



POSTPONED MATERNITY: VOICES OF WOMEN WHO DECIDE TO ABORT IN ECUADOR

Gina Rosa Alonso Muñiz^{1,2} <https://orcid.org/0000-0003-0041-2956>, Beatriz Elena Arias López³ <https://orcid.org/0000-0002-3326-0402>

¹Professor at the Southern State University of Manabí. Jipijapa, Ecuador.

²Coordinator of the Nursing Career at the Southern State University of Manabí Jipijapa, Ecuador

³Professor at the University of Antioquia. Medellín Colombia.

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ABSTRACT

Introduction: Voluntary abortion is a topic in constant debate because it invades the public and parliamentary spheres, bringing with it discussions that go towards the political and ethical aspects. For Ecuador, it becomes relevant due to the restrictions derived from the norms that regulate the procedure. In this sense, it is important to make motherhood visible from the perspective of the women who decided to terminate the pregnancy, in a social context that shows contrary edges to what it has been culturally believed to be a mother. **Objective:** Understand the way motherhood is understood from the trajectories of women who have decided to abort in Ecuador. **Methods:** Narrative biographical study in which 19 women of legal age, who decided to abort at some point in their lives, participated. The sample was made up of 19 women between 18 and 62 years old. The information was collected through in-depth interviews, mostly virtually. Bertaux's proposal was used for data treatment and analysis. Endorsement was obtained from the

Ethics Committee. **Results:** Being and the duty to be mothers confronts women with tensions between a positive and satisfactory motherhood and another as a dispossession of themselves. Trends that are not necessarily exclusive emerge, which take the form of sacrificial, omnipotent, burdensome, imperfect and/or bad motherhoods. **Conclusions:** The meaning that motherhood has for women is fundamental in their decision to abort, to the extent that its social and cultural mandates become additional pressure to sanction and criminalize their decision to abort. This requires proposing a perspective of sexual and reproductive health rights that allows nurses, and other health actors, recognize these complexities and tensions to assume their care task from a guarantee perspective, putting women as the main focus.

Keywords: sexual and reproductive health, abortion, sexual and reproductive rights, Nursing.

Corresponding author: Ph.D. Gina Rosa Alonso Muñiz. Email: gina.alonzo@unesum.edu.ec

INTRODUCTION

Sexual and reproductive health (SRH), like health in general, is determined by various factors. Even though its correspondence with the biological is obvious, the mediation of the social and cultural context is essential (1-3). While biological bodies function in certain ways, gender and the representations rooted in patriarchal societies establish their own models of health, science and behavior, with an impact on individual and collective bodies (4). In this debate, women's rights have been progressively recognized, without difficulty. The ideology of femininity and the notions that it entails have permeated health practices, as well as the process of health-illness-care-attention-death (5), with latent threats and risks of violation of the fundamental rights of women.

The attention regarding their SRH continues to be limited, with poor quality, characterized by dependence on decisions of third parties or institutions, and persistence of practices without consent, based on logics of legitimized violence (6). The origin of these systematic violations is found in the deep-rooted representations and concepts around women, gender, sexuality and their essential functions of gestating, giving birth, breastfeeding, raising and revitalizing others in a personal, direct and permanent way, in their daily survival and in death (7-9).

Within all these ideas, that of motherhood is covered with moral judgments, whether religious, political or cultural. In some cases, it is considered sacred and constant (10), but paradoxically underestimated, as an instinctive response, which occurs spontaneously and therefore has no value (8). The vision of "the mother" is presented as a naturalized reflection of love, unconditionality and, with it, the loss of autonomy of women (10), conceptions that are inscribed in their bodies and lives, with strong conservative and sexist aspects.

In this context, the exercise of women's fundamental rights may be restricted, in particular sexual and reproductive rights, the purpose of which is to guarantee that all people can live free of discrimination, risks, threats, coercion and violence in relevant decisions. So that they can enjoy a pleasurable, sovereign and free sexual and reproductive life. This is reflected, among other situations, in the norms and health practices provided by professionals in the area, and ends up being expressed in the setback in matters of SRH (11), where the autonomy of women continues to be limited and widely debated.

Against this backdrop, abortion is one of the problems that cannot be resolved. The criminalization and judicialization of those who have performed abortions has increased in Ecuador.

The context of this research is pressured from various social sectors to regulate the issue in line with international organizations that point out violations of other associated rights, such as health or intimacy (12).

Following these debates, this article aims to understand the way motherhood is understood from the trajectories of women who have decided to abort in Ecuador, that is, from the trajectories of those women.

METHODS

Type of study. This work was situated in a feminist perspective, a world view that recognizes women in society and confronts systematic injustices based on gender (13). This philosophical current promotes a social transformation in the contemporary world, generating critical and reflective judgments capable of changing realities (14), while calling into question the discourses, dilemmas and problems that have not been answered. It aims to create a science free of gender inequality, with a vision of inclusion. Accordingly, the research is qualitative, it had a design based on the narrative biographical approach (15) given the relevance of understanding from the subjectivity of women the phenomena that are intertwined with their SRH (16).

Place and Period. Ecuador, from March 2021 to March 2022

Selection criteria. Women of legal age who had decided to abort at some point in their lives, who wanted to narrate their experience freely and whose geographical area of residence was Ecuador. Those with communication difficulties were excluded. The approach to the participants was through contacts and social networks, under the snowball strategy and through organizations and activists that work for the defense of sexual and reproductive rights, among them: Feministas Ec, Colectivo Zorras Subversivas and the Blue Toad Community. A first contact was established with the women to inform them about the objectives of the research, informed consent and ethical safeguards, in addition to completing a sociodemographic data sheet.

Sample. The sample was made up of 19 women between 18 and 62 years old, with an average of 32; residents of Quito, Jipijapa, Portoviejo, Latacunga, Guayaquil and Atuntaqui. 47% were university students, 35% were professionals from different disciplines and 18% were housewives, which formed a sample with significant access to education. Almost all declared their ideological and practical adherence to the Catholic religion. The sample was formed following the logic of convenience sampling and achieving the formation of a homogeneous sample, with minimal variation.

TABLE 1
STUDY SAMPLE

Participant	Pseudonym	Age in years	Place of residence	Occupation	University education	Religion
P1	Jennifer	29	Panama	University student	Professional in Health Sciences	Catholic
P2	Laura	23	Latacunga	University student	Professional in Administrative Sciences	Catholic
P3	Monica	23	Quito	University student	Professional in Health Sciences	Catholic
P4	Mariana	22	Portoviejo	University student	Professional in Health Sciences	Catholic
P5	Noelia	23	Quito	University student	Professional in Administrative Sciences	Catholic
P6	Crisley	23	Portoviejo	University student	Professional in Health Sciences	Catholic
P7	Viviana	22	Portoviejo	University student	Professional in Health Sciences	Catholic
P8	Loneliness	51	Guayaquil	Housewife	Secondary	Catholic
P9	Constance	18	Quito	University student	Professional in Administrative Sciences	Catholic
P10	Lily	3. 4	Atuntaqui	Employed professional	Professional in Health Sciences	Catholic
P11	Simona	39	Panama	Employed professional	Professional in Health Sciences	Catholic
P12	Hedwig	35	Panama	Employed professional	Professional in Health Sciences	Catholic
P13	Carolina	23	Quito	University student	Professional Social and human sciences	Catholic
P14	Maria	39	Quito	Housewife	Professional in social and human sciences	Catholic
P15	Adelita	41	Quito	Housewife	Professional in Administrative Sciences	Catholic
P16	Yajuana	62	Quito	Employed professional	Professional in social and human sciences	Catholic
P17	Maya	31	Guayaquil	Employed professional	Professional in Health Sciences	Catholic
P18	Andrea	28	Quito	Employed professional	Professional in Technical Sciences	Evangelical
P19	Lilac	56	Quito	Employed professional	Communication Sciences Professional	Catholic

Source: interview with participating women

Data collection. In-depth interviews, with an average duration of 40 minutes and a frequency of three for each participant, which were mostly carried out virtually through the Google Meet platform, taking into account the conditions of the pandemic specific to the period of development.

Data treatment and analysis. Bertaux's proposal (17) of the "story of life" was accepted, which originates from everyday life, arising from the dialogue between two people about a life event. It starts with an intratextual descriptive approach, continuing with an intertextual interpretive analysis. To do this, summaries structured in matrices were used, which were then converted into graphic representations or visual images of the identified themes. Strategies such as comparison/contrast, pointing out patterns and themes, triangulation and the search for negative cases, were key in the process. This made possible to identify metanarratives, such as the case of motherhood, whose results and discussion are exposed below. No computer program was used for the analysis process. On the contrary, manual data processing was privileged.

Ethical aspects. Endorsement was obtained from the Ethics Committee of the Faculty of Nursing of the University of Antioquia according to Minutes CEI-FE 2020-21 of April 30, 2020 and from the University San Francisco de Quito Minutes AVO-03-2021-CEISH-USFQ. The ethical principles of the Declaration of Helsinki corresponding to research with human beings were followed (18). In the development of the research, pseudonyms

were used to protect the integrity and identity and maintain the confidentiality of the participants.

RESULTS

From the generation of meta-narratives or collective narratives resulting from the intertextual dialogue of the participants' stories, it was possible to identify different maternal models, where the being and the duty to be as mothers confront women with permanent tensions between the idea of positive motherhood, satisfactory, full of tenderness, with motherhood as a burden and as the dispossession of themselves. In general terms, the religious idea of motherhood stands out as a possibility of later reward, a balm that allows sacrifice to be sustained, but also the avoidance of guilt when faced with the decision to abort. Among the participants' representations of motherhood, sacrificial motherhood, omnipotent motherhood, motherhood as a burden, perfect/imperfect motherhood and bad motherhood were observed as trends present in the biographies, which are not necessarily presented in an exclusive way but rather they overlap at different times in their trajectories. This occurs depending on the context and the transformations of the environment, whose emphasis modulates decisions to interrupt or not their pregnancies, which generates a varied spectrum to understand women's decisions in relation to their sexual and reproductive rights, as well as their diverse care trajectories.

**TABLE 2
CATEGORIZATION MATRIX**

Main Topic	Categories/metanarratives	Meaning
Maternities postponed: voices of women who decide to abort in Ecuador	Sacrificial motherhood	Motherhood lived and represented as a sacrifice, as a constant putting sons and daughters above themselves
	Omnipotent motherhood	As a consequence of sacrifice, the compensation of omnipotence, as proof of her value as a mother
	Motherhood as a burden	Experience of parenting and care without support networks
	Perfect/imperfect motherhood	Idealized motherhood/wrong motherhoods that do not meet social standards
	bad motherhood	That which, by decision or omission, transgresses the mandate of idealized motherhood, failing to fulfill the sacrifice and critically reconsidering the idea of omnipotence and resigned burden.

Sacrificial motherhood

One of the phenomena that emerges most strongly in women's stories is motherhood experienced and represented as a sacrifice, as a constant putting sons and daughters over themselves. Sacrifice marks motherhood as part of a deterministic cultural and family legacy, exacerbated by problematic emotional relationships, precarious economic contexts and/or partners absent in the work of parenting. To be a mother is to be burdened, to stop fulfilling what is planned in order to give priority to the care of others, an apparently undifferentiated experience in women of different ages and positions whose sacrificial version of motherhood runs through their biographies, a turning point which derives hard work, duty and latent guilt from not being able to do the right thing in upbringing, care and education. Sacrificial motherhood leads women to fulfill their destiny, with a path laid out historically and culturally.

Viviana, a 22-year-old woman from an urban parish in Portoviejo, currently a university student, lives with her husband and daughters in a small apartment where they share with other relatives on the same property. She remembers a family of very religious origin, in which talking about sexuality was impossible. She had her first daughter at 18 and the second at 19, then came a third pregnancy, which she decided to terminate. "I said I'm going to stop studying here, I'm not going to continue working here, I'm going to stay here and I didn't want that either. When my daughter was born, I took her to university for the first few months until she was eight months old. My daughter accompanied me to university. In the third pregnancy I said no, I'm going to see what to do. I didn't tell my mother, I didn't tell my partner, I didn't consult anyone, I made the decision for myself because I was in a moment of desperation. I didn't want to have another child, I'll be honest, I didn't want another child, I didn't want to carry more responsibilities, I felt dazed, fatigued, tired and I said no.

Soledad, a 51-year-old woman, originally from the Jipijapa canton, province of Manabí, who cannot access a professional

education, had an abortion after experiencing motherhood at the age of 23. She lived part of her life in her town with her foster mother, but she decides to go to another city when her children are in school, looking for work and ways to live. She has 3 adult children and is already a grandmother: "I was practically a mother and father, because my father helped me little, he gave me little. I think motherhood is something beautiful, a very beautiful experience that God gives us, we have to fight for our children, because the father, when we need it most, is not there.

Omnipotent motherhood

As a consequence of the sacrifice, the compensation of omnipotence appears, as proof of the self-worth as a mother. Even though many of the participants stated that they did not feel prepared for care and upbringing, this changes immediately when they experience motherhood. Deciding to maintain a pregnancy or interrupt it is crossed by this cultural mandate of superpower, which many prefer to postpone, rather than question. It is the uncertainty of being able to fulfill it that modulates the decision, rather than a disruptive or controversial position of the mandate. In this sense, motherhood supposes an omniscient, omnipresent, omnipotent being, whose bond is unquestionable.

Jennifer, a college student in health sciences, comes from a family consisting of her mother, her mother's husband, uncle, cousin, and her school-age son. She does not preach any religion and is in a relationship with a partner and with future plans to start a family. For her, motherhood entails an enormous responsibility, carried out with selflessness, but it also implies giving everything for another person to whom she has given life and care: "Motherhood is very beautiful, knowing that you have a being that was born from you, that you have to focus. Furthermore, thinking about him, putting him as a priority, is something beautiful, very, very much; of telling me that he misses me, out of sincere words, of arriving home and him hugging me out of nowhere, kissing me, it's very nice, beautiful, of telling me 'mommy, I miss you', even though he's bothering me to make me laugh. What would have happened if I had had my other baby? I say that I did well, although it sounds cruel. I think I did well

because in the situation I am in right now I am not in a position to have a baby, so things happen for a reason.

Laura is single, Catholic, comes from a nuclear family, has no children, is an active participant in a feminist group and is a university student: "I believe that to be a mother you have to be super prepared, not only psychologically, but (...). Let's see, not only physically (laughs), but also psychologically and emotionally, because there are actually a lot of changes." Carolina has this same appreciation, who considers that motherhood entails responsibilities, skills and sacrifices that are unknown in advance and that are learned only through the experience of being a mother: "I do want to have a child, it seems like something super cool, something very hard too, but in the midst of everything, of all those things, I think it is something beautiful

Motherhood as a burden

The sacrifice of motherhood can turn into omnipotence, but it can also turn toward burden. In the first case it constitutes an evaluative compensation, while in the second it presupposes the exacerbation of a situation of suffering, especially for those women who experience upbringing and care without support networks, or for others who question gendered social functioning on these tasks of social reproduction. More than compensation, women's decisions appear from this place of enunciation as contempt for the mandate.

Mariana is a university student, from the rural parish of Calderón, in the city of Portoviejo, single, has no children, Catholic, economically independent, who identifies as a feminist. Despite considering that motherhood is "something beautiful," she positively values the decision to abort: "Motherhood will be desired or it will not, so motherhood is something beautiful and in that short time I felt it was very rooted, ugh, but I feel like I made the right decision. Because I don't think it was easy to arrive with a little one by my side and me alone, helpless. Then it wouldn't have been easy. I want motherhood after a few years, like at 26 I would like to become a mother.

Crisley, a university student, single, financially dependent on her parents, of Catholic religion and a nuclear family, without children. Her economic circumstances make the possibility of being a mother unfeasible, as well as her personal goals: "I would like to be a mother, but I feel that I still do not have the capacity to support a person, firstly, because I cannot support myself right now, because I'm studying, it's also very hard to get a job right now."

Viviana, whose voice had already appeared previously, continues with her story, turning the sacrifice into a burden. Although she has support networks in her environment, her story is emphatic in pointing out the responsibility that she must assume and that corresponds to her as a mother and that also brings with it a feeling of guilt that is recognized in weakness and tiredness of it. Added to it are the voices of Adelita, professional, divorced, housewife, mother of two children, whose appreciation

is that motherhood is a high level of exhaustion, which leads to limitations in rest or self-care.

Lila, for her part, is aware that postponing motherhood until the age of 43 precisely allowed her to release a burden on her youth. That is, living a stage of his life fully, which a burden would not have allowed her to experience: "the best decision I could have made (.....) I am going to take care of him as long as his body lasts, I am educating him in my style (... ..) I think that all questions are in their moment."

Perfect/imperfect motherhood and bad motherhood

Within the stories, the mandate of idealized motherhoods is disregarded. The idea of imperfection also emerges, that is, mothers who give their best, but who also make mistakes, paradoxically in the aspiration of achieving those social standards of perfect motherhood, which in personal terms constitutes a plausible aspiration. In this same sense, the negative results in the development of the child, individual psychological disorders and social evils are due to poor maternal practices, to not leading efficient motherhood. "He is the only person (the son) who has been there, who makes me see those things that I have as mistakes as a mother, I talk a lot with him about all those things, that I am not perfect, that sometimes I make mistakes, that whenever he makes me present or calls me, this happens, I don't like that or things like that. It's beautiful, it's beautiful to know that he will always be with you, of course in the way you know how to raise him." (Jennifer)

At the limit of the spectrum then the bad mother appears, one who by decision or omission transgresses the mandate of idealized motherhood, failing to make sacrifice and critically reconsidering the idea of omnipotence and resigning burden. These forms of mothering generate dissidence in the ways of assuming this social place and are the object of stigmatization and singling out.

Azucena, a health professional who lives in Atuntaqui, in the province of Imbabura, married, mother of one son, active participant in a feminist group that defends sexual and reproductive rights, Catholic, economically independent, states: "Motherhood (...) is not how they portray it to us. I had my first baby when I was 30 years old, already a professional, with a job, with a stable partner, economic independence (...) problems arose and the maternal situation is sometimes not as we believe it or they make us believe it."

DISCUSSION

The narratives of motherhood mentioned above present to women a series of tensions through which they go through and that have an effect on their decisions about the experience of their sexuality and their reproductive possibilities, which at the same time permeate care and attention practices, as well as respect and/or violation of sexual and reproductive rights. Specifically for the research that gives rise to this article, these are issues that stress the care trajectories of the participants and their decision to voluntarily terminate pregnancy, in a sanctioning context and with still conservative regulations such as the Ecuadorian one. Identifying these tensions is important because

it allows us to “de-essentialize” the hegemonic discourses that sustain reified forms around sexual and reproductive decisions, recognizing the nuances from women's experiences, with their coexistences and contradictions.

The first tension that appears in the cultural mandate is the dispossession of self. For Hubert, Mauss (19) and Swigart (20), the dedication of the subject towards a sacred other implies a moral adjustment or change, which, in the case of women in their motherhood, is expressed in consecrating their sons and daughters, making them subjects of veneration, worship and privilege. The mother gives up her place, becomes an instrument and motherhood becomes a sacrificial exercise, but also guilty suffering. Sacrifice constitutes a divine blessing, which constitutes the highest moral value and even the perfect expression of one's own goodness (10), in permanent tension with uncertainty and guilt due to the imminence of error or deviation in the task.

Following Lagarde (9), this situation is amplified if we take into account that the social reproduction activities of the mother-wife are not recognized and she does not have financial remuneration, even though her work is to maintain and preserve the lives of others. Motherhoods become more complex, because many times maternity is experienced without sufficient support networks or when they are present, they are not part of the work, in contexts where parenting and care are strongly gendered issues and the presence of the mother is essential to care of the children.

In many of the participants' stories, the mother is not the subject of motherhood but rather its object. That is to say, the mother woman is an instrument, a means of life and care for another being, who is stripped and strips of herself. Lonzi (7) refers that women have been trained to care for the body and spirit of their son or daughter, in socialization processes in which obligation and unconditional love are embodied as a univocal identity of motherhood. From this perspective, motherhood is hardly compatible with one's own aspirations, and self-sacrifice is necessary to preserve the life of another, a divine gift that must be accepted with resignation (21). Vivas (22) suggests that beyond the biological dimension derived from the potential for reproduction, motherhood has been consolidated in a social, historical and cultural environment that shapes and sustains it under parameters of self-denial and sacrifice, strongly fueled by a morality of a religious order, whose reference image is the Virgin Mary in her connotation as a mother and in her expression of fertility and care.

The second tension has to do with the juxtaposition between dispossession and omnipotence. Rosero (23) mentions the existence of the criteria of a “good” and “bad” mother, generating from there the ideology of the omnipotent mother. This model of mother is the most preponderant, idealized and perfect, whose care directed towards the child and family is unique and unequivocal. Women make their desire to mother a historical reference, in which they find their goal and meaning in life. That is to say, the reason of giving everything for another seems to be essential in the mother-child relationship, satisfying the most intimate desires such as breastfeeding, caressing and providing exceptional and privileged care.

Consequently, motherhood, while implying sacrifice and self-emptying, is transformed into a claim to omnipotence. Self-denial

and consecration make women powerful in said role, but only in said role (24-25). Therefore, when women express indifference to the fact of having or not having children, this leads to the indication of inability to carry out accomplish the task, and not to freedom of decision. Even, as we saw previously, the participants who express their ideological and militant affiliation with feminism express their postponement of motherhood because they do not feel prepared for such a magnified responsibility, in which not only economic conditions come into play, but also others that touch with the emotional and the moral aspects. In all of the participants' stories, we found that the decision to abort, rather than being based on a free and autonomous decision regarding breastfeeding, responds to a postponement. In this sense, a double burden is produced, because not only is the social sanction experienced for the abortion decision, but also a self-sanction is experienced for not yet achieving the expected maternal competencies.

In this regard, the historical overview of the representations of motherhood made by Rosero (23) is interesting, where he explains that the notion of the omnipotent mother is associated with the impact of her maternal activity on her result, the son or daughter in such a way that any positive manifestation in this is a product of the omnipotence of the mother to build the life of the child. The postponement of motherhood is the response to the magnitude of what it represents for women, that omnipotent path from birth until a split occurs between mother and child, that helplessness of the newborn that demands an omnipotent goddess to their shelter (26).

In contrast, the bad mother arises, one whose role negatively impacts the children. The mother, who has all the power to determine the lives of her children, can play a deficient role, not adjusted to expectations. The result of this is the imbalance in the lives of the children, at least until they are able to fend for themselves (2.3). The denatured mother or bad mother is one who does not know how to raise, is not loving and dedicated to her children. She represents a figure of individuality, who decides not to reproduce. She is subject to social sanction for not feeling affection for her children, expressing confusion over motherhood or expressing regret for her choice (27). For Ordóñez (28), bad mothers are those who do not comply with the socially constructed ideals of motherhood. They are absent, denatured and detached women. They violate and attack the shared social construction of the good mother.

The upbringing and care that mothering entails become gendered activities, they are experienced in an ambivalence between the deserving of social recognition, a strong demand and its potential burden of frustration. Bogino (29) mentions that motherhood entails physical effort and, in turn, invisible psychological work, with high social costs for women. Mothers, while being considered omnipotent and self-sacrificing, are subjected to strict control regarding what should be, what is expected of them. The label of “denaturalized mother” used to name those mothers who do not fit the expected model (8). This reinforces the idea of an essentialization of mothering, from which leaks, cracks, or disruptions are not allowed, adding new burdens of suffering. Faced with the myth of the woman-mother, “bad mothers” include those who murder their children, those who abuse and abandon them, but also those who abort or those who decide not to be mothers.

The idealization of divine sacrifice and the pure act of love generate a contrast with the experience of gestating, giving birth and caring when, above all, they are carried out in solitude and

with recrimination, generating feelings of anxiety, anger or anguish that contrast and distort the expectation around what is recognized as the ideal of motherhood (11), regardless of the level of freedom and autonomy that has been had regarding pregnancy and the decision to be a mother. This indicates that the naturalization of motherhood is an artifice, which hides the unique experience of women and their agency in the construction of their motherhood (30), sustained in the idea of motherhood associated with sacrifice that has predominated throughout history. Paradoxically, this sacrifice is elevated to the level of supreme value, and thereby connected to a compensatory perspective of omnipotence. The omnipotence of motherhood implies meeting social standards that may not be what they expect for their lives, but that they assume as a form of social recognition that ends up reinforcing their sacrificial destiny. This mandate not only makes women responsible for the exercise of motherhood to be considered good mothers and not be judged as the opposite, but it also makes them omniresponsible for the life of the child, for their decisions, experiences, illnesses, virtues and shades. Experiencing this ambivalent game provokes contradictions in women that leads them to settle on the idealized statement of the good mother, even in cases where they interrupt a pregnancy in a decision that allows them to honor said ideal. That is, interrupting pregnancy is necessary due to the risk of not becoming the good mother one should be.

CONCLUSIONS

The idealized motherhood model reflects a firmly established and hegemonically accepted mandate, which does not necessarily

operate as an immovable monolithic model. Dialogue with women who have decided to voluntarily abort at some point in their lives in a context with important social and legal sanctions such as the Ecuadorian one has allowed us to understand how said decision interacts with the ways of incorporating the mandates around motherhood, but also how these They are reformulated or resignified based on their biographical trajectories. However, it is important to note that these results may have limitations given that the study sample had minimal variation, especially from the point of view of elements of social position (education, origin, access to information, religious practices), which could explain the saturation in the theme, which could vary if further explorations are carried out with women from opposite social positions.

The meaning that motherhood has for women is fundamental in their decision to abort, to the extent that its social and cultural mandates become additional pressure to sanction and criminalize their decision to abort. This requires proposing a perspective of sexual and reproductive health rights that allows nurses, and other health actors, recognize these complexities and tensions to assume their care task from a guarantee perspective, putting women as the main focus.

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