

**“Hay que cuidarse”: Family Planning, Development, and the Informal Sector in
Quito, Ecuador**

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This paper is based on interviews conducted with mothers working in the informal sector of Quito, Ecuador and their perceptions of the costs and benefits of having children. Addressing high fertility rates is a stated priority of the Ecuadorian government as well as various large international organizations and NGOs operating in the country. I investigated how these organizations relate to poor urban women, and the responses mothers had to service providers' methods and messages. I linked family planning rhetoric with women's interview responses, emphasizing points of tension and negotiation. I focused particularly on the relationship between informal labor, domesticity, and fertility, as well as the social importance of maternity and the traditional nuclear family unit as a “building block” of Ecuadorian society.

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1.0 INTRODUCTION

Es muy complicado tener bebés.
Having babies is very complicated.

-mother at El Camal street market of Quito, Ecuador, June 2013

Over the past 40 years, Latin America has undergone large reductions in fertility¹ rates as part of a global pattern called the demographic transition (Casterline and Mendoza, 2009; Dyson, 2012; Oakley, 2011, Runquist and Brown, 1989).² This reduction has been accompanied by efforts on the part of international institutions, national governments, and local NGOs attempting to speed up the transition in the name of development (Correa, 2004; Coury and Lafebre, 2001; Demerath, 1976; Quintana, 2010; Richey, 2008).³ Slower rates of population growth are correlated with indicators of social and economic development, including decreased overcrowding, lower unemployment rates, higher quality health care and education, and increased GDP per capita (De Paoli, 2011; Dyson, 2012; Handwerker, 1986; Llerena, 2012,

¹ I define fertility as the number of children given birth to by an individual woman. In the context of “fertility rates,” this means the average number of children per woman within a specific population.

² The demographic transition is a pervasive phenomenon beginning during the period of Enlightenment in Europe, and resulted in the lowering of both mortality and fertility rates (see Dyson, 2012).

³ By development I mean either interventionist or endogamous efforts to advance a country or community’s economic and social standing. Depending on who is doing the “developing,” it can be measured by improved GDP/capita, health or education indicators, or standards of living.

Schultz, 1994; Shoven, 2011). International family planning⁴ efforts thus target population growth in the “underdeveloped” world.

Contraception is far from a new idea; women have been using traditional methods for centuries to limit childbirth. For instance, sex taboos are a method of birth control, especially pre-marital and post-partum limits on intercourse (Dyson, 2012). However, development-centered fertility limitation policies disseminate information and resources emphasizing “modern” contraceptive methods, namely sterilization, condoms, hormonal pills, and IUDs. Since the mid-1970s, modern contraceptive use in Latin America and the Caribbean has risen from 38 to 73 percent and fertility has fallen from 5.1 to 2.5 children per mother (Oakley and Rodriguez, 2005). In Ecuador, fertility rates decreased from 6.2 in 1979, when contraceptive use was only at 33.6%, to 2.33 today (Coury, 2001; CIA World Factbook, 2013).

Just as lowering fertility rates in low-income countries is a priority for international development efforts, it is low-income parents who are targeted at the national level (Solinger, 2002). Ecuadorian women living in poor⁵ households are the primary targets of population policy as they are more likely to have higher birth rates, both desired and undesired.⁶ Disaggregation shows that fertility is highly class dependent. The top income quintile in Ecuador

⁴ “Family planning” is the practice of planning when and how many children to have. It is generally used as a euphemism for birth control, whether via medical contraceptives or other “traditional” methods (rhythm method, withdrawal, etc). (see Correa, 1994; Bradley et al, 2012; Casterline and Mendoza, 2009; Coury and Lafebre, 2001; Demerath, 1976; Ginsburg and Rapp, 1991; Llerena, 2012; Richey, 2008)

⁵ When I refer to the Ecuadorian poor, I am speaking about women beneath the Ecuadorian national poverty line, or about \$9 USD per day for a family of four (World Development Indicators). All of my participants were below this line, as are many informal laborers (World Bank, 2012). I also refer to the lower-quintile of income earners in some specified cases.

⁶ “Undesired fertility” includes any born child that mothers identify as unplanned or mistimed. There are various methods survey methods for identifying undesired fertility, which include finding the discrepancy between actual and ideal fertility, or directly asking mothers how many of their children were welcome. It is an extremely subjective concept given the different ways in which it is measured, and the reluctance of many mothers to call their own child(ren) “unwanted” (See Dixon-Mueller, 1990).

has on average 1.9 children and wants only 1.3, while the bottom quintile has five and desires only three (Llerena, 2012).

At the level of individuals and families, fertility decline is not a conscious result of the global demographic transition. Nor is it simply a function of knowledge of and access to contraceptives (Terry, 1994). Rather, decisions to limit fertility are the result of values, choices, and constraints within given social and economic contexts. The women I interviewed did not explain their desire for children in terms of global macro phenomena, but in terms of personal costs and benefits. Different occupations, living conditions, and lived experiences shape how women think about motherhood. Development policies, both national and global, also shape individuals' subjectivities through discourse on identity, social values, and future aspirations.

While Latin American fertility rates have dropped off in recent decades, particularly in comparison to other regions such as sub-Saharan Africa, the region has the highest rates of "undesired fertility." The calculated rate of undesired fertility is particularly high in Ecuador, with statistics finding that about one out of three pregnancies are undesired (Llerena, 2012). One of my initial motivations for researching fertility in Ecuador was to discover why this rate continues to be so high, despite the provision of free contraception at public health centers. However, during the research process I came to find the concept of "undesired" fertility elusive: women were hesitant to admit that any of their children were unplanned, let alone unwanted. I found this reticence, tinged with embarrassment, more interesting than the phenomenon of undesired fertility itself. I moved away from a search for causal explanations and began to think of my research in terms of cultural values and dialectical frameworks. I came to view terms such as "family planning" and indeed "family" itself as being both fluid and politically charged: their use implies a set of cultural values and a condemnation of divergence from those values.

In this paper, I address how mothers relate their economic and social status to reproduction. My aim in this paper is not to identify causality in fertility decisions, but to interpret the construction of diverse social realities surrounding reproduction.⁷ I identify relationships between the informal sector and fertility, family planning and social conservatism, and differential subjectification⁸ in development services. I argue that children are an economically valuable source of security among women working in the informal sector, as well as being socially valuable due to the cultural significance of women's roles as devoted mothers.⁹ I will also argue that family planning services are influential in shaping women's conceptions of sexuality and reproduction through their language of responsibility, social mobility, and nation-building. I conclude that development models and population policies will fail to alter fertility patterns, improve reproductive health, or "empower" women unless social and economic conditions are fundamentally altered.

1.1 RATIONALE

A world-wide phenomenon of the contemporary global capitalist era is the feminization of poverty. Women around the world face adverse economic prospects including employment discrimination, informal sector labor, and unpaid child and domestic labor (Barndt, 2003;

⁷ Reproduction refers to the continuation of some aspect of social life. Depending on context, it can refer to fertility and offspring, cultural values, material production, or monetary gain.

⁸ Differential subjectification involves the differential treatment and shaping of subjectivities of individuals based on their personal characteristics. For instance, family planning policies target and interact with individuals differently based on their race, gender, and age (see Foucault, 1990; Rose, 1996; Horton, 2004).

⁹ For more on the social importance placed on the role of motherhood, particularly in nation building and development, see Bayard de Volo, 2001; Handwerker, 1995; Mooney, 2009; Radcliffe and Westwood, 1996; Ragone and Twine, 2000; Yuval-Davis, 1997.

Crittenden, 2002; Hartmann, 1987; Letherby, 2003; Lind, 2007; Waring, 1990). I challenge development frameworks which blame poverty on the fertility of poor women, and policies which attempt to assert control over their birth rates. I critique dominant family planning rhetoric of “antipoverty” and “female empowerment” in favor of a more in-depth analysis of the social consequences of development efforts, making visible the diverse considerations of women’s reproductive choices.

Both individual women’s perspectives on family size and development policies on fertility are rooted in global, national, and local contexts. Conceptualizations of reproduction, sexuality, gender, and the family are “dynamically constructed by means of dominant discourse and societal constraints and structures” (Browner and Sargent, 2011:15). These stretch far beyond local and even national power structures. Global flows of people, technology, goods, and politics (known as globalization) shape many local issues relating to reproduction, including social norms of gender, child care, education, health, national policy, migration, and moral values (Browner and Sargent, 2011; Ginsburg and Rapp, 1991; Petchesky, 1980). I highlight how services target people differentially based on social groupings (gender, race, and class), and how people react differently depending on their own backgrounds and social identities. The ethnographic site of the informal sector in Quito is relevant not only in and of itself, but also as a manifestation of the lived experiences shaped by modern globalization. Study of Ecuador’s contemporary social, political, and economic dynamics are illustrative of processes around the world.

Quito, the capital of Ecuador, is an area of particular interest as an example of modern global processes including urbanization, informality, and the availability of social services. Urbanization is characteristic of the contemporary globalized era, and it is estimated that all

population growth until 2050 will be urban (Dyson, 2012). In Ecuador, as around the world, industrial growth, availability of health and education, and global agribusiness have spurred urbanization. In Ecuador, 68% of the population lives in cities, and this has grown from only 40% in the 1970s (World Development Indicators, 2012). As in other cities of the Global South,¹⁰ rapid urbanization has led to a boom in the informal sector in Quito. Today, 37% of Ecuador's labor force is informal, or about 60% of non-agricultural workers (World Bank, 2012). Investigating urban, informally-employed families sheds light on how fertility rates interact with migration, human capital scarcity, and neoliberal development policies.

¹⁰ The term "Global South" generally refers to Africa, Central and South America, and parts of Asia. I use it as opposed to classifications such as "Third World" or "developing" countries, which imply a hierarchy in the valuation of countries and a linear trajectory of progress.

2.0 METHODOLOGY

During June and July of 2013 I lived in the La Floresta neighborhood of Quito, Ecuador, using grants from the International Studies Fund and the Haines Research Fund. My experience volunteering with the organization Centro Para la Nina Trabajadora (Center for the Working Girl, or CENIT) in summer of 2011 fueled my interest in returning to Quito and studying informality and family size. For the purposes of this research I completed 17 semi-structured interviews with mothers working in the informal sector (market vendors, street vendors, and domestic workers). I also visited providers of reproductive health services, including several public health centers (Centros de Salud) and private NGOs (APROFE and CEMOPLAF, the largest reproductive health NGOs in Ecuador). My physical presence enabled an understanding of culturally, politically, and socially distinct locations and how human relationships function in these spaces. I conducted interviews in Spanish, engaging directly with participants and organizations. Having lived abroad in Ecuador, Spain, and Cuba and completed a Spanish minor, I was able to have fluid and comfortable interactions in Spanish.

I submitted a comprehensive list of questions to the University of Pittsburgh Institutional Review Board. These questions were reviewed, designated “exempt,” and my project was thus approved. Research questions were exploratory, and results informed the focus of my topic and interests throughout the process. Rather than testing theory, I inductively built concepts through observation and interaction. I identified research goals through shared concerns of participants,

as well as those of government and international actors. Findings do not attempt to reveal “objective truth” but rather to reflect women’s experiences and an interpretation of their actions and perceptions.

The global study of demography began in the post-WWII era along with modernization theory, in which economic and social change was assumed to be a unilinear progression experienced universally around the world. Demographic research focused on quantitative statistical research and positivist methodology, emphasizing interventionist policy-making to limit population growth. Population was of interest for its effect on macroeconomic processes, namely GDP growth and production, without regard for politics, power, or class. Supposed predictors of fertility rates including urbanization, education, health, and income failed to accurately model fertility rates (Fricke, 1997). Models which include variables measuring the influence of “culture” also fail to reduce the many dimensions of culture to an explanatory variable. These models integrate culture as a stable, well-defined unit rather than a complex set of behaviors and worldviews (Kertzer, 1997). While quantitative investigation is invaluable, it lacks flexibility in accounting for complexity in human behavior within particular contexts if used exclusively to explain patterns in development (Fricke, 1997; Kertzer, 1997).

In contrast, anthropological qualitative research can reveal interactions between individual, community, national, and global actors which may not follow the linear trajectory of modernization theory. While statistics contribute to understandings of the scale of global issues, direct interaction with communities enrich and sometimes challenge these understandings by incorporating analysis of context, inequality, and power. In demographic research, the in-depth analysis of ethnography is invaluable in demonstrating the specific causes and effects of fertility change at a local level. Policies aimed at curbing “overpopulation” are less successful when they

do not account for the interests of women as social actors, and the cultural meanings of birth and children (Ginsburg and Rapp, 1991; Handwerker, 1986; Riley and McCarthy, 2003). I do not aim to establish causality in fertility decisions, but rather to better understand the “mutual simultaneous shaping” of subjectivities among women and policy-makers in Quito, giving voice to people behind statistics (Maxwell, 2004:245).

2.1 PARTICIPANT SELECTION

The pool of participants was limited to women working in the informal sector¹¹ in Quito, Ecuador, during June-July of 2013. For the purposes of this paper, I classified women working in urban street markets, small storefronts, and domestic labor as informal. Participants’ businesses were owned by themselves or their immediate families, and employed only non-contractual family labor if any.

Participants were all women between the ages of 18 and 80 with at least one child. I was unable to interview anyone under the age of 18 due to IRB constraints, and did not encounter any workers above the age of 80. Interviews were conducted in Spanish and lasted approximately 30 minutes to an hour. Initial interview participants were contacted through the NGO CENIT (*Centro Para la Niña Trabajadora*, or Center for the Working Girl) , an organization which provides educational support, health information, and vocational training to families who work in the street markets of Quito. I tutored with CENIT three days a week while completing research.

¹¹ The informal sector is defined differently by different organizations. The size and nature of informal sectors is difficult to measure precisely because of its “off-the-record” nature. The International Labor Organization (ILO) defines it by official registration, licensing, and registered employees (World Bank, 2012). Because of the variety of potential measures, most business are somewhere on a spectrum of informality.

Some participants were parents of children who received tutoring or classes at CENIT. Others participated in CENIT's "Street Clinic" program, in which myself and two other volunteers took vital signs and provided health resources for vendors in the street market El Camal. Additional participants were contacted through a snowball method, or daily interactions in public spaces in Quito. I had no knowledge of their fertility choices or use of family planning prior to interviews. I did not interview women based on prior knowledge of their interactions with family planning because I aimed to gain a broad perspective of popular opinion, rather than only that of individuals intimately affected by reproductive policies.

Participants were chosen on a subjective basis. This does not necessarily detract from research goals, as personalized interaction was key to obtaining accurate, holistic impressions of participants' opinions and life stories surrounding sensitive topics of sexuality, reproduction, and socioeconomic status. Participants most likely would not have been inclined to provide thorough responses had they not had an initial connection with me (through CENIT or the recommendation of a friend). I chose to set up interviews with women who seemed open to speaking with me, as I did not believe I would receive accurate or enlightening responses from women who were reticent or dismissive.

I also made an effort to diversify my sample based on occupation in order to gain a more complete picture of women working in the informal sector. While most worked in southern areas of the city, I attempted to form a sample which included women doing different types of work in a variety of locations. About half of participants worked in street markets, while the other half worked as house cleaners, street vendors, or small store owners. In the market, I spoke with women selling different products, including dry goods, produce, clothing, prepared meals, and smoothies. I approached women based on this desire to diversify my sample and utilize personal

connections through CENIT, other participants, and my daily routine. I made choices about participant selection based on personal judgment, which analyses of anthropological research have shown can yield good data:

Behavior and attitudes related to health, marriage, and family tend to be highly patterned, and the variations one finds...tend to be on the basis of predictable factors, factors known from countless health and demographic surveys and quantitative studies (e.g., SES, level of education, age, gender, rural/urban residence). If these factors are taken into account in informant selection, strict random sampling may not be crucial in order to discover basic...marriage and child preferences, and even to quantify them (Green, 2000:14).

In my research, participants began to express similar opinions as I increased sample size, which I suggest is due to “cultural consensus” in local thinking about the topics in question (Guest, 2006). Thinking about a framework of cultural consensus allowed me to evaluate general cultural opinions, as well as how individuals fit in to this framework. For instance, all participants were familiar with the debate on emergency contraception in Ecuador but had different degrees of knowledge and personal interpretations of the issue. Small sample size and bias in subject selection may mean that data cannot be extrapolated to large populations beyond mothers working in the informal sector in Quito, but can nevertheless yield insight into ways of conceptualizing reproduction on a broader scale.

2.2 INTERVIEW METHODS

Interviews were semi-structured, based on a list of questions and topics. These were focused on both life histories and opinions on general issues. For each participant I established temporal life milestones and facts, and then filled in details, descriptions, and opinions. Conversation topics varied greatly based on what participants were comfortable with and motivated to discuss. For

instance, some participants were eager to talk about politics and did not elaborate on their personal lives, while for others the inverse was true. Within the scope of relevance to my research topics, I allowed conversations to go in the direction that participants expressed interest. While this variation makes comparison between participants less linear, it allowed me to discover where each person's priorities and passions lay, giving another layer of insight and point of analysis.

Interviews took place in participants' homes and places of work, both highly personal spaces for participants. This encouraged the sharing of intimate information and opinions, as the locations were safe, familiar, and within the participants' control (on "their turf," so to speak). Generally, respondents expressed that they were comfortable with questions and responses and did not show much hesitation or restraint in their responses. When I encountered reticence, I tried to distinguish whether the participant was disinterested, peeved, or simply did not have much to say on the subject. In the case of the first two I redirected or reframed the conversation, while in the latter I moved on to other subjects.

I recorded the interviews with a portable audio recorder, asking permission each time. I assured the participant of the total anonymity and confidentiality of responses to each participant verbally before and after interviews took place. I identified myself as a college student in the United States working on a thesis project and that responses were for my own research purposes only. Although I did not fully explain the rationale or theoretical background of my project (demographic transition, development policy, or family planning trends), I requested that women ask me any personal or interview-related questions they desired. I encouraged questions, interjections, and sidetracks throughout the interviews, and prompted each interviewee to ask me whatever questions they wanted after covering my own topics of interest. I made no attempt to

argue against or persuade women to take a different position than they originally expressed, nor did I express moral judgment on opinions and actions, or give prescriptive advice.

2.3 POTENTIAL BIASES

My data collection and analysis were hermeuneutic rather than empirical, aiming to analyze processes rooted in experiences and perceptions (Scheyvens and Storey, 2003). Rather than striving for empirical objectivity I focus on interpretation of patterns and processes grounded in the experiences and perceptions of individuals. I analyzed data by coding interviews based on prominent themes, noting agreements and inconsistencies. Analysis was based on my own interpretations; rather than striving to eliminate personal bias, I attempted to identify where and how my positionality affected data collection and analysis, and use this to consider personal and global power relationships, cultural interpretations, and subjectivities (Riley, 2003).

My position as an outsider of perceived status (white, educated, from the United States, associated with a paternalistic NGO) doubtlessly shaped the way participants responded. Although I presented myself in a culturally normative manner (wearing conservative, unflashy clothing), I was easily identified as foreign to Quito through both physical appearance and accent. Interviews were colored by both parties' recognition that complete understanding across cultures and languages is an unrealistic expectation. In some cases, this decreased participants' willingness to elaborate fully on their life history or personal opinions.

Several mothers were initially confused about the purpose of my research questions and the use of their responses, not having been exposed to the discipline of anthropology or the process of qualitative interview research. Participants may have believed that I was reporting

their answers to a higher authority and thought it in their best interests to portray themselves in the best light possible (although I emphasized the confidentiality and anonymity of their responses). For instance, some participants may have overemphasized their commitment to their children's education and belief in education's power to raise their socioeconomic status, as CENIT heavily emphasizes the importance of education. CENIT also takes a strong stance against child labor, which might have made women reluctant to discuss their children's participation in their work. For women who were directly connected to CENIT (either they or their children have participated in CENIT's programs or services), repeating messages they have received from CENIT might have been an effort to give me the answers they thought I wanted to hear, thus promoting their image as responsible citizens and mothers. My status as relatively wealthy and educated may have increased the deference effect and made mothers eager to emphasize what they perceive as positive personal traits or past decisions (Letherby, 2003; Scheyvens and Storey, 2003).

My long-term presence in the field helped to mitigate these potential biases. I was able to compare responses between participants and frame them within a broader context, thus helping me identify when mothers may not have been entirely genuine (Maxwell, 2004). Furthermore, as my analysis is qualitative, these biases offer a point of analysis of why mothers might be untruthful and what shapes their conceptions of social desirability.

As a white researcher from a developed country I am in a position of historical dominance over "Third World" women, that is also associated with male power. The very nature of research is traditionally male, as it is concentrated in the public domain and is a part of authorized systems of knowledge. This contrasts with the traditionally experiential, domestic female domain. My unmarried and childless status (as well as short hair, not common in the

region) may also have decreased my femininity in the eyes of participants. However, I doubt that this affected the power relationship between myself and participants in such a way that I was perceived as threatening or dominant. Rather, it probably did more to decrease my perceived social power, as heterosexual relationships and children are often viewed in Quito as a sign of maturity and source of social capital. Most women viewed me as very young: teasing, offering advice, asking about my parents, or asking who was accompanying me on my travels. This was probably partially because I am relatively young to be travelling independently, but also because of my single status at an age when many Ecuadorians are already married with multiple children. Furthermore, my unfamiliarity with cultural norms and language barriers also labeled me as unthreatening and somewhat naïve in the context of my interviews.

Although by many measures I come from a position of power and privilege relative to interview participants, I recognize this bias and attempted to work around it. Both I and the participants contributed to extending interviews beyond the scope of my research, identifying commonalities between our lives and forming a degree of personal intimacy. I was especially gratified that women thanked me at the end of our interview for providing them with a therapeutic outlet.

3.0 BACKGROUND

3.1 GLOBALIZATION AND ECUADOR

A veces solo para comida hay. A veces ni hay. En vano trabajo, en vano siembrilla, en vano los abonos. Ya no, está ya de todo lado difícil. Ahorita. Así vayan campo, toda la vida está difícil. Como le digo, diosito ya se puso igualito a todos.

Sometimes there is only enough for food. Sometimes not even that. In vain the work, in vain the planting, in vain the fertilizer. Now, no, now it is difficult everywhere. These days. If you go to the country, life is still difficult. How can I put this? God has now stopped caring about anyone.

- *Produce vendor at El Camal street market, Quito, Ecuador June 2013*

As this recent rural-urban migrant puts it, the current economic situation in Ecuador does not favor small-scale agricultural workers or those who sell produce. This market vendor was not pleased with her income selling corn and yucca but was even more pessimistic about the economic situation of her community of origin. Women I spoke with who had rural family or were migrants themselves often described how income from agricultural production is no longer enough for a family to make a living. This change in the economy of highland Ecuador is brought about by trends associated with contemporary globalization, including urbanization, export-dependence, and mass agricultural production.

Global capitalist expansion began in Ecuador after independence in the early 19th century with the growth of tropical export products, mainly cacao and bananas, farmed on plantations (Carrion and Vasconez, 2003). Semi-feudal conditions continued well into the 20th century, with

returns concentrated in the hands of elite and little investment in technology, human capital, or public welfare. The process of industrialization did not take off until import substitution policies were instituted in the 1950s (Falconí-Benítez, 2001). The economy benefited from increased productivity and internal trade, leading to an expansion of the middle class and GDP per capita. Oil prices in the 1970s contributed to further prosperity for the urban middle and upper classes (Carrion and Vasconez, 2003). One million people migrated to cities between 1962 and 1982 as a result of industrialization and the oil boom (Waters, 1997).

Neoliberal¹² policies enacted in the 1980s and 90s (particularly privatization, liberalization, and austerity) have had profound effects on the country's social landscape. Gradual neoliberal reforms due to International Monetary Fund pressure reduced tariffs, privatized state enterprises, and cut subsidies (Hey and Klak, 1999). During Duran Ballen's presidency from 1992 to 1996, right-wing "modernization" policies supporting international capitalist interests resulted in the lowering of wages and decreased peasant access to land and water. Large export agriculture industries such as flowers, broccoli, and bananas forced peasants out of rural areas, while the boom of the oil industry concentrated wealth in urban centers and further spurred migration (Carrion and Vasconez, 2003; Swanson, 2007).

Neoliberal policies and global trade integration failed to create sustainable, stable growth in Ecuador, in large part because of overreliance on primary product exports, which still consist of 90% of exports today. When oil prices dropped in 1997 the export-dependent economy suffered a crisis, resulting in widespread unemployment and inflation. The Southeast Asian

¹² Neoliberalism refers to an economic model based on unregulated market forces, and the discrediting of state-oriented development models. These changes were framed as necessary technical corrections under the ideology of the Washington Consensus (see Boltanski and Chiapello, 2005; Dolan, 2012; Hey and Klak, 1999; Larrea, 2012; Lind, 2007; Rose, 1996).

international crisis and damage from the El Niño natural disaster further exacerbated the situation (Larrea, 2006; Swanson, 2007). The government rapidly devalued the Ecuadorian currency and ultimately dollarized it in 2000, thus avoiding hyperinflation but lowering wages and increasing the cost of living. Because of persistent acute poverty in rural areas, urban migration continued despite Quito's low wages, high prices, and unemployment. Rural communities still face unprofitable and unequally distributed means of production:

Ya sabes con el campo, sea, no hay muchas oportunidades. No es valorizado ese trabajo del campo. ¡Es duro! Debería ser bien, bien valorizado ese trabajo. Pero no, lamentablemente. Las cosechas las sacar a vender y, ya es tan insignificado que no recompensan el trabajo.

You know in the country, I mean, there aren't many opportunities. That work in the country is not valued. It is hard! It should be well, well valued, that work. But no, unfortunately. They take the crops out to sell, and now it is so cheap that it isn't worth the work.

This small store-front vendor of traditional highland food grew up in a small village outside of Quito. She and all of her seven siblings migrated to cities in their teenaged years to seek informal employment. She has now brought her elderly mother to work with her in her small store, frying corn cakes. Although she claims to enjoy agricultural work far more than running her small business, she said she would never consider returning permanently.

Urbanization is generally construed as a positive force in economic development, but urban sectors also have greater levels of inequality than rural sectors, meaning that GDP growth does not signify that all members of society benefit from urbanization (Ravallion, Sangraula, and Chen, 2007). Furthermore, geographically concentrated populations are associated with negative externalities (such as poor sanitation and crime) which become costly when city infrastructure is unprepared to accommodate growth. Simultaneous urbanization, privatization, and austerity

meant that Ecuador was not able to provide basic social services, jobs, or infrastructure to its ever-growing urban population. Slums and informal labor boomed as a result.

In the neoliberal model of social welfare distribution, state responsibilities are shifted to private actors. Lack of public funding for social programs such as family planning has resulted in the “NGOization” of services (Lind, 2007). Through “devolution of power” to NGOs, access to services became uncoordinated and unequal (Davis, 2004). NGOs often rely on international donors and volunteer labor, making them unstable, dependent, and not accountable to local demand. For instance, as will be examined later, family planning services in Ecuador during the 1990s were primarily provided by two urban NGOs, CEMOPLAF (*Centro Médico de Orientación y Planificación Familiar*, or Medical Center for Family Planning and Guidance) and APROFE (*Asociación Pro Bienestar de la Familia Ecuatoriana*, or Pro-Wellbeing of the Ecuadorian Family Association). These were supported by U.S. Agency for International Development (USAID), the United Nations Population Fund (UNFPA), and the International Planned Parenthood Association (IPPF).

There is evidence that changes associated with neoliberal globalization, including urbanization, cuts in state social spending, and the growth of the informal sector, have disproportionately negatively affected women (Hartmann, 1987; Lind, 2007). Commodification of labor and increasing mechanization have concentrated capital in the hands of the most powerful economic actors, primarily men. There are also lower credit and training programs available to women, and female urban labor is generally lower paid than that of males. Furthermore, the burden of the vast majority of domestic duties (including cooking, cleaning, and childrearing) still falls on women.

To put the burdens on placed poor women and their stigmatization into a global context, one must look no farther than the demonization of the “welfare queen” in the United States. Use of welfare is associated with non-working women, particularly those with uncontrolled sexuality and fertility (Fraser and Gordon, 1994). Those who receive welfare are assumed to become “dependent” on state support, undermining their motivation for self-support and autonomy. Naming the poor, particularly female-headed families, as “dependent” implies subordination and weakness, contrasting with the American ideal of independence (Fraser and Gordon, 1994).

Since Rafael Correa became president in 2006, the Ecuadorian government has expanded public spending on social services such as health and education. His regime situates itself in opposition to the neoliberal capitalist market, and has supported redistributive measures, increased social spending, and state-led welfare (Radcliffe, 2012). For instance, health expenditure has increased rapidly from \$277 per capita at the beginning of his term to \$332 in 2011 (World Development Indicators, 2012). Correa promises alternative modernization, with rights-based attention to multiculturalism, natural resources, and inequality (Radcliffe, 2012).

Correa’s public health and education programs have raised national social development indicators overall, but Ecuadorian society is still plagued by inequality, corruption, debt, low levels of human capital, and primary export dependence (Larrea, 2006). Currently, 44% of employment is considered vulnerable, and the national poverty headcount ratio is at 33% (World Development Indicators, 2012). Current high oil prices and remittances buoy the system, but their long-term sustainability as the basis of growth is dubious. In practice, Correa’s anti-capitalist rhetoric has belied a still unequal, extraction-dependent economy.

3.2 INFORMALITY IN QUITO

Quito is the capital and second largest city in Ecuador, with a population of 1.622 million (World Development Indicators, 2011). It is also home to a large and very visible informal sector. Visitors to Quito cannot miss the many produce markets, food vendors, street hawkers, unregistered taxi drivers, and bus hustlers. Since Ecuador's economic crisis at the turn of the century, the informal sector grew from 33% in 2000 to 49% in 2009 (World Bank, 2012). Informal labor is subject to few barriers to entry and low initial investment, meaning that workers with little formal education are able to turn small profits quickly (Teltscher, 1994).

Currently, 44% of Ecuador's employed population is self-employed (World Bank, 2012). Informal sectors in the Global South have been portrayed as a source of potential growth through this individualistic micro-entrepreneurship, but the experiences of the women I spoke with told a different story (Waring, 1990; World Bank 2012). Lack of capital, labor rights regulation, and skilled labor means that the informal sector is in fact characterized by extremely low productivity and income. More than half of informal workers had not finished high school, significantly greater than the overall population average (World Bank, 2012). "Micro-entrepreneurs" often earn so little that they cannot expand their business, as identified by this street market produce vendor in justifying her sparse selection to me:

Teniendo capital sí se puede traer más cosas, y no habiendo más capital no podemos traer más cosas.

With capital, yes, you can bring more things [to sell], but since there isn't more capital we can't bring more things.

The informal work force is mainly female, although women still earn about 13% less than their male informal counterparts (Larrea, 2006). A major portion of the informal economy is concentrated in historically female spheres of work, especially food service, childcare, or

domestic labor. Because of expectations around childrearing and a gendered division of labor, mothers are often obligated to perform this work, filling in gaps or voids in male-generated family income. In a sense, women “mothered” the Ecuadorian economic crisis of the late 1990s through their increased care labor (Lind, 2007). It became necessary for urban poor women to perform domestic work outside the home for monetized compensation, as well as within their own domestic units. In Ecuador, a total of 11% of total employed urban women are domestic workers (De Casanova, 2013).

Often, employment among women in Quito includes artisanship, food service, and housekeeping, while men engage in trucking produce, driving taxis, manufacturing, or construction (Fine-Dare, 2010). It is estimated that 69% of Ecuador’s many food vendors are women (World Bank, 2011). Many women own market stalls or small stores selling groceries, hardware, or clothing, and all members of the family (including children) contribute to sales, as recounted by a woman selling paintings in a tourist-oriented artisan street market:

¡Siempre he vendido algo! Siempre he vendido.

I have always sold something! I’ve always sold.

This mother of two sells artisan products, crafted by her husband, at a tourist market in one of the major parks of central Quito. She has worked at the same market every Saturday for the past decade. Prior to selling her husband’s crafts, she told me that as a child she had sold used clothing on the street. Her whole family had participated in this “business,” as they were recent rural-urban migrants and had no previous work experience in urban employment.`

Informal vendors usually deal in cheap goods in small quantities for local consumption. Primary goods (mainly food products) generally require the lowest investment and lowest profit, while electronics or other manufactured goods are a higher value-added form of informal

vending (Teltscher, 1994). Street vending is generally considered less profitable and less secure than vending in a market stall, while vending in a small store front is preferable to both. Domestic work such as childcare, cleaning, or gardening is preferred by some because it allows for a degree of privacy and job security through personal relationships with clients.

Informal domestic, street, and marketplace labor often involves entire families, including children. Families often come to Quito in part so that their children can participate in the city's public education system, but if they cannot get by without income contributed by their children, older children (particularly girls) are frequently withdrawn from school.

Nos hemos criado aquí, nos estamos ya casi envejeciendo aquí ya. Nos estamos acabando aquí en el mercado.

We were raised here, now we are nearly growing old here. We're ending here in the market.

As informal sector businesses are often run through family connections, there are many vendors who have spent their entire lives working in the same market stall. This 40-year-old cook inherited her market stall from her mother, and has worked there together with her sister since she was a child. Urban street markets dedicated to the sale of agricultural produce, such as this one in the south of Quito, are a long-standing component of Ecuador's economy. Markets are designated and permitted by the Municipal Council, and stalls are rented by keepers on a monthly or annual basis. Almost two-thirds of market stalls sell perishable food items, with the others selling mainly cheap manufactured goods. Relatively inexpensive motor transport means that agricultural workers can bring their produce into the city to be sold on a small scale.

Over the last decade large grocery stores have gained importance in Quito. Upper-class Ecuadorians are coming to prefer grocery chains such as "Supermaxi" over shopping in street markets. These stores are perceived as modern and are integrated with the global food chain.

Street and market vending, on the other hand, is regarded by higher socioeconomic classes (and often development policymakers) as insecure, unclean, and suspicious (Davis, 2004; Swanson, 2007). Many participants complained that their businesses were suffering severely as a result:

Porque aquí no se vende vea. No. Aquí no hay nada. Así es. ¡Ay, antes era bueno! Era muy bueno. Ahora...no hay gente aquí, porque la gente se ha botado por abajo. Eso es.

Because here one can't sell, don't you see. No. Here there isn't anything. That's the way it is. Oh, before it was good! It was very good. Now...there is no one here, because everyone has gone down there [to the grocery store]. That's it.

Antes era bueno el negocio. Porque no había mucho vendedor, muchos...o sea no había hartos, había mucha gente que venía sólo acá al mercado, no había, no habían centros comerciales, el Supermaxi, bodegas, así en las casas, ahora por todo lado que usted va encuentra venta.

Before the business was good. Because there weren't many vendors, many...I mean it wasn't full of them, there were a lot of people that only came here to the market, there wasn't, there weren't malls, the supermarket, small groceries like those in the houses, now wherever you go on all sides there's people selling things.

Quotes from these two market stall vendors illustrate the resentment towards stiff competition represented by both other informal vendors and chain stores. Street markets are being replaced by modern, efficient, globally-connected corporations.

The informal sector is viewed as economically and socially backwards: development literature states that informality increases overuse of public goods, erosion of institutional confidence, corruption, costs of social protection, and low productivity (World Bank, 2012). Informal laborers are thus viewed as detrimental to the well-being of Ecuadorian society (Swanson, 2007). I was consistently warned against visiting markets unaccompanied, although robberies are far more common in affluent areas frequented by tourists. Upper-class Ecuadorians view marketplaces as dangerous and the products sold there as substandard (despite the fact that they are probably fresher than what is sold in grocery store chains).

Investigations of female urban domestic workers in Ecuador have found similar instances of rigid class distinctions, with lower class informal workers associated with dirtiness, immorality, and lesser value. De Casanova's ethnographic research found that domestic workers are expected to dress, eat, and work in different ways than their employers (De Casanova, 2013). They also suffer health problems due to exploitative physical labor and lack of care access (De Casanova, 2013). The highly gendered and socially marginalized nature of informal labor, along with its part in widespread global economic changes relating to urbanization and the boom of service sectors, makes it an interesting site in examining contemporary social and economic issues surrounding reproduction.

3.3 THE DEMOGRAPHIC TRANSITION AND FERTILITY THEORY

My interviews in Quito centered on women's perceptions of the costs and benefits of having children. Many women discussed the high cost of living in urban areas and the difficulty of successfully educating their children. Women often perceived care in old age and the emotional desirability of parenthood as substantial benefits. Nearly all participants expressed the belief that it used to be easier to raise children than it is now, due to factors including rising costs of living, urban versus rural lifestyles, and the increasing necessity of quality education. At face value these findings were to be expected, and are in accordance with widely recognized theories about the demographic transition, the process in which both mortality and fertility rates decline.

The demographic transition began at the time of the Enlightenment in Europe with the improvement of living conditions and technology, which resulted in mortality decline (Dyson, 2012). Decreased mortality led to population growth and eventual fertility decline as mothers

adjusted for expected child survival rate. Increases in life expectancy and standards of living led to increased ability to invest in both human and physical capital, including education, entrepreneurship, and political participation. As people became healthier, they began to have the security to plan for long-term savings and investment for both themselves and their offspring. In theory, this allows for greater investment per child, summed up by the concept of “quality over quantity”: people want to invest more in a few children, rather than investing little but having many children (Becker, 1990; Handwerker, 1986).

In the 19th century, life expectancy was 25 years and the average fertility rate was 5.7, while in the 1960s life expectancy was 54 and a fertility rate of five births per woman (Dyson, 2012). In 2014, the average global fertility rate is at about 2.45 and life expectancy is at 70 (CIA World Factbook, 2013). No part of the globe has remained entirely untouched by changes associated with the demographic transition, although they have been experienced with varying timing and speed depending on local context. Contemporary transitions have tended to occur at faster rates, as health and access to subsistence resources improve (Dyson, 2012). Societies at earlier stages of the transition tend to be rural, agrarian, and have low health and education indicators. In Latin America, the transition is thought to be in an intermediate stage because mortality and fertility have not yet leveled out at equal, low rates. Fertility in Ecuador is approximately 2.33 lifetime births per woman, above the “replacement rate” of two children per woman (CIA World Factbook, 2013). Meanwhile, most “developed” (namely Western European and North American) nations have fertility rates at or below replacement rate (CIA World Factbook, 2013).

The demographic transition is highly related to economic development (Becker, 1990; Bloom, 2009; Dyson, 2012; Gailor and Weil, 1996; Shoven, 2011). Macro factors correlated

with later phases of the demographic transition include urbanization, high income, education, health, and use of contraception. Improvements in any of these factors have been shown to both contribute to and result from the demographic transition. On a micro level, having fewer children improves parents' ability to feed, clothe, and educate their families. It also theoretically allows them to work more and earn a higher income.

The economist Gary Becker originated the “quality over quantity” theory in the 1980s. The Becker model finds that parents face a trade-off between how many children they have and how much they can invest in each. He found that when human capital is abundant in a society (high levels of health and education), rates of return on investments in human capital (such as education) are high, and so parents will choose to have few children of high “quality.” But when human capital is scarce, the value of child labor and social security is higher than returns to human capital investment, and thus parents will choose to have a high number of children of low “quality.” Thus, societies with high levels of human capital will have fewer children than societies with limited human capital (Becker, 1990; Handwerker 1986; Schultz 1994). Fertility theorists since Becker have since built on his fertility models, attempting to include cultural factors such as parent altruism and social norms to account for variation in fertility around the world (Baudin, 2010; Kertzer, 1997; Shoven, 2011). These models of fertility assume that women calculate when and how many children to have based on economic and social determinants.

I argue that the relationship between factors associated with fertility, “determinants” such as education and employment, is not one of unidirectional causation. It is difficult, if not impossible, to parse out cause from effect in relating low fertility to economic and social conditions. For instance, contraception availability affects the speed and nature of fertility

decline, and as such, policies targeting contraceptive use are implemented to encourage lower birth rates. However, pervasive use of contraception is also a sign that parents already have real-life motivations to limit their fertility, including access to education, high-income employment, and low child mortality rate (Schultz, 1994). Government health and education policies affect both contraception availability itself and people's motivations to use it. It is therefore difficult to tell which comes first: fertility decline or socioeconomic development.

3.4 DEVELOPMENT POLICY AND FERTILITY DECLINE IN A GLOBAL CONTEXT

The idea of relating population growth to economic prosperity originates from the 19th century work of English scholar Thomas Malthus. Malthus believed that “individual failure in the form of lack of sexual restraint” (Gordon, 1976:74) causes overpopulation, which in turn causes resource scarcity and poverty. He believed population would eventually reach equilibrium through a process of growth, overpopulation, disease and famine, and mass death until population demands equal the amount of subsistence resources available. Malthusian theory thus blames poverty on the poor and their uncontrolled childbearing, without consideration of resource distribution or health and education indicators. Women especially were blamed for overpopulation because it was deemed a woman's role to limit her fertility through sexual restraint (Gordon 1976).

Fertility decline as a strategy for global development arose after World War II with the establishment of the first development institutions, namely the World Bank, International Monetary Fund (IMF), and the United Nations (UN) (Riley, 2003). Early demographers found

that fertility decline is correlated with increased GDP/capita and access to services such as health and education (Dyson, 2012; Riley, 2003). States were encouraged to adopt policies aimed at reducing fertility rates. Because of the clear correlation between population and development, it was determined that there are two possible approaches to population policy. First, a nation could attempt to trigger development by directly targeting fertility reduction. This model uses fertility as an independent variable which can be controlled to stimulate growth. Second, a nation could first promote development in order to then trigger fertility decline. Improved development contributes to fertility decline through improved child and maternal health, and opportunities for female education and labor.

The 1974 UN Population Conference in Bucharest emphasized the latter, using the slogan “development is the best contraceptive” (Richey, 2008; Riley, 2003; Schultz, 1994). This approach promotes the idea that providing health, education, and income opportunities is the best way to incentivize low fertility. The idea that social development can precede the ills of high fertility challenges Malthusianism; Malthus did not consider advancements in health, education, agriculture, and economics which mean that population increase need not necessitate mass death of the poor. Bucharest promoted the idea that if governments “take care of the people the population will take care of itself” (Richey, 2008:13). Population programs first became widespread in Latin America during this time period, particularly in “underdeveloped” Andean areas in Peru, Ecuador, and Columbia (Casterline and Mendoza, 2009).

Iran is an example of a government providing services in order to spur fertility decline. In 1989, Iran instated the National Five Year Socioeconomic Development Plan, including expansion of public education and health services, improvements in women’s access to education, and endorsement of family planning (Vahidnia, 2007). Fertility rates fell from 6.6 in

1985 to 2.5 in 2000 (Vahidnia, 2007). The Iranian government focused on improving social development indicators in order to reduce fertility, which in turn improves economic development in the future.

The 1984 Mexico City UN Population Conference took place in the throes of economic crises in the Global South. Alarmism about “population bombs” in urban slums, reminiscent of the growth of European cities during the Industrial Revolution and the time of Malthus, made the fertility of “Third World” women seem like risks which should be brought under control. Popular publications by concerned scientists such as “The Population Explosion” (Ehrlich, 1968, 1990) had clear Malthusian influences, arguing that “global population growth ultimately jeopardizes even man’s survival as a biological species” (Correa, 1994; Richey, 2008). With little regard for political, economic, and cultural contexts, neo-Malthusian demographers observed that in the developing world “birth rates do not begin to fall when death rates do” (Demerath, 1976:4). The fear that population growth, fueled by poor women, would lead to mass deprivation was alive and well.

Development economists determined that population growth has negative effects on savings, capital formation, and public investments (Correa, 1994). While Malthus theorized that population growth would lead to a shortage of food, policy makers interpreted the work of development economists such as Solow to mean that overpopulation would decrease the productivity of capital (Galor and Weil, 1996). High fertility rates were thus blamed for underdevelopment due to neo-malthusian fears of urban resource scarcity and societal decay (Richey, 2008). Governments and development organizations attempt to directly encourage fertility decline through population control programs. Reversing the Bucharest Conference, policy-makers were encouraged to lower fertility in order to induce development.

The primary example of state implementation of neo-Malthusian policies is China. China's "one child policy" was introduced in 1979 and was aimed at reducing overall birth rates in order to alleviate social, economic, and environmental scarcities (Chen, 2011; Handwerker, 1995). Many analysts believe these policies to be Draconian because of their controlling power over the personal lives of citizens, especially women. Chinese policies target the "backwardness" of overly-fertile women, particularly among the rural poor. Large family size among these target groups was denounced as barbarous, animalistic, and short-sighted. By producing the identities of poor women as "Others," the state simultaneously constructed itself situated in opposition – as progressive, responsible, and intelligent (Chen, 2011). It promised capitalist gain and material prosperity would come along with fertility reduction. Although an extreme case, China's population control policies illustrate how states instrumentally target the reproductive lives of citizens for the sake of economic growth (Chen, 2011; Handwerker, 1995). One small storefront vendor I interviewed cited her objection to Chinese policies in relation to her own fertility:

Como se ha perdido en China creo que es, creo que es prohibido tener dos, ¿no es cierto? ¡Ya no existe la palabra hermano! Entonces, para eso, dos para mi es perfecto.

Like they have lost in China, I think it is, I think they aren't allowed to have two [children], right? The word brother no longer exists! So, because of that, two for me is perfect.

The 1994 Population Conference in Cairo was rightfully critical of these state fertility control programs. It was determined that "top-down" national programs ignored individual factors influencing women's fertility preferences (Riley, 2003). Rather than explicitly targeting population size, the goal of limiting fertility was linked to concerns over reproductive health, gender empowerment, and sexual rights (Correa, 1994; Ginsburg and Rapp, 1991; Petchesky, 1980; Richey, 2008). The justifications for both state and NGO family planning programs became to "empower" women by allowing them to make the choice of having fewer children.

Post-Cairo development language focuses on diminishing *undesired* fertility, under the assumption that women will themselves choose to avoid pregnancies if given the option (Adetunji, 1998). Theoretically, increased ability to choose to use contraception will lead to increased gender equality by “freeing” woman from the burdens of childbearing and care (Dyson, 2012).

Although access to quality reproductive health care was deemed a development priority, neoliberal economics simultaneously promoted government austerity: fertility growth had to be curbed by means other than public spending. As with other development efforts under the neoliberal paradigm, post-Cairo family planning utilized private NGOs rather than national governments. In most developing countries, international funding such as that provided by the International Planned Parenthood Foundation (IPPF), the U.S. Agency for International Development (USAID), World Bank, and various branches of the UN far outweighed public funding for reproductive health (Correa, 1994). In fact, the greatest source of international funding for women’s organizations is directed at family planning programs (Bayard de Volo, 2001).

Reproductive policies have been driven by international information imperialism, because the roots of family planning policies in “developing” countries have been planted by developed countries and their representative organizations (Quintana, 2010). From the Rockefeller Foundation’s Population Council’s financing of sterilization campaigns in the 1970s to Kennedy’s Alliance for Progress population policy funding, money from the Global North has determined policies in the Global South. CEMOPLAF and APROFE, the two largest family planning NGOs in Ecuador, have been supported by international funding and policy since their inception. APROFE, an IPPF affiliate and the first family planning NGO in Ecuador, was created

in 1965 by Italians based on their “worries of population of growth” (Shepard, 2004:5). CEMOPLAF was founded in 1974 as part of an agreement between USAID and the Ecuadorian Ministry of Health. USAID prides itself on establishing “family planning norms” in Ecuador (Coury, 2001).

Despite post-Cairo reproductive rights rhetoric, family planning in Latin America has prioritized demographic objectives over “empowerment” in both NGO and government programs. For example, Peru implemented mass sterilization campaigns in the 1990s that employed incentives, threats, and misinformation. Sterilization propaganda targeted poor and indigenous women in particular, suggesting that fertility control was a contribution to society and would lead to an elevation in status (Ewing, 2011). This type of coercion has contributed to the long-term negative impressions of reproductive health care amongst rural Andean women. It is also a clear example of eugenics, an attempt to alter a population’s social and racial composition by shaping who has children. As indigenous populations were viewed by the state as socially undesirable and backwards, their reproduction was targeted (Ewing, 2011).

Although gender gained prominence as a facet of development work in the 1990s, with reproductive rights as the touchstone cause of the “gender and development” field, buzzwords such as “empowerment” and “a woman’s right to choose” have been adopted to fit a wide variety of political agendas (Cornwall, Harrison, and Whitehead, 2007). In mainstream gender and development language, the oppression of women in developing countries is decontextualized, ignoring both colonial histories and the gendered effects of neoliberalism (Cornwall, Gideon, and Wilson, 2008). Gender-focused development projects aims for “empowerment” of women through individual agency and free choice even as policies reinforce heteronormative roles and

economic inequality. This is well reflected in the case of the promotion of family planning services in the Global South.

3.5 ECUADORIAN POLICY

Despite contemporary family planning policy's rhetorical emphasis on "empowerment" and choice, development efforts exert power over individuals, not forcefully, but by shaping aspirations and worldview. Foucault theorized that institutions have the power to shape humans through the regulation of subjectivity (Foucault, 1978; Rose, 1996). Institutions and the way they relate to citizens orchestrate human activity to reach certain goals, thereby shaping people's values, aspirations, and pathways for self-transformation (Horton, 2004; Rose, 1996).

In Veronica Schild's study of social service provision in Chile, she argues that the contradiction between contemporary rights-based agendas and the negative effects of the globalized economy, such as the flexibilization and cheapening of labor, is articulated through attempts at "integration" of socially vulnerable groups into the development process (Schild, 2002, 2007). Efforts such as micro-entrepreneurship or cash transfer programs give poor citizens the "option" to become active and autonomous "self-sufficient" producers and consumers, thus tying social and economic status to individual choice, control, and responsibility (Dolan, 2012; Schild, 2002). Citizens are encouraged define their lives in terms of work, with paid employment as the ultimate goal. Rhetorical emphasis on "empowerment," or the ability of individuals to act responsibility and independently, reflects the values that characterize market-oriented development and welfare programs (Schild, 2007).

In the neoliberal globalized world, services such as “family planning” are provided by experts in order to “develop” communities. The use of these services is not forced upon individuals, but they nevertheless exert control over subjectivities through guiding aspirations and behaviors. Family planning services thus shape thought about labor, consumption, sexuality, reproduction, and “the family.”

In the context of Ecuadorian urban poverty, the concept of responsible motherhood is central to family planning services, implying a set of values about women’s roles and contributions to society. Women are governed through their freedom to choose between the proffered options of use or neglect of contraception, and are made responsible for their choice (Solinger, 2002). While the promotion of family planning is couched in the rhetoric of individual choice, in which women may choose to accept or reject family planning according to their own needs, those who “choose” not to limit their fertility are perceived as obstacles to development. Thus, a link is established between control over female bodies and prosperity, modernization, and morality. Discipline is defined as the pathway to success, implying that lack of prosperity is due to a lack of self-control (Solinger, 2002).

Although contraceptive and gynecological services are free for Ecuadorian citizens at public health centers, these services often lack medical resources, resulting in long wait times, shortages, and poor local access (World Health Organization, 2013). As a result, women who work are significantly less likely to receive health services (Chiriboga, 2012). Mothers often expressed that it is often not worth going to these centers, citing long wait times which disrupted their work:

No...hay que levantar temprano, pasar tiempo, coger turno, eso. Vuelta, así comprando vuelta, uno compra y se va.

No...you have to wake up early, take time, wait your turn, all of that. But, if you buy it, you just buy it and leave.

Although I interviewed women with very limited economic resources, I found that many referred paying for contraception at private clinics or NGOs rather than going to public health centers. These services were said to be more convenient and of higher quality. Thus, although contraception is distributed publically free of cost, private services are still popular providers reproductive health care and highly relevant to this study.

APROFE (Pro-Wellbeing of the Ecuadorian Family Association) is the largest family planning NGO in Ecuador. It advertises its purpose as to “inform, orient, and educate on sexual and reproductive health to contribute to the welfare of people, progress, and development of society” (APROFE, 2013). Family planning services are framed as a way to promote the human right of parents to “choose and plan” childbirth (APROFE, 2013). Aside from providing gynecological care and contraception, APROFE in Quito also offers workshops and consultation on sex education, “responsible father and motherhood,” and pre-conception decision-making.

CEMOPLAF (Medical Center for Family Planning and Guidance), the second largest family planning NGO, offers a similar mission statement: to promote “family health and responsible parenthood as the foundation of familial and societal welfare” (CEMOPLAF, 2013). This is done through empowering couples “to decide the number of children they can have and educate” as a human right, and thereby “contribute to the improvement in quality and dignity of life of the population” (CEMOPLAF, 2013). Like APROFE, it offers information sessions and brochures for individuals, teachers, health professionals, and organizations. CEMOPLAF aims to ensure that “every child that is born will be welcome and can enjoy a better tomorrow” (CEMOPLAF, 2013). Services are geared and marketed towards women and emphasize female methods of contraception: 90% of CEMOPLAF’s clients are women. All of the secretaries,

administrators, and medical experts which I observed at CEMOPLAF and APROFE were also women. In the sense of both provision and consumption, contraception and reproductive health are primarily the domain of women. As in family planning clinics around the world, women in Ecuador are responsible both for their own bodies' compliance with family planning goals as well as for surveillance of other women (Handwerker, 1995).

The language surrounding family planning in Ecuador focuses on maternal roles and monogamous, heterosexual relationships (Quintana, 2010). Clinics disconnect use of contraception from sexual desire and pleasure. As female sexuality is controversial among social conservatives in Ecuador, it is neutralized and medicalized in the provision of reproductive health services. Non-profit, apolitical, donor-funded NGOs focus on protecting the nuclear family structure. It is made clear from brochures, posters, and information sessions that contraception is for the benefit of the family; there is no discussion of female sexuality outside of the role of responsible motherhood.

Both APROFE and CEMOPLAF explicitly focus on families with "low and medium resources" (CEMOPLAF, 2013). As poor women "want and have more children, younger," (Solinger, 2002:413) programs targeting fertility decline are focused on reaching this demographic (Llerena, 2012). Aside from low-cost family planning services, these NGOs offer "community development programs" such as "programs for poor women on artisanship" (CEMOPLAF, APROFE, 2013). This illustrates their targeting of certain "risky" social groups, particularly women working in the informal sector. The vending of artisanship also implies targeting women of indigenous decent, as these women are typically the vendors in "traditional" craft and souvenir markets. However, severance of international donor funding has made both NGOs reliant on higher user fees and clinics in the richer areas of Quito. APROFE has closed

most clinics in slum areas, now focusing on middle-class communities who can afford higher service fees (Shepard, 2004). CEMOPLAF has also begun to offer services outside of family planning targeted at upper-class women, including mammograms, nose jobs, lip collagen, face lifts, and Botox.

Discourse on family size is also highly racialized. The cleanliness, restraint, and responsibility emphasized by family planning clinics is associated with the Ecuadorian upper-class, and with whiteness. Quito's diverse racial composition includes many who identify as indigenous. National statistics demonstrate that indigenous women are more likely to marry early and have more children. Indigenous women are estimated to have an average fertility rate of five and a desired fertility rate of 2.8, both larger than the general population (Llerena, 2012). It is also commonly believed that they have less autonomy, and are more subject to patriarchal control. Indigenous women are stereotyped as dirty, backwards, and ignorant, partly due to their high levels of fertility: they are often depicted with a child clinging their breast or back (Weismantel, 2001).

Local institutions seek to distinguish modern, urban, medical spaces from the riskiness of poor and/or indigenous women's sexuality. Clinics and brochures are decorated with posters of happy, white families. Administrators and doctors are female, white, made-up, and coiffed. At CEMOPLAF, doctors wear pale pink lab coats, identifying them as scientific but feminine medical professionals. In the context of urban Ecuador, their authority in relation to poor clients is thoroughly established through their modern, expert status. Their power to shape of subjectivity is linked to local perceptions of knowledge and expertise.

The North-South expropriation of fertility policy has been clear in the actions of both CEMOPLAF and APROFE. For instance, the relationship between environmental degradation

and population growth (particularly in the Global South) has been a hot-button issue since the 1990s, not accounting for either local inequalities in consumption or the disproportionate contribution of degradation coming from the developed world. Since these issues entered the mainstream, CEMOPLAF has incorporated “environmental teachings” on natural resource scarcity into its efforts, including teaching programs that integrate awareness of contraception, population growth, and agricultural practices such as soil conservation (Coury and Lefebvre, 2001). These programs target communities whose resources, particularly agricultural produce and oil, are heavily exploited by the developed, less-fertile world.

Reliance on private organizations and international donors for reproductive health service is changing in Ecuador due to dramatic political shifts of the last decade. Service provision is swinging back from privatization to state control. As neoliberal privatization and public spending cuts did not improve development in Ecuador, Correa’s policies seek to reinvigorate public services, using oil revenue to create gains in human capital, infrastructure, and health. These phenomena are tied to the concept of development pluralism, in which Global South countries in the age of post-neoliberalism increasingly take control of their own development processes rather than relying on international NGOs or bilateral North-South aid (Nederveen Pieterse, 2012).

Rafael Correa also advocates change in the status of women, promising improvements in female health, social security, labor conditions, domestic violence, and education (though he has stopped short of calling himself a feminist) (Lind, 2012). The 2008 Constitution also nominally broadens the definition of the “traditional” family to include transnational, same-sex, or trans couples (Lind, 2012). Correa’s government increased funding and available services for the “Ley de Maternidad Gratuita” (Free Maternal Health Law), which guarantees free reproductive and child health services. The Ecuadorian Ministries of Health, Education, Economic and Social

Inclusion, and Institute of the Child and Family currently all collaborate on Ecuador's "family planning national strategy" (Estrategia Nacional de Planificacion Familiar). Since Rafael Correa's presidency, the Ministry of Health has increased the availability of free contraception, including the emergency contraception "day after" pill. Indicators of child and maternal health have improved significantly, as has use of contraception: women had 61% greater odds of receiving prenatal care and 86% higher odds using a "modern" family planning method after the passage of the "Ley de Maternidad Gratuita" (Chiriboga, 2012).

Despite government changes, in practice, Ecuadorian services operate from a maternalist and heteronormative standpoint. Policies for disseminating contraception might be thought to imply more open sexuality, but in Ecuadorian health services sexuality is divorced from reproduction. Family planning is portrayed as the correct, healthy choice for limiting rather than liberating female sexuality. To avoid confrontation with social conservatives, particularly the Catholic Church, services promoting reproductive health still use the language of "family" and motherhood rather than autonomous sexual choice.

Motherhood has a rich history and complex role in the politics of Latin America. A prominent example includes the mobilization of women and their roles as mothers in the Sandanista struggle in Nicaragua. The image of women as life-givers was used to add power to their contributions to movements both for and against the Sandanistas (Bayard de Volo, 2001). Women were portrayed and portrayed themselves as fighting for their children, alternating between defenselessness and bravery. The diverse and strategic application of the symbol of virtuous, nurturing motherhood was a powerful tool in strengthening political sentiment.

While Ecuador is tightly intertwined with global economic and political forces, nationalist discourse has become particularly fervent during Correa's presidency, with emphasis

in politics and education placed on devotion to *la patria*, or the nation. Conceptions of Ecuadorian cultural citizenship serve to bolster popular support as well as Correa's "anti-neoliberal" rhetoric. The notion of *patria* is linked to fatherhood, and symbolizes a gendered conception of responsible citizenship (Radcliffe and Westwood, 1996; Yuval-Davis, 1997). While virility is valued in men, women are identified with their roles as biological and cultural reproducers. Women's power derives from their moral guidance as caretakers and upholders of cultural "tradition" (Weismantel, 2002; Radcliffe and Westwood, 1996). Women are thus often construed as the embodiments of the national collective, symbolizing heritage and honor.

A sense of common origin is a key component of nationhood, and as the reproductive activity of mothers represents the biological origins of a nation, the strength and nature of the nation is associated with reproduction (Yuval-Davis, 1997). As the pillar of nationhood, in "developing" countries family must also be "developed" in order to uphold the stability and prosperity of the nation (Mooney, 2009). Concern about the "quality" of future generations therefore targets reproduction (Ragone and Twine, 2000; Yuval-Davis, 1997). While "good" motherhood is rewarded, "poor" mothers, often actually economically impoverished, are disparaged (Ragone and Twine, 2000). "Unfit" mothers have often been held responsible for the poor health of children, creating the concept of an inseparable mother-child unit in health care, or the impoverishment of their families due to their overfertility (Mooney, 2009; Ragone and Twine, 2000).

The monogamous, heterosexual family unit is considered central to stability, prosperity social reproduction in Ecuadorian society. Public health centers use language that emphasizes the wellbeing of children and "the family" rather than women. Ecuador's 2008 Constitution promises "protection" of family, marriage, and motherhood, giving the state the responsibility

and authority to supervise and measure women's reproductive behavior. The *Ley de Maternidad Gratuita* ("Free Maternity Law") prioritizes women's primary roles as mothers, particularly within a monogamous, heterosexual, nuclear family structure (Quintana, 2010). Maternalist language emphasizes protection of the female reproductive system the family unit, rather than women themselves or their sexuality. Provision of contraceptives and reproductive health services is tied up in the same legislation as prenatal and infant care. The role of women as citizens is centered around their reproductive capacity, and control over their bodies is a means of gaining national prosperity. Women are mobilized to be better housewives and mothers through use of health services, fulfilling social expectations of female self-sacrifice and devotion to family (Crittenden, 2002, Lind, 2007).

4.0 COSTS AND BENEFITS: MOTHERS' PERSPECTIVES

Differential subjectification in service provision and development policy occurs through client targeting, language use, and forms of interaction. Family planning services have different attitudes and expectations for different social groups. The female poor are targets of family planning services, and language towards them is focused on personal, familial, and national advancement. However, the agency of these women is what ultimately determines the extent and nature of family planning use in Quito. Women interpret state and international family planning messages through the lens of their personal experiences and values (Browner and Sargent, 2010; Terry, 1994). As women make fertility decisions based on their individual situations, values, and past experiences, women have fewer children if it makes sense in the context of their personal lives. Changing fertility rates over time are responses to dynamic and multidimensional environmental changes, rather than static, well-defined individual “determinants.”

The dialectics of subjectification, based on the relationship between discursive and everyday experiences, are represented in how women speak about family size and use of contraception. Interview participants were all female informal laborers with children, but varied greatly in terms of social identity. Participants had different migratory backgrounds, ethnic identities, ages, levels of education, locations of work, and income, which affected how they interpreted family planning language of both NGOs and government policies. Women spoke about fertility in terms of these differing personal experiences, values, and material constraints. I

interpret their opinions and experiences in the context of international family planning policy and demographic theory, thereby identifying processes in the construction of cultural ideas and social realities surrounding reproduction. I address the relationship between contraception and social conservatism, “tradition” and development, and informality and fertility.

4.1 *MARIANISMO* AND IMMACULATE CONCEPTION

Despite the efforts of the Ecuadorian public health system and development NGOs, 53% of Ecuadorian women of reproductive age (15-49 years old) do not use contraception (Grover, 2013). Expense alone is clearly not significant, as birth control methods are free at public health centers. In addition, education campaigns have been extensive, and all women were familiar with contraceptive methods. What explains continued “undesired” high fertility, if women’s ideal fertility rates are low and contraceptive access and familiarity is high?

Ideal subjects in the family planning clinics of the Global South are driven by quantifiable desires for prosperity for themselves and their children. But aside from economic factors, the inherent desirability of parenthood was cited universally by participants as explanatory of their fertility choices. While participants consistently stated that small family size is the best choice within the context of Ecuadorian urban life, the moral and emotional value of maternity was never called into question. Mothers acknowledged their need (not necessarily “choice”) to limit fertility due to the high price of child rearing: the expense of city life, cost of education, and insecurity of income. Many women expressed that they might want to have more children if they had the resources, including these two market vendors:

Para mí, sólo uno. Es más de ver la situación económica de cada uno. O sea no está...para tener más.

For me, only one. It's mostly about looking at one's economic situation. I mean things are not...in a way that I can have more.

El dice que le gustaría tener docena, pero no hay plata.

He says that he'd like to have a dozen, but there's no money.

When mothers spoke about limiting their fertility, it was always in terms of resource constraints. I did not speak with any women who expressed that independence, self-fulfillment, or a successful career were good reasons to refrain from having children. While nearly all women expressed that small family sizes were preferable to having many children, I found that mothers still consistently emphasized the vital importance of women's roles as mothers.

By way of its Spanish colonial origins, Ecuador is a historically Catholic country. The Spanish colonial government repressed other forms of religion, as well as reproduction outside of the monogamous, heterosexual Catholic marriage (Lind, 2012). Official statistics report that today, 95% of Ecuadorians identify as Catholic. As is commonly found in conservative Catholic ideology, marriage and maternity are often considered to be a woman's duty and destiny. Once pregnant, a woman is expected to accept and focus her life around the burden of caretaking responsibilities.

Under the Latin American Catholic principles of *marianismo*, women are expected to prioritize the interests of their children over themselves, following the example of the Virgin Mary. *Marianismo* is often identified as the ideal construct of Latin American womanhood, characterized by self-denial, spiritual superiority, and purity (Collier, 1986; Ehlers, 1991; Montoya, 2002; Navarro, 2002). This is situated in opposition to the ideal construct of male *machismo*, characterized by virility and aggression. Within this framework, women are

responsible for social reproduction through childbirth and rearing. Both of these older women spoke of childbearing and marriage as a woman's lot in life:

Unas sorpresas, pero tocaba tener.

They were surprises, but it was my turn to have them.

¡No quiero que se casen! Pero como es la ley de la vida?

I don't want them [my daughters] to get married! But, since it is the law of life?

The first woman, a potato vendor, had not planned any of her three pregnancies, but viewed pregnancy during marriage as inevitable. The second, currently in an unhappy marriage, hoped that her two daughters would never have to deal with a similar situation, but saw no alternatives for them outside of a heterosexual nuclear family unit.

The value placed on motherhood, and sense of inevitability, makes "undesired" fertility extremely difficult to measure. Given the complexities surrounding the morality of childbirth and family planning, labeling a loved and valued child "undesired" is problematic:

Yo no me puedo arrepentir de mis hijos.

I cannot regret my children.

Because she did not "cuidarse" (take care of herself), this older mother became pregnant by her estranged husband. She now works as a street vendor every day, accompanied by her four-year-old son. Her ex-husband does not support her, nor do the two adult sons she had by him when they were originally married as teenagers.

Even if a mother will admit she did not plan to have a child, wishes she had had it later, or even that life might have been easier without it, she is unlikely to frame her fertility and her motherhood as "undesired." High rates of "undesired" fertility are not consistent with mothers' accounts of their own preferences, or with *marianismo*. These statistics are dependent on the

precise way in which survey questions are framed and interpreted by mothers (Dixon-Mueller, 1992). Mothers are far more open to discussing unplanned rather than undesired fertility, as the latter is morally loaded (the woman is unwilling to accept the burden of motherhood) while the former is perfectly acceptable (within a monogamous, heterosexual relationship). Framing “undesired” fertility as an alarming national problem is not consistent with mothers’ own valuation of motherhood. Given this inconsistency, government policy attacking “undesired” fertility is unlikely to alter fertility patterns until the social value of motherhood changes.

4.2 SACRED MOTHERHOOD, CONTAINED SEXUALITY, AND CONTRACEPTION: “HAY QUE CUIDARSE”

I asked each mother directly whether or not they believed every woman should have children. Although development efforts advocate for controlling population, the maintenance of the heterosexual, nuclear family unit means that women should still have at least one child (Handwerker, 1995). Gender ideals assume that the normative female body should be fertile, and that females without children are unwomanly. Women without any children are not contributing to the wellbeing of the nation through stable, healthy family units. Many mothers said that they believed women without children were “sad,” but most qualified this statement by pointing out that childbearing should depend on marital status:

Que sea un marido malo, le conviene tener cero hijos. Si es un marido más o menos, bueno, sea un hijo. ¿Pero si es un marido súper bueno? Entonces debe tener diez!

If he is a bad husband, then it is best for her to have zero children. If he is an OK husband, well, maybe one child. But if he is a super great husband? Then she should have ten!

No se puede no mas tener hijos, de sin casarse. Y tener hijos, no, porque allí...algo vergonzoso. O, o algo feo ya. Por eso mi hermanita tiene veintiocho anos y, ella solterita no tiene hijos, ¿porque? Porque no es no más llegar a tener hijos o entregarse una a cualquiera. Eso, eso debemos valorar. Nuestro cuerpo...o sea...valorarlo. Cuidarlo.

You cannot just have children, without getting married. And having children, no, because that's...something shameful. Or, or something ugly. That's why my little sister is twenty-eight years old, and she is single and doesn't have children, why? Because you can't just go and have children and give yourself to whoever. That's it, we have to value. Our body...I mean...value it. Take care of it.

Socially conservative women strongly believed that childbearing should be confined to married couples. Women who were themselves married, and perhaps had not experienced dating as contemporary urban Ecuadorian teenagers, emphasized that sex should only take place within a monogamous, heterosexual relationship. As they are not supposed to be sexually active outside of marriage, young and unmarried women are not expected to take interest or participate in anything which might imply that they are transgressing these ideals of abstinence (Montoya, 2002). Ecuadorian norms of modesty thus play a role in limiting use of contraception (Beckwith, 2006; Scrimshaw, 1974). Because of the value placed on premarital sexual purity, young and unmarried women often have *vergüenza* ("shame") for associating themselves with sexuality. *Vergüenza* is a common explanation for neglect of use of reproductive health services for young unmarried women:

Me daba vergüenza ir a las farmacias comprar eso. Por eso será que yo no...Tuve cuidado.

I was embarrassed to go to the pharmacies to buy that. That must be why I...wasn't careful.

This young mother became pregnant because of fear of social reprimand if she was seen buying contraception. Because of shame about her sexual activity, she ended up violating the very norms of premarital sexual purity which make buying contraception seem shameful.

Marianismo/machismo ideals are far from representative of all gender relations across Latin America; they are highly variable and responsive to changes in material conditions (Ehlers, 1991). For instance, Jane Collier maps how self-representation among married women in a Spanish village changes over time from conservative to sexualized and materialistic. As the village is exposed to globalized economy and mass media, idealized female roles shift to reflect social relations of inequality, conspicuous consumption, and commodification of sexuality (Collier, 1986). Rather than chastity and fidelity to produce stable lines of inheritance, *marianista* womanliness became valued for ability and initiative to attract successful men to support their family (Collier, 1986). Even in the same geographical location, feminine ideals are performed in different ways by women in different social contexts.

Women are not passive absorbers of either social conservative or family planning messages, but rather represent “active individuals who mediate Catholic teachings on sexual morality based on their personal subjectivities” (Gutmann, 2011:66). Indeed, studies have found that Latin American Catholic women are not significantly different than other women in use of birth control, as their decisions are shaped by interpretations of religious values rather than uncritical absorption of doctrine (Mooney, 2009; Terry, 1994). Childbirth is *ideally* constrained to heterosexual monogamous couples, but this is clearly not a universal reality in contemporary Ecuadorian society. Adolescent fertility rates are at about 78 births per 1,000 women - high enough for the Ecuadorian government to run programs targeting what is perceived as a social epidemic (World Development Indicators, 2011; Quintana, 2010). Thus, contrary to traditional Catholic teachings, the women I spoke with stated that containing fertility and motherhood was more important than concerns about premarital sex itself.

Traditional ideas about religiosity and female sexuality have not been replaced by, but rather fused with, development discourse on family planning and responsibility. Although women believed childbearing was a woman's lot in life, there was general consensus that it is within the power of women to control how many children they have and when. If female reproduction, if not sexuality, is delayed until after marriage, then at least the nuclear family structure can be maintained and pre-marital sex kept out of the public eye. Young women should save themselves, if not through abstinence, then through contraception:

Yo le veo las chicas embarazadas y yo le digo...es tu cuerpo y tienes que respetar tu cuerpo. Si tu no te respetas no te respeta nadie...yo creo que está muy mal. No tiene...tienen que controlar mas, eso.

I see the pregnant girls and I say ...it's your body and you have to respect it. If you don't respect yourself, no one will. No, I think it is very bad. They have to control themselves more.

The morality behind containing fertility is tied to the sacred nature of women's bodies. In accordance with the idealized characteristics of "*marianismo*," women should be responsible for self-denial and preserving the sacred nature of marriage. This older market vendor strongly believed that a woman's body and sexuality should be "respected" through avoiding childbirth. Conservative religious ideology perceives women's sexuality as risky if uncontrolled, which means maternal capabilities are risky as well. Limiting one's fertility is a way to maintain control and thus maintain the sacredness of female sexuality and maternity.

As mentioned in several quotes above, and several more below, nearly all women use the euphemism *cuidarse* to refer to use of family planning methods. *Cuidarse* literally means "to take care of oneself," but it also can be interpreted to mean simply "to be careful." Fertility, whether due to lack of sexual restraint or lack of economic rationality, is considered a "risk"

which women must handle with care. Use of contraception is therefore a sign of responsibility and self-discipline: that a woman is “taking care” of her body, family, and future.

Women believed that because of the free and cheap contraception from government and NGO services, it is a woman’s job to limit herself. Young mothers stated that they have been irresponsible, naïve, or foolish in not using contraception:

Fué mi irresponsabilidad porque yo no me cuidé, entonces, ya me quedé embarazada...entonces eso digo, ¿las chicas que se embarazan? Es porque quieren. Imagínese ahora hay tanta anticoncepción que se puede utilizar, y sin embargo no acudimos a eso.

It was my irresponsibility because I didn’t take care of myself, and so I got pregnant...so I say, the girls that get pregnant? It’s because they want to. Think of it, now there is so much contraception that they can use, and nevertheless they don’t take advantage of it.

Older women also emphasize responsibility and self-restraint when speaking about young women. Women above the age of approximately 30 frequently said that they had not used or even known about contraception until after having their first child, when they were given the option to begin using contraception at public health centers. While they may state that they did not have the knowledge or resources to use contraceptives in their youth, most seem to feel that in the modern day women are morally obligated take advantage of services for the sake of themselves and their families:

Toman eso, y ciao bebe! Esto es responsabilidad también de las chicas...o sea como pienso, sientan el deseo la necesidad de estar con alguien creo que tienen que cuidarse. Yo creo que tienen que cuidarse, porque, si no...pobrecitos los bebés, ¿no?

Take this, and ciao baby! This is the responsibility of the girls...I mean as I see it, if they feel the desire, the need to be with someone, I think they have to take care of themselves. I think they have to take care, because, if not...the poor babies, no?

Ya saben, por eso hay que no más utilizar pues ya...es que quieren tener hijos, es que tienen que cuidar pues. Para eso hay todo. Nosotros antes no sabíamos.

They already know about that stuff, so all they have to do is use it now...they have to take care of themselves. Now there is everything you need for that. We, before, didn't know.

This quote from a 40-year-old woman illustrates the way in which women judge and, through the morality associated with limited fertility, discipline other women (Montoya, 2002). Contraception is linked to notions of maternal responsibility; not using it is blamed on ignorance and immorality of women. There was little indication that women believed men should share responsibility for contraceptive use. While many stated that their husbands were supportive of limiting childbirth, a few women said that their male partners had forbade them from using contraception. Others believed that the pregnancies of young women were mainly due to inadequate caution of men:

Teniendo una relación a los 15, a los 12 años, creo que si piensan que están haciendo bien. Pero no son así las cosas, porque hay a veces los chicos...se van, y nunca más regresan a ver a la chica. Y se quedan embarazadas y no quieren volver ni a saber que ha pasado con ellas.

Having a relationship at 15, 12 years old, I believe they think they are doing a good thing. But things aren't like that, because sometimes boys...they leave, and don't ever come back to see the girl. And they get pregnant and they don't want to back, not even to find out what happened to them.

In response to the 1994 UN Population Conference in Cairo concerns about male involvement in family planning, APROFE has made a major push to include males in their services, partially driven by need for new sources of funding. Today, APROFE brochures, workshops, and advertising emphasize the importance of the health of both members of a couple (Shepard, 2004). However, client response has not been strong. Service providers cite the reluctance of males to use condoms, have vasectomies, or get tested for STIs (Shepard, 2004). Gender norms that make reproduction and reproductive health the responsibility of women are socially constructed and can be negotiated when accompanied with discussion of risks,

inequality, and sexual power, but thus far APROFE's efforts have still been framed in the context of existing gender power dynamics and expectations (Gutmann, 2011). Within these boundaries, maternity and its limitation are the responsibilities of women.

Navarro and Montoya have argued that the concept of *marianismo* connotes that women are passive subjects of social subordination (Montoya, 2002; Navarro, 2002). Clearly this is not the case in all situations: women exercise agency within the constraints of their prescribed roles, and even play a role in the construction of these roles (Montoya, 2002). Depending on their situation, women may alternate between legitimizing *marianista* behavior by proclaiming their devotion to their children, while simultaneously challenging it through transgressive behavior. For instance, women claimed to disapprove of premarital sex, and yet many engaged in it themselves and viewed it as normal. It was strategically managed to “appropriate” situations through birth control methods. While this cannot be called resistance to dominant ideology, it is certainly an instance of creative and complex agency.

4.3 URBAN SOCIAL MOBILITY – “SACAR ADELANTE”

In agreement with family planning development discourse, some mothers living in Quito saw having children as an impediment to personal advancement. As promoted by family planning rhetoric, women explained that having fewer children allows them to invest more in each child, creating greater potential for social and economic success:

¿Para qu' va a tener niños? Para que, si no tiene su profesión, no termino de estudiar, ¿dónde va a dar? Si tiene niños. Nada le digo. ¡Si entras a un centro de salud, vas y coges tu preservativo y listo!

Why have children? Why, if you don't have your career, if you aren't finished studying, how will you give them anything? Nothing, I tell you. But if you go to a public health center, you go and get your condom and done!

Mothers consistently expressed that they wanted their children to take advantage of opportunities or reach goals they failed to achieve. Their aspirations for their families demonstrate the effect of their own experiences with poverty, lack of education, and informal labor:

Aquí en el mercado yo me crié, y si había mucho maltrato a los niños. Hay niños que, su mama se mandan a vender, así los tomates la cebolla, todo eso. Y si no venden les pegan. Les pegan como locos... imagínese. El no pido venir al mundo. Sin embargo les traen para hacerles sufrir nada más. He visto mucho maltrato a los niños, no, yo no quiero hacer lo mismo.

I grew up here in the market, and yes, there was a lot of child abuse. There were kids whose moms would make them go sell tomatoes, onions, all of that. And if they don't sell, they hit them. They hit them like crazy...think of it. They didn't ask to come into the world. Nevertheless they bring them to make them suffer, that's all. I've seen a lot of child abuse, and no, I don't want to do the same.

This 20-year-old mother vehemently expressed her desire to limit fertility so that she would be able to support her children without making them work, as she had had to as a child. Similarly, mothers who had grown up in large families and suffered scarcity indicated that they did not want to repeat the same experience with their children. This vendor of pirated audio CDs was born in the country but moved with her father to Quito to work and send money back to her large family:

A veces con uno no se alcanza. ¡Peor con un montón! No se alcanza. Por que...viendo de mi papi, que somos siete hermanos, a veces no se alcanza. Mis padres no tenían dinero, y no tenían como darnos el estudio. A veces sufríamos viviendo de eso, no.

Sometimes with one there isn't enough. But with a bunch! There isn't enough. Because...seeing my father, we are seven siblings, and sometimes there isn't enough. My parents didn't have money, and they didn't have a way to give us an education. Sometimes we suffered because of that, no?

Transitions to lower fertility is associated with urbanization: statistics demonstrate that urban residence is correlated with later marriage, later childbirth, and greater use of contraception (Dyson, 2012). As families experience the costs of children in a context of wage economy, high prices, and overcrowding, limiting fertility becomes increasingly attractive. Urban life also increases the visibility of inequalities between the poor and upper classes. Desire for increased status goes hand in hand with exposure to ideals of modernity, wealth, and consumption:

Igual la mama sufre, el hijo sufre. En este tiempo igual la ropita es de marca. Ya pues, ya le gusta. Ya le gusta la ropita de marca, todo así, bueno. Y no alcanza la platita. Eso es.

Just as the mom suffers, the child suffers. Today clothes must be from brand names. Yeah, well, that's what they like. Now they like the brand name clothes, all of that, ok. And there isn't enough money. That's it.

Women spoke passionately about the importance of working hard for the sake of their children and their future, demonstrating the societal value placed on maternal self-sacrifice. Young mothers especially spoke about sacrificing their own ambitions, particularly educational, to care and provide opportunities for their children. Mothers wanted their children to pull ahead (*sacar adelante*) and “be something in life” (*que sean algo en la vida*), usually identified with having an education and being formally employed. Education and formal sector employment are both a means and an end for these status goals. Mothers who viewed themselves as modern, urban women believed that having few children will ensure that their families “can enjoy a better tomorrow” (CEMOPLAF, 2013):

Ellas me dan para salir a trabajar. Para darles a ellas mismas. Para darles el estudio, que estudien.

They give me inspiration for going to work. To provide for them. So I can provide them with an education, so that they study.

Para darles la mejor educación. Mhm. Eso es más, porque es la herencia que uno se les van a dar. La educación, que sean profesionales.

To give them the best education. Yes. That is the most important, because it is the inheritance that you will give them. Education, so that they might be professionals.

When asked what they wanted their children to do in the future, most identified a formal job such as doctor, lawyer, or “some kind of professional.” Mothers said that they hoped their children get a good education and live comfortable lives beyond what they themselves have been able to achieve. As forty-year old mother of three expressed,

Antes no era como ahora, ahora hay tantas cosas, hay tanta gente que dicen no tengan hijos...antes no era así pues. A los quince años me case. Y a mis quince años tuve mi primer hijo...sí, me pase bien jovencita. O sea...uno la ignorancia, uno pensé, yo no pensé que, yo pensaba que nunca me va a hacer tanto el estudio. Ahora que mis hijos...mi hija si hace falta porque dice, mamita no puedo hacer esto, mami que es esto, yo digo es que yo no te puedo ayudar.

Before it wasn't like it is now, now there are so many things, so many people that say, don't have children...before it wasn't like that. I got married when I was fifteen, and at fifteen I had my first child...yes, it happened to me very young. I mean, in ignorance, one thinks, I didn't think that, I thought that studying would never be much use to me. Now my kids, my daughter says, mommy I can't do this, mom what is this, and I say, I just can't help you.

When asked about their expectations for the future, it was common for participants to focus on hopes for their children rather than for themselves. Because women believed they had to sacrifice their personal aspirations for their children, pregnancy was associated with beginning work in the informal sector. Many cited that they began working specifically because of getting pregnant. One mother in her twenties left university to have her child, and now works in a market selling shoes:

Claro, sí claro, desde que yo estaba embarazada estuve aquí. ¡En lluvias, en soles! En todo tengo que estar aquí. A veces se vende, a veces no.

Yes, of course, ever since I got pregnant I've been here. In rain, in sun. In everything I have to be here. Sometimes, I sell, sometimes I don't.

Ya yo me salí porque estaba embarazada....y ya vine aquí y ya me dedique aquí, ya me quede aquí, y ya no hay más. No más a la universidad.

I left because I was pregnant...and I came here and I dedicated myself to this, and I stayed here, and now there's nothing else. No more university.

For this mother and other young women with whom I spoke, informal work and childbearing were situated in opposition to education and formal employment. These findings are in agreement with national statistics which show that women with university education have an average fertility of 2 (1.3 less than the national average), while women with no education have an average of 5.6 children (Llerena, 2012). From the perspective of young women, lack of socioeconomic advancement was directly related to their fertility:

Ellos querían...como yo era la última mujer querían que yo estudie, trabaje, tenga mi profesión, tenga mi dinero. Pero yo les fallé y no pude lograr lo que ellos tenían planeado para mí...¡metí las patas! Pensando en tener mi hijo y nada mas.

They wanted..because I was the last girl they want me to study, work, have my profession, have my money. But I failed them and I couldn't get what they had planned for me...I messed up! Thinking about having my child and nothing else.

Sí salí a vender. Mi papi me quise darme el estudio pero yo no quise. Aha, quería darme colegio, pero yo no quería. No me gustaba y era mejor trabajar que estudiar...si a mis hijos si quiero que sean algo en la vida. No como nosotros en el mercado.

Yes, I left to sell. My dad wanted to give me an education, but I didn't want it. Yes, he wanted me to go to high school, but I didn't want to. I didn't like it, and it was better to work than to study...I do want my kids to study, to be something in life. Not like us in the market.

Just as family planning language links use of contraception with social mobility, mothers who already had children (ie had failed to adequately limit their fertility) had little hope for improving their educational or vocational status. Most did not anticipate seeking other employment or further education:

Sí aquí. Porque aquí nos trabajamos siempre. No esta...así está. Y eso.

Yes, here. Because here we have worked always. It's not...that's the way it is. That's all.

This 40-year-old food vendor had been working in El Camal street market since she was in elementary school. She now runs her mother's market stall, and sells one-dollar meals of potato, chicken, and rice, with her sister owning the neighboring stall. Her husband currently lives in Spain, but she seldom receives news from him, let alone money. She has two adult sons and one young daughter. She is illiterate, and laughed uproariously at the idea of returning to school or attempting to find a "professional," formal sector job.

Under the self-sacrificing principles of *marianismo*, women framed their own lack of social advancement as a sacrifice for the sake of their children's current and future prosperity. As stated by this street vendor in her early twenties, women tended to express greater hope for their children than for themselves:

Como no tengo nada que hacer, me preocupo mas en él. El es, como le digo, un futuro yo quisiera que sea un...un policía. Eso. Porque verá yo también quisiera ser policía...pero igual yo ya estoy aquí en el puesto. Aha.

Since I don't have anything to do here, I worry more about him. He is, how can I put it, in the future I want him to be a police officer. Yes. Because, see, I also wanted to be a police officer...but nevertheless now I am here in the market stall. Mhm.

Mi esperanza para mi futuro es...sacar adelante a mis hijos así, estudiar. Ellos que sean algo, si quieren, como nosotros no hemos avanzado...no hemos acabado y todo eso. Que mis hijos que sean mas avanzados.

My hope for my future is...to bring my kids forward, by studying. So that they become something, if they want, since we have not advanced...we didn't finish [studying] and all that. That my children be more advanced.

As told by a street vendor, seated with her boxes of vegetables in a median between lanes of highway traffic, women are responsible for fostering human capital and the future workforce of Ecuador. If they are hard workers and good mothers, their children are supposedly able to advance in societal rank and be better workers and citizens than they themselves, who were unable to contain their undisciplined fertility.

Women are expected to make rational choices based on goals for socioeconomic advancement. Limiting fertility is a sign that a woman is acting responsibly in the interest of herself, her family, and her community. Use of contraceptives and small family size are thus imbued with moral meaning: women who have fewer children are value-coded as more intelligent, responsible, modern mothers.

4.4 TRADITIONAL/BACKWARDS AND MODERN/VALUABLE

Studies within Ecuador indicate that women who identify as “indigenous”¹³ have a higher fertility rate than those who identify as white or mestiza. Indigenous peoples in Quito come primarily from the Quichua cultural group and are tied to rural communities interspersed throughout the Quito Basin. When I asked one participant dressed in jeans and knee-high boots if she spoke Quichua, she laughed, pointed to a woman in a nearby stall, saying “no, it’s those women, in the long skirts and those hats.” There was clearly a sense of “Othering” between mestiza and indigenous workers in the marketplace. Mestiza women valued their distinction from indigenous workers. One woman told me that she had been especially proud to marry her husband because he looked white, and she thought he would be able to get her out of market work. Colonial legacies continue to tie whiteness to urban life, wealth, and formal employment in national conceptions of race.

¹³ Indigenous peoples are typically defined as descendants of “natives” of a certain territory. They are often situated in opposition to the descendants of colonial migrants (in Ecuador, those who identify as white-Hispanic or mestizo). In Andean society, these classes are based identifications of both cultural and phenotypic “racial” difference (see Colloredo-Mansfield, 1998; Rogers, 199; Weismantel, 2001). The distinction between indigenous and non-indigenous peoples is far from rigid in Ecuador due to continuous cultural and genealogical mixing between “races” since European contact.

The movement of indigenous groups out of marginalized rural areas is a key component of urbanization in Ecuador. Corruption and racism against rural indigenous people, who are often perceived to be inherently “backwards” and unproductive, have historically prevented the benefits of economic growth and advancements in health and education from reaching Quichua communities (Colloredo-Mansfeld, 1998; Swanson, 2007; Weismantel, 2001). As many recent urban migrants come from indigenous communities, street markets, particularly selling agricultural products, are tied to indigenous and rural identity.

Poverty and informal labor are viewed by some as endemic to “indigenous” culture. Perceived dirty, backwards, lazy characteristics are also tied up with perceptions about indigenous women’s high fertility levels. Indigenous women are often portrayed with a child strapped to their back (Weismantel, 2001). While they are stereotyped as economically unproductive, they are thought to be reproductive to the point of excess. This quote from a government official in 1990 sums up attitudes of family planners regarding indigenous reproduction:

Indigenous women cannot clearly separate the sphere of production from that of reproduction, domestic activities are intimately linked to agricultural production (Weismantel, 2001: 160).

Political elites deemed Quichua women incapable of prioritizing capitalist production over cultural and sexual reproduction. As a result, poor rural Andean women have historically been the target of coercive family planning programs, including Peru’s sterilization campaigns of the 1990s. Today, CEMOPLAF explicitly advertises that it targets communities which are “suspicious of modern medicine” because of negative associations with “power structures which have historically not worked in their favor” (Coury and Lafebre, 2001:15).

Demographic studies find that urban indigenous women have about 1.61 more “undesired” children than non-indigenous urban women (Llerena, 2012). Indigenous groups in and around Quito have developed negative impressions of medical technicians due to historical experiences with coercive health services. A prominent manifestation of these impressions is the mythical “*sacaojos*” character, observable in Andean storytelling. The flesh-eating “*sacaojos*” character is based on stereotypes of medical technicians, particularly associated with clinics brought into Andean rural communities in attempts at “modernization” (Weismantel, 2001). As previously mentioned, these clinics were often exploitative, coercing women into sterilizations to meet demographic goals (Ewing, 2006; Hartmann, 1987). Mistrust of family planning services becomes more logical in light of this cultural history, crystallized into popular mythology.

I found indication that some women of recent rural origin remained suspicious of family planning, despite having used some form of it themselves. One produce vendor in sparkling gold earrings and a feathered hat described how sexual practices differ across rural/urban and indigenous/white boundaries:

En nuestro tiempo, en tiempo de mis padres, éramos nosotros antes, hasta ahora mismo es la nuestra...que le digo, nuestra raza, ya. Es que cuando el día que nos casamos, tenemos intimidades con el esposo, que podemos tener hijos.

In our time, in the time of my parents, before we were, even now it is...how can I put it, our race, now. It's that the day that we get married, we have intimacies with the husband, then we can have children.

Approximately half of the women I spoke with had some attribute which could be identified with indigenous identity. Many also had traces of a Quichua accent when speaking Spanish. Women mark themselves as coming from rural origins through their “indigenous” dress: in Quito, these often include long skirts, braids, distinctive hats, and dangling earrings. This dress is an expression of cultural identity and pride, as well as a method of advertising.

Because of ties between indigenous identity, rural lifestyles, and agricultural production, wearing indigenous dress is regarded as a sign of authenticity in urban street markets (Weismantel, 2001). A street vendor selling roasted plantains with whom I spoke was dressed in indigenous apparel characteristic of the region of Ambato, her child secured to her back with a cloth sling. But when her 12-year-old sister approached, after having just returned from a school day, she was wearing sneakers, skinny jeans, and a music player with bright blue ear buds. Each sister chose her outfit and corresponding social identifications based on her own preference and social context.

As many rural indigenous communities depend on agriculture for subsistence and have poor access to health and education, they could be identified as in an early stage of the demographic transition. As identified by participants, the costs of having children (such as education, food, and limited space) are low for agricultural workers, while the benefits (agricultural laborers, informal social security for old age) are much higher than they are for families in modern-day Quito:

Ella decía que mientras más hijos tenía, era para que ayudan con los cultivos, o a pasar borregos, entonces tenían mas por eso... Como no era la obligación de educarles, o sea, nadie les exigía, era como criar yo creo que un animal más! ¡Porque prácticamente, o sea, comían y nada más! No tenían que estudiar...

She says that the more children you had, it was so they could help with the crops, or to graze the sheep, so they had more for that... Since it wasn't required to educate them, I mean, nobody made them, it was I think like raising another animal! Because practically, I mean, they ate and nothing else! They didn't have to study...

Rural-urban migrants often continue to maintain close contact and cultural identification with their origin communities (Waters, 1997). When indigenous parents move to the city, many, at least partially, retain the cultural practices of having more children. Economists and demographers have attempted to map this pattern quantitatively. For instance, some models identify two cultures, one high-fertility "traditional" and one low-fertility "modern" (Baudin,

2010). Generational, exogenous cultural shifts between the two norms are then responsible for changes in fertility rates over time. By providing a clear-cut boundary between “traditional” and “modern,” these demographic models provide a justification for policy-makers to target the “development” of “traditional” communities. They also exemplify what makes linear modernization theory problematic: they imply that the “modern” is progress (low fertility), and the “traditional” is primitive (high fertility). Oversimplified cultural-demographic models hardly map onto the language of reproductive rights, empowerment, and agency.

I found that women do reference their home communities in discussing their fertility decisions, both ideal and actual. However, more often than not, I found that women spoke about their backgrounds in relation to their decisions *not* to have many children. Several women explained that they must have fewer children than their family members who live in the countryside:

Cuando salimos a ciudad si nos hizo falta, a veces hay trabajo, o no hay trabajo, o a veces hay plata o a veces no hay ni para comer. Aquí en ciudad hay que pagar arriendo, hay que pagar del agua, hay que pagar para la luz. La comida hay que comprar para comer. Si no, no hay pues, como lo de, de nosotros ir a sacar y a poner a la olla para comer.

When we left to go to the city things were scarce, sometimes there’s work, or there’s not work, or sometimes there’s money or sometimes there’s not even enough to eat. Here in the city you have to pay rent, you have to pay for water, you have to pay for light. You have to buy food if you want to eat. If not, you can’t do what we did, go and pick things to put in a pot to eat.

Aquí pagamos de todo. Hasta caminar es, todo pagar. Para caminar. Todo pagamos. Pero allá no es pagar así pues. Antes había, pues los productos también buenos, y bastante. Por eso han tenido fácil a nosotros. Pero ahora ya no es así.

Here we pay for everything. Even walking, everything you have to pay. To walk! Everything we pay. But there, it isn’t paying like this. Before there was good produce, and plenty. That’s why everything was easy for us. But now it’s not like that anymore.

Some older women had not completed secondary or even primary education. They cited that their parents had valued their labor over sending them to school:

No era, casi no era por eso, tan gran cosa de estudiar. O estudia o no estudia, la plata daba igual. Ahora síya no. Ahora si no estudies se lo judío. Entonces por eso mi mama no...no me preocupaba de poner en escuela. O sea, para qué?

It wasn't like, such a big thing to study. If you studied or didn't study, the money didn't care. Now it's not like that anymore. Now if you don't study, you messed up. So that's why my mom didn't...didn't worry about putting me in school. I mean, for what?

Mamá como nos enseñó mas eso trabajar que...menos importaba a mí mismo, no, no me importaba tener colegio, ¿para qué? Entonces me salí...

Mom, because she showed us more about working than...it didn't matter much to me, no, I didn't care about finishing high school, for what? So I left...

Both of these women worked as prepared food vendors, one in a small storefront and one in a market stall. Both felt the need to justify their lack of education to me, explaining their parents' motivations in sending them to work rather than school. They were two of several women who spoke of their education in terms of "¿para qué?" or "for what?" In their youth, neither they nor their parents had foreseen a future in which education would lead to greater economic or social attainment: they had not believed that there were opportunities for them beyond informal labor and motherhood. Meanwhile in their current position as urban workers, lack of formal education makes them seem ignorant, irresponsible, and "backwards." While in the context of their young lives gaining an education and limiting fertility were not logical choices, development and family planning policy now marks them as failures.

4.5 INFORMALITY, DOMESTICITY, AND INSECURITY: “WHO WILL GIVE YOU A GLASS OF WATER?”

¿La ventaja de tener hijos? Me siento...alargada. Protegida. Por quien seguir luchando. Eso es lo que ahora sí. Son mi fuerza ellos ahora. Son mi fuerza, mi lucha.

The advantages of having children? I feel...prolonged. Protected. Someone to keep fighting for. That's what I have now. They are my strength now. They are my strength, my struggle.

- *Ice cream street vendor, recently divorced, June 2013, Quito, Ecuador*

Economic models of fertility generally predict that fertility is negatively correlated with female labor force participation and income. It has been estimated that each birth reduces total lifetime labor participation by about 1.9 years per woman (Bloom, 2009). Reversing this equation, it is also expected that women who already work will choose to have fewer children because of the opportunity costs in wages sacrificed for childbearing and rearing (Adetunji, 1998; Baudin, 2010; Becker, 1990; De Paoli, 2011; Fernandez and Fogli, 2005; Handwerker, 1986; Schultz, 1994; Shoven, 2011).

When I asked mothers whether their work affected their decision to have children or to limit their fertility, the question was usually met with confusion. Most mothers did not consider that having children might mean that they would have to work or earn less. There was no conscious labor-child tradeoff. While mothers acknowledged that having children had made work difficult at times, they did not view the two occupations (childbearing and labor force participation) as exclusive. For instance, an 80-year-old smoothie vendor worked in her street market stall for 60 years, through ten pregnancies, and did not understand why I asked if she had stopped working when she was pregnant or when her children were young:

Han criado aquí...igual, el trabajo de aquí les ha dado el estudio. Y...mis hijos igual, de aquí comen, llevan colaciones, acá viene, o más grandecitos ya hasta que tengan unos 16 años me ayudan vendiendo.

They were raised here...and the work here has made their education possible. And my children also, from here they eat, take snacks, they come here, and then when they're older, when they are like sixteen, they help me sell.

Informal labor force participation is not a factor in many mothers' fertility equations. To the contrary, it is common to see children in the informal sector - playing in markets, street vending, or accompanying their parents to private domestic employment. The simple explanation would be that poor women have no choice but to continue working when they have children, as they do not have savings or high-earning spouses to rely upon (Barndt, 2003; Crittenden, 2002; Waring, 1990). This is certainly a reality. But, were it the only reason for continued labor force participation despite childbearing, then it would follow that poor women would simply choose to have very few children in order to continue providing for the family they already have.

I found that fertility rates must be studied within the context of social norms and expectations. Interviews with mothers shed light on several interrelated explanations for continuing high desired and observed fertility for workers in Quito's informal sector. In contrast to economic models in which work and children are thought to be incompatible, work and children go hand in hand, often literally, as in the common sight of a woman holding her children as she goes about her work.

Reproductive decisions are tied to economic and cultural reproduction. Though not rigid, there is a cultural gendered division of labor in the Quito informal sector (De Casanova, 2013; Runquist and Brown, 1989; Teltsher, 1994; World Bank, 2012). Women perform most street and market vending activities. Men, on the other hand, are more likely to work in construction, mechanics, trucking, or wholesale vending. This labor divide is clearly visible and transgression

is usually socially noted, though not prohibited. Based on traditional labor roles, in which women are responsible for domestic duties such as preparing food, cleaning, and caring for children, urban informal vending and domestic work is comparatively sedentary, social, and flexible, allowing women to bring their children to work (Crittenden, 2002; Waring, 1990). In urban settings where currency and female labor are necessary for survival, these same tasks are commodified when performed in the public sphere. Thus, typically female types of informal sector work allow women to attend to domestic labor while still participating in the urban monetized economy. A woman's contribution to society becomes both productive through informal labor and reproductive through childbirth.

The women with whom I spoke did not object to this male/female division of labor, or the responsibility of women to attend to both public and private domestic work. In the context of poverty and limited education, women are mobilized to be both mothers and providers at once, fulfilling expectations of female self-sacrifice and devotion to family through domestic labor in both the public and private spheres (Lind, 2007). Mothers with husbands stated they were responsible for household work, although their husband might "help out," and did not question their double labor of personal and paid work:

Tengo que atender al esposo, tengo que atender a los hijos...tengo que ver la casa, el negocio...

I have to attend to my husband, I have to attend to the children...I have to deal with the house, the business...

Women who earned a living through informal-sector "domestic" work (such as cooking and cleaning) saw no reason why children should not also be a part of that space. This might explain why women who work or expect to work in the informal sector have less motivation to limit their fertility. While middle class women working in the formal sector might separate

public (career) from private (domestic) spheres, informal workers did not hesitate to bring together family and work. One woman working in a tourist-oriented artisan street market recounted the following regarding the many children playing in the stalls:

Así han pasado a muchos. Se casen, se conocen aquí los hijos, se casen aquí, y siguen lo mismo se quedan aquí!

It's happened to many. They get married, their children get to know each other here [in the market], they get married here, and it goes on the same, they stay here!

She and her seven-year-old daughter, sitting on her lap, giggled at this summation of social interactions in market life. It was apparent that they viewed romantic and family life as closely tied to their space of work. Nevertheless, her joking tone was tinged with resignation and a hint of resentment: while it was considered the norm for market work to be a family matter, she seemed to see it as more of a trap than a desirable future for herself and her children.

In the context of informal domestic labor, children are not viewed as out of place in this world of work and money. There is no contradiction between working, caring for your child, and even using your child's labor (Weistmantel, 2001). One can simultaneously watch over their children while they contribute to vending, and use their income to feed and educate them. This helps explain why child informal labor continues to be prevalent in Quito, as well as high fertility. Eight percent of children in Ecuador are employed, and 78.3% of these employed children are unpaid family workers (World Development Indicators, 2011). While 67% of employed children are agricultural workers,¹⁴ 24% work in services due to urban informal labor (World Development Indicators, 2011).

Informal labor also occurs mainly outside of state regulation, meaning that labor policies aimed at promoting women's reproductive rights are irrelevant. A total of 62% of jobs in

¹⁴ Children are an important part of agricultural production in many communities throughout the world (see Dolan, 2012; Hartmann, 1987).

Ecuador are not covered by social security (World Bank, 2012). Laws guaranteeing maternity leave or other forms of social security do not affect informal laborers. Therefore, these laws do not affect their fertility decisions. While women employed formally are granted rights to self-determine their childbearing, mothers working informally have no such rights and must continue to work whether or not it is made difficult by pregnancy, nursing, or childcare (Barndt, 2003; Waring, 1990).

One of the most important examples of exclusion from labor rights is that informal laborers have very little job or income security when they age. Many women I spoke to believed that they might not have any source of support in the future unless they have children:

Cuando sea más viejita, ¿quién le va a dar un vaso de agua? Por lo menos los hijos nos van a venir a vernos.

When you are older, who will give you a glass of water? At least our children will come and visit us.

“Who will give you a glass of water” is a popular expression I encountered many times in Quito. It refers to the fear that if you have no children, or an insufficient number of children, you will have no one to take care of you when you are no longer able to provide for yourself. In the highly instable environment of informal labor in Ecuador, with no income security or government safety net, social capital, in particular family connections, is a primary source of support. Children are considered an investment in future security, especially for single mothers who cannot rely on the support of their spouse. An 18-year-old single mother selling produce explained her desire for another child by the following logic:

¿Un hijo se va? El otro está en casa. Le ayuda, le hace compañía, no. Por ejemplo, ¿si mi hija se me va? Con quien me quedo, ¿con nadie? Si tuviera dos o tres hijitos ya mis están dos hijos más conmigo. Quien me haga compañía, no. Ya no me quedo sola. Eso.

One child leaves? The other is at home. They can help, keep company. For example if my daughter leaves me? Who do I stay with, no one? If I had two or three children then I would still have two more children with me. Who can keep me company. I won't be left alone. That's it.

Children can be a source of security not only in old age, but also during youth. Some women said that when they had their first pregnancy, it had been an attempt to distance themselves from home and establish their independence:

Sí, yo quise...salir,irme lejos, con mi esposo, mi hijo...pero no pude, lo verás.

Yes, I wanted...to get out, go far away, with my husband, my child...but I couldn't, you see.

¡Nos pegaba mucho! Mucho. Entonces yo pensé que, que saliéndome de, si mi marido hubiese, casiendonos y...me prometió una mejor vida.

He hit us a lot! A lot. So I thought that, getting out of there, if my husband could, getting married and...he promised me a better life.

In a *machista* society, having children can be a way to tie oneself to the support of a husband, thereby allowing young women hope of distance from abusive parents or otherwise undesirable living conditions.

Browner's comparative study of marianismo in the contexts of Californian Latinas and women living in Mexico finds that the material realization of marianismo differs greatly depending on individuals and their responses to surroundings (Browner, 1982). Rather than a static, monolithic set of traits, the performance of marianismo is shaped by contextual factors including socioeconomic needs. She finds that the maternal behavior of women in California is motivated more by need for future social security than Marian selflessness (Browner, 1982). As their ties to their children are believed to provide utility later in life when male partners are unreliable, women act not only as Marias but as strategic actors.

Some have argued that the elevation of female's moral status and purity explains why women permit the dominance of male power (Ehlers, 1991). However, this "blame the victim" position frames women's behavior as an equal balance to male power, rather than survival strategy. Women's position of economic disadvantage (generally less profitably employed) leads to *marianista* relations, especially as individualized cash –income economies re-divides gender roles and negatively affects the value of women's unpaid domestic labor (Ehlers, 1991). While women do not necessarily extract benefits from their roles as self-sacrificing mothers, this role is a way for women to ensure their social and economic stability (Navarro, 2002).

This idea of social security through childrearing can help to explain high rates of childbirth in the informal sector, particularly for single or separated women. While domestic informal labor is characterized by poor working conditions and poverty-level wages, earning a monetary income affords women the possibility of independence. Some cited violence in past relationships (either involving themselves or their mothers, sisters, or friends), and were grateful that they did not have to rely on a male to support them:

Nadie habla, nadie pega, nadie insulta, nadie manda.

No one talks, no one hits, no one insults, no one orders.

No puedo --- mi felicidad a alguien que no quiero, y que, sé que no voy a poder, y...y no. O sea mejor es, quiero estar solo y ya...mas que todo como tengo mi puesto de trabajo...sé que voy a sacar para darle. No que bestias, maravillas, pero lo básico.

I cannot sacrifice my happiness to someone I don't love, and that I know I won't be able to, no. It is better, I would rather be single and that's it...more than anything since I have my market stall for work I know I will get enough to provide for him [my son]. Nothing amazing, but the basics.

This is a divergence from traditional conservative Ecuadorian culture, which mandates that a woman must have a husband in order to have children. Informal labor allows women to exist outside of the assumed nuclear family structure of a husband, a wife, and children:

Me decía una amiga, decía ¡pero si él no te compró! Ni vos le compraste a él. Cada quien, si es que ya no se quieren, ¡ya pues!

My friend told me, she said, but he didn't buy you! And you didn't buy him either. Each one, if they don't love each other anymore, that's it then!

This is not necessarily any sign of socioeconomic empowerment, and may in fact mean poverty for both mother and children. Nevertheless, being a contributor to household economic as well as sexual reproduction can still redefine gender roles within homes to include more equitable or autonomous decision making. Work outside the home allows women some ability to contest authority. One woman who had been working in the street market since she was a child, and had been left by her husband, was particularly emphatic that her daughter avoid the same situation through educational and vocational advancement:

A mi hija digo, le digo, vos, cuando si te casas algún día, pero yo quiero que vos seas una persona que te haigas preparada, tengas tu profesión. Para que no esté desesperanzado en el no más, si no puedes estar sin él, si dios no permite que vos no llegas a casar, te separas, tienes tu profesión, puedes ir a trabajar.

To my daughter I say, you, when you get married someday I want you to be prepared first, have your profession. So that you don't have to be dependent on him, so that you can be without him, if god doesn't want you to be married, you get separated, you have your profession, you can go work.

Female informal domestic labor is a sign of continuation of traditional gender roles, including the importance of childbirth and rearing for women. Nevertheless, gender roles are far from static, and neither informal labor nor fertility are based strictly on tradition. Informal labor simultaneously reproduces women's domestic roles and brings them into the public, monetized sphere, thereby affording some capitalist value to this work. Both having children and performing public domestic work represent survival strategies for poor, urban women. While far from "empowering" in the context of structural poverty, widespread female labor force

participation alters the traditional operation of nuclear family units and paves the way for change in gendered power dynamics.

4.6 FERTILITY AND POLICY

A key take away from the 1994 Cairo Population Conference was the prioritization of reducing *undesired* fertility rather than fertility overall, thus refocusing fertility policy on “empowerment” rather than control (Adetunji, 1998; Richey, 2008). Undesired fertility has been shown to be associated with adverse income, health, education, and employment opportunities for both mothers and children (Casterline and Mendoza, 2009). Development researchers have recommended that “the prevention of undesired births can be a cost-effective step” to reduction in population growth rates (Casterline and Mendoza, 2009:194). Policy makers must provide only the means of limiting fertility, rather than actually altering how many children people want.

Although Ecuador’s population growth has been below 2% for the past 20 years, “undesired” fertility has been established as a severe national problem. Statisticians have calculated that only 63% of children in Ecuador are “desired” (Llerena, 2012). Lining up with established knowledge about the excess fertility of poor women, women living in poor households are considered particularly “risky” as they are more likely to identify their pregnancies as undesired. The Ecuadorian government has recently made concerted efforts to reduce undesired fertility, including changes to public school curricula, awareness campaigns, and increasing the availability of contraception at health centers. As suggested by this street food vendor, there is a commonly-held notion in Ecuadorian society today that the younger generation is more sexually open and active:

Las chicas que de ahora...ya son bien...vivas ya las chicas de éste tiempo.

The girls of today...they are already very...lively already, the girls of today.

When asked to explain this notion further, my participants often attributed it to the wider availability of contraception and sex education; in other words, to changes in Ecuadorian family planning policy. The three main policies I discussed were sex education, emergency contraception, and abortion. These topics were what I found to be most prominent in the Ecuadorian media, as well as at the forefront of peoples' minds when discussing controversies surrounding sex and contraception.

Sex education was generally embraced by participants. Sex education has been institutionalized in Ecuadorian public and private education since 2006. There have also been extensive government outreach campaigns to encourage parents to speak with their children about sex. Both younger women who had received this education and older women who had not were positive about the idea. Most asserted that both schools and parents have the responsibility to contribute to a child's understanding of sex, reproduction, and contraception:

Hay mucha gente que diga, imagínase, los papás...a veces les mienten a los hijos. Dicen "mami, de dónde viene yo?" "Es que la garza te trajo." Eso es mentira! O sea...póngase que ya dijo, chuta, la garza me trajo. Y que tenga relaciones y se queda embarazada, quien queda mal? Yo digo bien que el gobierno hizo esta propaganda.

There are many people that say, imagine, the parents...sometimes they lie to their kids. They say "mom, where do I come from?" "Well, the stork brought you." That's a lie! I mean...imagine she says, shoot, the stork brought me. And then she has relations and gets pregnant, then who looks bad? I think it's good that the government did that campaign.

Women identified the tension between traditional social conservatism and sex education (Correa, 1994; Quintana, 2010; Riley, 2003). Depending on their personal experiences and values, women expressed a range of opinions on how the issue should be approached. Many talk

about the Ecuadorian negotiation between sexual conservatism and education in terms of their own experiences:

No sabía que haciendo el amor se procrea. ¡Yo creía que con un beso se quedaba embarazada! ¡Yo no sabía lo que era! Yo estudié en la escuela, y en el colegio igual era religioso, igual era pecado hablar de eso...¡No tuve enamorado hasta los 17 años! Por que tenía miedo que yo con un beso me quedaba embarazada.

I didn't know that people reproduce by making love. I thought that with a kiss you could get pregnant! I didn't know! I studied in elementary school, and my high school was religious, it was a sin to talk about that...I didn't have a boyfriend until I was 17! Because I was afraid that with a kiss I would get pregnant.

Older mothers who had not been given sexual education at home or in school did not want their children to be ignorant as they had been:

A veces hasta ahora, a veces mi papá nos escucha conversando, y con, con mi hijo. ¡Cállate! ¿A ese guagua que le enseñas? Digo no le enseño, le estoy diciendo como están las cosas. Lo que ustedes no hicieron con nosotros.

Sometimes even now, sometimes my dad hears us talking with my son. "Be quiet! What are you teaching that child?" I say I'm not teaching him, I'm telling him how things are. What you guys didn't do for us.

Although most felt that public sex education and reproductive health care were positive changes, some expressed ambivalence. Some women were unsure of whether discussing sex with children and free contraception are helpful or harmful in preventing undesired and/or early pregnancies, vocalizing the arguments of conservative factions around the world:

Les despierta mucho la curiosidad. O sea, y, yo pienso que todos quieren experimentar antes. Conocer más rápido. Por eso hay muchas embarazadas tan jóvenes. Es por, sea, por eso mismo, por el hecho, el simple hecho que ya les explican...creo que antes era mejor cuando todo era en secreto. [laughing] Me parece, por que allí no había tantos embarazos como se escucha ahora.

It gets their curiosity going. I mean, and, I think they all want to experiment earlier. Get to know it earlier. That's why there are so many early pregnancies. It's because, I mean, because of just that, the fact that, the simple fact that they explain it to them...I think before it was better when everything was secret. [laughing] I think so, because then there weren't so many pregnancies like you hear about now.

Ya de cuarto, quinto ya dan. Pero...a está tan corto edad ellos ya están mucho despiertos en eso, entonces no...No está bien, pero...el Señor Rafael dice que está bien. El dice que está bien, pero...me parece que para mí no...

Already in fourth, fifth grade they have it [sex education]. But...at those young ages they're already very aware of that stuff, so no...it's not good, but...Mr. Rafael says that it's good. He says that it's good, but...it seems to me that it's not...

The variety of opinions expressed by participants illustrates tensions within Ecuadorian society between family planning policies, conservative social values, and the lived experiences of women. I encountered a similar variety of opinions about emergency contraception, discussed below, but hardly at all in the case of abortion.

Ecuador is at odds with international organization such as the UN in relation to abortion. At the 1994 UN Population Conference in Cairo, Ecuador expressed its reservations on abortion policies promoted at the conference. Representatives cited the necessity for “protection of the child from the moment of conception” and the “protection of the family as a fundamental unit of society” (UN DESA and UNFPA, 1994). Calling upon their right to national sovereignty and “freedom of consciousness and religion,” they stated that in population and development policy Ecuador would promote “responsible parenthood” rather than abortion (UN DESA and UNFPA, 1994). They rejected any attempts to limit fertility that implied use of abortion. Abortion in Ecuador is not allowed even when childbirth threatens a woman’s physical, social, mental health (Grover, 2013). Ecuadoran law allows abortion under only two circumstances: to save the life of a woman, or when pregnancy is the result of the rape of a mentally ill woman (*una mujer idiota o demente*, or “woman who is an idiot or demented”) (Grover, 2013; Morgna, 1997; UN DESA and UNFPA, 1994).

While “fetal personhood” and “abortion as murder” are biologically arbitrary concepts, they have causal effects on both individual behavior and public policy (Morgan, 1997). “Fetal

persons” have become social subjects entitled to legal protection, as well as maternal care (Morgan, 1997; Petchesky, 1980). The women I spoke with universally disapproved of abortion. Some acknowledged that they sympathize with young women who get abortions out of fear, either of social retribution for becoming pregnant out of wedlock or inability to support a child. However, it is still viewed as a misguided or last-resort choice. Some framed abortion as an explicitly religious transgression:

Un pecado, yo pienso que es un pecado de Dios. Porque imagínese, están matando a un ser que no pido venir al mundo. Yo pienso que la gente que hace eso debería, deberían de castigarle. Porque imagínese que es coger y matar a un niño, ellos no tienen la culpa. Ellos no piden venir al mundo. Sino que por la irresponsabilidad de ellos matan a los pobres niñitos. Yo no estoy de acuerdo con eso. Yo pienso que ni dios lo va a perdonar eso. Entonces yo digo no. En una violación, aceptable ya.

It is a sin; I think it is a sin against God. Because imagine, you are killing a being that didn't ask to come into the world. I think that people who do that should be punished. Because imagine, it is going and killing a child, they aren't at fault. They didn't ask to come into the world. But because of their own irresponsibility, they kill the poor children. I do not agree with that. I think that not even God will forgive that. So I say no. If it is rape, that is acceptable.

Women saw abortion as a major transgression from maternal responsibility and self-sacrifice. While contraception and abstinence were acceptable ways to restrict reproduction to its appropriate setting, harming a “baby” for the sake of its mother was irreconcilable with ideas of marianismo. It was considered harm to an innocent being:

Yo opino que eso del aborto es algo...es para personas que no tienen corazón. Por que es quitarle la vida a un ser.

I think that abortion is something...it is for people that don't have a heart. Because it is taking the life of a being.

Clearly, women fully ascribed to the concept of fetal personhood. However, some still expressed ambivalence on the issue based on their personal experiences. Both of these women hesitantly admitted their partial sympathies for women who abort. While they did not believe

these women are necessarily making a good decision, they acknowledge that they understand the impulse to abort, and struggle with their identification with socially transgressive women. They expressed these thoughts with an air of caution though, even fear:

Yo a veces tenía unos pensamientos estúpidos, decía que no quería tener a mi hijo. O sea después ya decía que no tiene la culpa, por que el no me pidió venir al mundo sino que yo le traje. Entonces yo digo, no, es mi irresponsabilidad y tengo que asumirla. Entonces, dije no, y ya bueno ya está allí.

I sometimes had stupid thoughts, I said I don't want to have my child. But then I said he isn't at fault, he didn't ask me to come into the world, I brought him. So I said, no, it is my irresponsibility and I have to assume it. So, I said no, and well there it is.

Es que como juzgar a tantas chicas que...¿que tal vez se sienten desesperadas? ...tantas cosas que se oyen. Sea...es que son...diferentes casos. Diferentes decisiones. Por ejemplo, si digo, yo en estos momentos yo tendria una pareja. Y quedaria embarazada, no. No.

It's just judging all those girls who...maybe they feel desperate? ...you hear such things. I mean...it's that they're...different cases. Different decisions. For example, if say, right now I had a partner. And I got pregnant, no. No.

Ambivalent opinions were also prevalent when discussing emergency contraception. In 2013 the Ecuadorian government made emergency contraception free to all women at public health centers, without gynecological consultation or prescription. Availability of emergency contraception has been shown to reduce undesired pregnancies, unsafe abortions, and maternal fatalities, and is on the World Health Organization's Model List of Essential Medicines (Hevia, 2012). Nevertheless, emergency contraception has been a contentious issue throughout Latin America over the last two decades, with social conservatives labeling it a form of abortion (Alvarez et al, 2007; Correa, 1994; Diaz, 2003). These include many members of the Catholic Church, conservative NGOs, and politicians.

The Ecuadorian government has accepted the "day after pill" as a form of contraception rather than an abortifacient, but the issue remains unresolved in the minds of many Ecuadorians (Hevia, 2012). Most women were familiar with the debate and had already formed their own

opinions on the topic, also illustrative of prevalent opinions on personal responsibility and motherhood.

Si ahorita no ve hasta la píldora del día después ya esta gratis, ya están regalando...pero yo creo que allí vuelta, pone más al sexo.

Yes, you see even the day after pill is free, they are giving it away...but I believe that, actually, causes more sex.

Some also believed that it was a form of abortion. Although emergency contraception is commonly viewed as preferable to abortion, it is still viewed as a dangerous, if not downright immoral, way to limit fertility. It is viewed with caution due to perceived physical and moral risk. Some women view it as a form of abortion, while some note that it is bad for the female body:

Así, eso es, aborto, ¿no? Eso es...nosotros los seres humanos siempre optamos lo más fácil. Pero evitando la responsabilidad. Entonces yo creo que deberíamos ser todos más responsables, porque eso es una opción, yo digo que como primera vez estuviera bien...Si les registra allí, la venta, esa persona por una, si. Pero varias veces no estoy de acuerdo. Porque si en verdad, o sea, es abortivo. No lo veo de otra manera.

That is abortive, isn't it? That is...we human beings always choose what is easiest. But devaluing responsibility. So I think that we should all be more responsible, because that is an option, I'd say that the first time it would be ok...if they register them when they buy it, this person got one, yes. But multiple times I don't agree with. Because really, I mean, it's abortive. I don't see it any other way.

Por un lado está bien. Para que eviten los embarazos, hay muchachas que digamos estudiantes de quince años, catorce años, dieciséis años, pero por otra parte también le perjudica porque dicen, bueno, esto lo tomo, y el cuerpo de uno no valora. No valoran... por una parte también se perjudica porque dicen bueno no voy a querer embarazarme, voy a tomarme la pastilla, con eso se acabó. Pero el cuerpo de uno...

On one hand it is good. To prevent pregnancies, there are girls, some fifteen years, fourteen years, sixteen year old students, but on the other hand it also biases them because they say, well, I'll take this, and don't value their bodies. They don't value it... on one hand they say, well I don't want to get pregnant, I'll take a pill, and that's it. But one's body...

The widespread ambivalence with regard to emergency contraception illustrates the disparities between abstract ideals of motherhood and sexuality and personal concrete experiences. Ideally, women would not need to use emergency contraception if they “took care of themselves” (“*cuidarse*”) through abstinence or contraception, but participants still acknowledged that it was preferable to the alternative of undesired childbirth in some cases. Interestingly, women generally considered that use of emergency contraception is acceptable as a last resort for very young women, or in cases of rape:

Porque hay niños que no tienen padre...no tienen, eh, se quedan embarazados cuando los padres del hijo están menor de edad, hasta le matan, o aborto...o nacen el bebé, hay muchos casos que pasen en las noticias que lo boten, ¡o si no en la basura!

There are kids that don’t have a father. They don’t have, uh, they get pregnant when the child’s parents are underage, and they even kill it, or abort...or the baby is born, and there are many cases in the news when they throw it away, in the trash!

The reasoning against abortion or emergency contraception usually centered on the welfare of the child, rather than the mother. Health of the mother and her ability to continue education or employment were not identified as reasons for legalization of abortion.

While it is legal and free in public health centers, women are not likely to use the “day-after” pill unless they feel it is safe for their bodies and their moral stance against abortion. Young women who were familiar with the debate surrounding emergency contraception and its science were in support:

El ovalo y el espermatozoide no se va a fecundar en un instante. Tiene un proceso de quince, de quince días a un mes. Entonces no es abortivo. O sea mejor, están evitando que haiga tantos embarazos no deseados.

The egg and the sperm do not fertilize in an instant. There is a process of fifteen days to a month. So it is not abortive. I mean, it’s good! They are eliminating so many undesired pregnancies.

Legalization of emergency contraception may decrease undesired fertility, but only if women fully understand health mechanisms and risks associated with it. Based on my participants' responses, misunderstandings about the abortifacient properties and health risks associated with emergency contraception are poorly understood in Quito.

5.0 CONCLUSION

No nos hace falta nada. Tenemos el amor, el cariño, y el respeto. Las tres cosas. Que no quisiera que nunca me falta, ni nada de las tres cosas. Hay bastante respeto entre nosotros. Y amor. Con mis hijos. Como dice mi esposo, aunque no tengamos un día que comer, pero estamos los cuatro juntitos. Digo sí. Deseo unas papitas, un caldito, y ya. Vamos a estar los cuatro juntos. Es así.

Nothing is missing for us. We have love, care, and respect. The three things. I would never want to lose any of those three things. There's lots of respect between us. And love. With my children. As my husband says, even though we might not have enough to eat one day, we four will be together. I say, yes. I want some potatoes, a soup, and that's all. The four of us will be together. It's like that.

- *Potato vendor, Quito, Ecuador, June 2013*

In this study, I explored the motivations and thought processes behind fertility decisions among women with whom I spoke in Quito, Ecuador, and the ways in which these decisions are formed by cultural constructions of motherhood, family, and socioeconomic position. I focused on micro decisions within families and bring out their connections to macro global processes.

Policy decisions on the local level are shaped by global discourse, and funding. Within the Cairo development framework of human rights, reproductive health is closely tied to female empowerment. Offering women contraception “empowers” them to have fewer children, under the assumption that given more opportunity, women will voluntarily choose to limit childbirth. However, my research demonstrates that there is an enormous difference between offering women the opportunity to limit their fertility and shaping gender roles in public/labor and private/domestic spheres. What matters is not just tradeoffs between work and childbirth, but the

settings, meanings, and values placed on both. I found that fertility choice was not associated with informal labor force participation: women are not coming out of the home in order to work. They are already working, and they are bringing their children with them. This is partly due to necessity (women had to earn an income and could not survive as stay-at-home mothers) and partly because of overlap between informal labor and the domestic sphere. The integration of family and work life helps to explain why women who work or expect to work in the informal sector have less motivation to limit their fertility.

Modern “family planning” services are inextricably linked to contemporary global processes, including urbanization, NGOization, and informal labor, as well as the shaping of subjectivities to promote self-discipline, responsibility, and investment in personal life. Women, and poor women especially, are expected to limit their fertility so that their children can get an education, be healthy, and achieve higher socioeconomic status. Mothers should become entrepreneurs of their own bodies through fertility control, investing in the future of their families and society. The discourse of “empowerment” and “choice” thus places women in categories based on their use of contraception. Dichotomies between the modern and the traditional, the poor and the prosperous, and the developed and developing have characterized family planning policy. Contraceptive use is value-coded as quintessentially modern and intelligent. Poor, over-fertile women are viewed as “disempowered” and local prejudices of backwardness and irresponsibility are reinforced. “Tradition” and “culture,” especially in regards to indigenous peoples, are viewed as barriers to development.

Family planning policies targeting limiting fertility “outsource” development to their clients: poor urban women. Although access to contraceptives has clear tangible benefits, targeted programs do little to address the systemic causes of poverty in Quito. Having fewer

children may allow women to invest more in each child's care and education, but this will not improve their situation in the long-run if there is no quality education available, there are no opportunities for formal employment, and informal wages barely provide subsistence. Family planning as a method for slowing the growth of urban poverty draws attention from issues of economic stagnation and inequality. Like other neoliberal development efforts, family planning "deflects the responsibility for poverty reduction onto the poor" by blaming lack of education and income on large family size (Dolan, 2012:4). There need not be economic redistribution or holistic efforts aimed at poverty reduction if poverty is the fault of poor women.

5.1 LIMITATIONS AND FUTURE APPLICATIONS

This research provides the basis for future projects aimed at adding further insight into fertility choice in Quito. I had only two months to spend in Quito, but several more months could only help to flesh out concepts and investigate biases. It would be useful to connect with more women not related to CENIT, especially in street markets outside of El Camal. My association with an NGO such as CENIT doubtlessly had a significant impact on some of my participants' responses; a different project without such an association would provide an interesting comparison. Having only a sample size of 17 women interviewed limits the ability to extrapolate findings to larger populations, even within the parameters of the informal sector in Quito. In addition, knowing Quichua could greatly help gain trust and high levels of comprehension with migrant women or those who identify as indigenous.

With more time and resources, a researcher could also do more work interviewing doctors and administrators at Ecuadorian NGOs. For instance, I would like to have visited and

interviewed representatives at the UN offices in Quito (particularly the UNPFA) but was not given an appointment in time. Interviewing public officials in charge of deciding reproductive policy could be highly useful as well for a researcher with more experience and resources.

Another significant point of expansion would be the inclusion of male voices. Of course, men play an essential role in reproductive decision-making and behavior. Their opinions on family planning services and policies are important considerations in attempting to construct a cultural framework of ideas about family planning and fertility. They are also often considered “barriers” to development efforts aiming to “empower” women because of their dominant social position relative to women (Gutmann, 2011; Shepard, 2004). Due to conceptions of masculinity, particularly the assumed contradictions between machismo and “responsible” fatherhood, men as well as women are targeted by family planning efforts (Bedford, 2007). While they are targeted using different justifications and different methods, ideas of responsibility and self-constraint are also used to “include” men in gender and development policy, including family planning policy. A future investigation could analyze and compare male responses in regards to their roles in fertility decisions and perspectives on the costs and benefits of parenthood. This would add another dimension to this analysis of gender, labor, reproduction, and development.

5.2 OUTLOOK

As political, economic, and social contexts in Quito shift, the status-coding of mothers in Quito is also changing. Younger mothers do identify a tradeoff between continuing education, gaining formal employment, and having more children. Many expressed regret that they had had children

so young. Mothers in their twenties acknowledged that they had sacrificed finishing high school or college to have children, and thus the possibility of gaining formal sector employment:

Mi hijo es todo para mí, yo sí quise, y todo. Lo que quisiera volver es...tener un hijo, pero cuando yo sea una profesional. Eso quise, que tener mi hijo en una familia, y con una profesión, estando mi esposo conmigo...eso quisiera. Pero no se obtuvo. Pero igual, yo tengo que seguir adelante.

My son is everything to me, and I wanted him, and everything. But if I went back what I would want is...to have a child, but when I was already a professional. That's what I wanted, that I have my child in a family, and with a profession, with my husband with me...that's what I wanted. But I didn't get it. But, well, I have to keep going forward.

Promoting education reduces fertility for younger women by giving better alternatives for both social and economic fulfillment (Bandarage, 1994; Handwerker, 1986; Schultz, 1994). As is shown by the attitudes of most women I spoke with, educational opportunities reduce the likelihood that parents will choose labor over schooling for their children. Besides delaying childbearing and increasing income, education and socioeconomic strata also have a great deal to do with knowledge of opportunities, social expectations, and bodily functions. It has been shown that the completion of primary school begins to reduce marriage ages and fertility rates.

Although population policies target poor rural women, fertility change has been most prominent among the urban upper classes. This clearly points to the fact that reductions in fertility rates are based not only on family planning policy, but also socioeconomic class - especially access to human capital development such as health and education services. Government commitment to prevent both child labor and young motherhood can be targeted through quality public education, while simultaneously increasing skilled labor supply. Formal education is also an avenue for disseminating information on contraceptive technologies, reducing misconceptions and misuse.

The state of development in Quito is changing rapidly due to the Ecuadorian state's shift to funding social services. Improved public health and education may contribute to development and fertility reduction independent of targeted family planning efforts. However, current discourses still frame women's contributions to society by their maternal role. A narrow conception of heterosexual, monogamous "family" is considered the building block of Ecuadorian society. "Responsible" fertility control is promoted for the sake of nation building, for the overall good of "la Patria."

Under this model, women and their bodies are viewed as instrumental for the status of family, community, and nation. The urban poor, particularly recent migrants and those of indigenous descent, are targeted as "risky" drivers of poverty. Bringing their sexuality and reproduction under control will improve "quality and dignity of life" in Quito (CEMOPLAF, 2013). Women are therefore expected to "take care" ("*cuidarse*") of their bodies, futures, and social standing by controlling their sexuality and fertility. In the meantime, they must tolerate poverty for the sake their children and fantasies of future prosperity.

APPENDIX A

INTERVIEW GUIDELINES IN SPANISH, ENGLISH (IRB APPROVED QUESTIONS)

Cuantos hijos tiene?
En este punto de su vida, quiere más hijos?
Antes de que tuvo su primer hijo, cuántos hijos quería tener en total?
A qué edad tuvo su primer hijo?
Que factores influyeron su decisión para tener hijos?
Que edad cree que sería ideal para tener hijos?
Está casada? A qué edad caso?
Que opina su marido sobre el tamaño de su familia?
Cuál es su número de hijos ideal? Por que?
Que son las ventajas de una familia grande para usted? Las desventajas?
Conoce muchas familias de tamaño grande? Sus amigos? Sus hermanos y hermanas?
Que opina tiene usted sobre las mujeres que deciden no tener hijos?
Desde hace cuando vive en Quito?
Sus padres también viven/vivian aquí?
Cuantos años de educación formal tiene?
Cuantos años de educación tienen sus hijos? Cuantos años espere que van a tener? Cuantos años te gustaría que tengan?
Trabaja fuera de la casa?Cuál es tu trabajo? Cuanto tiempo ha tenido trabajo?
Como se influyo su embarazo en su trabajo?
Su trabajo influyo su decisión a tener hijos?
Sus hijos trabajan? Que hacen?
Que espere que hace tus hijos cuando se hacen grandes?
Que quiere que hace tus hijos cuando se hacen grandes?
Cuanto tiempo pasas con sus hijos cada día? Que suele hacer con ellos?
Su esposo/novio se ocupa de los niños? La casa?
Usa anticoncepción? Que tipo?
Que otros tipos conoce?
Cuanto cuesta este método?
Que es su historia con la anticoncepción? Ha usado otros tipos en el pasado?
Siempre se ha funcionado este tipo de anticoncepción?

Siempre ha tenido acceso a su tipo de anticoncepción preferida? (Si no, que se ha impedido a obtener el tipo preferida?)
Quiere usar otro tipo en el futuro si tiene la opción?
De donde consigue su anticoncepción?
Se siente cómodo usando este servicio?
Si pudiera hacerlo otra vez, cuántos hijos le gustaría tener y en qué etapa de tu vida?
Que opina sobre el aborto? Debe ser legal? Por que?
Y el Plan B?
Cree que la anticoncepción debe ser gratis para todos? Para adolescentes?
Conoce a otras que podrían hacer esta entrevista?

How many children do you have?
At this point in your life, do you want more children?
Before you had your first child, how many children did you want total?
At what age did you have your first child?
What factors influenced your decision to have children?
What do you think is the ideal age to begin having children?
Are you married? At what age did you get married?
What does your husband think about the ideal number of children to have?
What is your ideal number of children? Why?
What are the advantages of having a large family? The disadvantages?
Do you know many people with large families? Friends? Family members?
What do you think about children who decide not to have children?
How long have you lived in Quito?
Do your parents also live here?
How many years did you go to school for?
How much education do your children have? How many years do you think they will get? How many do you hope they will get?
What is your job? How long have you worked for?
How did your pregnancy affect your work?
Did your work affect your decision to have children?
Do your children work? What do they do?
What do you think your children will do when they grow up?
What do you hope that they will do?
How much time do you spend with your children in an average day? What do you do together?
Does your husband help with housework? Taking care of children?
Do you use contraception? What type?
What other types are you familiar with?
How much does it cost to use contraception?
Have you used other types in the past?
Has this type of contraception always worked for you?
Have you always had access to your preferred type of contraception? If not, what stopped you from getting this type?
Would you use other kinds in the future if you have the option?
Where do you get contraception?
Do you feel comfortable with this service?

If you could start all over, how many children would you like to have, and at what stage of your life?

What do you think about abortion? Should it be legal? Why?

What about Plan B?

Do you think contraception should be free for everyone? Adolescents?

Do you know others who would be interested in doing this interview?

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