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Reproductive Rights in Puerto Rico: Sterilization, Contraception, and Reproductive Violence

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REPRODUCTIVE RIGHTS IN PUERTO RICO: STERILIZATION, CONTRACEPTION, AND REPRODUCTIVE VIOLENCE

by

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ABSTRACT

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Since the middle of the twentieth century, Puerto Rico has had the highest, or nearly the highest, rate of sterilization in the world. The reasons for this have been examined from many perspectives, but how this has affected Puerto Rican women has rarely been discussed nor have their voices been heard. This study focuses on the long-term effects of female sterilization on Puerto Rican women, and their perception about their options for contraceptive methods and reproductive rights. It does this through face-to-face interviews conducted in the Metropolitan Combined Statistical Area of Puerto Rico with individual participants from different generations, a reproductive rights attorney, and health care professionals. It thus includes the voices of women who were part of the generation of mass sterilizations *and* of those who belong to a younger generation.

Puerto Rico is the oldest colony in the Western hemisphere, first of Spain and then of the United States. Since 1898, the United States has kept close control of all major aspects of life in this colonial territory, and the campaign to control birth rates that began in the middle of the twentieth century was in part designed to manipulate women's reproductive system in order to create a body of cheap labor for North American companies that received tax exemptions to

move their factories to the island. Targeting the family as the institution to help control the population growth in Puerto Rico was closely related to the need for laborers who could work for low wages in factories owned by the United States. Because of this history of colonialism, I use a decolonial approach, but combine this with intersectionality to also address issues relating to differences among women created by race, education, class, and other structures of power. My findings are contextualized within the historical, political, and economic factors that facilitated the experimentation on Puerto Rican women in relation to reproduction in the twentieth century, experimentation that can be understood as a form of violence. As I did the interviews, topics emerged that I had not anticipated, including abortion and what medical professionals termed "obstetrical violence." Sterilization can be understood as a form of violence as well, so reproductive violence became one of the themes I examined.

I began this study because I felt the need to understand how Puerto Rico, a small island, could have the highest rate of sterilizations in the world. The data gathered in the study revealed a reduction in the preference for the procedure as a contraceptive method, particularly by millennials. However, the narratives also revealed the normalization of other types of violence in other procedures related to reproduction, such as obstetric violence and unnecessary cesarean deliveries. The aggression against the colonized, brown, Puerto Rican female body in reproductive matters has been expanded to other areas aside from sterilization.

The study was designed to create awareness of the government intervention in women's reproductive rights and how these policies have affected generations of women, and to expose the interactions of colonialism, patriarchy, and population control as they influence women's perception with respect to their social and biological capacities. It can serve as a starting point for further studies that aim to prevent the imposition of sterilization and other forms of

reproductive violence on vulnerable populations and to aid in developing public health programs to educate women about their reproductive rights and options for contraceptive methods.

To my mother and my female ancestors.

And to my daughter and nieces, who are the next generation.

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ACKNOWLEDGEMENTS

It may sound cliché when people say, “I would not be able to recognize everyone who has contributed to the completion of this project,” but it is no cliché. It is impossible to mention every single person who, directly or indirectly, contributes in the process of researching a topic for years. A Mohican seer from Wisconsin, Jean Reddemann, once said to me that every single person we come in contact with contributes to our lives in one way or another, as we do to theirs. I believe this to be true. Every person I came in contact with contributed in different degrees to its completion, for which, I am very grateful to every single one of them.

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CHAPTER ONE: INTRODUCTION

Introduction and Statement of the Problem

About twenty years ago, I was entrusted with the development of several courses in Spanish for Health Professionals in the Department of Spanish and Portuguese at the University of Wisconsin-Milwaukee where I teach. Eventually these courses evolved into a Certificate in Spanish for Health Professionals, which allows students from the professional schools who have studied Spanish to improve their language skills and cultural competency, thus developing a competent level of proficiency in language related to the medical field. The certificate also provides them with more sophisticated knowledge in the medical field by exposing them to cultural differences within the health care field in their community, as well as comparative medical systems in Latin America and the United States.

Through my research in comparative health care systems and traveling to several countries throughout Latin America to interview health care professionals, I noticed that Puerto Rico kept coming up as one of the countries with the highest rates of sterilizations in the world. I was shocked when I found out the percentage of sterilizations in Puerto Rico to be higher than in India, which is often described as the country with the highest rate of sterilization in the world.[1] This was true despite the fact that most Puerto Ricans identify as Catholic, and the Church is officially opposed to all methods of birth control.

Not too long after that, I watched the documentary *La operación* by Ana María García, which brought back memories of my childhood. I had flashbacks of listening to conversations my mother had with female relatives, neighbors, and friends when they talked about "la

[1] https://pulitzercenter.org/reporting/worlds-most-common-contraception-has-dark-past

operación."[2] It was an odd feeling to think that these women who were part of my life were the subjects of the intense experimentation on birth control using them as test subjects, in many cases without their consent or full understanding of "their participation in such a project" (*La operación* 1982).

This period of the history of Puerto Rico is my history and the history of all the women in Puerto Rico since the beginning of the twentieth century. All this made me realize the fact that, even though my daughter was born in the continental United States, it is part of her history also as a woman. Furthermore, I thought about how this history could affect younger generations when considering their options for birth control and their right to family planning.

The possibility of reproduction is an intrinsic part of a cis female's life.[3] From a very young age (around twelve), when we begin our menses, we have the potential of having a child. Whose decision should it be for a woman to have children and how many? Is it hers or her partner's? Or should that be a decision dictated by the government, doctors, or religious leaders? These are the questions that led me to look into the reproductive rights of women in Puerto Rico, particularly into the mass sterilizations that took place in the twentieth century. I felt it would be important to understand the effects of the social experimentation on the reproductive rights of Puerto Rican women at the time and the impact on a younger generation in the twenty-first century.

Puerto Rico is, in fact, one of the countries with the highest rate of sterilization in the world, 45% of the adult female population (*La operación* 1982; *Contraceptive Sterilization* 2002; Schoen 2005; Briggs 2007). In the late 1930s, when "Puerto Rico's legislature formally

[2] "La operación" literally means "the operation" as in a medical procedure; it is how the procedure of sterilization is commonly referred to in popular culture and within this context.
[3] Although this study focuses on cis females, it is important to recognize that some of the issues addressed here also affect those who identify as non-binary and trans men.

legalized birth control," women were advised to use contraception, but sterilization was promoted as the best method to prevent pregnancies (Schell 2014). Following ideas similar to the ones propagated by eugenicists around the world, the Family Planning Association (Asociación Planificadora de la Familia) disseminated propaganda indicating that the modernization of the country required the reduction of population growth.[4] Experts report that in the 1940s sterilizations (i.e. hysterectomies and tubal ligations) had doubled from the previous two decades.[5] By 1949, "17.8 percent of all hospital deliveries were followed by sterilization" (Stycos 4). In 1958, *The New York Times* reported that population growth in Puerto Rico was declining due to sterilization (*La operación* 1982). The pattern continued throughout the next four decades of the twentieth century.

For decades, numerous studies have been published in reference to the topics of sterilization and birth control in Puerto Rico (Stycos 1954; Ramírez de Arellano and Seipp 1983; Santiago 1992; Briggs 2002; Schell 2014; Denis 2015). Such studies mostly focus on population control and government intervention; the role of the Catholic Church and the mass media in the discussion of reproductive rights; and the scientific experimentation on Puerto Rican women, on the part of pharmaceutical companies, as well as the economic gain they made from this medical procedure.

This study takes a different approach, focusing on the long-term effects of female sterilization on the women themselves and the perception of Puerto Rican women about their

[4] In 1954, the Association for Population developed the Family Planning Association of Puerto Rico (FPA). This is a private organization created to address issues related to population control and reproduction that, according to the Association for Population, were not being addressed by the government of the Island. In an effort to "educate" the population, on the matter of reproduction, the FPA distributed books, pamphlets, comic books, and other educational materials among the population on the Island. In addition, foam, jellies, and oral contraceptives were supplied to patients. The Association also provided counseling on sterilization and helped "to reduce the costs to the client for the operation" (Zalduondo 1).

[5] Hysterectomies and tubal ligations are two different surgical procedures for sterilization. A hysterectomy can be radical when the uterus, cervix, and fallopian tubes are removed, or partial when some organs are left intact. In a tubal ligation, the fallopian tubes are cut or blocked and sealed to prevent the fertilization of the eggs. They are both permanent forms of birth control.

options for contraceptive methods and reproductive rights. By doing face-to-face interviews, I aim to get a better understanding of how women in Puerto Rico regard their reproductive rights based on their lived experiences. I am interested in finding out women's perspectives and understanding of their reproductive rights and options after several decades of having sterilization as the most accessible form of birth control, including how this has affected younger generations. As I did the interviews, topics emerged that I had not anticipated, including abortion and what medical professionals termed "obstetrical violence." Sterilization can be understood as a form of violence as well, so reproductive violence became one of the themes I examined.

This study is mainly qualitative research that relies on historical documents such as government and ethnographic work, especially face-to-face interviews, as its principal data collection methods. It also includes low-level statistics in relation to the analysis of the data provided by the interviewees. The goal of the research is to document and describe the beliefs and attitudes of successive generations of women in the twenty-first century as a result of the campaign to control population growth on the Island during the twentieth century (Marshall & Rossman 69).[6] I seek to understand how the implementation of colonial policies in the past century has affected Puerto Rican women's perceptions in relation to their reproductive systems and to explore whether indeed cultural changes have developed in relation to birth control methods.

Theoretical Approach

Throughout the centuries, much has been said about the need to control the global population before we run out of room and resources on earth: *lebensraum* or "the struggle for space and power" (Daugherty & Kammeyer 1995; Bashford 2014). Thomas Malthus' infamous

[6] I will use interchangeably Puerto Rico or Island to refer to the same concept, the island of Puerto Rico.

work, *Population: The First Essay* (1798), on population control is one of the most influential books on the topic.

But after centuries of debate on the subject, one has to wonder what exactly it means to "control population:" Is it simply about the number of children a couple wants? Is it about food supplies and national resources? Is it about who is in charge of regulating such a task? Or is it a combination of all those questions? In the introduction to *Global Population: History, Geopolitics, and Life on Earth* (2014), Alison Bashford argues: "'Population' is often taken to be a sexual and reproductive issue in the first instance. Yet it is a spatial and economic issue too, a question of land cultivation and food production" (3).

The history of population control in Puerto Rico, imposed by an imperialist, Protestant system after the United States invasion of 1898, requires a careful analysis by researchers of the social, political, and economic issues involved. This is in addition to cultural, religious, and gender aspects that play a part in family planning dynamics within the colonial context on the Island. Algerian philosopher Louis Althusser argues that the systematization of social behavior in colonized societies is created by social institutions (Althusser 2014). Althusser uses the concept of Ideological State Apparatuses (ISAs), which he defines as "a certain number of realities which present themselves to the immediate observer in the form of distinct and specialized institutions (i.e. schools, the legal system, political institutions, the family, mass communications, etc.)".[7] Since the early decades of the twentieth century, the history of female sterilization has been intertwined with the colonial reality of Puerto Rico. ISAs in Puerto Rico such as schools, mass communications (i.e. newspapers, pamphlets, documentaries, etc.), clinics, and hospitals, aided in propagating ideas of overpopulation and the need for mass sterilizations

[7] Althusser, 2014, 242-243.

to alleviate what United States officials referred to as "the population problem" (Presser 1973; Ramírez de Arellano 1983; Denis 2015).[8] Annette B. Ramírez de Arellano et al., in their book *Colonialism, Catholicism, and Contraception* (1983), report that in 1899, United States officials stationed in Puerto Rico "were certain in their judgment that overpopulation was a major cause of the problems they identified" (13). These were the same officials who described the islanders as "dirty, ignorant, and lazy" (7). This mentality resonates with the ideas proposed by eugenicists in the late nineteenth and early twentieth centuries in the United States.

Given the complexity of the topic of reproductive rights in Puerto Rico, where politics, economics, and religious issues, as well as social markers of race, gender, and social class, form part of the controversy of mass sterilizations, a combined theoretical approach seems to be appropriate when analyzing this problem. I call this combined theoretical approach and its application in this work a decolonial-intersectionality approach. Using as the basis for analysis a decolonial framework that looks at the effects of the long history of colonialism on the Island, I add an intersectional approach to help understand the effects race, class and other variables on Puerto Rican women in their perception of reproductive rights and options.

Social and political changes in the twentieth century, adapted throughout decades of colonization, have been justified by tropes based on differences of race and social class (*La operación* 1982). Thus, Puerto Rico presents a fascinating case not only for colonial studies but also "for the analysis of the multiple intersections of critical variables, such as gender, sexual orientation, race, ethnicity, nationalism, and transnationalism" (Duany 178). In order to understand reproductive rights in Puerto Rico and why sterilization is the most prevalent method of birth control, even in the twenty-first century, researchers must look into the myriad of factors

[8] The other option presented to Puerto Ricans was to emigrate to the continental United States. Both options will be discussed in more detail later in this work.

that affect this issue. Was sterilization imposed on Puerto Rican women, or did they choose the procedure because it fit their lifestyle and cultural traditions better than other methods of birth control? Or are the high rates of sterilizations the result of a colonial system that has imposed social and economic changes that affect the way women perceive their reproductive rights and options?

Puerto Rico's geographical location makes it a prime real estate property desired by imperial powers (i.e. the United States) interested in the Caribbean basin and looking for access to other parts of the Americas. Roberta Ann Johnson in her book *Puerto Rico: Commonwealth or Colony?* explains: "Like those before and those to follow, the Spanish who settled in Puerto Rico in 1508 came in search of gold. However, by 1540 the production of gold had declined, and by 1570 it ceased all together. Yet, Puerto Rico's importance did not diminish; strategic location was its wealth" (1). Its strategic geographical location in the Caribbean provides easy access to potential business opportunities in the region. It also provides a convenient military locale. In addition to military bases, it is convenient for training military personnel and recruiting soldiers. (One of the main reasons for granting Puerto Ricans United States citizenship in 1917 was to have a source of young men to draft for the United States Army). Also, in addition to natural resources, the human power available on the Island has served as a "free source" of human capital for the United States.

Last, according to Ramón Grosfoguel (Grosfoguel 2003), during the Cold War, Puerto Rico became "the showcase state" that the United States could present to the whole world as a model of modernity and prosperity thanks to its "association" with the United States. This was contrary to other Latin American nations that associated themselves with socialist or communist nations, which were viewed as backward and underdeveloped. Therefore, Bashford's statement

on population control being "a spatial and economic issue … as much about geopolitics as it was about biopolitics," represents the reality of Puerto Rico and its relationship to the United States.

Given the fact that reproductive rights in Puerto Rico are a complex topic that require a comprehensive analysis, I have combined two theoretical frameworks to analyze the different elements that provide context to this issue: Intersectionality theory (Crenshaw 1989) and decoloniality theory (Mignolo 1995; Quijano 2000). My decolonial-intersectionality approach comes from the following traditions:

A) Intersectionality theory: In 1989, Kimberlé Crenshaw proposed a theoretical framework to consider different systems of oppression that affect women of color. Crenshaw argues that systems of oppression based on race, gender, and social class are not just additive, but they intersect to create complex systems of oppression. This approach is thus particularly appropriate when looking into the reality of Puerto Rican women as women of color and as colonial subjects of the United States (Crenshaw 1989; Nash 2008).

B) Decoloniality theory: Decoloniality addresses the social inequalities and oppressive systems that have been institutionalized after colonial systems ended, affecting former colonial subjects in every aspect of their lives.[9] Direct colonial oppressive systems ceased to exist decades ago, but epistemologies of control and oppression that were put into place centuries ago still exist throughout the world (Grosfoguel 2000; Mignolo 2002; Althusser 2014). Decoloniality is the legacy of colonial systems that still influences former colonial subjects in all aspects of their lives and dictates their behavior today (Quijano 1995; Grosfoguel 2000; Maldonado-Torres 2007).

[9] These theories and their applicability on this work will be fully developed in Chapter Three, Theoretical Framework, of this dissertation.

> Puerto Rico's political status and economic relationship presents a complex case because it is still a colony of the United States (Santiago 1992).

I will also draw from the notion of objectification within the historical perspective of the Americas and how it has affected the social development of women of color since colonial times, perpetrating oppressive systems.

A decolonial-intersectionality approach is particularly appropriate in the analysis of reproductive rights in Puerto Rico because women's sexuality and reproductive rights have been debated within the context of the development of the nation. A hyper-sexualized female body has been blamed for the ills of a nation. Participants in social, political, and religious debates since the early decades of the twentieth century have argued that, in order to stabilize the economy and advance the modernization project, Puerto Rican women's sexuality and reproductive system had to be kept under control. Briggs explains: "Puerto Rico was explicitly a 'laboratory' in which development […] was being tested as a global policy. The relentlessly fertile Puerto Rican mother provided an interpretive key for (post)colonial poverty, communism, and the role of the United States in the Third World […] Once again, working-class women's bodies were the loci of struggle over insular class relations and the relationship of the United States to the island" (*Reproducing Empire* 110-111). In this work, decoloniality will be linked with the intersections of race, class, and gender, which together have perpetuated a system of oppression in the oldest colony in the Americas, where the female body has been objectified since colonial times.

Background

This study first explores "the population problem" in relation to the sterilization campaign in Puerto Rico in the twentieth century. Second, it analyzes the effects of mass

sterilizations on the reproductive rights of Puerto Rican women and their perception on birth control options in the twenty-first century. It thus looks into the different political and economic forces that prompted the mass sterilizations of women in Puerto Rico from the 1940s on, and the resulting consequences in relation to cultural changes (Camlin & Escandon 2002).[10]

For over a century, "the population boom" has been presented as the reason for all economic and social problems in Puerto Rico, with female sterilization as one of the two main solutions, emigration being the other one. Sociologists have identified three waves of migration for Puerto Ricans moving to the continental United States. The first one (1900-1945) consisted mostly of people who migrated to work in factories and agriculture. The second wave, known as "the great migration," happened between 1946 and 1964. The first two waves settled in New York and the vast majority of them were working-class people.

The last group recorded in the twentieth century was between 1965 and 1990, a group known as "the revolving-door migration." Contrary to the two previous groups, who moved to the continental United States and stayed put, this group moved back and forth between the Island and the metropole. Also, this group moved to different parts of the United States, breaking the pattern of the two previous groups, who mostly lived in New York (Rodríguez 1991). In the twenty-first century, the economic crisis of 2008 and the devastation of hurricanes Irma and Maria in 2018 have forced thousands of other Puerto Ricans to move to the continental United States, but we have yet to see how the migration scholars will label them.

To ease the economic problems and "the purported problem of excess population," training programs to better prepare the population were also proposed as possible solutions (*Puerto Rico Report* 1932; Rodríguez 1991). However, between the 1950s and the 1970s,

[10] Note that sterilizations have been performed in Puerto Rico since the 1920s. It is after 1937, with the end of the Comstock Law, that sterilizations increase.

economic initiatives meant to improve the standard of living, such as Operation Bootstrap and the opening of American companies under the promise of low taxes, did not improve the economic crisis in Puerto Rico. Despite some initiatives by the government to develop technical training and educational programs, the economy on the Island has never improved (*La operación* 1982; Ramírez de Arellano & Seipp 1982; Briggs 2002; López 2008). In the last decades of the twentieth century, social conditions and the economy continued to decline. In the twenty-first century, Puerto Ricans are still migrating to the continental United States, it still has one of the highest percentage of sterilizations in the world, and Puerto Rico is suffering its worst financial crisis with no help from the United States (Briggs 2002; Denis 2015; González 2017).[11] In other words, the solutions proposed by the metropole, and in some cases implemented by the local government, have not solved the problems in the colony. Thus, reducing the population has remained a favored solution to the economic problems in Puerto Rico, which has led to an extremely high incidence of sterilization.

In the late 1930s, contraceptives were legalized in Puerto Rico and clinics throughout the Island, under the supervision of government officials, encouraged their use. However, birth control options were limited at the time, a high percentage of the population was illiterate, and the opposition from the Catholic Church was fierce. In the literature of the period from the 1930s through the 1960s, all educational programs by private or public agencies on how to properly use contraceptive methods are mentioned only for the purpose of experimentation. There is mention of several educational programs sponsored by public and private organizations that hired nurses and social workers to distribute contraceptives at clinics or during home visits, but the intent was

[11] According to the United States Census Bureau, 97,500 Puerto Ricans migrated to the continental United States in 2017. The following year the number increased by more than a third to 133,500. The migratory pattern that began in the twentieth century as one of the "solutions" to mitigate the "population problem" in Puerto Rico has continued without any real improvement to the economy.

to instruct women on how to use them for testing and experimentation purposes (Ramírez de Arellano & Seipp 1982; Briggs 2002).

The focus of these visits was not to educate women on how to use different kinds of contraceptives; rather, the women were being used as test subjects in the process of developing specific methods of contraception by private investors, pharmaceutical companies, and universities in the United States in collaboration with the University of Puerto Rico (Ramírez de Arellano & Seipp 1982). Once experimentation on animals was exhausted, ". . . it was necessary to find 'a cage of ovulating females' who would submit themselves to clinical experimentation" (Ramírez de Arellano & Seipp 107). Newspaper articles reported public controversy about the use of contraceptives in Puerto Rico. Sociological studies on family dynamics reported female sterilization as the preferred method by most women, given its effectiveness and accessibility (Stycos 1952, 1954; Bigart 1959; Barrett 1963). Stycos, in "Female Sterilization in Puerto Rico," makes reference to surveys conducted in the 1950s that reported that physicians believed sterilization to be the best contraceptive method and encouraged working-class women to get postpartum sterilization because other methods were too complicated for them (3). Informing Puerto Rican women about their options in using contraception was not the aim of "the educational process" of teaching them how to properly use contraceptives in Puerto Rico. Instead, instructions about the specific contraceptives that were being provided to women (Emko foam or the pill, for instance) were given to them only for the benefit of the pharmaceutical companies doing the experiments.

After several decades of governmental intervention and the institutionalization of sterilization as one of the preferred methods of birth control in Puerto Rico, it could be argued that women became enculturated to believe that this was their best option. Iris Ofelia López, a

contemporary urban anthropologist, argues that it was precisely the lack of contraceptives that "set the stage for the widespread acceptance of sterilization among Puerto Ricans in the 1930's" (11). Even though both men and women were sterilized, the main targets were women from the working class. "The Malthusian … arguments saw the poor as irresponsible breeders, fecund beyond their limited resources and unconcerned at bringing weak or poor stock into the world" (Levine 51). Going back to Bashford's argument about "the population problem" being an issue of geopolitics as well as biopolitics, when analyzed within the Puerto Rican context, it is imperative to account for the political and economic interests and motivations that the United States had in the twentieth century to promote sterilization among women as the preferred method of birth control.

It has been argued that the institutionalization of sterilization in Puerto Rico was intended to manipulate women's reproductive system to create a body of cheap labor for United States corporations that received incentives in the form of tax exemptions to open their factories on the Island (*La operación* 1982; Ramírez de Arellano & Seipp 1983; Santiago 1992; Grosfoguel 2003). According to economist Carlos Santiago, Puerto Rico's industrialization period commenced in 1947, when the first exemption laws were passed. World War II had created a great demand for clothing, and Puerto Rican women were needed in the garment industry. Colonial indoctrination through ISAs helped to convince Puerto Rican women who needed jobs to support themselves or their families that "la operación" was their best option, and would also help save the Island from the "problem of overpopulation."

Research Questions

This research addresses the following primary questions: How do Puerto Rican women perceive their reproductive rights and their options of contraceptive methods in the twenty-first century, given the United States' intervention in the reproductive rights of women in the Metropolitan Combined Statistical Area (CSA)[12] in Puerto Rico during the twentieth century? Do women from my generation (1960s) or my daughter's generation (1980s) still consider sterilization the best method to prevent pregnancies, or do they consider other options? What about younger generations? To provide background and context for this complex issue, I will also examine the methods of contraception available to Puerto Rican women, the opinion of the Catholic Church and the Puerto Rican government, and the role of Puerto Rican women in the economic development of the Island.

Significance and Implications of the Study

Although much research has been done in relation to this topic, there is one element that is missing: Puerto Rican women's voices. It could be argued that works such as the documentary *La operación* by Ana María García or Iris Ofelia López's book *Matters of Choice* interview Puerto Rican women who have been sterilized. However, in the documentary *La operación*, women are asked about their immediate experience and how they feel about having been sterilized, including cases of coerced sterilizations, not about how they perceive their reproductive rights and those of their daughters. In López's book, the issue of mass sterilizations focuses on the experience of Puerto Rican women in the continental U.S., not on the Island.

Lourdes Lugo-Ortiz's book, *Tropiezos con la memoria*, reports on the debates and discussions publicly held by representatives from different political ideologies and the Catholic

[12] The Metropolitan Combined Statistical Area of Puerto Rico, as defined by the United States Census Bureau, covers the northeast part of the Island. Throughout this paper, I will refer to it as the Metro Area.

Church in newspapers and other venues of the mass media. Ramírez de Arellano, et al. wrote *Colonialism, Catholicism, and Contraception* in 1983, a ground-breaking work that provides the reader with a historical account of the colonial context and the intervention of the Catholic Church in relation to issues of birth control in the twentieth century in Puerto Rico. One of the most comprehensive works on the topic, *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico* by Laura Briggs, 2002, is an in-depth study of the historical, political, and scientific background of sterilizations in Puerto Rico, paying special attention to the intersectionality of sexuality and race. In her article "Discourses of 'Forced Sterilization' in Puerto Rico: The Problem with the Speaking Subaltern," Briggs looks at the different political and religious arguments, along with the feminist discursive contributions since the early twentieth century that were presented regarding the mass sterilizations in Puerto Rico. There are many other works that deal with the topic of mass sterilizations in Puerto Rico, but none of them allow us to hear the voices of Puerto Rican women expressing their perceptions of their options and rights about birth control, particularly about sterilization.

This study differs from others in that in addition to studying scholarly and popular literature on the subject, and historical and political records, it also includes the voices of the women who were part of the generation of mass sterilizations *and* of those who belong to a younger generation. First, I take a close look at the historical evolution of this phenomenon. Then, I use face-to-face interviews with adult Puerto Rican women and health care professionals to provide insight into the perceptions of women about their reproductive rights in the twenty-first century. I also include interviews with those who represent the social institution (ISAs), including hospitals, that regularly confront this issue. These elements are analyzed, applying a combined theoretical approach. A qualitative investigation of the experiences of Puerto Rican women

illuminates specifically the intersection of political, economic, and public health aspects in the lives of Puerto Rican women today. The low-level statistical analysis of the participants will add a quantitative dimension.

This study is designed to create awareness of the government intervention in women's reproductive rights and how these policies have affected generations of women, and to expose the interactions of colonialism, patriarchy, and population control, as they influence the women's perception with respect to their social and biological capacities. Women's lack of access to birth control and the government's campaign to control population growth by the mode of sterilization limits women's options when it comes to making a decision about their reproductive system (Ramírez de Arellano et al. 1983; Schoen 2005; Briggs 2008; López 2008). This study could potentially aid in the creation of public health programs to educate women about their reproductive options. Also, the results of this analysis can prove beneficial to other developing nations that have had similar experiences. According to information presented in *Contraceptive Sterilization*, Latin America and the Caribbean have the second-highest rate of sterilization in the world (33). After Puerto Rico, the three countries with the highest prevalence of sterilizations are: Brazil (42.7%), Dominican Republic (41%), and Panama (33%) (25).

If the high percentage of sterilizations is the result of government or religious impositions, then new public health policies might aim to educate women about their reproductive rights and the options available for different contraceptive methods. This investigation could thus serve as the basis for further studies that can influence social policies that would protect women's reproductive rights.

Research Process and Methodology

In 2014, I began the initial phase of my research. In subsequent years I traveled to Puerto Rico during the summers of 2015, 2017, and 2018 to do face-to-face interviews and archival work. During the summer of 2014, I visited the Oficina de la Procuradora de las Mujeres, a government organization that offers a variety of social services to women in Puerto Rico. They provided me with valuable information about government agencies and nonprofit organizations that work to improve women's lives on the Island.

In summer 2015, I began face-to-face interviews with two doulas in the Metro Area. During one of the interviews, I learned that forced sterilizations do still occur on the Island. One interviewee informed me that seven years prior to our conversation her cousin had been sterilized without her consent. She had gone into the hospital for a minor surgery and the doctor decided to sterilize her during the same procedure because she already had three children. Neither she nor her husband, who was outside the operating room, was ever asked for their consent for her to be sterilized. From that point on, I proceeded to "snowball" sampling based on the references from the first participants to contact other potential participants.

I had planned on completing the interviews and finish collecting data for this project in 2017. However, after the devastation caused by hurricanes Irma and Maria in 2017, I went back in the summer of 2018 to do follow-up interviews with health care professionals and with some of the participants. Even though I thought it would take several visits to make contact with women who were willing to participate in the interviews, and to establish a relationship with them in order to do the in-depth interviews required, to my surprise, I found participants to be receptive and open to be part of the project and a great sense of solidarity. Setting up interviews with health care professionals proved to be a challenge, given their work and family schedules, particularly with midwives. That said, once I met with them, they were as supportive and

enthusiastic about being part of the project as the rest of the participants. I also consulted with librarians at the main campus at the University of Puerto Rico and the Medical College, where I did archival work on the subject. Most of my time was dedicated to doing research at the main library on the main campus at the University of Puerto Rico in Río Piedras in the Colección Puertorriqueña and the Special Collection area in the library of the Medical College, also in Río Piedras. At the Medical College, I had access to original documents from the research done by Annette Ramírez de Arellano, who wrote one of the first books on reproductive rights in Puerto Rico in the 20th century. These documents include her notes from interviews that she conducted with political figures and health care professionals who were involved in the debates about sterilizations and birth control in Puerto Rico.

Puerto Rican women's voices are an essential part of their lived experiences and a critical aspect of my research. Thus, I have done face-to-face interviews, in-depth individual interviews, and multigenerational interviews of women within the same families to provide individual perspectives as well as multigenerational perceptions of women about their rights and options in relation to their reproductive system.

Given the specific context of the interviews, the in-depth interviews follow the method of "life histories." Life histories, as defined by Marshall and Rossman, "seek to 'examine and analyze the subjective experience of individuals and their constructions of the social world'" (151). They assume a complex interaction between the individual's understanding of [her] world and that world itself. They are, therefore, uniquely suited to depicting and making theoretical sense of the socialization of a person into a cultural milieu. Thus, one understands a culture through the history of one's person's development or life within it, a history told in ways that capture the person's feelings, views, and perspectives. The life history is often an account of how

an individual enters a group and becomes socialized into it" (151). The five criteria proposed for "life histories" interviews fit the parameters of this study: a) the family members are part of a specific culture (Puerto Ricans); b) they have learned and transmitted specific sets of knowledge within the group (their role as mother, daughter, or grandmother); c) they are familiarized with the same or similar rituals and myths (ISAs); d) they provide different generational perspectives about the same issue (reproductive rights, contraceptives, sterilization); and, e) their experiences contribute to the development of their lives as they unfold on a daily basis (decisions made about their reproductive rights as female members of the same family).

In addition, I have interviewed doctors, nurses, doulas, and midwives from the Metropolitan Combined Statistical Area of Puerto Rico to discuss their perspective as the voice of [institutional] authority in this narrative. I tried to interview an equal number of female and male health care professionals to see if there were gender differences in how sterilization is perceived by said professionals; however, most of the interviewees turned out to be women.

The data collected is analyzed both qualitatively and quantitatively. This sample will provide information from the perspective of women in the twenty-first century on the topic of mass sterilizations in Puerto Rico, in particular those in the Metro Area of San Juan. Like all qualitative case studies, its findings cannot be generalized, but it can serve as a starting point for further studies that aim to prevent the imposition of sterilization on vulnerable populations and to aid in developing public health programs to educate women about their reproductive rights and options for contraceptive methods.

CHAPTER TWO: LITERATURE REVIEW

Research Process

In the process of gathering materials for this project, I searched various databases, such as CINAHL, JSTOR, Google Scholar, PantherCat, POPLINE, EBSCO, among others, for primary and secondary sources focusing on Puerto Rican women. I also looked at vital statistics records, searched under "reproductive rights and sterilization in Puerto Rico" as well as in the United States, and in other parts of the world. I expanded my search by looking for materials published in English as well as in Spanish, beginning in the mid-1800s through the twenty-first century.

I have also dedicated a considerable amount of time reading archived and current newspapers from Puerto Rico (*El Mundo, El Nuevo Día*); from other parts of Latin America as well as Spain (*El País*); and online news from the United States (*The New York Times*, *Univisión Noticias*). I also studied media outlets such as National Public Radio, blogs, and other sources were also studied to understand Puerto Rican women's perception of reproductive rights and related subjects. I found a wealth of information on the subject: books, peer-reviewed journal articles, statistical data, and archived newspaper articles. Searching the Web, I found blogs that provided me with a sense of people's opinions and anecdotal information on the subject.

All of these materials made clear that discussion of population control has a long history, and that of population control and reproduction in Puerto Rico is also almost a century long. The high incidence of sterilization in Puerto Rico has not been a secret affair. Much to the contrary, since the early decades of the twentieth century it has been reported in local and international newspapers as well as other sources of mass media. Local and international researchers have also studied the phenomenon, and it has been discussed in public debates by political and religious

figures. Depending on the sources and the alliances formed, there are different points of view on the same issue. Some sources reported that Nationalists and the Catholic Church denounced sterilization as a genocide plan to eliminate all Puerto Ricans by the United States. This was one of the most popular and publicly discussed ideas. Other groups focused their arguments on the perception of an overpopulated nation of hyper-sexualized, backward, and immoral islanders in need of salvation. Briggs identifies a third group, the liberal professionals, who focused on the modernization of the Puerto Rican family (Ramírez de Arellano & Seipp 1983; Briggs 2002). This chapter looks first at the beginning of the idea of overpopulation, and then at considerations of Puerto Rico. My review of the literature will include scholarly, media, and contemporary political analysis.

Thomas Malthus and the Idea of Population Control

The idea of "overpopulation" is generally seen as originating with Thomas R. Malthus, a cleric born in 1766 in England, who in 1798 published *An Essay on the Principle of Population,* in which he presented the poor as *the problem* in society, as they were inefficient in providing for their families. Malthus was not the first to address the issue and importance of population growth in society. Since antiquity, philosophers have been concerned with the increase or decline of population in their societies. About a hundred years before Malthus' time, mercantilist economic philosophers advocated for the growth of the population as a way to improve the economic growth of countries. In the 17th century, political arithmeticians such as John Graunt and Sir William Perry dealt with the issue of population in a scientific, empirical manner, providing the government with statistical information on all relevant aspects of the population. Malthus' predecessors viewed population growth as an asset to the government; the more people the more

workers to contribute to the economic growth of the nation. This is known as the *optimistic view* in population studies. For Malthus, on the other hand, the larger the population, the more damaging it would be for society and its economy. This perspective is known as the *pessimistic view*. Malthus argued that the lower classes, the workers, could not provide adequately for their offspring creating a burden and diminishing social resources. Even though Malthus is known for the idea that populations grow exponentially, creating the social depletion previously mentioned, others had proposed similar ideas as well. Helen Ginn Daugherty and Kenneth C. W. Kammeyer explain that writers from Plato to Matthew Hale to Benjamin Franklin, all perceived the growth of population as "responsible for many social ills" (*An Introduction to Population*, 1995).

Malthus' *Essay* became the point of reference for any discussion related to the topic after the eighteenth century (Daugherty and Kammeyer 1995; Ross 1998; Mosher 2008; Mayhew 2016). Eric B. Ross, in *The Malthus Factor: Poverty, Politics, and Population in Capitalist Development,* reminds us of Robert Wallace, who three decades before Malthus presented his concern about population growth, but as a future problem. Malthus, on the other hand, exposed the idea as an immediate and imminent danger to society. That urgency, according to Ross, is what gave Malthus the popularity that has lasted for centuries.

In 1996, Carlos Rodríguez Braun analyzed the *Essay*; he began by looking at the impact of Malthus' work on language. Rodríguez Braun called attention to the fact that Malthus' name has been officially recognized as an adjective, Malthusian. He went further to explain that, in Spanish, the *Dictionary of the Royal Academy of the Spanish Language* (the highest institution that has dictated the grammar rules and norms of the language since 1492) has only recognized two economists whose names are used as adjectives to refer to economic movements, Malthus

and Marx. This, I believe, exemplifies the influence of Malthus' ideas on population control in modern history.

In 1959, Boulding published *Population: The First Essay,* an analysis of the first *Essay on Population,* which refers to Malthus' influence in other disciplines: "Darwin acknowledges a great debt to Malthus. The concept of ecological equilibrium, in which each species multiplies to the point where it reaches an equilibrium population, is a simple extension of the Malthusian system. […] In a sense therefore Malthus stands at the portal of the whole great movement of nineteenth-century evolutionary thought" (ix).

Malthus' thesis proposes that a population that goes unchecked doubles "itself every twenty-five years," creating an excess of people, which will affect access to food and other resources (8). He also suggests emigration as a solution to the problem of having too many people (9). Malthus's ideas on how to solve *the problem* have held a strong position in various disciplines, particularly in political and economic discussions for centuries after the publication of his essay. According to Endres in *On Diffusing the Population Bomb*, "Malthus established the context in which future discussions of population change would by and large take place" (xi).

But Malthus' ideas on population control have not gone unchallenged. First of all, it is important to establish that even though Malthus is perceived as a classical economist, Elwell, in his book *A Commentary on Malthus' 1798 Essay on Population as Social Theory,* argues that Malthus was "a social theorist and a moralist, not an economist" (v). As a matter of fact, Malthus was ordained as a minister. Elwell goes through a long list of writers of fiction, politicians, and philosophers who have attacked Malthus' ideas in the *Essay*. For instance, Elwell claims that Charles Dickens based his character Scrooge on Malthus and the strong criticism he received from intellectuals such as Marx and Engels. In the end, however, for better or for worse,

Malthus' ideas on population control have influenced the way societies think about population control for over two hundred years, including in Puerto Rico.

Population Control in Puerto Rico before 1970: Economics, Politics, and Religion

Population control and reproductive rights in Puerto Rico—sterilization in particular—has been the center of debates and the topic of studies for many decades (Stycos 1952, 1954; *La operación* 1982; López 1998, 2002; Briggs 2002; Ramírez de Arellano 1983; 2010; Lugo-Ortiz 2011). Since the early decades of the twentieth century, Puerto Ricans have been studied and experimented on by their invader, the United States. This is not an unheard-of practice. Colonial powers, in order to Christianize and to civilize their subjects, have dedicated considerable time, expertise, and resources to studying, cataloging, and experimenting on their colonial subjects. For instance, as Edward Said argued in *Orientalism*, the British Empire studied and documented Egypt and other colonies to become the *experts* on their subjects. It was imperative to have a "good" understanding of the populations being colonized. This knowledge, according to the colonizers, gave them the authority to exercise control over the uncivilized (Briggs 2002).

The United States' experimentation with contraceptives and female sterilization in Puerto Rico is no secret. For over eight decades, the topic has been discussed from multiple angles by the media, government officials, religious groups, and researchers. Since the early decades of the twentieth century, local mass media, such as the newspapers *El Mundo* and *El Imparcial*, provided a public forum for religious and political authorities to present their arguments on population control on the Island (Lugo-Ortiz 2011). International newspapers such as *The New York Times* also began to report on "the population problem" in Puerto Rico in the early twentieth century. Since the 1930s, mass media, particularly newspapers on the Island and in the

United States, have reported the public controversy created by political parties and the Catholic Church (Lugo-Ortiz 2011).

Government officials, such as appointed Governor James R. Beverley (1932-1933), called for population control because, according to him, overpopulation was creating low living standards and a high unemployment rate on the Island (*Puerto Rico Report* 1932).[13] Over a hundred years after Malthus' *Essay* was published and, in a different geo-political context, Beverly talked about "the population problem" on the island of Puerto Rico, about the effects of poverty on every aspect of society from health to labor conditions.[14] In an article in *The New York Times*, he reported that by June 30, 1932, the deposits in all banks were experiencing a decline of $6,610,000 (1). This reduction had affected not only personal loans but also commercial ones by 25 percent, and they were at their lowest level since 1927. Although you would think that he would view the worldwide Great Depression as the main reason for this decline, instead the article, titled "Puerto Rico Report Urges Birth Control," reports that the Governor "calls particular attention to the population problem of the island as being fundamental and largely controlling the standard of living, health and the labor conditions" (1).

In the same article, the Governor suggests three possible solutions to alleviate "the population problem:" (1) to increase employment through new industries, (2) to encourage emigration in large numbers, and (3) to decrease the birth rate. According to the article, in the same year, programs were developed for vocational training, and the Rockefeller Foundation donated $72, 399 to develop "health units" to provide health care services on the Island. As

[13] From 1898, when the United States invaded Puerto Rico, governors were appointed United States officials. Luis Muñoz Marín was the first Puerto Rican governor elected by the people in 1949.
[14] According to *La operación*, in 1945, it is proposed that one million Puerto Ricans would migrate to New York to "alleviate" the overpopulation problem on the Island. Prof. Frank Bonilla, founder of the Center for Puerto Rican Studies at the City University of New York explains that, at the time, there were 654 people per square mile in Puerto Rico compared to 90,000 people per square mile in Manhattan where most of the migration was sent.

reported by Governor Beverly, “All of the major health problems of the island are closely allied with the economic condition and the standard of living of the people” (5).

As one can deduct from these articles, the financial deficit of several billions of dollars in Puerto Rico since the early 2000s is not a new phenomenon. If anything, it is a recurring theme. By the time Governor Beverly proposed his three “possible solutions” to alleviate the financial crisis in Puerto Rico in 1932, Puerto Rico had been a colony of the United States for thirty-four years. What Governor Beverly and other United States politicians and economists neglected to mention, however, is that within the first thirty years of the United States’ invasion of the Island, private companies and banks from the metropole had taken over a good portion of the economy of Puerto Rico (Denis 2015).

By the late 1940s and the 1950s, in addition to newspaper articles about population, we begin to find academic studies focusing on population control and the number of sterilizations on the Island. One of the most prolific researchers on the topic at the time was Mayone Stycos from Cornell University. In “Family and Fertility in Puerto Rico,” Stycos points out that population growth in Puerto Rico has been the subject of study since the 1940s, and that the growth of the population on the island continues to be perceived as “a problem.” He describes “the problem” as Malthusian. Stycos compares the population rate of Puerto Rico with the United States and describes Puerto Rico’s population at the time as “rural, landless, and wage-earning” (Stycos 572). According to him, researchers in Puerto Rico, as well as in the United States, had been working on possible solutions to the problem of “high fertility” on the island. He describes, and makes the focus of his work, the family unit as the center of “the problem,” rather than the economic restrictions imposed by the ruling Empire.

According to Stycos, the industrialization project started by the Popular Government in the 1940s did not provide great results. Stycos explains that between 1940 and 1950, real income increased in Puerto Rico 80 percent, which made it higher compared to other Caribbean Islands, but lower when compared to Mississippi, the lowest earning state in the United States. In 1948, he reports, 39 percent of workers were still farmers, though urban migration was beginning to change the economy. In this study, Stycos takes into consideration social and economic variants when comparing income between the United States and Puerto Rico, but he does not recognize that he is comparing an industrialized nation with a developing country. He also makes no mention of the fact that the Island was a colony of Spain from 1493 to 1898 and was mostly used as a penal colony, with little investment from its European colonizer.

Since the publication of Malthus' *Essay*, the poor had been the targets for population control, and Stycos offers no exception to this rule. During the first fifty years of the twentieth century, urbanization in Puerto Rico grew steadily from 14.5 percent to 60 percent. And during the same period, literacy—counted as people over ten years of age who could read and write—also increased from one-fifth to three-quarters of the population (572). Stycos indicates that because of these changes, family ideals were also most likely changing, but notes that he is largely focusing on those for whom things did not change as much: "[a]ttention is concentrated on the large proportion of the population, which has been least effected by the changes –the rural lower class" (573).

Stycos attributes the high birth rate in Puerto Rico to two main cultural factors: (1) the discrepancy between the sexes in relation to the expectations about the limitation of family size, and (2) social mechanisms that alleviate family responsibilities. First, he explains that the discrepancy between the roles and status of women and men affects the communication between

husband and wife. According to Stycos, unequal gender roles limit communication between husband and wife, leaving women frustrated due to their lack of status in the relationship. Society imposes limitations on women's role in family dynamics and creates an imbalance of power among couples. Second, children whom families cannot provide for are sent to live with godparents or relatives who can provide for them, alleviating the financial situation of the family. This social mechanism, according to Stycos, creates a vicious circle where families do not concern themselves with family planning because others could care for their children.

Another element of Malthus' criticism of the working class, or "less developed societies," that Stycos continues to use in his work is to represent the men belonging to the working class as oppressors and abusers of the women in their society. Thus, these women are perceived as victims in need of rescue. According to Stycos, male dominance in relation to economics in Puerto Rico is influenced by several factors:

- Wage earning labor is primarily reserved for men in rural areas, leaving women with little economic power.
- The Catholic mentality imposes and perpetrates behavioral patterns where women have little control over the economic sphere.
- The virginity cult, reinforced by religious values, limits women's freedom and in turn limits their economic opportunities. (573)

For the middle and upper classes, Stycos notes, there is a separation of recreational activities for the sexes, and husbands are "protected" by the privilege of secrecy, which provides them with rights that pertain their authority as head of the family and their status in society. Once a couple is married, the woman, given her lower status in the social hierarchy, has very little

control over her reproductive decisions; her lack of power affects the communication in the relationship, creating instability in the marriage.

Cultural and social norms inculcate in males an excessive sense of masculinity and virility, traits that translate into a macho attitude that allows for a great deal of socio-sexual freedom, including after marriage, according to Stycos' observations. For women, it is the exact opposite: the cult of virginity values modesty and repression of sexual desires. He explains that this attitude toward sexuality ingrained since childhood brought women into marriage with "an attitude towards sex ranging from ignorance to revulsion" (574).

Stycos refers to a study done in 1951 among women living in a community of coffee growers in Puerto Rico where women who were interviewed by Eric Wolf referred to intercourse as an *obligation,* and women who confessed to enjoy it were considered *sick* [my emphasis] by other women (574). Social perceptions about sex, religious impositions about women's proper behavior, and lack of control in the relationship left women unprotected. Since men were in control of sexual contact, women did not have a lot of control over contraceptives. Stycos deduces that women did not feel the same way as men did about having large families, but due to social, religious, and cultural norms and restrictions, men had the last word, contributing to the problem of overpopulation. Stycos thus focuses on the ways that religious and cultural norms influence gender behaviors in Puerto Rican society; the precarious reality of the economy on the Island created by changes imposed by the United States is not examined as part of the study.

Stycos mentions another study by Cofresí, where the failure of contraceptives is attributed to the husband's objections or the incompetence of women in using them. He reports that religious and cultural notions such as modesty prevented women from using contraceptive devices or getting contraceptives from clinics. Even consulting on their proper use was out of the

question for many women, particularly for working-class women with little education. Conversing with their husbands about contraception was not comfortable or "appropriate." Stycos also mentions other studies where women reported "complete sexual denial" to avoid pregnancies (576).

In the middle of the twentieth century, Puerto Rican women did not have access to reliable birth control methods, the Catholic Church condemned couples for using them, and women often did not have any power in the decision-making process in their relationship. In addition, there was a higher level of illiteracy in rural areas of the Island. The question is how were those women supposed to control the high fertility rate that Stycos talks about? Looking at low-income families and considering them *the* problem, as Malthus did over two hundred years prior to Stycos' paper, seems short sighted, when there were other factors in society also influencing women's reproductive behaviors and patterns.

Given the limited contraceptives available to women in Puerto Rico at the time, sterilization became the preferred method of contraception for most women, though members of the upper class were the ones who could afford *la operación* more often than working-class women. Thus, in another study, "Female Sterilization in Puerto Rico," published in the academic journal *Eugenics Quarterly* in 1954, Stycos turns to this issue. He explains that the rapid economic development and improvements in the public health care system on the Island "created an overpopulation problem" (3).

It is important to highlight the source of this article, *Eugenics Quarterly*, and the state of the eugenics movement in Puerto Rico at the time. The Maternal and Child Health Association, along with the Protestant community hospitals and philanthropists such as Clarence Gamble, were "equally involved in changing the legal and social climate under which services

[experimental contraceptives and sterilizations] were provided. This required lobbying for the repeal of the Comstock Laws and the enactment of legislation" (Ramírez de Arellano and Seipp 49). Three pieces of legislation were passed in 1937: Laws 116, 133, and 136. Law 133 allowed the dissemination of contraceptive materials; Law 136 authorized public health centers to provide birth control services; and Law 116 permitted compulsory sterilization for medical or moral reasons by endorsing the formation of the Eugenics Board.

Most sectors of society, Ramírez de Arellano and Seipp report, supported the passing of the bills. The Catholic Church presented some opposition to Laws 133 and 136 by comparing Puerto Rico with Communist Russia, where birth control was legal, but it did not oppose Law 116. Although in 2020 the word "eugenics" evokes memories of Nazi Germany and the Holocaust, in the late nineteenth and early twentieth centuries, it was a word with different connotations. According to Bashford & Levine, "eugenics" evoked connotations of modernity among scientists and policy makers (3-4). Intellectuals from different fields of study became members of eugenics associations and attended conferences where the possibilities of the implementation of eugenics were discussed. In Puerto Rico, eugenics was part of the rhetoric that promoted population control as early as the 1930s. According to Ramírez de Arellano and Seipp, Edna Lonigan, one of the members of a committee working against the Catholic Church, "urged establishing a broadly based but cautious program of family planning based on eugenics and health promotion and [to be] carried out largely under private sponsorship" (41).

The Catholic Church opposed birth control, and priests began to talk about this in Sunday mass and during confession. But contrary to the effect expected by the prelates of the Catholic Church, their constant discussion of birth control brought attention to the procedure of sterilization, which was becoming popular for couples that wanted to avoid further pregnancies.

Stycos refers to a comment by Mrs. Celestina Zalduondo, head of the Family Planning Association of Puerto Rico, who explained in an interview that priests were not only expressing their opposition from the pulpit, but also in a direct fashion to their congregations.[15] Stycos reports on the experience of a respondent to a survey: "we went to mass and the priest asked that everyone who practiced birth control raise their hands. He called us apart, one by one, and told us it was a very great sin to avoid children who wanted to come into this world" (7). Both Lourdes Lugo-Ortiz in *Tropiezos con la memoria* and Stycos attribute the proliferation of "free publicity" on contraceptives to the controversy between political parties and the Catholic Church, which was reported in the newspapers. Stycos reports that over two hundred newspaper articles were published from 1949 to 1951. In other words, the public debate created the opposite effect from what the Church expected—a wealth of information on the topic of contraceptives, providing the population with "educational material" on the subject.

These public discussions may have contributed to a rise in sterilizations. Stycos comments: "People began flocking to public and private hospitals to have their children, if delivery could be followed by sterilization" (4). By the end of the 1940s, about 6.6 percent of women were sterilized and seven percent of all births were followed by sterilization. He argues that those numbers may actually be higher, considering that some women had their babies at home or that some sterilizations performed at hospitals might have not been reported. More women appear to have known about sterilization than other forms of contraceptives, such as the diaphragm or the douche was limited. Stycos reports that a study of 850 female participants found that 22 percent were aware of sterilization before marriage. Conversely, only one percent knew about the diaphragm or jelly, 8 percent was aware of the douche, and 12 percent of condoms. Cultural

[15] Mrs. Celestina Zalduondo was the executive director of the Family Planning Association of Puerto Rico, which was affiliated to Planned Parenthood of America.

perceptions about sex and the power dynamics in couples prevented women from discussing reproductive concerns with their husbands, which would have been required to use most methods.

Sterilization was increasingly common, but not necessarily favored. Stycos mentions that in a study conducted by Hatt in 1952, it was reported that about 25 percent of women who had been sterilized "would not do it over again" (8). Several factors contributed to this negative perception about *la operación*. For instance, some women reported feeling sick, weak, or not being able to perform certain activities after the surgery, including house chores. A participant in a study conducted by Stycos reported: "One isn't good anymore after sterilization. Many women have told me they cannot do hard work after it" (8). People's negative perception, Stycos reported, could be based on rumors or just the simple fact that physicians without enough knowledge on doing the procedure were performing sterilizations due to high demand.

Despite these problems, the number of sterilizations continued to rise. An article in *The New York Times* titled "Puerto Rico Finds Dip in Birth Rate," reported that a decline in population was due to the "heavy rate of sterilization and the migration of young people to the mainland" (Kihss 1). In the article, published in 1958, Celestina Zalduondo reported that in interviews conducted in the Luis Lloréns Torres Housing Project in the Metropolitan Area of San Juan, one out of four women had been sterilized. The interviews, along with statistics starting in the 1930s, confirmed the decline in the birth rate on the Island. Of the 1,016 women who were interviewed, a total of 8.2 percent was not using any kind of birth control. Out of that 8.2 percent, only 1.1 percent indicated that it was due to religious reasons. The same interviews revealed that 18.2 percent were using contraceptives; 17.4 percent were pregnant; and 31.3 percent were widows, separated, or could not procreate. According to Mrs. Zalduondo, sterilization had been used as a

mode of population control on the Island since the late 1930s. She explained that the range of sterilizations throughout the Island was from 10 to 42 percent, with the highest being reported from a factory outside of San Juan.

There were also government attempts to introduce other forms of birth control. Another article by *The New York Times* published in 1959 begins as follows: "Birth control tests aimed at easing population pressures in this overcrowded island are going forward" (Bigart 1). The title of the article, "Puerto Rico Acts on Birth Control: Tests Designed to Reduce Population Crush—10,000 Poor Are in Program," reflects the government's intention to reduce the population by targeting the poor. It also reflects the controversy between those in favor of or against contraceptives, specifically against sterilizations. The opposition of the Catholic Church to the ten thousand "impoverished people" who were using birth control and the one thousand people who were sterilized on a yearly basis was emphatically expressed. Even though contraceptives had been legal in Puerto Rico for over two decades by the time the article was published (1959), the pressure imposed by the Church forced the Department of Health to "back away" from the program to control the island's population.

In this article, the head of the Family Planning Association of Puerto Rico, Celestina Zalduondo, explains some of the tactics used by the priests to influence their congregation not to participate in the programs organized by the Association. For instance, "a priest put out black drapes [in the bell tower of the church] in protest of sterilization operations at the local hospital" (1). In another instance, Mrs. Zalduondo's children informed her that their priest referred to the meetings organized by Family Planning as "meetings for engaging in the 'worst activity'" (1). The attacks were also of a more direct nature, with threats to ban church members if they participated in the meetings. Last, Mrs. Zalduondo reports: "Whenever I organized a chapter, the

pulpits begin to thunder. One priest told his congregation 'a woman with a satanic purpose in mind has been visiting the community'" (1).

According to Mrs. Zalduondo, not only women but also men were being sterilized "to prevent the birth of unwanted children in impoverished families" (1). Sterilizations, explains Mrs. Zalduondo, are very popular among Puerto Ricans because they are one hundred percent effective, contrary to the pill. She reports that the pill was tested on a total of three hundred women from San Juan and Humacao; only forty of those women who took it for a period of three years did not get pregnant.

In all these articles, the opinion of the Catholic Church against contraceptives, including sterilization, as well as the work of government agencies that were distributing contraceptives and promoting sterilizations are discussed in detail. What are missing from these articles are the voices of the women who were being either experimented on or sterilized. As with studies conducted by Stycos and other researchers, the emphasis is on the rhetoric of a poor country, overpopulated with a population in poor health that either needs to sterilize its women or to emigrate to the metropole. There is no mention of the fact that corporations from the United States had limited the agriculture of Puerto Rico to sugar crops and taken over a considerable amount of the agricultural production of the Island, affecting the local economy and reducing jobs. There is no mention, even from Celestina Zalduondo, that the pill available to Puerto Rican women was an experimental drug used for testing purposes.

While United States researchers, such as Stycos, were studying family dynamics in Puerto Rico and blaming all economic problems on the excess population, other United States researchers and pharmaceutical companies were using Puerto Rican women as guinea pigs to test the latest contraceptive methods without explicitly informing "their subjects" (*La operación*

1982; Briggs 2011). For instance, with an annual budget of over $100,000, The Family Planning Association worked in collaboration with the Worcester Foundation for Experimental Biology (Massachusetts) to provide contraceptive methods and experimental products to the population. The American manufacturer Joseph Sunnen donated the funding and the facilities at a company that manufactured the pills in Chicago, and the Searle Company donated the contraceptive pills. Additionally, Dr. Clarence Gamble and the Worcester Foundation paid the salaries of the employees working on clinical tests. Even though Sunnen preferred other methods of birth control to sterilization, he still subsidized part of the cost for the surgeries.

A series of articles published in 1963 by George Barrett in *The New York Times* addressed the controversy between the Catholic Church and those in favor of the birth control campaign in Puerto Rico, led by the government and funded in part by private companies (i.e. Sunnen, Searly, etc.). The articles analyze the standpoint of government officials in favor of the campaign and the work done by "Catholics doctors" (this implied not only physicians but also technicians, social workers, nurses, etc.) to sabotage the campaign. The objective of the campaign, according to one article, was "to learn whether a large-scale birth preventive project was practicable, welcome and effective with mass populations in underdeveloped societies, is something of a 'test tube' example" (1).

The articles "Catholics and Birth Control: Puerto Rico Clinics: Commonwealth Seeking Middle Ground with the Church" and "Many Challenge Clerics' Position: A Recent Agreement Permits Parishioners to Take Part in Government Program" (Barrett 1963), also address the issue of birth control in relation to the reality faced by Islanders in urban areas versus rural ones. They describe rural areas where women were having nine, twelve, or even fifteen children, and families so poor that could not even afford to buy shoes for their children to attend school. The

same families that Malthus pointed to two hundred years early, as the problematic ones were still the targets in the twentieth century in the Caribbean. This highlights the vulnerable reality faced by low-income families, particularly the reality faced by poor, uneducated women who needed to have control of their reproductive system in a society that provided very limited options to them.

At the time, Puerto Rico had "one of the most densely packed areas on this globe." Thus the United States, in collaboration with private contraceptive manufacturers, developed "one of the most extensive systems of public and private birth control clinics in the world" (Barrett 1). According to Barrett, the *New York Times* author, the medical director of the government program reported that the Church was against all forms of contraceptives, including sterilization. Despite this, according to the medical director, sterilization was the most popular form of contraception because it is a hundred percent effective. Other forms, he explains, [were] not reliable because they [were] "too sophisticated for the uneducated" (18).

In the late 1950s, the Catholic Church created a political party named the Christian Action Party (CAP) that affiliated with political parties in opposition to the Popular Democratic Party (PPD, for Partido Popular Democrático), which favored contraceptives. The church deemed the PPD as "godless, immoral, anti-Christian and against the Ten Commandments" (Barrett 18). In an effort to influence parishioners, a letter from the bishop addressed to Catholics on the Island prohibited them from voting for the PPD. In spite of the pressure from the Church, however, the article reports that out of 788,607 ballots cast, only 51,295 supported the CAP. The church then condemned the whole voting process as: "anti-Christian and anti-Catholic and based on the modern heresy that the popular will and not the Divine Law decides what is moral or immoral" (Barrett 18).

The CAP was not the only political party to oppose birth control and sterilization. The Independent Puerto Rican Party (PIP, for Partido Independentista Puertorriqueño), the party that advocates for Puerto Rico to become an independent nation also supported the opposition of the Catholic Church to contraceptives, particularly sterilization, despite the fact that most of its members are the intellectuals of the Island and many identify as atheist. Their rejection of contraception comes from their opposition to the colonial status of Puerto Rico, not from religious doctrine, but the threat to the nation must have felt very real for the *independentistas* and other parties from the left to ally with the Church.

The debate continued for decades, involving the bishops in the continental United States as well as in Puerto Rico. In the article, Barrett reports that some of the most heated arguments were held in Connecticut and Massachusetts, where the church was trying to impose its views not only on Catholics but also on members of other faiths. This intrusion into other religions seemed to be the moment when the Catholic Church encountered the most opposition, and, according to Barrett, from that point on, it took a more lenient stand on contraceptives (Barrett 3).

Population Control in Puerto Rico, 1970-2000: Sterilization in Comparative Perspective

In the 1970s, the focus in the scholarly literature and the media shifted from political and religious debates about birth control to the high incidence of sterilizations in the Island compared to countries like India or Pakistan, where the percentage of sterilizations was lower ("35 percent of Puerto Rican Women Sterilized" late 1970s; Rodríguez-Trías 1994). *Sterilization and Fertility Decline in Puerto Rico*, a manuscript funded by the Institute of International Studies at UC-Berkeley in 1973, was based on previous research done by Harriet B. Presser for her dissertation.

The focus of Presser's work was the high incidence of sterilizations being performed on the Island and the decline in fertility rates among urban Puerto Rican women in the early decades of the twentieth century. In the Foreword to the manuscript, she refers to a study done by the Brookings Foundation in 1930 titled *Porto Rico and Its Problems*. The study reported that Puerto Rico's economic problems were rooted in the rapid population growth. According to Presser, just a few pages of the study, which consisted of over seven hundred pages, were dedicated to the issue of contraception, with most focused on emigration.

In her study, Presser used the Master Sample Survey to collect data from a total of 1,071 women ages twenty to forty-nine in 1965. Presser found out that in a period of three decades (1940-1970), sterilization had aided in reducing the birth rate among women between the ages of fifteen and forty-nine. For every 1,000 women in that age range, there was an average of about fifty births less per year. Compared to other developing nations throughout the world, Presser mentions that sterilization and emigration "kept Puerto Rico's population growth from reaching anything like that found in most contemporary developing countries" (V).

Furthermore, Presser reports that a third of the women on the Island were sterilized; yet "there has never been a program to promote sterilization in Puerto Rico, either governmental or private" (1). Conversely, she argues that the reason for the high rate of sterilization is a "grass roots" initiative by Puerto Rican women to control their fertility. Presser does a detailed study where she looks at the history of sterilization on the Island from the 1930s to the beginning of the 1970s, when the manuscript was published. Factors such as socio-economic, political, religious, and educational elements of the Puerto Rican society are taken into consideration in the study. However, the long history of colonialism and its effects on the psyche of colonial subjects are not taken into consideration. She does not discuss the fact that the level of political and economic

power and self-determination of those who live within a colonial framework is limited. Moreover, the issue that Puerto Rican women live in a patriarchal society that dictates and limits their actions with strict social rules is not discussed either.

"The widening gap between the number of births and deaths in the 1940s marks the beginning of the demographic transition in Puerto Rico" (44). This transition was related to economic change. According to Presser, from the 1940s to the 1960s, Puerto Rican society experienced a change in the female labor force as more women started to work outside the home than in previous decades when they did needlework at home. In 1940, there were 34.9 percent of women doing needlework from home versus 12 percent employed in white-collar jobs. By the 1960s, in just two decades, white-collar jobs for women had increased up to 38 percent and needlework was at a low 3.8 percent. Presser attributes this rapid change to: (a) the reduction in mortality, (b) the rising standard of living, (c) the employment opportunities for women outside the home and, (d) the shift from manual to white-collar jobs for women.

Similar to studies previously done, Presser reports that physicians were inclined to recommend sterilization because they considered Puerto Rican women "generally ineffectual user[s] of the contraceptive methods that were available at the time [1930s]" (48). In addition, *la operación* was a procedure that could be done after childbirth, it was simple to learn for the physicians, and health care professionals were concerned about working-class women, whose health was generally poor, about having multiple pregnancies. In private hospitals, where sterilizations were higher in number, it seems like the incentive was an additional fee that doctors received per sterilization performed (Presser 49).

Presser adds that based on an analysis done on economic conditions and demographics in the 1940s, Puerto Rican women were "in the market for an effective method of birth control"

because of job opportunities outside the home and low infant mortality (49). This, she argues, was the pattern followed by industrialized countries and developing ones at the time. Women were interested in limiting family size, not necessarily on child spacing; therefore, sterilization was an attractive option, according to her.

The traditional ways to avoid conception were withdrawal and induced abortion. Sterilization was appealing, Presser argues, because it was a legal, medical procedure, contrary to abortion. And, as many other researchers have commented, conversations about sterilization were limited to a medical procedure performed by a doctor, and there was no need to talk about sexual organs or devices, which could be uncomfortable or socially inappropriate for women in a conservative, Catholic society, as in the case of Puerto Rico. Additionally, the procedure could be performed after childbirth, making the whole process completely confidential for the couple (cited from Hill by Presser 1973).

One of the last aspects that Presser looked into was the correlation between the level of education and the incidence of sterilizations. She explains that although a high percentage of women at all levels of education were sterilized, the less education a woman had, the longer she would wait to get sterilized. Therefore, the probability of more pregnancies was higher among the women with less education.

Starting in the 1980s and to the present, several books have been published and works in the visual arts have been created addressing the issue of birth control and sterilization in Puerto Rico. From the 1980s to the beginning of the twenty-first century, studies published about the experimentation with contraceptives and mass sterilizations in Puerto Rico look at the long history, exploring the different factors that have contributed to the high percentage of sterilizations on the Island. One of the earliest visual narratives and most comprehensive work on

the topic is the documentary *La operación*, directed and produced in 1982 by Ana María García. The documentary looks at the history of colonialism and sterilization in Puerto Rico. It also addresses the option offered to Puerto Ricans to emigrate to the continental United States as a way to alleviate the excess population on the Island, according to the government.

The documentary begins with an interview with a woman of African descent who lives in the countryside. The woman talks about the fact that not only she has been sterilized, but also her daughter has, and she continues to mention a long list of sterilized women in her family. Dr. Helen Rodríguez-Trías, a health rights activist, states that in Puerto Rico, sterilization has been used as a population control method. She goes on to explain that birth control implies that people are informed and understand their options. However, she elaborates by explaining that population control is a social policy instituted having in mind that some people should not have children (eugenics). Throughout the documentary, every single woman interviewed expresses that she either did not know or was not informed that *la operación* was a permanent, irreversible procedure. Several of them explained that they were told, "their [Fallopian] tubes were going to be tight" by which they understood that, if they wanted to have more children, their tubes could be "untightened."

La operación presents different perspectives on the subject of contraceptive experimentation and mass sterilization in Puerto Rico—why it has been such a controversial issue and whether genocide really happened on the Island. In the film, García interviewed Vicente Acevedo, the mayor of Barceloneta, a town in the northern part of the Island, who explained that between 1956 and 1976, twenty thousand women in the town were sterilized. Acevedo testifies that the program worked wonderfully because the Census of 1970 showed that the population in Barceloneta did not grow at all. After a few years, according to him, they had to close schools

because there were no children. In another town, 42 percent of the women working at a factory outside San Juan had been sterilized.

Dr. Rodríguez-Trías, who worked at the Medical College in Puerto Rico, reports in the documentary that between 1960 and 1970 they were aware that Puerto Rico was being used as a medical laboratory to experiment with contraceptives. Dr. Antonio Silva, Director of the Family Planning Program in Puerto Rico (1974-1976), reported that between ten thousand and twelve thousand births a year were prevented by his program. He would meet with administrators of the factories on the Island to explain the benefits of the Family Planning Program. One of the benefits, as he explains it in the documentary, was that companies would be saving by preventing pregnancies and not having to pay maternity leave. The Family Planning Program opened clinics inside the factories for women to attend an hour appointment to do a consultation on contraceptive methods and sterilization. Dr. Silva saw the prevention of thousands of pregnancies on the Island as a successful campaign. This is the same doctor who in 1980 denied that there ever was a campaign to sterilize women in Puerto Rico (*La operación* 1982).

After Presser's manuscript was published in 1973, Annette B. Ramírez de Arellano and Conrad Seipp published *Colonialism, Catholicism, and Contraception: A History of Birth Control in Puerto Rico* (1983), the second most comprehensive book available on the topic of birth control and sterilization in Puerto Rico. Ramírez de Arellano and Seipp summarize the long history of experimentation on the Puerto Rican people with the opening line to their book: "The people of Puerto Rico have, for better or for worse, been studied and restudied" (1983). Contrary to Presser's book, where she conducts yet another very close study to look at the issue of sterilization and the decline of fertility in Puerto Rico, Ramírez de Arellano and Seipp take a broader look at the historical and political dynamics that have taken place since the United States

invasion in 1898. Using as a framework for their study the colonial reality that has shaped the lives of Puerto Ricans for decades under the rule of the United States, they expound on the different elements that made Puerto Rico a "test tube" for population control in the twentieth century.

Ramírez de Arellano and Seipp begin by providing a political and historical framework of the history of Puerto Rico to explain the geopolitical importance of the Island to the new power in control. Taking possession of the Island in 1898 was beneficial to the United States not only for the Island's geographical location, but also for the potential of its human capital (i.e., seasonal agricultural workers, soldiers for the military, female bodies for experimentation in reproduction technology, etc.). United States military personnel came into contact with a culture of which they had no knowledge in terms of the language or cultural values. And, even more problematic, they never took the time to learn or to understand such aspects of their new colonial subjects.

At the time the American troops invaded, Puerto Rico was a poor island where the previous empire (Spain) had not invested in developing the economy or infrastructure, but mostly used it as a penal colony. These elements—in combination with the frenzy for population control and the popularity of neo-Malthusian ideas—facilitated the rise of contraceptive experimentation and mass sterilizations in Puerto Rico. The authors dedicate part of the book to the arguments presented by the Catholic Church and political parties as well as neo-Malthusian groups from the continental United States that were in favor of or against regulations to control the population growth. Two of the most important contributions of this book are the analyses of the economic and geo-political relevance of the Island to the United States and the in-depth study

of contraceptive experimentation led by United States researchers and pharmaceutical companies in collaboration with doctors and researchers on the Island.

According to Ramírez de Arellano and Seipp, at the beginning of the twentieth century, two of the main crops on the Island were sugar cane and coffee. However, hurricanes such as San Felipe and San Ciriaco in the early decades of the century greatly affected the profits expected to keep a healthy economy. Even though sugar cane plantations were able to recover, they report, the reality for coffee growers was completely different: "coffee production dropped from 32 million pounds in 1927-28 to 5 million the following year" (23). In addition, they report that the effects of the Depression proved devastating for the economy of the Island "which reduced production, raised unemployment, and decreased the income of most families" (23).

Ramírez de Arellano and Seipp cite multiple studies about the main problems Puerto Ricans were facing, not all of which recognized that the economic reality of the Island was closely tied to the lack of resources and income inequality. For instance, a Brookings report advocated for changes to develop strict measures for birth control without taking into account other aspects in society: "the advocacy of birth control by the Brookings group was a conservative measure, aimed at preserving the economic status quo and maintaining the prevailing social order" (25). By contrast, a study funded by the American Fund for Public Service reported that "the truth is that the majority of the people of the Island are actually being forced further into debt day by day. . . The industry does not belong to natives, but to outsiders. The wages . . . are miserably inadequate for the sustenance of life" (26).

The authors also pay close attention to the experimentation on Puerto Rican women for the purpose of developing contraceptives. In the 1950s, Katherine Dexter McCormick was one of the major donors sponsoring the research on experimental contraceptives done at the University

of Puerto Rico by researchers from the United States. McCormick, a feminist who collaborated with Margaret Sanger, contributed to the cause of finding ways to help women control their reproductive system, but the manner in which they achieved their goal was of questionable morality. "In McCormick's words, it was necessary to find 'a cage of ovulating females' who would submit themselves to clinical experimentation" (107).

Along with Ramírez de Arellano and Seipp's comprehensive book, a number of relevant articles and reports were published in the 1980s and 1990s. In a survey report published in 1987 in *Population Today*, Kent informs that Puerto Rico had "the highest rate of sterilization acceptance in the world," according to a survey done in 1982. At the time, 41 percent of married women had been sterilized, along with 4.6 percent of men. Out of the 41 percent of sterilized women, it was revealed that 39 percent of them were between the ages of twenty-five and twenty-nine. Other methods of birth control were used as well, but the most popular seemed to be sterilization. Other methods, such as oral contraceptive, rhythm, and condom, totaled 17.9 percent; female sterilization was at 58 percent.

Around the same time, the percentage of women in the continental United States opting for sterilization as a contraceptive method was 26 percent, according to the survey. Vasectomies, it was found, were more popular among couples where the woman had a high school education, a low 4.6 percent. The article also reveals that between 1977 and 1982, there was a decline of 33 percent "in marital fertility" on the Island. As in previous decades, there is a preference for sterilization over other methods of contraception by women with a lower level of education. Compared to studies in the 1940s and 1950s, this report calls for more access to other methods of contraception for women that are not as permanent as sterilization.

In an article published in the 1990s titled "Puerto Rico, where sterilization of women became 'La operacion,'" Dr. Rodríguez-Trías presents five major points that continue to hinder women's access and limit their choices when it comes to their reproductive health. First, she states that Puerto Rico has served as an experimental ground for "U.S. initiated social, economic and cultural policies" (1). Also, she denounces how United States private and government agencies have promoted sterilization to control population growth on the Island. Much-needed services such as day care or safe abortion services are not provided to women; instead sterilization is always accessible to them. Furthermore, she reports that a third of women who participated in a survey did not know that sterilization is not a reversible procedure. Last, the United States' claim that it implemented a campaign to control population growth in Puerto Rico to alleviate economic and social problems, according to Dr. Rodríguez-Trías, has not solved any of the problems faced by Puerto Ricans. As in the documentary *La operación*, in this article, Dr. Rodríguez-Trías is critical of the experimentation with contraceptives on Puerto Rican women and the sterilizations on the Island.

John A. Ross published a study on sterilization about past, present, and future trends around the world in the 1990s. Ross used a "new projection method" to figure out the trend and prevalence of global sterilizations that would be adopted as a contraceptive method in future decades. Throughout the paper, Puerto Rico is shown as one of the countries with a long history of the procedure being available (private and public hospitals); as one of the countries with the highest rates for women of adopting the procedure at different ages; as well as having the highest percentage of operations, along with South Korea, China, and India. In the early decades of the twenty-first century, Puerto Rico would prove Ross' projections to be true.

Population Control in Puerto Rico since 2000: Globalization and Geopolitics

In 2002, Laura Briggs published *Reproducing Empire: Race, Sex, Science, and U.S. Imperialism in Puerto Rico*, a work on the topic of reproductive rights on the Island. Briggs begins by placing Puerto Rico within the framework of the effects of globalization in the twenty-first century. She looks back at the history of colonialism, experimentation, and the political battles that different sectors of society have fought using the female Puerto Rican body as a platform.

Briggs presents a detailed analysis of how certain tropes have been used by the United States government since the beginning of the twentieth century in public discourse to present Puerto Rico as a pathological and perverted society that lacks moral and family values and is in need of medical, economic, and social intervention to become functional. Some of the rhetorical images constructed to justify the scientific intervention are the sick body of the prostitute with the potential to contaminate others (particularly United States military men stationed on the Island) and the welfare queen within the culture of poverty. The message from the colonial system is that the social ills that affect the "uncivilized" can be "cured" and eradicated by the representatives from the metropole, if medical and scientific interventions are put in place through social programs. The programs that have perpetrated a perennial colonial status.

Briggs analyzes the long history of social prescriptions and regulations established by the French Empire—later perfected by the British—on how to handle "colonial prostitution" (23). The British Contagious Diseases Acts (CD) required prostitutes to register and to be examined on a regular basis for syphilis. Later on, as she explains, the narrative of a sick body is transferred into the narrative of a pathological and immoral society, such as the one confronted

by soldiers overseas who were in danger of contracting any number of tropical diseases and contaminating their wives and children, thus putting at risk not only the health of their loved ones, but also the future of the nation. Although Spain is responsible for bringing the Contagious Diseases Acts to Puerto Rico in the late 1800s, the United States Empire is responsible for creating and establishing the narrative of a nation of contagious syphilitic women from an "unmoral" Caribbean island in need of medical attention and moral values. This is the basis of a narrative that justified—in the eyes of the imperial power—the imminent need for medical intervention and the experimentation on colonial subjects on the Island. Briggs concludes the book by analyzing some literary and sociological works that have aided in reinforcing the pathological entity of the Island and its inhabitants, which was promoted by the United States.

As did Harriet B. Presser in 1973 and Dr. Antonio Silva in 1980, Laura Briggs argues that between the 1930s and the 1960s, there was no sterilization campaign on the Island. She bases this on three different factors: (a) there was no medical infrastructure on the Island; (b) North American philanthropists who were willing to fund such campaign were unable to do anything because they could not figure out to whom to send their money; and (c) women were supposedly happy with the procedure. Also, Briggs explains that access to hospitals was too difficult, as a large part of the population lived in rural areas.

Briggs' argument that there was no sterilization campaign has a number of flaws. It is true that it was not until the 1940s that peasants from the countryside started to move in large numbers to the cities, making access to hospitals a difficult affair before that. However, in the 1930s, the Maternal and Child Health Association opened three clinics for contraceptives; one of them was in San Juan, but the other two were in Humacao and in Lares, which are rural areas. In addition, Ramírez de Arellano and Seipp mention in their book that in 1937, three clinics were

opened on sugar cane plantations that were funded by the *centrales* [sugar mills] (48). Therefore, access to clinics for contraceptives was, to some extent, available even in rural areas. It is from the 1950s through the 1970s when we find the highest rates of sterilization on the Island, which coincides with the industrialization of Puerto Rico that created a high demand for women to work outside the home. Furthermore, it is precisely from the 1930s through the 1970s that a number of researchers, philanthropists, and foundations, such as Dr. Clarence J. Gamble, Gregory Pincus, John Rock, Edris Rice-Wray, Joseph Sunnen, the Ford Foundation, and the Worcester Foundation among many others, not only dedicated their professional skills to researching contraceptives, but they also contributed a considerable amount of money to fund clinics where sterilization was part of the services provided. In the 1950s, a sterilization unit was opened in the Trujillo Alto health center because, at the time, after the third child sterilization was the appropriate procedure to follow childbirth (Ramírez de Arellano & Seipp 102).

Philanthropists and institutions from the United States funded not only private clinics but also public hospitals to perform sterilizations as part of their services. How much publicity was given to the procedure or by whom it was being done is a different story. For instance, in the Metropolitan Area, the Presbyterian Hospital was the first to perform sterilizations, beginning in the early 1930s, but "with a minimum of publicity and were therefore not subject to criticism" (Ramírez de Arellano & Seipp 135). The Castañer General Hospital, managed by the Brethren Service Commission in Lares, a town in the interior of the Island, served approximately seventeen thousand people beginning in the 1940s where "sterilization was actively promoted" (135). At the Castañer General Hospital, the physicians were volunteers from the United States. It is important to highlight that Protestant groups privately ran both hospitals, making them less of a target for the Catholic Church when opposing sterilization practices on the Island. Therefore,

during the decades that Presser, Silva, and Briggs argue that there was no sterilization campaign in Puerto Rico, there may not have been an open campaign, but that does not mean that sterilizations were not taking place in increasing numbers in public and private hospitals as well as in urban and rural areas throughout the Island.

Other works that make significant contributions to our understanding of population control and reproductive rights in Puerto Rico. In some cases, Puerto Rico is highlighted as the example per excellence of sterilizations whereas in other works it is not mentioned at all. Some of these accounts can shed light on the many issues involved when looking at the history of reproductive rights in Puerto Rico. For instance, in the book *And the Poor Get Children: Radical Perspectives on Population Dynamics* (1981), edited by Karen L. Michaelson, the essay "Labor Migration and Population Growth" by James W. Wessman deals with neo-Malthusian ideology and colonialism, which is dedicated to the case of population control in Puerto Rico. In the book by EngenderHealth titled *Contraceptive Sterilization: Global Issues and Trends*, published in 2002, even though there are no chapters exclusively dedicated to the Island, the case is referenced throughout the book, particularly when presenting statistical data. Also, *The Oxford Handbook of the History of Eugenics*, published in 2010, dedicates Chapter 28 to eugenics policy and practice in several countries in Latin America, including Puerto Rico. The historical analysis on population control, Neo-Malthusian ideology, and eugenic ideas in Alison Bashford's book *Global Population: History, Geopolitics, and Life on Earth* (2014) provides an excellent background to understand where many of the ideas on population control in Puerto Rico stem from, even when the isle is not the focus of the book.

One of the latest books on a related topic is *Pushing in Silence: Modernizing Puerto Rico and the Medicalization of Childbirth* by Isabel M. Córdova, published in 2017. Even though

Pushing in Silence is about the history of midwifery in the twentieth century in Puerto Rico, it is worth reading for anyone interested in reproductive rights and the rapid process of industrialization and modernization of the Island. The author explains the process of medicalizing a natural process such as birthing that little by little created a whole narrative of illness around it—and, in the process, taking away all power from women over their bodies and putting it in the hands of male doctors and the legal and medical systems. There are some parts where Córdova makes reference to the controversy about contraceptive experimentation and sterilizations, but the part that is relevant to my project is the parallel that she draws on page 135, where she talks about women not voicing their needs in relation to maternity and birthing: "This silence merits further study." It is precisely that silence, the lack of voice from the women who were experimented on or deprived of their ability to decide how many children they wanted to have, that I am interested in countering in my work.

CHAPTER THREE: Theoretical Framework

> "Rhetoric permeates not only current debates about the interpretation of history, but also the historical record itself." José Rabasa (1)
>
> "…the American continent was not discovered by Europeans, but rather invented through the production and legitimation of textual artifacts such as reports, maps, illustrations, and narrative accounts." José Rabasa (5)

Introduction

José Ramón Medina in *Historia real y fantástica del Nuevo Mundo* (*The Real and Fantastic History of the New World*) explains: "In the process of the Discovery of the Americas, the first to benefit was the imagination…" (XIV, my translation). As children we all heard stories of magical, faraway places where heroines/heroes (mostly heroes) fought monsters and often good prevailed over evil. Myths and legends we heard as children at home, school or both contributed to construct our view of the world. In *The Book of Legendary Lands*, Umberto Eco recounts how throughout history, human beings have not only believed in the magical beings of faraway places, but also believed these places to be real. "These places are found in novels, which fanatical readers sometimes try to find, without great success. […] we are interested in lands and places that, now or in the past, have created chimeras, utopias, and illusions because a lot of people really thought they existed or had existed somewhere" (7). Eco's book explores myths and legends in different cultures throughout the world that "have created flows of belief" (9).

Explorers such as Christopher Columbus and Amerigo Vespucci were not immune to these stories. Pliny's *Natural History*, Marco Polo's *Viaje de las maravillas del mundo*, and the *Book of Sir John Mandeville*, among many other narratives the early explorers read or carried with them, describe monstrous and fantastical beings, such as men with a dog's head, men with only one eye in the forehead, or men without a head. These fantastical beings were not limited to those resembling men; they also included the native flora and fauna of the places discovered.

Before the westward voyages, these creatures were the foundation for narratives from explorers coming from the Far East. On a map from 1436 by Andrea Bianco, for example, men without heads whose mouth and eyes were on their chest were part of the visual narrative portrayed of a region in Asia.

Writings from and about the Americas reflected these stories, presenting a region inhabited by mythological beings similar to those in Asia. Theodore de Bry's 1599 map of South America, for example, presents the same type of mythical beings as Bianco's map of Asia. (*Historia real*… XX). These men with only one eye in the forehead, among other similar creatures, came to life when they became part of the cartography of the newly "discovered" regions (*Historia real…* XXIII; Rabasa 9). The similarities were based in part on the fact that when Columbus came to this part of the world, he believed that he had discovered a new route to China (Cathay), but they were also based on a shared imaginary about lands beyond Europe (Householder 5; Rabasa 22, 61).

The works that Columbus, Vespucci, and other explorers wrote not only influenced the way people in the early modern period constructed the newly "discovered" lands, but also influenced how the Americas and their inhabitants (including those brought from Africa) and their descendants are still perceived today: "This scriptural economy reduced Amerindians to 'savages' without culture, hence to apprentices of Western culture, and the New World to a 'state of nature' that eventually would yield valuable products once a rational order was implanted" (Rabasa 51-52). Civilizing the "Amerindian savages" not only involved the Europeanization of the New World by introducing religion, social norms, and cultural values from the Old World, it also involved creating an economic system of extracting raw materials and natural resources from the new territories to maintain European nations in power. Thus, the dichotomy of savage

versus civilized beings encompassed how Europeans perceived Amerindians (the imaginary), as well as social and economic systems that were to develop and sustain societies (the tangible).

Along with being described as a new Asia, the Americas were presented as a place of contradictions. On the one hand, explorers like Vespucci described the New World as a paradise. Juan Ponce de León claimed that the Fountain of Youth could indeed be found in this part of the world, and others talked about a Golden City where people never died. On the other hand, the inhabitants of these lands were monstrous, abnormal beings or places where women warriors, known as Amazons, were in control of society. According to the descriptions provided by the explorers, nothing in the "new lands" compared to the established social order Europe. The Americas were a new, beautiful, exotic yet savage territory to be explored and conquered.

These views were shared widely in printed books. "The printing press thus facilitated private collections of books and maps that not only made information more accessible but also laid out the world on surfaces ready to be 'explored'" (Rabasa 52). The dissemination of written texts about the way the European explorers perceived the Americas and many other parts of the world influenced the way these territories were conceived. The maps in these printed texts that showed Europe in the middle divided the world into a core (Europe=civilized) and peripheral states (Africa, Asia and the Americas=savages) (Dussel 1995; Quijano 2007, 2014).

It may seem odd to start a discussion of the theoretical framework for this dissertation with myths about the New World, but in this I have been influenced by José Rabasa, who in the introduction to *Inventing A-M-E-R-I-C-A: Spanish Historiography and the Formation of Eurocentrism* (1993), examines the terminology used in several books written about European expansionism in the Americas. He uses the word *invention* "as a paradigm to understand the emergence of mythology, cultural processes, daily life, and also racism…" (4) and is "concerned

with the force and effectiveness of images that fabricated new realms of reality that are still influential today" (7). Rabasa reminds us that regardless of what we call the narratives about the Americas (i.e. histories, chronicles or accounts), they have "define[d] who has the authority to speak and what is legitimate knowledge" (5, 11). I have also been influenced by Aníbal Quijano, who when considering the question of knowledge production in the Americas as a result of the invasion that took place over five centuries ago, comments: "The repression fell, above all, over the modes of knowing, of producing knowledge, of producing perspectives, images and systems of images, symbols, modes of signification, over the resources, patterns, and instruments of formalized and objectivized expression, intellectual or visual. […] These beliefs and images served not only to impede the cultural production of the dominated, but also as a very efficient means of social and cultural control, when the immediate repression ceased to be constant and systemic" (*Coloniality and Modernity/Rationality* 169). Both Rabasa and Quijano emphasize the long life of structures of knowledge and its repression created in the sixteenth century, and I agree.

One of the main reasons I chose to do a Ph.D. in a Multidisciplinary Program was because it allowed me the freedom to explore, to research the different tangents that influenced the complexity of my research question. Among other things, I was particularly concerned with understanding the history that shaped the reality that Puerto Ricans live in today in the twenty-first century. But, as do Rabasa and Quijano, I also wonder who wrote that history and whose perspective do we get to read? How has that perspective affected the way we perceive and deal with reality in the Americas today? I am interested in the reality of women of color in relation to their bodies and their reproductive rights, but, particularly in Puerto Rico, the oldest colony in the Western Hemisphere, I want to take a long view. How has the invention of the Americas by

European explorers affected the political and the economic development of the region, and shaped the "new realms of reality" in which women live today?

Dehumanization: Animalistic Construction of the Native Inhabitants of the Americas

One could argue that, if we were to pick a year of contradictions in the history of humanity, 1492 must be among the top ones. On the one hand, this year meant the "discovery" of new lands and the beginning of new trading routes for Europeans. In other words, modernity was on the horizon. On the other hand, the inhabitants of what is known today as the Americas suffered an invasion that interrupted and altered their way of life forever. Oppression and subjugation were on *their* horizon. "Modernity dawned in 1492 and with it the myth of a special kind of sacrificial violence which eventually eclipsed whatever was non-European" (Dussel 12). According to Latin-American philosopher Enrique Dussel, the history of oppression and social inequality that has kept "the seventy-five per cent of the world situated in the southern hemisphere" in a disadvantaged position is due to the idea that modernity is related to European ideals, having nothing to do with the oppressed South (Dussel 9). The dialectics of power developed by chroniclers beginning in the 15th through the 17th century, placed Europe at the center of modernity, relegating Central America, South America and the Caribbean to the periphery. Sacrificial violence refers to what Rene Girard defined as "acquisitive mimesis," which alludes to the idea that human beings in their competition for acquiring goods imitate violent behaviors to prevent others from getting the desired object. Within the Latin American context, the history of colonialism and exploitation of the natives and the land has witnessed a perpetual state of violence.[16] This type of violence against the scapegoat or victim is defined as sacrificial violence

[16] The same principle has been applied to other parts of the world, as in the case of Africa and parts of Asia.

because the victim (the Other) is perceived as the root of the problem (Townsley, Jeramy 2003). In the case of Puerto Rico, the Puerto Rican female body became the object of sacrifice, in the fight for economic and political interests by the local government. And, by United States politicians who were interested in the strategic geographical location of the Island, its natural resources, and its human capital. Briggs explains: "…working-class women's bodies were the loci of struggle over insular class relations and the relationship of the United States to the island" (Briggs 111).

The "sacrificial violence" perpetuated by Europeans in the Americas was based on the idea that the periphery was populated by uncivilized beings that were in need of salvation. European chroniclers constructed an image of a savage-like being, which justified the enslavement of the inhabitants in the Americas (Fernández Retamar 6; Morgan 13). These chronicles, aided by drawings and paintings of animalistic beings, contributed to the justification of the enslavement and complete subjugation of the indigenous peoples of the Americas and millions of African women and men. Those "uncivilized beings" of the Americas became the Other, the inhabitants in the periphery who were nothing like the Europeans. The conquering of the Other, defined Europeans as the colonizers; therefore, they felt entitled to the riches of the new lands, including their inhabitants, the human capital in the region (Dussel 12). In order to extract the richness of the new lands, the indigenous people of the Americas were enslaved by the Europeans and, by the beginning of the sixteenth century millions of enslaved people were brought from the West coast of Africa to reinforce the labor already imposed on the indigenous peoples (Eric Williams 6).

The images of subjugated populations in the Americas were of cannibalistic beings, particularly those of women who were desired by the colonizers yet repugnant: "A mid-

sixteenth-century Portuguese artist, for example, depicted the devil wearing a Brazilian headdress and rendered his demonic female companion with long, sagging breasts" (Morgan 21). The conceptualization of the Other as a monster was not a particularly new idea for Europeans who had been engaged in wars for centuries. For instance, the pattern of violence ("sacrificial violence") and oppression that took place in Southern Spain when the Christians expelled the Muslims and the Jews from the Iberian Peninsula was replicated in the Americas. "After centuries of experimentation in Andalusia, this victimizing and sacrificial violence parading as innocence began its long destructive path" (Dussel 13). The same kind of discourse was used in the Americas not only to create mythological monsters in people's imagination, but to reinforce a religious discourse of good versus evil, making the annihilation/obliteration of the Other acceptable, if not necessary.

According to Jennifer Morgan, the entry of the African women into the Americas created a new discourse fixated on their physiognomy (i.e. facial features, skin color, etc.), which was associated with "cultural deficiencies" (12). "The process by which 'Africans' became 'blacks' who became 'slaves' was initiated […] through a series of encounters made manifest in literary descriptions" (Morgan 13). Enslaved women and men from Africa arrived in the Americas in similar numbers prior to the 18th century. Thus, it is relevant to consider the reproductive capital that these enslaved women represented for the slave owners. Their worth, regardless of how it was interpreted (their production on the fields or their reproductive labor), meant that each of those women represented a valuable investment for their owners. Yet, their value was based on their productivity as property, not for their essence as human beings. "Colonized women were thought to be sexually aggressive, sometimes perverse, and capable of doing any kind of labor" (Garry 836). The ideas propagated in chronicles and the images published based on these

mythical beings created a dichotomous narrative about the native women as desired yet repugnant and the female African slaves as laborers and breeders.

Centuries prior to their arrival on the shores of the "New World," Europeans had been fighting wars where the persecution and/or elimination of the Other was their main objective with complete disregard for human life. The social construction of women as the Other was part of the colonial process. Simone de Beauvoir in the Introduction to *The Second Sex* explains: "The category of the *Other* is as primordial as consciousness itself. In the most primitive societies, in the most ancient mythologies, one finds the expression of a duality –that of the Self and the Other. This duality was not originally attached to the division of the sexes" (XXII). Otherness, for de Beauvoir, is an innate quality of human nature. Human beings have developed dichotomous systems to deal with "the foreigner," "the Jews," "the blacks," "the natives," which represent the Other in their societies or on the desired territories (i.e. Cathay, the Americas). De Beauvoir argues that by constructing the Other as "the native," "the foreigner," the individual develops its consciousness. At the same time, the Other (i.e. "the foreigner") finds out that it is regarded under the same terms, which in turn creates a reciprocal relationship in perception of the Other. However, this reciprocity of the consciousness about the Other has not occurred within the female/male duality. Women have always been part of the discourse of the male voice, of men's history, of men's social, economic, and political systems, "[t]hus humanity is male and man defines woman not in herself but as a relative to him: she is not regarded as an autonomous being" (de Beauvoir, XXII). Therefore, the "sacrificial violence" that was part of the process of colonization of the Americas created a locus of double jeopardy for women in the "New World." They were not only "the native," "the foreigner" or, in today's terms, "women of

color," but they were also the sub-humans without a voice, without the basic recognition of existing as human beings, *but* with a great capacity for work and reproduction.

Even though it is understood in the twenty-first century that race is a socially constructed concept, pseudoscientific theories from the late eighteenth and early nineteenth centuries grounded the concept of race in biological factors (de Beauvoir XX; Morgan 13). These ideas reinforced the concept of inferiority for people of color, particularly for women of color. However, the social construction of the white European woman, in addition to physical attributes, also focused on social and cultural characteristics such as "the eternal feminine" and the Cult of True Womanhood. The eternal feminine is the archetype of an immutable concept of "woman." It is based on gender essentialism that believes in particular "essences" for each gender, which cannot be altered by time or environment. Popular in the nineteenth century, mostly in the United States and England, the Cult of True Womanhood presented women as pious, pure, submissive, angelic, modest, delicate, chaste, and belonging in the private sphere (i.e. home, domesticity). That domesticity, away from the evils and the temptations of the world, gave her the power to serve as moral guardians (Wikipedia and Diccionario temático). Women of color or working-class women were not considered as part of this ideal; only white, Protestant, middle-class women were part of it. (Barbara Welter, 1966). Tropes of a sublime, white feminine being created a counter image, a dichotomous dialectic where woman of color were perceived as less than feminine. "Gender did not operate as a more profound category of difference than race; instead racialist discourse was deeply imbued with ideas about gender and sexual difference that, indeed, became manifest only in contact with each other" (Morgan 15).

By not fulfilling the gender perspectives imposed by society, indigenous women as well as female African slaves were reduced to the objectification of their sexuality, their reproductive

capacity or their capacity as workers. Ironically, this perception and the treatment of women of color as objects is still part of the political discourse of the peripheral countries in the Americas.

The objectification of women of color in the Americas was reinforced by ideas of differentiation based on their physiognomy and their social status as slaves. Women's reproductive system became part of the economic discourse since they could "produce" new slaves for free. Bringing slaves from Africa was not only costly, but it was also an investment with some risks: "Slave traders loaded approximately 11 million Africans on board ships bound for the Americas between 1519 and 1867, of which 9.6 million survived the journey and disembarked on American shores" (Morgan 56). Even if indigenous women were not used as slaves, they were still considered part of a lower social stratum that could produce workers to work the fields or the mines, when there was a shortage of slaves. Catherine MacKinnon argues: "Woman through male eyes is sex object, that by which man knows himself at once as man and as subject. […] Objectivity is the methodological stance of which objectification is the social process. Sexual objectification is the primary process of the subjection of women. It unites act with word, construction with expression, perception with enforcement, myth with reality. Man fucks woman; subject verb object" (75). The objectification of the female being in the Americas has had repercussions that have lasted for over five centuries. It goes without saying that men of color have also been victims of an oppressive system that has violated their rights as much as those of women of color. However, men of color share a commonality with their oppressor: their maleness. Women of color share no social markers with their oppressor; they have been oppressed based on markers of race, gender, social class, sexuality, and the intersection of these. Their bodies, sexuality, and reproductive system were controlled and capitalized by their oppressors during colonial times. The same systems of control and oppression have been

perpetrated well into the twenty-first century by social norms based on political, religious, and economic norms imposed long ago.

In this study, I am applying a combined theoretical approach, decolonial-intersectionality, to discuss the issue of reproductive rights in a colonial context on an island with a population of less than four million people and the highest rate of sterilization in the world. In the same way that European explorers in the early modern period constructed and invented the idea of the Americas as a territory of fantastical, mythical, savage beings, in the twentieth century, the North American empire disseminated the idea of a backward, overpopulated insular territory in the Caribbean that was in need of salvation and modernization. Different historical periods, different imperial powers, but the same objective: the control of a foreign territory and the exploitation of its people under the precept of modernization.

Puerto Rico's geographical location makes it a valuable possession, and its endless sources of human capital makes it attractive to any empire looking for territory to expand its power. Its location, in the middle of the Caribbean, offers an advantageous locale for trade and commerce, as well as a strategic location for the military. North American companies that moved their production to the Island were promised lower taxes and by being in a developing country, they did not have to be concerned with labor unions. Salaries were also much lower than in the continental United States.

Even though Puerto Rican women and men were hired to work in factories, women, as we see in other economies throughout the world, were preferred as factory workers because they were believed to be more obedient, to follow instructions better, and to be dexterous with their hands. Women's bodies and their reproductive system thus become central to the ability of the United States to secure a substantial pool of potential laborers for economic development and

political power in Latin America. Just as the conquest of the Americas was facilitated by myths about exotic savages, myths about women shaped this process. Melissa Wright proposes that a dynamic of disposability has been created in the *maquilas* in border towns, such as those between the United States and Mexico, which she defines as "the myth of the disposable third world woman."[17] Wright explains: "…despite her ineluctable demise, the disposable third world woman possesses certain traits that make her labor particularly valuable to global firms that require dexterous, patient, and attentive workers. And these traits make her so desirable that global firms go out of their way to employ her whenever possible because the things that she makes generate value as she depreciates in value" (2).

For example, in the early decades of the twentieth century, Puerto Rican women began to join the labor force in large numbers. During the first three decades of the twentieth century, Puerto Rican women were first sought out by manufacturers to do needle work, then by the tobacco industry, and later on by factory owners from the United States. *Labor Migration Under Capitalism: The Puerto Rican Experience* reports:

> Unemployment among [Puerto Rican] men was high even at the beginning of the century and reached alarming proportions after 1920. At the same time women […] were increasingly becoming incorporated into the labor force. This was specially the case in manufacturing: women were dominant in the needle trades from their inception and had become a majority of the tobacco workers by the 1920s; by the 1930s they had become the majority of those engaged in all manufacture. (106)

It could be argued that the fact that women were being incorporated into the labor force, even during periods of high unemployment, was a positive sign. Women were earning a living, which could be perceived as a move towards financial independence and social equality. Having a job

[17] Maquilas= factories in border towns between the United States and Mexico.

did not necessarily mean a positive change for Puerto Rican women, however. In *La mujer en la lucha*, Yamila Azize reports that in the early decades of the twentieth century: "Las mujeres en la industria aumentaban, así como también aumentaban las quejas sobre las deplorables condiciones de trabajo" [Women in the industry increased, as well as complains about deplorable working conditions.] (44). It is important to consider why Puerto Rican women were being given priority in the labor force compared to men. Men were as capable as women of doing the work, and men did not need maternity leave. Women were hired in factories because they were paid lower salaries even when performing the same jobs men did, were considered more dexterous with their hands, and were perceived as being more obedient than male workers. For reasons similar to those for the hiring of women in maquilas around the world, Puerto Rican women made an attractive labor force to factory owners from the United States. Cheap workers mean a higher profit margin. In the case of these women, their gender, race, class, and colonial status all shaped their employment, the wages that resulted from it, and the way they were treated.

A decolonial-intersectional approach can be applied not only in the labor sector, but also when it comes to reproductive rights. The same factory owners who looked to hire more Puerto Rican women than Puerto Rican men also helped facilitate the sterilization of these women, along with governmental agencies and colonial powers. In the documentary *La operación*, Dr. Antonio Silva, the director of the Family Planning Program, talks about arranging meetings with factory administrators to provide them with statistics about the savings to the company that would come from allowing their female workers to visit the clinics in the factories for an hour during work hours to get contraceptives or to learn about sterilization. Dr. Silva presented to factory owners/managers the argument that by preventing pregnancies they would not have to pay for maternity leave, which was beneficial to the factory owners.

It may sound contradictory to their own interests that the factory owners who hired these women would want to control their reproductive capacity instead of encouraging them to produce more workers. The decoloniality approach provides a framework to understand the power dynamics of the political economy established by colonial systems centuries ago. In the twentieth century, such systems have been perpetuated by new empires, such as the United States, that were beginning to establish their political and military powers in a modern world. The systems of oppression that were established long ago did not disappear –at the most, they just evolved with the passing of time. The intersectional approach provides insight to concepts of race, class, and gender that affect women of color in particular ways that is complemented with decoloniality, which provides a framework to understand the systems of power and oppression that were established by colonial powers. Laura Briggs elaborates on how Puerto Rico's colonial status interwove with aspects of race, gender, and class, as groups of those representing the social power structures perceived the reproductive capacity of Puerto Rican women:

> As decolonization movements throughout the Third World demanded national autonomy, the United States replaced colonialism with development. International family planning was deemed key to its success. […] Puerto Rico was explicitly a "laboratory" in which development—foreign aid, industrialization (a.k.a. the "global assembly line"), import substitution, and population control—was being tested as a global policy. The relentlessly fertile Puerto Rican mother provided an interpretive key for (post)colonial poverty, communism, and the role of the United States in the Third World. For liberals, she was victimized by her endless children, and they longed to rescue her from her own ignorance and "macho" Puerto Rican men who proved their virility through her suffering maternity; for conservatives, she was a "demon mother" whose dangerous fecundity could only be halted by strong measures—sterilization, high doses of hormones, perhaps a contraceptive agent in

> the water. In either case, poverty was caused by reproduction, and U.S. experts had answers. Puerto Rican reproduction and its responsiveness to family-planning interventions was intensively studied by social scientists since it was intended to provide a model for the rest of the world. In this period, the work of producing authoritative knowledge about overpopulation shifted from biologists to social scientists, and economists, demographers, sociologists, and historians claimed the "problem" of working-class women reproduction as their own, transforming it from an issue of race suicide and maternal health to the cause of economic underdevelopment. Birth control programs assumed an international significance. Reproductive biology research was deeply influenced by this ideology of overpopulation, as a handful of researchers—first maverick, then mainstream—tested and developed the birth-control pill as an antidote to "overpopulation." Puerto Rico continued to occupy the forefront of birth control research; the model established by Gamble, of using Puerto Rican researchers to conduct the work, began a new phase with the raise of endocrinological and other high-technology approaches, especially the pill and IUD. (Briggs 110-111)

Thus, for each of the groups mentioned by Briggs, gender, class, and coloniality intersected in their perception of the Puerto Rican women's (re)production. The premise presented by those concerned with overpopulation was the "problem" of Puerto Rican women's fertility. Different political factions either presented the Puerto Rican woman as a victim or as a "demon-mother." For the factory owners, these women represented cheap workers (their race, gender, and class according to colonial schemes had solidified that perception). Then, those "producing the authoritative knowledge" (i.e. Gamble, Silva, etc.) made sure to take advantage of the brown, female bodies at their disposal to maximize productivity. The factory owners had "disposable workers" to keep production going and the scientists, those in power positions with the authority

to produce knowledge, had a "cage of ovulating" women who could facilitate their project to develop contraceptive methods for population control.

The complexities of discussing reproductive rights in Puerto Rico, and my desire to take a long view, explain why I decided on decolonial-intersectionality as a theoretical framework. It could be argued that when it comes to discussing women's reproductive rights, the logical approach would be to use a global feminist approach. After all, a global feminist "is primarily concerned with health-care and reproductive issues and is protective of human rights" (*Feminist Thought* 238). But looking at sterilizations in Puerto Rico just as a healthcare and reproductive issue would leave many questions unanswered. Reproduction is certainly a human rights issue, but it is also a political and an economic issue within a colonial context. We are talking about the oldest colony in the Western Hemisphere. We are talking about a nation that since the voyages of Columbus, has never experienced sovereignty of its national territory or the right of its citizens to self-identify as Puerto Rican citizens. For over four hundred years, they had to identify as Spanish colonial subjects and for the past hundred years as United States citizens –never as Puerto Rican citizens. Thus, my approach had to recognize the intersectionalities of women of color in this colonial context.

Another logical theoretical approach could have been a postcolonial feminist approach, since it "is concerned with the political struggles of oppressed women of color worldwide and is suspicious of any pretense in the West that the effects of colonialism have disappeared" (*Feminist Thought* 239). This approach does include sexuality and reproduction, for as Rosemarie Tong and Tina Fernandes Botts explain: "What goes on in the privacy of one's home, including one's bedroom, affects how men and women relate in the larger social order" (239). However, as appropriate as this approach might sound within the Puerto Rican context,

sterilization is not just about women and their political struggles. I am also looking at Puerto Rican women's positionality as colonial subjects through their life histories. All these aspects have been explored in previous studies, but I am also looking at this problem from a historical perspective, analyzing women's perception of their reproductive rights in the twenty-first century, after decades of cultural change in family composition as a direct result of colonial intervention.

Decolonial-intersectionality as a Theoretical Framework

Since the early 1980s, scholars from various disciplines have analyzed sterilizations in Puerto Rico through different theoretical lenses. For instance, Laura Briggs analyzes this phenomenon from the perspective of globalization and its role in a postcolonial world. According to her, the goal of colonial powers such as the United States in developing nations like Puerto Rico was to create "modern nations" by focusing in "changes in family forms, women's rights, and science and medicine" (Briggs 1). Lourdes Lugo-Ortiz, on the other hand, applies to her analysis Michel Foucault's theory of biopolitics to explain the discourse presented by the media in Puerto Rico from 1940 to 1977. Lugo-Ortiz explains her analysis as "female sterilization intersected with the discourse of hygienic modernization, the project of colonial modernization and the consolidation of journalistic practices, as constitutive of the public sphere, typical of a modern democratic society" (2). Lugo-Ortiz analyzes the message in the mass media beginning in the 1940s, but she comes to the same conclusion as Briggs, that smaller families and sterilization were the solutions for a modern society, according to the colonial project imposed by the United States since the early decades of the twentieth century. Briggs and Lugo-Ortiz's analyses have helped us to better

understand the complexities involved by providing different perspectives on the same issue, but each largely uses a single theoretical lens, which is limiting.

I am instead applying a theoretical approach that combines decoloniality and intersectionality, as this will provide a comprehensive way to understand the complexities involved in Puerto Rican women's perception of reproductive rights in the twenty-first century. A decolonial-intersectional approach will address both women's rights and the colonial reality of the Island, with emphasis on its political and economic development.

A) Intersectionality Approach

Kimberlé Crenshaw, an African-American feminist and law professor, proposed in 1989 a theoretical framework known as Intersectionality, which considers different systems of oppression that affect women of color when analyzing the legal and social realities that they confront on a daily basis. These systems of oppression, based on race, gender, and social class, are not just additive, Crenshaw argues, but they intersect to create a complex system of oppression for Black women in the United States.[18] Social markers of race, gender, and class affect women of color differently from other demographic groups (i.e. white women, black or white men). White women, for instance, can experience oppression based on their gender and social class; however, they enjoy social privileges due to their race, privileges that women of color do not have because of their skin color. Men, on the other hand, even if they are black men, enjoy social privileges thanks to their gender. In other words, women of color suffer a triple jeopardy of oppression because markers of race, gender, and social class are intertwined as part of their reality and social opportunities. This theory argues that a well-educated woman of color

[18] Crenshaw, Kimberlé. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics." *University of Chicago Legal Forum* (1989): 139-66.

could get the same job as a black or white man, but she will be paid less due to her gender and race; whereas a white woman would be paid more because her race grants her that privilege.

Crenshaw called for an intersectional framework to highlight the complexity of the reality of Black women in the United States. She argued: "Because the intersectional experience is greater than the sum of racism and sexism, any analysis that does not take intersectionality into account cannot sufficiently address the particular manner in which Black women are subordinated" (140). Crenshaw refers to instances in which the legal system has unjustly judged cases involving the rights of Black women in the United States. Legal cases that were looked at from a gender perspective did not have a favorable outcome for the victims (Black women) because it was argued that white women (who happened to be of the same gender), did not confront the same unfair treatment. Or, in other cases where race was the issue, justice was not done because the counter argument presented indicated that Black men did not experience the same problems. These one-sided arguments did not take into consideration that Black women, even when they share the same gender as white women, do not have the same life experiences, which places them in a disadvantaged position.

Although Crenshaw focuses on the United States, intersectionality can be applied to geo-political contexts outside the United States as a theoretical framework to provide cultural and social categories of inter-subjectivities to systematically analyze social inequalities. In the case of Puerto Rico, it is imperative to recognize that colonial status adds to the framework of social markers that affect women's life experience. Race is also different than in the U.S. The indigenous population was eradicated within the first thirty years of Spanish colonization but had already mixed to some degree with European conquerors, and once African slaves were brought to the Island these different human groups mixed in different degrees. Although Puerto Rican

women are United States citizens, they are defined by U.S. racial standards as both people of color and foreigners. Their reality of oppression is an amalgamation of these markers (and many more) within social systems (i.e. legal, medical) that do not recognize women of color as people, thus making them disposable.

B) Decoloniality Approach

It is not enough to just add coloniality to Crenshaw's categories of oppression in an intersectional approach, as discussions of coloniality and its impact have their own body of theory. Decoloniality is an independent theoretical framework that addresses the social inequalities and oppressive systems that have been institutionalized after direct colonial systems ended in the mid-twentieth century, affecting former colonial subjects in every aspect of their lives. This theoretical framework is based on three compounding aspects: coloniality of power, coloniality of knowledge, and coloniality of being. These concepts complement each other by explaining how core nations control global markets, ideologies, and individuals in peripheral states to maintain systems of inequality.[19]

Decoloniality or Coloniality is a theoretical framework that emerges from the intellectual contribution of scholars such as Enrique Dussel, Walter Mignolo, and Aníbal Quijano, among others, who have provided an epistemological framework to dismantle Eurocentric dictates that have dominated social, political, and economic systems, in the public and the private spheres, that sustain the power of core nations and suppress peripheral states (Grosfoguel 2000, 2003; Mignolo 2002; Maldonado-Torres 2007; Ndlovu-Gatsheni 2013).

[19] Core, semi-periphery, and periphery= These concepts are associated with economic and political systems in the contemporary world, which identify the core with industrialized nations, the periphery with developing nations, and those in between with the semi-periphery.

Decoloniality presents the perspective of those who have been historically marginalized. This theoretical and epistemological framework opens a space to voice the history, the perspective, and the reality of those who have been silenced. The history of the peoples of the Americas, women included, was erased with the European invasion of 1492. Colonialism imposed a new reality where society lived according to the economic and political systems imposed by the core nation oppressor: decoloniality provides the epistemological tools to break the remnants of colonialism.

Decoloniality identified race as the root of the systems of oppression and inequality imposed in the peripheral states supported by capitalism. Race as the principle of systems of social inequality, in my opinion, does not recognize the particular realities that women confront in society. Women, as the Other, is not fully recognized in the race-focused rhetoric of decoloniality. Though Dussel and Mignolo have, to some degree, discussed the concept of gender in their work, the discussion still lacks the necessary level of attention that it deserves (Arturo Escobar 2009). Some feminist scholars, including Linda Alcoff and Elina Vuola, have addressed this omission in the decolonial thought (Vuola 2000). By utilizing a decolonial-intersectionality approach in this study, I hope to move forward the discussion to more fully incorporate the intersection of gender into the decolonial approach.

In Puerto Rico, it could be argued that the coloniality of power, knowledge, and being have permeated and penetrated all aspects of society. The coloniality of power is rooted in social institutions such as government agencies, banks, and the legal system that have been established (or imposed) by colonial powers, that is Spain and the United States. The coloniality of knowledge is based in social agencies and modes of communication that produce and reproduce knowledge in society, such as mass media and the educational system that for the past hundred

years have been controlled/regulated by the United States. And, the coloniality of being reflects the lived experiences and the language of the oppressed –the effect of the colonial system. Ramón Grosfoguel proposes that, during the Cold War, the United States used Puerto Rico as a "symbolic showcase" to demonstrate the success of this peripheral state in comparison to those under communist regimes such as Cuba. Puerto Rico was used to show the world how the United States "civilized" peripheral states. A modern, civilized society was the "gift" betrothed by the United States upon Puerto Ricans, as long as men migrated to the mainland and women were sterilized. In this study, a decolonial-intersectionality approach is applied to understand the perception of women in Puerto Rico about their reproductive rights and options.

CHAPTER FOUR: METHODOLOGY

Introduction

My research investigates the perception of Puerto Rican women in relation to their reproductive rights and their options about reproductive methods in the Metropolitan Area of the Island in the twenty-first century. The goal is to document and report the beliefs and attitudes of Puerto Rican women in the twenty-first century, along with their preferred methods of contraception, after decades of campaigns to control population growth on the Island by the local and the United States Federal Government. This is mainly descriptive research that relies on face-to-face interviews as its primary data collection method. Also, an historical analysis serves as a secondary data collection method to better understand the different political and economic forces that caused the mass sterilization of women in Puerto Rico in the twentieth century. "Historical research traditions articulate procedures to enhance the credibility of statements about the past, to establish relationships, and to determine possible cause-and-effect relationships" (Marshall & Rossman 185).

Study Design: Framework of Combined Data Research

A combined data collection methods has been used to gather and analyze the data for this study. This is a complementary approach where qualitative and quantitative methods have been applied to get a comprehensive view of the perspectives of the participants. A qualitative method provides access not only to the practical aspects of the lives of the participants, but also to their

lived experiences and to some degree their inner thoughts. In *Learning from Strangers: The Art and Method of Qualitative Interview Studies*, Robert S Weiss notes: "I was particularly struck by the density of information provided by qualitative interview studies and by their usefulness for understanding the complexities of respondents' experiences" (xiii-ix). A quantitative method utilizing low-level statistics complements the qualitative data to get a better understanding of the different demographic groups represented by the participants in this study.

Puerto Rican women's "voices" are an essential part of their lived experiences and a critical aspect of my research. Thus, my most important research tool was a series of interviews in which women explained and described their experiences, feelings, and thoughts about their reproductive rights and options as they perceived them and not as politicians, the Church or the media narrated them. I also interviewed health care professionals, which provided their perspective on how women were advised about methods of contraception or sterilization. In the interviews, I used a feminist approach to life histories methodology, which created a safe space for the participants to open up while sharing their lived experiences during face-to-face, in-depth interviews. In their own words, they narrated events that were particularly important in their lives. The health care professionals that participated in this study, both women and men, provided their perspective as professionals who represent and are part of the medical system in Puerto Rico. In addition, they were also asked about aspects of their personal life, which all of them were willing to discuss. The female participants shared deeply personal experiences that involved personal relationships, pregnancy, abortion, breast-feeding, their preferences and opinions about their reproductive rights and methods of contraception, among many other aspects related to reproduction. They were able to narrate their lived experiences in detail and from their own perspective, providing details that were relevant to the construction of their own

reality as women of color and as colonial subjects in the twenty-first century. These stories included from whom they did or did not learn about contraceptives, and the decision-making process of discussing contraceptives with their partners, health care workers, friends, and/or female relatives. The feminist approach of life histories methodology helps us understand the subjective experience of these women and health care professionals, as they construct their social reality about their reproductive rights as individuals and as caregivers.

All data gathered from face-to-face interviews was based on questionnaires that focused on participants' personal experiences on reproductive rights; their relationship with other female members of their families and their interactions on how "female knowledge" was passed on from one generation to another about reproductive options; and their decision-making process on reproductive options for those participants who were married or had a partner in their life. Several questions also addressed issues related to culture, race, gender, and religion. Data collection began with a combination of sampling strategies, including the distribution of flyers and contacting women and health care professionals via telephone calls. Following the first two interviews, chain or snowball strategy along with word of mouth was used to recruit potential participants. A log of data-collecting activities was used to keep track of dates, places, activities, and individuals contacted on a daily basis. Data analysis in this study was based on extant empirical literature, archival documents, interview notes, digital recording, field notes, and transcripts of the interviews. Quantitative data tabulation was done as data were being gathered, and qualitative data analyses were done as the transcriber completed the transcriptions. Life histories analysis was done in stages in combination with field notes, interview notes, and transcriptions. The translation of quotes was done, as they were needed. From the initial contact

with the interviewees to the actual interview, and from the transcription stage to the data analysis, confidentiality was paramount in this study.

In 2019, I began to work with a stenographer with whom I met once or twice a week to do the transcriptions of the interviews. Transcribed data was sorted out, according to conceptual categories depending on commonalities or differences found during the interviews and the materials used from the content analysis. Clusters in conceptual maps arrange the data; the categories were developed inductively and deductively according to the five criteria of "life histories" (Marshall and Rossman 151-153). The participants' life histories have been supplemented with data from the content analysis and interviews with health care professionals.

Three agencies were particularly important in my research. The first was the Oficina de la Procuradora de las Mujeres (OPM for Women's Advocate Office), located in Santurce, Puerto Rico. This is a government agency that provides a variety of social and legal services to women in Puerto Rico. Their mission is to protect women's rights to ensure that public as well as private agencies follow gender equality laws. They provide services to victims of domestic violence and work related violations, among other services, which are extended to immigrant women on the Island as well. Their services, including a 24-hour hot line available seven days a week, are free of charge and confidential. The OPM has the legal power to investigate any complaint related to the violation of rights due to a person's gender and follow up with a lawsuit, depending on the results of the investigation.

The second was the Universidad de Puerto Rico (UPR) and UPR Escuela de Medicina. The University of Puerto Rico and the UPR School of Medicine or the Medical Sciences Campus are two of the oldest and most important institutions of higher education on the Island. The UPR was founded in 1903 and the School of Medicine moved to a separate campus in 1966. Both

campuses are located in Río Piedras, the heart of the Metro Area. There are eleven campuses of the UPR throughout the Island. These institutions of higher education are part of the public university system in Puerto Rico. They are accredited institutions that for the most part of the 20th century served as the primary institutions where not only Puerto Ricans earned their college degrees, but it is also where students and distinguished researchers and intellectuals from Latin America and other parts of the world conducted their research and taught. The Río Piedras campus offers degrees in a variety of fields within the Humanities, Social Sciences, and Natural Sciences. These institutions were the hubs for philanthropists and researchers from the continental United States who chose Puerto Rico to conduct their experiments and development of contraceptives and/or trained on the "new" techniques of sterilization by performing operations on Puerto Rican women in the 20th century (Ramírez de Arellanos 1983; Briggs 2002, López 2008; Córdova 2017).

The third was Mujeres Ayudando a Madres (MAM- Women Assisting Mothers). This is a maternal-health nonprofit organization that is dedicated to educating and assisting mothers with the birthing process, breast-feeding, and other related topics. MAM was founded in 2007 and it is located in Carolina, Puerto Rico.

Data Collection

The initial phase of the fieldwork for this project began in the summer of 2014 in Puerto Rico. Subsequent trips took place during the summers of 2015, 2017, and 2018. In 2014, fieldwork focused on researching agencies, and visiting libraries and bookstores. The first two face-to-face interviews were done in 2015. Most of the interviews were done in 2017; archival work and follow-up interviews were completed in 2018.

Recruitment for this study focused on adult, Puerto Rican women and health care professionals (female and male), from the Metropolitan Combined Statistical Area, which includes obstetricians, midwives, and doulas. I also interviewed an attorney who specializes in reproductive rights. No particular criteria were considered for excluding participants, except for the fact that all participants had to be over 18 years of age. Extant literature indicates that most of the sterilizations and birth control experimentation on the Island targeted low-income women in the twentieth century (Presser 1973; Ramírez de Arellanos 1983; Briggs 2002; López 2008). This study, however, included adult women from all socio-economic backgrounds. A sample including women from different economic and social backgrounds and different generations was essential for this study, since one of the main objectives is to understand if there has been a culture change in the perception and preferences in younger generations of women after decades of experimentation and mass sterilizations.

Once the Institutional Review Board (IRB) for the Protection of Human Subjects at the University of Wisconsin-Milwaukee approved the study, I began recruiting potential participants by posting flyers in beauty salons, boutiques, and other public establishments in the Metro Area. Interested individuals were given the option of contacting me by telephone or via e-mail; most participants chose to do it by telephone. After the first two interviews, all participants were recruited by snowball sampling. Several participants and health care workers asked for electronic copies of the flyers, which I provided, and they posted them on their Facebook page, and by word of mouth other participants informed co-workers, relatives, and friends of the study. Follow-up communication with participants was mostly done by texting, which proved to be a convenient, reliable and effective mode of communication.

Participants in the study included women and medical personnel. All of the women were Puerto Rican females over 18 years of age; the youngest one was 25 and the oldest was 89 years old. The women were born in Puerto Rico, except for two of them who were born in the continental United States. Both of them lived in Puerto Rico since they were children –one was a newborn and the other one was 11 years old when their families moved back to the Island. Since Spanish and English are taught in Puerto Rico, interviewees were offered the option of doing the interviews in their language of preference. All oral interaction with the participants (i.e. phone conversations, initial contact and interviews, etc.) was conducted in the language preferred by the participants –Spanish. Written materials (i.e. flyers, Intake form, Consent form) were available in English and in Spanish (Puerto Rican dialect), for the participants to choose. Even though most participants said they could work with either version, almost all of them chose the Spanish version. All electronic communication was also in Spanish as well.

Medical personnel were female and male adults (the youngest female was 28 years of age and the oldest was 49 years old; the youngest male was 48 years old and the oldest was 59), college educated, and from different social class backgrounds. The attorney was a 45-year-old woman. All of them were born in Puerto Rico and, at the time of the interview, lived in the Metro Area. As with the participants from the other group, they were all given the option to do the interview in English or in Spanish, but they all chose Spanish. And, they also chose the written materials in Spanish (Puerto Rican dialect). This particular group had an inclusion criterion of a college education with a degree in some area of health care.

Demographic data were part of the Intake form. Most of the participants, in both groups, identified as mixed-race, that is, descendants of Taínos, Europeans (mostly Spaniards) and/or African ancestors. The initial sampling plan for this project began with a “theory-based”

approach.[20] I contacted friends and family in Puerto Rico to inquire if they knew any health care providers. From those contacts, I was referred to two doulas that were the first interviews that I conducted in 2015 in the Metropolitan Area of San Juan, Puerto Rico. Both doulas not only provided me with information on the role of doulas, midwives, and nurse-midwives in Puerto Rico, but they also referred me to potential participants.

In the summer of 2017, I spent seven weeks in the Metro Area in Puerto Rico doing face-to-face interviews. During the first two weeks, I spent time contacting and reconnecting with potential participants and visiting establishments in the Metro Area delivering flyers. I proceeded to "snowball" sampling based on the references from the first two participants. I also spent time doing archival work at the University of Puerto Rico. In 2017, I contacted over 100 people via phone, e-mails, text messages, and in person. By the end of the second week, I had scheduled about ten interviews for the following weeks. As expected by the sampling method used ("snowball"), the interviewees put me in contact or referred me to other potential participants who were interested in being part of the study.

In total, I scheduled over 50 interviews; however, I was able to complete only 36 interviews in 2017. Several women cancelled due to health reasons, others simply did not reply to my follow-up messages or phone calls. For instance, one woman had to care for her sick grandchild who was in the hospital. Another woman had to care for her mother-in-law who was recovering from a double mastectomy. In other instances, the interviews ran longer than expected and it was impossible to reschedule other interviewees I had already scheduled for later in the day, due to participants' work schedules and family responsibilities.

[20] Catherine Marshall and Gretchen B. Rossman define "theory-based" sampling as initiating contact with "two people who fit" the baseline of the participants for a study and from there the researcher will be able to continue to do snowball sampling (Marshall and Rossman 107-112).

A wide range of demographics was covered in the interviews. In terms of age range the youngest participant was 25 years old and the oldest was 89 years of age. There was also a wide array of socio-economic backgrounds, as well as educational preparation. I spent several days conducting interviews in Loíza Aldea, the coastal town with the highest percentage of people of African descent in Puerto Rico.

In addition to the doulas, midwives, and health educators, I also interviewed the only OB/GYN in Puerto Rico who does home deliveries; an attorney who specializes in reproductive rights; and one of the former directors of the office of Family Planning in Puerto Rico. During the trip in 2017, I was able to interview a midwife. However, it was very difficult to schedule interviews with midwives, given the fact that they had several patients due to give birth during the time period that I was in Puerto Rico. In addition to their responsibilities as doulas, their time was limited by their multiple responsibilities as mothers and wives.

In order to get access to the Special Collection area in the libraries of the Medical College and at the University of Puerto Rico, I extended my stay for an additional week. It was also during that week that I was able to finally interview a midwife in 2017. I made contact with various health care professionals who are also professors/researchers at the School of Medicine and at the University of Puerto Rico, who also referred me to other potential participants with whom I planned to keep in touch for further collaboration. Last, I visited several bookstores and the Instituto de Cultura Puertorriqueña in Old San Juan, where I met with some of the librarians to discuss the research done by the institution on the history of women's rights in Puerto Rico.

In 2018, the main objectives of my fieldwork were to do archival work and to do follow-up interviews. I spent the first week contacting people at the libraries and reconnecting with participants from the previous year to schedule meeting times for the interviews. Reconnecting

with people at the universities and other agencies in the Metropolitan Area proved to be challenging, given the fact that many parts of the Island were still recovering from the devastation of hurricanes Irma and María. Even though most places in the Metro Area were open and running, they had experienced a reduction in personnel due to a large number of professionals leaving the Island (a brain drain), people being dismissed because of budget constraints, or people who had retired. At one university, in Special Collections, they lost four employees who had not been replaced. Trying to contact some people via telephone or by e-mail proved unsuccessful given the many challenges institutions were facing after the hurricanes. Therefore, I went in person to arrange for my visits to do the research I intended, which took longer than expected given the circumstances. In spite of that, once I reconnected with the personnel at the libraries and other agencies, I received their full support and cooperation with my research project.

In spite of the challenges encountered as a result of the conditions people and institutions on the Island were facing, I was able to contact over 20 people via phone, e-mails, text messages, and in person. I met with a total of 12 people from the previous year, met with three new contacts, and I did a total of seven interviews. Out of the seven interviews, one was a follow-up with a female participant, three were follow-ups with health care professionals, and the other three were with new health care professionals. Since in 2017 I wanted to concentrate on the perspective of the health care professionals and their perception of the situation of women after the hurricanes, most of the interviews focused on this group of participants. Among the new health-care professionals that I interviewed in 2018, there were an obstetrics nurse, a doula, and a midwife.

I also met with librarians at the main campus at the University of Puerto Rico and the Medical College, where I did archival work on reproductive rights. Most of my time was dedicated to doing research at the José M. Lázaro Library on the main campus at the University of Puerto Rico in Río Piedras in the Colección Puertorriqueña and the Special Collection area in the library of the School of Medicine, also in Río Piedras. One of the interesting findings was the extensive media coverage about/on the debates on the topic of mass sterilizations from different sectors of society in Puerto Rico for decades in the twentieth century. I found a wealth of information on the archives on the debate at the Colección Puertorriqueña. At the Medical College, I had access to original documents from the research done by Annette Ramírez de Arellanos who wrote one of the first books on reproductive rights in Puerto Rico in the 20th century. These documents include her notes from interviews that she conducted with political figures and health care professionals who were involved in the debates about sterilizations and birth control in Puerto Rico.

Last, I visited Mujeres Ayudando Madres (MAM), where I had the opportunity to do interviews with a nurse-midwife and a doula.

Out of the 42 participants, there were three female doulas; two male OB/GYNs; one female nurse-midwife; two female health educators (although at the time of the interview I didn't know their profession and were interviewed as participants, not as health care workers); one speech therapist; a female attorney who specializes in reproductive rights; and, the rest were female participants. The health care professionals range in ages from 28 to 59.

A total of thirty-two women were interviewed and ten professionals. All the women interviewed were professionals and actively working in different fields, except for four who were retired, and one who had always been a housewife but occasionally worked as a seamstress from

home. These women ranged in ages from 25 to 89. All were mothers except for four of them. Only one woman identified as a lesbian; although, she is married to a man, but she explained the union as one of mutual agreement for business purposes.

Four clusters were identified: the first one is of a grandmother, a mother and daughter; the second one is of a mother and a daughter; the third one is of two sisters; and, the last one is a grandmother and the granddaughter.

The data collected, which has been analyzed both qualitatively and quantitatively, provides a small sample of the perspective of adult women in the twenty-first century on the topic of reproductive rights and more specifically on sterilizations in Puerto Rico in the Metro Area. Additionally, other subjects related to reproductive rights were brought up by the participants that are also included in this study. Like all qualitative case studies, its findings cannot be generalized, but it can serve as a starting point for further studies that aim to prevent the imposition of sterilization on vulnerable populations and to aid in developing public health programs to educate women about their reproductive rights and options for contraceptive methods.

Quality Control

Protection of Human Subjects

I began to contact potential participants once the Institutional Review Board (IRB) at the University of Wisconsin-Milwaukee approved the study. All the data collected from the interviews were confidential, the interviews were conducted using pseudonyms, and all the data analysis was done with assigned numbers to the pseudonyms to eliminate any possibility of identification of the participants. Digital recordings from the interviews and coded data, along

with the master lists are in three separate encrypted flash drives that are kept in a locked file cabinet to which I only have access.

While I was in Puerto Rico, the list of participants, the Intake and Informed Consent forms, and the notes from the screening process, as well as any notes taken during the interviews, were kept in a carry-on bag with a lock. Any digital and transcribed data saved to my personal computer were all coded, said computer is password protected.

Participants in this study will be identified by their pseudonyms in any materials used in presentations or in written publications.

Transactional Validity

Transactional validity and credibility are grounded in triangulation in this study. First, data sources such as archives and previous studies on the subject provided a background in which to place the lived experiences of the participants. Second, a decolonial-intersectionality approach provided a framework for the conceptualization, development, and execution of the interviews, including those involving health care professionals. The decolonial-intersectionality approach provides a comprehensive framework to understand the colonial context and provides the analytical tools needed to comprehend the complex reality that women of color in a developing nation have dealt with for decades, when it comes to their reproductive rights. Last, face-to-face, in-depth interviews added women's voices by narrating their lived experiences about their perception of reproductive rights. Participants were offered the option of revising notes from the interviews and listening to interview recording(s), if they wished to do so for accuracy. Follow-up contact for corroboration or clarification of statements made during the interviews assured accuracy as well.

Through the triangulation of sources, a decolonial-intersectionality approach, and in-depth, face-to-face interviews, “the validity of specific knowledge claims is argued to be more robust” (Marshall and Rossman 42). Transactional validity in this study was established through the participants’ voices and narrative of their lived experiences “to validate themes, interpretations, and findings” (Marshall and Rossman 41).

CHAPTER FIVE: Narratives of Participants

"Interviewing gives us access to the observations of others" (Weiss 1).

Introduction

In this chapter I present the narrative summaries of the interviews done with the participants during the summers between 2015 and 2018 in the Metropolitan Area of San Juan, Puerto Rico. Four case studies of clusters based on kinship among female members of different generations are presented in chapter six and the narratives by the legal and health care workers are in chapter seven. All of the quotations from the interviews are my own translations with some contributions by Dr. Patricia Lunn.

Women's Experiences Related to Reproductive Rights: Sex education, Contraceptives, and Sterilization

A) Participants

Ofelia

Ofelia is a 39-year-old woman who was born in Puerto Rico and lives with her son and her husband of ten years in the Metropolitan Area. She identifies as mixed race. Ofelia has a bachelor's degree in Fine Arts and a minor in Public Relations. Ofelia is the Sales Manager for a newspaper where she has been working for five years and is involved in the arts. She learned about my study from the electronic poster a friend of mine posted on her Facebook page. We met at a café in Río Piedras, Puerto Rico for the interview.

Ofelia has a seven-year-old son. She did not report any miscarriages or being sterilized. She started using contraceptives in college at 18 years of age. While looking for different

options, she tried the NuvaRing because, according to her, **"[I] wanted a contraceptive with the least amount of hormones…"** In addition to using the vaginal ring, she also used birth control pills, but both methods made her sick and she stopped using them. She also experimented with condoms and the rhythm method, but three years before our interview, she stopped using all forms of contraceptives. Ofelia also reported that she would never consider sterilization. She discussed with her husband the possibility of his getting a vasectomy, but they decided not to do it, in case they wanted to have another child.

When we discussed the topic of sex education and how she learned about contraceptives, Ofelia replied: **"No, with my mother, at no point did we ever talk (*Brief pause*). As a matter of fact, I never talked to my mother about sex, neither about contraceptives nor abortion."** According to her, her mother would approach those topics in an indirect and subtle manner by emphasizing the importance of getting an education and how her future would be hindered by a pregnancy. She did not educate her about the use of contraceptives or how to protect herself from sexually transmitted diseases, but simply emphasized the possibility of a pregnancy.

I asked Ofelia what her approach to sex education, including contraceptive methods, would be if she were to advise any young woman. She replied: **"I don't think I would even consider mentioning sterilization as an option. It's too drastic!"** Ofelia commented that she would recommend the use of contraceptives, but she would stress that young women must educate themselves about sexuality; learn about how their menstrual cycle works; and, listen to their bodies before they decide on a birth control method.

I also asked Ofelia if she was aware of any clinics or non-profit organizations in the community that would offer information to the public about contraceptives. She mentioned ProFamilia and Matria. According to her, Matria is a grassroots organization formed by women

who work with women in low-income communities educating them on reproductive health and other topics relevant to women's health.

According to her, ProFamilia also provides contraceptives at a low cost, but women have to be treated by their gynecologists to qualify for their benefits. In reference to the cost of contraceptive methods, she said that her medical insurance covers the cost of contraceptives.

When asked if she has ever consulted with her sexual partner(s) or her husband about what contraceptives to use, she said not with any partners prior to her husband. When referring to her husband, she said "we are a team." Ofelia explained that even though they live in a "machista" culture, she and her husband collaborate and share responsibilities at home and in the care of their child. She reports that their relationship is atypical because they make decisions as a couple. And that teamwork includes decisions related to their reproduction. According to her, some of her friends' husbands have made comments such as: **"That is [her] problem." or "that's [her] decision and [her] responsibility."**

Last, we discussed Ofelia's knowledge of mass sterilizations in Puerto Rico prior to our conversation:

Ofelia: Well, look, what I have is a vague knowledge of things that I've read on newspapers and the internet about studies done by a doctor, whose name I don't remember, about the contraceptives that were first tested in Puerto Rico, right? Our colonial context made us the perfect guinea pigs for many things. Different kinds of contraceptives and, for instance, the Orange Agent that was used in Vietnam. It was also tested in Puerto Rico. In relation to the mass sterilizations, what I understand is that the women were not (*Rethinks*)… they didn't know what was going on. That was incredible! It was inhumane! To submit a woman to something and not inform her as to what is being done, right? So, we have always been guinea pigs for that type of things, right? They were testing new contraceptive methods that, in the long run, they ended up hurting the reproductive system of many women in Puerto Rico. At that moment, there wasn't a lot of information. What was there was a hunt. It was a butcher shop, 'come in, we are going to give you this and we'll see what happens.' I think that should be discussed in some international forum, right? That type of situation, the same way it would be done for any other types of crimes anywhere else in the world. Here we go back to the political question and our colonial status that doesn't allow us to claim our rights. So, we are not able to (*Rethinks*)… who are we going to reclaim for this, right? And, if we try to claim for justice, now how much information would we be able to present at a legal procedure?

Interviewer: Do you think this is a topic that is discussed in social media?

Ofelia: Well, look. I've seen it mostly on social media, right? On Facebook someone posts something about it, it goes viral, and people see it, and people comment on it. I've seen it when people talk about our political situation and our colonial status… I think that in all that, under our colonial status, we are blindfolded in relation to our history, of knowing the historical background of our country. But we have a very short memory. I believe that, in the case of the mass sterilizations, little by little it has been erased from our memory. That is, something happened but we don't talk about it, right? That's taboo. What I think, in terms of what concerns women's responsibilities, that in many cultures, the ones responsible to pass on the oral history are the women, the grandmothers who would sit in a circle to pass on those stories, but that doesn't happen anymore. Then for a woman, who went through that experience without knowing what was happening to her, makes them feel ashamed. So, I think that the women who went through that they were afraid and felt ashamed. Additionally, doctors represent a figure of power. Therefore, 'if it is something that's recommended by a doctor, I have to do it'… we are talking about poor women, women who had little to eat, with little resources, in those communities where people did not have shoes, running water, sewage system, it was such a precarious time for Puerto Rico. I think is important to consider the historical context. Even today, when you bring this issue into the twenty-first century, you can say: 'That can never happen again!' But social inequality is there, it's tangible… this is a Third World country. People with fewer resources, even today, they would not dare question [doctors]. So, it is what it is.

Tania

Tania is a 28-year-old woman who was born in Río Piedras, Puerto Rico and lives in the Metropolitan Area. She identifies as mixed race. Even though Tania identifies as a lesbian, and currently lives with her female partner with whom she has been in a steady relationship for twelve years, she is married to a man. According to her, her husband is one of her best friends and they got married out of convenience because they wanted to open a business together. She learned about my study from a neighbor. We met in Guaynabo for the interview.

Tania does not have any children, but she would like to have them in the future. Although she identifies as a lesbian, she had intercourse with a boy in high school when they were 18 years old and he used a condom. After that experience, she reports that she has never used any other form of contraceptive because, **"as an open lesbian,"** she never had the need for contraceptives.

When I asked Tania how she learned about contraceptives, if anyone at home addressed the topic with her, she said, **"No, never, no one ever did. It was taboo. It was taboo."** According to her, starting in sixth grade, occasionally some teachers would have superficial conversations with the students. However, most of her knowledge on sexuality and contraceptive methods came from reading books. When talking about her menstrual period she said: **"I never**

talked to my mother about it. I would ask my dad, if I had any questions." "No one really ever talked to me about sex, never." Contrary to her experience, Tania makes sure to let her niece know that if she ever has any questions about sex, she can talk to her. Given the limited communication in Tania's family about sex and related issues, I asked her if they are aware of her sexual orientation as a lesbian, and if so, how is their relationship. She said that at the beginning it was not easy for either of her parents, but her father, with whom she has a much more open communication than with her mother, came to terms with it. Her mother, **"sufrió mucho [she suffered a lot]."** Her aunt, who raised her and passed away several years ago, **"never found out."** And her uncle figured it out because, **"[Tania] never brought any boyfriends home. It was always the same female friend [her partner of twelve years]."** She believes that there are some small changes in people's attitudes about homosexuality in Puerto Rico, but it is still taboo for most people.

Even though Tania mentioned that she does not use any type of contraceptive method, I asked her if she knows of any agencies where women can get information about reproduction or contraceptives, but she is not aware of any. She said that, to her knowledge, medical insurance companies do cover the cost of contraceptives. In her opinion, no social institution should have any type of control or say when people decide what kind of contraceptive method to use, neither the government nor any religious group. However, she believes that **"the government should have control in educating people. In that way, people can make educated decisions."** In her opinion, homosexuality in Puerto Rico is treated **"as a joke."**

When I asked Tania about her knowledge of mass sterilizations in Puerto Rico, she said that she had some knowledge about it because her aunt had talked to her about it. Tania believes that people should have the freedom to choose any contraceptive method they prefer, without

any kind of interference from the government. The government's responsibility, she believes, should be solely to educate people to make the right decisions. Conversely, her opinion about sterilization as a contraceptive method was based on Neo-Malthusian ideology:

Interviewer: Have you been sterilized, or have you thought about it as a contraceptive method?

Tania: Well, in my opinion, and perhaps I should not say this, but I understand that sterilization should be used. It should be a method after you have two or three children. Enough! It's time. Yes, I'm in favor (*Chuckles*). I'm in favor, but the person should be aware of what it is, right? Listen, if you have five children and you can support them, feed them, educate them, and raise them properly, have as many children as you want. But, at the same time, if you do not have the resources, get a sterilization. This is complicated. For people in Africa, where they lack enough food and they keep having children, and there's so much famine, I understand that sterilization is a good method, right? It all has to do with geographical regions. This is so, and I repeat, super complicated. If you go to Eastern Europe, they should get sterilized because those people (*Pause*)… when people have limited knowledge about certain things, behaviors tend to be repeated. You keep having children, and more children, and more, and more, and more. My mom had five. I'd have sterilized my mother. Sorry, but after three, and you know you cannot give them a good quality of life, get a sterilization.

Interviewer: How old was your mother when she had your brothers?

Tania: In 1979, in 1984, in 1987, and in 1989. One after the other. She lived in public housing. My father could not support us all, and yet he did. In other words, it's… GET STERILIZED! (*Chuckles*) Yes, it should be done. In places like Haiti, places like Jamaica, places in the Third World, where you don't have a lot of education, you don't have money, then, what are you going to do? People are going to have sexual relations, right, because people's love life is going to continue. Even if a financial, social, academic or any other kind of deficit exists, people are going to continue having sexual relations because it is the norm, right? In Africa, Haiti, and Jamaica, people are going to continue having children. I tell you, in poor places, in Eastern Europe where there are a lot of poor people. Listen, if you cannot support them, then get sterilized.

Interviewer: So, to your understanding, is sterilization a concept totally based on economics?

Tania: Yes. Yes, absolutely yes. I definitely believe it is. I associate it with economics. I don't know. I feel awful saying this.

It is important to highlight that there is a Neo-Malthusian tone in the responses from the participant, yet expressions at the beginning of her response (***Well, in my opinion, and perhaps I should not say this, but I understand that sterilization should be used.***), and the concluding sentence (***I feel awful saying this.***) indicate a sense of apprehension about her opinion.

Yani

Yani is a 32-year-old woman who was born in Hato Rey, Puerto Rico. She has been married for seven years and lives in the Metro Area with her nuclear family. She identifies as a

javá or mixed-race Puerto Rican. Yani has a bachelor's degree and is a Certified Public Accountant. She works for an international bank with branches in Puerto Rico. She learned about my study from her aunt.[21] We met at her office in Hato Rey for the interview.

Yani has a three-year-old daughter. She did not report any other pregnancies, miscarriages or being sterilized. As with other millennials that participated in this study, Yani used the pill for a short period of time, and after three months she decided to avoid using any hormonal based contraceptive. A month after her wedding she informed her husband of her decision: **"*I'm not going to continue using the pill. I don't think it's necessary to keep putting unnecessary hormones in my body. You don't have them in yours. I don't need to expose myself to that."***

Yani reported that her husband is responsible for buying the condoms and having them available when they need them, **"if he doesn't have them, nothing happens. Period."** That was her answer when I inquired if her husband has ever complained about using condoms. According to her, once she informed him of her decision of not **"putting any unnecessary hormones in her body,"** he has respected and supported her decision. When I asked her if that is a common attitude or agreement among couples of their age, she replied: **"Most of my friends use the pill, NuvaRing or COIL."** She believes that she was able to get pregnant the first time they tried to have a baby because she did not have any external hormones in her body, although she also recognized that there were other factors such as the fact that they are both young and healthy, and they take good care of themselves. She also added that she had to use the Morning-after pill once, when a condom broke, but otherwise it has been safe for them to use condoms.

[21] I have known Yani's aunt for forty years. She is a health care professional in Puerto Rico who put me in contact with 21 health care professionals, some of whom either participated in the study or put me in contact with other potential participants. Even though I cannot mention her name due to confidentiality issues, I would like to recognize her help with this project.

I asked her if she has ever considered sterilization as a contraceptive method and she replied: “I mean, giving birth is the woman’s responsibility, the vasectomy, in other words, the sterilization is the man’s responsibility because it is a shared responsibility. So, in that sense we always had that (*Thinks*), agreement.”

When I asked Yani how she learned about sex education she said that in school they taught them about venereal diseases. The school sex talks were based on showing pictures of men’s penises that had syphilis, gonorrhea, and similar things. The intention was more to scandalize the students [and scare them!] than to teach what a normal penis was or looked like. She attributes her healthy attitude towards sex to her mother, as their conversations were, in her opinion, **“purely based on biology.”** Starting with their very first conversation about sex, her mother always used proper terminology: vulva, penis, etc. Little by little, her mother talked to her and her sisters, about sex, sexuality and any other related topics in a clear and straightforward manner. Also, she says that in her house, her parents had an open-door policy. Since they were little, the children could walk into their parents’ bedroom and see them naked; sex was always perceived as a natural and normal affair. So, when in school she saw a **“sick penis with syphilis,”** she knew it was not normal because her father’s penis never looked like that. The negative and scandalous attitude she was taught in school did not affect her because she had been taught at home that sex and sexuality were **“biological and healthy”** aspect of human life. She mentioned that even though her daughter is only three years old, she has been teaching her daughter the same lexicon her mother taught her about the human body. She also added that she has asked her husband that when he is changing, if their daughter walks in the room, not to cover himself or to act ashamed. To the contrary, when their daughter has asked questions about the physical differences between their bodies, she has used that moment to teach her about gender

and physiological differences and the human body. Yani also said that if they have another child, she wants her daughter to be present during childbirth to make sure she perceives her body and sexuality as normal and not as something negative or **"sick,"** as it was taught in her school.

When we discussed access to reproductive methods for women in Puerto Rico, Yani mentioned ProFamilia, just as did many other participants. According to her, they provide free condoms to couples and perhaps oral contraceptives at a reduced price, but she is not sure about any other type of services or if they offer sex education classes. In her opinion, sex is equivalent to taboo, **"extreme taboo."** In relation to the coverage of contraceptives by medical insurance companies, she said that they cover part of the cost.

In Yani's opinion, her mother's generation would have followed their religion's rules about reproduction, but millennial women not so much. She said, **"most of the women I know, probably 99% of them, they respect the mandates of their religion, but they are more protective of their sexuality."** However, one of her friends went to a Catholic retreat with her husband; they decided to experiment with the rhythm, and she ended up getting pregnant. According to what her friend said, it was not necessarily because they were following what they had been told, but they were simply experimenting with a different method; unfortunately, it did not work for them.

When discussing the role of the government and reproductive rights, she said:

> "I don't think the government should have a say in people's decision and reproduction. Nevertheless, the government does have a public health responsibility, which is very different from dictating people's reproductive rights. And, by that I mean that if a woman wants to have an abortion, there should be clinics where she can get an abortion. It also means that when a woman wants to have a baby, there ought to be hospitals that provide more humane services during childbirth. Where women should be treated as a woman in labor, not as a sick person. I do believe that the government responsibility should lie in making those services accessible and providing quality services at the moment of having a baby. Including a psychologist to make sure that after giving birth that woman is not suffering from post-partum depression. And those services should also be provided to women after they get an abortion. The government should not stick their nose in people's business when it comes to reproduction; that's none of their business. In my circle of close female friends, we all believe in a woman's right to have a humane

> childbirth and we all made sure that our experience would be exactly that. We believe in breastfeeding, in raising our children in a nurturing environment. Most of my friends are under 35 years of age and none of them are sterilized. No, I don't know any women of my generation who has been sterilized. I do know that their husbands are the ones who had vasectomies. Female sterilization might have happened with my mother's generation. What I do know women of my generation are dealing with is 'obstetric violence'. There are a high percentage of C-sections in Puerto Rico. As soon as women get to the hospital, doctors want to induce them without allowing them to go through a natural process. In other cases, the C-section has been scheduled months in advance. The point is that a natural process has turned into a surgical process."

Marta

Marta is a 32-year-old woman who was born in San Juan, Puerto Rico. She identified as mixed race because, in her opinion, Puerto Ricans are "multiracial." She has been married for seven years. Marta has a master's degree and works as a social worker. She learned about my study from the Facebook page of another participant. We met at the food court of a mall in Caguas, Puerto Rico for the interview.

Marta has a four-year-old daughter. She did not report any other pregnancies, miscarriages or being sterilized. Marta, in a few occasions has used prophylactics (condoms), but she has mostly used the rhythm method, which for her **"is a more natural contraceptive."** At the time of the interview, she was not using any particular method because she was trying to get pregnant with her second child. When asked about her preference specifically for these two contraceptive methods, she said: **"I have always been afraid of using contraceptives."** She explained that it took her mother three years to get pregnant after taking the pill for two years. She admits being afraid of using any type of contraceptive, in part, due to her mother's experience. She wants to have a second child and she does not want to take any chances. Once she has her second child, the plan is for her husband to get a vasectomy; therefore, she does not plan to ever use contraceptives.

Marta explained that her sex education mostly comes from talks given by guest speakers when she was in high school. At home, aside from her mother telling her "you cannot have

sexual relations," she does not remember ever having a conversation about contraceptives or anything else related to sexuality or reproduction. When I asked if she has thought about approaching the topic differently with her daughter, she replied:

> "Yes, my plan is to talk to her. (*Brief pause and chuckles*) I'm not sure how I'm going to do it through; I'm a little scared. (*Chuckles*) In a way, I think I already started because I've been teaching her about her private parts. I've taught her that she cannot touch; you know, her vulva, her anus. No one can touch hers and she cannot touch anyone else's either. She knows that. Also, she has seen when I get my period and I've been explaining to her that as well. I think it is a process. I don't remember my mom ever sitting down and talking to me about that. Perhaps it was little by little that she would say things, I don't remember her ever sitting me down and having a specific conversation about any of that. (*Pause*) We never had a specific conversation on the topic; it was more a matter of a process. I do remember her talking to me about things, but never sitting down with me to have a conversation about it. I think I'll do the same thing with my daughter. Not necessarily sitting down to have a conversation, but as questions come up, then… My daughter asks a lot of questions and, as time goes by and she starts asking questions, I'll take advantage of those opportunities to talk to her, right?"

According to Marta, in the city of Caguas there are at least three clinics where women can get information about reproduction and some of them also sell contraceptives to women. Marta mentioned that the local and the federal government fund these clinics. She confirmed the same information that several other participants mentioned, including the professionals who participated in this study, regarding the free distribution of contraceptives due to the Zika virus. She also explained that, as long as a woman has a medical prescription, some medical insurance companies do cover, if not completely, at least part of the cost of contraceptives. Additionally, she mentioned that some clinics sell the contraceptives for lower prices, based on people's income, particularly the pill, one of the most common methods of birth control in Puerto Rico. She said that some clinics would only charge a dollar per prescription.

When I asked Marta if she feels women in Puerto Rico, including her, have any agency when making decisions related to their reproductive health including the number of children they want to have, she replied that in her marriage those issues are discussed as a couple, but the final decision is hers.

"I know that all the women in my family are sterilized, all my…all, all of them. But I don't know why or what happened. I don't know if it was social pressure because most of them only have two children. I don't know. Now I'm very curious to find out." That was Martha's answer when I asked her if she ever heard of mass sterilizations on the Island. Marta had heard that, at some point in Puerto Rico's history, women had been sterilized. However, she did not know much more than that and, as her answer reflects, it is not a subject that has been discussed in her family in depth. It is acceptable to talk, to share with others the fact that a woman has been sterilized, but the conversation does not seem to go beyond that fact.

Valor

Valor is a 64-year-old woman who was born in Arecibo, Puerto Rico, but has lived in the Metro Area for 46 years. As with many other participants, Valor was very confused about identifying with any particular race and, at the end, identified as Latina. She is a Medical Librarian at the Medical College in Río Piedras, Puerto Rico, where she has worked for 28 years. She has a master's degree in Library Sciences and Translation. She learned about my study from one of her colleagues who is also a participant. We met at an office in the Medical College.

Valor has a 40-year-old daughter and two grandsons. She did not report any miscarriages or being sterilized. At first, when asked what kind of contraceptives she had used or which one she considered the most effective, her answer was that she had never used any kind of contraceptive. Then, she proceeded to explain that she had used the pill for a few months, but the most common method for her was the Natural Family Planning.[22] Last, she mentioned that her husband had also used condoms while they were married. She never considered sterilization as a contraceptive for herself. She, however, would recommend it to other women and considers the

[22] The Natural Family Planning or Fertility Awareness Method, as it is also known, is when a woman keeps track of the variations in color and thickness of her vaginal discharge to figure out the days of the months when she is the most fertile.

Intrauterine Device (IUD) as one the most effective and convenient contraceptive methods because, in her opinion, it does not involve hormones that can affect women's health. When I asked if the decision of having one child was discussed with her husband, she replied: **"No. No, well, there wasn't much to discuss, no means no." (*Chuckles*)** According to her, having one child was her decision to make.

When I inquired if she knew, in average, the number of children per couple in Puerto Rico, she said:

Valor: Two. I see that it is like, like that's the number.

Interviewer: That was not necessarily the norm generations ago.

Valor: Oh, of course not. No, but I think that now because of the cost of living, childcare, and women working outside the home is different for them. My daughter, for instance, considered having a third child and when she thought carefully about it, she gave up on the idea of having another one.

Interviewer: Yes, I guess more women work outside the home today.

Valor: True. She doesn't have a traditional 9 to 5 job. Also, she is involved in all the kids' activities including sports. She has a lot on her plate…

Valor is not aware of any agencies or clinics in the Metropolitan Area that provide services or education related to reproduction or contraceptive methods. She had heard of an agency called ProFamilia but was not sure about the type of services provided by them. She does not know either if medical insurance companies cover the cost of contraceptives.

Valor explained to me that she feels so strongly about educating people on these subjects because she was raised by her grandmother who a was devout Catholic and never talked to her about sexuality. Additionally, she went to Catholics schools and, according to her:

> "[In school], they would talk to us about the human body and our development, but from a Catholic perspective. They talked about abstinence. They would tell us to be very careful, to be afraid. They would instill fear on us, telling us that we would get pregnant. They would show us posters of aborted fetuses. Everything was based on fear. Fear, fear, fear, fear, and nothing else."

Finally, I asked Valor if at the Medical College, when discussing reproductive health, topics such as mass sterilizations in Puerto Rico are included in the curriculum. She mentioned

that there are many progressive professors who discuss, for instance, the high percentage of cesareans performed in Puerto Rico every year. The topic of mass sterilizations may be mentioned, but she does not believe it is something studied in depth nor are any profound discussions of the historical or political reasons behind the issue. I also asked her how she learned about the subject and she said that it actually happened as an adult when she started working at the Medical College.

Natalia

Natalia is a 36-year-old woman who was born in Puerto Rico. She identifies as a Latina, when asked about her race. She lives with her male partner of twelve years and their two children. She has a bachelor's degree in Administration and works at the Medical College in Río Piedras, Puerto Rico. She learned about my study from one of her colleagues who is also a participant. We met at her office.

Natalia has an 11-year-old daughter and a five-year-old daughter. She did not report any other pregnancies, miscarriages or being sterilized. Natalia has used different types of contraceptives, including the pill, condoms (male and female), and abstinence. She reported that she felt afraid when using the female condom **"because [she] thought it was going to get stuck inside [her]."** So, they decided to use only the male condom.

According to Natalia, when she was in eleventh grade, her school organized a series of talks about sexuality that year because **"there was an outbreak of pregnancies"**; out of ten girls in her class, nine got pregnant. During these talks, students were taught how to use condoms and they were given several condoms each. She learned about sexuality and contraceptives at school; no one at home (neither her mother nor her grandmother), talked to her about it with her. Conversely, she says that she is open about the topic with her daughters, even with the younger one. Since her husband is a stay-at-home dad, I asked her if he is part of the conversations with

her daughters to which she reported that he is not. However, when her 11-year-old daughter, who already has her menses, needs sanitary pads, she feels comfortable enough to ask her father to buy them for her. Also, at her daughter's school they teach a health class and, although she is not sure how much they talk about sexuality, reproduction or contraceptive methods, she is making sure to do it at home. Natalia says that many conversations start by one of her daughters asking questions and they sit in the girl's room for privacy. She says that when she is not sure about an answer, they look it up online together and talk about it.

Natalia considered sterilization after her second daughter, but she could not do it because she gave birth at a Catholic hospital and it was during Holy Week –as reported, they do not perform sterilizations that week. I asked if she is still considering the idea, but she said that her medical insurance covered the procedure if it was right after giving birth, but not later. She has not done it because the surgery is over $400.00. She asked her husband to get a vasectomy, which is less expensive, but he refuses because **"he is afraid of the surgery."** When asked about the decision of what contraceptives to use she said: **"Well, is not really a conversation. It is more a command because I say to him: 'either you use it or no, or there is nothing.' It is my decision."** When the time comes to talk to her daughters about what contraceptive to use, she plans to take them to a health care professional to make sure they are advised about all of them. She wants to make sure they choose the best one for them because she knows of women who get very sick when they use the pill, for instance.

According to Natalia, there used to be small clinics called Centers for Diagnostic and Treatment (CDT) funded by the government where people could go for information about contraceptives and they would provide condoms for free. However, most of those clinics are closed now and she is only aware of one that remains open in the Metropolitan Area. To her

knowledge, medical insurance companies cover contraceptives but there is a deductible. She does not know if medical plans funded by the government cover anything at all.

Paola

Paola is a 59-year-old woman who was born in Bayamón, Puerto Rico. She identifies as mixed race and has been divorced for many years. Paola has a bachelor's degree in Library Sciences and is a medical librarian at the Medical College in Río Piedras, Puerto Rico. She heard about my study from one of her colleagues who is also a participant. We met in her office at the Medical College.

Paola has a 27-year-old daughter and an eight-year-old grandchild. She never had any other pregnancies or miscarriages. When she was 45 years old, she had a partial hysterectomy due to health problems. She said that she learned about sexuality from friends and a health class at school. She attributes the fact that her mother never discussed such topics with her due to the fact that her maternal grandmother died when her mother was eight years old and she never had that kind of talk with anyone either, not that she recalls.

Paola reported that she has only used male condoms and coitus interruptus as contraceptive methods. According to her, her ex-husband never complained nor opposed using condoms, and they rarely ever discussed contraceptive methods or how many children they were going to have.

Paola seemed to have very vivid memories about the experimentation with contraceptives on the female population in Puerto Rico, though not so much about the mass sterilizations.

Paola:	Yes, yes. It is very sad, a very sad time… I remember the time when that happened.
Interviewer:	When do you remember that happening?
Paola:	I remember reading about it… that period about the contraceptives that was a well-marked time… there was always something about it on the newspapers … yes.
Interviewer:	Do you remember what decade was that?

Paola: I would say that was in the seventies. I remember there were a lot of ads in the newspapers. But now I don't see it as often, really, mostly because women don't have as many children anymore.

Interviewer: Were the ads in newspapers about sterilization or about contraceptives?

Paola: Contraceptives, yes.

Interviewer: Did you ever discuss the sterilizations at home?

Paola: No, not about that campaign on… no, no. Later on, at the university, that's when you start reading and having those conversations, but not at home with my family, no. Because [at that time] women were more traditional, they were stay-at-home moms; they would not question those things. Moreover, you would not talk about those things, no, I don't think so.

Interviewer: In your family, were either your mother or grandmother sterilized?

Paola: No, I'm not sure if my mother was. I don't think her mother was either because she died very young. And, on my father's side, I don't think she was either. She had several children.

CHAPTER SIX: Clusters

Introduction

This chapter presents four case studies of clusters based on kinship among female members of different generations. These were individual interviews done with each one of the family members during the summer of 2017 in the Metropolitan Area of San Juan, Puerto Rico. All of the quotations are my own translations. The following case studies provide evidence of the merging and differing perceptions of millennials compared to women from previous generations on reproductive rights, their choosing of contraceptive methods, and their knowledge of mass sterilizations in the twentieth century in Puerto Rico.

Women's Experiences Related to Reproductive Rights: Generational differences, Contraceptive methods, and Mass sterilizations

Table 1. **Cluster #1:** Grandmother/mother/granddaughter

Pseudonym	Kinship	Age	Marital Status	# of Children	Sterilization	Miscarriage	Education
1) **Gloria**	Grandmother	89	Widow	5	Yes (at age 41)	2	7th grade
2) **Rosa**	Mother	52	Divorced	2	No	0	Bachelor's
3) **Claudia**	Granddaughter	25	Single	0	No	0	Bachelor's

Gloria

Gloria is an 89-year-old woman who was born in Cayey, Puerto Rico. She was married for 50 years and has been a widow for the past 10 years. Gloria gave birth to one son and four daughters and never worked outside the home. In order to contribute to the household finances, she did sewing jobs for friends, neighbors, and made all of her children's clothes–including her

daughters' wedding gowns. She found out about my study from her granddaughter who is another participant. We met at her house in Bayamón, Puerto Rico for the interview.

Rosa

Rosa is a 52-year-old woman who was born in Bayamón, Puerto Rico. She is divorced and has a 20-year-old son and a 25-year-old daughter. Rosa has a bachelor's degree in accounting and works as an administrative assistant. Her daughter, who is another participant, informed her about my study. We met in Miramar, Puerto Rico for the interview.

Claudia

Claudia is 25-year-old and was born in Kentucky but has lived in the Metropolitan Area of Puerto Rico since she was a baby. She lives with her nuclear family and has never been married. Claudia has an accounting degree from the University of Puerto Rico; she currently works in the service industry. Claudia learned about my study from her boyfriend and we met at a restaurant in Bayamón for the interview.

Generational differences- When Gloria defined Puerto Rican women of her generation she said, **"Well, in Puerto Rico, women mostly sewed. Uhm, they took care of their children, they took care of others, of other people."** Conversely, when she talked about women of her daughters' generation, she said, **"Well, the vast majority of them work outside the home."** Immediately after that, she told me that her daughters had one or two children and one of them is childless. As she was talking about the number of children her daughters bore, I noticed in her voice a sense of pride, as if having fewer children than she did was an achievement comparable to having a college education. She also added that all of them received a college education and work outside the home. In general, Gloria feels that women in Puerto Rico **"work very, very hard."**

Her daughter, Rosa, described Puerto Rican women of her generation as **"overly protective of their children."** She also mentioned that they make sure to provide everything their children need and want, even if they have to get a second or third job (as she did after her divorce), to make sure they can provide for them. However, now that her children are adults, she realizes that they do not understand how much she had to work after the divorce:

> "When things were difficult, I never expressed to them my feelings, in terms of how exhausted I was at times. Sometimes I wanted to cry, I felt I couldn't go on any longer because of the stress. In other words, I'd do everything I had to do all day long: dropped them off at school, picked them up, put them to bed and, once they were in bed, that's when I'd go to the terrace, and only then, when I was by myself, I would cry, cry, and cry. So, that's why I think that we're hard working women. But I think we need to teach our children that we can't always do everything, that we're not robots."

Rosa described her mother as a hard-working woman. According to her, her mother was always doing house chores, taking care of five children, and sewing for clients as well as making outfits for her children. Although her mother only had a grade school education, she recognizes her mother's contribution to the finances of the household (i.e. sewing for clients and selling baked goods). She believes that she learned her work ethic from her mother. However, her daughter's generation **"is completely different, completely different,"** they are more relaxed and expect things to be easier than they are. Rosa recognizes that, in part, the next generation's attitude is the fault of their parents, who provided absolutely everything for them.

Rosa's daughter, Claudia, defined contemporary women in Puerto Rico as **"valiant, hard-working, perseverant, confident, and that they stand for their rights."** Contrary to her grandmother, who described her generation as **"caretakers,"** and her mother, who in turn described her generation as **"overprotective of their children,"** Claudia describes a modern woman who is in control of her life with the courage to fight for her rights. When I asked her if she has had any role models who represent that **"valiant, hard-working woman"** that she described, she explained that before her parents got divorced, her mother was a housewife, but after the divorce because she had a college education she was able to get a job to support them.

Claudia explained that for the past 16 years, she has seen her mother waking up every morning and going to work to give her and her brother everything that they need. She added that one of her aunts, who is also divorced, has done the same for her cousin. Perhaps, Rosa's perception that her daughter's generation is one that expects things **"to be easier than they are"** is because Claudia could always count on her mother to provide for her and her brother, as much as her cousin can count on her aunt. Last, she mentioned that her generation is more **"laid back"** than her mother's, but she thinks this is part of her personality as well.

Rosa added that there are some differences between her mother's generation and hers, but the biggest difference is the fact that her mother's generation had to be more tolerant of men's behavior. **"In my mother's case and women from her generation, I think they had to be more tolerant. Probably because they were afraid of having to raise their children on their own. I think that was the greatest difference."**

Contraceptive methods- According to Gloria, the only contraceptive method she used was the pill before she was sterilized.

Gloria:	I used the pill. If I had not used it, I would have had 10 children or 20. (*Chuckles*)
Interviewer:	In your opinion, do you think it was effective?
Gloria:	Yes.
Interviewer:	Did you have five children because that is what you wanted?
Gloria:	No, no, because, because, I prevented them with that pill, but God allowed them to be conceived. (*Chuckles*) When I had the fifth one, I said: "No, no, no, 'espérate'[wait]." That's when I had the operation. I was sterilized.

In part, her decision to get sterilized after the fifth child was because it was a boy –her husband longed to have a son– and clearly, she did not desire any more children.

According to Gloria, she never talked to any of her daughters about sexuality or reproduction, nor had her mother talked to her about it. She learned about contraceptives from a female doctor and the doctor was the one who suggested she get sterilized. At the time, her medical insurance did not cover contraceptives. Although her husband made a decent living as a

traveling salesman, she had to contribute to the family finances due to their big family. In addition to her five children, her father and mother-in-law moved in with them when they got older. She used to buy the pill with the money she earned from sewing, and one of her sisters (who had a college education and **"a good paying job"**), would buy them for her when she could not afford them.

Rosa, Gloria's daughter, started to use the pill a couple of months before her wedding because she did not want to get pregnant early in the marriage. After their second child, her husband had a vasectomy done. After they divorced, she was in a relationship and they depended on coitus interruptus to avoid any pregnancies. She also reported that she never considered sterilization after her divorce. Her daughter, Claudia, mentioned that the only birth control method she has used is condoms and she has never had any problems with her current partner about using them. She mentioned that neither she nor her partner wanted to have children, so the decision of using condoms was mutual. She was very emphatic about the fact that if they do not have a condom, she would not have sexual intercourse. In a previous relationship, when she refused to have sex with her partner without a condom, they got into an argument that ended the relationship. Claudia also added that she would not consider sterilization as a contraceptive method. She considers sterilization a very personal decision. But, if she were to have a daughter in the future, she would not recommend it either. She would recommend that instead she use the pill or condoms.

Contrary to her grandmother, who reported that no one ever talked to her about sexuality, contraceptive methods or any other related topics, Claudia mentioned that she first learned about these topics from informal conversations with her friends at school. After those conversations, she would go home and ask her mother to clarify the things that were confusing to her. She said

that she felt comfortable talking to her mother about the subject. Conversely, she always noticed that her mother was very uncomfortable and nervous when they had these conversations. Claudia also reported that, in eighth grade, they had to attend talks about contraceptive methods and venereal diseases. Additionally, in eighth and tenth grade, boys and girls had to take care of an **"electronic baby."** In eighth grade, they would take the "baby" home for the weekend. In tenth grade, girls and boys shared the responsibility of taking care of said baby. For a period of a week, individually, they had full responsibility for it and, at the end of the week; they had to switch with their partner. These "electronic babies" had to be fed, changed, and comforted when they cried 24 hours a day. Students were required to keep their regular schedule –attending their regular classes and daily activities with "their babies." She remembered once she had to take an exam with it and she failed the exam because it started to cry in the middle of the exam, and she was asked to leave the room.

Mass sterilizations- Prior to our conversation, Gloria, Rosa or Claudia had no knowledge about mass sterilizations in Puerto Rico. Rosa, however, said that perhaps she had heard something about that at the university, but she was not sure.

Table 2. **Cluster #2:** Mother/daughter

Pseudonym	Kinship	Age	Marital Status	# of Children	Sterilization	Miscarriage	Education
1) **Teresa**	Mother	64	Divorced	2	No	2	Master's
2) **Ana María**	Daughter	34	In a relationship	1	No	0	Master's

Teresa

Teresa is a 64-year-old woman who was born in San Juan, Puerto Rico. She is divorced, has a daughter, a son, and two grandsons. Teresa has a master's degree in Library Sciences and is a medical librarian at the Medical College in Río Piedras, Puerto Rico. She found out about my study from her daughter who is also a participant. We met in her office at the Medical College.

Ana María

Ana María is a 34-year-old woman who was born in San Juan, Puerto Rico. She is a single mother and her son is 14 years old. Ana María is a graduate student and she lives in the Metropolitan Area. She found out about my study from one of her friends. We met at her apartment in the Metro Area for the interview.

Generational differences- Teresa described her mother and her grandmother's generation as **"strong, assertive women."** Her mother, who birthed 14 children, was a community leader who traveled by horse to promote women's right to vote. According to Teresa, her mother encountered resistance from men who believed that by registering women, they would also be sent to war. She not only had to register women, but also she educated the community, particularly men, about social engagement and suffrage. When referring to generational differences between her and her mother, Teresa considered the biggest one to be divorce. Her mother's generation perceived divorced as a sin, whereas Teresa sees it as a right. However, when considering her daughter's generation and hers, she thinks the greatest difference is based on sex and gender differences. She sees her daughter's generation more accepting of same-sex couples than a generation ago. Ana María, Teresa's daughter, considers her mother's generation from the 1960s and 1970s (Generation X) to be more politically aware and radical than hers, who grew up in the 1980s (millennial). Ana María traveled abroad to do a graduate degree, while her mother traveled to Argentina to work with poor people during the dictatorship.

Contraceptive methods- Ana María, as well as most millennials who were interviewed, has tried different types of contraceptives (i.e. the pill, condoms, IUD, rhythm, and Plan B), but lately has decided that she does not want to use anything hormone based. In her particular case, she reported experiencing problems and not feeling well when using the pill. According to her,

she has informed her partner about her choice of following the rhythm method for health reasons. She made clear that her decision was not based on religious reasons. Teresa and her daughter reported having used similar contraceptive methods: the pill, condoms, and the IUD.

Teresa thought she was going to die when she had her first menstrual period, **"mom never talked to us about those things."** One of her sisters explained to her that she was not hurt and taught her how to use a sanitary pad. According to Teresa, she talked to her daughter about reproduction and menstrual periods. Neither one of them has not been sterilized nor would they consider it.

An interesting generational difference between Teresa and Ana María is in the number of children per couple. Teresa thinks that four children is the ideal number per couple, whereas Ana María thinks that, although it depends on many different factors, one or two is ideal. She also supports women who decide to never have children. Last, they also differed in that Teresa consulted with her husband about the contraceptive method that she used while married. Her daughter is more of the opinion that she simply informs her partner on the method she is using but does not consult with him in making the decision. Also, if it happens to be that they are using condoms and they do not have one, she simply refuses to have intercourse.

Mass sterilizations- Teresa mentioned that she knew about the mass sterilizations done in Puerto Rico from a personal and a professional perspective. According to her, one of her neighbors had been sterilized without her consent. Unfortunately, she could not provide me with any details because it had happened many years ago. Also, she had seen two different documentaries (*La operación* and *La píldora*) at the Medical College about the mass sterilizations and the experimentation with contraceptive methods on women in Puerto Rico. Her daughter, Ana María, had a professor in Graduate School who discussed extensively the topics of

mass sterilizations and the experimentation with contraceptives because it was part of her research. Ana María added that, in her opinion, it is not a topic known by many people on the Island outside of academia.

Table 3. **Cluster #3:** Grandmother/granddaughter

Pseudonym	Kinship	Age	Marital Status	# of Children	Sterilization	Miscarriage	Education
1) **Flor**	Grandmother	83	Widow	4	Yes (at age 25)	0	6th grade
2) **Betina**	Grand-daughter	41	In a relationship	2	Yes (at age 25)	0	3rd year-college

Flor

Flor is an 83-year-old woman who was born in Río Piedras, Puerto Rico. She is a widow and had three sons and a daughter with her husband. Flor worked in different types of factories in Puerto Rico until she retired. She found out about my study from a family friend. We met at her daughter's house in Río Grande, Puerto Rico for the interview.

Betina

Betina is a 41-year-old woman who was born in Milwaukee, Wisconsin but has lived in Puerto Rico since she was a little girl. She is divorced and currently lives with her (male) partner of ten years. She has two sons. Betina is a part-time student at the university and works full time as a sales manager at a food company. She found out about my study from a relative. The interview was at a restaurant in the Metropolitan Area in Puerto Rico.

Generational differences- Flor considers that there are all types of women in Puerto Rico. But, if she had to highlight some characteristics, it would be that Puerto Rican women are **"hard-working, honest, and they love their children deeply."** Flor's granddaughter, Betina, also began by describing women in Puerto Rico as **"hard-working."** But, in her opinion, the greatest difference between her generation and prior ones is that **"today's woman has learned to demand respect; they earn respect through their actions. Today's Puerto Rican woman**

is not only more educated, but she is also more ambitious. She doesn't blindly follow her parents' decisions; she is different from the woman from other generations."

Contraceptive methods- According to Flor, she never used any type of contraceptive methods. No one ever talked to her at home about it and, since she only has a sixth-grade education, school was never a source of information for her about contraceptive methods. According to her, she **"never even thought about contraceptive methods as an option to prevent getting pregnant."**

Flor never talked to her daughter about contraceptive methods. She doesn't know either if her daughter was ever taught about contraception at school. Her daughter had two children and as far as she knows, she did not use contraceptives either and was sterilized when she decided not to have any more children.[23]

Flor's granddaughter, Betina, had two children and, like her grandmother and her mother, was also sterilized at age 25, when she decided not to have any more children. Betina told me that no one ever talked to her about contraceptive methods at home. At school they had a health class, but they never talked about sexuality or contraceptives. The only contraceptive method she used were condoms because her sexual partners would use them: **"I didn't know I had alternatives or that you could get them [condoms] at the drug store. I didn't know where I could get them [contraceptives]."**

Betina explained that she got pregnant with her first child when she was 15 years old and her husband never used condoms. The first time one of her sexual partners used a condom was after she divorced her husband when she was 19 years old. She explained:

> "Well, in my case, we go back to the same problem, lack of education, being ignorant about this topic. It comes from, as I told you before, the things I didn't learn from my

[23] I did not interview Flor's daughter. The information I am presenting here is based on what Flor shared with me about the women in her family.

> mother. There were things that were never mentioned. The myth that these things [sex] are bad and, 'you just simply don't do it [intercourse] because I tell you not to.' There was never any kind of explanation. Even after I had two children, no one was allowed to talk about it [sex]."

According to Betina, if sex was ever mentioned in her house it was as part of a joke, but she made sure to break the circle, and when her oldest child turned 12 years old, she made sure to sit down and have a talk about sex and contraceptives. She notices important differences between previous generations and her children's generation. Now, schools bring guest speakers to talk to teenagers about sexuality, sexually transmitted diseases, and contraceptives. At her kids' school, they were taught how to use a condom, and in some schools, they even give students a doll to take care of for a period of time.

Betina, like her grandmother, never thought about using contraceptives when she became sexually active. Neither one of them was ever taught anything related to sexuality at home or school. Once they decided they did not want to have any more children, they got sterilized at age 25. One important difference in this family is the fact that Betina's children received sex education at school and their mother also opened the conversation with them at home when they were pubescent.

Mass sterilizations- Flor reported that she had never heard anything about mass sterilizations in Puerto Rico. Betina explained that she had heard comments in conversations with her friends, but she did not know much about it. She added, though, that she was not surprised because the population in Puerto Rico has been used for all kinds of experimentation throughout the years.

Table 4. **Cluster #4:** Sisters

Pseudonym	Kinship	Age	Marital Status	# of Children	Sterilization	Miscarriage	Education
1) **Marjorie**	Sister	59	Married	2	Yes (at age 25)	0	Bachelor's
2) **Raymunda**	Sister	57	Married	3	Yes (at age 28)	0	Master's

Marjorie

Marjorie is a 59-year-old woman who was born in Loíza, Puerto Rico. She has been married for 40 years and has a son and a daughter who are 36 and 40 years old respectively. Marjorie worked as a Special Education teacher for over 30 years and she is now retired. She learned about my study from her brother. We met at her house in Loíza Aldea for the interview.

Raymunda

Raymunda is a 57-year-old woman who was born in Fajardo, Puerto Rico. She has been married for 39 years and has three children and seven grandchildren. Raymunda has recently retired after teaching for 34 years. She found out about my study from her sister. We met at her house in Loíza Aldea for the interview.

Generational differences- Marjorie believes that education is the differential factor between different generations of Puerto Rican women before and after hers. She grew up with her stepmother who was trained as a secretary after she graduated from high school. Once her stepmother married her father, she stayed home raising Marjorie and her two siblings and six more children, products of the marriage with her father. In addition to raising nine children, her stepmother also had to care for her elderly in-laws. Marjorie feels that as time passes by and women have continued to get college degrees, they have had more control of their lives and their reproductive system.

Raymunda, Marjorie's sister, who holds a master's degree in Education, described younger generations of Puerto Rican women as **"determined and opened to deal with situations that [she] would not have dared to confront."** In her opinion, **"men have gotten used to that type of woman."** Her mother's generation **"did everything in the house. She had**

to follow a protocol, she had to attend to my father's needs." In her case, when she started her Master's, she was also doing everything in the house. Little by little, she **"taught"** her husband to cook, to take care of the children, and to do house chores, so she could work on her degree. She admits, **"It wasn't part of his culture. I had to learn and teach him a different way of doing things and, that's how we have lasted this long."**

Even though Marjorie had a college degree and worked, because she was the first one in the family to go to college, she was part of a **"transition"** when Puerto Rican women followed traditional roles similar to their mothers and also worked outside the home. She described a **"great inequality"** between her husband's and her household responsibilities. Although they both worked outside the house, once they would come home from work, Marjorie had **"to cook, take care of the children and helped them with the school work, do house chores and, as a Special Ed. teacher [she] had to do school work until late at night."** Conversely, she described her daughter and granddaughter's generations as generations with options that she never had.

Contraceptive methods- Marjorie and Raymunda both used the IUD. Marjorie, however, switched to use the pill because she suffered cramps with the IUD. They both were sterilized in their twenties, when they decided that they did not want to have any more children. Marjorie would have liked to have three children, but for financial reasons decided on only two. Raymunda explained that she only wanted to have two children, but after two boys she decided to have a third one because she wanted a daughter.

Having grown up in a household with nine children, both sisters were very emphatic about the fact that they did not want to have a large family. They both talked about their

mother's lack of control in matters of reproductive decisions. Their father dictated when and how many children they were to have or if she was to use contraceptive methods or not.

Mass sterilizations- Although there is only a two-year difference between Marjorie and Raymunda and they grew up in the same house, their knowledge of mass sterilizations and the experimentation with contraceptives with the female population in Puerto Rico is very different. Marjorie, the older sister, never heard about mass sterilizations but had heard from female elders in her family talk about the experimentation with Puerto Rican women and the pill. She was not allowed to be part of the conversations and was asked to leave the room whenever women discussed the topic. She remembers one of her aunts telling her: **"what are you doing here? Go!"** But, as a **"very curious little girl,"** she would hide and listen to women talk about **"the pill."**

Raymunda, however, does not remember any comments about the experimentation with contraceptives in Puerto Rico. She does remember accompanying her mother to go to **"the clinic"** and after she had her son she also went to **"those clinics to get contraceptives."** Conversely, she has a clear memory of the controversy in newspapers about the sterilization of women with mental disabilities who were at the mental asylum in Río Piedras in the 1970s. She also mentioned that part of the controversy had to do with the fact that the sterilizations were done without the consent of the patients or their families. According to Raymunda, a law was proposed to stop the sterilizations. She added that during a conversation with her mother-in-law about the mass sterilizations, her mother-in-law told her that the women had given their consent for the operation. Raymunda also added that at the hospital in Fajardo, they used to have a small room known as **"cuarto socorro [the relief room]."** It was the room where women were sterilized, according to her.

CHAPTER SEVEN: Legal Expert and Health Care Professionals

> "[Life histories] are particularly helpful in defining socialization and in studying aspects of acculturation and socialization in institutions and professions" (Marshall and Rossman 2011).

Introduction

All the narratives in this chapter are from the interviews done with the legal expert and the health care workers, during the summers of 2015 and 2017 in the Metropolitan Area of San Juan, Puerto Rico.

The Experts' Opinion on Women's Experiences Related to Reproductive Rights: Sex education, Contraceptives, and Sterilization

María

María is a 28-year-old woman who was born in San Juan, Puerto Rico and identifies as a mestiza.[24] She is married and has one son. María earned a bachelor's degree in Early Education from the University of Puerto Rico. She has been working full time as a pre-school teacher for six years. Also, she was certified as a doula four years prior to our conversation and works as a doula part time. She lives with her nuclear family in the Metropolitan Area in Puerto Rico, where she has lived her whole life. Additionally, María holds a certification on placental medicine –this type of medicine focuses on procedures that facilitate the use of the placenta in different ways to benefit the mother after childbirth. She did not report any other pregnancies, miscarriages or

[24] Mestiza in Puerto Rico is a mixed-race person, mostly of African and European descent.

being sterilized. She learned about my study from a former neighbor of her mother's. We met at her mother's house, so her mother could watch her son while we talked.

As a health care worker, she believes that choosing a contraceptive **"is a very personal question for women."** Personally, she is not in favor of oral contraceptives because of **"all the side effects"** and **"there are plenty of other options for women."** If a woman prefers to use the pill, she does not deter her patients from it. However, if she were to recommend one, she would recommend the IUD –particularly if the woman were breastfeeding. In her opinion, **"the IUD is more effective than the pill."** According to her, the advantage of taking the pill is that it is less expensive than the IUD.

When I asked her if she would recommend sterilization to any of her patients or to women in her family, she replied that she would never recommend it, particularly to a young woman. As with contraceptive methods, she believes sterilization is a very personal decision that should only be considered under special circumstances. Similarly, she considers that having children or the specific number of children one has is a very personal decision. If one of her patients were to ask her opinion, she would ask the person to consider their lifestyle and resources but would never recommend a specific number of children. She does not believe that in Puerto Rico religion plays a role in couple's decisions about using contraceptives. Along those lines, she does not see any reason for the government to intervene in a couple's decision about reproductive issues. She does consider it a problem, however, when parents have children that end up under the care of the state because they are either abused or neglected.

María is of the opinion that part of the problem in Puerto Rico is that schools do not address the subject of sex education in a comprehensive way. According to her, public and private schools offer health classes where students learn about reproduction and other subjects,

but only superficially. Moreover, María is of the opinion that **"the family should be the one to first introduce children to sex education."** For instance, in pre-puberty, parents should start by talking to their children about how their bodies change, such as pubic hair or the menstrual period. In her case, she has started to teach her six-year-old son proper anatomical terms (vulva, penis), not the **"cute"** terms such as **"pipí"** and **"toto,"** which are the words that parents often use to refer to children's private parts in Puerto Rico. She was very critical about the general lack of understanding in the society at large about topics that get easily confused with sex. For instance, she mentioned a campaign that had recently being proposed to teach children in schools about gender equality. According to her, **"It was totally misunderstood!" "It became a very heated controversy. People understood that the proposal was to start teaching sex education in schools. It shows, as a society, the lack of knowledge in Puerto Rico about basic concepts, people confused sex education with gender equality."**

Throughout the interview, María kept emphasizing the importance of educating, not only children but also women in particular about their bodies, sexuality, and reproduction. This is in part because she encounters many female patients who are the ones making the decision about the contraceptives they are going to use and whether they are going to have children or not, and if so, how many. According to her, it is not always a shared decision with the husband or partner.

> "I think is a woman's decision, much more than a couple's decision. I think it has a lot to do with today's generation. Now, there are more women who are not interested in having children. I think it has a lot to do, you know, with the historical moment we live in right now; there is a lot of violence, the financial situation at a global level, it's very complicated."

I asked if the government or local agencies were providing any type of workshops or facilitating in any way that type of education to the public. In her opinion, **"not at the level that it should be happening."** She believes that that education should happen not only in schools, but it should also happen at a more individual level when women see their gynecologists. In her

experience, even when women ask questions, what they get are superficial explanations and rather than helping women to understand to make an educated decision, they are told what to do or what contraceptive to choose.

Interviewer: Who do you think should be in charge of this educational project, the government, or hospitals and clinics?

María: I believe it should be a government project, really, because this is important. It would bring many benefits at the social level. The problem is that I don't think it's treated with the urgency that it deserves. Socially speaking, other things take priority over something as important as educating women about their reproductive system and the process of bringing life into this world. This is a very complex issue.

Interviewer: In your experience, do you see a difference among women based on their level of education?

María: Oh, of course! It depends on education, family. It depends on many different factors. A woman with a high school education doesn't know much about these topics. But even women with a college education who have majored in certain specialized areas, they were never taught about these topics either. I truly think this should be a social responsibility, as well as a family responsibility, and part of the school system too. But these topics do not get the importance that they deserve.

When discussing the accessibility to contraceptive methods or if medical insurance companies cover the cost of her services as a doula, María said:

> "Some [insurance companies] do cover oral contraceptives. However, they do not cover the services provided by a doula or a midwife. The insurance companies cover only the services provided by gynecologists and obstetricians. They cover the visit to these specialists, but they would not cover a childbirth that is done by a midwife."

I asked about how the social class background of her patients affects access to her services to which she replied:

> "It's sad. Mostly wealthy women are the ones who can afford the services provided by doulas and midwives. However, there are midwives who do community work, meaning that they would negotiate with mothers of modest means to exchange services. For instance, if a woman is a seamstress, the midwife would ask her to make X number of blouses for the midwife and her colleagues to use for when they go to deliver babies and the midwife will do the delivery in exchange for the blouses."

I asked if doulas have a similar barter system, which according to her, some of them do. For instance, María worked with a young woman (20 years old), who was expecting her first child. After a meeting with the woman and her husband, María realized that they needed the guidance and education that doulas provide to their patients, so she worked with them for free. In

her opinion, the fact that a woman's medical insurance does not cover her services, or she does not have the financial means does not mean that the patient should not have the care that she needs.

Finally, María told me that she knew about mass sterilizations in Puerto Rico thanks to her high school history teacher who, in her opinion, "was a very good teacher."

Interviewer: Have you ever heard of a government campaign to sterilize women in Puerto Rico?

María: Yes. Initially I learned about that topic in school. Thank God I had a very good History teacher! (*Chuckles*)

Interviewer: At the university?

María: In high school. Yes, yes. You have no idea. He taught us about that period of time when they did those studies here in Puerto Rico. I understand that they used women from La Perla. Also, women of limited resources and no education or without a formal education. They were poor women and they took advantage of their ignorance to experiment with them.

Interviewer: Was the topic ever discussed at the university?

María: No, we never talked about it at the university. But I do know that it happened in Puerto Rico.

Interviewer: I find it interesting that the topic was taught in high school.

María: Well, it was taught because that particular teacher was very good. (*Chuckles*) He was really good. But it should be taught to everyone because, once again, that is a violation of women's rights, regardless if they were educated women or not, it should not have happened. They are human beings! Their rights were violated.

Kimberly

Kimberly is a 36-year old woman who was born in San Juan, Puerto Rico, and identifies as Taína.[25] She is married and has three children (two sons and a daughter). Kimberly earned a bachelor's degree in Computer Sciences. After graduation she worked for seven years, but she has been a stay-at-home mom for the past six years. Kimberly has lived her whole life in the Metropolitan Area in Puerto Rico, where she resides with her family. She has been certified as a doula for five years and has worked with approximately 16 women during their pregnancy and

[25] Taína is the name of the indigenous people of the island of Puerto Rico.

delivery. She also specializes in lactation. She did not report any other pregnancies, miscarriages, abortions or being sterilized. She heard about my study from a family member. I offered to meet her anywhere of her choosing and we agreed to meet at a coffee place.

As most of the women that I interviewed, participants and professionals, Kimberly is very much against hormonal contraceptives. She noted that many women, who come to consult with her about lactation, also ask her advice about contraceptives. She mentioned that a common concern for most women is the possibility of getting pregnant if they are breastfeeding the baby. They are either considering breastfeeding when the baby is born or they are already breastfeeding, but do not know if contraceptives are safe for the baby. Kimberly is very particular about her preference for certain contraceptives. She would not recommend any hormonal contraceptives: **"In general, I am totally against the use of any type of chemicals."** That is why her first recommendation is to use the rhythm method. However, if a woman does not feel comfortable with the idea, then she recommends the IUD (copper). In her opinion, it is important that women know their body and how it works.

Similar to María, Kimberly is concerned about the lack of education in Puerto Rico about topics related to sexuality and reproduction. According to her, some parents do not educate their daughters and they end up pregnant at a very young age. On the one hand, some of her young patients would never say anything in front of their mothers. But when they are alone with her, they make comments such as: **"My mom never talked to me about that [contraceptives]."** On the other hand, some women have told her that once they started to menstruate, their parents would have them take contraceptives, without them knowing exactly what they were taking: **"[My mom] would tell me that the pills were for cramps."** Or, a health care professional who admitted to her: **"Since my daughter started her period, I've been prescribing her X**

contraceptive, so she would NOT (emphasis) have to deal with the inconvenience of bleeding." In her opinion, this is disturbing at many different levels, but it is particularly problematic because these young women –even those in their 20s– do not know what they are taking. They have no idea because they have been taking whatever their parents have been giving them since they started their menses. The parents may be preventing early pregnancies, aiding their daughters with menstrual cramps or whatever the reason might be, but the problem is that these young women have not been educated about their reproductive system and their reproductive rights as human beings. According to her, it is mostly in wealthy families that she sees this happening.

Kimberly is also very much against sterilization. According to her, she would never bring up the idea with any of her patients. In her opinion, by the time a woman brings the topic up in a conversation she has already made up her mind about getting the procedure done. At that point, she believes, what women look for is advice about where to get the procedure done, not if they should have it done. And, she would never recommend it to her daughter or any other woman in her family either.

Based on Kimberly's experience with her patients, nowadays most women are in control of deciding the number of children they want and the type of contraceptives to use. Well-educated women, in particular, tend to be in charge of their reproduction. If they decide that they do not want to have any more children, they either use some sort of birth control or even get sterilized without telling their husband.

Kimberly is very skeptical of clinics funded by the Health Department that provide contraceptives for free or at a low cost. In her opinion, that type of clinics does not provide all

the options available to women. And, as far as she knows, medical insurance companies do cover the cost of contraceptives.

In Kimberly's opinion, religion does not seem to play an important role for people, when deciding on contraceptives. However, based on her interactions with her patients, neither Catholics nor Pentecostals would admit to their church leaders that they are using some form of contraceptives.

When I asked Kimberly if the government should be involved in the reproductive decisions of couples, she remained silent for a few seconds and, after I repeated the question twice, she said: **"I don't think anyone should have any type of influence. And when I say no one, I mean no one. There should be no room for anyone else (*Brief pause*), except for the couple or the woman, (*Thinks*), no one should have a say."** When I asked her if she was aware of the experimentation of reproductive methods in Puerto Rico, she replied:

Kimberly: You mean, what happened in the middle of the last century? Yes, I had the opportunity of watching a documentary about it. I knew about it before I watched the documentary. That documentary, my insides trembled, and wrinkled, and shuddered, and made me feel like my grandmother and mother had no idea. And, well, that's another kind of conquest. I, when I saw that, I felt like that was our third conquest and we didn't even notice it. That's an official population conquest; the total conquest of the territory.[26]

Interviewer: Did you study about this in high school?

Kimberly: Never.

Interviewer: At the university?

Kimberly: Never. In high school the only thing they talked to us about was about abortion. At least, at my high school.

Interviewer: Was that part of…?

Kimberly: Of sex education class.

Interviewer: And they talked about abortion?

[26] "I felt like that was our third conquest," it is not unusual to hear the different invasions by colonial powers as a historical point of reference in Puerto Rico. Being the first one by the Spaniards in the sixteenth century and the second one in the nineteenth century by the United States. Kimberly perceives the mass sterilizations of the twentieth century in Puerto Rico as yet another conquest, as the "third conquest" of the Puerto Rican people.

Kimberly: They would talk about abortion as something, you know, fatal and they'd teach you, you know, the process, but not the whole thing. You could see how they'd ripped the baby out of the mother's womb. It was very shocking to us all.

Interviewer: Did you go to a Catholic school?

Kimberly: Yes, yes.

Interviewer: Did they ever talk about contraception? Was it a health class?

Kimberly: Not really, there were contraceptives at the time, but they were presented in a very politically correct manner, you know. It was a Catholic school, even though I'm not Catholic, but by being Catholic (*Thinks*), well, they had to, they do not want to contradict their teachings by talking about contraceptives. Of course, the teachers knew that contraceptives were available, but all the school wanted us to know was about abstinence. Hard, hard, hard, hard. That was the campaign inside the school.

Interviewer: In other words, you were not really taught about contraceptives.

Kimberly: No, no, no.

Interviewer: So, you never learned about mass sterilizations in Puerto Rico from your mother, grandmother or any other female relative?

Kimberly: No, no one ever talked to me about it at home.

Interviewer: Do you think they know about it?

Kimberly: No. No, I don't think so. Honestly, I don't think they have any idea of our conquest (*Briefly chuckles*). They don't know about our conquest either in terms of population control or as a territory. When all that was happening in Puerto Rico, my grandmother was in the United States. She was there and, I don't think it [sterilizations] was that bad over there. We were just an experiment, according to the information I know. They experimented with us to see if it was effective, then, they'd take it to the United States. My grandmother never talked to me about contraceptives. What she did talk to me about was about not breastfeeding, about injections to dry your milk.

Interviewer: Was it your mother or grandmother who recommended you not to breastfeed?

Kimberly: She never encouraged me to do it. Actually, I was the one who brought up the topic to my mother.

Doctor Alicea

Dr. Alicea is a 48-year old man who was born in Puerto Rico. He did not identify with any race in particular. He is married and has three children, ages 33, 25, and 20 –two sons and a daughter. Dr. Alicea has been practicing gynecology and obstetrics for 15 years. Even though he lives in the Metropolitan Area with his family, he sees patients all over the Island. One of his

former patients, who gave birth at home, put me in contact with Dr. Alicea. We did the interview in Miramar and I used the questionnaire for health care professionals.

After graduation he worked at two different hospitals in Puerto Rico and, in 2006, he decided that he wanted to work with women in **"a more humane manner."** He opened his private practice that year and he hired a nurse-midwife to assist him. By 2008, he began to perform deliveries at home through what he defines as **"physiological births/deliveries."** These types of deliveries, as he explained it, take longer because the mother is not induced, and the delivery process is not rushed or forced. Dr. Alicea admits that changing his practice to **"physiological deliveries"** was a long process of many hours of research and learning from each delivery he attended.[27]

In 2014, Dr. Alicea ended up closing his office and now he exclusively does home-deliveries. He explained that, since every birth is different, nine years later he is still learning from every single one of them. His team of professionals consists of a nurse-midwife and a doula. According to him, in the nine years he has been doing home-deliveries, no child or mother has ever died. He only takes his patients to the hospital if a cesarean is absolutely necessary.

I asked Dr. Alicea if he is sharing his experiences and acquired knowledge with other experts in the field to make sure that his wealth of expertise is passed on to others, to which he replied:

> Dr. Alicea: Oh, well, at the beginning in the hospital, yes, the nurses filled a whole volume of complaints against me because I was doing things 'out of the norm,' things that they considered dangerous (*Chuckles*). And, obviously, the other doctors, well (*Thinks*), their

[27] Dr. Alicea's transition into physiological deliveries was an autodidactic process. He spent six years researching the work of experts on the subject such as Michel Oden, Moshkin Migaskin, Marsden Wagner, and many others. He began applying techniques of a more natural birth while he was working at hospitals. These techniques involved allowing the mother the freedom to listen to her body and the time to give birth without inducing the birth –only resorting to C-sections when absolutely necessary. Through this process of research and observation with different patients at the hospital, he decided that it was the best approach for the mother as well as for the child. In 2008, when one of his former patients mentioned to him that she wanted to give birth at home, he agreed to it and that began his transition into physiological deliveries. In his opinion, when a health care professional starts to work in a hospital, "one becomes a serf of the system, of medical insurance companies that dictate the norms of your work; in the long run you become a slave of the system."

interaction towards me changed, they marginalized me because, according to them: "I was a risk-taker, I was crazy, I was risking the baby's and the mother's life." All because I was not doing things the same way they were doing them, the way we were trained.

Interviewer: So, based on what you are telling me, a physiological birth is not accepted by others in the profession?

Dr. Alicea: Actually, the term most people are using now is 'humane birth.' What people are calling a 'humane birth' has to do with the fact that when the woman is ready to give birth and comes into a hospital she is asked to lay down, they inject her with Pitocin, they don't allow her to move or to stand up, she is not allowed to do anything. Then, when you come in with a different approach: you do not inject her with Pitocin, you allow her to stand up, to squat, you allow her to shower, you allow her to give birth sitting down, squatting or on the floor –whichever way she's more comfortable– it creates a sense of uneasiness because they are not used to that, right? Then, as it often happens, instead of people educating themselves, they choose to reject or attack what they do not understand and that's where the marginalizing comes from. As a side note, now at the hospital where I used to practice, they are following the same protocols in childbirth for which I was criticized, ostracized, and reported to my superiors back in 2006. Ironically, you ask many colleagues in the profession about my approach and their response is that my patients and their newborn babies die all the time. That is ignorance for you!

Interviewer: What is the percentage of home deliveries where children die?

Dr. Alicea: Since I started doing home deliveries nine years ago, not a single child has died, not a single one. My approach is personalized; it requires that I'll be present. In part, that's why I closed my office; I cannot have any distractions. I have to be available for my patients all the time.

I also inquired about his team of professionals, the process of the delivery, and postpartum visits. Dr. Alicea explained that he does not have employees; he has a team of **"collaborators,"** which is composed of a midwife, a nurse-midwife or a graduate nurse who are interchangeable. In addition, there is a doula as part of the team. All pre-partum visits are at the home of the mother-to-be, and the delivery and postpartum visits as well. Dr. Alicea emphasized that he does not do home-deliveries for any family. When a woman expresses interest in having her baby at home, he does a screening consultation and an assessment to make sure that not only the mom, but also the family (as a whole), is ready and supports the decision. The three members of the team take turns to do the pre-partum visits and they are also all present for the delivery. The pre-partum visits also include the home-delivery classes that they offer because, as he explained, they are different from regular Lamaze classes. After the birth, they do follow-up

visits to the home for six weeks to make sure that mother and child are well. According to him, they do between three and seven visits during the first week following the delivery. During the visits the first week, in addition to checking that mother and baby are healthy, they also focus on lactation. Dr. Alicea says that lactation is one of the most common problems they have; babies having problems with latching, which is essential to the baby's health. The visits continue for the next five weeks, with the frequency dependent on the family's needs. And, in some cases, if deemed necessary, they do more visits.

The cost of home-deliveries varies according to the location of the residence of the mother and if she has any health conditions. Mothers with high-risk conditions (i.e. lupus, diabetes, high blood pressure, etc.) are charged more because he does more visits to these mothers. As he explained, one of their priorities is to optimize the health of the mother-to-be, hence the delivery tends to be less complicated and the baby healthier. They have certain criteria that the mothers have to follow to remain under their care: gain or lose weight as needed, exercise, follow a healthy diet, etcetera. The pre-partum period is essential, according to him, because that is the time when they develop a close relationship not only with the mom, but also with the rest of the family:

> "The mother-to-be is the center, but she is not the only element of the equation. The whole family is part of the equation. In the Latino culture, you cannot exclude the family. The Anglo-Saxon culture is more individualistic; the opinion of relatives does not matter. For Latinos it is not the same. Everyone's opinion matters, might that be the grandmother, the aunt or the neighbors. And, if everyone involved feels comfortable and supports your decision [home delivery], then the less psychological stress you have, the better is your delivery. In other words, from the moment we start working with the mom, we start working with all the different aspects that are important for a healthy delivery."

According to Dr. Alicea, the relationship that he and the rest of the team develop with the mother and the family helps to create a sense of trust that is extremely important. In addition to the knowledge about home deliveries that he has acquired throughout the years, he said that making a more personal connection with the mother is imperative for her psychological health.

The average duration of the deliveries that they attend to is between four and twelve hours – never longer than that. He attributes this to the fact that mothers feel comfortable and relaxed in a familiar environment surrounded by their family members and a team of professionals that they trust. For him, **"having a child is not a matter of medical diagnosis, not a medical condition; it's a personal matter that has to be treated accordingly."** He acknowledges that there are some hospitals in Puerto Rico that are starting to deal with the birthing process in a more humane manner, but it still has a long way to go.

I asked Dr. Alicea if, in his opinion, his gender had any positive or negative effects in the process and transition from being an obstetrician in a hospital versus one delivering babies at the home of his patients. He thinks that the resistance and marginalization that he experienced had more to do with the fact that he was doing something "different" from the normal protocol followed in medicalized childbirth and its process than with his gender. Similarly to some of the personnel I interviewed at the Medical College, he mentioned that most medical students and health care professionals today are females. Hence, he believes that there may be less resistance against female obstetricians because, traditionally, midwives are women. When I asked if he would recommend to his daughter that she get a college degree or study medicine, he said that his daughter started college with the intention to go to Medical School, but later on decided to study something else.

On the topic of contraceptives, Dr. Alicea said that since almost 100% of his patients breastfeed after birth, he recommends contraceptive methods without hormones. He also added that most of the moms breastfeed between a year and a half and four years. He recommends the IUD because they can wear it for up to five years and it reduces menstrual cramps. Also, he tends to recommend condoms or the **"mini-pill;"** however, it is totally up to them to decide which

method they prefer. In his opinion, the least convenient methods are the implants because of the health problems they can cause.

Last, I asked his opinion about sterilization as a contraceptive method and if he had heard of a campaign to sterilize women in Puerto Rico. His opinion on sterilization is that he normally recommends a couple to consider a vasectomy instead of sterilization because a vasectomy is a shorter and simpler procedure with fewer risks to the patient. However, he finds that men tend to be less inclined to do the procedure and are more resistant to the idea. He is not opposed to sterilizations, but he only performs the procedure if both parties in the relationship are in agreement about it. Dr. Alicea only addresses the topic if his patients bring it up first. In his experience, on average, Puerto Rican families tend to have two children. In families that have had the desired number of children and if the couple wants sterilization, he performs the procedure. In his opinion, couples normally do not take into consideration religious beliefs when choosing a contraceptive, though some couples try the rhythm method. And, as with most of the interviewees, he believes that any intervention by the government in the reproductive decisions of a couple has to be to provide education and support, nothing else. As for mass sterilizations in Puerto Rico, he has heard that at some point in our history women were sterilized against their knowledge, but he does not know anything else beside that and he never studied anything related to the topic in school.

Carmen

Carmen is a 41-year old woman who was born in Puerto Rico and identifies as white.[28] Carmen was born in Ponce but has lived most of her adult life in the Metropolitan Area of Puerto

[28] When asked this question, rather than just mentioning a specific race, the participant described her confusion when filling out the 2010 census. Her initial reaction to the question about race in the census was: "Bueno, ¿y aquí dónde yo encajo?" ("Well,

Rico, where she currently lives with her nuclear family. She is divorced and currently lives with her partner of several years. Carmen has been a librarian for fourteen years; she has a master's degree in literature and is finishing a Ph.D. in Spanish. She describes herself as someone who loves the arts and has been involved with programs that specialize in children's theatre. She is also a doula and holds a certification as a perinatal educator. Her experience in the field is based on nine pregnancies and deliveries. She learned about my study from a friend on Facebook. We met on the campus at the University of Puerto Rico in Río Piedras.

Carmen has been pregnant twice. Her first child (a boy), died four days after birth and her second child, also a boy, is two years old. She did not report any other pregnancies or being sterilized; however, between her first and second pregnancies, she had a spontaneous abortion.[29]

Carmen had a unique experience with her second child. Due to the fact that she had lost her first child days after he was born, her second pregnancy was considered high risk; therefore, the delivery of her second child was scheduled to be at the hospital. However, she had made arrangements with a doula and a midwife to do what is known as "labor seating." Carmen explained that the term means that once the mother starts to feel the contractions, she waits at home under the supervision of the health care professionals previously mentioned until she is ready to go to the hospital.

Conversely, for her second child, she had to have an emergency delivery at home with just the help of her partner. Soon after she began to feel contractions, she gave birth at home before the doula or the midwife arrived. She reported that, from the moment that she felt the first contraction to the moment her son was in her arms, it was less than 45 minutes. Even though her

where do I fit in here?"). She was wondering as to what option she was supposed to mark in terms of her race –she opted for leaving the answer blank. She also added that one of her friends wrote down "Puerto Rican" for her race.

[29] A spontaneous clinical abortion is generally defined as an unplanned loss of the fetus in the early stages of a pregnancy.

partner had taken the Lamaze classes with her, he was extremely nervous because the plan was never for her to give birth at home, much less for the two of them to do it alone. As soon as the baby was in her arms, he called 9-1-1, which evolved into a bureaucratic process that required her baby to stay in the hospital for seven days. Carmen explained that, in order for a mother to have a home delivery in Puerto Rico, she has to fill out a series of documents beforehand. According to her, they never filed any documents with the authorities because the plan was for her to give birth at the hospital, not at home. However, hospitals in Puerto Rico declared her son's birth as a **"an extramural childbirth [outside the hospital walls] or a dirty childbirth."** Although there was nothing wrong with the baby, the hospital required that the baby be treated with antibiotics for seven days. During that period of time, the medical personnel always referred to her as the one with the 'dirty childbirth'. Her partner was allowed to see the baby for only half-an-hour a day, and, it was a **"highly stressful"** process for her to bring breast milk to the hospital every day. According to her, every single time she brought breast milk for her baby, even if it was on the same day, the guards, the nurses, and other medical personnel questioned her visits to see the baby.

As a result of that **"highly stressful"** experience and the experience of losing her first child, Carmen decided to become a doula. She had her first baby with Dr. Alicea when he was still working at a hospital. Even though her first son died a few days after he was born, she said that it was Dr. Alicea's **"humane"** way of treating her when she was giving birth that motivated her to look at childbirth from a different perspective. Both experiences led her to get certified as a doula and as a perinatal educator.

According to her, the function of a doula is to be present, to accompany the mother during childbirth. Ideally doulas start working with the mothers between the 21st and the 23rd

week of pregnancy, sometime after the second trimester. They can be present at births in hospitals as well as at homebirths. There are different kinds of sub-specializations in which doulas can be certified. In Carmen's case, she is certified as a doula and as a perinatal educator, which, according to her, involved strenuous work and preparation. To become a perinatal educator, she had to train for approximately two years, which included clinical work, an internship at a hospital, and the task of curriculum development, among other requirements. To become a doula, it is required that one be present at four births in a year, however, for the perinatal certification it is required that one attend ten births in a period of two years.

In Puerto Rico, every hospital has its own regulations and protocols to deal with doulas. Some hospitals require doulas to be re-certified by the hospital, while others accept the certification from the Department of Education in Puerto Rico. Doulas have to attend 300 hours of classroom preparation. Also, they must be present for a certain number of hours during the birth to count as the four required births in a year. Every birth that they attend to has to be registered not only by the hospital, but also by the agency that provides the training. The agency keeps records of all the births done by the doulas where, with the exception of the mother's name, they have to document all kinds of details: the type of birth (i.e. vaginal or cesarean), length of time, hospital, etcetera. In her opinion it is a formal, strenuous, and well-organized system.

As a health care professional, Carmen recommends her patients consider different types of contraceptives, but she also emphasizes the importance of women knowing their bodies, particularly if they are going to breastfeed after giving birth. In her opinion, condoms are a safe option and, after her second child and the fact that she has a health condition that limits the type of contraceptives she can use, she decided with her partner to use condoms. However, for her it

is imperative that people get better educated when it comes to sexuality and contraceptive methods. In a class that she taught the weekend before our interview, when she was discussing with a participant her options for contraceptives after giving birth, the woman's husband interrupted their conversation to say that his wife was going to get sterilized. Carmen replied to the husband by presenting several facts: 1) the wife was giving birth to their child; 2) she was going to breastfeed their baby; and, 3) most likely she was going to be the primary caretaker of their baby. She proceeded by presenting him the option of getting a vasectomy. He replied that he had never even considered it. So, for Carmen, education is essential because the weight of responsibility should not be an exclusive issue for women; it should be a shared responsibility. She mentioned that she would not advise any of her patients about a specific number of children to have; in her opinion, that is a very personal decision. Personally, she discussed it with her partner, and they decided that one child was the right number for them. On a related topic, she believes that in Puerto Rico, even if people do not practice a particular religion, they still follow certain precepts and beliefs that they were taught as children. She explained:

> "In Puerto Rico, as I understand it, neither the Church nor the State should get involved in a couple's decision. At the same time, the State has a responsibility. I believe that the government should get involved in educating the population, in, yes, making sure that contraceptive methods are much more accessible, if not for free, because the reality is that if people are sexually active, nothing is going to stop them. That is the way it should be. Don't tell people: 'You can only have two children or one child,' no. Education and the way it [sex] is presented are important. Because if the government presents it as taboo, that is also a problem."

According to her, some medical insurance companies cover the cost of some contraceptives, but not all of them. She knows of some agencies such as ProFamilia where people can get some contraceptive methods at a lower cost or for free. Once again, she emphasized that the key to this issue is to educate people, especially young people. For her, it is not enough to talk about population control; people should also be educated about sexually transmitted diseases.

Carmen mentioned that she would recommend to her patients a sterilization under certain circumstances. For instance, she would recommend it after a woman has had the desired number of children. Especially if the patient admits to her that she is not willing to learn about the different options available and has a high probability of getting pregnant again. She admits that it takes time, patience, and years of observation for a woman to really get to know her body and to find the right type of birth control for herself. Hence, if someone does not want any more children and, for whatever reason, does not want or cannot dedicate the time to explore the different options on contraceptives, then the person should get sterilized.

When I asked Carmen of her knowledge about mass sterilizations in Puerto Rico, she mentioned that it was a topic that had been discussed in her house and in some academic circles. In her opinion, however, it is not a topic that has received the attention that it deserves from the media or enough attention to create general knowledge. Carmen did spend a considerable amount of time talking about her own experience and her sister's when they were 12 and seven years old respectively. According to Carmen, when she was pre-pubescent in the mid 1980s, her sister started to show signs of premature thelarche, that is, breast development. Starting in the 1970s and into the 1980s, large numbers of pre-pubescent children (boys and girls) in Puerto Rico started to show signs of early breast development, among other symptoms normally associated with pubescent children. Many studies were done trying to find the source of the anomaly. Some of these studies were inconclusive, but some researchers found proof of high levels of estrogen in chicken sold in groceries stores. Puerto Rico has the highest rate of girls with premature thelarche in the world.[30]

[30] Sáenz de Rodríguez, Carmen, et al. "An Epidemic of Precocious Development in Puerto Rican Children." *The Journal of Pediatrics*, vol.107, no.3, Sept. 1985, pp.,393-6.
Freni-Titulaer, Lambertina et al. "Premature Thelarche in Puerto Rico: A Search for Environmental Factors." *American Journal of Diseases of Children*, vol. 140, no. 12, 1986, pp.,1263-1267.

Doctor Peters

Dr. Peters is a 59-year old man who was born in Santurce, Puerto Rico. He is divorced and lives in the Metropolitan Area with his 20-year-old son. Dr. Peters studied gynecology and obstetrics in Puerto Rico and has been practicing medicine for 28 years. He reported that his father was also an OB/GYN and they worked together for many years until his father retired. They both assisted in the delivery of Dr. Peters' son. I inquired if it was legal in Puerto Rico for obstetricians to treat and assist family members during pregnancy and delivery and he replied in the affirmative. Since graduating from Medical School, he has been working at the same private hospital in the Metro Area, which is where we met for the interview. A former colleague of Dr. Peters put me in contact with him and I used the questionnaire for health care professionals.

When I arrived at Dr. Peter's office for our appointment, he had several patients already waiting for him. Out of consideration for his patients, I decided to skip several questions from the questionnaire related to issues of race, cultural identity, and gender to focus exclusively on questions related to reproduction. We began discussing his opinion about the most effective and/or preferred contraceptives for his patients. According to him, he makes sure to inform his patients about all the options available before they make a final decision. He discusses everything from oral contraceptives to Long-Acting Reversible Contraception (LARC) to Natural Family Planning methods: **"You go from the simplest methods to the most complicated ones. You provide the whole range of options."** In his experience, most of his patients tend to choose from the different options that LARC provides for two main reasons: 1) women do not have to do anything on a daily basis and 2) their effectiveness lasts for several years. In his practice, he has noticed that many women who start taking the pill tend to change to other methods, due mostly to the inconvenience of having to take it on a daily basis. He also

mentioned that all depends on the particular needs of the patient. For instance, there are patients with health conditions that prevent them from taking certain methods. He also mentioned women who are breastfeeding and have limited options. In his opinion, **"LARC is the most popular form of contraceptives right now."** He also added that, in Puerto Rico, there are Federal programs (Prevent) that aid low-income women to access contraceptives at low cost or for free. He mentioned that even women whose medical insurance does not cover the cost of oral contraceptives or only part of it could get generic brands for as low as $10.00 and no more than $18.00. And they need a medical prescription to purchase contraceptives at drug stores in Puerto Rico.

We also talked about the rate of occurrence of sterilizations among his patients. I asked if his patients consider it an option and the average age when they tend to get sterilized. According to him, **"women in Puerto Rico are inclined to get a sterilization once their nuclear family is complete. Regardless of their age, the opinion of their significant other or anything else."** He has noticed that sterilization is more prevalent among his patients with a college education. He mentioned one of his patients who had recently graduated from Law School, had no children and she decided to get a sterilization. I asked if it was a young woman and how he deals with such cases, given the fact that sterilization is a permanent, irreversible procedure.
He replied:

> "It is final and definitive. The patient is provided with all the different options available that I previously mentioned. We also discussed the pros and cons, alternatives, and consequences before such an important decision [is made]. But, it is up to the patient. Once I provide all available information to the patient, I document everything, and the final decision is for the patient to make."

I also asked Dr. Peters about the decision-making process of his patients, when a significant other is involved versus a single woman –as in the case of the young attorney. He replied: **"What I have noticed is that the patient is very independent. Women are very**

independent. Few women take into consideration the opinion of their significant other. (*Chuckles*) I tell you, if they want to make a decision, they make it and that's it. There is a document that has to be signed by the patient, but it doesn't have to be signed by the husband. The husband can sign it, but it is not required [by law]. Some do and some don't." He added that when he has noted that there is a difference in opinions, he advises the couple to rethink their decision but, ultimately, it is the patient's decision that counts. He also added that it is always important to assess the situation as a health care provider. If he perceives that he is dealing with a patient in distress or with a particular problem, then he seeks help from other professionals, depending on the situation. As long as the patient is over 21 years of age and does not have a mental health problem, he has no objection to sterilizing a woman who has made the decision of her own free will. I also inquired if he has ever heard or personally dealt with cases of sterilization due to mental illness or patients with intellectual disabilities. He has dealt with such cases and he explained that in those cases, as it is the case with minors (under 18 years of age), the physician or the hospital where the procedure is to be performed has to follow a legal procedure before anything can be done. He emphasized that it is improbable that he would perform a sterilization on anyone under 21 years of age, unless the young woman has a medical condition that requires the procedure to be performed. If a parent, for instance, walks into his office and asks for her/his daughter to be sterilized and the young woman is under 21 years of age, he would not do it. He emphasized that he does not feel comfortable with third parties making decisions for his patients.

When I asked about the role of religion or the involvement of the government in a couple's decisions about reproduction, in his opinion, **"it is rare that religion would determine the type of contraceptive method they would use or the number of children they would**

have." He specifically mentioned Catholics as an example of someone's religious mandates not interfering in their reproductive decisions. He has noticed with some of his patients that, if a woman decides that she does not want to have any more children and does not want to be sterilized either, she mandates her husband/partner to get a vasectomy: **"'No, HE (*Emphasis*) is the one who's getting a vasectomy.' Ok, fine. (*Chuckles*) I refer them to a urologist. But, for sure, I definitely notice that women have more control of the decisions they make."** This often happens, however, in situations where there has been an unwanted pregnancy. Normally, the couple has the child but the woman makes sure that one of them gets sterilized. According to Dr. Peters, he sees in Puerto Rico a similar pattern to the one followed by families in industrialized nations where families, on average, have one to two children: **"In the United States and in other developed nations, the number of children per family is smaller and smaller. And, Puerto Rico is following the same model. In Puerto Rico, the average is one to one and a half. I don't even think it gets to two per family (*Chuckles*), it's interesting, right?"** I asked him, about the factors that contribute to such a change in the family composition in Puerto Rico. In his opinion there are several reasons: (a) the economy; (b) the high incidence of divorce; (c) women working outside the home; (d) women seeking advanced degrees after they get married; and (e) women getting married at an older age. In his experience, this is not unique to Puerto Rican society, but it is a trend in developed nations around the world. In his practice, he sees patients who want to have one child, perhaps two, but **"it is rare"** to see patients wanting to have more than two.

Finally, when I asked Dr. Peters if he was aware of mass sterilizations in Puerto Rico, his reply was similar to Dr. Alicea's he had heard about the experimentation with oral contraceptives on Puerto Rican women on the Island when such methods were being developed in the 20th

century. Similar to Dr. Alicea's opinion, those are events that took place in the past and have nothing to do with the present way of practicing medicine in Puerto Rico today. He believes that today his patients are very well informed thanks to the Internet and mass media. When a patient comes into his office, according to him, that woman knows what she wants and does not want –it is rare to see a patient that is uniformed.

Minga

Minga is a 42-year old woman who was born in Guaynabo, Puerto Rico, and identifies as Hispanic or white, depending on the options provided while filling out forms. She has lived most of her adult life in the Metropolitan Area, where she lives with her husband of eleven years and their child. Minga has a Master's Degree in Health Sciences. She learned about my study from a friend on Facebook. We met at an ice cream parlor close to the yoga studio where she teaches. For Minga's interview, I used a Participant's questionnaire because I did not know about her academic background and professional experience in health care –as it happened with other participants. She was referred to me as a yoga instructor. When I found out about her background in health sciences in mid interview, I decided to continue with the same questionnaire, but I added, changed or expanded on some questions to cover her perspective as a health care professional.

Minga has a three-year old son. She did not report any other pregnancies or being sterilized. She has worked with organizations like the Girl Scouts of America and health insurance companies coordinating health programs. At the last health insurance company where she worked, after she informed her superior that she was pregnant, they did not renew her contract. She was advised by an attorney to take the severance package offered by the company. Since the medical insurance company, she worked for is from the United States, her case would

have had to be processed by the Federal Court in Puerto Rico, which would have taken years to litigate. After discussing the situation with her husband and taking into consideration that she wanted to spend time with her child, she decided to teach at a yoga studio (she is also certified as yoga instructor). Since having her baby, she has been doing freelancing projects developing health and exercise programs for different organizations, which has allowed her the flexibility to spend time with her baby.

For Minga, choosing a contraceptive is a personal decision. For that reason, she would recommend women explore the different options available until they find one that fits the needs of the patient. She was very firm on never recommending a woman get sterilized, in her opinion, "it's mutilation." She used the pill for a couple of years and, although she never had any problems with it, she decided that she did not want any unnecessary hormones in her body. She explained that she could get the prescription for the pills from ProFamilia and the cost per month was $10.00. The only contraceptive methods she has used for the past 13 years are condoms and rhythm –not for religious reasons but to avoid taking contraceptives with hormones. I asked her if she discussed with her husband her choice of contraceptive and if her husband ever complained about the use of condoms. According to her, the decision was discussed but she was very firm about the fact that she was not going to use anything with hormones and sterilization was out of the question. They also discussed the option of a vasectomy, but her husband was not open to the idea. She thinks he is afraid of having the surgery. Hence, they agreed on condoms and the rhythm method. In her opinion, her husband and she are from **"the HIV/AIDS generation, a period when condoms were promoted,"** so they probably feel more comfortable with the use of condoms than previous generations would. However, when I asked her if the use of condoms was common among couples in Puerto Rico, she replied: **"Not at all. Even women**

have an odd reaction when they find out. When I talk to people about it, the question is 'Aren't you married?' If a person is married the perception of both –men and women– is that 'you don't need to use condoms.'"

Similarly, to other health care professionals, she considers education in the areas of sexuality and reproduction essential. Speaking from personal experience, she learned about menstrual periods because her mother bought her a book on the topic. According to her, her mother never received any kind of instruction from school or at home. Therefore, when her mother had her first period at the age of nine, **"she was terrified."** No one had ever explained to her mother anything related to the changes related to puberty, hence she thought that she had hurt herself. Minga's mother did not want her daughter to go through the same terrible experience. Minga believes that to her mother, a book about menstrual periods was enough to cover anything and everything related to sex education and reproduction. In addition to the book about menses, all Minga ever heard from her mother was: **"Girls have to be virgins until they get married."** Her mother consistently told her that, if she ever got pregnant before getting married, she would have to leave the house until she would get married. Minga explained that her sex education began when she took a health class in high school, where students were taught about sexuality, reproduction, and contraceptives. She attributes the fact that she is a health educator to her high school teacher, who taught a solid curriculum on such an important topic.

Although Minga grew up in a conservative, Pentecostal family, she does not follow any particular religion. When I asked her if people in Puerto Rico take into consideration their religion when it comes to decisions related to contraception or the size of their families, she replied:

> "Well, that's a difficult question to answer. Puerto Rico is mostly considered a Catholic, Christian island. (*Thinks*) But, at the same time, I don't think it is because Catholics use contraceptives. The vast majority of people using contraceptives are Catholics and they

> are not supposed to use them, right? As a general rule, they are not supposed to use them. The Church mandates that they use the rhythm but not the pill, but many Catholic women that's what they use. In other words, perhaps they do consider the Church's rules, but then they say: 'Well, forget about it, God is not going to find out' or 'God doesn't really mind.' To me, religion has nothing to do with it [reproduction] so, personally, I don't take it into consideration."

Along the same lines, Minga does not believe that the government should intervene in people's decisions about the size of their families: **"Well, no, I don't think so. To me, that's very personal. It'd be similar to the period when they were doing mass sterilizations, who are they [the government] to tell me I cannot have any more children?"** According to her, recently some ultra conservative politicians in the government have been trying to pass discriminatory laws against certain groups in the community, based on the idea that Puerto Rico is a Christian nation. Minga emphasized that these politicians ignore the fact that in Puerto Rico you have Buddhists, Muslims, and people who hold many different religious beliefs. For instance, María Milagros Charbonier Laureano, a conservative politician, has been opposing not only any legislation in favor of protecting the rights of the LGBT community, but also the possibility of including information about gender equality in the schools' curriculum. Minga explained that Ms. Charbonier has been trying to present the argument as sex education, which is different from a gender equality curriculum: **"…there's confusion as to what's sex education and gender equality. Thus, these politicians have mixed both concepts to confuse people."** Minga also added that there are organized groups such as The United Atheists of Puerto Rico that are vigilant about this type of discourse that does not respect the separation of Church and State.

> Interviewer: You mentioned mass sterilizations in Puerto Rico, what do you know about it?
>
> Minga: I can't remember where I learned about it for the first time. Most likely, it was at the university.
>
> Interviewer: It was not in high school?

Minga: I don't think so. They don't teach those topics in school. I'm not sure where I learned about it first, but I do know that it happened in Puerto Rico. It was an experiment, right? They experimented with the pills to figure out the appropriate doses. They also did mass sterilizations without the women's consent, which is a bioethical problem, right? I know I studied it at the university in my course of Bioethics.

Interviewer: That was because you studied…

Minga: Because I studied health, it's not something that everyone studies. I know it was in the same course where we studied about Nazi Germany how they experimented on people to change the color of their eyes, right? It wasn't voluntarily; it was forced. We looked at different examples throughout history until we got to more recent times such as the mass sterilizations with Puerto Rican women. We also talked about the experimentation with the pill that was tested here, so later on it could be approved for women to use it in the United States. So, I think I heard about it for the first time at the university, maybe before I declared my major in Health Education, but it was in my Bioethics course where we studied about it in depth.

Interviewer: Do you think younger generations know about it?

Minga: I think that, given our current political and economic situation, people are more aware of these things, things that have happened throughout our history. We are taught the official history, the history that's in the books, the history that hides a lot of facts. But now technology gives us access to a lot of information, there is a lot of information that we are not taught in school. For instance, I don't remember ever studying about the Ponce Massacre in school, just to give you one example. Those are the things that you learn out of school. In school, in History you learn about the flag and similar things, but they don't teach you about other aspects of your history. You learn about those things after you're out of school. This type of information is more accessible because of technology.

Interviewer: Have you ever discussed the topic with your female friends?

Minga: About the mass sterilizations? Well, I think we have, but it's because we have been talking about contraceptives and other related topics and we end up talking about it, not because it's been the main topic of a conversation.

Marla

Marla is a 40-year old woman who was born in Puerto Rico; she is divorced and lives in the Metro Area. Marla identifies as "mixed" or "other," depending on the options available on forms when asked to select her race. She has a master's degree in Health Education and is certified in Breastfeeding Education. Marla has also been a certified doula for eight years specializing in prenatal care, delivery, and **"dula de aborto"** (doulas who work with mothers who are planning an abortion). She worked for six years as Program Director at ProFamilia. Currently, she is the director of one of the offices that provides support services to the academic

personnel at the Medical College. Marla told me that one of the professional groups that has been most affected by the financial crisis in Puerto Rico is health care professionals. There has been a brain drain in the country of doctors, nurses, and other health care specialists, most of whom have moved to the continental United States. For instance, she has been in contact with several pharmacists who have closed their businesses. Before they left, however, many of them have contacted her office to renew their licenses and other relevant documents to be able to continue their practice once they relocate. We met at the Medical College while I was doing research and she was introduced to me as an administrator. After I explained to her my research topic, she agreed to be interviewed and we met at the University of Puerto Rico in Río Piedras. As with Minga, I began the interview using the Participant's questionnaire and once I learned that she was a health care professional, in addition to be an administrator, I made some adjustments to the questionnaire throughout the interview.

Marla is divorced and lives with her 15-year old daughter who is her only child. Marla reports only having one unplanned pregnancy at age 24, which resulted in the birth of her daughter. She did not report any other pregnancies or being sterilized. Even though Marla did not become sexually active until she was in college, she reported that in high school she began to do research for some of her classmates who were sexually active. Her mother is a professor at the Medical School; thus, her source of information was her mother's books. In twelfth grade she was required to take a class named "Marriage," which was supposed to be a sex education class. Marla mentioned that most of her classmates were about 17 years old and some of them had been sexually active since they were 14 years of age. The main concern for them was about how to prevent a pregnancy –no one ever mentioned anything about sexually transmitted diseases. Marla described the class as a **"campaign of terror;"** they were taught that if they kissed a boy they

would get a venereal disease and, as soon as they had sex, they would get pregnant. That type of approach motivated her to do research on her own and, during lunchtime, she would talk to her classmates about her findings. She said, **"without knowing it, I became a (sex) educator for my friends." (*Chuckles*)** She attended a private Catholic school and, according to her, everything was equated to sin: sex outside of marriage, divorce, anal sex, etc. The message from the nuns was always the same: **"sex was exclusively reserved for procreation."** In the meantime, during lunchtime, her classmates would gather around her to ask questions about **"what to do if they forget to take the pill one morning?"** or **"what to do if a condom got stuck inside them?"** Marla emphasized the fact that this was the kind of sex education teenagers were receiving in the mid 1990s in Puerto Rico. In the class where they were supposed to learn about sexuality and contraceptives, they were taught that sex would automatically lead to pregnancy; it could only happen once you were married; and, it was a sin unless it was for reproduction.

As a health educator and, particularly when she was the director of ProFamilia, she made sure that women would be informed of all the different contraceptive methods available, including sterilization. Personally, when she was married, she always decided what type of contraceptive to use, unless they were going to use condoms. She reported that her ex-husband agreed to use condoms, but it is not the norm among Puerto Rican men. At ProFamilia, they developed workshops to teach woman on how to negotiate the use of condoms with their partners, as well as anal sex. According to her, those workshops required several sessions because **"it takes more than one class to teach women that taking a stance to protect themselves does not have anything to do with love."** Empowering women to protect

themselves or to learn to do “sexual negotiation” with their partners is not innate; it is a learned process.

We also discussed general accessibility to contraceptive methods, and population control. Marla explained that while ProFamilia is a program funded by the Federal Government under Title X, the Family Planning Program is a different program by the Health Department in Puerto Rico. The Family Planning Program also receives federal funding but under Title V. She explained that there is a misconception about the **“easy access”** to contraceptives methods at a low cost in Puerto Rico. There is a misconception that it is as simple as going into a drug store and purchasing them at a lower cost or just getting them for free. Once a woman goes to the Family Planning Program, for instance, she is assigned to a caseworker that does an evaluation of the case. If she qualifies, according to the low-income criteria, then she is referred to a physician. During the appointment with the physician, they have to do a blood test, a Pap smear and a breast exam. Except for condoms, which are free, women have to pay according to a sliding scale. ProFamilia, for instance, have their own doctors that see the women in the same office where everything else is done. She explained that prior to the 2016 presidential elections, the process was not as rigorous as it had become. She noticed that after consulting with the physician, most women ended up using either the pill or the contraceptive injection. Marla also mentioned another program, Prevén, which is located at the Medical College. In addition to providing contraceptive methods at a low cost, they also focus on education and they provide HIV tests. She wanted to make clear that what she explained was the current process because, depending on the government administration, they change the qualification criteria or the process itself. For instance, under Obamacare or the Affordable Care Act, the process was more

accessible and more medical insurance companies covered contraceptives, but that changed with the Trump administration.

Marla is very critical about the role of the government and religious institutions in personal decisions related to reproduction. She believes that the only involvement the government should have in a couple's decision about their reproduction should be by providing education and free access to contraceptive methods.

Interviewer: If you have heard about the mass sterilizations in Puerto Rico, where did you learn about it?

Marla: When I started at the university, I had a friend who had marks in one of her arms and she told me it was because her mother had been exposed to Agent Orange when she was pregnant with her. That's when I started to investigate these topics. I realized that ProFamilia was part of the mass sterilizations. Then, when I started [to work] at ProFamilia, I realized that ProFamilia's (*Emphasis*) involvement was because they thought they were helping these women. Later on, when I started my Ph.D., in one of my courses where we discussed gender issues, I realized that women benefited by being sterilized, even though it was done without their consent. Then, there's the ethical argument about (*Pauses*), and what would those women have done if someone would have explained to them what was really being done to them. Any way you look at it, it was wrong because it done without their consent, but some women benefited by being sterilized. Later on, how did I learn about it? At the university. In part, it was my mother who talked to me about "the women who were…," you know. But as time passed by, I noticed that there are different perspectives, you know. Yes, it happened. Yes, it was wrong, but you have to look at the different points of view. You have to look at it from different angles.

Isaura

Isaura is a 49-year old woman who was born in Caguas, Puerto Rico. She does not identify with any particular race; however, Isaura spoke extensively (four pages of transcribed material) about racism in Puerto Rico, and specifically, about racism in the medical field. She is divorced and has lived most of her adult life in the Metropolitan Area in Puerto Rico. Isaura has a master's degree in obstetric nursing and is certified as a midwife. Additionally, she has been teaching in the School of Nursing at the University of Puerto Rico for sixteen years. She heard about my study from her former employer, Dr. Alicea. We met at her office at the University of Puerto Rico where she teaches.

Isaura had two pregnancies: her daughter is 32 and her son is 29 years old. She had her daughter at age 16 and her son when she was 20 years old. She did not report any other

pregnancies or miscarriages. When Isaura's son was two years old, his pediatrician recommended that she get sterilized because **"her children's fathers were different men."** Her partner at the time had two children who lived with them, and she did not need anyone's consent for the procedure because she was 22 years old and she was sterilized. According to Isaura, her mother never talked to her about reproduction or contraceptives when she was a teenager. However, after she gave birth to her second child, her mother suggested that she should take the pill. Conversely, Isaura made sure to have a conversation with her daughter about sex and contraceptives, when she turned 14. During the conversation, she made sure to include the topic of sexually transmitted diseases because **"people forget that an STD is not a condition that is resolved in nine months; it can cost you your life."** After her daughter had her son, at age 23, she told Isaura that she would get sterilized when she turned 35.

As a nurse-midwife, she explained the importance of the health care professional being familiar with all the contraceptive methods available. She recalls that when she was a nursing student doing her practice with obstetric doctors, as soon as the patients said to the doctors **"I don't want to have any more children,"** they would follow with the question, **"how many children do you have, two or three?"** Followed by a question that, in her opinion, was more a suggestion than a question, **"you are getting the operation done?"** Isaura explained, **"it was a question that sounded more like a suggestion."** She also added that most women would say, **"I'm going to get the operation done,"** they would never say, **"I'm going to get sterilized."** She also noted that most women came to see the OB/GYN alone; their significant other or their mothers never accompanied them. As a health care worker, she makes sure to explain all the options to her patients, from prophylactics to the more invasive contraceptive methods. According to her, she leaves sterilization to the last and she begins by explaining vasectomies

and why they are more convenient before she explains female sterilization. She also alluded to the federally funded program, due to the Zika virus, which is providing any kind of contraceptive method free of charge. As with her daughter, she informs her patients of the different options available, but she believes that women should have complete liberty to decide the type of contraceptive they want, how many children they want to have, and if they want to be sterilized.

Isaura's professional opinion is that women in Puerto Rico look for professional advice about contraceptive methods but tend to make a final decision about the method they want to use on their own. However, she believes that they are indirectly influenced by political campaigns, but not so much by their religion. Isaura sees patients of all different religious backgrounds. She has observed that her Catholic patients, who are forbidden to use contraceptive methods, have a very loose attitude about it that they explain as **"the Pope is not going to help me raise my children."**[31] When I asked if she had heard about mass sterilizations in Puerto Rico and where, she replied that as a professional, it has been a process of years of research and investigation to educate herself and her students on the topic. At a personal level, the perception of previous generations of women in her family is that having one or two children is a matter of health and economics, not one related to population control or reproductive rights. When she says to her mother that previous generations of women in Puerto Rico were used as guinea pigs, her reply is: **"No, that was because we could not keep having so many… No, no we could not keep having so many babies. Things [money wise] were very difficult."** Isaura believes that, historically speaking, political and economic issues have been intertwined with women's reproduction. To the point that nowadays, people have one or two children and many people decide to have none. **"Thus, in my family, I don't think…(*Thinks*) they don't see it. The**

[31] Catholics are permitted to use less invasive methods such as the Fertility Awareness Methods. For instance, they are allowed to follow the calendar or the rhythm method, and to keep track of the cervical mucus to avoid pregnancies.

government's regulations [on reproductive rights], they don't see it. For them is a health issue. For my family it is a health issue. The idea is that the less children you have, the healthier you'd be, not because there are hidden intentions [by the government]." I also asked her, if that part of the history of the Island is part of the curriculum for medical or nursing students. Isaura replied that it is mentioned in some books. The problem, as she explained it, is that it all depends on the professor because if the person teaching the class does not know anything about it or does not consider it important, they are not going to discuss it. Additionally, she emphasized that part of the problem is that the books used in health care courses at the universities in Puerto Rico are all in English –imported from the United States. Therefore, according to the content presented

Isaura:	"we don't have (*Sighs*) a maternal-neonatal history in Puerto Rico, when we talk to nursing students. We don't have a book that specifically talks about the maternal-neonatal history of the Puerto Rican women, no. We live under a colonial system, so we're not going to get the [right] books."
Interviewer:	Are the books in English?
Isaura:	In English. In English. You also hear students' complaint: "Ow, this is such an expensive book and is in English!" Those books do not present the history about reproduction and women in Puerto Rico. It is our responsibility to include it.
Interviewer:	So, you have to cover what is missing in the books that are imported.
Isaura:	Yes, because we are preparing professionals that are going to provide services to the population in Puerto Rico –we have to talk about what is relevant. And we have to talk about our laws, about what is important in relation to reproduction in Puerto Rico, and what is currently happening here. But all that, it completely depends on the professor; it really depends on the professor.

Amanda

Amanda is a 45-year old woman who was born in San Juan, Puerto Rico and identifies as mixed race. She is married and lives with her nuclear family in the Metropolitan Area. Amanda has a bachelor's degree in Political Sciences, a master's degree in Environmental Policy and Behavior, and a Law Degree. She currently works as a reproductive rights attorney. Amanda also

does volunteer work as a legal advisor for two community-based organizations and is part of an advisory committee for the Department of Health in Puerto Rico. She heard about my study from the husband of another participant. We met in Guaynabo for the interview.

Amanda has a two-year old son with her current husband. She also has two teenage daughters from her previous marriage. Amanda had her first child at age 26; her daughters are 18 and 17 years old. Amanda has been pregnant six times; three resulted in the delivery of her three children, and the other three were spontaneous abortions. She did not report any other pregnancies or being sterilized. Amanda feels that any decision related to sexuality and reproduction is a personal decision and that is exactly how she approached the topics with her daughters when they were pre-pubescent. She is of the opinion that **"a pregnancy has a solution, either you have the baby, or you don't, as long as it is the woman's decision and no one else. The worse thing that can happen is getting sick [sexually transmitted diseases]."** She is not in favor of hormonal contraceptives, but she understands that every woman is different and, ultimately, women should do what works best for them. Similar to the opinion of some of the health care experts that were interviewed, she believes that if a couple is going to consider sterilization, it should be a vasectomy, since it is less invasive and less complicated than female sterilization.

According to Amanda, there are agencies in Puerto Rico such as Taller Salud that provide contraceptive methods at a lower cost to those eligible.[32] In her opinion, the government should provide funding to create educational programs on sex education for children and teenagers: **"Sex education is a SUPER (*Emphasis*) taboo in schools."** According to her, part of the

[32] Taller Salud is a grassroots organization in Loíza, Puerto Rico. Two women, Carmen Guzmán and Eugenia Acuña, who worked in New York with Hispanic women to defend their reproductive rights, founded Taller Salud in 1979. They worked to provide contraceptive methods and abortion as an alternative to the mass sterilizations that were taking place on the Island at the time.

problem is that fundamentalist religious groups have too much power in the government. Referring to the same proposal that Minga and other participants mentioned about adding to the curriculum a course on gender equality, Amanda explained that it was proposed by the administration prior to Ricardo Roselló's. However, Protestant and Fundamentalist government officials, Roselló, and the Secretary of Education (Julia B. Keleher) were collaborating to derogate the project.[33] In Amanda's opinion, as a woman and as a legal expert, this type of legislation would not only benefit children and young people, but it would also contribute to the betterment of members of the LGBT community, women, and other sectors of the community. She believes that it would create awareness on topics such as rape, domestic violence, and incest that are not dealt with as much as they ought to be, particularly in rural areas in the central-mountain region and in the west coast of the Island where, according to her, district attorneys deal with these type of cases on a regular basis.

Amanda sees parallels in the way the government (Federal and local) was involved in the mass sterilizations in the twentieth century and the Zika virus epidemic in the twenty-first century. In her opinion, decades ago, the United States government enticed Puerto Rican women to get sterilized under the precept of a bad economy and an overpopulation problem. After massive sterilizations and the experimentation with contraceptive methods on Puerto Rican women, almost a hundred years later, Puerto Rico continues to suffer an economic crisis. In the twenty-first century, the Center for Disease Control and Prevention (CDC) created the Zika Contraception Access Network (Z-CAN), investing millions of dollars in a campaign to provide

[33] Julia B. Keleher is a North American educator who worked for the United States Department of Education for over ten years to strategize and reorganize the educational system in Puerto Rico. In 2016, newly elected governor Roselló appointed her Secretary of Education with a salary of $250,000 a year (ten times what the average teacher makes on the Island). In 2019, the Federal Bureau of Investigations (FBI) arrested Keleher for fraud and corruption, among other charges. During her tenure as Secretary of Education, Keleher confronted constant criticism from parents and teachers on the Island due to reforms that were in discrepancy with the linguistic, cultural, and historical values of Puerto Ricans.

any type of contraceptive method free of charge to women on the Island, regardless of the women's income level. The rationale being used for this was the Zika epidemic, but Amanda noted that it only focused on women, not so much on educating men about the importance of using condoms. Although Amanda could not provide me with specific numbers about the number of women who have been to their OB/GYN to get a contraceptive method through the Z-CAN program, anecdotally speaking, she mentioned that most of her friends and other women she has talked to about it have chosen a LARC, and in most cases, they have opted for the 10-year IUD (this statement was confirmed by Dr. Peters). Even though she does not have any proof that Z-CAN is another experimental project to control the population in Puerto Rico, the fact is that **"there have been 10,000 births fewer in the past year,"** now **"we'll have even fewer births in the next few years."** She expressed great concern about the fact that most couples are opting for having one child, in addition to the exodus that the Island has been experiencing for the past few years (Marla made reference to this issue in relation to the exodus of health care professionals). Amanda also talked about the opposite point of view when she made reference to the ultra-conservative religious politicians that promote **"the need for people to reproduce,"** yet they do not bother to create or support educational programs on sex education.

CHAPTER EIGHT: FINDINGS AND INTERPRETATIONS

> "We can learn what people perceived and how they interpreted their perceptions. We can learn about all the experiences, from joy through grief, that together constitute the human condition. Interviewing gives us a window on the past" (Weiss 1).

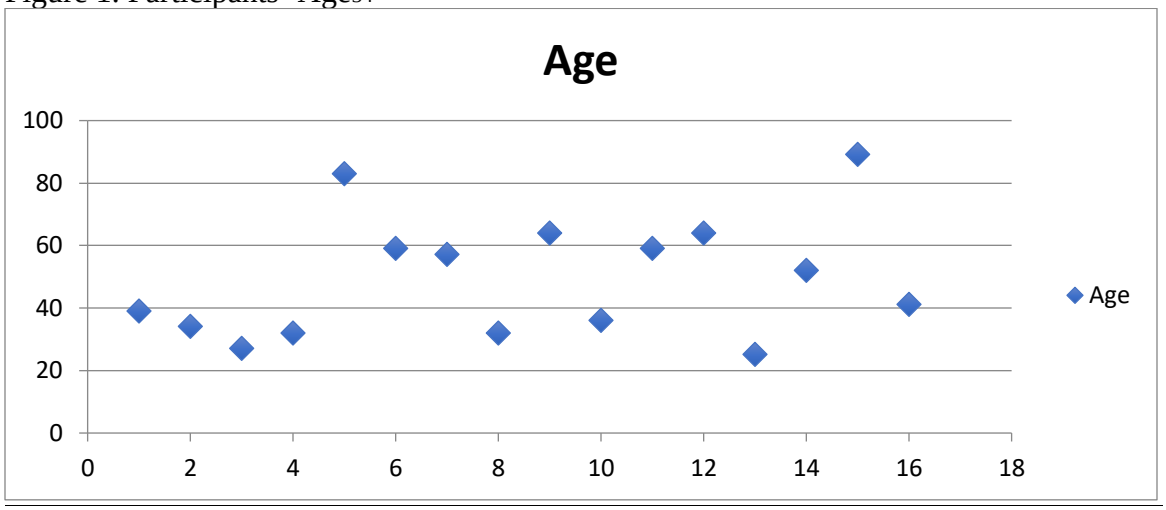
Introduction

The previous chapters present narrative summaries of the interviews done with the participants, the legal expert, and the health care workers during the summers between 2015 and 2018 in the Metro Area of San Juan, Puerto Rico. The participants are divided into those I discuss individually, along with four clusters based on kinship among female members. In this chapter, first I present the thematic threads found across the narratives from the individual participants and my analysis of this, organized according to the key research questions in this study. Second, I present cross-case analysis from the family members in the clusters, as their narratives indicate generational changes in the early decades of the twenty-first century among Puerto Rican women. Third, I analyze the common themes expressed by the different experts, putting this last as the emphasis of this project is on the voices of the female participants.

The Individual Participants

Table 5. **Individual Participants**							
Pseudonym	**Age**	**Gender**	**Race**	**Marital Status**	**# of Children**	**Education**	**Profession**
Ofelia	39	F	Mixed	Married	1	Bachelor's Degree	Public Relations
Tania	27	F	Mixed	Married	0	Bachelor's Degree	Business woman
Yani	32	F	Javá	Married	1	Bachelor's Degree	Certified Public Accountant
Marta	32	F	Multiracial	Married	1	Bachelor's Degree	Social Worker
Valor	64	F	Mixed	Divorced	1	Master's Degree	Librarian/Professor
Natalia	36	F	Latina	In a relationship	2	Bachelor's Degree	Secretary
Paola	59	F	Mixed	Divorced	1	Bachelor's Degree	Librarian

Figure 1. Participants- Age[34]



Total number of participants is 16.
The average age for participants is 54.

Gender

The gender for the participant sample was all female.

When asked if they identified with any particular race in Puerto Rico the following chart captures those responses.

Figure 2. Participants- Race

[34] Dr. Anastacia Scott contributed the design and statistical analysis of all figures included in this study. The figures in this section include the individual participants and the individual members in the kin clusters, since all interviews were done individually.

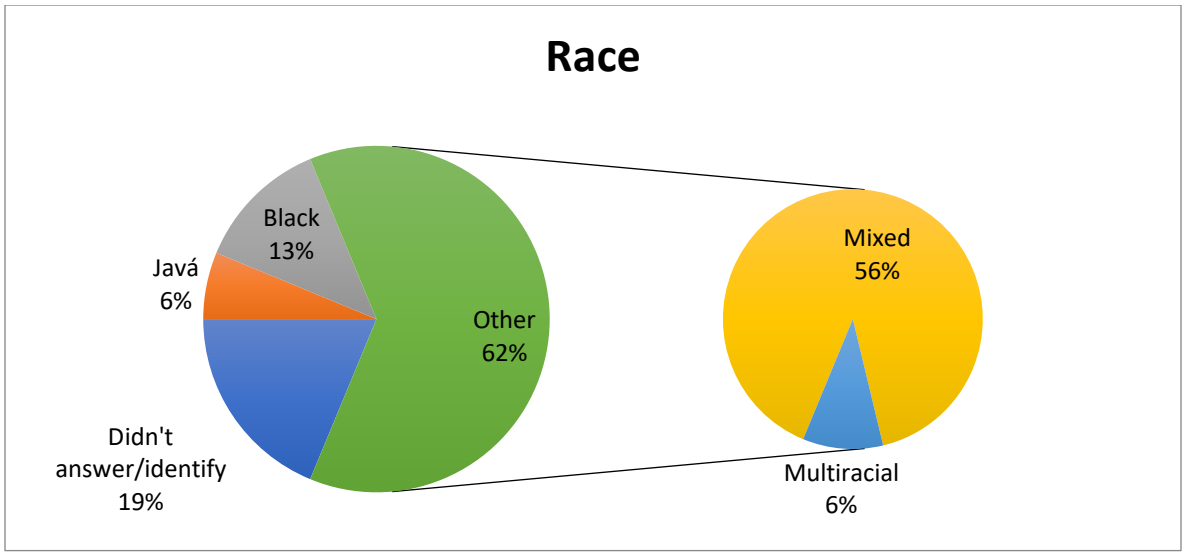


Figure 3. Participants- Marital Status

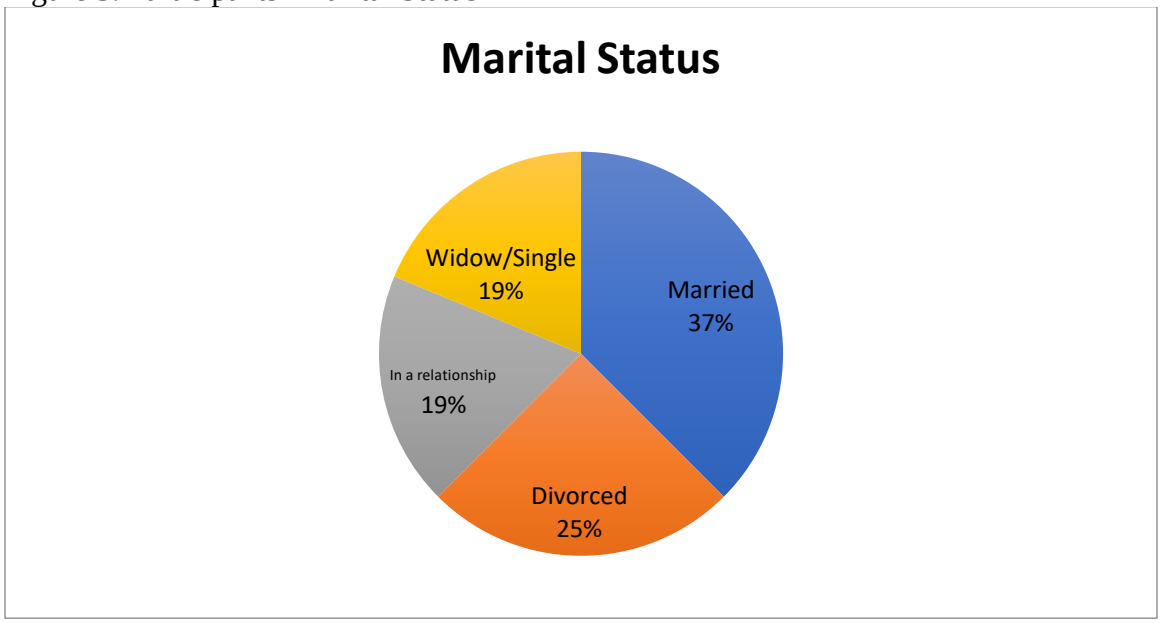
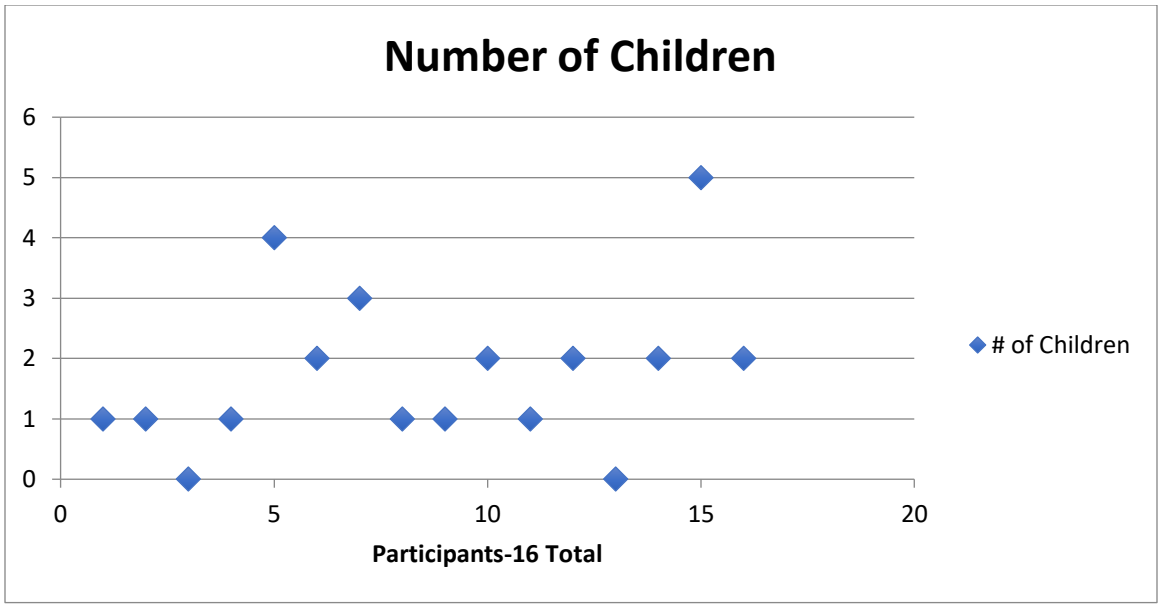
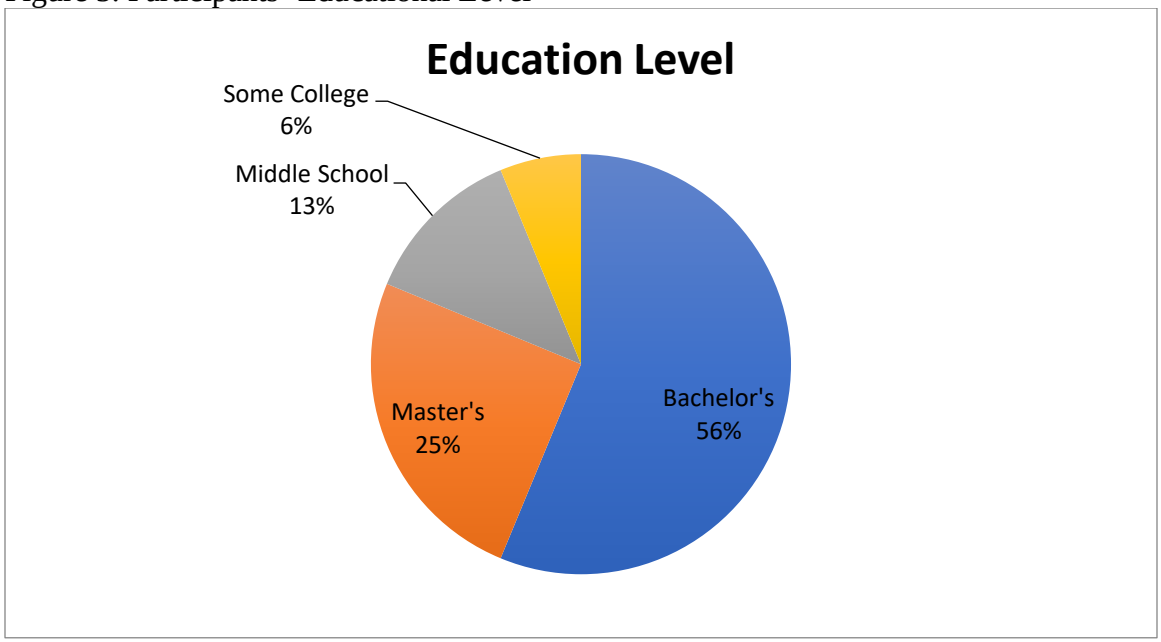


Figure 4. Participants- Number of Children



The average # of children for the 16 participants is 2**.**

Figure 5. Participants- Educational Level



- The women with the least amount of education have the most children, averaging 5 children.
- The oldest women had the most children, averaging 86 years of age.
- Women with a bachelor's degree have 1 child on average.
- Combined, women with a bachelor's or master's average having 1 child.

- **What is the perception of Puerto Rican women about contraceptive methods?**

The first research question seeks to understand the perception of women in the Metro Area about their reproductive rights and their preferences on contraceptive methods in the early decades of the twenty-first century. According to the National Council of Jewish Women, reproductive rights are defined as the individual legal rights to reproductive health care services with a focus on keeping abortion legal, standardizing sex education, and increasing access to family planning services.[35] The absence of interfamilial conversations about sexuality, the need for standardized programs in schools on sex education, and women's apprehension of using hormone-based contraceptives were three of the most common themes found in the narratives. Some of these themes directly correlate to religious beliefs and political ideologies that have affected women's reproductive options in the past, which are addressed by the second research question. In addition, sterilization was a theme, in part because I asked specially about this.

Interfamilial Conversations about Sexuality

"As a matter of fact, I never talked to my mother about sex, neither about contraceptives nor abortion." Although **Ofelia's** family made sure she received a good education that would prepare her for college, sex education was not part of the curriculum at school nor was discussed with her at home. This is the sentiment expressed by most of the interviewees. **Tania**, for instance, said **"No one really ever talked to me about sex, ever. It**

[35] Although there are different variations in the definition of reproductive rights, I have chosen this particular one as it specifically includes the importance of standardizing sex education, which makes reference to one of the common themes in the interviews.

was taboo." As reported by most of the participants, sex education was not part of their family experience. As for their academic experience, it seemed to be deficient in most cases. Out of seven adult females who were interviewed, five reported that no one at home had ever talked to them about sexuality as they were growing up. One of the participants, **Marta**, said that her mother never talked to her about contraceptives. The only message she received from her mother was simply reduced to **"don't have sex,"** without any further explanation. Only one participant, **Yani**, informed of having positive, instructive conversations with her mother about sexuality, reproduction, and other related topics, which she described as **"purely based on biology."** Yani explained that her mother's **"matter of fact"** approach prepared her to question and reject the misguided approach used in her school when they talked to students about sexuality.

Participants identified different reasons for the lack of interfamilial conversations or a standardized curriculum in school on sex education. **Paola**, for instance, attributes the fact that her mother never discussed such topics with her to the fact that her maternal grandmother died when her mother was eight years old. Hence, her mother **"never had that kind of talk with anyone either."**

Sex Education in School

Along with **Yani**, three other participants also mentioned receiving some sort of sex education at school. No standardized curriculum seemed to have been utilized by the schools. In some cases, the schools depended on guest speakers who would only address venereal diseases and others focused on the religious doctrine professed by their particular school, leaving the students without any kind of understanding about sexuality, venereal diseases or contraceptives. **Valor** described her experience at her Catholic school as follows,

> "They would talk to us about the human body and our development, but from a Catholic perspective. They talked about abstinence. They would tell us to be very careful, to be afraid. They would instill fear on us, telling us that we would get pregnant. They would show us posters of aborted fetuses.

Everything was based on fear, and nothing else."

In **Natalia's** case, she reported that her school brought a guest speaker to address the topic of contraceptives when **"there was an outbreak of pregnancies."** According to her, out of ten girls in her class, nine got pregnant in one year. That year the school had a guest speaker that talked about contraceptives and gave free condoms to the students –after the fact.

Contraceptive Methods

Of the seven participants interviewed, five are millennials and two are baby boomers.[36] Based on the interviewees' responses, there seems to be a general rejection and, in some cases, fear of using hormone-based contraceptives. None of the five millennials were using hormone-based contraceptives. One of the baby boomers, **Valor**, experimented with various types of contraceptives, but mostly depended on the cervical mucus method to prevent pregnancies. The other baby boomer, **Paola**, depended on condoms and eventually had a hysterectomy. **Yani**, a millennial, reported that a couple of months after she started using the pill, she informed her husband: **"I'm not going to continue using the pill. I don't think it's necessary to keep putting unnecessary hormones in my body." Yani** and her husband agreed on only using (male) condoms.

Marta, another millennial, expressed **"I have always been afraid of using contraceptives."** Her fear of hormone-based contraceptives is rooted in her mother's experiences with contraceptives. It took her mother two years to conceive her second child, which she attributes to be a side effect of having used the pill.

[36] According to an article published in 2019 by the Pew Research Center titled "Defining generations: Where Millennials end and Generation Z begins," Michael Dimock explains: "Generational cutoff points aren't an exact science." Since sources tend to differ on the borderlines for different generations, I am following the guidelines proposed by Dimock.

Natalia, also a millennial, has used different types of contraceptives, including the pill, condoms (male and female), and abstinence. She reported that she felt afraid when using the female condom **"because [she] thought it was going to get stuck inside [her]."** Out of fear, her husband and she decided to use only male condoms.

Valor, one of the baby boomers, reported that she would recommend to younger women the Intrauterine Device (IUD), as she considers it one of the most effective and convenient contraceptive methods. However, she also added that she would recommend it because **"it does not involve hormones that can affect a women's health."**

The majority of the interviewees in this study reported a preference for hormone-free contraceptives. Nevertheless, other forms of birth control are also used by female millennials in Puerto Rico. For instance, **Yani** informed, **"Most of my friends use the pill, NuvaRing or COIL."** Given the fact that said **"friends"** are not part of this study, it is impossible to make an accurate comparison of how many women prefer hormone-free contraceptives versus those who do not in Puerto Rico. However, the fact that **Yani** mentioned her friends' choices indicates a variation in preferences when choosing contraceptives. **Ofelia's** statement **"[I] wanted a contraceptive with the least amount of hormones,"** echoes the preference for most of the participants in this study for hormone-free contraceptives.

Sterilization

Even though sterilization *is* a contraceptive method, I consider it important to present the interviewees' perceptions and views of, and experiences with sterilization under its own category, since this is the topic that sparked my interest in doing this study, and I asked participants directly about this. Also, the variety of opinions and experiences of the participants and/or their female relatives reflect the complexity of female sterilizations in Puerto Rico.

Ofelia: I don't think I would even consider mentioning sterilization as an option. It's too

drastic!

Tania: I understand that sterilization should be used.

Marta: I know that all the women in my family are sterilized, all my… all, all of them.

Natalia: Yes, I thought about it after I had my second child, but I couldn't because it was Holy Week and I gave birth at a Catholic Hospital.

Paola: I had a hysterectomy when I was 45 years old.

These quotes present the wide range of opinions expressed by the participants: from those who are completely opposed to sterilization, to those who had the procedure done for medical reasons, to those who thought about it, to those who saw it as routine or even favorable. **Ofelia**, on the one hand, would not consider sterilization for herself nor would she recommend it to anyone else. **Tania**, on the other hand, presents a Neo-Malthusian argument where sterilization plays a key role in population control:

> *"*Well, in my opinion, and perhaps I should not say this, but I understand that sterilization should be used. It should be a method after you have two or three children. Enough! It's time. Yes, I'm in favor. (*Chuckles*)"

Tania does not advocate for forced sterilization though, **"I'm in favor, but the person should be aware of what it is, right?"** In her opinion, the person to be sterilized ought to be informed.

Conversely, she is very clear about the specific geographical areas and populations where sterilization should be use as a contraceptive method:

> "For people in Africa, where they lack enough food and they keep having children, and there's so much famine, I understand that sterilization is a good method, right? It all has to do with geographical regions. This is so, and I repeat, super complicated. If you go to Eastern Europe, they should get sterilized because those people (*Pause*)… when people have limited knowledge about certain things, behaviors tend to be repeated. You keep having children, and more children, and more, and more, and more."

Finally, **Tania** moves to the local, the familiar context, **"My mom had five [children]. I'd have sterilized my mother. Sorry, but after three, and you know you cannot give them a good quality of life, get a sterilization."**

Marta, a millennial, shares the story of mass sterilizations in her family, **"I know that all the women in my family are sterilized, all my…all, all of them. But I don't know why or**

what happened. I don't know if it was social pressure because most of them only have two children. I don't know. Now I'm very curious to find out." Prior generations of women in her family were sterilized after filling the quota of two children per family that was promoted by the government decades ago.

Natalia considered sterilization, similarly to the women in **Marta's** family, "**after [she] had [her] second child,"** but she could not do it because she gave birth at a Catholic hospital during Holy Week. She is still interested in being sterilized, but her medical insurance does not cover the procedure.

Last, **Paola** explained that she had a hysterectomy **"due to health problems."** In **Paola's** case, the sterilization was apparently done for medical reasons and not to prevent future pregnancies.

Findings and Interpretation

In spite of the fact that most participants reported not having received sex education at home or receiving a deficient instruction at school, it was promising to hear that five of the participants –all millennials– expressed that they plan to talk to their children about sex, contraceptives, and sexually transmitted diseases. **Yani** and **Marta**, for example, both have young daughters with whom they have already begun to address those topics. **Tania**, who identified as a lesbian with no children, said that she has made sure to have regular conversations with her niece because she knows her brother does not educate his daughter on such matters.

The baby boomers in the group of participants, **Valor** and **Paola**, both expressed preference for alternatives that do not involve hormones, even though one of them used the pill early in her marriage and the other one had a hysterectomy due to medical reasons. **Valor** said that she would recommend to younger women the IUD (copper) because it does not contain

hormones. And, **Paola** said that her daughter and son-in-law use condoms, which is the same method that she used during her reproductive years. The millennials not only are in favor of hormone-free contraceptives, they are also (for the most part) very much against sterilizations. More importantly, they would not recommend to younger women that they be sterilized.

Educating younger generations of women *and* men on sexuality and contraceptives can not only make a difference in the number of children people have, but it can also lower the number of sterilizations. The feeling that some participants expressed of **"being afraid"** of certain types of contraceptives (i.e. female condoms, hormone-based contraceptives), could either be from lack of knowledge about them or not being aware of all the different options available in the market. It could also be based on other people's negative experiences, such as in **Marta's** case whose fear of hormone-based contraceptives is based on her mother's experience. Instead of choosing an extreme option (sterilization), or one that does not offer a high percentage of protection (rhythm), perhaps people would be more open to consider other options.

- **How much influence do religious and political views and authorities have on Puerto Rican women's decisions related to reproduction? How much should they have?**

This research question looks into the influence and the impact that religious and political institutions have on women in Puerto Rico in their decision-making process when considering their reproductive rights and options. The main theme that came up when discussing these two particular institutions with the participants was their desire to see the separation of these institutions from their reproductive rights.

While discussing with **Ofelia** her opinion about government intervention or whether the government should influence in any way the number of children women/couples should have, she replied:

> "Not at all. The government ought to make sure that sex education and reproductive health education are accessible to all. And that services at clinics or at other facilities are accessible to everyone, you know? In other words, that is (*Rethinks*)… it ought to be the government's commitment, right?"

Ofelia said that she would be terrified of a system similar to the one imposed by the Chinese government where, as she understands it, **"families can only have one child."** She would be afraid of families favoring the birth of boys over girls because of the perceived opinion that having a son would provide security and be more advantageous than having a daughter. She remembers learning about baby girls being aborted in China to ensure that, if families were to have only one child, it would be a boy and not a girl. I reminded her that, although female fetuses would probably not be aborted in Puerto Rico, as a patriarchal society, the preference is in most cases for a son and not for a daughter. She agreed and referred to her own family where her oldest brother, as the first-born and as a boy, has always received preferential treatment. **Ofelia** mentioned that her brother was sent to the best university the family could afford, provided with opportunities to travel, and in many other aspects of their lives, provided with the best of everything. This continued to the next generation, as her brother's children are the favorite grandchildren in their family.

I pointed out the fact that she only has one child, a boy. Therefore, if a similar system as that in China were to be established in Puerto Rico, she would not be affected. To which **Ofelia** replied that for her **"it is important that the decision about having only one child,"** regardless of gender, was hers to make and **"not an imposition by the government or any other social institution."**

I also inquired about her opinion regarding the fact that Puerto Rico is known to be predominantly a Catholic nation, and the Church officially opposes the use of contraceptives. **Ofelia** replied that, given her mother's political inclinations to communism and socialism,

neither she nor her siblings were baptized nor followed any particular religion. Therefore, in her case, religion was never a consideration. However, she believes that for many Puerto Ricans, religion has a great influence about important decisions in life:

> "It's the idea of self-scourging, and the chastisement, and the condemnation, and it is what (*Reflects*)… and even if no one knows what's happening in your life, but you think that the whole world knows. Then, this being that is omnipresent, omniscient that is going to see you when you go into a clinic and it's going to punish you (*Chuckles*). And that, I believe, it has a lot, but a lot of influence."

According to **Marta**, **"some women do take into consideration their religion,"** when deciding if or what type of contraceptive(s) to use. In her case, she prefers not to use any kind of contraceptive method at all, unless it is absolutely necessary. Before getting married, she was required to attend a retreat with her fiancé offered by the Catholic Church, where they received instruction on the "rhythm" method. She does not believe that the retreat convinced her to use it; **"it only reaffirmed [her] decision of only using a natural method."**

In relation to reproduction and government intervention, in principle **Marta** does not believe the government should have a say as to how many children someone should have. However, she believes that if a person, for whatever reason, cannot take care, protect or support the children the person has, then the government should intervene with **"some sort of contraceptive."** People should never be sterilized, she emphasized, but there could be some intervention until people can afford to provide for the children they have or want to have. When asked how the government could intervene in such cases without extreme measures such as sterilization, she replied: **(*Thinks*) "It would be very difficult. There is just no way to have some sort of control."** It was obvious that this was a difficult question for **Marta** to answer. She did not mention any social class in particular, but her answer alluded to working-class individuals with limited resources or those who depend on government funding to support their families.

Valor thinks that for Protestants religion plays a role in decisions related to reproduction in Puerto Rico, but she does not think that Catholics follow the mandates of the Church. And, when I asked her opinion about government's intervention in reproductive rights, she replied:

> "I think that there should be classes on sex education and, in schools; they should talk about contraceptive methods. What happens is that sometimes in schools they don't (*Reflects*), especially in Catholic schools and such, sex education is very (*Brief pause*), is taboo. Those are the things, I mean, they don't address those topics the way they should. I think the government should open more clinics. They should (*Thinks*), they should also talk about sexually transmitted diseases. Since that topic is hardly ever talked about, people think that AIDS doesn't exist anymore. And, HIV, all that still exists. I think that the key is in educating people and providing access… (*Pauses*). Access to condoms, prophylactics of all kinds, the pill, any type of contraceptive methods, but more than anything else it's important to educate people on these topics. And, going back to the number of children per couple, I think that should be a decision for people to make, not for the government to decide. It should be whatever people decide, you know?"

For **Natalia** and her partner, religion does not play a role in their decision as to how many children to have or what type of contraceptive to use. However, she believes that Catholic and "Christian" families in Puerto Rico do take into consideration their religion when deciding on such matters .[37] She had never heard of mass sterilizations in Puerto Rico, and she doesn't believe that the government should have any intervention in such matters or on the number of children a couple should have. She does support, however, educational programs facilitated by the government to provide workshops and orientation on reproduction.

Paola added:

Paola:	There are some groups who are still very attached to their religious values. Especially when it comes to abortion. I think women are being sterilized after three children, right?
Interviewer:	When you say, "some groups"?
Paola:	There are a lot of Protestants now. Catholics, from what I have observed, are lees forceful when it comes to women following more conservative rules. But Protestants they tend to control more, to influence women, to have more children, that's how I see it. And they do use their religion to control things like family planning, abortion, and things like that.
Interviewer:	So, you think Catholics are less forceful?
Paola:	To me, yes, they are, and it also depends on the church they go to because they are all different.

[37] I noticed that several participants would refer to Protestant religions and their followers as "Christians," to differentiate them from Catholics.

Paola was very clear in her opposition to any type of government intervention in a couple's decision about their reproductive rights: **"To me, the control that the government should have is educational; guiding, providing orientation to the youth, above all. Making available resources for family planning, but not dictating what a couple can or cannot do, but to provide orientation… to make it easier. Ultimately, provide the support needed."**

Findings and Interpretation

Religious beliefs and political inclinations seemed to be intertwined with family planning discourse in Puerto Rico since the mid-twentieth century. In Puerto Rico, 56% of the population identifies as Catholic.[38] **Ofelia** commented, **"There are religions that… they put a lot of emphasis on punishment, fear, and condemnation. It all has to do with the way we are raised."** Yet, there is great discrepancy between people's religious principles and their family planning practices and decisions. Regardless of people's religious upbringing or political ideology, the vast majority of the individual participants agreed that the government and religious institutions should not interfere in their reproductive decisions. Except for one participant, the rest of them mentioned that the government's involvement should be to provide education, support, and easier access to contraceptives.

The Kin Clusters

Table 6. Clusters #1 to #4

Cluster #1: Grandmother/mother/granddaughter					
Pseudonym	**Kinship**	**Age**	**Marital Status**	**# of Children**	**Education**
Gloria	Grandmother	89	Widow	5	7th grade
Rosa	Mother	52	Divorced	2	Bachelor's Degree
Claudia	Granddaughter	25	Single	0	Bachelor's Degree
Cluster #2: Mother/daughter					

[38] Pew Research Center. "Religion in Latin America: Widespread Change in a Historically Catholic Region." *Pewforum.org*, 13 Nov. 2014, www.pewforum.org/2014/11/13/religion-in-latin-america/#religious-affliations-of-latin-americans-and-u-s-hispanics.

Pseudonym	Kinship	Age	Marital Status	# of Children	Education
Teresa	Mother	64	Divorced	2	Bachelor's Degree
Ana María	Daughter	34	In a relationship	1	Master's Degree
Cluster #3: Grandmother/granddaughter					
Pseudonym	**Kinship**	**Age**	**Marital Status**	**# of Children**	**Education**
Flor	Grandmother	83	Widow	4	6th grade
Betina	Granddaughter	41	In a relationship	2	3 yrs. of college
Cluster #4: Sisters					
Pseudonym	**Kinship**	**Age**	**Marital Status**	**# of Children**	**Education**
Marjorie	Sister	59	Married	2	Bachelor's Degree
Raymunda	Sister	57	Married	3	Master's Degree

Two main threads were identified: (a) younger generations of women are more assertive about the decisions that they make in relation to their reproduction, and (b) there are recurring patterns in the decisions made by women from different generations about their reproduction.

Assertiveness

Several of the participants from the different clusters thought there were generational differences in the perception of and the actions related to contraception, with millennials tending to be much more assertive than previous generations of Puerto Rican women when making decisions about family planning and contraceptive methods. That confidence was attributed to the access that younger generations have to higher education and more employment opportunities. The access to higher education, starting with the baby boomers, provided women of younger generations with the qualifications to access jobs that allowed them economic independence from their husbands. This solvency not only gave them the confidence to express their opinion about their preference for contraceptive methods, but also the opportunity to get jobs that provided them with the capital to access contraceptives and pay for abortions.

Recurrent Patterns

Within the four kin clusters, I found that there is a span of four generations from the silent generation to millennials (Generation Y). There is also variation in the combination of

different generations in each cluster. In **Cluster #1**, there is representation of three different generations from the silent generation to the millennial. Conversely in **Cluster #4**, there is only one generation as there is only a two-year difference in age among the sisters, who are baby boomers. Regardless of the generational variations within the groups, there are more similarities than differences in the reproductive decisions of the female family members about contraceptive use, sterilization patterns, and in the preference for the number of children per family.

In **Clusters #1 and #2**, I found that the daughters in each cluster have used the pill as a contraceptive method as their mothers did. In this group, only the grandmother opted for sterilization, whereas the mother and the granddaughter, who are college graduates, do not consider sterilization an option. And, there is a decrease in the number of children borne by the women in the younger generations of the group.

In **Cluster #3**, neither the grandmother nor the granddaughter ever used hormone-based contraceptives; however, they used abortion to terminate unwanted pregnancies. And, once they decided that they did not want to have any more children, they got sterilized. Although the mother in this group was not interviewed, both the grandmother and the granddaughter reported the same pattern being repeated by the mother.

Last in **Cluster #4**, though there is a difference in the fact that Raymunda used the pill unlike her sister who did not, they both chose to get sterilized after having the desired number of children.

Although there are three members from different clusters who had between three and five children, they had considerably fewer children than the women in previous generations in their families, who reported mothers or grandmothers with up to 14 children. The remaining six participants they all had between two and zero children, as per their decision.

- **What is the perception of Puerto Rican women about contraceptive methods?**

Cluster #1- A multi-generational cluster with Gloria (the grandmother), Rosa (the mother), and Claudia (the granddaughter).

Gloria, who is part of the traditionalist or silent generation, had limited access to education and limited opportunities of employment, was dependent on her husband, had limited access to contraceptives, and bore a larger number of children. Her daughter, Rosa, who is part of Generation X, had access to a college education, has a professional job, is financially independent, and had fewer children than Gloria. Last, Claudia the granddaughter, who is a millennial, also received a college education, works outside the home, and has no children.

In this cluster, I found differences in the type of contraceptives used by members of each generation. Gloria, the grandmother, used the pill and decided to get sterilized after she had the son her husband wanted. Claudia, the granddaughter, has only used condoms and negotiates her options of contraceptive methods with her sexual partners. Gloria's daughter Rosa used the pill, as her mother did, but like her daughter she would not consider sterilization.

There is also a notable difference in the number of children that women had in each generation. From Gloria, who had five children, to her daughter, Rosa, who had only two children, to Claudia, the granddaughter who is childless and is not sure if she ever wants to have any children. Gloria recognizes with pride the fewer children borne by her daughters and the fact that they have a college education and work outside the home.

Cluster #2- A multi-generational cluster with Teresa (the mother) and Ana María (the daughter).

Teresa, a baby boomer, had access to higher education and to more job opportunities than women from previous generations in her family. Teresa did not have to depend on her husband;

she had access to contraceptives and bore two children compared to her mother who had 14. Her daughter, Ana María, a millennial, also had access to a college education and has a professional job. And, Ana María chose to have only one child.

Teresa and Ana María share some similarities in the contraceptives that they have used (pill, condoms, and IUD), but Ana María, who is in a long-term and monogamous relationship, has decided to follow the rhythm as her contraceptive method –not for religious reasons. And, as Claudia, the millennial in the previous cluster, she negotiates the type of contraceptive she is comfortable using with her partner.

Neither one of the members of this cluster has been sterilized nor has ever considered it as a contraceptive method.

Cluster #3- A generational cluster with Marjorie and Raymunda (sisters).

Although, technically this is not a multi-generational cluster because there is only a two-year difference between these two sisters, they volunteered information about the differences between them and their mother in relation to reproduction. Marjorie and Raymunda are baby boomers; they have college degrees, which provided them with job opportunities to which their mother never had access. Though their mother was trained as a secretary, once she got married, her husband decided that he would be the sole provider for the family and he also had a say in the number of children they had. Both sisters had access to contraceptives; once Marjorie had the desired number of children, she was sterilized. Raymunda was also sterilized after her third child because, according to her, it was **"the norm"** for cesarean sections.

There is a considerable difference in the number of children that these sisters had compared to their mother and grandmothers. According to them, their mother raised nine

children and their grandmothers had over ten children each. They reported that they chose sterilization because they did not want to end up having as many children as their mother.

Cluster #4- A multi-generational cluster with Flor (the grandmother) and Betina (the granddaughter).

Flor, like Gloria, is also part of the silent generation and had limited access to education. But, unlike her contemporary, Flor was not financially dependent on her husband because she worked at a factory. Although the financial solvency that her job provided allowed her to get abortions to prevent unwanted pregnancies, like Gloria, she bore more children that she would have wanted. And, according to her, even when her husband objected to the abortions, she had the capital to get the procedure done without having to depend on him.

Interviewer:	In your opinion, what is the ideal number of children for a couple?
Flor:	I had four and I should not have had that many.
Interviewer:	What would have been the ideal number for you?
Flor:	Well, I don't… how can I explain? I cannot tell you that I regret having my children, but I would have had only two.

Flor's granddaughter, Betina, who is part of Generation X, is attending college, has a job, is financially independent, and had fewer children than Flor. There is a similar pattern in their choice of contraceptive methods. Like her grandmother and her mother, Betina had a sterilization once she decided not to have any more children. She prevented unwanted pregnancies with abortion as her grandmother and her mother did. Though her mother was not interviewed, both participants provided the same information in separate interviews.

- **How much influence do political and religious views have on Puerto Rican women's decisions related to reproduction? How much should they have?**

There is some degree of variation of opinions within the kin clusters when it comes to government intervention and the influence of religious beliefs in reproductive matters and to what degree those institutions influence women's decisions on reproduction in Puerto Rico.

Five members from different clusters and different generations oppose any type of intervention from the government. They believe that it should be the woman's or the couple's sole decision to decide on such matters. **Gloria**, for instance, expressed: **"Oh, no, no. I don't believe that the government should be concerned with that."** The remaining four members emphasize that there should be some level of government intervention with low-income families and, more specifically, with families that live in housing project who receive government assistance. The intervention suggested by most was to provide easy and free-of-charge access to contraception for those particular families. One participant was not sure on what that intervention would consist. All members of different clusters agree that the government ought to provide better education on reproductive issues to everyone, which is the same consensus with the individual participants.

The narratives in the clusters confirm the juxtaposition of Puerto Ricans who express one opinion about their religion, but act in a contradictory manner about their reproductive decisions. **Gloria**, a Catholic, used the pill and got sterilized –both methods forbidden by the Church. When I asked if it was her choice to have five children, she attributed all power to God: **"God allowed them to be conceived."** The perception of the participants about the influence of religious beliefs is a complex one: three members of different clusters believe that religion has no influence at all, four others firmly believe that religion affects people's decisions, and the remaining two think that it depends on the religion that people practice. Most participants do not think that Catholics allowed their religious beliefs to influence their reproductive decisions. In

general, interviewees expressed that they do not believe that religion should play a part in the decisions made by couples about contraceptives or the number of children they have.

Teresa and **Ana María** admit that even though Puerto Rico is a nation that identifies predominantly as Catholic, people do not necessarily follow the religion's mandates when it comes to contraceptive methods. **Ana María** along with other participants are of the opinion that religion may not directly affect women's decisions because, if they have to use any contraceptive method not approved by the Church or get an abortion, they would do it regardless of the Church mandates. However, **Ana María** and **Betina** (millennials who did not express an inclination to any particular religion) expressed that some women carry a sense of guilt when it comes to abortion. That sense of guilt is not so much about contraceptive methods, but abortion is definitely a heavy weight some women carry with them, according to them.

They also believe in the responsibility of the government to provide and make contraceptive methods accessible to women: **Teresa**, **Rosa**, and **Claudia** think they should be free of cost for low-income women. **Betina**, among others, believes that there should be easy access to contraceptives. **Ana María** feels that **"the government should provide free contraceptives for all."** She also expressed that the whole industry is very sexist because most contraceptive methods are for women, putting on them all the responsibility when it should be a shared responsibility.

Flor was very clear in her opinion about the government's intervention in people's reproductive rights: **"No. It should be a couple's decision." Flor** is of the opinion that Puerto Ricans are religious people, but not everyone follows religious rules or mandates particularly about abortion. Her granddaughter, **Betina**, believes that Puerto Rico is a deeply religious country and she thinks that people are influenced by their religion when making decisions about

reproduction. She believes that the government should provide educational programs, but never intervenes in a person's decision about reproduction.

Neither **Marjorie** nor **Raymunda** agrees with the intervention of government or religion in personal decisions about reproduction.

Interviewer: Should religion play a part in people's reproductive decisions?

Marjorie: That's a personal decision. I'm Catholic, I'm a devout Catholic, but when it comes to my reproductive decisions, I always considered myself first as a woman, as a person first. I believe that it is for me to decide. You know, it's my decision.

Interviewer: To you, it is a personal decision not a religious one?

Marjorie: Absolutely, a personal one.

Interviewer: How about the government?

Marjorie: I think the government should provide education. They should have a Council to orient people about different contraceptive methods. Orient you, but not tell you what to do because that's a personal decision.

Although **Raymunda**, like her sister, believes reproductive decisions are a personal matter, she also added that religion influences people particularly when it comes to decisions about abortion. **"The Catholic religion mandates that people do not use contraceptives. I used to be Catholic, but reproductive decisions were mine to make. I was the one who was going to deal with the problem. I have always said: God forgives us, I ask for forgiveness every day because with his blood he cleanses our sins every day." (*Chuckles*)**

Findings and Interpretation: Clusters by Kinship

After analyzing the different clusters and the main themes revealed in the narratives, I found that there is a direct correlation between higher levels of education and fewer children, along with the sense of confidence women have when they make decisions related to their reproductive health. There is also a pattern in the choice of contraceptive methods within the clusters. Sterilization was one of the options chosen by some of the participants, but only one of

the three millennials opted for it, said millennial being the one with the lowest level of education and previous generations of women in her family were also sterilized. Last, there is a general consensus on the rejection of the intervention of social institutions in the reproductive decisions of women.

The Legal Expert and Health Care Professionals

Table 7. **Legal and Health Care Professionals**

Pseudonym	Age	Gender	Race	Marital Status	# of Children	Education	Profession
María	28	F	Mixed	Married	1	Bachelor's Degree	Teacher/Doula
Kimberly	36	F	Taina	Married	3	Bachelor's Degree	Doula
Minga	42	F	Hispanic/White	Married	1	Master's Degree	Health Educator
Dr. Alicea	48	M	---[39]	Married	3	Medical Degree	OB/GYN
Carmen	41	F	White	In relationship	1	Master's Degree	Librarian/Doula
Dr. Peters	59	M	---	Divorced	1	Medical Degree	OB/GYN
Marla	40	F	Mixed	Divorced	1	Master's Degree	Health Ed./Doula
Isaura	49	F	---	Divorced	2	Master's Degree	Prof./Nurse Midwife
Amanda	45	F	Mixed	Married	3	Law Degree	Attorney

Figure 6. Legal Expert and Healthcare Professionals- Gender

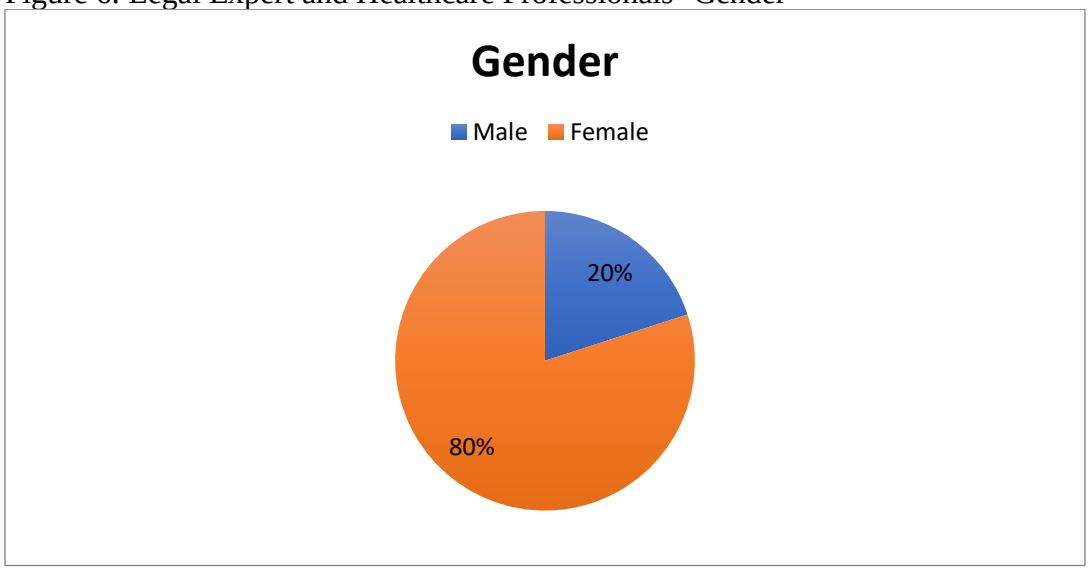
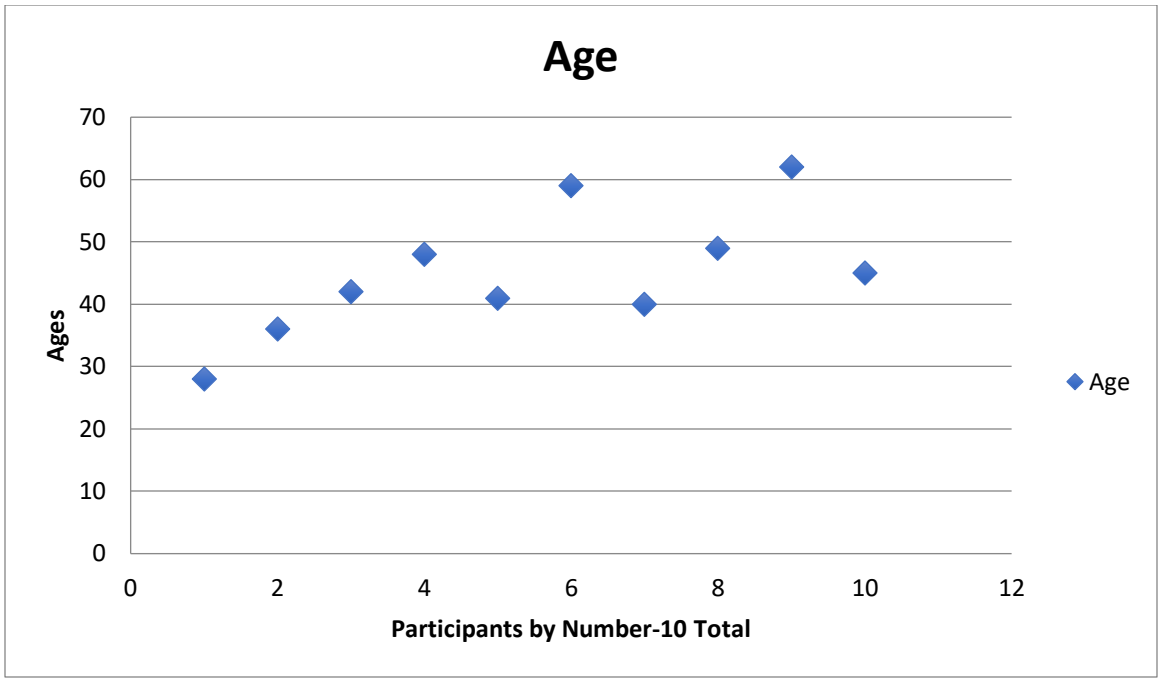


Figure 7. Legal Expert and Healthcare Professionals- Age

[39] [---] The participant either didn't answer the question or didn't identify with any particular race.



- The average age for the professionals is 45.

Figure 8. Legal Expert and Healthcare Professionals- Marital Status

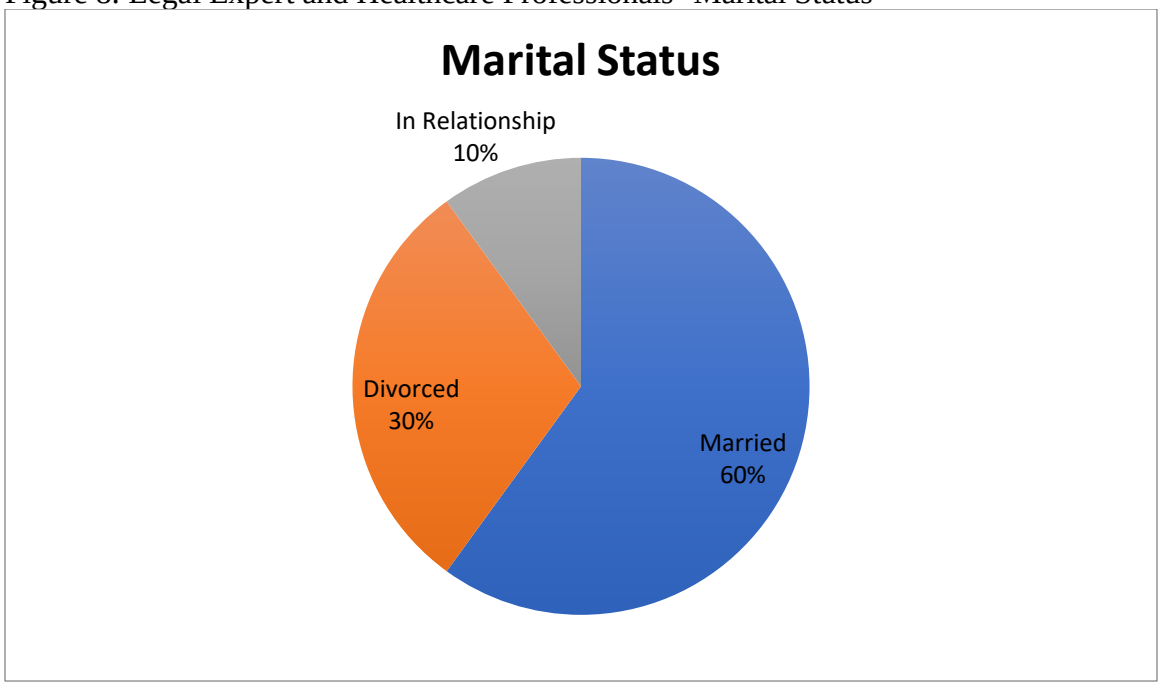


Figure 9. Legal Expert and Healthcare Professionals- Field of Expertise

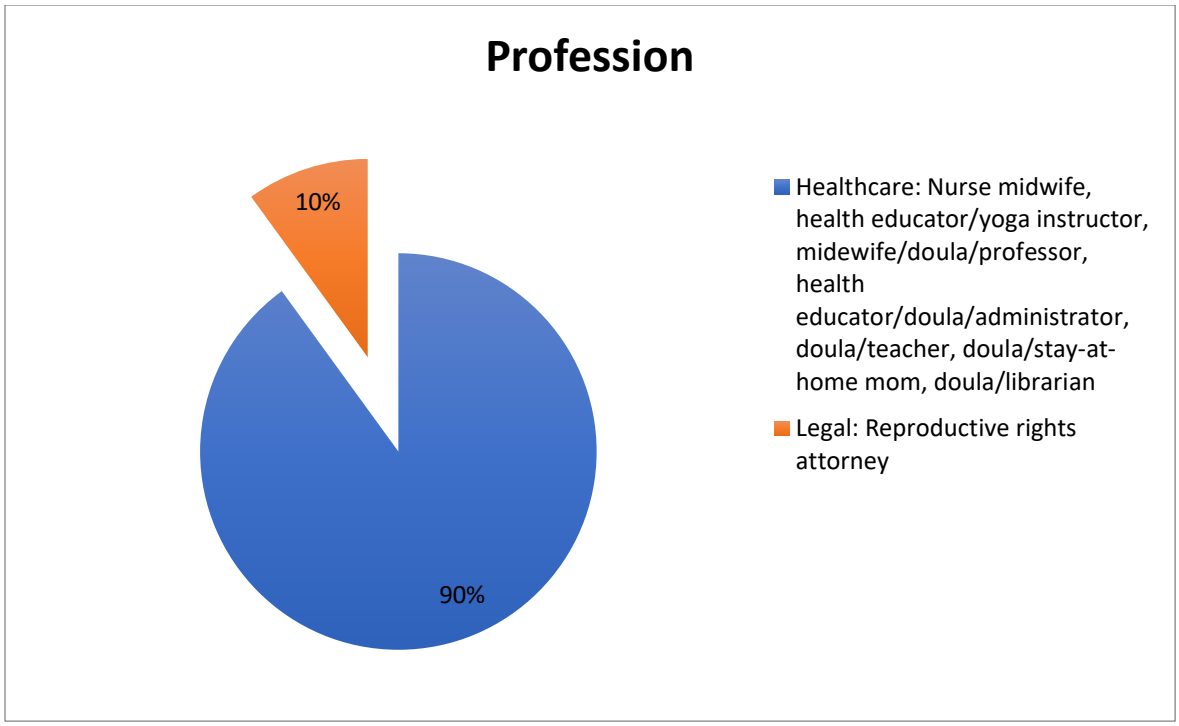
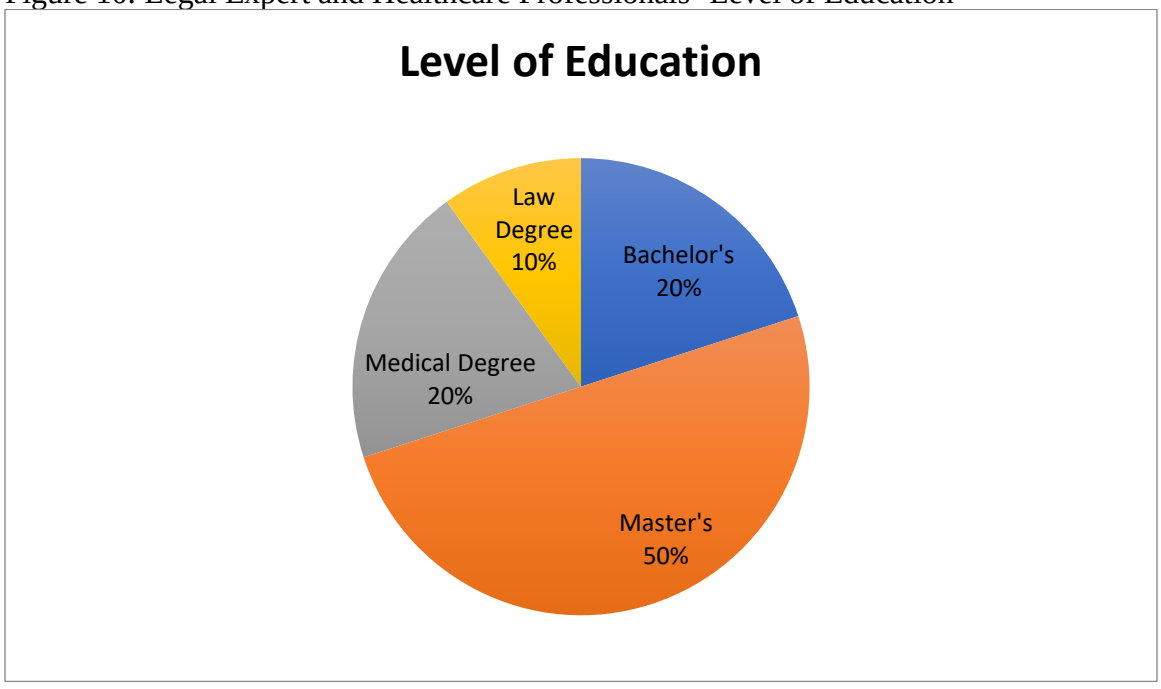


Figure 10. Legal Expert and Healthcare Professionals- Level of Education



The main theme that was consistently mentioned by the health care professionals was *abuse during childbirth* or *obstetric violence*, which was also mentioned by the reproductive

rights attorney. Out of the nine professionals included in this study, with the exception of one, Dr. Peters, the rest of them mentioned the topic of *partos violentos* or *violencia obstétrica* ("violent births/deliveries" or "obstetric violence"). Abuse during childbirth is defined by Wikipedia as "the neglect, physical abuse and lack of respect during childbirth." Other definitions of abuse during chilbirth or obstetric violence also include the lack of prenatal care and mistreatment of a woman after childbirth. The different professionals interviewed either narrated their own personal experience or someone else's experience that fit the definition of this violation of human rights against Puerto Rican women. Obstetric violence was shaped by the type of locale where a birth took place (home vs. hospital) and the type of institution (public vs. private hospitals).

Obstetric Violence

The 1950s, according to Isabel M. Córdova, is the decade when the numbers of hospital deliveries in Puerto Rico first surpassed the number of home deliveries.[40] Gloria, the grandmother in Cluster #1, had her first child in 1957 at a private hospital in Aibonito, Puerto Rico. Gloria, a jovial, 89-year-old woman, at some points during our interview had problems remembering certain details about her life. But when I asked about her birthing experience, her body language changed, there was a grave tone in her voice, and she was very precise about her memories of giving birth to her first child. Gloria had her four children at private hospitals in Puerto Rico and American doctors attended her first delivery.

This is how she described her experience:

Interviewer: - How was the experience of giving birth at the hospital?

Gloria: - The first delivery was the worst because I gave birth with some Americans [doctors], and since it was the first, I screamed a lot. In spite of everything, the baby was born pretty fast.

[40] Córdova, Isabel M. *Pushing in Silence: Modernizing Puerto Rico and the Medicalization of Childbirth*. University of Texas Press: Austin, 2017

Interviewer: - Fast? (*Gloria confirms*). At what hospital?
Gloria: - In Aibonito.
Interviewer: - Were the doctors in Aibonito from the United States?
Gloria: - Yes, Americans.
Interviewer: - Was it a private hospital?
Gloria: - Private.
Interviewer: -But, those American doctors, did they speak Spanish, or did they have someone translating for them?
Gloria: - I think they had someone translating.

At a different point during the interview, Gloria goes back to the same experience without the interviewer asking.

Gloria: - Ow! The delivery of my oldest child, the one in Aibonito, they were Americans. Ouch, I tell you! That was a horrible delivery. Horrible, horrible! The rest of them, no, for the rest of the deliveries, I arrived, and they came out.
Interviewer: - What was so horrible?
Gloria: - The way I was treated. It seemed like they were in a hurry. Seemed like they forced the baby to come out. Yes, and they hurt the baby.
Interviewer: - The ill treatment that you talk about was it from the doctors or the nurses?
Gloria: - No, it was the doctors. They were very tall American doctors. It seemed like they were in a rush, they inserted something inside me, [inaudible]. Ow, no!

Sixty years had passed since Gloria's traumatic experience during childbirth and our interview, but she still feels the pain. Unfortunately, many women shared with me their similar traumatic experiences of obstetric violence, a modern and contemporary parallel with the "sacrificial violence" of colonial times. The only difference between their stories and Gloria's is that today's obstetricians do not need anyone to translate for them; they are Puerto Rican doctors. All female professionals who participated in this study mentioned that their interest in the field of obstetrics is due to their own negative experience(s) during childbirth or those of someone else that they know.

Amanda, a reproductive rights attorney, described the birth of her two daughters, who were born at a hospital, as a very different experience compared to her son's birth that was at home:

Interviewer: Can you talk about your pregnancies and the deliveries?

Amanda: I had my first child at 26. It was a completely normal pregnancy. But, the delivery of my oldest daughter was *extremely violent* [my emphasis] in terms of the induction and that it was highly medicated. It was a highly medicated delivery… The birth of my second daughter was at the same hospital but with a different obstetrician; it was even more violent and more difficult.

Interviewer: Can you explain what exactly do you mean when you say "a violent delivery."

Amanda: Of course. (*Thinks*) Violence in the sense that my opinion was not taken into consideration. In both instances, I knew I wasn't ready to give birth, so I couldn't understand why I was being induced. (*Thinks*) Violence in the sense that you are not consulted about the procedures that they do to make sure that you agree with their decision. Procedures such as "stripping," where they do a rough vaginal check that accelerates the contractions… it accelerate the whole process. They do vaginal checks: doctors, nurses and, if you are at a teaching hospital, they don't even ask for your permission, you'll even have students, residents, doing the same thing (*Thinks*). It's not only the induction, but also the other medications used to increase the pain. That's where everything begins, a chain of interventions, and for many of them you are never asked if you agree with them.

Interviewer: Do you remember the year when that happened?

Amanda: Yes, I had my first child in 1999 and the second one in 2000. It hasn't even been 20 years. [This is relatively recent- interviewer interjects]. No, it wasn't that long ago. So that's where…I began to work on this… (*Reflects*) People talk a lot about C-Sections in Puerto Rico, which wasn't my case; we have an absurd number of cesareans performed every year. An issue that, medically speaking, no doctor can explain and, if they do, I would not believe their explanation because there is no way to excuse the high number of cesareans per year. There are also a high number of women that experience obstetric violence and I am a living example of that. People tend to associate cesarean deliveries with obstetric violence, as if it were the only inadequate procedure, though there are cesareans that are necessary, but not at the rate that we see them happening here [Puerto Rico]. That's why, those of us who are involved in defending women's rights, we don't call vaginal births in a hospital in Puerto Rico a natural birth, because there's nothing natural about them, absolutely nothing. This is not a topic commonly discussed because, well, Puerto Rico has very serious problems when it comes to violence against women, but it goes undetected under the radar.

Interviewer: Why do you think that?

Amanda: Well, first of all because this happens inside hospitals and here people, (*Reflects*)…it's like, doctors are perceived as demigods. Doctors in Puerto Rico are HIGHLY (*Emphasis*) respected, as extraordinary people. And, everything happens inside medical facilities. Second, you come out of the hospital with a healthy baby, most of the time. Regardless of what happens to the mother, as long as the baby is healthy, it's considered a success story. It also has to do with the way the mother perceives herself… (*Thinks*) [the mother] is so concerned with her baby's welfare that, as long as her baby is fine, she doesn't complain about anything and I believe that doctors and hospitals take advantage of that.

Interviewer: So, how was the birth of your third child?

Amanda: I had him at home two years ago.

Interviewer: How was that experience compared to the other ones?

Amanda: It was completely different. I knew Dr. Alicea from the different committees and agencies that I'm involved with that work to protect women's reproductive rights. Along with him, there was a midwife and a doula that came to my house where I gave birth.

As noted by Amanda and other professionals who talked about *violencia obstétrica*, other participants also made remarks about the difference in the care received between public and private hospitals; the latter ones being less prone to be referred to as a place where the mothers

suffered ill treatment before, during and/or after the delivery. **Dr. Peters** works at a private hospital and he was the only health care provider who never mentioned the term of obstetric violence. However, when I asked if his patients also consult with midwives, he turned the conversation to **"the need to humanize the birthing process in hospitals"** because he **"does not favor childbirth at home."**

Dr. Peters, who is against home deliveries, expressed his concerns as follow:

> "I believe that one has to humanize the birthing process, but at a hospital. I… to give birth at home… I'm telling you just to think about it… one has to consider all the possible emergencies that can happen in a home delivery: an atonic uterus, a newborn with malformation, a convulsing newborn, a convulsing mother, there is an endless list of complications. What if a baby cannot tolerate the process of expulsion and one has to perform a cesarean? There is a long list of things that can go wrong at home."

At the time of the interviews I conducted in 2017, there was only one doctor in Puerto Rico doing home-deliveries, Dr. Alicea. A pioneer in the field of physiological deliveries, as he was described by **Yani**, one of his patients. According to **Dr. Alicea**, after working at two different hospitals and two years of private practice, he decided to focus his practice on doing home deliveries. This approach allows him, and his team of "collaborators," to performed *physiological* or *humane deliveries* by providing a more comprehensive care to the families that he serves: **"The mother-to-be is the center, but she is not the only element of the equation. The whole family is part of the equation."** Dr. Alicea, the other health care professionals, and Amanda (the attorney) talked about the lack of humane care and undignified treatment that many women receive during, before, and after childbirth in Puerto Rico. They emphasized the need for a reform in the system to make sure that mothers-to-be experience a **"humane birth."**

Yani described the experience of having her daughter at home as **"a very beautiful process,"** very different from Gloria or Amanda's experience. The whole procedure to give birth

took about 24 hours from the moment that she started to feel the first contractions and this is how she described her experience:

> "Well, imagine, I had the doctor [Dr. Alicea], a midwife, a doula, my husband, my mother-in-law, my mother, and my sister with me. As soon as she [her daughter] was born, she was placed on my chest. When I saw her little face, it was spectacular! Her father was the first one to hold her without gloves; they don't want anything to interfere with the physical contact [between parent and child], so the baby can feel everything that the parents are feeling at that moment."

Yani and her husband started to work with Dr. Alicea and his team of collaborators months before the birth of her baby. The preparation process that she described was exactly as Dr. Alicea reported during my interview with him: the mother as "the center" of the process, but the rest of the family is also involved in the preparation for the birth. The involvement of other family members, in addition to the parents, according to Dr. Alicea, is important because it is a part of the culture in Puerto Rico that has to be considered for the benefit and welfare of the mother. The educational approach and close monitoring of Yani's progress in the months before the birth gave her a sense of security and familiarity that allowed her to feel **"in control."** Moreover, Yani felt respected as a human being. She described her relationship with Dr. Alicea, the midwife, and the doula as one of respect and open communication. Whenever she was going to be checked by any of the health care professionals involved, they asked for her permission to be examined: **"When Dr. Alicea arrived at the house, he said to me, 'can I do the pelvic exam to corroborate that everything is fine?'"**

Table 8. Obstetric violence in hospitals vs. physiological/humane deliveries at home

> Dr. Alicea's patients:	- Humane delivery: **Yani** ("a very beautiful process"), **Amanda**, **Carmen, Minga**.
> Hospital:	- Violent delivery: **Isaura** ("porque si gritábamos o nos quejábamos en el parto, nos iban a tratar mal"), **Gloria**, **Ana María**, **Raymunda** ("it was horrendous"), **Natalia** ("see you next year")

> Prenatal care:	- **Marla** ("pretty panties")
> Postpartum care:	- **Marjorie** ("traumatizing")

Hospital:

Natalia: 2 daughters (1-public; 1-private)

Public hospital: **"To me, it wasn't a good experience"** The doctor who was in the delivery room was different from the one who saw her during the pregnancy. At the end of the delivery, he simply said: **"See you next year,"** which Natalia interpreted as his perception of **"all the patients being the same."** Also, part of her sense of discomfort was because the **"delivery doctor"** did not know her medical history, since it was the first time that he would see her as a patient.

Private hospital: To the contrary, at the private hospital, the same doctor would be the one to see her at appointments throughout the pregnancy and would be the one present for the delivery. According to her, the doctor at the private hospital explained everything throughout the delivery and asked her at the end if she wanted to be sterilized. She considered that the treatment and interaction with the nurses at both hospitals to be a pleasant one. Her husband was not present at either one of the deliveries, even though he had the option for their second child at the private hospital. This was not an option at the public hospital.

- **What is the opinion of the experts about the perception of Puerto Rican women about contraceptive methods?**

The vast majority of the health care workers prefer to recommend hormone-free contraceptives to their patients: **"In general, I am totally against the use of any type of chemicals."** (*Kimberly*) Three of them, however, talked about the fact that they recommend women to try different kinds of contraceptives until they find the right one for them. Although

most of the participants in this study seemed to depend on hormone-free contraceptives, **Dr. Peters** reported **"LARC [being] the most popular form of contraceptives"** among his patients, for the convenience of not having to take it on a daily basis and the fact that their effect lasts several years. Sterilization seems to be as complex a topic among the experts as it is for the participants. Opinions range from **Minga,** whose perception of sterilization is that it is **"mutilation"** that she would **"never"** recommend, to those who see it as one more contraceptive option, to **Dr. Peters** who believes **"women in Puerto Rico are inclined to get a sterilization once their nuclear family is complete."** However, Dr. Alicea, along with two other health care providers, mentioned that, if a couple is considering sterilization, they suggest a vasectomy instead, given the fact that it presents fewer complications for the patient.

In general, there seems to be a sense of respect for women's decisions as patients from the health care providers in this study. Particularly from the doulas, midwives, and health educators who emphasized, as most of the participants, the need for education on reproductive matters and easier, if not free, access to contraceptive methods for women in Puerto Rico.

- **How much influence, according to the experts, do religious and political views and authorities have on Puerto Rican women's decisions related to reproduction? How much should they have?**

"In Puerto Rico, as I understand it, neither the Church nor the State should get involved in a couple's decision," Carmen's words summarize the general opinion of the health care providers. When it comes to religion, there are some contradictory opinions, depending on the person's religious beliefs. On the one hand, Marla believes that, in Puerto Rico, religious beliefs are intertwined with cultural traditions and political ideologies. She mentioned how quotidian expressions reflect religious beliefs and people's perception of reality. For instance,

when someone says, **"see you tomorrow,"** people reply, **"God willing."** If there is an unplanned pregnancy, the perception is that it was God's plan. If you find out that your baby is malformed, the idea is that God is presenting you a challenge that you must confront; therefore, abortion is not even considered. She thinks that religion plays a part in people's decisions, even if they are not aware of it. Marla believes that even when young people have questions about sexuality, reproduction or any related topic, they do not look for answers because they have been made to belief that sex is taboo. The lack of knowledge, in her opinion, does not prevent young people from having sex. The focus on equating sex with a sinful act prevents people from educating themselves. Expressions such as **"God willing,"** Marla explained, take away one's free will and place it in entities such as the government or religious leaders. Dr. Peters, on the other hand, thinks **"it is rare that religion would determine the type of contraceptive method [women] would use or the number of children they would have."** In spite of the fear of punishment and condemnation by not following certain religious precepts, based on the experts interviewed, women are using contraceptive methods, abortion, and sterilization when they need them.

CHAPTER NINE: On Related Subjects

> "The colonial legality of abortion has worked both for and against women in Puerto Rico" (Azize-Vargas & Avilés 1997).

Introduction

Several years ago, when I started to research the campaign of mass sterilizations in Puerto Rico, I had concise and precise questions for which I expected to find concise and precise answers. As I am sure it happens to most researchers, many more questions came to mind along the way. Additionally, once I started to do interviews, the topic of sterilization expanded to many other aspects of reproductive rights: abortion, cesareans, among others. Although these topics are not the focus of my investigation, but since the participants brought them up, I consider it important to also present their concerns in reference to these issues.

Abortion

Abortion is not a contraceptive method; it is considered a medical procedure that requires a medical evaluation. No questions about this medical procedure were originally included in the questionnaires developed for this study, as the focus was specifically on sterilization. However, after several women volunteered their experience(s) with the procedure, I decided to ask other participants about it.

Since 1973 abortion has been a legal procedure in Puerto Rico, as a result of the case of Roe vs. Wade, that legalized it in the continental United States.[41] Azize-Vargas coined the term 'colonial legality' in 1994 to explain the fact that the legalization of abortion in Puerto Rico is the result of the colonial status or *jure ex colonia* and not the result of "internal political developments." Subsequent legal cases in 1974 and in 1980 reaffirmed its legality and expanded the regulations of the procedure in Puerto Rico, which allows a woman to get "an abortion at any time during her pregnancy" (*Azize-Vargas & Avilés 57*). As a result of these changes in the law on the Island, it provides more legal protection to women who decide to terminate a pregnancy and the doctors who perform the procedure. There is, however, a general misconception about its legality and access among the general population as well as among health care providers, according to a study done in 1997 (*Azize-Vargas & Avilés 59)*.

Several participants in my study admitted not knowing if abortion was a legal procedure or not. As a matter of fact, **Valor** whose abortion was in 1973, said that her abortion "**had to be clandestine because abortion was illegal in PR**." Since this was the same year when the procedure was legalized, it could have happened before the law was approved or she just simply did not know about it. Both, **Doctor Alicea and Doctor Peters**, mentioned that it is a legal procedure; however, **Dr. Peters** stated, **"it is not [legal] after 28 weeks of gestation."**

[41] In 1937, due to changes in the Penal Code in Puerto Rico, abortion was allowed for medical reasons, which set the precedence for subsequent laws to legalize the procedure on the Island later on. For more details on this refer to Chapter 2.

Of the 25 women who were interviewed for this study, six reported electively terminating a pregnancy. Out of those six women, four said they had more than one abortion. Most of the participants denied ever having had an elective abortion, but a few talked about miscarriages. All the women who reported having had abortions are millennials, with the exception of Valor and Flor, who are baby boomers.

Table 9. **Number of Abortions**	**Number of Miscarriages**
Valor (1)	Gloria (2)
Ofelia (4)	Amanda (3)
Minga (2)	Teresa (2)
Ana María (1)	Carmen (1)
Flor (Various)	
Betina (4)	

Valor explained that, even though she felt comfortable with the decision of having an abortion, the experience itself **"was traumatic."** Although she felt comfortable with her decision, the fact that abortion was illegal and, not only had **"to be clandestine,"** but it also had **"to be done in secret."** Since she was a college student, she had to make arrangements to stay with a friend because **"no one could find out in her dorm."** It is not until recently that she feels comfortable enough to talk about it, though she has never talked to her daughter about it:

> "no one could know about it, I talk about it now that I'm an adult, you know? I talk about it now because it is normal in some respects, there is even a law, you know, that protects it, the right for a woman to have the power to decide what to do when she is pregnant. Now I can talk about it freely.
> But it also depends on whom I choose to share it with because there are still people (*Thinks*), you know, there are still a lot of prejudice ideas about it."

She commented that abortion is one of the topics that she discusses with her medical students at the Medical College. Part of her methodology includes the film "*If This Walls Could Talk*," to engage them in the discussion. In her opinion, different generations of students tend to be more open to the idea of an abortion than others. Students who oppose to the idea of abortion, in her experience, **"is not necessarily because they are religious, but because of cultural**

values and family beliefs." She explained that there are a few abortion clinics in the Metro Area, but normally they do not advertise their services as such, instead they are advertised under different types of reproductive services. According to her, medical insurance companies do not cover the cost of an abortion. When she had her procedure back in 1973, it cost $300.00. She says that now is $450.00. Valor emphasized the fact that she does not believe abortion should be used **"as a contraceptive method."**

Ofelia had four abortions before having her son: the first one was during her last year of college in 2000, when she was 22 years old. The four abortions took place within a period of ten years and the cost per procedure was approximately $300.00. Ofelia explained that, at the end of the 1990s and the beginning of the 2000s, it was not uncommon to hear on the radio advertisements about abortion clinics or on newspapers. Also, she remembered flyers on campus providing all sorts of information about these clinics. She also added that there were flyers looking for women between the ages of 18 and 25 who would be interested in selling their eggs.

Ofelia explained that she has always felt comfortable and sure of her decision to have the abortions. She attributes her attitude about abortion to the open and non-judgmental environment she found at the university –where she also learned that it is a legal procedure in Puerto Rico. The first time she decided to terminate a pregnancy was because she was too young, the next three **"it was just not the right time,"** given her professional and personal goals. She communicated her decision to all her partners. The first time she had an abortion her partner went with her to the clinic.

According to her, she never talked to her mother about any of her four abortions. However, once she took her mother to the emergency room and when her mother was asked about pregnancies and, if she had had any abortions, to Ofelia's surprise, her mother said that she

had two abortions. **"To me it was a surprise when she said that she had had two abortions. Right after she said it, I noticed on her face that she was ashamed. I have never asked her about it and she has never talked about it ever again. A few days after that happened, I was very tempted to asked her about it, to ask about it, but the truth is…"** At this point, Ofelia was noticeably uncomfortable, and I decided to move on to the next question.

One difference that Ofelia has noted from the early 2000s to 2017, when our interview was conducted, is that radio stations do not advertise abortion clinics nor you would see announcements on newspapers anymore. The type of advertisement that you used to find, she explained, were direct and clear, **"Ofrecemos terminación de embarazo"** [*We offer termination of pregnancy*] versus the way is presented almost 20 years later, which is **"Tenemos recursos para la salud reproductiva"** [*We have resources for reproductive health*]. Presently, these services are advertised under the umbrella of reproductive health.

Minga had two abortions before giving birth to her son. She reports that the first one was the product of a relationship with a married man and she did not want to have a child under such circumstances. The second abortion happened after she was married to her husband but, for professional reasons and the fact that they did not have medical insurance, she decided to have an abortion. She reported that her husband supported her decision. Minga, like Ofelia, felt sure about her decision to terminate unwanted pregnancies. She also attributes her resourcefulness and resolution about getting the procedures to her college experience. She specifically talked about a project for one of her courses where she learned that abortion is legal in Puerto Rico. She also learned about the clinics where the procedure is done and other facts that provided her the confidence to make the decision **"without causing her an emotional trauma."** Minga's first procedure was in 2005 when she was 30 years old and she also paid $300.00 for each procedure.

Flor reported that after her second child, she had a couple of abortions and, before she had her last two children, she had **"the other abortions."** She was not precise as to the exact number of abortions as she would use words like **"various"** or **"the abortions."** Her husband was opposed to her having the abortions but, since she worked, she went to a private practice doctor and she paid with **"money that she earned as a working woman."** Flor reported that they did not have medical insurance, but she was able to pay $80.00 in the 1950s for an abortion because she was employed at a factory where she was making at the time, on average, $100.00 per week. For another one of her abortions, one of her co-workers at the factory referred her to a woman who performed abortions in her house. Flor did not provide me with any details for the other abortions of which she made reference during the interview. After her fourth child, she also paid to be sterilized before she left the hospital. In Flor's case, she worked at a factory, she had an abortion even when her husband was against it, but she made clear that she had it done and she paid for it with the money that she had earned. She also mentioned that her daughter, who had two children, also had several abortions when she had unwanted pregnancies and eventually was sterilized when she decided not to have any more children.

Betina, Flor's granddaughter, who had two children, had four abortions, and was sterilized when she was 25 years old, when she decided not to have any more children, as her mother and grandmother did before her. According to her, the first abortion was because she got pregnant right after she had her first child and she did not feel that she could handle two babies at the same time. The next three times she decided to terminate the pregnancies was due to financial reasons. For the first abortion, she was visiting her father in the United States and he accompanied her to a Planned Parenthood clinic. Due to her limited resources, the clinic covered the cost of the procedure. Although she described the clinic as **"clean and very pleasant"** and

the treatment as **"excellent,"** the experience itself was **"traumatizing"** for her. **"It was extremely traumatizing because there were a lot of people. There were a lot of people outside, waiting for you, yelling at you, telling you that (*Thinks*), '… that's your little girl. Don't do it.'"** She explained that it touched her deeply and personally because she wanted to have a daughter. Betina admits that the experience with the protestors affected her emotionally, even though she knew she was making the right decision. The last three abortions were in Puerto Rico and she described the experience as follows:

Betina: Here in Puerto Rico, the facilities are very (*Thinks*)… you don't have people outside yelling at you, there is no one (*Thinks*)… trying to convince you not to do it, but when you enter the place, inside the clinic, it's depressing.

Interviewer: What was depressing about the clinic?

Betina: It was very impersonal. They do not make you feel comfortable. It was like: 'come in, pay, and wait for your turn.' It was totally impersonal. It was very technical; everything was very technical. Everything is a procedural policy that must be followed and that is how they make you feel, like one more in line.

The contrast in treatment at abortion clinics seems to be affected by pro-life supporters in the continental United States. Conversely, in Puerto Rico, the problem was the manner in which the services were provided inside the clinic. Betina said that the clinics in Puerto Rico were private clinics where they charged between $250.00 and $600.00, depending on how advanced the pregnancy was. Her abortions were in the late 1990s.

Similar to other participants, Betina felt that she made the correct decision available to her by choosing to terminate unwanted pregnancies. However, it is not a topic that she openly shares with most people, **"…these four events in my life, I rarely ever share them with anyone."** She also expressed some hesitation about her choices: **"I don't regret having used the options that were available to me. But I do regret not having considered other alternatives available such as sterilization and just having used this [abortion] as a**

contraceptive method." I reaffirmed Betina, as I did with the other participants, that their information was going to be presented under their pseudonym, which allowed them to express themselves freely.

Ana María had a similar situation to Betina; she was a young mother who got pregnant right after she had her first child. At the time, she and her partner were both college students and were being supported by her parents. She could not conceive the idea of having another child and, although she knew that terminating the pregnancy was the best decision given the circumstances, it is a decision that, **"morally speaking,"** she has always felt uncomfortable about it.

Ana María:	Well, look, this is not something that I share with many people, but yes, I had an abortion and it's something super top secret, but I trust that this is confidential. Yes, I had an abortion once. After I had my son, about a year after I had him, I got pregnant again, and I decided to terminate the pregnancy.
Interviewer:	How would you describe the experience?
Ana María:	(*Sighs*) It was my second pregnancy; I was 21 or 22 years old… I decided to get an abortion and (*Emphasis*) it was very difficult, it was very difficult because they did not do it right. During the follow-up visit, they realized that the fetus was still inside me, so they had to do it a second time. Thank goodness I was in my 14th week of pregnancy, which is still within the legal time here in Puerto Rico. But it was very difficult, not only emotionally, but I also bled for weeks afterwards, I felt very sick. Although I knew I had made the right decision by getting an abortion, but morally speaking, you always question yourself.
Interviewer:	Was the procedure done at a clinic?
Ana María:	That's the thing; it is legal. Abortion is legal, but it was at a hidden place, it did not have a sign. I felt as if I were doing something clandestine. Even though, I… (*Thinks*) I knew that it was not illegal. Truthfully, I felt I was doing something clandestine. And let me tell you, the place was advertised as a 'Fertility Clinic,' it was like… you wouldn't think that it was an abortion clinic. It was strange, there were very few people in the reception area, everything was in the back [of the office]. There were very few people, like… (*Pause*), and everyone was very quiet, it was like…

Dr. Alicea believes that **"the government should facilitate"** the access to abortion clinics. In his opinion, when women make the decision of getting an abortion, they will find the way to do it regardless of the obstacles. In his experience, women who cannot afford to go to a

clinic with trained professionals, they will opt for unsafe procedures that can put their lives at risk. He said that when there is a complication and a woman's life is at risk, it ends up costing more to the State to cover the treatment to fix a problem that could have been avoided by providing sex education and safe access to abortion.

Dr. Alicea stated that even though abortion is a legal procedure, **"prejudiced attitudes and lack of sex education"** end up negatively affecting the system at large. He knows of two clinics where abortions are performed in the Metro Area. However, he said that usually most of the doctors who performed the procedure in those clinics are trained in other areas of medicine related to obstetrics, but not necessarily on how to perform an abortion. He only knows of a female obstetrician who specifically trained in doing abortions and works in the Metro Area. Her training is not only on elective abortions, but also on abortions for advanced pregnancies where there are malformations or other medical problems with the fetus, which in some cases, are not detected until later in the gestational period.

Dr. Peters also mentioned the lack of specialized, trained medical personnel in what he referred to as **"clinics in the periphery."** According to him, **"abortion is legal up to 28 weeks of gestation same as it is in the United States."** I also asked if part of the training in Medical School covered the procedure of performing abortions to which he replied that the training is based on what he defined as fetal demise. When the fetus has a malformation or there is any kind of problem with the pregnancy, the doctor is trained to perform a suction curette abortion. Dr. Peters explained that this type of procedure is done in hospitals in Puerto Rico, but elective abortions **"are only done in clinics in the periphery."**

One morning in the spring of 2020, while I was listening to the news on National Public Radio, they replayed an interview conducted by Terry Gross with Joan Rivers.[42] The interview was about Ms. River's long carrier as a comedian and how she brought to light unmentionable topics to the public arena. When Ms. Rivers started her career as a comedian, she explained that there were not many women in the entertainment business. Among the many topics that she pioneered in public; abortion was one of them. Joan Rivers talked about the stigma that abortion carried and the fact that she **"couldn't even say the word abortion"** in public. It was, as many other topics, taboo. She had to use euphemisms such as **"appendectomy"** to refer to the unspoken word. As she explained, **"Everyone went to Cuba to get appendectomies. Or went to Puerto Rico. That was a big thing."** Even though abortion has been legal in the continental United States as well as in Puerto Rico (*jure ex colonia*), since 1973, it is still a topic that most women would not dare to discuss in public, nor would admit that they have done it.

Although several of the women I interviewed were very open about their experience, there were others who were willing to share their experience(s) with abortion because they knew they were protected by a pseudonym. Even when they expressed that they knew they made the right decision; they still feel that it is not something they would share openly. **Valor**, for instance said: **"Now I can talk about it freely. But it also depends on who I choose to share it with because there are still people** (*Thinks*)**, you know, there is still a lot of prejudiced ideas about it."** The word **"freely,"** for her, has limitations. **Ofelia**, though she feels comfortable sharing her experience with other people, she has never felt comfortable sharing her experience with her mother nor to ask her mother about her own abortions: **"To me it was a surprise when she said that she had had two abortions. […] I have never asked her about it and she has**

[42] The interview, "Comedian Joan Rivers Is a Real 'Piece of Work,'" was originally aired on June 9, 2010 in "Fresh Air."

never talked about it ever again." Only women can go through the experience of having an abortion; their (male) partners can accompany them to a clinic, perhaps even be present during the procedure, but they cannot physically experience an abortion. Therefore, these are precisely the experiences that mothers and daughters should be able to share as life experiences –the life experiences that help and support one another, as only women can do. However, patriarchal norms have imposed legal, social, and moral limitations that have forbid women for generations to share these experiences.

Joan Rivers had to draw upon euphemisms **("appendectomy")** to bring up the topic of abortion into her public performance. She says at one point during the interview **"I opened the door for women to talk about the things they couldn't talk about."** The use of the past tense in **"opened"** gives the impression as if today anyone can talk about abortion *openly*. However, for Ana María, a well-educated millennial who lives in a country where abortion is legal, it is not a topic she would discuss so *openly*. As a matter of fact, she says that she shares her experience with me because she knows this is **"confidential."** Moreover, she begins her narrative by saying: ***"this is not something that I share with many people."*** Perhaps Joan Rivers contributed to *opening* the door for making it acceptable to use the word abortion publicly, which is definitely a step forward. But, for women like Valor, Betina, Ana María, and many others, who have had an abortion in Puerto Rico, the stigma that the word carries have not allowed them to use it *openly* to talk about their personal experience. And, in some cases like Ofelia's, they cannot even talk about it with their own mothers.

The fact that a legal medical procedure is not performed in hospitals by well-trained physicians nor is covered by medical insurance companies is puzzling. Dr. Peters explained that doctors are trained to perform a suction curette abortion in hospitals, but not elective abortions.

Thus, abortion providers put women's lives at risk, women like Ana María, who, days after having an abortion went back to the clinic because she was not feeling well: "***they realized that the fetus was still inside me, so they had to do it a second time."*** Not only do women risk their lives, they also have to pay out of pocket for the procedure.

It is important to highlight that when Flor had her first abortion in the 1950s, abortion was not legalized in Puerto Rico. It was, however, a procedure that could be done if, in the doctor's opinion, the life of the mother was at risk.

Different generations of women in Puerto Rico have confronted different challenges when in need of an abortion. The economic independence that working outside the house made a difference on the reproductive decisions made by baby boomers. In addition to more access to higher education, younger generations have laws that protect them; however, a patriarchal system supported by religious and cultural believes perpetrates a limited access that puts in danger women's lives.

Cesarean Deliveries

Table 10. Cesarean deliveries and Natural births

C-Section:

Valor (1 child- "baby was upside down"), **Paola** (1 child-baby was entangled in the umbilical cord); **Ana María** (1 child- baby was entangled in the umbilical cord), **Raymunda** (3 children- "with first child she had preeclampsia;" "with second one, baby was 10 lbs. and considered 'too big';" "with the third one it was customary to do C-Section and sterilized the mother after the third child"), **Marta** (1 child).

Natural Birth:

Natalia (2 children); **Gloria** (5 children); **Flor** (4 children); **Yani** (1 child); **Marla** (1 child); **Amanda** (3 children); **Teresa** (2 children); **Rosa** (2 children); **Marjorie** (2 child ren); **Betina** (2 children); **Isaura** (2 children); **Ofelia** (1 child); **Carmen** (1 child); **Minga** (1 child)

Childless: **Tania**; **Claudia**

Unknown: **Kimberly, Maria**

Cesarean sections have been increasing globally since 2000, according to CNN Health in 2018.[43] Latin America and the Caribbean have one of the highest rates in the world at 44.3% of all births. Leading the Caribbean region is the Dominican Republic with 58.1% followed by Puerto Rico with 45%.

"Cesarean delivery has been associated with greater risks for maternal morbidity, longer hospital stays, and rehospitalization after childbirth than vaginal delivery," as it was reported in a study published by the Centers for Disease Control and Prevention and the Department of Health in Puerto Rico.[44] The study revealed that, although cesarean rates had been reduced between 1992 and 1996 from previous years, between 1996 and 2002, 45% of the deliveries on the Island were by cesarean. Furthermore, "33% were primary cesarean deliveries," meaning that it was the first cesarean delivery. Concurrently in 2002, in the continental United States of approximately 4 million births only 26% were delivered by cesarean. The study also shows that between 1992 and 2002, the highest rate of cesareans in Puerto Rico was among women over 40 years of age with a high level of education. Conversely, the researchers found that the highest increase happened to be among women 20 years and younger with less education, who were "delivering their second child." The researchers explain that one of the limitations of the study is that it did not indicate if the cesareans were due to medical emergencies or if they were elective. Out of the possible reasons listed for the high rate of cesareans in Puerto Rico, almost half of all deliveries are done via this method. Three main reasons for the high rates of the procedure on the Island are: attitudes toward cesarean delivery, obstetric practices, and health insurance coverage. The experts concluded, "…to reduce the cesarean delivery rate in Puerto Rico should focus on

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[43] Howard, Jacqueline. "C-Section Deliveries Nearly Doubled Worldwide Since 2000, Study Finds." CNN Worldwide, October 11, 2018.

[44] Varela-Flores, R, et al. "Rates of Cesarean Delivery Among Puerto Rican Women –Puerto Rico and the U.S. Mainland, 1992-2002." *Jama*, vol. 295, no. 12, 2006, pp.1369-1371., doi:10.1001/*jama*.295.12.1369.

lowering the rate of primary cesarean deliveries, especially among women at low risk for a cesarean delivery."

Marta gave birth in a private hospital and her husband was with her during the delivery. During her pregnancy, she read extensively to educate herself about natural birth because **"it was important to her."** However, on her 38th week of pregnancy, she had to be induced due to preeclampsia. When asked if the decision to do a cesarean was her decision or her doctor's, she replied that at the moment when her doctor asked her opinion, she had been in the delivery room for 12 hours and had already been induced. On top of that, she had been administered Demerol for the pain, so she says she was **"media dormida"** [half asleep]. She said that the pressure to do a cesarean delivery continued. Her husband was concerned for the baby's safety and he kept repeating **"no quiero verte seguir sufriendo así"** [I don't want to see you suffering]. Eventually, she gave in and agreed to have a cesarean. According to her, "It was (*Pause*) a very difficult process, as a matter of fact, I still suffer. Not as much any more, but it lasted about eight, nine months that all I could do was cry, and cry, and cry, and cry becasuse of what happened. Because I wanted a natural birth."

Social Media

Social media has been an important factor for many of the participants, particularly for millennials, when they had their first child. From deciding to vaccinate their baby to deciding on circumcising their newborn son, from choosing to have a home delivery to choosing a pediatrician, Facebook and other media outlets have been a source of support for many of these women. For some of them, different platforms on social media and especially private chats have been their main source of support, even more so than family members. Marta, for example, explains that chatting with experienced mothers online has helped her understand that she is not

the only one going through some experiences as a first-time mother. Through virtual conversations she has realized that what sometimes seems like a crisis is more a stage on her daughter's development and not that she is incompetent or a bad mother –it is just lack of experience. She has also learned about the importance of taking some comments online with a grain of salt. Marta also discussed the negative criticism upon disagreements on issues of preference: a mother decides to use formula instead of breast milk or to use Pampers instead of cloth diapers. **Marta** explained that such discussions about "personal preferences" create a lot of animosity and criticism instead of a supportive community. In spite of some of the negative aspects, Marta and other participants believe that technology has opened a space for women to get access to information and support that did not exist for their mothers. And, for **Marta**, it is as easy as **"mover un dedo y buscarla."** [It is as simple as moving a finger to find what you're looking for.]

Social media has also been an important tool for female health care workers, as professionals and as women.

Marla: - I belong to a Facebook group (*Brief pause*), "Has anybody given birth with Doctor So-and-so?" and then you know if midwives are allowed, if natural deliveries are allowed. I mean I can't even call a doctor and have him tell me, we find this out between ourselves.

Interviewer: - Various women have told me that they do something similar. They find out through social networks who's a good gynecologist.

Marla: - Gynecologist, pediatrician, you find everything in those groups. Because you have to go like (*Thinks*) hidden. There are even women who say, "If you go to this pediatrician, don't tell him you just breast feed. Or if you go to that one, don't tell him your baby isn't vaccinated," because there's a big group of people who've decided not to vaccinate their children. So, well, those tricks you have to have to survive in the sea of what is medicine. (*Laughs*).

CHAPTER TEN: DISCUSSION

Introduction

This study had a two-fold intent: a) to understand Puerto Rican women's perception about their reproductive rights and options in the twenty-first century, and b) to investigate how much religious and political institutions influence their reproductive decisions given the history and colonial status of the Island. In this study, three different groups were interviewed: individual participants, kin clusters, and professionals, including a legal expert in reproductive rights as well as health care providers. In this chapter, I present a summary of the findings of the two main questions that were addressed with each group. I also look at the convergent and divergent points in my findings and the extant literature. In addition, I identify the limitations of the study, and finally, I address the implications of the study for future research in the field of reproductive rights in Puerto Rico.

Statement of the Problem

Since the middle of the twentieth century, Puerto Rico has been identified as a "laboratory" by scientists from the United States to experiment and test contraceptive methods on women (Ramírez de Arellano & Seipp 1983; Briggs 2002). Said experimentation was publicly debated for decades under the guise of the need for population control. In the twentieth century, social institutions such as the government and the Catholic Church were active agents in the public debates that were to define women's reproductive rights (Lugo-Ortiz 2011). Since the early 1950s, thousands of Puerto Rican women have been sterilized –a trend that kept increasing throughout the decades. In 1973, in the Foreword to *Sterilization and Fertility Decline in Puerto Rico*, Kingsley Davis wondered "…how could anyone have predicted that within a few years Puerto Rican women would be getting themselves sterilized by the thousands, that Puerto Rico, a 'Catholic country,' would rely more than any other country on this method of birth control (v)." Davis' words, "Puerto Rican women would be getting themselves sterilized," makes it sound as if sterilization was a unilateral decision by women, which it probably was in some cases. But to assume that it was the sole decision of "thousands" of women in Puerto Rico ignores its political reality, and is, if nothing else, naïve.

By the 1970s, when Davis made his pronouncement, almost 40 years had passed since the United States government had decided that there was an "overpopulation problem" in Puerto Rico. The rapid increase in sterilizations on the Island was primarily the result not of women's decisions, but of initiatives by the United States to control population growth in coordination with local government agencies (Ramírez de Arellano & Seipp 1983). Thus it was a form of violence against women. According to a survey conducted in the 1980s, female sterilization in

Puerto Rico accounted for 58% of total birth control use.[45] By 1996, female sterilization among Puerto Rican women was 48%, which shows more than a 10% reduction in over a decade.[46] What has happened since is difficult to quantify, because, as Harriet Presser has explained, since the late 1960s the government in Puerto Rico has ceased to provide estimates of the annual number of sterilizations and the most statistics come from 1996.[47] But government programs that encourage contraception have not gone away. **Amanda**, a legal expert and a participant in this study, along with other health care experts, believe that the Zika virus epidemic was used as an excuse to implement the Z-CAN program in Puerto Rico, yet another experimental project to control the population in Puerto Rico. According to Amanda, as a result of Z-CAN "there have been 10,000 births fewer in the past year," now "we'll have even fewer births in the next few years."

The survey from the 1980s reports that oral contraceptives, rhythm, and condoms were the three most popular contraceptive methods used by Puerto Rican women in that decade. My study supports that conclusion. Among the interviewees in this study, some of them reported having used at some point the pill and condoms, making them the two most commonly used contraceptive methods by the participants. Among the Natural Family Planning methods, rhythm has been used by three of the participants, none of whom chose it for religious reasons, but to avoid using contraceptive methods that are hormone-based. Among all the participants in my study, including the members in the clusters, five women had used sterilization as a contraceptive method, but all of those who did are Gen Xers and older. Although this is a relatively small study in the Metro Area, the data gathered shows a consistency in the preference

[45] Kent, M. "Survey Report: Puerto Rico." *Population Today*, Feb 1987, Vol. 15 (2), p. 4.
[46] *Contraceptive Sterilization: Global Issues and Trends*, 2002.
[47] Harriet B. Presser, "Puerto Rico: Recent Trends in Fertility and Sterilization," 1980.

for certain contraceptive methods and a reduction in sterilizations by the participants. The rejection of sterilization as a contraceptive method, as expressed by many of the participants and most of the female experts, could be an indication of a culture change by a younger generation of women in Puerto Rico.

Review of the Methodology

This study consists of mixed-methods research, with individual interviews of participants and legal and health care professionals, as well as case studies of multi-generational female members of the same families. Each narrative begins with a general profile of the interviewee, identified by pseudonym. The in-depth interviews were based on one questionnaire designed for participants and another one created for health care professionals that follows a narrative interviewing style. The interview with the reproductive rights' attorney was done with the same questionnaire used for the participants, with some adjustments related to her field of expertise.[48]

The focus of the project was originally on women's perspectives about reproductive rights, specifically about sterilizations. But my research evolved into a wider spectrum of related topics since the first interview that I conducted in 2017.[49] In addition to the questions guided by the questionnaires, most women also shared information about their experiences with abortion, breast-feeding, the differential treatment between home deliveries and hospitals, and cesarean delivery. The legal expert and the health care professionals touched on similar subjects, but the vast majority of them addressed obstetric violence with great concern.[50] Originally, I did not

[48] Interviewing a legal expert in reproductive rights was never part of the original design for this project. After we began the interview, I learned about Amanda's expertise on the subject, and questions were changed or added as we moved along during the interview. A similar situation happened with other participants, who mentioned their background in health care after we had begun the interview.
[49] Prior to 2017, all the interviews had been with health care professionals.
[50] These topics, including some of the participants' comments, opinions, and experiences are presented in Chapter 9.

include any questions about abortion, but several women shared their personal experience(s) with abortion right after the Introductory Stage of the interview without my asking. Therefore, after the third interview in which women brought up the topic on their own, I included a question about abortion.[51]

To my surprise, women of all ages were much more open and willing to share their experiences and opinions than I expected. Puerto Rico is not only a patriarchal society, but also predominantly a Catholic nation, and certain topics are taboo and rarely discussed, particularly with strangers such as me. When I began this project, I was focused on finding information about mass sterilizations in Puerto Rico in the twentieth century, and the perspective of younger generations in the twenty-first century on reproductive rights. However, throughout the process of doing the interviews, I realized that all the topics mentioned—birth control, sterilization, abortion, parturition, and obstetric violence—not only fall under the umbrella of "reproductive rights," but they were also equally important for the participants as well as the different professionals I interviewed. Therefore, in a very organic manner, all those topics became part of the narrative that is presented in this project. In addition to finding answers to some of the main questions that sparked my original interest in this project, I also had the privilege of getting access to private aspects of these women's lives that I never considered. Some of them mentioned that they had never talked to anyone about the experiences that they were sharing with me (i.e. abortion). Others mentioned that the only reason they felt comfortable talking to me was because it was confidential and/or because I was using pseudonyms instead of their names.

[51] After I asked this question, I explained to the participants that abortion was not the focus of the study and told them they did not have to answer the question, if they did not want to. I also assured them that, like the rest of the information provided, everything about abortion was confidential and would be presented under their pseudonym.

Summary of the Results

- **What is the perception of Puerto Rican women about reproductive methods?**

Individual Participants and Kin Clusters: The narratives revealed different thematic threads in each group. Individual participants talked about poor interfamilial communication about sexuality, the lack of standardized curriculum on sex education in schools, and a general rejection of hormone-based contraceptives, particularly by millennials.

Kin clusters revealed a sense of assertiveness about reproductive decisions in baby boomers and particularly in millennials when compared to older generations. Younger generations showed a preference for a fewer number of children.

The topic of sterilizations as a contraceptive method proved to be a very complex one, since the perception of the participants covers a wide range of opinions on the subject. Among individuals, this ranged from those who agree with sterilization as a policy to those who consider it a mutilation and would never consider it for themselves nor would recommend it to other women. By contrast, among the kin clusters, across generations women tended to reject sterilization as a contraceptive method. The point of agreement for everyone was on the fact that it should never be done without the knowledge of the patient.

Last, in addition to the main questions, I also inquired about women's knowledge of mass sterilizations in Puerto Rico. There was some general knowledge among all the participants about the mass sterilizations: the why, the how, and the when of this historical event. Some interviewees were well versed in the subject, but many others had never heard about that part of the history of the Island.

- **How much influence do religious and political views and authorities have on Puerto Rican women's decisions related to reproduction? How much should they have?**

Individual Participants and Kin Clusters: There is a general consensus about keeping people's decisions on reproductive rights separate from their religious beliefs and away from any kind of government intervention. Both the individuals and the clusters think that Puerto Rican women should be in charge of their decisions when it comes to their reproduction. The vast majority of them rejected the intervention of government and religious groups in the decision-making process of women and their reproductive options.

None of the individual participants or those in the clusters reported ever feeling pressured into being sterilized or having been misinformed about the procedure. Those who chose the procedure seemed to have made the decision by themselves. However, some participants reported knowing someone who had been sterilized without her consent. For example, Kimberly's cousin had been sterilized a few years prior to our conversation without her or her husband's knowledge. According to Kimberly, the doctor decided to sterilize her because her cousin already had three children. There was indirect confirmation of this practice from another participant who mentioned that it was customary to sterilize women after their third child. This is based on anecdotal information from the participants, however, not based on their personal experience.

- **What is the opinion of the experts about the perception of Puerto Rican women about contraceptive methods?**

Health Care Professionals and Legal Expert: There seems to be a general consensus among the different health care professionals that women in Puerto Rico have control of the decisions they make about contraceptives and other aspects related to reproduction. Some of the comments from the professionals confirm the preference for specific contraceptive methods (i.e.

condoms, pill) that were also mentioned by the participants. Sometimes these differed, however. Dr. Peters reported that, among his patients, there is a preference for LARC, which was not necessarily the preference for the millennials interviewed in this study.

A few of the health care providers reported that they do mention sterilization to their patients when they talk about contraceptive options. However, many of them recommend to their patients and their partners to consider vasectomies instead of sterilizations, as it is a less complicated procedure to recuperate from for the patient. In the opinion of several of the experts, when women bring up the topic of sterilization it is because they have already decided to have the procedure done. They also comment that this normally happens after the women have had the desired number of children.

- **How much influence, according to the experts, do religious and political views and authorities have on Puerto Rican women's decisions related to reproduction? How much should they have?**

Health Care Professionals and Legal Expert: The data gathered shows that the experts concur with other groups in the study, that no social institution should intervene in a person's decision about reproductive issues, regardless of the type of institution. The only role that the government should have, according to most, is in providing an informative curriculum on sex education in schools and providing affordable access to contraceptive methods, particularly to working-class women.

Relation of the Study's Themes to the Extant Literature

Numerous studies have been conducted that address or make reference to the experimentation with contraceptive methods on Puerto Rican women on the Island and the mass sterilizations in the twentieth century (Stycos 1954; Kelly 1971; Presser 1973; *La operación*

1982; Ramírez de Arellano and Seipp 1983; Santiago 1992; Briggs 2002; *Contraceptive Sterilization* 2002; Grosfoguel 2003; Schoen 2005; López 2008; Schell 2014; Denis 2015). During the twentieth century, most of the research addressed the different political, religious, and economic debates that looked at the need to control "the population problem" on the Island. It was not until 1982 that we begin to hear the voices of Puerto Rican women narrating their experiences of sterilization and having been used for the experimentation of contraceptive methods, but these first emerged in a documentary *La operación*, not in the scholarly literature. This study thus brings those voices into the scholarly discussion.

After the 2000s, there are a few studies that look into these issues from different perspectives. One of these is the issue of agency: were women who were sterilized victims of a colonial, capitalist system, or were they showing agency to control their reproductive decisions? Iris López considers the issue of choice in *Matters of Choice*, but focuses on women in the continental United States, not on the Island. My study thus extends this discussion to Puerto Rico, and includes women from several generations.

Another new perspective is that of obstetric violence, the unnecessary practice of cesarean deliveries, and other types of aggression against women's reproductive rights. Isabel M. Córdova's *Pushing in Silence: Modernizing Puerto Rico and the Medicalization of Childbirth* published in 2017, addresses some of these issues in Puerto Rico. She addresses the issues within the broader context of parturition in Puerto Rico, and my research adds women's voices about their own experiences.

Implications for Future Research

Limitations and strengths of the study- In terms of limitations, my lack of experience with quantitative methodology restricted the numerical results of this study to low-level statistics that

limited the data analysis in that respect. The inability to afford the cost of specialized equipment to handle technical problems with some of the recordings, in addition to the cost to transcribe the material, reduced the number of interviews in the study from 42 to 25. Another limiting aspect of the study was the amount of time consumed by having to translate the transcriptions.

In terms of strengths, the 25 participants included in the study allowed for in-depth interviews to explore the main objectives of the study (perception of reproductive rights and preference in contraceptive methods). The narrative interviewing style in qualitative analysis provided the flexibility for the participants to share experiences that had not been considered as part of the original design of the study, thus opening an emancipatory space for women to relate very personal experiences not previously shared with anyone else and/or to denounce injustices committed against them. It also allowed me, the interviewer, the possibility of adjusting the questions from those directed to women as participants in their own reproductive decisions to questions designed for professionals, once the interviewees revealed that they were experts in different areas related to reproductive rights.

All the participants in this project were adult Puerto Rican women with the exception of two male doctors. Though sexual preference was not part of either one of the questionnaires, one woman identified as a lesbian. In terms of race, ten participants identified as mixed, two as white, some participants identified with terms related to colorism, and the participants from Loíza were the only two people who identified as black.[52] Last, there was a wide range of diversity in the level of education and social class of the participants. The specificity of the geographical location of the study (the Metro Area) and the small number of participants limits

[52] The diversity in answers by the participants in this study reflects the complexity of racial identity in Puerto Rico. Therefore, cultural identity or ethnicity as Puerto Ricans should be considered as social markers to identify or categorize them along with or instead of race.

the generalizability of the results, but the social, educational, and racial diversity of the group means the results may be transferable to the experience of contemporary women in other parts of Puerto Rico outside the Metropolitan Area, or even more broadly to women in other colonized areas.

The "snowball" sampling proved to be very effective in this study, as being referred by someone they knew made the participants more comfortable. My positionality as an adult Puerto Rican woman who could speak the vernacular language of the participants also contributed to their sense of security and trust. Also, the purpose of the study was a topic of personal relevance for the participants and/or someone known to them. The flexibility offered to the participants to meet at their place of preference added to their sense of safety and comfort.

This study provides access to the patients' experiences and needs to interested professionals and government representatives who are in the position to advocate for women's rights. This includes some of the people I interviewed, such as Dr. Alicea, who have the power to create change for the betterment of women's lives in their own practice and in institutions.

A decolonial-intersectionality theoretical framework in combination with a narrative interviewing approach provided this study with the appropriate tools to open a space for Puerto Rican women of different generations to express their voice about their reproductive experiences and options, in addition to the perspectives from some of the experts in the field. The narratives of the lived experiences of the different participants in a qualitative study have allowed me to describe the women's perspective and to explain the complex reality that they have to deal with within a colonial system.

Future research- A comparative study that looks at other parts of the Island outside the Metropolitan Area, particularly in rural areas, would complement this study by providing a

broader view of the needs of Puerto Rican women and their reproductive rights on the Island. Looking in depth at government organizations that provide services in relation to reproductive rights and sex education would aid in the assessment of the services that they provide from the perspective of the needs expressed by women in different parts of the Island.

Following up with the participants of this study in 10 years –and adding more women from Generation Z– would help to corroborate my conclusions about cultural changes in the perception of the reproductive rights and the preferences for certain contraceptive methods. That would allow researchers to know whether what I found was a trajectory or cyclical trends, and to document other changes from previous generations.

Implications for policy- Education, particularly sex education, is a key factor that *all* the participants identified as the common reason for the differences in lifestyles between them and the previous generations of women in their families. There is a definite pattern in the fewer children borne by baby boomers and millennials when compared to previous generations. There is also a correlation of fewer children for women with a higher level of education. For the vast majority of the participants in clusters, the more education women have, the fewer children they tend to have. Women with higher levels of education also showed more assertiveness in their reproductive decisions.

Access to higher education allowed Rosa, for instance, to support her children after her divorce and to make the decision of how many children she wanted to have, in contrast to her mother (Gloria), who had more children than she wanted just to fulfill her husband's desire of having a son. As with other millennials in this study, Claudia (Rosa's daughter) has a college education like her mother and is more independent in her decisions about her sexuality and her reproductive choices. She negotiates with her sexual partners the type of contraceptives that she

wants them to use, has no children and firmly believes that it is her decision to make if she is to ever have any children.

Claudia's sex education was completely different not only from her grandmother's, but also from her mother's. Rosa reported that her mother (Claudia's grandmother) assigned the task of talking to her about the menstrual period to her older sister, which consisted of explaining to her how to use a sanitary pad when she had her menses, and nothing else. For Gloria's generation, it was a forbidden topic, Rosa explained: **"With my mom, never, never. In those times, it was taboo, in other words, you would never talk about sexuality."** I asked if she had a different approach with her daughter, to which she replied: **"Very little. I had very few conversations with her. In other words, I basically continued the same pattern I learned from my mom."** Although Rosa is a well-educated woman, sex is still a taboo in her mind, which prevented her from being more open with her daughter. Claudia's open-minded attitude and confidence to establish her demands with her sexual partners comes from a comprehensive curriculum in sex education in her school, which is not the norm, according to other interviewees.

Biological functions such as the menstrual period and childbearing should be normal, comfortable subjects that mothers should look forward to talking to their daughters about, as part of the normal transition from being a child to becoming a young woman. Yet, patriarchal and religious impositions have deemed them sinful, socially unacceptable, and taboo, which in turn perpetuates ignorance and generates misconceptions and, in some cases, unnecessary pregnancies.

Final Reflections

Before I left Milwaukee the summer of 2017, I was in the office of my professor and head of my dissertation committee, Dr. Merry Wiesner-Hanks, and said to her "I'd be happy if I can find at least 10 people who would be willing to talk to me." I did not think that many women would be willing to talk about their reproductive decisions with a stranger. Merry, as always, very supportive and optimistic said that she was sure I would find ten people to talk to me. That summer I had contact with close to a hundred people who not only *talked* to me but also, in one way or another, contributed to the realization of this project. I would have never been able to do this study, if it were not for the many people who shared their life experiences with me, but they also went the extra mile and contacted their neighbors, friends, obstetricians, doulas, and relatives who in turn contacted many others that were willing to *talk* to me. I feel truly privileged that so many women were willing to share very private experiences with me. I also feel honored that they put their confidence in me.

A colonial system that has existed in Puerto Rico for centuries has perpetuated a culture of violence against women, beginning with the sacrificial violence of the colonial period through the reproductive violence of mass sterilization in the twentieth century, and continuing to the obstetrical violence of caesarean sections and callousness toward women during childbirth of today. I began this study because I felt the need to understand how Puerto Rico, a small island, could have one the highest percentage of sterilizations in the world. The data gathered in the study revealed a reduction in the preference for the procedure as a contraceptive method, particularly by millennials. However, the narratives also revealed the normalization of other types of violence in other procedures related to reproduction, such as obstetric violence and unnecessary cesarean deliveries. The aggression against the colonized, brown, Puerto Rican female body in reproductive matters has been expanded to other areas aside from sterilization.

For example, the modernization project established by the United States and supported by the local government promoted the medicalization of childbirth and shifted natural deliveries in the direction of unnecessary cesarean deliveries. In 2002, Puerto Rico was the country with the highest rate of selective cesareans (45%) in the western world (Córdova 154).

The contact I had with all the people I met through the interviews I conducted and my research brought a very different perspective to my work by making more tangible the ideas I have been working on for the past several years. According to professors, researchers, and administrators I met at the Medical College as well as at the University of Puerto Rico, the texts being used at those institutions are imported and the subject of women's reproductive rights in Puerto Rico is not dealt with, as it should be. Faculty must thus do this on their own. Valor, for instance, mentioned that there are many progressive professors who discuss the high percentage of cesareans performed in Puerto Rico every year. They usually do not discuss sterilization, however. The topic of mass sterilizations may be mentioned, but she does not believe it is something studied in depth nor are any profound discussions of the historical or political reasons behind the issue.

Isaura, as a professor in the health care field, also talked about the relevance of the curriculum and the practice of future professionals:

Isaura:	…we don't have (*Sighs*) a maternal-neonatal history in Puerto Rico, when we talk to nursing students. We don't have a book that specifically talks about the maternal-neonatal history of the Puerto Rican women, no. We live under a colonial system, so we're not going to get the [right] books.
Interviewer:	Are the books in English?
Isaura:	In English. In English. You also hear students' complaint: "Ow, this is such an expensive book and is in English!" Those books do not present the history about reproduction and women in Puerto Rico. It is our responsibility to include it.
Interviewer:	So, you have to cover what is missing in the books that are imported.
Isaura:	Yes, because we are preparing professionals that are going to provide services to the

> population in Puerto Rico –we have to talk about what is relevant. And we have to talk about our laws, about what is important in relation to reproduction in Puerto Rico, and what is currently happening here. But all that, it completely depends on the professor; it really depends on the professor.

It is imperative that those in charge of preparing the future health care professionals on the Island to take responsibility in bringing awareness and humanizing the curriculum to put a stop to the abuse against women.

I am hopeful that the perpetuity of violence, an historical violence, committed against Puerto Rican women changes with the proactive attitude and the agency that I found in many of the women I interviewed, in collaboration with pioneering men such as Dr. Alicea, along with the educators in the legal and health care services. The dedication and professionalism that I sensed from the doulas and midwives complemented by that in legal experts such as Amanda is a labor of love with great potential to bring changes for future generations of women in Puerto Rico.

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APPENDICES

Appendix A: Screening Form

University of Wisconsin-Milwaukee
"Reproductive Rights in Puerto Rico."
Dr. Ana Mansson McGinty (PI)
M. Estrella Sotomayor (PSI)
Screening Form
Summer _____
IRB#: 15.322

Name: _____ Age: _____

Place of birth: _____ Phone number: _____

Would you be willing to participate in an interview to talk about reproductive rights?

_____ Yes _____ No

If necessary, would you be willing to meet more than once? ____ Yes ____ No

Where would you like to meet to conduct the interview?

_____

_____

What times/days are convenient for you to meet?

_____

_____

Do you know of any other Puerto Rican women over 18 years of age who would be willing to do an interview? ____ Yes ____ No

If yes, could you provide her with my contact information? ____ Yes ____ No

Curriculum Vitae

María E. Sotomayor

Place of Birth: San Juan, Puerto Rico

Education

B.A., University of Wisconsin-Milwaukee, August 1994
Major: Spanish Literature and Women's Studies

M.A., University of Wisconsin-Milwaukee, August 1996
Major: Foreign Languages and Literature, Concentration: Spanish

Ph.D, University of Wisconsin-Milwaukee, August 2020
Major: Women's Studies and History
Committee Members: Dr. Merry Wiesner-Hanks (Chair), Dr. Carolyn Eichner, Dr. Gwynne Kennedy, Dr. Kristin Pitt

Graduate Certificate, University of Wisconsin-Milwaukee, August 2020
Major: Women's and Gender Studies

Dissertation Title: Reproductive Rights in Puerto Rico: Sterilization, Contraception, and Reproductive Violence

Affiliations/Memberships

Phi Kappa Phi Honor Society
Sigma Delta Pi Honor Society
Modern Language Association
World History Association
American Historical Association

Teaching Experience

Department of Spanish and Portuguese, University of Wisconsin-Milwaukee
Senior Lecturer, August 1996-August 2012; May 2014-present

Africology Department, University of Wisconsin-Milwaukee
Teaching Assistant, August 2012-May 2014

Women's Studies Program, University of Wisconsin-Milwaukee
Associate Lecturer, Fall 2002

Research Experience

Graduate Fieldwork, San Juan, Puerto Rico, Summers: 2014, 2015, 2017, 2018

Face-to-face interviews in the Metropolitan Combined Statistical Area of Puerto Rico and archival work at the University of Puerto Rico and the School of Medicine

Research Assistant, Professors Marina Pérez de Mendiola and Santiago Daydí-Tolson, University of Wisconsin-Milwaukee, August 1993-May 1996

Awards/Honors

University of Wisconsin-Milwaukee, Center for Latin American and Caribbean Studies, Ruggiero-Handelman Field Research Award, Summer 2018

University of Wisconsin-Milwaukee, Center for Latin American and Caribbean Studies, Tinker Field Research Award, Summer 2018

University of Wisconsin-Milwaukee, Center for Latin American and Caribbean Studies, Tinker Field Research Award, Summer 2017

Center for Studies and Investigation for Decolonial Dialogues, *Decolonizing Knowledge and Power*, Barcelona, Spain, Summer 2014

University of Wisconsin-Milwaukee, Ghana Study Abroad Program, Winterim 2014

University of Wisconsin-Milwaukee, Chancellor's Award, Fall 2012-Spring 2014

University of Wisconsin-Milwaukee, Center for Latin American and Caribbean Studies, Financial Support to develop study abroad program in Panama City, Panama, 2011

University of Wisconsin System, Outstanding Women of Color in Education Award, Spring 2011

University of Wisconsin-Milwaukee, Academic Staff Outstanding Performance Award, Fall 2007

University of Wisconsin-Milwaukee, Center for Latin American and Caribbean Studies, Financial Support to develop study abroad program in Santiago de los Caballeros, Dominican Republic, 2007

University of Wisconsin-Milwaukee, Center for Latin American and Caribbean Studies, Financial Support to develop study abroad program in Oaxaca, Mexico, 2003

University of Wisconsin System, Office of Professional and Instructional Development Faculty College Fellowship, 2001

University of Wisconsin-Milwaukee, Scholarship from the American Association of University Women, 1992

University of Wisconsin-Milwaukee, Undergraduate Minority Student Retention Grant, 1992

Publications

Sotomayor, María E. *Writing in a Foreign Language: What Teaching Approach Helps Non-Native Students Acquire Better Writing Skills?* Eds. Ciccone, A. and Schroeder, C. *Learning in Context: The Diversity of SOTL Inquiry*. Center for Instructional and Professional Development, University of Wisconsin-Milwaukee: WI, 2006.

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Presentations

"Sterilization in Puerto Rico." Presentation at the annual World History Association, *Cities in Global Context and the Caribbean as Crossroads*, San Juan, Puerto Rico, June 2019.

"Writing in a Foreign Language: What Teaching Approach Helps Non-Native Students Acquire Better Writing Skills?" Poster session at the *Colloquium on the Scholarship of Teaching and Learning*, Madison, WI, 2006.

"Writing in a Second Language." Poster session at the *American Association for Higher Education*, Atlanta, GA, 2005.

"Teaching Professional Spanish: Challenges and New Directions." Conference Organizer and Presenter at the *Spanish for the Professions for Colleges and Universities in the Midwest*, Milwaukee, Wisconsin, 2001.

"Teaching Professional Spanish: Challenges and New Directions." Presentation at the *Wisconsin Association for Language Teachers Conference*, Appleton, WI, November 2001.

"Languages and Globalization." Roundtable presentation at the *Wisconsin Association for Language Teachers Conference*, Appleton, WI, November 2000.

University Service

Scholarship Award Committee, Department of Spanish and Portuguese, University of Wisconsin-Milwaukee, 2000-present
Boren Award Committee, Center for International Education, University of Wisconsin-Milwaukee, 2014-present
Women of Color Award Committee, University of Wisconsin-Milwaukee, 2018
Outreach and Publicity Committee, Department of Spanish and Portuguese, University of Wisconsin-Milwaukee, 2007-2012
Search and Screen Committee for Faculty Hires, Department of Spanish and Portuguese, University of Wisconsin-Milwaukee, 2002, 2005, 2006, 2007
Scholarship Committee, Center for Women's Studies, University of Wisconsin-Milwaukee, Spring 2007-2010
Committee for the Center for Volunteerism and Student Leadership, University of Wisconsin-Milwaukee, 2000-2002
Curriculum Committee, Department of Spanish and Portuguese, University of Wisconsin-Milwaukee, 2000-2002, 2004, 2005
Certificate Program Committee, Center for Latin America and Caribbean Studies, University of Wisconsin-Milwaukee, 2001-2004
Advisory Committee, World Languages, Literature, and Linguistics, University of Wisconsin-Milwaukee, 2000-2002