Needing to "grow up" and "behave like an adult" was often referenced as the way one would "take responsibility" for becoming pregnant as an adolescent. This is peculiar, given that the social worker I spoke with, Sara, and the director of the *casa hogar*, Melinda, both felt strongly that adolescents were maturing too rapidly for their own good. They felt that one of the causes for high rates of adolescent pregnancy was that adolescents were rushing through experiences in order to mature, such as having sexual experiences and intimate relationships.

For some young women, this meant prioritizing raising the child and setting aside other goals they may have had for themselves. Carolina said she has been falling behind in school, and although she lived far and had to travel a long way, her teachers thought she had to be more responsible. She said:

> I used to say that without the baby I would go to university. I used to ask my mom for permission to go dancing, because I liked to do that. I used to say I would visit Mexico. But now with the baby, I have to think about the both of us. I still want to go to university, but like, I have to go home and care for the baby. If I go anywhere, I have to take the baby.

Similar to Carolina, Diana had said "At first, I wanted to study, but not anymore. Now I don't even think about it." And Victoria felt that "well, your body changes, you have to be more responsible to take care of him, you have to work. You have more responsibility now." As I have mentioned in previous chapters, the idea of responsibility and irresponsibility came up often in relation to adolescent pregnancy. Here, taking responsibility meant both continuing a pregnancy and then taking care of the child the way society expects women to.

While the young women felt the pressures of having to "take responsibility" and behave like adults, they also understood themselves as young people with limited experiences and vast curiosities. This in betweenness, of being in between adolescence and adulthood, was not experienced as entirely good or bad, but as complex situations for the young women to navigate as adolescent mothers. Having spent time with these young women, I witnessed some of them shift from "responsible parenting" (as dictated by the rules in the *casa hogar*) to expressing curiosity for intimate relationships and enacting a sense of playful energy in minutes. Victoria, who had experienced desired pregnancies and had a current partner, enjoyed talking about her intimate relationship and shared with me the good and bad. At one point, she sang to me the song that she felt captured her relationship with her older boyfriend, "Amor Prohibido" (forbidden love). Although Maribel did not have a desired pregnancy, she also had a romantic interest and would write love letters to him, posting them in her locker for safekeeping without ever mailing them.

In the evenings, before bedtime, the young women living at the home and I would indulge in the Mexican drama anthology, *La Rosa de Guadalupe,* a series featured on television that often depicted young people, with some episodes even involving pregnant adolescents.[5] This show would spark laughter and deep emotional conversations about the characters, so much so that at times the home assistant would come in to shush the women in the room, reminding everyone to be careful not to wake the sleeping children. During the daytime, we would play cards, or listen to music while doing the chores, and, overall, I felt that a healthy youthful energy filled the safe house rooms.

[5] This series has a heavy Catholic influence, with a storyline that often focuses on a sinful or wrongful act that is made right through prayer and guidance from Catholic saints.

For some of the young women, it was evident that identifying as mothers was not an easy process. For Flor, a lot of anxiety manifested before giving birth. “I had anxiety about meeting her, what she would be like. After I had her, I felt…uhm, I felt like… good. Good, because she was my daughter.” For Maribel, desire for her child was also delayed. “I did bad by becoming pregnant. I didn’t know what it was like to have a daughter. I felt so bad since I first had her, I had so many problems with my family. I wanted to give her away when she was born. Afterwards, it was like I regretted that because, well it’s like… I’ve started to like my daughter.” Anaiz would constantly be reminded by the home director that she needed to love her child and spend more time with her. Even though Anaiz was direct in saying to me how much she loved her daughter, she failed to meet the directors’ expectations of how to physically express this love. Yet even Maribel, who was praised for how she often played with her daughter, shared that, at times, she was still unsure of whether she wanted to keep her daughter or not.

In her book *Death Without Weeping*, Nancy Scheper-Hughes argues that mothers in the shantytown Alto de Cruziero in Brazil develop a maternal thinking in which they delay attachments to infants as a response to the high infant mortality rate and scarcity of resources. She asks, “What does mothering mean for those women who are forced to participate in the shantytown’s culture and space of death? If maternal thinking is, as some suggest, a universal and natural script, what does it mean to women for whom scarcity, sickness, and child death have made that love frantic?” (1992, 361). In a similar fashion, I ask, what does mothering mean to adolescents who are constrained in their ability to define their own path to motherhood and while experiencing specific forms of biopolitics and biopower? Young women who, when seeking resources or support, are met with stigma and unwavering doubt in their ability to parent, yet are also denied the decision to *not* parent?

Maternal ambivalence has increasingly been researched in efforts to reject notions of mother love as being "unproblematically selfless, unconditional, and a source of continuous joy" (Takševa 2017, 152) and instead to normalize all the healthy, complex emotions that may occur during the maternal experience (Raphael-Leff 2010). Maternal ambivalence focuses on the emotions and experiences with motherhood that go overlooked when mothers are expected to have unconditional love and joy during pregnancy and after birth. For the adolescent mothers I spoke with, maternal ambivalence was intimately linked to the ways in which society responded to their pregnancy. Based on my interviews with both young people and key informants, adolescent mothers are expected to have desire for their pregnancies and love for their children, from the point of conception and onwards. However, as *young* mothers, they also were questioned in their ability to learn this on their own.

The teachings the young women received of maternal love were rooted in religious and gendered values about how young women should behave, values which the young women did not always readily accept. When the young women were told that they were supposed to love their pregnancies because the "baby was a gift from god," they were receiving overt religious messaging about their reproductive decisions. Likewise, the young women were expected to show love to their children by always being attentive, grateful, and never complaining about the child. This ideal of motherhood reflects *marianismo*, in which mothers represent pure, loving, feminine figures in service of their children. Yet the young women did not completely accept these teachings at face value. Maribel said she had only recently gained affection for her daughter who was about two years old. Anaiz, who was often critiqued for not "appropriately" showing affection, defended herself and claimed she loved her child more than anything. Anaiz,

like Maribel, also did not initially want a child, however now she felt strongly that people misjudged the affection she had for her daughter.

For notions of maternal love during pregnancy, most of the young women agreed that they eventually learned why abortion was wrong and accepted that they should desire their pregnancies. However, coming to terms with carrying a pregnancy and still being pregnant was emotionally difficult. Anaiz, who was treated badly by friends for being pregnant, felt badly when in public. After losing her friends, she would spend her time alone and felt that her family "didn't want the baby to exist. They wanted to kill her along with me." This illustrates how Anaiz had accepted the continuation of her pregnancy but remained ambivalent about becoming a mother. Gaby and Victoria, who had desired pregnancies, also faced stigma from society because even if they accepted their pregnancies, they were "too young" to be desiring motherhood.

*Summary*

Ecuador's provision of obstetric care for pregnant adolescents is a great start to providing support for young people experiencing pregnancy. The ability to have priority visits and a holistic plan of care should, in theory, ensure that young pregnant people are receiving the healthcare that they deserve. Yet in practice, navigating the healthcare labyrinth is not always easy for young people, and when they do make it to their visits, they do not always receive unbiased and judgment free care. I argue that since healthcare providers represent authoritative knowledge, especially in relation to adolescent pregnancy, acts of obstetric violence often go unchallenged. Outside of the clinic, young women attending parenting classes or who are staying at a *casa hogar* are provided with specific expectations about how they should act and feel as mothers, and how they should relate to their pregnancy or their child. I demonstrate how these

socially constructed narratives of motherhood and maternal love, based on religious and gendered perspectives, create maternal ambivalence and feelings of being in-between adolescence and adulthood for young women who are pregnant or have children. Ironically, Ecuador places a strong emphasis on the rights of women and children in their state development plans and constitutional law yet fails to consider the rights to "sexual freedom, bodily self-determination, and reproductive autonomy" (Morison and Herbert 2019) for young pregnant women and adolescent mothers. To truly ensure that young people receive the support they deserve in their reproductive lives, I apply the reproductive justice framework in the following chapter.

# CHAPTER 8: REPRODUCTIVE JUSTICE FOR YOUNG PEOPLE

Although my experience in the United States is colored by my own identity, and my limited time spent in Ecuador makes me no expert on the experiences of adolescents, I still consider the similarities and differences in how we experience our sexual and reproductive lives. During the last few years that I have worked in the sexual and reproductive health space, both in a clinical setting and in research, I have become all too familiar with the shortcomings that come with focusing on "the right to choose" rather than reproductive justice within the United States. The focus on adolescent pregnancy as a social problem (in Ecuador and the U.S.) falls short for a similar reason. Most notably, these approaches fail to represent the perspectives and desires of the people who have and continue to experience marginalization and consequently also fail to create true change which advance socially just systems.

The movement for reproductive justice is a transnational one and one which overlaps with the fight for fair wages, environmental justice, food security, housing security, immigration justice, freedom from violence, racial and gender justice, and much more. This is because all these factors play a role in a person's ability to choose when and how they want to have a family, to live safely with that family, and to have and maintain bodily autonomy. Yet while "younger women [are] counted on to swell the numbers at demonstrations [they are] not called to the decision-making tables" (Ross et al. 2017, 57). Despite the positive efforts the state of Ecuador has made for young people's sexual and reproductive health, young women experiencing pregnancy and motherhood continue to be individually criticized for their behavior and blamed for their pregnancies. The state's claims of a rights-based constitution and aims to live out the philosophy of *sumak kawsay* (the good life) are dichotomous to how young mothers are treated

by working professionals, governments, and local communities. The experiences of the young women I spoke with were tainted by stigmatized narratives of adolescent pregnancy, as well as the ways in which they were denied autonomy to choose if, when, and how they wanted to have families.

In this chapter, I illuminate the role of politics and power in the Ecuadorian sexual and reproductive health landscape I observed during my time there. Although many of these points have already been addressed in previous chapters, my intention is to show how the frenzy around adolescent pregnancy as a social problem does not focus on or serve the needs of young people but rather reproduces systems which aim to control women's bodies. This thesis is not meant to be another descriptive study about marginalization, but one which is solution focused. Recognizing that there is no "one size fits all" approach to health, I follow Macleod and Feltham-King, who remind us that "single focus strategies in efforts to reduce unwanted and unsupportable pregnancies amongst young women and to support young women's pregnancies will never be sufficient" (2020, 325). Alternatively, the reproductive justice framework asks that we set aside personal and moral views about what others choose to do and instead focus on the rights of all people to have healthy and happy sexual and reproductive lives. A key element to this work is in considering the full range of social, political, and economic processes influencing young people's sexual and reproductive lives. Only by reframing our approach to focus on the range of issues which create barriers to accessing sexual and reproductive justice for young people will we be able to confidently move towards transformative practices for supporting young people and young mothers.

*Positive Efforts, Shortcomings, and Outright Denial of Human Rights*

There were several well-intentioned efforts to support young mothers that I witnessed, particularly when it came to keeping young mothers and their children safe and healthy. This includes allowing time during school hours for lactation, priority status in the healthcare system that allows young women to schedule and reschedule healthcare appointments without having to "wait in line," priority seating in public transportation, and priority lines at grocery stores (a checkout line specifically for pregnant, disabled, and elderly people). State funded prenatal care is comprehensive, and according to Dr. Alicia, includes obstetric care, psychological care, dentistry, seeing a nutritionist, psychoprophylaxis workshops, and efforts to teach the expecting mother to "love her pregnancy." At the clinic I visited, there were weekly classes held for adolescents on a range of topics related to pregnancy, birthing, and parenting. However, Dr. Alicia emphasized these classes were an effort on her part to specifically address the issue of adolescent pregnancy in the surrounding area, and that these classes were not the norm at other clinics. Lastly, shelters for adolescent mothers provide temporary support, including a safe space to live, food, sometimes childcare if the person had work or school, and ongoing psychological care.

As for efforts to prevent teen pregnancy, many schools and nonprofits offer after school programs and encourage adolescents to engage in recreational activities rather than *estar en la calle* (being on the streets), which is associated with gang affiliation, drug and alcohol use, and "risky" behaviors such as having sex. Generally, providing additional opportunities for young people is especially helpful for those with little or no parent or guardian presence. The parent or guardian could work late hours or multiple jobs, or simply be unaware of these options or unwilling to participate in the child's life. One center that I visited offering after school programs

also provided breakfast and lunch for students attending. Clinics also offer contraceptive services to adolescents without requiring parental involvement. For example, the clinic I visited had a box dispensing free condoms in the waiting room along with a poster that urged individuals to utilize protection against STI's and undesired pregnancy. While these services and support available to young people are the ones that I observed during my time in Ecuador, it is possible that other programs exist, and their availability may vary depending on location. Similarly, there may be many other examples of failed efforts in Ecuador that I did not examine deeply, such as matters of physical and sexual violence against women. I realize that these too are essential to the conversation about reproductive justice, even as I focus on the examples that I was able to observe most directly.

Though well-intentioned, efforts to assist young mothers did little to provide them sexual and reproductive justice. Rather than providing support for young people, the lives of young mothers, and professionals working with them, became more difficult. While the state aims to assist young pregnant women who are either without a home or in dangerous situations by processing them through social services and placing them in a temporary home, the process is arduous for professionals and is excessive in its monitoring of the young women. Sara, as well as Rachael who worked at the *casa hogar*, both reported having mounds of paperwork that took up most of the time, leaving little time to spend with the young women. Several days during my stay at the *casa hogar* the director was on a missionary trip. They also discussed with me how the state would send officials to "check on things" several times a week.

Further, the safety provided by a *casa hogar* for adolescent mothers comes at the cost of loss of autonomy to choose how to parent and raise a family. Since these young women are presumed to be irresponsible and unable to make proper decisions, the workers, directors, and

case workers at the *casa hogar* become the decision makers. Often, the young women have little or no familial support and financial resources, therefore the amount of time they will spend at the home becomes uncertain.

To make this uncertainty even more complicated, these homes may restrict the young women's independence, such as with Anaiz who wanted to work to begin saving money but was denied the option to do so. It was unclear to me when someone was allowed to attend school or have a job, but the sole fact that not every young woman was treated the same demonstrates bias and a lack of equity. In many ways, a *casa hogar* is an attempt at helping young women become "appropriate mothers" rather than addressing the systemic issues leading to their inability to choose when and how to parent in the first place. While some security is offered, approaches to adolescent pregnancy which continue to ignore structural inequalities will also continue to fail in the promotion of sexual and reproductive justice (Barcelos 2020, 9).

On sexual and reproductive health information and education, young people are provided with biased information and are denied access to certain resources based on personal judgments. For example, Maribel was told she could not get an abortion because the "baby was fully formed" rather than simply deferring to the illegality of abortion care. Would the doctor be willing to perform the abortion if she had come to him sooner in the pregnancy? Or was the doctor unwilling to perform the abortion due to legal reasons, and still felt the need to shame Maribel for desiring an abortion, using a narrative which stigmatizes abortion later in pregnancy? Rachael, the psychologist, felt that sexual education was encouraging sex among adolescents. While she was onboard with providing "responsible" sexual education that did not "incentivize sexual relations," she also felt that "we are going to see a rise in STI's. Before it was wait until marriage, now there is an awakening of sexual pleasure." This view is similar to Correa's

ENIPLA plan, which warned that sexual education and access to reproductive healthcare would encourage young people to have sex.

Aside from the legal restrictions on abortion, healthcare providers fail to provide young women judgement free, unbiased consultations about contraceptives. Dr. Alicia, for example, referred to the implant as the recommended birth control method for adolescents who have been pregnant, and Carolina stated that she had to choose a method of birth control before leaving the hospital after giving birth. Though many young individuals have some knowledge about birth control options, there appears to be a lack of autonomy when choosing a method, especially for young mothers. The implant is considered a long-acting reversible contraceptive device that is placed in the arm, providing a low maintenance and long-term (three to five years) option for birth control. Surely it is the recommended method for young mothers because it is highly effective and leaves no room for human error in usage, resulting in population control exerted on those whom providers deem unfit to become pregnant again.

A type of implant device named Norplant was once used as a means for population control and was pushed onto people of color, young people, and poor people as a preferred method of birth control without explaining the risks, side effects, and properly assessing whether that option was most appropriate for the person (Roberts 1997, 104-113). Although long-acting reversible contraceptives can be a great option for some, we must acknowledge this history as "perpetrated by calculated acts of White supremacy, colonialism, classism, able-ism, and misogyny that pushed for and legislated policies that were said to be aimed at the public good, but overrode the rights of some individuals, particularly the most vulnerable women, to curb or stop their reproduction" (Kaitz, Mankuta and Mankuta 2019, 683). Reproductive justice for young mothers means having unbiased and judgement free consultations about birth control

during which they can decide for themselves whichever method is best for them, if they desire a method at that time, and to have all methods available to them safely and affordably.

Regarding prenatal services and motherhood support, many efforts failed to consider the whole lives of young people. For example, Carolina was grateful for having lactation hours during school, but her exhaustion from caring for a newborn and attending school full time at the age of fourteen still had her falling behind in classes. Perhaps Carolina could have benefited from free childcare so that she could rest and have time to complete homework or study. There is a fundamental shift in how we approach support if we consider Carolina as not just a young mother, but also a student, a sister, and a daughter. For Gaby, having prenatal care was incredibly important since she had already experienced two miscarriages and wanted a child badly. Though prenatal care is comprehensive, she often felt overwhelmed by the number of visits and struggled to keep up with her appointments. Rather than scolding Gaby for failing to show up, a simple conversation initiated by her doctor about how to plan accordingly and access the resources necessary to show up may have resulted in better communication and an overall more positive experience for Gaby.

A few other examples of how intersecting issues are not factored into attempts to provide support for young people include efforts at the youth center and the provision of contraceptives at the clinic. Ana, who introduced me to the center, said that for some children, the meals provided at the youth center would be their only meals of the day. Some of these students would travel two hours by bus to arrive at the center before seven in the morning to be served the breakfast meal. The condoms in the clinic, though free and available without a visit, would still require that a person travel to the clinic, costing time and money, and be unafraid of being seen and potentially stigmatized as they reached for the condoms. Without considering food security,

living location, time available for travel, mental health, and awareness of resources available, the youth center and free condoms offer very limited support only to those few who can access it.

*There's No Winning for Young Mothers*

No matter how different each young women's experience was with pregnancy, it seemed that they all felt some sort of judgement for being pregnant as an adolescent. Whether they wanted to keep the pregnancy and parent or not, family, friends, working professionals, and even strangers had already placed a stamp of disapproval on the young women for becoming pregnant in the first place. The stigmatization of adolescent pregnancy and its association with a grim future restricted the young women I spoke with in their understandings of themselves as young mothers, often causing complex emotional experiences during and after pregnancy. These young women were not allowed the space to enjoy their pregnancies when they had desired them and did not have access to safe and legal abortion care when they desired termination. Further, as young mothers, the women were taught specifically how to care, parent, and love their child, and had little to no conversations about parenting options.

Ultimately, "teenage mothers…become ground for debates about what they *should* do (Luker 1996, 4). Healthcare providers follow biomedical and public health models, government workers, including the social worker and psychologist I spoke with, are restricted by state guidelines for working with adolescent mothers, and temporary homes or shelters follow their own (often religious) practices to teach motherhood and adulthood. Ecuadorian laws, state funding, and other bureaucratic processes further limit the capacities of those working with young pregnant people or young parents. These approaches to adolescent pregnancy in Ecuador are informed by historically racialized and gendered ideas about young people, sex, and motherhood, as well as Western values brought on by international entities, such as the World

Health Organization, United States Agency for International Development, and International Planned Parenthood Federation, about health, productivity, and social welfare. (Célleri 2020, 7).

Depending on the perspective, some might discuss adolescent pregnancy as an "individual-level issue (blaming teens for being sexually irresponsible) [or even] a structural-level issue (casting misguided public policies regarding sex education and contraception as irresponsible)," yet both approaches discount intersecting oppressions and structural inequalities (Barcelos 2020, 9). What would the issue of teen pregnancy look like if we shifted from individual behaviors and moral views, and instead focused on young people as people deserving of the same human rights as everyone else? Attempting to explain adolescent behavior as risky, advantageous, or some other justification for having sex at an early age and becoming pregnant serves as a distraction from the reality that people have sex, and people have varying levels of access to resources and power in the world depending on their social location. Like Dána Ain Davis claims,

> Reproductive justice is more efficacious because it is concerned with rights that are accessible regardless of the woman's resources. The justice approach is organized around the particular understanding that women of color have of their reproductive needs and operates within a political agenda that seeks to make linkages between all women's oppression, their agency, and reproductive rights (2009, 111).

Reproductive justice captures what reproductive choice does not, that is, the politics and power that explain why some are able to lead safe and healthy sexual and reproductive lives while others cannot.

*Summary*

There is no doubt that adolescent pregnancy is a complex topic. The young women I spoke with in Ecuador faced multiple barriers due to their race, class, gender, and age which diminished or denied their ability to choose and access the things they wanted. Forced unwanted

pregnancies and pregnancies where support is limited or unavailable are certainly more difficult for younger people because their age already is an identity factor that is afforded less power. When that person is a woman of lower income, she has less access to material resources, and if she is oppressed because of her race, she may be accused of being indecent or incapable. But just like other people, these young women deserve to enjoy their intimate relationships, sexual lives, and the making and raising of their families.

Sadly, if we remove the age from the stories of these young women, many listening would not hesitate to admit that they were treated wrongly. Yet somehow their classed, racial, and gendered identities, on top of being young women, are used to rationalize these treatments based on the assumption that they are unable to make the proper decisions for themselves and their futures. Our job as activists, scholars, and supporters of human rights is to provide sexual and reproductive justice for all people, and in the process, consider the ways in which our intersecting identities give us more or less power and privilege in accessing reproductive justice. This means we must push back against stigmatizing adolescent pregnancy, normalize discussions around sex, and work towards better systems in which all people can have happy and healthy sexual and reproductive lives.

# CHAPTER 9: CONCLUSION

Contrary to research which focuses on what adolescents should and should not do, my aim for this study was to center adolescents' voices to learn about their experiences with and cultural understandings about sex, sexuality, and pregnancy. Drawing on the theoretical frameworks of critical-interpretive medical anthropology, governmentality, and reproductive justice, my analysis demonstrates that much of the adolescent experience with pregnancy and motherhood is interwoven with dominant discourses about sex, sexuality and pregnancy which stigmatize and blame young people for "irresponsibility." Through the process of governmentality, young women at times reproduce discourses which stigmatize adolescent pregnancy. However, they also often make their desires and feelings known but are ignored by those who are supposed to be caring for their well-being.

Further, my findings demonstrate that while young people in Ecuador had positive views on having sex and have some knowledge about contraceptives and pregnancy prevention, adolescent pregnancy is heavily stigmatized and believed to limit one's ability to succeed in later life. For some young women, *cuidate mija* was a dominant discourse shared by their mothers which warned of the negative outcomes if one was to become pregnant "too early." This discourse stems from a risk-based framework which cautions of the social, economic, and health consequences of early childbearing. While some of the young women self-identified with this discourse, some rejected the notion that they did anything wrong. Maribel, for example, compared pregnancy to an act of robbery. People who steal do wrong, but not her, who cares for her daughter. Others refused to accept their pregnancy desires as wrong. Some young women

really *really* wanted families and were frustrated that others did not understand their desire to have a baby.

Other dominant discourses include *el bebe no tiene la culpa* and *ama tu hijo*, both of which idealize the conception of motherhood and an expectation that a mother will love and care for their children unconditionally, from conception and onwards. As agentive beings, the young women navigated these discourses, accepting some parts while rejecting others. Quite often these women spoke up about their thoughts, feelings, and desires, and were repeatedly not taken seriously. Instead, working professionals tried to "correct" the young women, regardless of whether their pregnancies were desired, undesired, or if they were happy or ambivalent about parenting.

Based on these findings, I argue that pathologizing frameworks of adolescent pregnancy do more harm to, than support, young people and young mothers. The Ecuadorian state broadly accepts the notion that adolescent pregnancy is a social problem and has made many attempts to address the high rates of adolescent births. As a result, much of the law and policy that working professionals follow are restricted or informed by the state's views. During my time at the clinic and home for adolescent mothers, I was able to learn about how pregnant adolescents received obstetric care and how they learned to be mothers. Through their stories, I learned about the lack of autonomy the young women had through the course of pregnancy, birth, and parenting. The young women knew exactly when and why they "felt badly" but rationalized the outcome by granting these working professionals authoritative power. In the clinic, the doctors "knew best," and in the *casa hogar*, the adults had "reason." While some support is provided to young mothers by the government, there is little to no social or bodily autonomy for young people when deciding whether to keep the pregnancy or how to parent the child.

Ultimately, this analysis shows how the social, cultural, and political demand for young mothers to solely "take responsibility for their actions" leads them to feel sadness, self-blame, frustration, and confusion. According to Kalpana Wilson, "Adolescent girls' own bodies, sexualities and fertility are repeatedly represented as the most significant threat to their potential productivity, invoking the neo-Malthusian and Eugenicist population discourses which are an integral aspect of the Smart Economics approach" (2017, 59). Wilson is referring to a shift in neoliberal development which emphasizes education and access to contraceptives as creating the "idealized neoliberal subject" who can be productive, individualized, and postpone fertility. While this is true for efforts to minimize adolescent pregnancy, Ecuador's approach to restrict access to abortion care while simultaneously supporting adolescent mothers in limited ways exemplifies a commitment to the *idea* of women as mothers and caretakers but a lack of consideration for young women as people with complex and multilayered lives.

This study contributes to the anthropological research on adolescent pregnancy in Ecuador by specifically utilizing the reproductive justice framework. Although this study will not fully capture the adolescent experience with sex, sexuality and pregnancy in Ecuador, it offers one example of the lived experiences of some young women in urban Ecuador. Still, it excludes many groups who historically have been marginalized both in research and from accessing resources, such as those in rural areas, younger than fourteen, or who are Indigenous or Afro-Ecuadorian.

Although this study is small in its scope, there were several areas in which consideration for human rights either fell short or were outright violated. Still, the young mothers I spoke with were resilient, and not unlike adults, they had joy, ambitions for their lives, and deep care for

their children. Based on the experiences of the young women in this study, I recommend the following considerations for promoting reproductive justice.

*Respect Autonomy*

Working professionals, parents, and other adults must respect the autonomy of young people. Conversations that involve decision making should be made in dialogue while treating younger people as rational and emotional beings who are capable of making decisions for themselves. The conversations should be undertaken in language that the young persons can understand and should be disconnected from biased perspectives about the topic at hand. Law and policy must support social and bodily autonomy, including the ability to access birth control, STI testing, sexual education, abortion care, and prenatal care if and when desired.

*Engage in Person-Centered Care*

Healthcare providers must engage in person-centered care in which conversations about sexual and reproductive health are non-judgmental and unbiased. Providers should acknowledge their position in society as having status and refrain from abusing their role to persuade patients to choose certain treatments. Patients should be encouraged to ask questions during their visits and know all their options. Birthing practices should likewise be discussed so the patient is fully informed of their options for labor and delivery. Other aspects of one's life should be discussed when relevant to a patient's ability to access care, including but not limited to time, money, childcare, safety from violence and reproductive coercion, food, water, shelter, and other life roles such as being a caretaker or student.

*Create Sustainable Support Systems*

Create robust and long-term forms of support that consider how structural inequality and intersectionality impact the lives of young people. This can include an examination of

geographic locations and historically marginalized groups, or simply asking young people what their current and most prominent needs are to live happy and healthy lives. Public schools in Ecuador must be improved and access to free childcare at various times of the day must be available to young people as they continue their education and work to provide for their families. The *casa hogar* should be reimagined as temporary places where young mothers can learn about and become connected to the necessary resources to raise their children as they see fit, and cease to be places where young mothers are to be taught "correct" ways of feeling about and caring for their pregnancies and children.

Finally, it is essential to consider ongoing support for young women so that they can continue to be supported as they age. Ensuring that people have safe communities to raise their families and have access to basic resources is critical to achieving reproductive justice. These aims may overlap with other state-led initiatives such as plans for eliminating oppression and violence based on sex, gender, race, ethnicity, and/or class. Efforts to destigmatize adolescent sex, sexuality and pregnancy should be led by those with powerful platforms to do so, such as healthcare providers, social workers, and state employees. Campaigns to achieve reproductive justice must be a collaborative effort on behalf of all people, including but no limited to activists, policy makers, researchers, academics, and healthcare providers, not simply because it affects all of us, but because it embraces many human rights which we are all entitled to.

# REFERENCES


Acosta, Andrés Mejía and John Polga-Hecimovich. 2011. "Coalition Erosion and Presidential Instability in Ecuador." *Latin American Politics and Society* 53:87-111. https://doi.org/10.1111/j.1548-2456.2011.00118.x

Adams, William C. 2015. "Conducting Semi-Structured Interviews." In *Handbook of Practical Program Evaluation*, edited by Kathryn E. Newcomer, Harry P. Hatry and Joseph S. Wholey, 4th Edition, 492-505. Hoboken: John Wiley & Sons, Inc.

Andaya, Elise and Mounia El Kotni. 2022. "The Anthropology of Reproduction." In *A Companion to Medical Anthropology*, edited by Merrill Singer, Pamela I. Erickson, and César E. Abadía-Barrero, 2nd Edition, 213-29. Hoboken: John Wiley & Sons Inc.

Anderson, Nancy L. 1987. "Doing Time and Making Choices: The Anthropology of Pregnancy Resolution Decisions in Juvenile Detention." PhD diss., University of California Los Angeles.

Baglini, Angelina. 2014. "Gestational Limits on Abortion in the Unites States as Compared to International Norms." February 1, 2014. https://lozierinstitute.org/internationalabortionnorms/

Baquero, Jaime. 2011. "Acuerdo Del Ecuador Con La Santa Sede." In *Acuerdos y Concordatos Entre la Santa Sede y los Países Americanos*. Coordinated by Juan G. Navarro Floria, 187-203. Buenos Aires: Educa.

Barcelos, Chris. 2020. *Distributing Condoms and Hope: The Racialized Politics of Youth Sexual Health*. California: University of California Press.

Barnes, Jodi A. 2020. "Behind the Scenes of Hollywood: An Archaeology of Reproductive Oppression at the Intersections." *American Anthropologist* 23:9-35. https://doi.org/10.1111/aman.13511

Becker, Gay. 2004. "Phenomenology of Health and Illness." In *Encyclopedia of Medical Anthropology: Health and Illness in the World's Cultures*, edited by Carol R Ember and Melvin Ember, Vol 1, 125-36. New York: Kluwer Academic/Plenum Publishers.

Becker, Marc. 2012. "Building a Plurinational Ecuador: Complications and Contradictions." *Socialism and Democracy* 26 (3): 77-92. https://doi.org/10.1080/08854300.2012.710000

Behrent, Michael C. 2013. "Foucault and Technology." *History and Technology* 29 (1): 54-104. http://doi.org/10.1080/07341512.2013.780351

Bernard, H. Russell. 2018. *Research Methods in Anthropology: Qualitative and Quantitative Approaches*. 6th ed. Lanham: Rowman & Littlefield.

Bernardini, Sara, Geraldine Honton, Laura Irizarry, Jesús Sanz, Estefanía Castillo, Carmen Guevara and Lorena Andrade. 2021. "Preventing Teen Pregnancies and Supporting Pregnant Teenagers in Ecuador." *Field Exchange* no.66, 33-35.

Blabbeando. "Ecuador: Rafael Correa wants a less 'hedonistic' teenage pregnancy prevention program." YouTube, March 1, 2015. 13:07. https://youtu.be/sWf9epuznwE

Black, Amanda Y., Nathalie A. Fleming and Ellen S. Rome. 2012. "Pregnancy in Adolescents." *Adolescent Medicine: State of the Art Review* 23 (1): 123–38.

Brown, Tina. 1999. "Teen-pregnancy: A Cross Cultural Phenomenon but a Western Problem?" *Nebraska Anthropologist* 116:49-61.

Brusnahan Anthony, Majo Carrasco-Tenezaca, Benjamin R. Bates, Rosellen Roche and Mario J. Grijalva. 2022. "Identifying health care access barriers in southern rural Ecuador." *International Journal for Equity in Health* 21 (55): 1-18. https://doi.org/10.1186/s12939-022-01660-1

Burbank, Victoria, Kate Senior, and Sue McMullen. 2015. "Precocious Pregnancy, Sexual Conflict, and Early Childbearing in Remote Aboriginal Australia." *Anthropological Forum* 25 (3): 243-61. https://doi.org/10.1080/00664677.2015.1027657

Carpenter, Zoë. "Ecuador's Crackdown on Abortion is Putting Women in Jail." *Pulitzer Center*, May 17, 2019. https://pulitzercenter.org/stories/ecuadors-crackdown-abortion-putting-women-jail

Caudet, Rosa Sanchis. 2017. "Reacciona Ecuador, el machismo es violencia. Completa." YouTube. Video, May 18, 2017. 6:18. https://youtu.be/dH5Mwm9CgHo

Célleri, María. 2020. "From the Virgen del Panecillo to the Virgen del Legrado: (Trans)national Feminist Struggles for Reproductive Rights in the Andes." *Frontiers: A Journal of Women Studies* 41 (2): 1-25. https://doi.org/10.5250/fronjwomestud.41.2.0001

Chisholm, James S. 1993. "Death, Hope and Sex: Life-History Theory and the Development of Reproductive Strategies." *Current Anthropology* 34 (1): 1-24. https://doi.org/10.1086/204131

Chung, Hye Won., Eun Mee Kim, and Ji-Eun Lee. 2018. "Comprehensive understanding of risk and protective factors related to adolescent pregnancy in low- and middle-income countries: A systematic review." In *Journal of Adolescence* 69:180-8.

Collins, Patricia H. 1994. "Shifting the Center: Race, Class, and Feminist Theorizing about Motherhood." In *Representations of Motherhood*, edited by Donna Bassin, 371-388. London: Yale University Press.

Conniff, Michael L. 1977. "Guayaquil Through Independence: Urban Development in a Colonial System." *The Americas* 33:385-410. https://doi.org/10.2307/980945

Daniels, Joe P. "Clashes Erupt After Ecuador Fails to Decriminalize Abortion for Rape Victims." *The Guardian*, September 18, 2019. https://www.theguardian.com/global-development/2019/sep/18/clashes-erupt-after-ecuador-fails-to-decriminalize-abortion-for-victims

Davis, Dána-Ain. 2009. "The Politics of Reproduction: The Troubling Case of Nadya Suleman and Assisted Reproductive Technology." *Transforming Anthropology* 17 (2): 105-116. https://doi.org/10.1111/j.1548-7466.2009.01061.x

Davis, Dána-Ain. 2019. *Reproductive Injustice: Racism, Pregnancy and Premature Birth*. New York: New York University Press.

DeSouza, Eros R., John Baldwin, Silvía Koller H., and Martha Narvaz. 2004. "A Latin American Perspective on the Study of Gender." In *Praeger Guide to the Psychology of Gender*, edited by Michele Paludi, 41-67. Westport: Praeger Publishers/Greenwood Publishing Group.

Deveaux, Monique. 1994. "Feminism and Empowerment: A Critical Reading of Foucault." *Feminist Studies* 20 (2): 223-47. https://doi.org/10.2307/3178151

East, Patricia L., Siek Toon Khoo, and Barbara T. Reyes. 2006. "Risk and Protective Factors Predictive of Adolescent Pregnancy: A Longitudinal, Prospective Study." *Applied Developmental Science* 10 (4): 188-199. https://doi.org/10.1207/s1532480xads1004_3

"Ecuador Abortion: President Correa Threatens to Resign." BBC News, October 11, 2013. https://www.bbc.com/news/world-latin-america-24499248

Edwards, Adrian G. and Glyn Elwyn. 2001. "Understanding risk and lessons for clinical risk communication about treatment preferences." *Quality in Health Care* 10, suppl. 1 (Sept): i9-13. https://doi.org/10.1136/qhc.0100009

Fielding, Jonathan, Steven Teutsch, and Lester Breslow. 2010. "A Framework for Public Health in the United States." *Public Health Reviews* 32, no.1 (Jun): 174-189. https://doi.org/10.1007/BF03391597

Fieweger, Mary E. 1991. "Stolen Children and International Adoptions." *Child Welfare* 70, no.2 (March/April): 285-91.

Foucault, Michel. 1978. *The History of Sexuality, Volume 1: An Introduction*. New York: Random House Inc.

Foucault, Michel. 2004. *The Birth of Biopolitics: Lectures at the College de France, 1978-1979*. London: Picador.

Freire, Wilma B., Philippe Belmont, Gabriela Rivas-Marino, Ana Larrea, Maria Jose Ramírez-Luzuriaga, Katherine M. Silva-Jaramillo, and Cecilia Valdivia. 2015. *Tomo II Encuesta Nacional de Salud y Nutrición. Salud Sexual y Reproductiva.* Quito: Ministerio de Salud Pública y Instituto Nacional de Estadística y Census.

Galárraga, Omar and Jeffrey E. Harris. 2021. "Effect of an Abrupt Change in Sexual and Reproductive Health Policy on Teen Birth Rates in Ecuador, 2008–2017." *Economics and Human Biology* 41:1-19. https://doi.org/10.1016/j.ehb.2020.100967

Ganapathy, Sandhya. 2021. "Unfolding Birth Justice in Settler States." *Feminist Anthropology* 2: 325-342. https://doi.org/10.1002/fea2.12056

Ginsburg, Faye D. and Rayna Rapp. 1991. "The Politics of Reproduction." *Annual Review of Anthropology* 20, (Oct): 311-343. https://doi.org/10.1146/annurev.an.20.100191.001523

Ginsburg, Faye D., and Rayna Rapp, eds. 1995. *Conceiving the New World Order: The Global Politics of Reproduction*. Berkeley: University of California Press.

Goeury, Hugo. 2021. "Rafael Correa's Decade in Power (2007-2017): Citizens' Revolution, *Sumak Kawsay*, and Neo-Extractivism in Ecuador." *Latin American Perspectives* 238, no.3 (Apr): 206-226. https://doi.org/10.1177/0094582X211004907

Goicolea, Isabel, Marianne Wulff, Ann Öhman, and Miguel San Sebastian. 2009 "Risk Factors for Pregnancy Among Adolescent Girls in Ecuador's Amazon Basin: A Case-Control Study." *Review of Panama Salud Publica* 26, no.3 (Sep): 221-8. https://doi.org/10.1590/s1020-49892009000900006

Goicolea, Isabel, Marianne Wulff, Miguel San Sebastian, and Ann Öhman. 2010. "Adolescent Pregnancies and Girls' Sexual and Reproductive Rights in the Amazon Basin of Ecuador: An Analysis of Providers' and Policy Makers' Discourses." *BMC International Health and Human Rights* 10, no.12 (Jun): 1-13. https://doi.org/10.1186/1472-698X-10-12

Goicolea, Isabel, Ann Öhman, Mariano S. Torres, Ione Morrás and Kerstin Edin. 2015. "Condemning Violence Without Rejecting Sexism? Exploring How Young Men Understand Intimate Partner Violence in Ecuador" in *Global Health Action* 5 (1): 1-12. https://doi.org/10.3402/gha.v5i0.18049

Guijarro, Susana, Jorge Naranjo, Mónica Padilla, Richardo Gutiérez, Cristina Lammers, and Robert W Blum. 1999. "Family Risk Factors Associated With Adolescent Pregnancy: Study of a Group of Adolescent Girls and Their Families in Ecuador." *Journal of Adolescent Health* 25, no.2 (Aug): 166-172. https://doi.org/10.1016/s1054-139x(99)00020-8

Gutiérrez, Juan Pablo, René Leyva Flores and Belkis Aracena Genao. 2019. "Social Inequality in Sexual and Reproductive Health in Ecuador: An Analysis of Gaps by Levels of Provincial Poverty 2009–2015." *International Journal for Equity in Health* 18, no.49 (Jun): 1-10. https://doi.org/10.1186/s12939-019-0951-0

Guttman, Matthew. 1996. *The Meanings of Macho: Being a Man in Mexico City*. Berkeley: University of California Press.

Handwerker, W. Penn, ed. 1990. *Births and Power: Social Change and the Politics of Reproduction*. New York: Taylor & Francis Group.

Handwerker, W. Penn. 2003. "Traumatic Stress, Ecological Contingency, and Sexual Behavior: Antecedents and Effects of Sexual Precociousness, Sexual Mobility, and Adolescent Childbearing in Antigua." *Ethos* 31, no.3 (Sep): 385-411. http://www.jstor.org/stable/3651922

Harding, Sandra. 2014. "Borderlands Epistemologies" in *Just Methods: An Interdisciplinary Feminist Reader*, 331-341. New York: Routledge.

Hayes, Matthew. 2020. "The Coloniality of UNESCO's Heritage Urban Landscapes: Heritage Process and Transnational Gentrification in Cuenca, Ecuador." *Urban Studies* 57, no. 15 (Jan): 3060-77. https://doi.org/10.1177/0042098019888441

Heilborn, Maria L., Elaine R. Brandao and Cristiane Da Silva Cabral. 2007. "Teenage Pregnancy and Moral Panic in Brazil." *Culture, Health & Sexuality* 9 (4): 403-14. https://doi.org/10.1080/13691050701369441

Hermosa-Bosano, Carlos, Paula Hidalgo-Andrade, Anna Belén Marcillo, Adriana Olaya-Torres, Pedro Alexandre Costa and Fernando Salinas-Quiroz. 2022. "'This is not What God Intended': Attitudes Toward Adoption by Same-sex Couples in Ecuador." *Sexuality Research and Social Policy* 19: 1702-1716. https://doi.org/10.1007/s13178-022-00746-3

Herrán, Keren and Iván Palacios, 2020. "Evaluating and Improving upon Ecuador's Adolescent Pregnancy Prevention Policies in an Era of Increased Urgency." *Annals of Global Health* 86, no.1 (Sep): 110. https://doi.org/10.5334/aogh.3030

Herrera, Cristina, Lourdes Campero, Lourdes Barrera, Guillermo Gonzales, Erika E. Atienzo, and Fatima Estrada. 2018. "Decir a Medias: Limites Percibidos por Adultos para Involucrarse en la Prevencion del Embarazo Adolescente en Mexico." *Antropología Nueva* 31, no.88 (Jun): 134-154.

Hidalgo-Capitán, Antonio L. and Ana P. Cubillo-Guevara. 2019. "Buen Vivir: A Reference for Public Policies and Development in Ecuador and the Governments of the Latin American Left" in *Assessing the Left Turn in Ecuador*. Edited by Francisco Sánchez and Simón Panchano, 257- 282. London: Palgrave Macmillan.

Hidalgo, Daniela A. and Marieke Dewitte. 2021. "Individual, Relational, and Sociocultural Determinants of Sexual Function and Sexual Satisfaction in Ecuador." *Sexual Medicine* 9, no. 2 (Apr): 1-11. https://doi.org/10.1016/j.esxm.2020.100307

Human Rights Watch. 2021. "Why Do They Want to Make Me Suffer Again?' The Impact of Abortion Prosecutions in Ecuador." July 14 2021. https://www.hrw.org/report/2021/07/14/why-do-they-want-make-me-suffer-again/impact-abortion-prosecutions-ecuador#_ftn411

Hurtado, Aída and Mrinal Sinha. 2008. "More than Men: Latino Feminist Masculinities and Intersectionality." *Sex Roles* 59 (Sep): 337-49. https://doi.org/10.1007/s11199-008-9405-7

Institute of Medicine and National Research Council. 2011. *The Science of Adolescent Risk-Taking: Workshop Report*. Washington, DC: The National Academies Press.

Instituto Nacional de Estadística y Census. 2023. "Sociodemographic and Social Statistics." Accessed January 7, 2023. https://www.ecuadorencifras.gob.ec/estadisticas/

Irvine, Janice M. 1994. "Cultural Differences and Adolescent Sexualities" in *Sexual Cultures and the Construction of Adolescent Identities.* Philadelphia: Temple University Press.

Isaza, Ximena C., Oscar Cabrera, Rebecca Reingold, and Daniel Grossman. 2015. *Stolen lives: A multi-country study on the health effects of forced motherhood on girls 9-14 years old*. New York: Planned Federation of America. https://www.plannedparenthoodaction.org/uploads/filer_public/db/6d/db6d56cb-e854-44bb-9ab7-15bb7fc147c5/ppfastolen-lives-english.pdf

Jackson, Michael. 1996. "Introduction." In *Things as They Are: New Directions in Phenomenological Anthropology*, edited by Michael Jackson, 1-50. Bloomington: Indiana University Press.

Jaggar, Alison M. 2014. "Feminist Standpoint Theory: Social Location and Epistemic Privilege." In *Just Methods: An Interdisciplinary Feminist Reader*, edited by Alison Jaggar, 303-307. New York: Routledge

Jamieson, Ross W. 2005. "Caste in Cuenca: Colonial Identity in the Seventeenth Century Andes." In *The Archaeology of Plural and Changing Identities*, edited by Eleanor C. Casella and Chris Fowler, 211-232. Boston: Springer.

Jeha, D., Ihab M. Usta, Labib M Ghulmiyyah, and Anwar H. Nassar. 2015. "A review of the risks and consequences of adolescent pregnancy." *Journal of Neonatal-Perinatal Medicine* 8, no.1 (May): 1-8. https://doi.org/10.3233/NPM-15814038

Johnson, Laura R. 2009. "Challenging "Best Practices" in Family Literacy and Parent Education Programs: The Development and Enactment of Mothering Knowledge among Puerto Rican and Latina Mothers in Chicago." *Anthropology & Education Quarterly* 40, no.3 (Sept): 257-76. https://doi.org/10.1111/j.1548-1492.2009.01044.x

Jordan, Brigitte. 1997. "Authoritative Knowledge and its Construction." In *Childbirth and Authoritative Knowledge: Cross-Cultural Perspectives*, edited by Robbie E. Davis-Floyd and Carol F. Sargent, 55-79. California: University of California Press.

Kaitz, Marsha, David Mankuta and Lihi Mankuta. 2019. "Long-Acting Reversible Contraception: A Route to Reproductive Justice or Injustice." *Infant Mental Health Journal* 40 (5): 673-89. https://doi.org/10.1002/imhj.21801

Keller, Jean. 2010. "Rethinking Ruddick and the Ethnocentrism Critique of *Maternal Thinking*." *Hypatia* 24, no.4 (Fall): 834-51. http://www.jstor.org/stable/40928659.

Kirisits, Karina and Sylvia Kirchengast. 2013. "Adolescent Pregnancy Outcome and the Impact of Social Support – A Pilot Study from Eastern Austria." *Anthropologischer Anzeiger* 70 (4): 439-53. https://www.jstor.org/stable/24252919

Kohli, Vandana and Kenneth L Nyberg. 1995. "Teen Pregnancy Prevention Through Education." Faculty Fellows Program, California State University

Konner, M. and Shostak M. 1986. "Adolescent Pregnancy and Childbearing: an Anthropological Perspective." In *School-Age Pregnancy and Parenthood: Biosocial Dimensions*, edited by Jane B. Lancaster and Beatrix A. Hamburg, 325-347. New York: Aldine-De Gruyter Publishing Company.

Kowii, Ariruma. 2018. "El Sumak Kawsay." In *Antología del Pensamiento Crítico Ecuatoriano Contemporáneo*, edited by Gioconda Herrera Mosquera, 437-444. Buenos Aires: CLACSO.

Kramer Karen L. 2008. "Early Sexual Maturity Among Pumé Foragers of Venezuela. Fitness Implications of Teen Motherhood." *American Journal of Physical Anthropology* 136, no.3 (Jul): 338–50. https://doi.org/10.1002/ajpa.20817

Kramer, Karen L, Russel D. Greaves and Peter T. Ellison. 2009. "Early Reproductive Maturity Among Pumé Foragers. Implications of a Pooled Energy Model to Fast Life Histories." *American Journal of Human Biology* 21, no.4 (Apr): 430-37. https://doi.org/10.1002/ajhb.20930

Kramer, Karen L. and Jane B. Lancaster. 2010. "Teen Motherhood in Cross-Cultural Perspective." *Annals of Human Biology* 37, no.5 (Mar): 613-28. https://doi.org/10.3109/03014460903563434

Kramer K.L. 2017. "Evolutionary Perspectives on Teen Motherhood: How Young Is Too Young?" In *The Arc of Life*, edited by Jasienska G. and Sherry D. Holmes, 55-75. New York: Springer.

Krapf, Jasmine. 2020. "Addressing the Doula Paradox: An Analysis and Reimagining of a Changing Role in Reproductive Justice." *Student Anthropologist* 7, no.1 (Sep): 29-41. https://doi.org/10.1002/j.sda2.20200700.0005

Krause, Elizabeth L. and Aline C. Gubrium. 2019. "Scribble Scrabble": Migration, Young Parenting Latinas, and Digital Storytelling as Narrative Shock." *Medical Anthropology Quarterly* 33, no.3 (Apr): 420-38. https://doi.org/10.1111/maq.12519

Lancaster, Jane B. 1986. "Human Adolescence and Reproduction: An Evolutionary Perspective." In *School-Age Pregnancy and Parenthood: Biosocial Dimensions*, edited by Jane B. Lancaster and Beatrix A. Hamburg, 17-38. New York: Routledge.

Larrea, Sara, Mariana Prandini Assis and Camila Ochoa Mendoza. 2021. "Hospitals have some Procedures that seem Dehumanising to me": Experiences of Abortion-Related Obstetric Violence in Brazil, Chile and Ecuador." *Agenda* 35, no.3 (Oct): 54-68. https://doi.org/10.1080/10130950.2021.1975967

Leifson, Ebsen. 2008. "Child Trafficking and Formalisation: The Case of International Adoption from Ecuador." *Children & Society* 22 (3): 212-22. https://doi.org/10.1111/j.1099-0860.2008.00152.x

Leifson, Ebsen. 2013. "Child Circulation in and out of the Secure Zone of Childhood: A View from the Urban Margins in Ecuador." *Childhood* 20 (3): 307-22. https://doi.org/10.1177/0907568213483147

Li, Tania M. 2007. "Governmentality." *Anthropologica* 49 (2): 275-81. https://www.jstor.org/stable/i25605355

Lind, Amy. 2012. "Contradictions that Endure: Family Norms, Social Reproduction, and Rafael Correa's Citizen Revolution in Ecuador." *Politics & Gender* 8, no.2 (Jun): 254-61. https://doi.org/10.1017/S1743923X12000256

Lock, Margaret and Nancy Scheper-Hughes. 1996. "A Critical-Interpretive Approach in Medical Anthropology: Rituals and Routines of Discipline and Dissent." In *Medical Anthropology: Contemporary Theory and Method*, edited by Carolyn F Sargent and Thomas M Johnson, 41-70. Westport: Praeger.

Lock, Margaret. 2004. "Medicalization and the Naturalization of Social Control." In *Encyclopedia of Medical Anthropology: Health and Illness in the World's Cultures*, edited by Carol R Ember and Melvin Ember, Vol 1, 116-25. New York: Kluwer Academic/Plenum Publishers.

Lopez, Iris. 2008. *Matters of Choice: Puerto Rican Women's Struggle for Reproductive Freedom.* New York: Rutgers University Press. https://doi.org/10.36019/9780813546247

Lucio, Ruth, Nilhda Villacrés and Rodrigo Henríquez. 2011. "The Health System of Ecuador." *Salud Pública de México* 53 (2): 177-187.

Luker, Kristin. 1996. *Dubious Conceptions: The Politics of Teenage Pregnancy*. Cambridge: Harvard University Press.

Lundquist, Caroline. 2008. "Being Torn: Toward a Phenomenology of Unwanted Pregnancy." *Hypatia* 23 (3): 136-155. https://www.jstor.org/stable/25483201

Lupton, Deborah. 1997. "Foucault and the Medicalization Critique." In *Foucault, Health and Medicine*, edited by Alan Peterson and Robin Bunton, 94-110. New York: Routledge.

Mackenzie, Catriona. 2019. "Feminist Innovation in Philosophy: Relational Autonomy and Social Justice." *Women's Studies International* 72:144-51. https://doi.org/10.1016/j.wsif.2018.05.003

Macleod, Catrina and Tracey Feltham-King. 2020. "Young Pregnant Women and Public Health: Introducing a Critical Reparative Justice/Care Approach Using South African Case Studies." *Critical Public Health*, 30 (3): 319-29. https://doi.org/10.1080/09581596.2019.1573313

Maes, Kathleen I. 2010. "Toward an Applied Anthropology of GIS: Spatial Analysis of Adolescent Childbearing in Hillsborough and Pinellas Counties Florida." PhD diss., University of South Florida.

Miller, Brent C., Brad Benson, and Kevin A. Galbraith. 2001. "Family Relationships and Adolescent Pregnancy Risk: A Research Synthesis." *Developmental Review* 21 (1): 1-38. https://doi.org/10.1006/drev.2000.0513

Moeller, Kathryn. 2014. "Searching for Adolescent Girls in Brazil: The Transnational Politics of Poverty in "The Girl Effect." *Feminist Studies* 40 (3): 575-601. https://doi.org/10.1353/fem.2014.0041

Molina, Ramiro C., Carolina G. Roca, Jorge S. Zamorano, Electra G. Araya. 2010. "Family Planning and Adolescent Pregnancy." *Best Practice & Research Clinical Obstetrics and Gynaecology* 24, no.2 (Apr): 209-222.

Montgomery, Kristen S. 2004. "Planned Adolescent Pregnancy: Themes Related to the Pregnancy." *Journal of Perinatal Education* 13, no.4 (Jan): 27-35. https://doi.org/10.1624/105812404x6207

Morgan, Lynn M. and Elizabeth F.S. Roberts. 2012. "Reproductive Governance in Latin America." *Anthropology & Medicine* 19 (2): 241-54. https://doi.org/10.1080/13648470.2012.675046

Morison, Tracy and Sarah Herbert. 2019. "Rethinking 'Risk' in Sexual and Reproductive Health Policy: the Value of the Reproductive Justice Framework." *Sexuality Research and Social Policy* 16:434-45. https://doi.org/10.1007/s13178-018-0351-z

Mullings, Leith and Amy J. Shulz. 2006. "Intersectionality and Health: An Introduction." In *Gender, Race, Class, and Health: Intersectional Approaches,* edited by Amy J. Shulz and Leith Mullings, 3-17. San Francisco: Jossey-Bass.

Musante, Kathleen. 2015. "Participant Observation." In *Handbook of Methods in Cultural Anthropology*, edited by H. Russell Bernard and Clarence C Gravlee, 2nd edition, 251-292. Lanham: Rowman & Littlefield.

Nagar, Shashwat D., Andrew B. Conley, Aroon T. Chande, Lavanya Rishishwar, Shivam Sharma, Leonardo Mariño-Ramírez, Gabriela Aguinaga-Romero, Fabricio González-Andrade, and I. King Jordan. 2021. "Genetic ancestry and ethnic identity in Ecuador" in *Human Genetics and Genomics Advances* 2, no.4 (Aug): 1-12. https://doi.org/10.1016/j.xhgg.2021.100050

Navarro, Marysa. 2002. "Against *Marianismo."* In *Gender's Place*, edited by Rosario Montoya, Lessie J. Frazier, and Janise Hurtig, 257-272. New York: Palgrave Macmillan.

Neira, Ana C. and Elena M. J. Hermida. 2017. "Las Relaciones de Pareja en los Adolescentes de Cuenca: Su Relación con el Machismo/Marianismo." *Interpersona* 11 (20): 126-140.

Nelson, Jennifer. 2010. "All this that has happened to me shouldn't happen to nobody else": Loretta Ross and the Women of Color Reproductive Freedom Movement of the 1980s." *Journal of Women's History* 22 (3): 136-160. https:doi.org/10.1353/jowh.2010.0579

Nudelman, Anita. 2006. "Culturally-Sensitive Sexual Health Education for Adolescents: An Anthropological Challenge." *Practicing Anthropology* 28 (3): 12-5. https://doi.org/10.17730/praa.28.3.ck736l4330468036

Odger, Allison, Susan Frohlick and Robert Lorway. 2019. "Re-Assembling "Risky" Subjects: African Migrant Youth in Winnipeg, Canada." *Medical Anthropology* 38 (4): 311-26. https://doi.org/10.1080/01459740.2018.1551390

O'Donnell, Katherine. 2003. "Rural Teens and Communities Confront the Roots of Adolescent Pregnancy: The Promise of Project REACH." *Practicing Anthropology* 25 (4): 23-7. https://doi.org/10.17730/praa.25.4.n15u083530vx4t14

O'Malley, Pat. 2008. "Governmentality and Risk." In *Social Theories of Risk and Uncertainty*: *An Introduction*, edited by Jens O. Zinn. Hoboken: Blackwell Publishing.

Ortiz-Prado Esteban, Katherine Simbaña, Lenin Gómez, Anna M. Stewart-Ibarra, Lisa Scott and Gabriel Cevallos-Sierra. 2017. "Abortion, An Increasing Public Health Concern in Ecuador, A 10-year Population-Based Analysis." *Pragmatic and Observational Research* 13, no.8 (Jul): 129-135. https://doi.org/10.2147/POR.S129464

Pan American Health Organization, United Nations Population Fund, and United Nations Children's Fund. 2016. *Accelerating progress toward the reduction of adolescent pregnancy in Latin America and the Caribbean*. Washington, D.C.: PAHO Publications. https://iris.paho.org/bitstream/handle/10665.2/34493/9789275119761-eng.pdf?sequence=1&isAllowed=y&ua=1

Pantoja, Ana L. N. 2003. "Be Someone in Life: A Socio-Anthropological Analysis of Adolescent Pregnancy and Motherhood in Belém, Pará State, Brazil." *Cadernos de Saúde Pública*, 19 (2): 335-342. https://doi.org/10.1590/s0102-311x2003000800015

Papri, Fahmida S., Zubaida Khanam, Sarwat Ara, and Morsheda B. Panna. 2016. "Adolescent Pregnancy: Risk Factors, Outcome and Prevention." *Chattagram Maa-O-Shishu Hospital Medical College Journal* 15, no.1 (Jul): 53-6. https://doi.org/10.3329/cmoshmcj.v15i1.28764

Phelan, John L. 1967. *The Kingdom of Quito in the Seventeenth Century: Bureaucratic Politics in the Spanish Empire.* Madison: The University of Wisconsin Press.

Plan International. 2023. "Teenage Pregnancy." https://plan-international.org/srhr/teenage-pregnancy/

Pinos, Verónica, Guido Pinos, Rachid Baitar, Monserrrath Jerves, and Paul Enzlin. 2016. "Perception of Gender Stereotypes, Machismo and Marianismo in Ecuadorian Adolescents: A Focus Group Study." *MASKANA* 7, no.2 (Dec): 17-28. https://doi.org/10.18537/mskn.07.02.02

Pot, Hanneke. 2019. "INGO Behavior Change Projects: Culturalism and Teenage Pregnancies in Malawi." *Medical Anthropology* 38 (4): 327-41. https://doi.org/10.1080/01459740.2019.1570187

Price, Kimala. 2011. "It's not Just About Abortion: Incorporating Intersectionality in Research about Women of Color and Reproduction." *Women's Health Issues* 21, Suppl 3: S55-7. https://doi.org/10.1016/j.whi.2011.02.003

Radcliffe, Sarah A. 2012. "Development for a Postneoliberal Era? *Sumak Kawsay*, Living Well and the Limits to Decolonisation in Ecuador." *Geoforum*, 43, no.2 (Mar): 240-9. https://doi.org/10.1016/j.geoforum.2011.09.003

Rahier, Jean Muteba. 2011. "Hypersexual Black Women in the Ecuadorian 'Common Sense'. An Examination of Visual and Other Representations." *Civilisations* 60, no.1 (Dec): 59–79. https://www.jstor.org/stable/23346030

Raphael-Leff, Joan. 2010. "Healthy Maternal Ambivalence." *Studies in the Maternal* 2 (1): 1-15. https://doi.org/10.16995/sim.97

Ray, Ranita. 2018. "Identity of Distance: How Economically Marginalized Black and Latina Women Navigate Risk Discourse and Employ Feminist Ideals." *Social Problems* 65, no.4 (Nov): 456-72. https://www.jstor.org/stable/26990962

República del Ecuador. 2008. "Constitucion de la Republica del Ecuador." https://www.ambiente.gob.ec/wp-content/uploads/downloads/2018/09/Constitucion-de-la-Republica-del-Ecuador.pdf

Reyes-Foster, Beatriz M. 2021. ""No Justice in Birth": Maternal Vanishing, VBAC, and Reconstitutive Practice in Central Florida." *American Anthropologist,* 1-14. https://doi.org/10.1111/aman.13796

Reynolds, Christopher, Melissa A. Sutherland and Iván Palacios. 2019. "Exploring the Use of Technology for Sexual Health Risk-Reduction among Ecuadorean Adolescents." *Annals of Global Health* 85 (1): 57. https://doi.org/10.5334/aogh.35

Roberts, Dorothy. 1997. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty.* New York: Penguin Random House LLC.

Roberts, Elizabeth F.S. 2013. "Assisted Existence." *Journal of Royal Anthropological Institute* 19 (3): 562-80. https://doi.org/10.1111/1467-9655.12050

Roberts, Elizabeth F.S. 2016. "Resources and Race: Assisted Reproduction in Ecuador." *Reproductive BioMedicine and Society Online* no.2, 47-53. https://doi.org/10.1016/j.rbms.2016.06.003

Rodriguez, Cheryl. 2008. "Beyond Today and Pass Tomorrow: Self-Efficacy Among African-American Adolescent Mothers." *Voices* 8:18-22. https://doi.org /10.1111/j.1548-7423.2008.tb00048.x

Roitman, Karen and Alexis Oviedo. 2017. "Mestizo Racism in Ecuador." *Ethnic and Racial Studies* 40 (15): 2768-86. https://doi.org/10.1080/01419870.2016.1260749

Ross, Loretta, Lynn Roberts, Erika Derkas, Whitney Peoples and Pamela Bridgewater. 2017. *Radical Reproductive Justice: Foundations, Theory, Practice, Critique*. New York: First Feminist Press.

Ross, Loretta, and Rickie Solinger. 2017. *Reproductive Justice*. Berkeley: University of California Press.

Russell, Andrew J. 2001. "Teenage Pregnancy and the Moral Geography of Teesside, U.K." In *Managing Reproductive Life: Cross-Cultural Themes in Sexuality and Fertility*, edited by Soraya Tremayne, 221-234. New York: Berghahn.

Saavedra, Luis Ángel. 2018. "As Gender Violence Increases, Victims Are Blamed in Ecuador." *Latin America Data Base Nes & Educational Services*. UNM Digital Repository. https://digitalrepository.unm.edu/notisur/14590

Santos, Karine A. 2012. "Teenage Pregnancy Contextualized: Understanding Reproductive Intentions in a Brazilian Shantytown." *Cadernos de Saúde Pública*, 28, no.4 (Apr): 655-64. 10.1590/S0102-311X2012000400005

Sargent, Carolyn F. and Carole H. Browner. 2005. "Globalization Raises New Questions about the Politics of Reproduction." *Anthropology News* 46 (3): 5-7. https://doi.org/10.1525/an.2005.46.3.5.2

Sax, Lila. 2010. "Being and Becoming a Body: Moral Implications of Teenage Pregnancy in a Shantytown in Porto Alegre, Brazil." *Culture, Health & Society* 12, no.3 (Apr): 323-34. https://doi.org/10.1080/13691050903342196

Scheper-Hughes, Nancy. 1992. *Death Without Weeping: The Violence of Everyday Life in Brazil.* California: University of California Press.

Schepher-Hughes, Nancy and Margaret M. Lock. 1987. "The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology." *Medical Anthropology Quarterly* 1 (1): 6-41. https://doi.org/10.1525/maq.1987.1.1.02a00020

Schlegel, Alice and Bonnie L. Hewlett. 2011. "Contributions of Anthropology to the Study of Adolescence." *Journal of Research on Adolescence* 21, no.1 (Mar): 281-9. https://doi.org/10.1111/j.1532-7795.2010.00729.x

Silliman, Jael, Marlene Gerber Fried, Loretta Ross, and Elena R. Gutiérrez. 2004. *Undivided Rights: Women of Color Organize for Reproductive Justice.* Cambridge: South End Press.

Singer, Merrill. 2004. "Critical Medical Anthropology." In *Encyclopedia of Medical Anthropology: Health and Illness in the World's Cultures*, edited by Carol R Ember and Melvin Ember, Vol 1, 23-30. New York: Kluwer Academic/Plenum Publishers.

Smietana Marcin, Charis Thompson, and France Winddance Twine. 2018. "Making and Breaking Families – Reading Queer Reproductions, Stratified Reproduction and Reproductive Justice Together." *Reproductive Biomedicine & Society Online*, 1-19. https://doi.org/10.1016/j.rbms.2018.11.001

Sprague, Joey. 2005. *Feminist Methodologies for Critical Researchers*. California: AltaMira Press.

Svanemyr, Joar, Susana Guijarro, Betzabe Butron Riveros, and Venkatraman Chandra-Mouli. 2017. "The Health Status of Adolescents in Ecuador and the Country's Response to the Need for Differentiated Healthcare for Adolescents." *Reproductive Health* 14, no.1 (Feb): 1-11. https://doi.org/10.1186/s12978-017-0294-5

Taaseen, Sadiqa. 2020. "Reproductive Health and Reproductive Justice for Muslim Women." *Student Anthropologist* 7 (1): 17-23. https://doi.org/10.1002/j.sda2.20200700.0003

Takševa, Tatjana. 2017. "Mother Love, Maternal Ambivalence, and the Possibility of Empowered Mothering." *Hypatia*, 32 (1): 152-68. https://doi.org/10.1111/hypa.12310

United Nations International Children's Fund. "Early Childbearing." Accessed November 21, 2022. https://data.unicef.org/topic/child-health/adolescent-health/.

United Nations Population Fund. 2017. "Adolescent Pregnancy." https://www.unfpa.org/adolescent-pregnancy#summery105869

United States Department of State. 2020. "Ecuador 2020 International Religious Freedom Report." https://www.state.gov/wp-content/uploads/2021/05/240282-ECUADOR-2020-INTERNATIONAL-RELIGIOUS-FREEDOM-REPORT.pdf

Valdivia, Gabriela. 2017. "Oil Citizens of the Revolution: Is Esmeraldas, Ecuador, spotlighting the contradictions of Rafael Correa's Citizens' Revolution." *NACLA Report on the Americas* 49 (4): 429-35. https://doi.org/10.1080/10714839.2017.1409015

Van Vleet, Krista E. 2019. *Hierarchies of Care: Girls, Motherhood, and Inequality in Peru*. Champaign: University of Illinois Press.

Vargas Sabina L.G., and Efrén E. G. Salgado. 2021. "Public Policy Strategies for Sexual and Reproductive Health: Decriminalization of Abortion in Ecuador." *RECIAMUC* 5, no.4 (Nov): 37-47. https://doi.org/10.26820/reciamuc/5.

Walks, Michelle. 2011. "Introduction: Identifying an Anthropology of Mothering." In *An Anthropology of Mothering*, edited by Michelle Walks and Naomi McPherson, 1-47. Ontario: Demeter Press.

Walmsley, Emily. 2008. "Raised by Another Mother: Informal Fostering and Kinship Ambiguities in Northwest Ecuador." *Journal of Latin American and Caribbean Anthropology* 13 (1): 168–195. https://doi.org/10.1111/j.1548-7180.2008.00008.x

Webb, Jenny Stout. 2017. "A Phenomenological Study of Adolescent Pregnancy Loss." PhD diss., University of Tennessee.

Weller, Susan C. 2015. "Structured Interviewing and Questionnaire Construction" in *Handbook of Methods in Cultural Anthropology*, edited by. H. Russell Bernard and Clarence C Gravlee, 2nd edition, 343-390. Lanham, Rowman & Littlefield.

Wilson, Kalpana. 2017. “In the Name of Reproductive Rights: Race, Neoliberalism and the Embodied Violence of Population Polices.” *New Formations* no. 91, 50-68. https://doi.org/10.3898/NEWF:91.03.2017

World Bank. 2023. “Adolescent fertility rate (births per 1,000 women ages 15-19).” Accessed January 4, 2023. https://data.worldbank.org/indicator/SP.ADO.TFRT?most_recent_value_desc=false.

World Health Organization. 2022. “Adolescent Pregnancy.” https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy

World Population Review. 2023. “Population of Cities in Ecuador 2023.” Accessed January 4, 2023. https://worldpopulationreview.com/countries/cities/ecuador

Worthman, Carol M. and John W.M. Whiting. 1987. “Social Change in Adolescent Sexual Behavior, Mate Selection, and Premarital Pregnancy Rates in a Kikuyu Community.” *Ethos* 15, no.2 (Jun): 145-65. https://doi.org/10.1525/eth.1987.15.2.02a00010

Wurtz, Heather. 2012. “Indigenous Women of Latin America: Unintended Pregnancy, Unsafe Abortion, and Reproductive Health Outcomes.” *Pimatisiwin* 10 (3): 271–82.

Zambrano, Morelia Cedeño and Richard Augusto Proaño Mosquera. 2022. “The Administrative Phase of Adoption in Ecuador and the Rights of Children and Adolescents.” *Revista Facultad de Jurisprudencia* no. 11, 211-45. https://doi.org/10.26807/rfj.v11i11.360

Zaragocin, Sofía, María Rosa Cevallos, Guglielmina Falanga, Iñigo Arrazola, Gabriela Ruales, Verónica Vera, and Amanda Yepez. 2018. “Mapping the Criminalization of Abortion in Ecuador.” *Revista de Revista de Bioética y Derecho* 43:109-25.

Zavella, Patricia. 2016. “Contesting Structural Vulnerability through Reproductive Justice Activism with Latina Immigrants in California.” *North American Dialogue* 19 (1): 36-45. https://doi.org/10.1111/nad.12035

Zavella, Patricia. 2020. *The Movement for Reproductive Justice: Empowering Women of Color through Social Activism.* New York: New York University Press. http://doi.org/10.18574/nyu/9781479829200.001.0001

## APPENDIX A: INTERVIEW GUIDE FOR YOUNG PEOPLE

1. In your perspective, what qualities make a healthy and happy sexuality?
2. What do you think about sexuality?
3. What are some reasons to have sex?
4. What are some reasons for why young people might become pregnant?
5. What are some things that you value in a sexual or intimate encounter?
6. What do you personally think about pregnancy among young people?
7. What do you think society thinks about pregnancy among young people
8. How would you describe yourself in terms of age group?
9. How do you think older people view your age group?
    1. Do you agree with this perspective?
10. When you have a concern, who do you talk to? Who is the person whom you trust the most to talk about personal things?
11. At what age did you have your first sexual encounter? How did it happen?
12. I would like to know about your experience with pregnancy. Can you tell me about how you became pregnant?
    1. What was life like for you before you became pregnant?
    2. When did you learn that you were pregnant?
    3. How did you decide to proceed, and how was your experience in making this decisión? How did you feel afterwards?
    4. How has this influenced your life?
13. What are some qualities which you value in a partner?
14. Do you currently have a partner? If so, what is their role in your life? Is there something you wish were better in the relationship?
15. What do you expect from a partner?
16. How is your relationship with your parents?
17. What do you expect from your mother/father? What makes a good mother/father?
18. Do you talk about sex with your parent(s)? If so, what do you talk about?
19. Have you had any exposure to the topics of sex/sexuality? If so, where was it or from who did you learn it from?
20. Have you had any formal education on sex/sexuality?
21. Did this information help you understand sex/sexuality? How, why or why not?
22. Do you talk to friends or other people in your life about sex/sexuality? About what?
23. If you had something important to discuss about sex/sexuality, where/who would you turn to?
24. Do you ever get information online about sex/sexuality?
25. How would you describe pregnancy, and the process of becoming pregnant?
26. Are you currently using any method of birth control?

27. What type of information about sex/sexuality would you want other young people to know about? What type of resources do you think should be accesible to young people?
28. Are you religious? If so, what religion? What type of religious activities do you participate in? As someone of this religión, is there an expectation for you to meet in terms of sex/sexuality?
29. What do you know about laws and policies surrounding sexual and reproductive health in the country of Ecuador?
30. Are there areas where the state could improve?
31. What do you think is the relationship between the state and the rights of young people?
32. What are your thoughts about abortion?
33. Demographics: age, gender, occupation, race/ethnicity, city of residence

## APPENDIX B: INTERVIEW GUIDE FOR KEY INFORMANTS

1. Demographics: age, gender, race/ethnicity, religious affiliation, occupation, education
2. What do you do for work?
3. Who is your work affiliated with? Private, public?
4. Describe a typical day at work for you.
5. What are the values and objectives that best represent the goals of your organization/institution?
6. Do you think that these values and objectives align with your own beliefs? Why or why not?
7. What are some of the biggest accomplishments that have resulted from this work that you do?
8. What are some of the biggest challenges that your organization/institution has had, or has not yet addressed?
9. Are there any advantages or barriers that the state provides to your organization/institution?
10. How much would you consider the state to be involved in what you do for work?
11. Do you feel that the rates of pregnancy among young people is a problem here in Ecuador?
12. Why do you think young people might become pregnant?
13. In your opinion, what resources or educational materials should be supplied to young people about sex, sexuality and pregnancy?
14. Do you think that the state provides an adequate amount of health resources and/or educational materials about sex, sexuality, and pregnancy for young people? If not, what could the state do better?
15. Do you think that your work provides an adequate amount of health resources and/or educational materials about sex, sexuality, and pregnancy for young people? Why or why not?
16. What are your thoughts and opinions about abortion?
17. From your understanding, what is the relationship between abortion laws and young people here in Ecuador?
18. Do you or have you ever discussed sex and sexuality with a younger person?
    -If yes, what advice or guidance did you provide?
    -If not, what advice or guidance would you provide?
19. What information did you receive when you were younger about sex, sexuality, and pregnancy? Who did you receive this information from?
20. Do you feel that the youth culture today views sex and sexuality different than how you did when you were younger? How so?
21. Have you ever had an experience with pregnancy? If so, describe this experience in detail.
22. Is there anything else you would like to add that you feel is pertinent to the topic?

# APPENDIX C: SURVEY QUESTIONS

Survey for people between ages 14-19

Age: _____ Race/Ethnicity: _____Occupation: _____Gender: _____
Are you a mother/father? ____City of Residence_____ Highest level of education: _____

Circle the response which you most agree with for each question or fill in the blank.

1. When is the right time to have a baby?
   a) When you have the ideal partner to have a family
      i) Very important
      ii) Important
      iii) Somewhat important
      iv) Not very important
      v) Not important

   b) When you are in love
      i) Very important
      ii) Important
      iii) Somewhat important
      iv) Not very important
      v) Not important

   c) When you have a university degree
      i) Very important
      ii) Important
      iii) Somewhat important
      iv) Not very important
      v) Not important

   d) When you have enough money
      i) Very important
      ii) Important
      iii) Somewhat important
      iv) Not very important
      v) Not important

   e) When you desire a child
      i) Very important
      ii) Important
      iii) Somewhat important
      iv) Not very important
      v) Not important

2. When someone has a child at the wrong time, it means that:
   a) The person is irresponsible
      i) Agree
      ii) Neither agree nor disagree
      iii) Disagree

   b) The person is looking for attention
      i) Agree
      ii) Neither agree nor disagree
      iii) Disagree

   c) The person did not have a choice
      i) Agree
      ii) Neither agree nor disagree
      iii) Disagree

   d) The person does not have a supportive partner
      i) Agree
      ii) Neither agree nor disagree
      iii) Disagree

   e) The person does not have the financial resources to have a child
      i) Agree
      ii) Neither agree nor disagree
      iii) Disagree

3. Adolescent pregnancy is caused by:
   a) Irresponsibility
      i) Agree
      ii) Neither agree nor disagree
      iii) Disagree

b) A lack of access to sexual and reproductive health resources
   i) Agree
   ii) Neither agree nor disagree
   iii) Disagree

c) A lack of education or presence from the parents
   i) Agree
   ii) Neither agree nor disagree
   iii) Disagree

d) Promiscuity
   i) Agree
   ii) Neither agree nor disagree
   iii) Disagree

e) A lack of understanding from adults and parents who judge young people for having sex
   i) Agree
   ii) Neither agree nor disagree
   iii) Disagree

4. Young people who become pregnant:
   a) Are not domestic
      i) True
      ii) It is possible
      iii) Neither
      iv) False
   b) Are from rural areas
      i) True
      ii) It is possible
      iii) Neither
      iv) False
   c) Are uneducated
      i) True
      ii) It is possible
      iii) Neither
      iv) False
   d) Will have sex with anyone
      i) True
      ii) It is possible
      iii) Neither
      iv) False
   e) Are irresponsible
      i) True
      ii) It is possible
      iii) Neither
      iv) False
   f) Were violated
      i) True
      ii) It is possible
      iii) Neither
      iv) False
   g) Did not have a choice
      i) True
      ii) It is possible
      iii) Neither
      iv) False

5. Have you have an experience with pregnancy personally? If so, describe the situation.
   a. Yes
   b. No

_____

6. Have you known anyone who has become pregnant between the ages of 14-19?
   a. Yes
   b. No

7. At what age did your parents have you?
    a. Under 14
    b. 14-16
    c. 16-18
    d. Over 19
    e. I don't know

8. I had my first sexual encounter at the age of: _____
    a. I have not have any sexual encounters.

9. The majority of what I know about sex and sexuality I learned from:
School_____ My mother_____ My father _____ My Friends_____ The internet _____
Other_____

10. With whom do you discuss curiosities or concerns about sex/sexuality?
_____

11. The resources that are available to people my age related to sexual and reproductive health are:
    a. Excellent: I have access to all I need to understand and have a safe and happy sexual life.
    b. Good: I have access to a good amount of information and resources that I need to understand and have a safe and happy sexual life, but sometimes it is difficult to obtain the information/resources.
    c. Average: I have access to information and resources about sex and sexuality, but I still have some doubts/concerns about how to have a safe and healthy sexual life.
    d. Fair: I have Access to some information and resources, but it is difficult to obtain and they are not helpful in helping me understand and have a healthy and happy sexual life.
    e. Bad: I do not have access to the necessary information and resources to know how to have a healthy and happy sexual life.

12. Do you know all the types of birth control? If not, which ones do you know?
    a. Yes
    b. No
    _____

13. Do you use birth control? Why or why not?
_____

14. Your thoughts on abortion are:

_____

Mark all the options which you agree with.

15. If I have sexual intercourse before marraige, it is because:
_____I am afraid my partner will leave me
_____I feel pressured by my partner
_____I am looking for something intimate
_____I want to learn more about myself
_____I want personal pleasure
_____I want my partner to be happy
_____I want to have children
Something not listed: _____

16. If I have sexual intercourse before marraige, people will think that:
_____I have sex with whomever
_____I will become pregnant
_____I am irresponsible
_____I won't be able to maintain a healthy relationship
_____I misbehave
_____I am experimenting
_____People don't have opinions
Something not listed: _____

17. It is okay to have sexual relationships when:
_____One is in a relationship
_____Only in marraige
_____Using birth control
_____Desire to have children
_____Desire to have children, but at the age of _____ and older
_____A partner asks for it
_____Only if one is older than _____
Something not listed: _____

18. Ideal qualities in a partner are:
_____Affectionate
_____Is caring
_____Has a stable job
_____Is respectable
_____Has a career
_____Has money
_____ Someone who listens/communicates
_____Someone who values me
_____Is domestic/of the home
_____Has a university degree
Something not listed: _____

19. When I talk about sexuality, I feel:
_____Comfortbale
_____Curious
_____Distrustful
_____Embaressed
_____Shy
_____Bad
_____Confused
_____Laughter/Want to laugh
_____Prepared
_____Emotional

Something not listed: _____

20. Reasons to have sex are:

| | |
|---|---|
| _____Be in a relationship | _____Because the other person wants to |
| _____Be curious | _____To be close to someone |
| _____Desire for a child | _____Because it is expected of me |
| _____To be like friends | _____Because I am partying |
| _____Because I like it | _____For love |

Something not listed: _____

Thank you for your participation!

GLOSSARY OF FREQUENTLY USED SPANISH TERMS

| | |
|---|---|
| *Ama tu hijo* | love your child |
| *Buen vivir (also Sumak Kawsay)* | the good life |
| *Casa hogar para madres adolescentes* | home for adolescent mothers |
| *Cuidate mija* | take care daughter |
| *El bebe no tiene la culpa* | it is not the baby's fault |
| *El centro de salud* | the health center |
| *Los controles* | prenatal care |
| *Tomar turno* | take turn |

LIST OF ABBREVIATIONS

| | |
|---|---|
| Assisted reproductive technology | ART |
| Geospatial information systems | GIS |
| International non-governmental organization | INGO |
| In vitro fertilization | IVF |
| Intrauterine device | IUD |
| Ministry of Economic and Social Inclusion | MIES |
| National Social Security Institute | IESS |
| National Intersectoral Strategy for Family Planning and the Prevention of Adolescent Pregnancies | ENIPLA |
| Obstetrics and gynecology | OBGYN |
| Provision of Integrated Family and Community Health Care | MAIS-FU |
| Services of Care Differentiated for Adolescents | SADA |
| Sexually transmitted infections | STI's |
| Vaginal birth after cesarian | VBAC |