Gender Structures Constraining Girl's agency – Exploring Pregnancy and Motherhood Among Adolescent Girls in Ecuador's Amazon Basin

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Abstract: In this article we explore the experiences and emotions surrounding pregnancy and motherhood among adolescent girls in the Amazon Basin of Ecuador, by developing a qualitative content analysis of eleven interviews with pregnant girls or girls who are mothers. The gender structures constraining girls' agency was a theme present in all categories elicited from the interviews. Categories were connected with societal norms (fatalism, modest girls and unreliable men), individual experiences (facing such an overwhelming responsibility alone, becoming a mother: the joy of having a baby but the end of childhood), external factors (misinformation and other barriers to pregnancy prevention, the girl's mother as central pillar) and normative wishes (the importance of education). Gender relations at the face-to-face, institutional and macro-social level (such as the subordination of women and young people towards men and adults, the stigmatization of single girls' sexual activity and the idealization of motherhood) constrained girls' capability to make decisions regarding their own sexuality and reproduction. Attempts at challenging gender structures emerged especially from the girls' interest in gaining economic independence.

Keywords: gender relations; gender structures; content analysis; machismo-marianismo; adolescent pregnancy

Cuando las estructuras de género limitan la agencia de las adolescentes. Una investigación cualitativa sobre el embarazo y la maternidad adolescente en la Amazonía Ecuatoriana

Resumen: Este artículo explora las experiencias y emociones que rodean el embarazo y la maternidad adolescente en una provincia amazónica del Ecuador, utilizando análisis de contenido de entrevistas con adolescentes embarazadas o que ya son madres. Se identificó que las estructuras de género limitan la agencia de las adolescentes al cruzar este tema con siete categorías. Las categorías hacen referencia a normas sociales (fatalismo, chicas humildes y hombres poco fiables), experiencias personales (afrontar una enorme responsabilidad sola, hacerse madre: la alegría de tener un hijo como marca del final de la niñez), factores externos (desinformación y otras barreras para prevenir el embarazo, la madre de la chica como pilar fundamental) y deseos normativos (la importancia de la educación). Las relaciones de género a nivel individual, institucional y social– al actuar a través de la subordinación de mujeres y adolescentes frente a hombres y adultos, la estigmatización de la actividad sexual de las adolescentes solteras y la idealización de la maternidad– limitan enormemente la capacidad de las adolescentes para tomar sus propias decisiones con respecto a su sexualidad y reproducción. Los intentos de desafiar estas estructuras surgen, sobre todo, del interés de las adolescentes por conseguir ser económicamente independientes.

Palabras clave: relaciones de género; estructuras de género; machismo-marianismo; embarazo adolescente.

Quando as estruturas de gênero limitam a agência das adolescentes – uma investigação qualitativa sobre a gravidez e a maternidade adolescente na Amazônia Equatoriana

Resumo: Este artigo explora as experiências e as emoções que cercam a gravidez e a maternidade adolescente em uma província amazônica do Equador, utilizando análise de conteúdo de entrevistas com adolescentes grávidas ou que já são mães. Identificou-se que as estruturas de gênero limitam a agência das adolescentes ao se cruzar este tema com sete categorias. As categorias fazem referência a normas sociais (fatalismo, garotas humildes e homens pouco

confiáveis), experiências pessoais (confrontar uma enorme responsabilidade sozinha, fazer-se mãe: a alegria de ter um filho como marca do final da infância), fatores externos (desinformação e outras barreiras para prevenir a gravidez, a mãe da garota como pilar fundamental) e desejos normativos (a importância da educação). As relações de gênero em nível individual, institucional e social– ao atuarem através da subordinação de mulheres e adolescentes diante de homens e adultos, a estigmatização da atividade sexual das adolescentes solteiras e a idealização da maternidade– limitam enormemente a capacidade das adolescentes de tomarem suas próprias decisões com respeito à sua sexualidade e reprodução. As intenções de desafiar estas estruturas surgem, sobretudo, do interesse das adolescentes em conseguirem ser economicamente independentes.

Palavras-chave: relações de gênero; estruturas de gênero; machismo-marianismo; gravidez adolescente

Gender Structures Constraining Girls' agency – Exploring Pregnancy and Motherhood Among Adolescent Girls in Ecuador's Amazon Basin[1]

Introduction

In developing countries, one out of three girls get pregnant before reaching the age of 20 (Mayor, 2004). Adolescent pregnancies have long been associated with a number of adverse health and social outcomes (Guzman *et al.*, 2001; Conde-Agudelo *et al.*, 2005; UNFPA, 2007), and pregnancy and delivery related complications are the leading cause of death among adolescent women (Mayor, 2004). However, research also evidences that a great number of adverse outcomes associated with adolescent pregnancy could be overcome if proper support were provided (Drife, 2004; Lira Plascencia *et al.*, 2005). Qualitative studies highlight the perceived positive consequences of pregnancy as a means of gaining status or escaping from violent families (de la Cuesta, 2001; Clemmens, 2003; Spear & Lock, 2003; de Carvalho, 2007; Levandowski *et al.*, 2008). Some authors argue that the construction of adolescent pregnancies as problematic is motivated by the cost of welfare provision and concerns about the fertility of certain disadvantaged groups more than by a genuine concern regarding the well being of adolescent girls (Bonell, 2004; Wilson & Huntington, 2006; Breheny & Stephens, 2007; Heilborn *et al.*, 2007)

A review of literature on this matter evidences that research on adolescent pregnancies is predominantly biomedical, based only on developed countries. Focusing on behavioral factors, it casts gender relations as of secondary importance or does not explore them at all (Pillow, 1997). However, papers that explore adolescent pregnancies and other issues concerning sexual and reproductive health (such as HIV) from a gender perspective highlight the usefulness of this approach for understanding sexual and reproductive practices, not as individual decisions made in a vacuum, but rather as being highly influenced by gendered power relations (Pillow, 1997; Wood *et al.*, 1998; Wingood et al., 2000; Christianson, 2006; Kershaw *et al.*, 2006; Ohman, 2008).

Gender relations and adolescent pregnancies

Connell´s concept of gender relations and theory of gender and power highlight that relations between individuals - men and women, but also between men and between women - produce and reproduce not only sexual differences, but also sexual inequities (Connell, 1987; Wingood *et al.*, 2000; Connell, 2002; Kershaw *et al.*, 2006; Ohman, 2008). Gender is produced and reproduced by individuals through social relations, and at the institutional and macro-social level. Gender is not a fixed concept, but is always under construction through action and practice (Connell, 1987; Connell, 2002; Fenstermaker & West, 2002; Ohman, 2008), introducing the possibility of agency, of making choices. However, the options available and the choices individuals make are highly influenced by the gender structure of the place and time in which they have been raised and in which they live. Those gender structures operate at the intermediate level through institutions such as the family, the state or the school and their gender regimes; while at a wider level, they operate through the gender order (Connell, 1987; Connell, 2002; Christianson, 2006; Ohman, 2008). Connell recognizes four structures of gender relations that operate in connection with each other for maintaining women in a subordinate position: power relations, production relations, emotional relations and symbolic relations (Connell, 1987; Connell, 2002). Sexuality and sexual encounters are highly influenced by gender structures and may thus become a way of exercising such power (Wood *et al.*, 1998; Christianson, 2006; Berglund, 2008).

If we acknowledge that adolescent pregnancy cannot be adequately understood outside other social processes that take place in the lives of the girls that get pregnant, then we cannot ignore the role of gender relations. A girl's capability to practice safe sex is dependent on the power she has to decide with whom she wants to have sex. This capability could be curtailed, for example, by norms that do not proscribe rape. Her capability to practice safe sex is also dependent on her economic independence; for example, she might be forced into prostitution as the only means to make a living. Her capability for practicing safe sex is also highly dependent on emotions; for example, she may feel compelled to "prove her love" by having sexual intercourse with her boyfriend. Finally, her capability to practice safe sex is also highly influenced by symbolic norms that, for example, might associate condoms with promiscuity and infidelity and thus curtail their use within steady, formal relationships.

The machismo-marianismo system described by many authors in the Latin American context (Lagarde, 1990; Steenbeek, 1995; Torres *et al.*, 2002; Stobbe, 2005; Berglund, 2008) has parallels with Connell´s concept of emphasized femininity (Connell, 1987). According to Steenbeek, machismo is a "cult around masculinity intrinsically related to power: the will and capacity to dominate others,

men as well as women" (1995:220). Marianismo is machismo's counterpart, and emphasizes the notion of women as submissive, chaste, self-sacrificing, passive and modest (Lagarde, 1990; Montecino, 1991; Torres *et al.*, 2002). Gender intersects with other categories such as age, ethnicity and status to position some individuals in more subordinate positions than others (Harding, 1986; de la Cadena, 1992; Torres *et al.*, 2002; Maliski *et al.*, 2008). In the Latin American context, motherhood is highly valued, and bears strong symbolism in the social and political arena, as is highlighted for example in the discourses regarding "la madre patria" (mother nation) or the struggle of groups such as the "Madres de Plaza de Mayo" in Argentina (Lagarde, 1990). According to Montecino, the powerful figure of the mother is also a reaction to the absent father, a product of the violent period of colonization during which "mestizo" children were born from indigenous women raped by the colonizers (Montecino, 1991).

In Ecuador, the machismo-marianismo system greatly influences gender relations (Herrera, 2002; Varea, 2008). Despite the low social position of the majority of men living in impoverished areas, there will always be women in an even more subordinated position (Miles, 2000; Andrade & Herrera, 2001). For adolescent women in poor households, gender relations are further complicated by the fact that they are living between modern life as presented by the media and in schools, and the reality of their everyday lives constrained by poverty (Miles, 2000).

Published research on adolescent pregnancies in Ecuador has overall taken a biomedical, individualistic approach (Guijarro *et al.*, 1999; Chedraui *et al.*, 2004; Hidalgo *et al.*, 2005; Chedraui *et al.*, 2007), and has been conducted in big cities like Quito and Guayaquil. To our knowledge, there is only one thesis exploring adolescent pregnancy discourses that takes into account gender issues, addressing the relationship between pregnant adolescents and health providers at Quito's largest Maternity Hospital (Varea, 2008).

In this article we explore the emotions and experiences surrounding pregnancy and motherhood among adolescent girls in the Amazon Basin of Ecuador (Orellana); it is part of a broader project exploring adolescent pregnancies in this isolated area from both quantitative and qualitative perspectives, with the aim of contributing to the improvement of local policies and programs addressing adolescents' sexual and reproductive rights. This study draws on adolescent mothers' accounts of their own emotions and experiences of pregnancy and motherhood, based on the assumption that their first-hand knowledge is essential for a better understanding of the issues that might strengthen the relevance of policies and programs.

Methods

Participants and study area

The study took place in the province of Orellana, in the Amazon Basin of Ecuador. With 103,032 inhabitants and 22,500 km2 of rainforest, the region is a treasure of biodiversity but also one of the poorest within the country. The population is mainly rural (70%) and ethnically diverse - 30% identify as indigenous. It is a young population, with 27% adolescents. An earlier qualitative study carried out in Orellana identified intimate-partner violence as the main problem recognized by women living in the area (Goicolea, 2001). Reproductive health indicators evidence low prevalence of skilled delivery-care and high prevalence of unwanted and/or adolescent pregnancies: 37.4% of girls aged 15-19 experience pregnancy. Inequities between rural and urban areas and ethnic origins are also notorious (Goicolea *et al.*, 2008). In this context, adolescent pregnancies have been associated with previous sexual abuse during childhood and adolescence, poverty and parental absence (Goicolea *et al.*, 2009).

For this study we conducted in-depth interviews with eleven adolescent girls living in Orellana who were either pregnant or already mothers at the time of the interview. Participants' ages ranged from 15 to 19, while age when pregnancy occurred ranged from 14 to 17. Some participants lived in rural communities (5), and others in small urban towns (6); six were living with the father of the baby when the interview took place, while the rest were living with their parents (3), alone (1) or with other people (1).

Data collection

The main author of this paper (IG) performed all the in-depth interviews which lasted between 25 to 70 minutes. The girls who participated in the interviews were located through a network of young peer educators who were known by IG; some interviewees were friends or neighbors of the peer educators. Some participants also suggested other girls known by them who could participate, featuring a snow-ball sampling pattern. The interviews took place in different locations and were always conducted in complete privacy. Before the interviews, the interviewer explained the aims of the study and asked permission to tape-record the sessions. All of the adolescents approached agreed to participate.

After some standard introductory questions, the interviewer encouraged the participants to tell their story. Afterwards, the interviewer asked for clarification and further explanations on the reactions from "significant others" - especially family and partner -, and the participant's feelings and experiences of pregnancy and motherhood. Issues regarding courtship, use of contraceptives, and sex education

were also explored, along with the participant's opinions regarding adolescent pregnancies, single motherhood, and their own recommendations for improving adolescents' sexual and reproductive health policies and programs. Relevant issues that emerged from each of the interviews were included in subsequent interviews following an emergent research design (Lincoln & Guba, 1985).

Interviews were performed in Spanish, fully transcribed, and entered into Open Code 3.4 for managing the analyzing process (Open Code, 2007). To ensure confidentiality, all interviewees' names were erased.

Data analysis

The authors read the interviews several times and developed extended summaries for each of them to provide an overview of all the collected information. Afterwards, the authors analyzed the verbatim transcripts of the interviews using content analysis. Content analysis has been applied in many different ways and concept definitions are not always the same for all scholars (Graneheim & Lundman, 2004; Elo & Kyngas, 2008). For this study we chose to adopt Graneheim & Lundman's concepts and followed the analytical stages they proposed (Graneheim & Lundman, 2004). First, we selected each interview as a unit of analysis. Secondly, we identified meaning units within the text. Thirdly, we coded the meaning units. Fourthly, we grouped related codes into preliminary categories. Categories referred to the manifest content of the text. While doing the categorization, a theme (latent content) started to emerge. The theme crossed through all the categories and contributed to a deeper understanding of the whole. Fifthly, categories and theme were discussed, negotiated and refined by the authors, ending up with seven categories and one theme. In the sixth and last step we linked the findings arising from the analysis to existing social theory (Dahlgren *et al.*, 2004). Hence, we focused on Connell´s concepts of gender relations, power and agency (Connell, 1987; Connell, 2002).

Findings

Through the analytical process we found seven categories and one theme. The theme - gender structures constraining girls' agency - crossed over into all the categories. Categories were connected with societal norms (fatalism, modest girls and unreliable men), individual experiences (facing such an overwhelming responsibility alone, becoming a mother: the joy of having a baby but the end of childhood), external factors (misinformation and other barriers to pregnancy prevention, the girl's mother as central pillar) and normative wishes (the importance of education).

Fatalism

There was a feeling across the interviews that things happen simply because they happen and there is little an adolescent girl can do to influence these events. They fall in love, they become intimate, they get pregnant without much reflection and when asked about their intention to get pregnant they express that things are "like that" - they just happen whatever they do. Aspects of fatalism were present in all the interviews. Participants stated that despite being sexually active and using contraceptives sporadically or not at all, they did not think that they could get pregnant. There was a feeling that these things could happen to anybody, and that girls had limited capability to influence what happened to them. Resignation was the attitude towards unpredictable events: *"No, I didn't want to get pregnant. I never imagined that I could get pregnant, but . . . life is like that, I got pregnant . . .* (No. 2, 18 years old); *". . . There are things in life that just happen like that"*. (No. 1, 16 years old)

Modest girls and unreliable men

A great number of issues regarding gender relations and how men and women relate arose from the interviews. According to participants' accounts, a "good woman" was described as serious, responsible, respectable, honorable, hard-working, obedient and staying at home:

> Women who stay at home with the mother, those are appreciated... [...] the ones who go out in the street..., they don't like them because they marry the husband and afterwards they abandon him. (No. 5, 16 years old)

By emphasizing these "good woman" characteristics, young girls were encouraged to adopt a disempowered position: girls should be shy, not proud, defenseless, innocent, ignorant and eager to make sacrifices. Being a "good woman" was a never-ending task, and the risk of failing and being labeled as "bad" was ever-present. The main sources of risk for "good women" were men and sexuality. Men were perceived not only as a source of risk for a girl's reputation, but also for her integrity, since they were regarded as violent and abusive. Men's sexual drives were perceived as uncontrollable and girls should avoid encouraging them - for example by drinking alcohol, behaving in a friendly way, or going out at night - because they might put themselves at risk.

> My mother told me, 'you should not let a man touch you, lark you..., don't go out with a man, 'cause sometimes men do..., sometimes they might rape you, they might kill you...', that's what my mother used to tell me, that I should not walk the bad path. (No. 6, 18 years old)

Women had to struggle to protect themselves and their reputation, and some "safety-belts" that might help, such as marriage and motherhood. Adolescent pregnancy within marriage was described as much-better accepted; it did not provoke much criticism and gave girls better chances of getting economic support for raising the baby.

> [When asked regarding why she decided to get married after discovering she was pregnant] then I started thinking 'and… what am I going to do alone with my baby girl?' And my mother told me: 'and what are you gonna do alone with a baby, just like me? You gonna suffer, you will put her a stepfather'…, and all that, and it is worse if it is a girl… [since the stepfather might sexually abuse her]. (No. 1, 16 years old)

When a woman fails, there are mechanisms to redeem her. Enduring pregnancy, for example, was presented as a way to redeem single girls from the stigma of being sexually active.

> Pregnancy took me off of the bad path . . . , because . . . I was really on the track of being… you know, damaged . . . Because I used to go out, you know, at night, for dancing… something might have happened to me. (No. 2, 18 years old)

Likewise, abortion is not publicly sanctioned because it closes the door to 're-demption'. This "public" straightforward opinion contrasted with girls' personal more ambivalent experiences of having considered the possibility of abortion when confronted with rejection and abandonment of family and partners.

Our informants' overall perception of what men are like was quite negative. They saw men as irresponsible, unreliable, unfaithful… Their attitude towards men was one of fear and distrust. However, when they referred to their own "real man" - their partner - attitudes were more ambivalent; they attempted to justify their partners´ irresponsible, patronizing or even abusive attitudes, trying to present them as "different":

> When I came back he was really angry… he asked me: 'where have you been, who have you been with?' […] then he pushed me against the wall and I hit the wall and now I have a scar…[…] But now, he has changed quite a lot compared to how he used to be. 'Cause he was…, he was, a bit of everything… he used to drink alcohol…, he used to be womanizer…, violent… (No. 3, 17 years old)

Misinformation and other barriers for pregnancy prevention

Girls acknowledged having received sex education in high school. However, misconceptions were present and the information received had did not seem to

be assimilated in their daily lives. This "formal education" represented only one part of the way they learned about sexuality. An important source of sexual information was based on "advice" relatives (especially mothers, but also friends and others) gave. Those focused on making girls frightened of anything related to sexuality, and were delivered in a rather categorical manner: *"She* [her mother] *advised me . . . She advised me what is good, what is bad, how I should behave."* (No. 4, 15 years old)

Regarding knowledge of contraceptives, myths and beliefs were found, which acted as barriers to their use. Condoms, for example, were believed to hurt or cause infections. Contraceptives were used under a "low profile": the rhythm method was preferred, and contraception was inconsistently used, in an environment where young single girls were not admitted to be sexually active: *"I would be like embarrassed* [going to the health center for contraceptives] *. . . because single and still asking . . ."* (No. 4, 15 years old)

Pregnancy was also conceptualized as a way of proving fertility, love or commitment to the relationship and thus contraception conflicted with these aims: *"He was doubtful whether I was in love with him. He said that if I didn't have a baby with him then maybe it was because I wanted to leave him".* (No. 6, 18 years old)

Facing overwhelming responsibility alone

When we asked informants regarding how they felt when they first discovered they were pregnant, they expressed mostly negative feelings. They felt sorrow, desperation, powerlessness, fear and anguish. There was also a feeling of loneliness, stressed especially when relationships with parents or partners were difficult. When finding out about the pregnancy, they kept it secret without telling their family or partner for fear of their reaction. They felt unprepared for the responsibility of raising a child, and fearful when realizing that they were the only ones held accountable: *"I felt even more alone than I was . . . because she [her mother] talked to me that way and then she left . . . , she left me there alone at the house".* (No. 4, 15 years old); *"I thought a lot of things…, like my studies… I thought, I am just 16, what am I gonna do with a baby? I couldn't accept that I was going to be a mother"* (No. 3, 17 years old)

They saw themselves through others' eyes: as being too young to be a mother and as being a child raising another child; this gave rise to feelings of disempowerment and impotency, further victimizing them. However, they also perceived those criticisms as full of hypocrisy and not truly reflecting their own situation. This gave rise to feelings of rage and even a desire for revenge against people who were seen as scrutinizing their sexual and reproductive behavior.

> Like once I was walking in the street with my baby girl and somebody asked me: 'and how old are you?' I said I was 15, and they said, and so young and already with a baby! For example there are people who say: 'a child caring for another child', like making a joke of you, and then..., but they do not realize that they might also have a daughter, and that might happen to her as well, they should not criticize. (No. 1, 16 years old)

Becoming a mother: the joy of having a baby but the end of childhood

While feelings about pregnancy were negative, feelings about being a mother were much more positive. They expressed all the positive emotions that the baby created in them: joy, love, the feeling of having a mutual bond. They felt that the baby gave meaning to their lives and pushed them to move ahead, work harder and endure the situation: *"I will give my life for him . . . getting up every morning and seeing him happy. He plays, each day he does something new . . . Sometimes I think I am growing-up together with him"*. (No. 3, 17 years old)

They also felt motherhood was a point of no return that marked the end of childhood. Becoming a mother meant that they had to get accustomed to behaving as "serious, respectable" women.

> I have to be . . . I have to be . . . , let's say . . . , it can't be like when I was single [she is a single mother], I am a little bit different. Because . . . I have to change . . . I can't be the same as before . . . , because one is not the same anymore! I have to make myself . . . be respected. (No. 4, 15 years old)

From that point on, they considered themselves adults and that they would have to behave like adults, leaving behind all they used to do as 'children', like going out with friends, going to parties or dancing.

They expressed the feeling that when they had a baby, they had more contact with their mothers or mothers-in-law, and stayed more at the house. However, they also rebelled against being called "señora" (Mrs.) and valued maintaining contact with friends who were their age: *"Some friends treat me the same, others treat me like an adult Mrs. [...] I prefer to be called by my name; that feels better. When they call me Mrs., that doesn't feel right to me"* (No. 4, 15 years old)

Girls' mother as central pillar

It became clear, during the analysis, that the girls' mothers were very important. Codes regarding their mothers were more numerous than codes regarding their partners, and much more positive as well. The representation of motherhood was intertwined with the real character of their mothers, and both recalled positive emotions. Motherhood was put on a pedestal, specifically the type which agreed with the culturally-sanctioned characteristics: sacrifice for children, hard-work,

selflessness, and respectability.

> She [her mother, who became a widow when she was very young] says that she decided to stay with us rather than to get us a stepfather, who would beat us and all that . . . , so she stayed with us alone . . . and she is still alone. (No. 2, 18 years old)

Their mothers' opinions were very important for the girls. Girls feared punishment and violence but, more importantly, they were afraid of disappointing their mothers. Mothers were supportive of their daughters, or at least the most supportive person. They were perceived as being like shelters, as someone they could turn to who would always be there for them, unlike their partners: *"She* [her mother] *returned and told me to forget everything she told me before,… that…, neither me nor my daughter will lack anything. That I should continue studying."* (No. 2, 18 years old)

References to the girls' fathers were scarce. In many cases, participants referred to their fathers as being absent or complying with the 'unreliable-man' features described above. They did not perceive their fathers as key within their lives, and some resented this fact. At the same time, they aligned themselves with their mothers, recognizing the sacrifices they had made by raising their children, in many cases with no support at all from the fathers.

> He [the father] cried… he cried saying that it was his fault for not living with me, not being at my side… don't remember what else …, and he kept on crying! But I felt nothing, 'cause I don't even know him, I don't even remember him… so, no… I was not moved at all. (No. 1, 16 years old)

The importance of education

The importance of education was expressed in all interviews. Girls perceived education as a way to safeguard the future for them and their babies, especially in the event of separation from their partners. Interviewees were aware that actual relationships might not last forever and women thus should not depend economically on men. Education was perceived as a means of getting better jobs, for becoming *"una profesional"* (a professional), enabling them to earn money to maintain themselves and their children.

> There are girls who get married very young . . . like me . . . then let's say that when they are 20, they get divorced. Then . . . what are you going to work as? If you graduated from nothing, you don't have anything. And even husbands, I sometimes hear that they say: 'It's me who supports you; what are you gonna do all by yourself?' I have a friend who is now divorced, and I asked her if she had graduated from high-school and she told

> me that she just attended some courses to learn to sew… Now, sew!? who is going to hire her? But if you graduate from high-school; at least you can work as a secretary. (No 1, 16 years old)

However, it was difficult to combine pregnancy and motherhood with continuing education. Difficulties arose from the increased number of activities and responsibilities - seldom shared with the partners - and from shame.

> I didn´t want to drop-out from school…, but I felt bad… like… to be with that belly… at school… […]. I thought that my class-mates might laugh at me. Like they tell me now: 'Who would have guessed that XX was going to have a baby?!' (No. 2, 18 years old)

Although none of them reported being restricted from continuing at school when they got pregnant, attitudes from schools varied and were not always supportive. The girls did not want to be criticized, harassed or be made to feel conspicuous. The fear of experiencing that might make them decide to drop-out of school: *"And everybody* [at her school] *knew about it* [that she was pregnant]. *The doctor sent a memo to the teacher and the teacher spread it all around the school!!* [that she was pregnant]." (No. 3, 17 years old)

Gender structures constraining girls' agency

During the process of analysis, a theme emerged cross-cutting the seven categories and condensing the latent content of the interviews: gender structures constraining girls' agency. Gender structures influenced the way in which girls related to their partners, mothers and fathers, friends, neighbors, and even to strangers they met on the street, who criticized them for being too young to get pregnant. Gender also influenced their relationships within institutions like school, marriage and family, where girls were disciplined to respect and obey the authority of adults and men. Finally, gender structures also worked at a higher and broader level through a fatalistic view of women's destiny, ruled by external forces, such as chance, God, and culture. Gender structures also rendered women subordinate to men, sexually uninterested and idealized as mothers; while men were perceived as a menace to women's sexuality and bodily integrity, needed for the economic support of women and families but, at the same time, seen as unreliable in actually delivering such support.

Gender structures also reinforced two contradictory normative messages for girls: sexuality is a source of danger and moral criticisms; while motherhood is women's natural aspiration.

Girls established gender relations and made choices within those gender structures that constrained their capability to act by disciplining them to be fearful,

submissive and to make personal sacrifices. Their ability to influence those gender structures through the options they took was limited by the very structures that conceptualized the girls as powerless because they were young, poor women. However, even within such constrictions, some mechanisms for challenging those gender structures were found. The most relevant was girls' interest in gaining economic independence through a better education, which might help them obtain better-paid jobs. The reality of their mothers' and their own lives had faced them with the fact that men cannot be relied upon for economic support. They did not defy the responsibility that society put solely on them for adequately raising their children, they did not defy the perception of domestic work as a woman's responsibility, but they acknowledged the value of becoming economically independent from men as a means to survival.

Discussion

While participants were telling their stories it became clear that they made sense of their pregnancy and motherhood within an array of life events and gender relations that overall contributed to girls' subordination. Connell describes gender as something practiced through social relations with others (Connell, 1987; Connell, 2002), and in this study we could see how those girls *did* gender when they related to their partners, mothers, absent fathers, strangers, teachers and the authorities. According to Connell, gender is not a role played and determined through the machismo-marianismo script. In that sense, the girls in this study had agency, made decisions, sometimes defying what was expected of them, but most of the time complied with such expectations. They were agents, but the choices they were able to make regarding their sexuality and reproduction were highly constrained by structures operating through four dimensions of gender relations: power, production, emotions and symbolism (Connell, 2002). In that sense, this study does not match the results of other qualitative studies that conceptualize adolescent pregnancy as a mechanism of resistance against dominant discourses that suppress adolescents' sexuality (De Carvalho, 2007).

Power relations between men and women were observable in the way men were assumed to be responsible for making decisions: men were expected to propose a formal relationship or marriage, for example. Girls might accept or reject the proposal but not make the proposal themselves, thus their decisions were subordinated to a preliminary movement that only men were allowed to initiate. This gendered construction of sexual relations among adolescents has also been described in one qualitative study from Colombia, which addresses how girls show

commitment to their boyfriends by having sex and behaving in a "feminine" way (de la Cuesta, 2001).

Power was also present within other gender relations, and it was based on moral standards: who could criticize and who could be criticized. Pregnant girls were in the position of being criticized, while adults - not at risk of being a pregnant adolescent any more - had the power to criticize them for failing to be sexually abstinent. Criticisms affected girls' self-esteem to the point where they blamed themselves entirely for their predicament. However, challenges to those criticisms that were regarded as hypocrite were also to be found, as they have also been by authors in other settings (Mccallum & Reis, 2005; Berglund, 2008; Varea, 2008). While some studies conceptualize adolescent pregnancy as a way of exercising freedom and power regarding sexual relations (Dias &Gomes, 2000), participants in our study did not seem to regard sexual intercourse and pregnancy as a way of resistance or challenge from existing gender structures.

Production relations played a relevant role in this study. The situation that our interviewees described was one were the sexual division of labor was supposed to follow the standardized script: male breadwinner and female housekeeper. However, girls in Orellana, as in other impoverished areas of Ecuador, had faced their mothers' and other women's hard realities with abusive or absent spouses, struggling to both make a living and raise children (Miles, 2000; Varea, 2008). The girls in this study no longer relied on their partners for a lifelong sharing of breadwinner/housekeeper positions; they now put their hopes on getting more education as a way of ensuring access to a better-paid job and thus to economic autonomy. This practical view of relationships and the search for autonomy have not been especially highlighted in previous qualitative studies in Latin America. However, it remains unclear how a job market and a welfare sector with gender regimes highly influenced by the machismo-marianismo gender order might support these girls' aspirations for accessing further education and well-paid jobs (Pillow, 1997; Connell, 2002).

Emotional relations were important to the issue of adolescent pregnancy. Romantic love was preeminent in the majority of stories of courtship: man rescuing girl from the hardships and boredom of living in a poor, isolated place, as described by other authors (Connell, 1987; Smith Battle, 2003). Pregnancy was sometimes recalled as a way of showing commitment to a relationship, or a sign of love and trust - a conceptualization also found in other studies, which represented a strong barrier against contraceptive use (de la Cuesta, 2001; SmithBattle, 2003). However, our findings differ from de la Cuesta´s study in Colombia (De la Cuesta, 2001), since romantic-love stories were recounted as past events, and even if girls still wanted to recall the positive aspects of their partners, they also agreed that

they no longer could trust their partners to help them succeed.

Emotions also worked through the relationships with mothers, absent fathers and their own children. An interesting finding in this study that other qualitative studies from Latin America do not highlight is the relevance of the mother-daughter relationship. On the one hand, that relationship reinforced the subordination of young women by older women, expressed for example in the way sexual advice was provided in a categorical way that did not strengthen autonomy and freedom. On the other hand, it recognized the positive influence that mothers might have towards their daughters in such impoverished areas. Research on adolescent pregnancy in impoverished areas mostly highlights the negative influence of mothers who are single or who do not belong to the nuclear family model, on their daughters' behavior, placing them at higher risk of early pregnancy (Guijarro et al., 1999; Gigante *et al.*, 2004). Our research suggests, to the contrary, that girls' mothers were perceived not as a negative influence, but as the most important adult figure for those girls. Challenging the gender relations mothers establish with their daughters seemed to bear an enormous transformative potential for girls' lives.

Symbolic issues were also very influential. Following the machismo-marianismo order, femininity was seen as submissive, sexually-threatened and obedient, while masculinity was configured as aggressive, sexually-driven, and powerful (Lagarde, 1990; Montecino, 1991; Andrade & Herrera, 2001; Torres *et al.*, 2002; Stobbe, 2005). Girls were perceived as unable to protect themselves, while men were viewed as unable to control themselves. As a consequence, advice focused on protecting girls by urging them to avoid situations that could place them in danger (and almost anything seemed to provoke men's sexual aggressiveness), instead of strengthening girls' capability to make informed choices and to protect themselves. Fatalism also reinforced an attitude of resignation to external forces that left small room for individual decision-making. The strong symbolism of motherhood, also recognized by other Latin American authors, was also present (Lagarde, 1990; Montecino, 1991). There was a conflict between the value assigned to motherhood and the taboos regarding girls' sexual activity and pregnancy. The ideal model of the Virgin Mary resolves this contradiction at the symbolic level (she is a virgin and she is a mother), but for real girls fulfilling these standards is impossible. The vision of masculinity for men was a pessimistic one. It emerged from the reality of absent and abusive fathers and men, and it probably had been useful for protecting from violence and assaults, but did not seem to help in the construction of healthy relationships between men and women.

Methodological considerations

We could not claim total ignorance at the beginning of this research process, which was based on rich background information, professional knowledge and experience. Instead of seeing this as a source of bias, we found it useful to help us see beyond the text. However, we also tried to bracket such background knowledge during the analysis process. Thus, although a gender perspective informed our research from the start, Connell's approach to gender relations appeared a meaningful form of framing the results only after the interviews were analyzed and preliminary categories and theme had emerged.

To remain faithful to the meaning of the text, we used the original Spanish version and elicited preliminary codes in Spanish. We translated refined codes into English and we developed categories and themes in English. When we selected quotations to exemplify a category, we translated them into English.

All three authors were involved in the research process. The first author lived in the area where the study was performed, while the other two had extensive experience of qualitative research and reproductive and sexual health issues. They were not familiar with the context of Orellana, a fact that enabled an external perspective. The authors negotiated findings, relying on triangulation to enhance reliability (Lincoln & Guba, 1985).

Informants were Ecuadorian adolescent girls with primary or secondary education, of *mestizo* or indigenous ethnic origin. The first author, who also conducted the interviews, was a foreign adult woman with a university degree as a medical doctor. The researchers were aware of the power imbalance between interviewer and interviewee, and how it might influence rapport and perhaps increase the possibility of answering to please the interviewer. The possibility of ethnocentric and adult-centric bias was also kept in mind. However, despite being a foreigner, the interviewer had lived in the area for 10 years, the last six working in reproductive and sexual health with young people. On the other hand, being foreign somehow rectified the imbalance, positioning informants as more knowledgeable on the local context than the researcher and gave the interviewer the right to ask for clarification regarding aspects that might have seemed obvious for a national (Gammeltoft, 2002; Dahlgren *et al.*, 2004).

As stated above, participants varied in terms of residence (rural, urban), marital status, and ethnic origin. A comparison to explore differences in the experience of pregnancy and motherhood between groups would have been worthwhile. However, we were not interested in highlighting the diversity of experiences, but on looking for commonalities cross-cutting the diversity inherent to personal experiences such as pregnancy and motherhood. For this reason we decided not to

establish comparisons; an approach that would have also needed a greater number of participants in each of the groups, in order to reach saturation. Another difficulty that we faced had to do with exploring pregnancy and motherhood as events that arouse different emotions. We decided to include both, because we see them as different moments of a continuous process (since all the participants who had not delivered prior to the interview had decided to continue their pregnancy). By including both stages we presume to capture a more accurate picture of the issue (including conflicting feelings that motherhood brings) that might lead to more meaningful recommendations. One last limitation of this study is that it did not include the perspective of girls who decided to undergo an abortion, whose feelings regarding pregnancy could, most likely, differ from those presented here.

Conclusions

This study highlights that not only pregnancy and motherhood, but all processes concerning sexuality and reproduction among adolescent girls are influenced by gender structures that constrain their capability to make decisions. Adolescent pregnancy and motherhood in this context should be understood as an expression of gender relations that constrain girls' sexual agency and idealize motherhood.

A first step for policies and programs aimed at addressing adolescent pregnancy, as well as girls' sexual and reproductive health and rights, could be to recognize the mechanisms through which gender power relations constrain girls' sexual agency. This study highlights two extreme dichotomies that strongly influence gender relations and constrain the ability to make choices: men as menace/women as menaced, and sex as harmful/ motherhood as ideal. Policies and programs should take this into account in order to avoid reinforcing those constraining messages. More open attitudes towards girls' sexual activity, contraceptive use and access to safe abortion, together with addressing masculinity issues in reproductive and sexual health services, could be beneficial.

A second step could is the creation of mechanisms for generating and strengthening agency. This study identified two: the search for economic independence and the assertion of the mother-daughter relationship as a positive influence. Policies and programs should encourage mechanisms to ensure equal access to education and jobs for young women, whether they are pregnant or already mothers. Efforts to improve the way mothers educate their daughters regarding sexuality and gender issues also seem worthwhile.

Although the study was conducted in an impoverished rural isolated area of Latin America, some of the results were in line with previous qualitative studies

carried out in large cities - the influence of gender relations, the angst surrounding pregnancy, the positive connotations associated with motherhood, the secrecy and taboos regarding adolescents' sexuality -, while others have not been highlighted in the Latin American literature - the pressure of external factors and fate, the importance of mothers and the search for independence as a mechanism for resistance and survival.

Bibliography

ANDRADE, Xavier, HERRERA, Gioconda. (eds.) 2001. *Masculinidades y equidad de género.* 1ª ed. Quito: FLACSO.

BERGLUND, Staffan. 2008. *Competing everyday discourses: the construction of heterosexual risk-taking behaviour among adolescents in Nicaragua.* 1a ed. Malmo: Malmo Hogskola.

BONELL, Chris. 2004. "Why is teenage pregnancy conceptualized as a social problem? A review of quantitative research from the USA and UK". *Culture, Health and Sexuality* Vol. 6, no 3, p. 255-272.

BREHENY, Mary, STEPHENS, Christine. 2007. "Individual responsibility and social constraint: the construction of adolescent motherhood in social scientific research". *Culture Health and Sexuality* Vol. 9, no 4, p. 333-346.

CLEMMENS, Donna. 2003. "Adolescent motherhood: a meta-synthesis of qualitative studies". *MCN American Journal of Maternal Child Nursing* Vol. 28, no 2, p. 93-99.

CONDE-AGUDELO, Agustín., BELIZAN, José M. & LAMMERS, Cristina. 2005. "Maternal-perinatal morbidity and mortality associated with adolescent pregnancy in Latin America: Cross-sectional study". *American Journal Obstetric Gynecology* Vol. 192, no 2, p. 342-349.

CONNELL, Robert W. 1987. *Gender and power.* Cambridge : Polity in association with Blackwell.

CONNELL, Robert.W. 2002. *Gender.* Cambridge: Polity Press.

CHEDRAUI, P. et al. 2007. "Knowledge and practice of family planning and HIV-prevention behaviour among just delivered adolescents in Ecuador: the problem of adolescent pregnancies". *Archives of Gynecology and Obstetrics* Vol. 276, no. 2, p. 139-144.

CHEDRAUI, P. et al. 2004. "Determinant factors in Ecuador related to pregnancy among adolescents aged 15 or less". *Journal of Perinatal Medicine* Vol. 32, no 4. p. 337-341.

CHRISTIANSON, Monica. 2006. *What´s behind sexual risk taking? Exploring the experiences of chlamydia-positive, HIV-positive, and HIV-tested young women and men in Sweden. PhD Dissertation, Department of Public Health and Clinical Science.* Umeå University, Umeå.

DAHLGREN, L. et al. 2004. *Qualitative methodology for international public health.* Umeå: Umeå University Press.

DE CARVALHO, João Eduardo Coin. 2007. "How can a child be a mother? Discourse on teenage pregnancy in a Brazilian favela". *Culture, health and sexuality* Vol. 9, no. 2, p. 109-120.

DE LA CADENA, Marisol. 1992. "Las Mujeres son más Indias: Etnicidad y Género en una Comunidad del Cuzco". *Revista Isis Internacional* 16, p. 25-43.

DE LA CUESTA, Carmen. 2001. "Taking love seriously: the context of adolescent pregnancy in Colombia". *Journal of Transcultural Nursing* Vol. 12, no 3, p. 180-192.

DIAS, Ana Cristina Garcia& GOMES, William B. 2000. "Conversas, em família, sobre sexualidade e gravidez na adolescência: percepção das jovens gestantes". *Psicologia: Reflexão e Crítica* Vol. 13, p. 109-125.

DRIFE, James. 2004. "Teenage pregnancy: a problem or what?". *British Journal of Obstetrics and Gynecology* Vol. 111, no. 8, p. 763-764.

ELO, Satu, KYNGAS, Helvi. 2008. "The qualitative content analysis process". *Journal of Advanced Nursing* Vol. 62, no. 1, p. 107-115.

FENSTERMAKER, Sarah & WEST, Candance. 2002. *Doing gender, doing difference: inequality, power, and institutional change*. New York: Routledge.

GAMMELTOFT, Tine. 2002. "Seeking trust and transcendence: sexual risk-taking among Vietnamese youth". *Social Science and Medicine* Vol. 55, no. 3, p. 483-496.

GIGANTE, D.P. et al. 2004. "Risk factors for childbearing during adolescence in a population-based birth cohort in southern Brazil". *Revista Panamericana de Salud Pública* Vol. 16, p. 1-10.

GOICOLEA, Isabel. 2001. "Exploring women's needs in an Amazon region of Ecuador". *Reprod Health Matters* Vol. 9, no. 17, p. 193-202.

GOICOLEA, I. et al. 2008. "Women's reproductive rights in the Amazon Basin of Ecuador: Challenges for transforming policy into practice". *Health and Human Rights: An International Journal* Vol. 10, no. 2, p. 91-103.

GOICOLEA, I. et al. 2009. "Risk factors for pregnancy among adolescent girls in Ecuador's Amazon basin: a case-control study". *Revista Panamericana de Salud Publica* Vol 26, no. 3, p. 221-228.

GRANEHEIM, U.H. & LUNDMAN, Berit. 2004. "Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness". *Nurse Education Today* Vol. 24, no. 2, p. 105-112.

GUIJARRO, S. et al. 1999. "Family risk factors associated with adolescent pregnancy: study of a group of adolescent girls and their families in Ecuador". *Journal of Adolescent Health* Vol. 25, no. 2, p. 166-172.

GUZMAN, J.M. et al. 2001. *Diagnóstico sobre salud sexual y reproductiva de adolescentes en América Latina y el Caribe*. New York: UNFPA, New York.

HARDING, Susan. 1986. *The science question in feminism*. New York: Cornell University Press.

HEILBORN, M.L. et al. 2007. "Teenage pregnancy and moral panic in Brazil". *Culture Health and Sexuality* Vol. 9, no. 4, p. 403-414.

HERRERA, Gioconda. 2002. *Estudios de género*. Quito: FLACSO Ecuador.

HIDALGO, L.A. et al. 2005. "Obstetrical and neonatal outcome in young adolescents

of low socio-economic status: a case control study". *Archives of Gynecology and Obstetrics* Vol. 271, no. 3, p. 207-211.

KERSHAW, T.S. et al. 2006. "The influence of power on HIV risk among pregnant women in rural Haiti". *AIDS and Behavior* Vol. 10, no. 3, p. 309-318.

LAGARDE, Marcela. 1990. *Los cautiverios de las mujeres: madresposas, monjas, putas, presas y locas.* México DF: Universidad Autónoma de México.

LEVANDOWSKI, D.C. et al. 2008. "Maternidade adolescente". *Estudos de Psicologia* (Campinas) 25, p. 251-263.

LINCOLN, Yvonna S., GUBA, Egon. G. 1985. *Naturalistic inquiry.* New York: SAGE.

LIRA PLASCENCIA, J. et al.   2005. "[Perinatal implications of pregnancy in adolescent women]". *Ginecología y Obstetricia de México* Vol. 73, no. 8, p. 407-414.

MALISKI, S.L. et al. 2008. "Renegotiating masculine identity after prostate cancer treatment". *Qualitative Health Research* Vol. 18, no. 12, p. 1609-1620.

MAYOR, Susan. 2004. "Pregnancy and childbirth are leading causes of death in teenage girls in developing countries". *British Medical Journal* Vol. 328, no. 7449, p. 1152.

MCCALLUM, Cecilia & REIS, Ana Paula dos. 2005. "Childbirth as ritual in Brazil: young mothers experiences". *Ethnos* Vol. 70, no. 3, p. 335-360.

MILES, Ann. 2000. "Poor adolescent girls and social transformation in Cuenca, Ecuador". *Ethos* Vol. 28, no. 1, p. 54-74.

MONTECINO, Sonia. 1991. *Madres y huachos: alegorías del mestizaje chileno.* Santiago: Cuarto Propio CEDEM.

OHMAN, Ann. 2008. "Global public health and gender theory: the need for integration". *Scandinavian Journal of Public Health* 36, p. 449-451

PILLOW, WandaS. 1997. "Decentering silences/Troubling Irony: Teen´s Pregnancy Challenge to Policy Analysis". In: MARSHALL, Catherine. (ed.) *Feminist Critical Policy Analysis: a perspective from primary and secondary schooling.* London: The Falmer Press. p. 134-152.

SMITHBATTLE, Lee. 2003. "Displacing the "rule book" in caring for teen mothers". *Public Health Nursing* Vol. 20, no. 5, p. 369-376.

SPEAR, HilaJ., & LOCK, Sharon. 2003. "Qualitative research on adolescent pregnancy: a descriptive review and analysis". *Journal of Pediatric Nursing* Vol. 18, no. 6, p. 397-408.

STEENBEEK, Gerdien. 1995. *Vrouwen op de Drempel. Gender en Moraliteit in een Mexicaanse Provinciestad [Women on the threshold. Gender and morality in a Mexican town].* Amsterdam: Thela Publishers.

STOBBE, Lineke. 2005. "Doing machismo: legitimating speech acts as a selection discourse". *Gender, Work and Organization* Vol. 12, no. 2, p. 105-123.

TORRES, J.B. et al.   2002. "The myth of sameness among Latino men and their machismo". *American Journal of Orthopsychiatry* Vol. 72, no. 2, p. 163-181.

TURMEN, Tomris. 2003. "Gender and HIV/AIDS". *International Journal of Gynaeco-*

logy and Obstetrics Vol. 82, no. 3, p. 411.418.

OPEN CODE 3.4. 2007. *UMDAC and Division of Epidemiology and Public Health Sciences, Department of Public Health and Clinical Medicine, Umeå University, Sweden,* Website: http://www.umu.se/phmed/epidemi/ forskning/open_code.html accessed on 07/10/09.

UNFPA. 2007. *Giving girls today and tomorrow: breaking the circle of adolescent pregnancy.* New York: UNFPA.

VAREA, Maria Soledad. 2008. *Maternidad adolescente: entre el deseo y la violencia.* MSc Dissertation, FLACSO Ecuador.

WILSON, Helen, HUNTINGTON, Annette. 2006. "Deviant (M)others: The Construction of Teenage Motherhood in Contemporary Discourse". *Journal of Social Policy* Vol. 35, no. 1, p. 59-76.

WINGOOD, Gina M. & DICLEMENTE, Ralph J. 2000. "Application of the theory of gender and power to examine HIV-related exposures, risk factors, and effective interventions for women". *Health Education and Behavior* Vol. 27, no. 5, p. 539-565.

WOOD, K. et al. 1998. " "He forced me to love him": putting violence on adolescent sexual health agendas". *Social Science and Medicine* Vol. 47, no. 2, p. 233-242.