NEGOTIATING REPRODUCTION

Family Size and Fertility Regulation among
Shuar People of the Ecuadorian Amazon

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To Mateo

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The making of this thesis has been a long journey, characterised, on the one hand, by a genuine concern about the changing circumstances of the indigenous peoples in Amazonia and, on the other hand, by the possibility of not being able to finalise the story of the people whose lives I present in this work. The question has never been *when* I would finish this thesis but rather *if* I finish it at all. There have been many changing reasons for this over the years and I am indebted to many people for being able to finish the work.

During the first two years of the PhD programme I was enrolled at the Institute for International Health and Development at Queen Margaret University in Edinburgh as a self-funded, full-time student. One of the main research areas at this institute is reproductive health and development, making it a good environment for me to do my research. However, the combination of being a full-time, self-funded student and a parent can be problematic. After being enrolled for two years I was, due to financial reasons, no longer able to continue. Without funding and without the possibility to change from full-time to part-time studies I made the difficult decision to leave the PhD programme. I am, however, grateful for the support Suzanne Fustukian and Margaret Leppard gave me during my years at Queen Margaret University, in particular for their support, guidance and encouragement during the time I did fieldwork.

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During fieldwork I came into contact with Steven Rubenstein at the University of Liverpool. Over the years we have, on several occasions, met to discuss, share and compare the data we both obtained while doing fieldwork among Shuar people. The combination of heart, compassion, intellect and

humour made Steven a unique person, and it is certainly a great honour and privilege to have had him as both a dear friend and an advisor over the years. The world is significantly smaller after his sudden death in March 2012 (R.I.P.). After I left the PhD programme at Queen Margaret University Steven encouraged me to contact Dan Rosengren at University of Gothenburg to see if he had any suggestions on how to continue. Dan, and some of his colleagues, decided to help me out and applied for funding from the Hilding Svahns Fond, which I was happy to receive. I am extremely grateful for the financial support and the efforts of Dan and his colleagues at that particular time, which made it possible for me to write up most of the chapters at University of Gothenburg.

To change universities in the middle of a PhD programme is, however, not as easy as one may think. My research at Queen Margaret University had an interdisciplinary approach whereas my research at Gothenburg University was supposed to be anthropological. It would have been impossible for me to switch approach if I had not had two fantastic supervisors, Dan Rosengren and Alexandra Kent, who patiently have provided me with stimulating and eye-opening feed-back and critique to my efforts to make sense of the data and to transform it into a readable manuscript. I am also thankful to all the members of the research group Indigenous Studies Initiative at Gothenburg University for providing a stimulating and intellectual environment during the write-up process. I also thank those who have patiently listened and offered criticism to the various versions of the manuscript, in particular Marita Eastmond, Maj-Lis Follér, Johan Wedel, Annica Djup and Hanne Veber.

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A Note on Shuar Orthography

The way Shuar people pronounce many words varies. Some words end with a silent vowel, which makes it difficult to transcribe them. These vowels are sometimes voiced when words are shouted out loudly, which is also the reason why one may find variations in the spelling of particular words, e.g. Shuar or Shuara, Achuar or Achuara.

The Shuar Federation and the Salesian missionaries have played an important role in establishing spellings and they have generally adapted Spanish orthographic rules to the Shuar language conventions. Accordingly, *j* is pronounced in the same way as Scottish people pronounce *ch* in words such as 'loch', like in Loch Ness. There are however a few exceptions:

k following an *n,* is pronounced as a *g*
p following an *m*, is pronounced as a *b*
t following an *n*, is pronounced as a *d*

In this way, the name of the earth spirit Nunkui is pronounced Nungui; the name Nantu (moon) is pronounced Nandu and the word numpa (blood) is pronounced numba.

I have in general tried to apply the most recent orthography in the Shuar spelling of words, i.e. as the words are presented in the dictionary *Chicham* (Pellizaro and Náwech 2005). As the authors point out in the introduction, this dictionary is not yet complete and I have, for example, found that many names for plants used in rituals and for medicine are missing. I have therefore transcribed such words according to the way Shuar people in Kuwín pronounced them. Readers that use other ethnographic accounts of Shuar people, such as Harner (1972), Hendricks (1993), Mader (1999) and Rubenstein (2002), may find alternative ways of spelling some of the words I have used in this thesis.

The translation of Shuar words in this thesis is mainly based on the way the Shuar participants in this work have described and used the words. The translation of most words is in accordance with the dictionary *Chicham*. However, this dictionary has a Catholic bias, meaning that their translation of certain words have sometimes differed from how Shuar people translated them to me. For example, in *Chicham,* personified spirits such as Ayumpum, Etsa, Tsunki etc. are either described as sons of *arútam* or as incarnations of *arútam*, revealing how *arútam* is depicted as being the same as the Christian

God. Among the Shuar people I socialised with, *arútam* was defined in plural as souls of ancient ancestors and not as the Christian version of God. A glossary of Shuar words is provided in the end of the thesis.

List of Acronyms

APROFE	Asociación Pro Bienestar de la Familia Ecuatoriana Association for the Benefit of the Ecuadorian Family
CELA	Center for Latin American Studies
CEMOPLAF	Centro Médico de Orientación y Planificación Familiar Medical Centre for Orientation and Family Planning
CEPAR	Centro de Estudio de Población y Desarrollo Social Centre of Population and Social Development Studies
CONADE	Consejo Nacional de Desarrollo National Development Council
CONAIE	Confederación de Nacionalidades Indígenas del Ecuador Confederation of Indigenous Nationalities of Ecuador
CONAMU	Consejo Nacional de la Mujer National Council of Women
CONASA	Consejo Nacional de Salud National Council of Health
CONFENIAE	Confederación de Nacionalidades Indígenas de la Amazonia Ecuatoriana Confederation of Indigenous Nationalities of the Ecuadorian Amazon
CREA	Centro de Reconversion Economica de las provincias Azuay, Cañar, y Morona Santiago Center of Economic Reconversion of the provinces of Azuay, Cañar and Morona Santiago
DNSPI	Dirección Nacional de Salud de los Pueblos Indígenas National Department for Indigenous Health
ENDEMAIN	Encuesta Demográfica y de Salud Materna e Infantil Demographic and Maternal and Child Health Survey
FCI	Family Care International
FENOCIN	Confederación Nacional de Organizaciones Campesinas, Indígenas y Negras National Confederation of Farmers, Indigenous and Blacks Organisations
FICSHA	Federación Interprovincial de Centros Shuar y Achuar Interprovincial Federation of Shuar and Achuar Centres
FICSH	Federación Interprovincial de Centros Shuar Interprovincial Federation of Shuar Centres / Shuar Federation
FINAE	Federación Interprovincial de la Nacionalidad Achuar del Ecuador Interprovincial Federation of Achuar Nationality of Ecuador
FIPSE	Federación Independiente del Pueblo Shuar del Ecuador Independent Federation of the Shuar People of Ecuador
HCJB	Hoy Cristo Jesús Bendice Herald Christ Jesus' Blessings

HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
ICPD	International Conference on Population and Development
IESS	Instituto Ecuatoriano de Seguridad Social Ecuadorian Social Security Institute
INNFA	Instituto Nacional de la Niñez y la Familia National Child and Family Institute
IPPF	International Planned Parenthood Federation
IUD	Intrauterine Devices
LMGAI	Ley de Maternidad Gratutita y Atención a la Infancia Free Maternity and Child Care Law
MDG	Millennium Development Goal
MSP	Ministerio de Salud Pública Ministry of Public Health
NAE	Nacionalidad Achuar del Ecuador Achuar Nationality of Ecuador
NFP	Natural Family Planning
NGO	Nongovernmental Organisation
PAHO	Pan American Health Organization
RAPID	Resources for the Awareness of Population Impacts on Development
SERBISH	Sistemas de Educación Radiofónica Bicultural Shuar Shuar Bicultural Distance Radio Education System
SOLCA	Sociedad de Lucha Contra el Cáncer del Ecuador Society to Combat Cancer in Ecuador
SRHR	Sexual and Reproductive Health and Rights
TFR	Total Fertility Rate
UN	United Nations
UNDP	United Nations Development Program
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

1
Introduction

> To have many children is important among us Shuar. Many Shuar people say - the more children the better – but I have chosen another path. There are many ways to limit the number of children nowadays. Some Shuar women turn to the health centres or pharmacies in order to limit childbirths. Others, finding modern contraceptives unacceptable, rely mainly on the natural methods supported by the Catholic Church. Then, of course, we have our own herbs, calculations and shamanic practices as well. The majority of Shuar families desire many children though and prefer the family to be large.

Lucho, a Shuar man from a community in the Ecuadorian Amazon, told me this a few weeks after I began fieldwork for the research on which this thesis is based. The term Shuar, or more correctly Untsuri Shuar as they call themselves, means numerous persons, and being numerous is of great significance for many Shuar people. Their thinking about the size of their families is the main focus of this thesis. According to a health survey published in 2006, Shuar and Achuar women in Ecuador have a total fertility rate (TFR) of around 8.2 children per woman (UNICEF 2006).[1] While the general fertility rates at a national level in Ecuador have dropped to approximately 2.6 children per woman (UN 2008), this health survey reveals that the number of offspring among Shuar and Achuar peoples has in fact increased over the last three decades.

Lucho's description above captures some of the influences that shape reproduction and the use of fertility regulations among Shuar people. Contemporary promoters of change or development in Ecuador include state

[1] In demography there are several standardised ways of measuring the fertility of a population. In this work I use the Total Fertility Rate (TFR) as this is the most common way of measuring the fertility of a population today. TFR is a measure of the fertility of a woman who passes through the child-bearing age being subject to all the age-specific fertility rates for ages 15–49 recorded in population. In this way, TFR represents the average number of children a woman gives birth to during her life time.

officials, missionaries and religious authorities, medical personnel and representatives of the international community. Lucho gives us an indication of how Shuar people allude to the tensions played out in the context and how reproductive practices are influenced both from within the community and from external networks. In accordance, this thesis departs from the premise that reproduction is not simply an individual concern that belongs to the 'private' realm of the couple, but is also a dynamic and interactive issue of wider social concern. Understanding the meaning of human reproduction must therefore include the broader context of people's social worlds – a context shaped not only by a variety of agents and the tensions and power relations between them, but also by a variety of discourses and practices related to health and reproduction. These discourses and practices are often subject to contestation, negotiation, alteration and manipulation. This prompted me to explore how Shuar people make sense of human reproduction and how the choices they make about family size and fertility regulations relate to both their own reproductive norms and practices and to national and international ideals.

Rapid population growth has long been a concern of the international community. Many global and national reproductive health and family planning programmes over the years have been justified as being in the interest of the targeted groups, based on an assumption that reducing the number of children will enhance the well-being and prosperity of both family and community. Interventions such as population policies and family planning programmes have therefore been developed and supported in order to help people control their fertility and thus also improve living conditions for the whole family. The programmes devised to reach this end have, in particular, relied on the demographic transition theories that explain and predict population trends and outcomes. These theories refer to the transitional phases that all populations are supposed to go through, from high to low mortality and fertility rates, in response to the processes of modernisation (see chapter two for a more detailed outline of these theories). In the global discourse on population and reproductive health, family planning is the solution to population growth (Richey 2008: 1). Family planning programmes are supposed to empower women as women who have fewer children get more schooling, which in turn is expected to lead to productivity and integration into the market labour force, resulting in an improved economic situation for the whole family. Family planning programmes are also expected to improve maternal and child health. If fertility rates are reduced, consequently so are all the risks of pregnancies and childbirths. Furthermore, it is argued that children in small families receive better health care, food and education compared to children in large families

(Schultz 2005). Such an analysis is based on Western notions of development, modernisation, biomedicine and well-being.

Shuar people's notions of reproduction and well-being differ however significantly from the assumptions embedded in the global discourse. The ways various agents of change in Ecuador interpret, communicate and implement reproductive health policies and programmes certainly influence the experiences and decisions of Shuar people, but, according to my findings, not always as anticipated. The power to define reproduction and reproductive practices and relations does not operate in one direction only. Shuar people do not simply internalise international or religious norms and ideas (nor do the Ecuadorian national actors), instead they assert their own dynamic patterns of reproductive practices according to their own perceptions, norms, experiences and systems of knowledge.

The ethnography presented here explores how two individuals of a Shuar community, Lucho and his wife Marcia, and their extended families and other community members, interpret, understand, and define human reproduction. By focusing on how these people make sense of reproduction, the logic behind the choices they make are displayed as well as how these are contested and negotiated as new ideas and norms concerning family size and fertility regulations are introduced. This thesis explores how these 'numerous people', i.e. Untsuri Shuar, respond to efforts to limit their numbers by both reasserting local reproductive norms and practices in the face of the public reproductive health services and family planning programmes, but also how they are adapting to them.

Background and Rationale

Shuar people are one of four linguistically and culturally related indigenous groups who live in south-eastern Ecuador and northern Peru, collectively known as Jivaro. The other three groups belonging to the Jivaroan language family are the Aguaruna and Huambísa, located in the northern parts of Peru, and Achuar whose territory is divided by the Ecuadorian-Peruvian border. The Shuar are sometimes referred to as Jíbaro or Jivaro (e.g. Karsten 1935; Harner 1972), but in this work the term Jivaro will only be used when labelling the different groups as a linguistic family.[2] Shuar constitute the largest of the four Jivaroan speaking groups, numbering approximately

[2] Shuar do not like being called Jivaro because of its association with savagery.

40.000 people. They mainly reside in the Amazonian province Morona Santiago, which can be described as a hilly rainforest landscape. In this province, in the canton of Tiwintza[3] more specifically, I spent 18 months collecting data among Shuar people and their mestizo neighbours, who in this setting are also called *colonos*[4] by Shuar people. But how did I end up in Ecuador and why did I choose to do research among Shuar people?

MAP 1: The province Morona Santiago in Ecuador and the location of the canton Tiwintza.[5]

Shuar people were first introduced to me by Eva Karsten,[6] whom I had the privilege to develop a friendship with in the late 1990s when I was planning

[3] In Ecuador, the provinces are politically divided into cantons, which are further divided into parishes. Previously Tiwintza was a parish, named Santiago, in the canton Santiago de Méndez. In 2002, Tiwintza was created as a separate canton with two parishes, Santiago and San José de Morona. Tiwintza is a Shuar term, deriving from 'Tiwi', which is a male name, and '*entsa*', meaning water. The Shuar people I spoke to translated Tiwintza as 'the river of Tiwi.'

[4] Shuar people use the term '*colono*' for non-Shuar Ecuadorians who have settled down in Morona Santiago.

[5] The map illustrates the approximate location of the various provinces in Ecuador. The map has been drawn by my friend Marie Mattson. It is used with permission.

[6] Eva Karsten is the author of the book *Mission i Amazonas: Möten mellan västerländsk och indiansk världssyn under 500 år* [Mission in Amazonia: Encounters between Western and Indian Worldviews over 500 years – my translation] (2000). Eva did fieldwork among Shuar people in the 1940s together with her father Rafael Karsten, who was one of the principal researchers to do ethnographic fieldwork among Shuar people.

my first anthropological fieldwork among the Asháninka people in the Peruvian Amazon. To exchange ideas and experiences, Eva started a small workgroup for researchers specialised in Amazonian studies, which I joined. At the time, I had not considered doing research among Shuar people in Ecuador. It was many years later when I was working with capacity building in the field of reproductive health and gender for an indigenous umbrella organisation in Ecuador called FENOCIN[7] that I decided to combine my work experience with investigations for a PhD. As I had been working with international policies on Sexual and Reproductive Health and Rights (SRHR) for some time, I was interested in doing a PhD that would investigate the 'universal validity' of such a dominant discourse and its application to local realities and contexts. I wanted the research to be situated among the indigenous peoples in Amazonia as the study of human reproduction among these peoples in general is limited. The contribution of my research is in this sense twofold, representing both a case study in the reproductive health discussions at global level but also an ethnographic examination that can increase our understanding of how indigenous peoples in the Amazon region make sense of and negotiate human reproduction.

The specific case of Shuar people was brought to my attention and interest through a health survey that UNICEF (2006) published while I was working with gender and SRHR in Ecuador. This survey revealed, among other things, that Shuar and Achuar women have on average 8.2 children, but also that 52.5 percent of the Shuar and Achuar population in Ecuador is less than 15 years old (UNICEF 2006).[8] These statistics were addressed in the media as shocking news, in particular at provincial level, because of the extremely high numbers of children among these peoples. In relation to the release of the UNICEF publication I heard questions being addressed in public debates and discussions where state health officials and other senior officers were asked by national journalists why Shuar and Achuar peoples still conform to traditional ideas about family size and why they have not yet responded to the official development policies that promote modern reproductive health and family planning methods in Ecuador - programmes that are free of charge and reach indigenous peoples even in remote and marginalised areas such as the Amazon through contact with health service providers.

[7] FENOCIN stands for *Confederacion Nacional de Organizaciones Campesinas, Indígenas y Negras*. It is a left-leaning political organisation that places emphasis on issues of poverty, discrimination and inequality in the Ecuadorian society, deriving from class divisions.

[8] The population growth of Shuar and Achuar peoples has not been studied thoroughly. Mortality rates have, however, decreased while fertility rates remain high (UNICEF 2006). Mortality rates have probably diminished among both infants and adults due to the increased access to, and use of, public health services and because warfare has ceased.

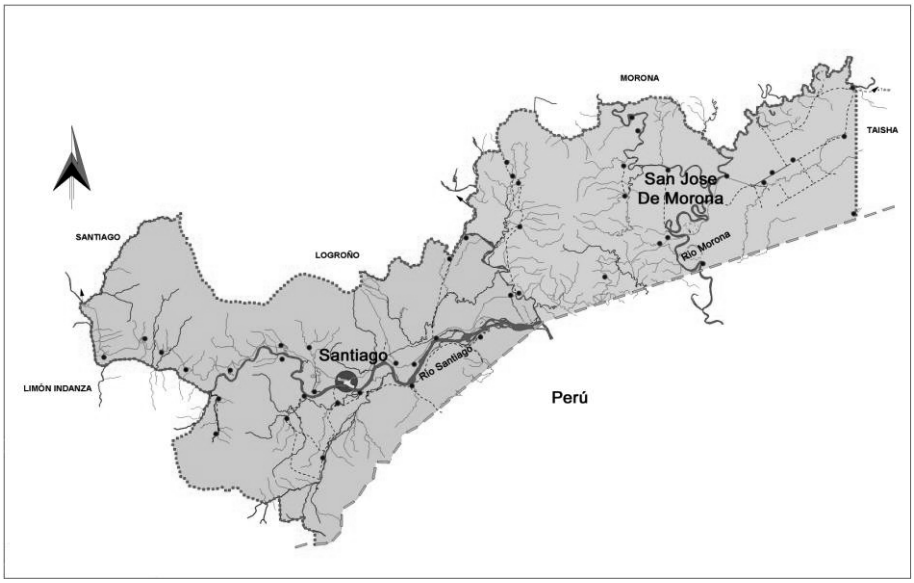
These questions surprised me at first, not merely because both the United Nations and the Ecuadorian constitution confirm that individuals and couples have the right to freely determine the number of children they desire, but also because they revealed an inherited demographic assumption that limiting the number of offspring is a rational step towards progression, modernity, well-being and prosperity. Despite the fact that the contemporary global discourse on reproductive health recognises the existence of different notions of reproduction and that reproductive practices, decisions and outcomes differ significantly between contexts, many national population policies and family planning programmes are still rooted in modernisation theory, in biomedicine and in Western notions of well-being and individual liberty. By drawing attention to the specific case of Shuar people I uncover how demographic transition theories are still embedded in contemporary discourses on population, reproductive health and family planning in Ecuador, resulting in a stigmatisation of social groups with large families and an exclusion of alternative knowledges and practices. By focusing on the inner states of a few Shuar individuals, i.e. their thoughts, experiences, reflections, feelings, and so forth, I bring in the acting subject in relation to state policy. The study demonstrates the dynamic interplay between dominant discourses of development and local experiences, knowledges, practices and responses, providing us with an analysis of how modern ideas and technologies promoted by the state and the international community are integrated into indigenous ontology and cultural practices.

The Social Setting

Shuar people used to be semi-nomadic horticulturalists, hunters and gatherers, moving every third or fourth year when gardens became difficult to weed and/or the game and other forest products became in short supply. However, as a result of colonialism and evangelism, i.e. the work of the Salesian mission,[9] Shuar people nowadays live permanently in larger indigenous communities or *centros*. The canton of Tiwintza is inhabited by approximately 5000 Shuar who live in roughly 40 dispersed Shuar *centros* of varying size. Shuar make up approximately 85 percent of the population living in Tiwintza, while the remaining 15 percent are *colonos*, who mainly

[9] The Salesian Order (originally known as the Society of St. Francis de Sales) was founded in Italy in the late nineteenth century by Saint John Bosco, who focused his work on the education of young, neglected, poor and homeless boys. In 1893, the Ecuadorian government granted the Salesian Order the Apostolic Vicarship of Méndez and Gualaquiza in Morona Santiago, and a year later the catholic missionaries entered the province.

reside in the two small towns of Santiago and San José de Morona. Some Shuar have left their *centros*, bought land across the Santiago River and settled down in the town of Santiago, but the vast majority of Shuar families live in the different *centros*.



MAP 2: The canton of Tiwintza with its two towns and parishes, Santiago and San José de Morona, including the location of the various Shuar *centros* marked with dots.[10]

Lucho and Marcia were in their early/mid thirties when I moved into their *centro*, Kuwín,[11] located in the Tiwintza district. Like most Shuar *centros,* Kuwín is inhabited by several families settled in single houses located around an open grass field. Each house has a garden in which sweet manioc, the main crop, is cultivated. The majority of the households are monogamous while only a limited number are polygynous. Most families are related by kinship, affinity, economic, social and emotional ties. A *centro* is not, however, a tightly bound or closed unit. The ties connect the families of different *centros* to one another. In this sense, during fieldwork I had the advantage of both living and participating in the daily life at community level, in the family of Lucho and Marcia, and becoming a part of an extended

[10] The map was originally created by the municipality of Santiago. With permission from the municipality the map has been edited slightly. The map is published with permission.

[11] Kuwín is a fictional name. The *centro* is remotely located, having Huambísa communities just south of it and Achuar communities further east.

family with members not only in the various *centros* of Tiwintza but also in other parts of the province and across the Peruvian border. Daily interaction and activities may be located in the *centro*, but all families form part of a social network that brings together people from several groups and regions.

Shuar ways of living seem to have changed in many ways, at least when compared to how their lives were described in older ethnographic accounts (cf. Karsten 1935; Harner 1972). The process of social, political, economic and religious transformation has, however, affected Shuar people differently. Lucho and Marcia may at first be considered a 'typical' Shuar family (if there is such a thing). Like many other Shuar, Lucho met his wife in his early teens and they got married and had their first child straight away. Like many other Shuar families, the household of Lucho and Marcia was characterised by a seemingly strict gender division. Marcia, in her role as a woman, was engaged in tending the garden, cleaning, cooking, beer preparation and caring for the domestic animals and the children, while Lucho, in his role as a man, was involved in community politics, house and canoe building, cattle breeding, hunting and fishing. Like many other Shuar men, Lucho would sometimes leave his family and friends to look for occasional work outside the *centro* in order to bring in cash.

However, Lucho and Marcia differed from the rest of the Shuar families in Kuwín in one major way – they had decided to not have more than three children. Considering their age (being in their early and mid thirties), this was rare. Most monogamous families in Kuwín, within the same age group, were significantly bigger, having between six and ten children each. Therefore, what is interesting about the story of Lucho and Marcia is the fact that their attitude towards family size contrasts with that of the overwhelming majority of Shuar families as it accords with the official population policy. By focusing on the particular in contrast to the general, we learn how people in Lucho and Marcia's social networks react and respond to changes. In this way, we learn about both the particular and the general in the specific social setting.

Fertility and Well-Being

A theoretical approach in Amazonian ethnography represented by Joanna Overing (1989, 1992, 1993, 2003) and her followers (e.g. Belaunde 1992, 1997, 2001; Gow 1991; Heckler 2004; McCallum 1989, 2001; Perruchon 2003; Rosengren 1998, 2000, 2002; Santos-Granero 1991, 2000), concerns indigenous conceptualisations of well-being, or the good life. While other

analytical approaches applied in this regional context place emphasis on structures and symbolic exchange for the creation of the social (e.g. Descola 1992, 1994; Erikson 1993; Taylor 1993, 1996; Vivieros de Castro 1996; Århem 1996, 2001), Overing and Passes (2000) argue that the constant generation and recreation of sociality in Amazonia cannot be described by applying categories and notions of Western social thought, such as society, community and the individual. Social life in an Amazonian context focuses on emotional comfort, affect, intimacy, and the quality of interpersonal relations (Overing and Passes 2000). Accordingly, Amazonian peoples value the ability to create good social relations, which generates peace, harmony and tranquillity. A person's status and position within a network of social relations does not equate with sociological notions of, for example, hierarchical structures, rules, roles and statuses, but are rather based on what the person does and how he or she acts. Everyday communal life can therefore neither be described by using the sociological notion of 'society,' nor by applying Western dichotomies such as individual versus collective or private/domestic versus public. An ananlysis of the 'society' excludes what Amazonian peoples value and experience as it goes beyond the everyday life of the acting, reflecting moral agent (Overing and Passes 2000: 9).

Even though Shuar people's ways of living have been affected by influences from the Church and the Ecuadorian society (see chapter three) I still draw on Overing's perspective of sociality when I analyse Shuar people's understandings of reproduction and the desirability of large families as being an intrinsic part of their notions of sociality, or conviviality.[12] The thematic approach in this thesis, therefore, differs significantly from older ethnographic accounts on Shuar and Achuar peoples, which principally focused on topics such as warfare, feuding, head-hunting and shamanism, giving the ethnographies a strong male bias (e.g. Harner 1972; Karsten 1935; Stirling 1938). In contrast, this thesis is concerned with conviviality and the everyday life of both men and women, which allows a focus on how Shuar people make sense of reproduction and how their notion of fertility relates to well-being – a focus that previously have not attracted any attention.

According to the Shuar people living in Kuwín, well-being or, as they prefer calling it, *pénker pujustin* (the good life), is concerned with and depends on

[12] In this thesis, I use the term conviviality. Conviviality is characterised by close interpersonal relations, based on notions of peace, harmony and equality (Overing and Passes 2000). Conviviality places emphasis on the more affective side of sociality and is similar to the Spanish word *convivir*, meaning to live together rather than the English term conviviality, with its meaning of having a good, joyful and festive time.

having and maintaining good, peaceful, harmonious, continuous and ongoing social relations with other people and beings. Even if I do not speak Shuar myself I often heard the phrase *pénker pujustin* being expressed in both informal conversations between Shuar and in public speeches. To me it was explained as a peaceful, quiet and harmonious way of living, created and maintained through both productive and reproductive relationships between people. As we shall learn throughout these pages, to have many children both stimulates, and is the result of, good social relations between people, and between people and spirits.

Shuar people's notion of well-being is concerned with individuals' actions and conduct, which are evaluated or judged by others within the social network. Social relationships are not fixed in any sense but may undergo changes depending on how an individual's actions and conduct are interpreted and evaluated by others. The aim of the good life is to restore tranquillity or status quo rather than to achieve change, development or progress, which are embedded in the Western notion of well-being. *Pénker pujustin* is thus related to how social relations are negotiated and based on the individual capacity, desire, and willingness, to share, connect and collaborate with others. Only such circumstances lead to productivity, fertility, the growth and development of children and the individual attainment of knowledge, power, good health etc., which are important aspects of social life that further generate and stimulate the ability to live well together.

Conviviality does not, however, simply rely on what is good and positive, but depends on the constant interplay of negative features in everyday life (Overing and Passes 2000). While interactions between Shuar encourage and strive for a peaceful and harmonious way of living, they are still shaped by what people do (and don't do) and how they act (and don't act). Therefore, *pénker pujustin* represents an ideal way of living which sometimes can be difficult to live up to, particularly in a context characterised by dramatic change. As Marcia's father once explained, "We are all striving for a peaceful way of living but the reality is another thing." Tensions and conflicts are not, in other words, excluded in any sense from everyday Shuar life, deriving from domestic quarrels, internal disputes and witchcraft accusations. Such conflicts may easily turn into feuding and blood revenge between individuals and their families and kin. As Catherine Alès (2000) demonstrates for Yanomamo people, love and anger are in many ways two sides of the same system – you cannot understand one without the other. This is a good way to characterise Shuar social life as well. If you are not able to live in some kind of harmony, peace or balance with other people, including your conjugal partner, your life will be characterised by disorder, conflicts, illnesses (as a result of sorcery), anger, violence, sadness, loneliness,

infertility and possibly even death. The negotiation of such negative features is part of the everyday striving for conviviality.

Now, if infertility is associated with the opposite side of the good life, then how is the small size family of Lucho and Marcia met and negotiated by other family and community members? What are the social implications of reduced family size among Shuar people?

Multi-Sited Ethnography

In this thesis I argue for the importance of combining local research with the larger political, economic and religious framework within which the locally lived experiences occur (cf. Appadurai 1990; Clifford 1997; Marcus 1995; Marcus and Fischer 1986; Taussig 1992; Wolf 1982). I therefore bring together two levels of research that often are explored separately, i.e. studies of social life and studies of the state. In this section I describe how I have applied and worked with these two levels, both theoretically and in practice. I also provide details concerning fieldwork and data collection in order to inform the reader about the situation in which the knowledge about this research was produced.

State Policy and Everyday Life

Since Ginsburg and Rapp's (1995) groundbreaking publication on the global politics of reproduction, various anthropological studies have approached human reproduction as a dynamic and interactive issue where the lived experiences of the individual person and the national political body intersect, providing critical analyses of the various ways in which states intervene in people's reproductive lives (e.g. Greenhalgh and Winckler 2005; Maternowska 2006; Unnithan-Kumar 2003, 2004; Van Hollen 2002). As Gammeltoft (2008) points out, many scholars tend, however, to approach the study of the state from either a 'top-down' or a 'bottom-up' angle, analysing either the way women resist state interventions (e.g. Unnithan-Kumar 2004) or the processes through which states intervene into the reproductive lives of its citizens, shaping their experiences and subjectivities (e.g. Greenhalgh and Winckler 2005). Thus, vertical notions of power (Ferguson 2004) prevail in anthropological thinking where local, national and international levels often are analysed separately.

In this thesis I use the term 'state' – the role and structure of which needs to be clarified as it would be incorrect to see it as a single and homogenous

entity capable of acting on its own. The state and its institutions are not static in any sense but rather historical entities in a continuous process of construction, responding to both internal and external forces and contests of power. When I use the term 'state' I follow the broader perspective suggested by Hansen and Stepputat (2001: 5), "as both an illusory as well as a set of concrete institutions, as both distant and impersonal ideas as well as localized and personified institutions; as both violent and destructive as well as benevolent and productive." However, following Begoña Aretxaga, Gammeltoft (2008: 573) points out, "if the state is a powerful collective illusion, it becomes relevant to ask through what universes of meanings, feelings, fears, desires, and imaginings its power and effects are produced." According to Aretxaga (2000, 2003), the state is not simply a set of rational and bureaucratic practices but rather suffused with subjectivity and affect. This opens up for phenomenologies of the state in which both affect and embodiment are integral parts of analysis. Such an analysis goes beyond the notion of power as coming either from the top or the bottom, and focuses instead on the social practices and the mechanisms through which states assert themselves as present and powerful in everyday life (Ferguson and Gupta 2002).

The aim of this thesis is to explore how local encounters with the state are experienced and embodied through practices of everyday life (cf. Aretxaga 2003) rather than to provide an understanding of the state and the mechanisms through which it operates. In this sense, I will not provide a discussion that goes beyond categories such as 'the local' and 'the state', but I will explore the dynamics and intersections between the two levels, providing the analysis with subjectivity as I think across them (cf. Gammeltoft 2008).

Field Sites

In order to understand the dynamic and changeable framework within which Shuar people create meaning to their reproductive lives I have been moving between different agents, field sites and time frames. The multi-sited fieldwork began in August 2006 and was finished in March 2008. It has been carried out in Quito, the capital of Ecuador, and in the province of Morona Santiago.

In Quito I investigated the politics of reproduction, how the Ecuadorian government has viewed and approached the population growth of the country and the creation of the national population policy and reproductive health

legislations. I was also seeking to understand the impact of the international community and the catholic and conservative opposition towards Sexual and Reproductive Health and Rights (SRHR) in order to see how they have influenced the legal and normative framework in Ecuador regarding family size. I therefore paid several visits to government departments, religious headquarters, international agencies and NGOs where I conducted semi-structured open-ended interviews with NGO staff, government bureaucrats, health officials, priests and bishops. I also participated in meetings, conferences and events concerning maternal and child health, SRHR, indigenous health and gender.[13]

During parts of my fieldwork I was working for one of the biggest indigenous organisations in Quito, FENOCIN. At this organisation I was implementing a capacity building project financed by the Swedish International Development Cooperation Agency (Sida), aimed at improving gender relations and also women's reproductive health in rural areas in Ecuador. My NGO work was not removed from the fieldwork, but was rather built in to the multi-sited project. Even though my work with FENOCIN did not involve or reach Shuar people in Morona Santiago, it turned out to be a good and useful way of not only getting to know the issues related to reproduction and gender, but also to comprehend the overall Ecuadorian social context in which the indigenous peoples are living. Through my work with FENOCIN I came to experience Ecuador from poor peoples' point of view, i.e. farmers, indigenous peoples and Afro-Ecuadorians.

At the provincial level in Morona Santiago - including its canton Tiwintza where the major part of the fieldwork was carried out - I gained insight into how the Ecuadorian state (as represented by the Ministry of Public Health and its agencies and health units) and the Catholic Church operate regarding reproductive health policies and interventions in local contexts. I also learned how ethnic, class and gender divisions shape the relationships between different agents and social groups in the research area. I visited two Salesian Mission Centres in Morona Santiago, in Yaupi and Méndez, where several interviews were conducted with Salesian representatives. A few interviews were carried out with Evangelical missionaries who also are present in some of the Shuar *centros* in the region.

[13] Such meetings and conferences were carried out by institutions such as Ministry of Public Health (MSP), National Council of Women (CONAMU), National Council of Health (CONASA), United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), Association for the Benefit of the Ecuadorian Family (APROFE) and National Child and Family Institute (INNFA).

To understand how the population policies and family planning programmes were interpreted, communicated, negotiated and evaluated by health care providers and how the norms and attitudes that such policies generate were expressed between health care providers and between health care providers and their clients/patients, I spent approximately two months conducting semi-structured interviews with medical personnel and doing participant observation at different health units in Morona Santiago. The main health units that participated in this project were the hospital *Pio XII* in Sucúa, *Hospital Quito* in Méndez and the two health centres in Tiwintza, i.e. in Santiago and San José de Morona. The reason for choosing these hospitals and health centres derives from the fact that they are the main health units that Shuar people in Tiwintza turn to. In accordance with the health units' ethical codes and acts of professional secrecy, and with patients' informed consent, I participated in medical consultations related to reproductive health care and family planning but also consultations concerning other medical issues and emergencies. I also had the opportunity to conduct unstructured interviews with Shuar patients. When I joined the team of health care providers from the Santiago health centre as they carried out their quarterly visits and consultations in the more remote *centros* of the area, I had the chance not only to get to know the health issues people in distant communities are struggling with, but also to talk to a variety of community members about their experiences of, and opinion on, matters related to reproduction and family planning.

During fieldwork I spent several months living in and visiting Shuar communities in Tiwintza where I gained insight into Shuar ways of living and how they conceive of, for example, fertility, body, person, power, knowledge and cosmology, which are interrelated themes necessary to comprehend in order to understand Shuar people's notions of reproduction and well-being. I also gained insight into their perceptions, experiences and practices related to health and illness. I conducted interviews with three different *uwishin* (shamans), one of whom I stayed with for two weeks to learn more about shamanic healing practices, participating in consultations and healing rituals preformed at night. I also participated in community meetings and the monthly meetings held by the Shuar health promoters in Santiago.[14]

In the Tiwintza district I stayed in one specific *centro*, Kuwín, for longer periods of time, participating in the activities of the everyday, attending

[14] Every Shuar *centro* has a health promoter with basic health training. The health promoters are able to recognise common illnesses and administer basic treatments, collaborating with the health units of the region.

rituals and events, and having formal and informal talks with the community members about a wide range of issues. I stayed in one household in particular, that of Lucho, Marcia and their three daughters Patricia, Jenifer and Wilma. During the time I did fieldwork Lucho's father, Carlos, and Lucho's younger brother, Daniel, were also living in the house temporarily. Under normal circumstances Carlos and Daniel reside in another community, in the *centro* where Lucho grew up and where his mother Elena still resides. However, Daniel, who was sixteen years old at the time, was helping Lucho out with work, and Carlos was staying in the house as he had been suffering from ill health for many years. Lucho, who has a great interest in herbal medicine, remedies and cleansing rituals, was treating Carlos at home. Carlos was approximately sixty years old during the time of my fieldwork and, as he was spending a lot of time at home resting, we soon developed a friendship.

Communication and Position

At an initial stage of my fieldwork I was surprised by how difficult it was to reach and communicate with Shuar women. Shuar men tended to take on the role as representatives of their communities while women played a more reserved role and did not seem interested in communicating, especially not if men were around who could be very talkative and dominating in conversations. It therefore took me a far longer time to enter the arena for interaction between women compared to men. This changed while I was staying in Kuwín. Gradually three women became particularly relevant for my fieldwork: Marcia, her mother Jacinta, and her sister Sonia. The three women seemed inseparable as they were often doing things together, like working in the garden, but their close relationship did not result in an exclusion of me as a person. On the contrary, once we got acquainted, Marcia was keen on taking me in and I accompanied them in their work on a daily basis. Marcia was in her early thirties, Jacinta was in her mid fifties while Sonia was approximately sixteen years old. During the time I did fieldwork Sonia had, as a single mother, her first child, Tsemáik, whom we get acquainted with in chapter four as she is born. Sonia is Jacinta's last child, whom she has together with her husband Víctor. Víctor and Jacinta have eleven children together, but Víctor is also married to another woman, his second wife Blanca, with whom he has an additional seven children. Blanca was also living in Kuwín, but because of severe disputes between Blanca and Jacinta it was difficult for me to approach her.

The people from Kuwín that I have presented above are the main characters whose voices we hear in this thesis. While the story develops and takes place around these individuals it does not exclude the voices of other

people from the *centro* and the region. All names are fictional and I have displayed the characters and their stories in a way that makes it difficult, if not impossible, to reveal their true identity. An individual's story about his or her life always includes elements, norms or social aspects common to all the members of the community of which they are a part, but also a set of personal characteristics and experiences. The way I approach personal narratives is not by seeing the person or the couple as representing the average or typical Shuar, but rather as one version of the wide diversification that exist among Shuar people today.

As I presented my study for and conducted interviews with mestizos in Ecuador many pointed out that it was going to be difficult for me to communicate with Shuar people, not because of the fact that some Shuar people do not speak Spanish but rather because they tend not to communicate with strangers or non-Shuar people. Initially, many Shuar community members seemed to have ambivalent feelings towards me as they all thought I was visiting them to promote the use of modern contraception. The fact that I did not have any children myself seemed to reinforce their perceptions about this. This clearly reveals how Shuar associated me with the modern, Western and scientific, and how they relate to their notions of this. As many Shuar are negative towards the use of modern contraception, and desire to have many children, the aim of my research needed to be clearly explained. It seemed important for many Shuar to know that I was not visiting them with the purpose of trying to change them, imposing the ideas of reduced family size by the use of modern contraceptive techniques. I sometimes even noticed that they answered my questions as if I was a representative of the public health system, promoting biomedical treatments. This changed over time as my relationship with Shuar people in Kuwín grew stronger. The longer I stayed in the field the more comfortable the Shuar community members were having me around. My position in the field changed as I became more of a person, family member or friend rather than a researcher. During my last three months in Kuwín I was addressed as *uma,* "sister," by Marcia and Sonia. I was as Hastrup (1992: 120) defines it "repositioned in the field." This became particularly apparent during the end of my fieldwork when I was going through a pregnancy. With my pregnancy Shuar friends in Kuwín changed their way of approaching and talking to me. Their opinion about me changed and they expressed what they thought that I would be interested in and desired to hear about as a pregnant woman rather than as a researcher or a representative of biomedicine. This opened up new doors for me and my research project as Shuar women took pride in sharing their knowledge as experts of reproductive practices. All of a sudden I was given all kinds of advice about my pregnancy, restrictions in diet and social interaction,

methods in how to give birth, how to make my baby grow, develop properly, and so forth. As a positioned subject in the field you always grasp certain situations or phenomena better than others and it facilitates, limits or hinders particular kinds of insight (Rosaldo 1984). My pregnancy allowed me to gain insight into the importance and meaning of having many children among Shuar people and the high status of pregnant women.

To summarise, the data on which this work is based derives from a variety of agents and settings. In addition to my field diary and fieldnotes, eighty-two interviews, varying in length between forty minutes and three hours, provide the foundation of this work. Interviews were conducted individually with men and women of different ages, classes, ethnicities, professions and from different regions and communities. Most interviews were held in Spanish as this is the official language in Ecuador and because the majority of Shuar people are bilingual. I relied on a translator on a few occasions, i.e. when interviewing elders who did not speak Spanish and when visiting and presenting my research in the Shuar communities to make sure that all community members had understood what the research was about, that participation was completely voluntary and that interviews were confidential. All interviews were tape-recorded and transcribed.

What is provided in this thesis is not a complete or finished story. The individuals we get acquainted with here are real people whose lives go beyond the years that I cover in this work. In other words, what is presented in this thesis does neither resolve nor complete the plot. However, the following pages should move the reader closer to an understanding of how a few individuals make sense of, behave, respond to and experience reproduction and reproductive health care in Ecuador, based on the subjective understanding I have reached during fieldwork, filtered through my experiences, background, gender, and so forth.

Synopsis of Chapters

Following this introduction the thesis begins with a theoretical discussion of the various ways demography and anthropology have approached and interpreted human reproduction. Grand theories and social policies on reproduction and population dynamics are based mainly on the work of demography, which, as a dominant discourse, tends to shape contemporary reproductive health interventions and family planning programmes in many countries. However, this work places emphasis on the importance of micro-

levels of research, focusing on how cultural notions and social relations enter into reproductive decisions, practices and outcomes.

Chapter three presents the history and social transformation of the ethnographic context and maps out Shuar people's contacts and relations with external agents, including missionaries, state officials and settlers. The chapter provides an overview of how Shuar ways of living have changed as a result of colonialism and evangelism.

Chapter four focuses on Shuar people's notions of reproduction, including the process of making foetuses, infants and children grow into social and physical beings. Shuar cosmology is not excluded from the process of growth and actually forms a constant and active part of it. We learn how Shuar people's notion of body, person and conviviality are intimately interwoven and thus difficult to separate.

Chapter five concerns the politics of reproduction in Ecuador. It explores how both the international community and the Catholic Church have shaped the process of forming the national population policy in Ecuador and the reproductive health legislations and programmes. The chapter also discusses how people in Ecuador have been affected by the family planning interventions.

In chapter six, we take a closer look at how reproduction among Shuar people in Kuwín is given shape through social relations and cultural values and practices. The chapter not only demonstrates how fertility is a fundamental part of Shuar conviviality but also how the knowledge, norms and practices surrounding reproduction are contested and negotiated across gender and generations.

Chapter seven is based on data collected at the health units in Morona Santiago and investigates the underlying attitudes health care providers have towards social groups with high fertility rates, including the strategies they use when implementing the family planning programmes. The chapter also demonstrates how Shuar patients/clients respond to and experience such interventions.

Finally, in chapter eight, a concluding discussion of the research findings is presented.

2

Ways of Understanding and Controlling Human Reproduction

> Science and expert discourses such as development produce powerful truths, ways of creating and intervening in the world, including ourselves..... [I]nstead of searching for grand alternative models or strategies [of development], what is needed is the investigation of alternative representations and practices in concrete local settings... (Escobar 1995: 19-20).

Understanding and controlling human reproduction are complex issues, considering that it concerns both social and biological aspects (Ginsburg and Rapp 1991; Sen and Snow 1994). Explaining and predicting fertility rates and population trends have therefore been the concern of various scholars for decades. In this chapter I explore some of the different interpretations and perspectives of what shapes, influences and constrains fertility and population dynamics, which different disciplinary fields have provided us with over the years. I discuss mainly how demography and anthropology explain and understand the processes involved in human reproduction, comparing the differences and similarities between the two fields on the topic. I also draw on other approaches, such as history and economics. By reviewing, critiquing, and drawing on different aspects from these various perspectives, the aim of this chapter is to present the framework that surrounds this study.

The development and formulation of a global discourse on population, reproductive health and family planning rest mainly on the work of demographic theory and method, aimed at predicting large-scale population trends and solving the 'population problem' of the world's countries, particularly the population growth of poor countries. Demographic theories have formed the basis of both international policy-making and state health interventions regarding population growth and family planning services. As a

result, demographic theory have shaped and influenced our ways of understanding and approaching human reproduction. As I will demonstrate in this thesis, these demographic and evolutionary underpinnings are still present in the contemporary reproductive health policies and programmes in Ecuador, the consequences of which we shall learn more about. This is the reason why it is of importance to discuss the content of the demographic theories at an early stage of this thesis as such ideas will emerge later on in the empirical material.

However, rather than merely focusing on the central position of the grand demographic theories and the controlling, constraining, and disciplining effects a certain discourse may have on individual minds and bodies, I suggest an approach to reproductive theory in this chapter that places emphasis on the social and cultural dynamics of human agency, including people's perspectives on and experiences of reproduction and reproductive health services. I therefore suggest an approach that is rooted in the complex web of social relations at local levels but also embedded in wider social, political, economic, religious and historical processes - this in order to understand how reproduction may be negotiated across different medical systems, worldviews, knowledges and practices.

Demography and Fertility Transition Theories

The question of population growth and its relation to food production and economic development has concerned many scholars for centuries. In 1798, Thomas Malthus first published his book *An Essay on the Principle of Population as it Affects the Future Improvements of Society*, which addresses how population growth outpaces subsistence production, resulting in warfare and famine. Since then, his theories have frequently been revised and reformulated. However, since the mid-1940s, efforts to predict population trends came to be of particular relevance to the field of demography. The development of demographic transition theories has dominated the research on human reproduction since the mid-1950s. Three sets of demographic explanations are outlined and discussed below.

The Classic Demographic Fertility Transition Theories

The classic demographic fertility transition theories describe how population changes over time, and use a three stage model (two more stages would be added later) to classify the changes from high to low mortality and fertility rates, including the dramatic population growth as fertility rates are kept high

while the life expectancy of a population improves.[15] One of the most popular models was put forward by the American demographer Frank Notestein (1945), who suggests that the changes which have taken place in the fertility and mortality rates of Western European countries are a result of the spread of modernisation, i.e. the agricultural, industrial and sanitary revolutions that those societies experienced in the eighteenth and nineteenth centuries. Notestein (1945) suggests that with time, all countries will go from a traditional, agrarian and non-industrial society to a modern, industrial and urban one.

To explain and make sense of the demographic transitions that occurred around the world a fertility model was presented by demographers, according to which populations have either a 'natural' or 'controlled' fertility. The French demographer Louis Henry (1961) provided us with the first explanation of this model. Henry (1961: 81) argues that natural fertility is present "in the absence of deliberate birth control" while controlled fertility exists "when the behaviour of the couple is bound to the number of children already born and is modified when this number reaches the maximum which the couple does not want to exceed." In this way, controlled fertility means that the parents have an ideal family size in mind early on in their reproductive years and, as this ideal is reached, they consciously stop having more children even though it is physically possible for the woman to have more. Natural fertility means that women keep on having children throughout their reproductive years. This model has made it possible for demographers to determine exactly whether or not a society can be defined as having a 'natural' or a 'controlled' fertility. However, the model clearly reveals the idea that evolution forms the basis of human progress. By using the term 'natural' fertility, demographers reinforce the assumption that physiological and biological mechanisms are the only factors that determine the fertility in 'pre-modern' societies that have not yet gone through a fertility transition.

The classic demographic transition theories have been widely studied and the development of different transition models have dominated demography and economic development studies on Asia, Africa and Latin America from the early post-World War II years until the late 1960s (Greenhalgh 1995). The debate has centred on the different factors affecting population change, where

[15] The initial or pre-transitional stage represents both high mortality and high fertility, meaning slow population growth. In the second, or transitional, stage mortality rates are falling while the fertility rates of the population remain high, causing rapid population growth before the number of children begins to decrease. In the third stage, both mortality and fertility rates decline in response to the spread of modernisation (see e.g. Notestein 1945).

most researchers have seen a link between industrialisation/urbanisation/ modernisation and declining mortality rates and gradually also declining fertility rates. Population growth has, in general, been seen as a hindrance to economic growth while, on the other hand, a lower fertility rate is associated with the improvement of economic conditions. The link between population dynamics and development is, according to these theories, two-fold, i.e. declining fertility rates influence economic development and development results in declining fertility rates.

The application of fertility transition theories to poor countries has, however, been problematic for various reasons. The fact that several countries that have gone through socioeconomic change still have high fertility rates, while others that remain poor and underdeveloped have gone through a fertility decline, demonstrates that the linkage between industrialization/ urbanisation/modernity and population change is weak (Newbold 2002). The demographic transition theories assume that along with the process of modernisation, people will think more rationally about their fertility behaviour (Potter et al 1999). Many classic transition theories suggest that educating people will improve their economic condition. With an improved economic situation, family size is reduced more or less automatically. From such standpoints, modernisation would mean a transition from natural to controlled fertility. This is the same as saying that, for example, small-scale agrarian societies and poor people in urban areas with high fertility rates are not able to make rational choices about family size. According to such a perspective, their fertility is rather uncontrolled and mainly driven by 'natural' urges, suggesting that these groups of people are poor, ignorant, and far away from the process of development and modernisation.

Feminism and the Post-Classic Fertility Transition Theories

In the 1970s it became clear that socioeconomic development and modernisation were not processes that automatically would result in declining fertility rates among poor people. The classic transition theories were challenged by the post-classic fertility transition theories. These still associated fertility with economic development, but also took the cultural and social conditions under which people live into consideration. Some of these researchers have, for example, argued that poverty, high infant mortality, and the lack of a social security system for the old result in a request for more children (Lappé and Collins 1980; Mamdani 1972). Following the same arguments, the Australian demographer Jack Caldwell (1982) implies that 'wealth flows', such as goods and services from children to parents, are

important aspects that shape reproduction. Family size will not change or diminish until children are considered an economic burden. However, according to Caldwell (1982), this will probably not happen in households depending on subsistence production, where children are mainly conceived as as producers and not as consumers. In the same work, Caldwell further suggests that non-economic factors, such as education, appropriate health services and supplies of family planning facilities affect family size.

The emergence of feminism became central to the post-classic fertility transition theories, emphasising the relevance of gender and power structures within families as factors impacting on women's fertility. A great deal of importance has been accorded to theorists such as Karen Mason (1986), who links women's fertility with their status as women. Mason argues that women's education and position in the family and household affect her autonomy from male control and economic dependency, which in turn influence child demand and child supply. Frances Moore Lappé and Rachel Schurman (1989) have added another perspective to the debate by focusing on power structures within households as well as between poor households and the rest of society. Aiming to find out why high birth rates endure among certain groups in societies that have gone through significant socioeconomic change, one of their main points is that having many children can be a form of resistance against repressive power structures. According to Lappé and Schurman, strategies aimed at decreasing birth rates in a country should also focus on empowering the poor, especially women (Lappé and Schurman 1989). According to these theories, a fertility transition will not happen until the position of women within the family has changed.

Demography has, in particular, been concerned with how power relations between husband and wife influence the decision to limit family size (see e.g. Mason 1986; Skinner 1997). The wife's capacity to influence or change her husband's opinion and to independently determine reproductive events in her life are considered a fundamental feature in the decision-making regarding reproductive activities. Men in male-dominated families are generally depicted as the ones who make the decisions about family size and adoption of contraception (Gachuhi 1975; Hollerbach 1980). While this may be true to some extent in certain contexts, demographic researchers have often neglected the degree of agency women have even in male dominated societies. As a result, women tend to be portrayed as passive victims in the reproductive process, unable to control their fertility and, consequently, surround themselves with many children.

Within the field of anthropology there has been a shift from studies focusing on whether women are subordinated or not (e.g. Ortner 1974; Ortner

and Whitehead 1981; Rosaldo and Lamphere 1974; Sacks 1979) to analysing the various ways women resist and contest patriarchal structures (e.g. Abu-Lughod 1990; Moore 1994, 1998; Scheper-Hughes 1983; Strathern 1980). Studies emphasising women's reproductive agency are inspired by James Scott's (1991) work, which focuses on less visible forms of resistance among oppressed peasants and other subaltern groups. In public, it may look like individuals and groups accept their fate of being dominated, but offstage they question it through acts such as foot-dragging, stealing, slander, sabotage, threats, etc. Many anthropological studies have, in this way, demonstrated that women may not necessarily be able to exercise a free will with regard to her reproductive life but they do, to some extent, resist and contest oppressive structures and make their own decisions within their constraining circumstances. From such a perspective, women are considered as active agents of their own reproductive fate (e.g. Browner 2000; Lopez 1997; Martin 1987; Petchesky 1984; Rapp 1990).

Diffusion Processes as Fertility Transition

The critique against the post-classic fertility transition theories has focused on the inability to move away from the idea that economic calculations have a major impact on the fertility decision-making process. Furthermore, in demographic research the social unit of analysis is the individual couple or the household, resulting in a narrow exploration of the social interaction in fertility decision-making, based on the use of Western concepts of the family. Thus, since the 1990s, the effects of social interaction on fertility behaviour have dominated the demographic literature (e.g. Bongaarts and Watkins 1996; Boulay and Valante 1999; Kohler et al 2001; Madhavan et al 2003; Montgomery and Casterline 1996; Rosero-Bixby and Casterline 1993). These studies demonstrate how women often rely or depend on interpersonal networks, such as family, friends, and professionals, for information on or use of fertility regulations. According to these studies the diffusion or spread of information about modern family planning methods takes place in different regions and among social groups or individuals independently of their social and economic conditions (Bongaarts and Watkins 1996).

Two different processes of social interaction, defined as "social learning" and "social influence," demonstrate that the characteristics of women's social networks influence their fertility behaviour and possibilities in using modern family planning methods. Social learning refers to the possibilities of open discussions, exchange and joint evaluation of information concerning fertility regulation within a specific network, which may include information on types of modern contraceptives available, the

negative health consequences and costs of the methods, and the benefits of having fewer children (Kohler et al 2001; Montgomery and Casterline 1996). The other process of social interaction, i.e. social influence, places emphasis on the normative influence on reproduction (Montgomery and Casterline 1996), referring to the power individuals exercise over one another, not only through authority, but also in the sense of social conformity pressure (cf. Kohler et al 2001).

Social interaction has proved to be an important arena for understanding fertility decision-making – an aspect that I too draw on in this thesis. However, the division of human reproduction into 'natural' versus 'controlled' fertility is still present in the diffusion theories as they tend to assume that societies lacking modern contraceptives cannot control their fertility and thus have more children than they desire. The theories also presume that as soon as people are familiar with the modern contraceptive technologies they will want to use them in order to reduce their number of children. Social interaction and the diffusion of information and ideas about, for example, modern contraceptives are thus treated by these authors as a force that stimulates change in fertility behaviour and population trends, generating fertility transitions from one region to another. Too much weight is, in other words, being put on the diffusion of and communication about modern contraception, which makes these studies of human reproduction narrow.

The diffusion theories also tend to assume that a fluid and open communication takes place between the actors involved at both micro and macro levels, using a common discourse based on respect and equality. International agencies, national governments, NGOs and other donor agencies are presumed to be working for a good purpose. It is, in fact, first when local processes are linked to wider social and historical relations that we can see how the diffusion of information rarely takes place without aims, purposes and an agenda (Maternowska 2006). Regardless of individuals' rights to determine the number of children to have and the methods they use in preventing pregnancies and spacing out births, most governments in the world have developed policies to intervene in people's reproductive lives in order to control their fertility and decisions about family size. Human reproduction is thus a political matter. How people in local settings construct their social reality within historical, religious, political and economic contexts, as well as how they are positioned in the larger society, are essential for understanding how they respond to health interventions and family planning programmes.

Even if demographic and economic theories have provided us with a variety of patterns and explanations related to fertility growth and decline, an analysis of the micro-level processes that ultimately affect human reproduction is, in general, lacking. National and international population policies and family planning programmes are mainly based on large-scale demographic theories, resulting in an exclusion of alternative perceptions and practices of reproduction as such policies and programmes are implemented in local settings. The tendency in demography to focus on large-scale processes has been criticised by some demographers who have argued for a more expanded perspective, including micro-level processes and other local factors that affect reproduction (e.g. Caldwell et al 1987; Carter 2001; McNicoll 1978, 1994). There is, for example, a tendency in demographic transition theory to depict the decision about the number of children to have as something that takes place in a couple's early reproductive years – a decision that is not subject to change during the individual's reproductive life. By describing people as static in their ways of living and thinking, the changes, ambiguity, spontaneity and improvisation that, in general, characterise people's lives are neglected. Change over time is thus central to reproductive theory, including not simply changes in local values concerning children and ideal family size, contraceptive prevalence and techniques, and access to health care or local healers, but also changes in life-cycle related events, experiences and arrangements, such as marriage, marital problems, reproductive history, and so forth. Understanding the meaning of reproduction must therefore include the social and cultural dynamics of human agency, and how this is shaped by a variety of discourses and practices related to notions of health and well-being.

Anthropology and Human Reproduction

Collecting data on reproductive behaviours and practices has long been a concern in anthropology. However, the study of reproduction has not, until recently, been central to anthropological theory. According to Franklin and Ragoné (1998), reproduction used to be approached as a private or domestic activity of women, linked to femininity or maternity, which is also the reason why it has been of limited significance among male anthropologists. Early anthropological writings on issues of fertility and population change are mainly related to demographic anthropology, cultural ecology, cultural materialism and functionalism. Furthermore, anthropologists interested in human reproduction have tended to focus on specific topics such as menstruation, pregnancy, childbirth, infanticide, fertility, infertility, kinship,

and so forth. These studies have played a significant role in the development of cross-cultural research on reproduction, but although the focus on cultural specificity has been a strength, it has also limited the level of analysis (Ginsburg and Rapp 1995). In the last two decades, an increasing number of anthropologists have become engaged in studies of human reproduction. Let us first review the early anthropological interpretations of fertility and population change before entering a discussion on the more contemporary perspectives and approaches.

The Evolutionary and Materialist Perspective

The study of the fertility of small-scale subsistence societies has been of interest to demographers, anthropologists and economists. For many of the demographers and anthropologists that apply an evolutionary and materialist perspective on social research, these societies represent examples of populations with 'natural' fertility, meaning that fertility rates are ultimately regulated by biological, ecological or physiological factors. Many of these studies demonstrate how societies adapt to or interact with specific environmental circumstances. Their theoretical explanations draw on the evolutionary principles that they assume to have regulated fertility and population growth in all human societies, arguing that contemporary small-scale societies are governed by the same universal rules. Drawing on the work of Malthus they argue that population growth within 'natural' fertility societies is mainly limited by food supply and mortality (e.g. warfare) (see e.g. Chagnon 1977; Harris 1974). The idea of controlling fertility is therefore irrelevant for these societies as the population size is characterised by a 'natural' balance or equilibrium between birth and death rates, meaning that population growth is stable and does not exceed the environment's carrying capacity.

Some of the scholars working from this perspective have focused on what happens to the population dynamics in small-scale societies as new technology is introduced. Boserup (1965) argues that rather than seeing population growth as a hindrance to economic growth, it is, in fact, a prerequisite for agricultural development as it stimulates technological innovations. Anthropologists have focused on the relationship between demographic change and the development of intense agricultural production and sedentarisation, demonstrating how the number of offspring tends to increase with sedentism and intensified agricultural production (Handwerker 1983; Lee 1972; Spooner 1972). Some researchers have applied a gender perspective to what they regard as an evolutionary shift from nomadic

hunters and gatherers to agricultural societies with permanent or temporary settlements. In contrast to the high degree of gender egalitarianism illustrated among groups of nomadic hunters and gatherers (e.g. Dahlberg 1981; Leacock 1978; Marshall 1959; Turnbull 1961) some researchers have portrayed women in small-scale agricultural societies as having low status (e.g. Boserup 1970; Ember 1983). According to these studies, the development of intense agricultural production and the introduction of new technology such as the plough, gave men a central role in food production at the expense of women, who lost their previously central position in the subsistence economy (Boserup 1970; Ember 1983).

Pita Kelekna (1994) argues, on the other hand, that despite the important role Achuar women in the Ecuadorian Amazon play in practicing extensive swidden horticulture, they still have a surprisingly low status compared to female hunters and gatherers. She relates this to the fact that with sedentarisation and gardening, female mobility is no longer required, while male mobility in hunting and warfare is still essential. As female mobility is no longer necessary for productive activities, the practices of spacing out births have ceased. As a result, the number of offspring has increased among Achuar people, and with that, the necessity to produce more food, meaning more work for women compared to men. In this way, Kelekna suggests that birth rates increase with sedentism rather than with the intensification of agricultural production, which she argues is actually a result of an increased number of children.

A perspective put forward by functionalists takes the position that culture works as a functional adaption that permits people to exploit their surroundings without exceeding the ecological carrying capacity. Culture is, in this sense, seen as the mechanism that keeps populations in balance with the environment. With this in mind, Roy Rappaport (1968) demonstrates how the sacrifice of pigs in the *kaiko* ritual of the Tsembaga of New Guinea serves as a homeostatic function that regulates and maintains a balance in the ecological relationship between men, pigs, food supplies and warfare. In studies of lowland Amazonia, warfare has similarly been depicted among Yanomamo as the social homeostasis that adjusts population numbers to the available resources (Chagnon 1977). Drawing from studies among Sharanahua people of Peru, Janet Siskind (1973) argues, in contrast, that we cannot look at warfare as the mechanism that regulates populations but must instead relate the tensions and the motivations surrounding raiding to ecological issues. According to Siskind, game is the limiting resource that ultimately leads to dispersion of people. In an economy of sex, men strive, in competition with other men, to be good hunters in order to gain access to women and their sexuality. But as competition only occurs over items of

short supply, Sharanahua women are made scarce through cultural practices such as polygyny, female infanticide and sexual abstinence. Competition over women increases only as access to game decreases, resulting in tensions, conflicts, and feuding between men and, ultimately, the dispersion of people to more abundant areas.

Other anthropological studies within an evolutionary perspective demonstrate how human reproduction is mainly affected by ecological/biological factors, such as environmental changes, malnutrition, variability in food and dietary restrictions, environmental carrying capacity, illnesses causing infertility, etc. (Townsend and McElroy 1992). In 'natural' fertility populations, the recognition of breastfeeding as a physiological aspect regulating birth intervals was in fact first introduced into demographic research by anthropologists (e.g. Konner and Worthman 1980). The role of temporal nursing patterns as a natural mechanism for spacing births has been the subject of much anthropological research (e.g. Konner and Worthman 1980; Ellison 1990). The link between ecology, biology and fertility is therefore still maintained by some anthropologists and their theoretical approach is still evolutionary as human reproduction is seen as the product of natural selection.

Even if many of the scholars applying an evolutionary, materialist or functionalist approach admit that culture is involved in regulating fertility and population size, they still depict the small-scale societies that they are studying as if they are 'closer to nature'. Rather than creating a bridge between nature-culture, i.e. seeing human reproduction as a result of both biological and social/cultural factors, they try to demonstrate how either the one or the other plays the most significant role in determining human reproduction. In an effort to explain the underlying 'functional' mechanisms that, according to them, regulate fertility in small-scale societies, many of these researchers have failed to recognise how these peoples actually conceptualise and experience reproduction themselves.

A further problem in many of the early studies of human reproduction in Amazonia is the poor representation of gender relations. Women in these studies are often depicted as the target of male competition and a source of male conflict, i.e. a male possession to raid for, steal or exchange (see e.g. Clastres 1977; Chagnon 1977; Harner 1972; Lévi-Strauss 1967; Siskind 1973). More recently, with the growing concern of gender issues in the ethnography of Amazonia, gender relations in this specific context has generally been described as highly egalitarian (Overing Kaplan 1981). Analysing gender relations is central to research on human reproduction. However, gender relations should not be confused with an overall notion of

women's position or status within a certain context. As Henrietta Moore (1994: 55-56) remarks, societies do not merely have one gender system, but rather multiple discourses on gender, which are shaped by both context and biography. Gender relations can, in this way, be both symmetric and asymmetric (cf. Mader 1999; Perruchon 2003). Different gender representations are often contradictory, conflicting and under constant competition and negotiation. A more dynamic analysis of gender relations must therefore be applied.

The Culturalist Perspective

Cultural anthropologists argue, in contrast, that fertility in small-scale societies is managed through cultural and social mechanisms. One of the earliest works on how population growth is controlled through cultural and social factors is provided by Alexander Carr-Saunders (1922), who goes around the Malthusian approach by showing how people in small-scale societies with a so-called 'natural' fertility have been able to handle population growth. By drawing on a variety of ethnographic examples from places such as Australia and the Pacific Islands, Carr-Saunders shows how customs related to reproduction, i.e. sexual abstinence, infanticide and abortion, take place to such an extent that it reduces the risk of surpassing food supply. The social mechanisms that influence these reproductive practices are both individual and societal as both the wishes of the parents and the considerations (or pressure) from other community members are taken into account.

Charles Wagley (1969/1951) provides us with similar arguments based on ethnographic accounts from two Tupi speaking groups of the Brazilian Amazon, among whom he investigated how fertility and population size are affected by contact with European civilisation. Wagley argues that native Amazonian peoples have either experienced a rapid population decline as a result of the introduction of foreign diseases such as smallpox, influenza, and yellow fever, which wiped out a large number of people, or they have experienced population growth as a result of the introduction of new crops, superior technology and domesticated animals, which has increased food supply and, as a result, also the population size. Wagley does not deny that populations are affected by factors in the external environment such as disease, technology, medical knowledge and food supply. However, in analysing why the population size of the two Tupi speaking groups have been affected differently by the encounter with Europeans, Wagley turns to examining the relationship between cultural values and population trends. He demonstrates that population control is not the result of a restricted food

supply, but rather derives from cultural values related to ideal family size and attitudes towards practices that limit offspring, pointing at the use of infanticide, abortion and sexual abstinence. Wagley concludes that differences in population size cannot be interpreted by strictly using Malthusian theories. Culturally derived values are highly influential in determining population trends and how people respond to rapid population changes in either direction.

Carr-Saunders and other early cultural anthropologists were criticised by anthropologists that applied an ecological-materialist or functionalist perspective, mainly for overemphasizing the role of culture at the expense of the complex interaction between populations and the material and ecological circumstances (e.g. Harris 1974; Rappaport 1968). The main contribution of the early cultural anthropologists has however been their way of demonstrating that small-scale 'natural' fertility populations do regulate their fertility but in ways that are vastly different from our own. Among Amazonian peoples the practice of polygyny has, for example, been mentioned as a factor that limits fertility rates due to longer postpartum sexual abstinence and thus longer intervals between births (see e.g. Hern 1977, 1992).[16] Increased fertility rates, on the other hand, have been explained by highlighting the rapid cultural changes many of these marginalised communities have experienced, which have led to the disruption of traditional contraceptive methods and other culturally defined practices that seem to have an impact on fertility, such as polygyny (see e.g. Belaunde 2001; Nag 1980). Cultural anthropologists have, in this way, demonstrated that the term 'natural fertility' coined by demographers is insufficient for understanding human reproduction in small-scale non-Western societies. Human reproduction cannot be reduced to a set of dichotomies between tradition/modernity, nature/culture and natural/controlled. The 'natural fertility' model can merely be used for describing the differences in fertility rates between different societies rather than actually trying to understand how fertility is conceptualised within different societies.

New Conceptualisations of the Body

Fertility, as defined by demographers, policymakers and health professionals implementing maternal health programmes and family planning methods, is based on Western biological notions of the term, referring to the

[16] The right to practice polygyny is common throughout lowland South America but how common such marriage arrangements are in daily life is not clear. Thus, the actual effects of polygyny on fertility rates are difficult to estimate.

physiological process of a couple where the actual number of live births is of main concern (Greenhalgh 1995). However, in the 1980s the conceptualisation of the body became an increasingly important topic of social research and a central theme in medical anthropology. In particular since Emily Martin's (1987) work *The Woman in the Body*, there has been a lively debate on the need to think critically about the body and to deconstruct Western thinking of the body, which is influenced by a Cartesian view of knowledge and therefore based on dualisms such as mind/body, culture/nature, self/other, etc. Such a system of knowledge tends to treat the body as "a fixed, material entity subjected to the empirical rules of biological science, existing prior to the mutability and flux of cultural change and diversity and characterized by unchangeable inner necessities" (Csordas 1994: 1). More recent scholars have, however, discovered that "the body has a history and is as much a cultural phenomenon as it is a biological entity" (Csordas 1994: 4).

Recent anthropological writings on indigenous peoples in Amazonia have emphasised the link between human reproduction and conviviality (e.g. Belaunde 2001; McCallum 2001; Overing 1989). Of central concern have been indigenous conceptualisations of the body, where the body has been described as the locus where social relations are situated and where conviviality is created through interaction with other people, based on the consumption, circulation and exchange of food and drinks (Belaunde 1992; Gow 1991; McCallum 1996; Overing 1988, 1993; Lauer 2005). In this thesis I draw on this perspective as I demonstrate how the physical and the social are in constant interaction among Shuar people and how conviviality is achieved through the cultivation of both. In this way we learn how human reproduction depends on social interaction between people in order to make foetuses, infants and babies grow, develop and turn into social and physical beings.

Social research has moved away from objectified descriptions of the body in health and illness to subjective experiences of the body. This phenomenological approach on the body draws on the work of Marcel Mauss (1979/1950) and his conceptualisation of the term '*habitus*', indicating that the feelings, movements, expressions and experiences of the body are affected by culture through acquired habits and somatic tactics. The phenomenology of health and illness places emphasis on how bodily distress is experienced and expressed, but also focuses on the meanings that are connected to those experiences. Some scholars examine people's lived or embodied experiences within specific cultural contexts, while the work of others links bodily experiences to large-scale political and economic forces.

Thus, a major concern of medical anthropology has been to differentiate between bodily representations and experiences. Nancy Scheper-Hughes and Margaret Lock (1987) provided one of the first analytical models of how to approach studies of the body in their identification of three different types of bodies, i.e. three theoretical approaches and epistemologies of the body. The first body represents the phenomenological approach that places emphasis on the individual body and the lived experience of the body-self. Drawing on the work of Mary Douglas (1970), the second approach of the body represents structuralism and symbolism, referring to the social body as representational uses of symbols of nature, society and culture. The third body, or the body politic, draws on the work of Michel Foucault (1975, 1979, 1980a) and represents a post-structuralist approach that refers to the regulation, discipline and control of individual and social bodies. In this work I am interested in exploring the relation between the individual body and the body politic, but before I explain this further we must review the political and global perspective.

The Body Politic – The Political and Global Perspective

In the 1970s the search for explanations and solutions to the world's dramatically growing population led to an increased demand for research, not only demographic and economic, but also ethnographic. This research demonstrated the complex issues involved in human reproduction. Over the following decades it became clear that reproduction could not be studied as a monolithic variable but needed to be linked to larger processes. The growing field of medical anthropology contributed significantly to such an analysis of reproduction, linking it to development, politics and global processes.

Polgar (1971) was one of the first anthropologists to demonstrate that population growth and pronatalist politics in underdeveloped countries could be linked to Western colonialism and expansion. Later on, Morgan (1989), using the 'world system' approach in his studies of primary health care in Costa Rica, demonstrated how local communities were influenced by national and international forces. This change in how to approach studies of reproduction gave attention to what Ginsburgh and Rapp (1991) have called 'the politics of reproduction'. This was expanded a few years later to 'the global politics of reproduction' in order to understand "the transnational inequalities on which reproductive practices, policies and politics increasingly depend" (Ginsburg and Rapp 1995: 1). In most contemporary societies, reproduction and reproductive practices, as well as gender ideologies, are produced and reproduced within the changing context of national and international policies on population and family planning and

conventions on women's rights, including gender equality, Sexual and Reproductive Health and Rights (SRHR), and laws against domestic violence. Forces such as the Catholic Church and structural adjustment programmes often oppose these struggles, creating a rather contradictory broader social context (Browner 2000: 774). These broader contextual factors shape reproduction and the social relations at local levels, where other social, cultural and medical systems often prevail. Thus, the knowledge, norms and practices surrounding reproduction may be a critical site of contest. In this process both global and local forces are involved (Ginsburgh and Rapp 1995:8).

The work of Foucault has had a profound impact on anthropological understandings of hierarchy and power, and has played a particularly important role in studies concerning modernisation and medicalisation. Foucault was interested in certain areas of knowledge, such as the way the discourse on, for example, madness (and therefore also 'normality') was created and maintained by specialists, i.e. psychiatrists, doctors, state administrators, and so forth. He also explored how the knowledge such specialists produce works as an instrument of power and domination (Foucault 1980a). The way Foucault uses the term discourse can in this way be related to bodies of knowledge, moving the concept away from the formal approach that considers discourse in terms of text, language or ways of communicating, towards the term discipline. According to Foucault (1980b), the discourses created and maintained by specialists are dominant and powerful. Discourses silence the targeted groups (e.g. the mad) who are left without alternative knowledges of their own state or condition. They are thus left powerless. The knowledge on which a discourse is based is not a universal truth, even though this may be asserted by the experts and professionals using the discourse, but is rather an exercise of power, something Foucault defines as power/knowledge (Foucault 1980b, 1984). The study of discourse is therefore an analysis of power relations within a society and how power is exercised through the use of knowledge and discourse, i.e. what Foucault refers to as "disciplinary technologies" or "techniques of power" (Foucault 1980b: 93). According to Foucault there are two forms of discipline, i.e. the academic discipline such as medicine, psychiatry, sociology and demography, and the disciplinary institutions supported by these bodies of knowledge, such as hospitals, schools and prisons, where social control can be maintained through the practice of power.

Foucault coined the term biopower,[17] which has influenced anthropological representations of the body. Biopower is a form of 'technique of power', which makes it possible for modern states to control groups of people and, in fact, entire populations. Biopower is basically governance or control over bodies through numerous and diverse techniques (Foucault 1980a: 140). Rather than exercising control through threat on life, biopower places emphasis on the protection of life. Examples of biopower are therefore regulations of health care, reproductive practices, norms and values, family constellations, sexuality and well-being. In this way, I suggest that modern contraception can be seen as a form of technique of power, and the global discourse on population and family planning produced by the international community of development experts (disciplines of knowledge) represents the regulating framework that constructs, controls, disciplines and normalises bodies. According to Foucault (1979, 1980a), the disciplinary powers and techniques are all aimed at creating 'docile bodies' that are easily managed and controlled.

I draw on the concept of biopower in this thesis in order to illustrate how the intersecting interests of powerful institutions, such as the international development agencies, Western medicine, and the state have created and supported a certain discourse on population, reproductive health and family planning, aimed at controlling the fertility and sexuality of certain peoples. Through state initiated reproductive health and family planning interventions bodies are subjected to external agency and disciplinary institutions and practices. In this way, I draw on Foucault in order to uncover global relations of power. However, in Foucault's disregard for the subjective experience the individual body becomes merely representational. Social reality is inscribed on what is characterised as a passive body while the experiences and agency of the lived body are neglected. What is lost in a Foucauldian approach is social interaction and how people create themselves and their social relationships. According to Foucault, discourses construct subjects, including their positions. My point is that the subject is not merely defined by a particular set of social, economic, religious and political relations but also by what Ortner (2005: 37) defines as "complex subjectivities," i.e. a complex set of thoughts, desires, fears, feelings, experiences, and so forth. As Rapport and Overing (2000: 124) argue,

> It is the individual who animates discourses by the imparting to them of personal meaning; individuals personalize discourses within the context of their own discrete perspectives on life, using them to make and express a personal construction of the

[17] The concept is situated between human biology and politics, referring to the governance of human populations (bio) and politics (polis), also less frequently termed 'biopolitics.'

world, a possibly original language-world, a sense particular to them at a particular time.

In this way, people always make sense of, and interpret, discourses through interaction. People do not simply internalise new discourses, ideas and practices imposed on them through state initiated reproductive health interventions. Rather, as we shall see in this thesis, they construct their own dynamic patterns of reproductive practices according to their own perceptions, norms, experiences and knowledges. Thus, the power to define reproduction does not operate in one direction only. Biomedicine and biomedical treatments may have a dominant status as a state supported apparatus, ignoring and excluding the rich diversity and significance of local medical systems and healing practices. However, the dominant discourse of biomedicine is not absolute. As a matter of fact, many societies draw upon a variety of medical systems, using different sorts for different occasions depending on, not only local perceptions and practices, but also their relations to biomedicine, the Western professionalised medical system and the larger society. People consciously interpret and use discourses in their own way and may alternate between different discourses depending on whom one interacts with. This does not merely concern the targeted groups of certain health programmes, but also the state officials and health care providers that interpret the messages, policies and programmes of the state. It is the way in which health service providers interpret state policies, that programmes are turned into practice (Gammeltoft 2008). Aretxaga (2000) therefore argues that the state is not merely a set of rational bureaucratic practices but is, in fact, full of affect and subjectivity. Development interventions may therefore be resisted, embraced, contested and reshaped depending on the content and the specific context in which they are interpreted and implemented. In this work the aim is to understand the subjective experiences of state policy discourse the complexity and contradictory responses of a group of indigenous peoples to exogenous and dominant forces. It is the subjective interpretations of state health messages and the social dynamics at play in the encounter between patients and health care providers that offer us critical insights into expressions of power.

Summary

The grand demographic fertility transition theories have played a dominant role in our way of understanding and approaching human reproduction in Western countries. These large-scale theories have formed the basis of a

global discourse on population and family planning, which, as a dominant discourse on human reproduction, has a tendency to exclude alternative knowledges and practices (cf. Foucault 1980a, 1980b). As I shall demonstrate in this thesis, these demographic underpinnings, including the exclusion of alternative knowledges and practices, still shape the contemporary reproductive health programmes in Ecuador, which consequently makes them important matters to discuss and to take into consideration. Early anthropological writings on reproduction have, on the other hand, tended to treat reproduction as a highly localised, isolated and static phenomenon, focusing on separate areas of reproduction, such as menstruation, pregnancy, childbirth, etc. In fact, many of the difficulties in early understandings of human reproduction, whether demographic or anthropological, can be related to the tendency in Western thinking to separate biological and social domains from one another. Rather than analysing how small-scale societies or indigenous peoples actually conceptualise reproduction themselves, questions such as whether people make conscious and informed decisions to have a certain number of children or are driven by unconscious 'natural' or biological urges have underpinned much of the research.

In this thesis I apply a phenomenological approach to reproductive theory in order to explore the complex ways in which reproduction is given cultural and social shape. To fully comprehend indigenous conceptualisations of reproduction we must understand how they interpret the relationship between body and person, and how reproduction is conceived as a long-term interplay between both the social and the physical. I investigate how the culturally defined norms, values and practices of reproduction are located in social relations and I analyse how these are negotiated and contested as people's ways of living are subjected to new influences, discourses and changes. I therefore place human agency and local contexts at the centre of reproductive theory, linking these to wider social, political, economic, religious and historical processes.

3

The History of the Shuar Region

Integration and Sociocultural Transformation

> Contemporary development schemes [...] require the creation of state spaces where the government can reconfigure the society and economy of those who are to be "developed." The transformation of peripheral nonstate spaces into state spaces by the modern, developmentalist nation-state is ubiquitous and, for the inhabitants of such spaces, frequently traumatic (Scott 1998: 187).

The history and practices of colonialism and evangelisation have involved a complex process of both resistance and adaptation among Shuar people. Since the time of the Spanish conquest they have experienced how a variety of agents from outside have established themselves in the zone with different goals in mind. The biggest and most powerful agent of change has been the Catholic mission, i.e. the Salesian Order, which in part has been operating on behalf of the Ecuadorian state. In fact, the evangelisation of Shuar people and the responsibility of the missionaries to develop the region of Morona Santiago, have, as will be explored in this chapter, played a major role in the process of colonisation and state expansion. However, the aim of this chapter is not purely to uncover the goals and strategies of the external agents and the tension that exists between them, but also to grasp how colonialism and evangelism have affected Shuar people. As this thesis places emphasis on the importance of social relations and social interaction for the outcome of reproductive decisions, this chapter focuses in particular on how new influences have organised new social relations among Shuar people and the external agents.

In pre-colonial times, the social organisation among Shuar people was egalitarian (Karsten 1935; Harner 1972). People lived in dispersed households linked to one another through kinship and they had no hierarchical political organisation or centralised leadership. Instead, their social, political and economic boundaries "were multiple, partial and

overlapping" (Rubenstein 2001: 264), i.e. loose, flexible and in constant negotiation. In the encounter with missionaries, colonists, and the market economy, new hierarchically organised boundaries based on class, ethnicity and gender were introduced, establishing new relationships of subordination and domination. However, colonialism and evangelism have not only created hierarchically organised social boundaries between Shuar and non-Shuar but the process of social, political and economic transformation has also created a number of divisions between Shuar people. In this chapter we learn how Lucho and Marcia, and other family members, relate to historical processes and changes. To see how Shuar ways of living have changed and how Shuar people are positioned within the larger society's structural arrangements are fundamental for understanding how reproduction may be negotiated.

History in the Tiwintza District

In the last decades, Shuar ways of living have changed dramatically, mainly as a result of colonialism and evangelism. However, all Shuar people in Morona Santiago have not been exposed to outside influences to the same extent. Michael Harner (1972), who did fieldwork among Shuar and Achuar peoples in the late 1950s, has for example divided Shuar people into two groups depending on whether they are settled west (the "frontier" Shuar) or east (the "interior" Shuar) of the mountain chain Kutukú, which is the last slope of the Andean foothills, splitting Morona Santiago in half vertically. According to Harner, the east part, or Transkutukú as Shuar people calls it, has, because of the Kutukú ridge and the difficult climate and terrain, been less disposed to outside influences compared to the west.

In this remote area we find Tiwintza, located between the south-eastern slopes of the Kutukú mountain chain and the Peruvian border, at an altitude of approximately 225 meters above sea level. During the time Harner did fieldwork this interior area had not yet been penetrated by missionaries and colonisers. However, in the 1940s, North American evangelist missionaries had established an outpost in Macuma (located in the north-east of Morona Santiago) and the Salesian missionaries had set up a mission outpost with a boarding school in Yaupi (located just north of Tiwintza) (Harner 1972). In the late 1950s, the Salesians expanded their mission in Yaupi towards the south and established an outpost in Santiago, which, during those days, only consisted of a big military base. At the time, the Shuar people living in the area were not yet permanently settled in *centros*, but instead lived in dispersed households making their living as semi-nomadic horticulturalists, relying on slash and burn techniques for their cultivation of crops such as

sweet manioc, yams, taro, sweet potato, etc. (Harner 1972: see also Karsten 1935). Initially, priests from the mission station in Yaupi took turns in assisting the Santiago region, providing both Shuar people and the staff at the military base with their services. In 1958, the deacon Juan Arcos and his family set up a new mission station next to Río Santiago. A boarding school for both boys and girls was opened in Santiago in 1963 (Guerriero and Creamer 1997). It was however not until the early 1970s that the first mestizo settlers arrived in Santiago, looking mainly for land and new markets. At the same time, the Ecuadorian state established two small health posts in the area, one in Santiago and one in San José de Morona, which were later expanded into two health centres. It was in those days, i.e. in the late 1970s, that Marcia moved to the Tiwintza district together with her parents, sharing the following story with us about her early childhood years:

> My father got married to my mother when she was 14. She was his first wife. As my father was an orphan raised by nuns at a mission station he had no community or family to answer to. It would have been convenient for him to settle down in my mother's community, which was the plan, but once married he more or less robbed my mother from her parents and did not fulfill the bride-service. Instead my father joined the army and my mother had no choice but to follow him wherever he had work. I was therefore born just outside Shell in Paztaza [the province located north of Morona Santiago] as my father was serving there in the military. After a few years we moved to the district of Tiwintza because my father was transferred to the military base in Santiago. He bought a piece of land for my mother to cultivate and managed to become a member of Kuwín when it was formed. At first I went to the Salesian mission school in Santiago but only for a year or so. As soon as we had access to radio teachings in the *centro* my parents took me out of the boarding school. My mother never liked the boarding schools of the mission and I was terrified of one of the priests, who was very loud and angry most days. The radio school was therefore a good option; I could stay at home with my mum and my sisters but still get access to formal education. The Salesian mission station in Santiago then closed down and we had an *etsérin* [catechist] in our *centro*, a community member who is responsible for preaching the bible and who will meet with the priest regularly every week. Not much happened during my childhood years I think, not until I was fourteen at least and we went to see family in Upano Valley. I met Lucho in one of the *centros* there and after a few chaotic months we ended up married, basically against our wishes. Lucho moved into our house and started working for my parents. A year later our first daughter, Patricia, was born. We built this house here next to my parents and were given a small garden by my father to cultivate. With a baby, a house and a garden to take care of I had to quit school.

Marcia's parents are not originally from the area of Tiwintza. Marcia's mother, Jacinta, has her roots in the south of Morona Santiago while her father, Víctor, who was raised by Catholic nuns, lacks such ties to a locality of origin. Rather than choosing to settle down together with Jacinta's parents according to the uxorilocal residence ideal common among many Shuar people, Víctor strategically made a decision to work for mestizos, choosing an alternative way of making a living instead of subordinating himself to his parents-in-law. In the new situation there were alternative options to choose from, generating both cash and independence for him as an individual. This made it possible for Víctor to still make arrangements for his wives and children to live according to Shuar customs, buying land for his wives and daughters to cultivate and building them a house according to Shuar techniques and practices. Marcia therefore spent most of her childhood years in a remotely located *centro* in Tiwintza. Despite this remote location, external networks have been present in her life from the beginning. Her father's integration into the market economy and the presence of the Salesian missionaries, not only at the mission's boarding school in Santiago but also in the *centro* where Marcia grew up, are examples of her contacts with the wider society.

Lucho is not originally from the Tiwintza district either. He moved to Kuwín as a result of his marriage to Marcia and the practices of the uxorilocal residence ideal. He shares the following story with us from his early years:

> I grew up in a *centro* in the region just north of Tiwintza together with my parents and nine brothers and sisters. I am not Catholic though, like my wife, I am Evangelical. Evangelical missionaries from the US lived in our community when I grew up. They were our teachers at school the first six years - very good people who had a major impact on me and my life. They encouraged me to continue my studies, which I did, but as we only have the basic education in our *centro* I had to leave my family and move to another *centro* close to Macas [the provincial capital in Morona Santiago] where we have family who I could stay with. I chose to continue studying for evangelical missionaries rather than the Catholics, it was important for me. After a few months the trouble started.
>
> I moved to the *centro* when I was about 15 years old with a very clear picture in mind of what I wanted to do with my life. Just as the evangelical priest had encouraged me to do, I wanted to enjoy my youth for a few years, finish my studies and delay marriage until my twentieth birthday at least. But even though my new *centro* was located in Upano Valley, which is an area close to the modern society, meaning that the Shuar culture had changed and was very different in some ways from where I was growing up, the strict Shuar rules were still very much alive. At this age I could not have female friends anymore, which I had. I guess I was a bit crazy when I was young

but these girls were not my girlfriends – just friends nothing more. The relatives of one girl in particular threatened to kill me if I did not marry her. She was a good friend of mine, Marcia, my cousin in fact, who was just visiting family in the *centro*. They made such a big fuss about our friendship that even el *síndico* [the administrative leader of a centro] had to get involved. I ran away, left school, my relatives and the *centro*, everything, and settled down in Puyo [the provincial capital in Paztaza] on my own for about six months or so, working in construction. I didn't like it though and I was constantly worried about running into people who knew what had happened. So I finally went back to the *centro* where all my troubles started. From there I was sent to Marcia's parents who lived in a *centro* in Transkutukú in Tiwintza. Our parents met and made a decision about our future. Marcia's brother would have killed me if I didn't marry her, but I swear we were only friends and neither of us wanted to marry one another at first. We settled down in a house next to Marcia's parents where we still are today. Marcia is a very good woman, a hard worker, and so is her family. What at first seemed to be the worst catastrophe in my life turned out to be okay. But because of our limited access to land I have had to spend a lot of time away from home, studying or working to bring in some cash.

The first years following the marriage I worked for my parents-in-law, as you are supposed to according to Shuar customs.[18] I managed to finish secondary school by studying a distance course in Santiago. After that I joined the military, and was lucky enough to be based at the battalion in Santiago for a few years, which meant that I could easily go home when I was off duty. After having participated in the clashes between Ecuador and Peru in 1995 [Cenepa war] I quit the military though – I did not like the idea of killing my Shuar relatives on the other side of the Peruvian border. Since then I have been engaged in a wide variety of occasional work, both within the community and for the mestizos. Currently, I am helping a few missionaries with the Shuar language at the same time as I am studying to become a bilingual teacher.

In the story of Lucho we are able to see his path through local ways of living as well as how he is incorporated into the wider religious, political and economic structures of the Ecuadorian society. Lucho's story clearly reveals how tensions have evolved as Shuar ways of living have changed. By comparing the stories of Lucho and Marcia we see how external influences have affected them differently, creating differences based on religion, economy (access to cash, cattle, land, etc.) and levels of education. These differences cannot merely be attributed to gender as they exist between all Shuar across gender and generations. Shuar people have both accepted and

[18] The son-in-law pays tribute to his parents-in-law in the form of labour. Brideservice among Shuar people is particularly important during the first years of marriage or until the first child is born but may persist as long as the parents are alive (see chapter six for more details on Shuar social relations).

resisted influences from outside and adapted their ways of living to the various interventions by state officials and missionaries. In order to more thoroughly explore the different agents of change in the region and how their activities have affected Shuar people we shall turn to the wider history of which Tiwintza and Lucho and Marcia are a part.

Early Contacts and Conflicts

The present day Jivaroan peoples are a result of a multitude of processes that have shaped them since pre-colonial days. At the arrival of the Spaniards in 1527, Jivaroan peoples inhabited an extensively bigger area than today, stretching from the western Andean foothills to the lower valley of the Paztaza River (Taylor 1994). Just before the Spaniards arrived in Ecuador, the Inca emperor Huyana Capac had tried to conquer the Jivaroan region. However, according to Harner (1972: 17), the attack was met by such a fierce resistance that the emperor had to flee back to the Andes where he declared the inhabitants of these regions unworthy of being under his authority.

In the sixteenth century, contact between Spaniards and Jivaroan peoples was first established by expeditions that were exploring the region. Those expeditions were subsequently followed by officially authorised attempts at colonisation (Taylor 1994). The resistance met by the Jivaroan peoples was, however, so strong that the region was defined as "*tierra de guerra"* (land of war) (Taylor 1994: 11). By the early seventeenth century, Spanish efforts to establish settlements among Jivaroan groups had, due to various factors, failed. The settlements, which depended on the work of indigenous peoples, were associated with epidemics and slave raids. As a result, Jivaroan peoples ran away or would sometimes even raid the settlements themselves (Taylor 1994).

At the same time, the economy of the Ecuadorian highlands was expanding with work, such as mining, agriculture and textiles. The development of the economy of the Andes temporarily diminished the interest in colonising the Amazon (Hurtado 1980; Steel 1999). The Spaniards did not, however, give up, and several attempts at colonisation were made during the first half of the seventeenth century. According to Taylor (1994), these expeditions failed not only because of the hostility and resistance of Jivaroan peoples, but also because of factors such as the difficult climate and terrain, and the inability of the Spaniards to comprehend Jivaroan warfare.

As a result of these failures, the Spaniards left the civilising efforts in the hands of the Jesuits, who tried to improve the relationship with Jivaroan

peoples by giving gifts of metal. However, in the second half of the eighteenth century, when missions finally were successfully established, the Jesuits were forced to withdraw from the continent due to political reasons (Harner 1972; Steel 1999). The evangelisation and colonisation of the zone were limited from this period of time until the late nineteenth century and no direct contact between colonial and postcolonial officials existed (Taylor 1994; Steel 1999).[19]

At the end of the nineteenth century, the state once again became interested in the southeastern parts of the Ecuadorian Amazon. This time, the extraction of rubber, and later on oil as well, was the major reason behind the state's entrance into the region.[20] Furthermore, growing disputes with the Peruvian government concerning the border between the two nations was a major state concern (Rubenstein 2001).[21] However, as the government could not afford large-scale colonisation projects and lacked resources to develop the infrastructure in the Amazon, which would connect the area to other parts of the country, the state decided to rely on the Salesian mission to convert Shuar people into 'civilised' Catholics and Ecuadorian citizens (Rubenstein 2001). The fact that the liberal government in 1895 dramatically decreased the influences and privileges of the Catholic Church in state politics and economy did not, apparently, hinder them from using the Church when deemed necessary. According to Bottasso (1984), the state was not primarily interested in turning Shuar people into actual Christians, but rather it saw the activities of the missionaries as a possible way of taming them, which would make colonisation easier.

The early contacts with colonisers and missionaries affected the interpersonal relationships between the different Jivaroan communities. Intertribal warfare seems for example to have intensified during the last decades of the nineteenth century, and in particular the Shuar headhunting raids against Achuar neighbours (Bennett-Ross 1984). These disputes seem to be linked to the head-for-guns trade, i.e. the trade of shotguns in exchange for shrunken heads, which has been reported by missionaries on various occasions

[19] In 1869 the Jesuits tried to establish missions in Macas and Gualaquiza but Jivaroan uprisings soon forced them to abandon them. In 1887 the Dominicans established a mission in Macas which they abandoned in 1898. See Stirling (1938) for details on the early history of missionary activities.

[20] The Upper Amazonian rubber boom took place in 1880-1915. Shuar people were involved in the trade but to a limited extent and to a much lesser degree than Achuar people. The lack of navigable rivers in for example the Upano Valley made it difficult to transport the rubber from Shuar territory (Harner 1972).

[21] The border dispute between Ecuador and Peru began in 1830 and was first settled in 1998.

(Bustamante 1988). However, over the first two decades of the twentieth century these headhunting raids began to decline.[22] According to Harner's elderly informants the Shuar headhunting raids declined as a result of the emergence of a trade partnership between Shuar and Achuar peoples (Harner 1972). At the same time as warfare between Shuar and Achuar started to decline, feuds among Shuar people, in particular between shamans, increased. This was mainly a consequence of the new epidemics, accusations of witchcraft, and competition of manufactured goods (Steel 1999).

Another kind of conflict that gradually evolved during those days was the one between Shuar people and the settlers that started to migrate from the Andes to Morona Santiago in the early twentieth century, mainly in search for land and jobs. According to Bottasso (1984), state officials thought that the new settlers, or *colonos*, would have a civilising and pacifying effect on Shuar people. Migration was thus encouraged. Initially, Shuar people became involved in peaceful trading relations with the new settlers but, as Rubenstein (2001) points out, there was a certain misunderstanding within this relationship. "Colonos believed that, in offering the Shuar clothing and tools in return for giving up land, they were 'buying' land. The Shuar, however, believed that they were establishing a trading partnership in return for doing something they would in any case do a few years later - move to another location" (Rubenstein 2001: 267). As a result, conflicts between Shuar people and the new settlers gradually increased, mainly concerning land disputes.

Salesian and Evangelical Missionaries and the Ecuadorian State

In the last century, the process of colonialism and evangelism gradually intensified in Morona Santiago. This process has not merely been driven by particular aims and activities of the missionaries and the state respectively but also by collaboration between these agents with the aim of changing and developing the region and its peoples. This section describes the activities of the missionaries and the Ecuadorian state since the end of the nineteenth century and explores the relationship between them.

In 1888, the Salesian mission arrived in Ecuador. The Salesian community is a Roman Catholic order founded by Saint John Bosco in Italy in 1859, whose work at the time was directed towards the caring and education of young and poor children (boys) living on the streets of Turin. In 1893, the Ecuadorian government approved mission reserves to the Salesian order. Thus, Salesian

[22] Shuar headhunting raids continued into the twentieth century but declined gradually from 1910/1920 until the 1960s when those raids officially ceased (Harner 1972).

missionaries in the Jivaroan region were given responsibility over the Apostolic Vicarship of Méndez and Gualaquiza. In 1894, Salesian missionaries entered Gualaquiza and established several mission stations in the area, starting with the first in Méndez in 1915 (Guerriero and Creamer 1997). The fact that the Church had lost most of its political and economic influence in national politics when the liberal government took over in 1895 probably influenced their decision to Evangelise and 'civilise' Jivaroan peoples, who were living in an area where the state had limited presence. An agreement with the state further increased the power of the Church as the Salesians were assigned the responsibility of developing the Jivaroan region, including the delivery of services such as education, health care, infrastructure and administration (Guerriero and Creamer 1997). The Salesian mission built several hospitals in Morona Santiago where nuns and a very limited number of priests with medical training delivered primary health care. As a result, the Salesians gained a strong influence in public life and came to dominate all aspects of society that emerged in the area. In return for Christianising and 'civilising' the people, the Salesian mission benefitted from tax reductions, duty-free imports, funding for boarding schools, free health care services at military hospitals, salaries for teaching, and so on (Salazar 1981).

In the 1950s and 1960s, the Ecuadorian state started to rely on CREA (Center of Economic Reconversion of the provinces of Azuay, Cañar, and Morona Santiago) in order to develop the infrastructure in Morona Santiago. CREA was a state supervised agency formed by the elite in Cuenca to revitalise the development of local economy (Dávila 2006; Rubenstein 2001). By developing the infrastructure in Morona Santiago they hoped to encourage further migration from the Andes to the Amazon. CREA constructed roads, hospitals, schools and a few health centres. As a result, the first public school was established in Morona Santiago in the 1950s and the first public hospital/health centre, *La Casa de Salud*, was opened in Macas (the provincial capital) in the early 1960s.

As a result of the development of infrastructure, poor and lower-middle-class mestizos and highland Indians started to migrate to Morona Santiago, hoping to find land to cultivate, or work in governmental development projects (Salazar 1977). This wave of state expansion and spontaneous migration also reached the Tiwintza district. In the mid 1970s, CREA constructed the health centre in San José de Morona and also began the construction of the road between Patuca and Santiago, i.e. between two military bases, in 1979. The road was not finished, however, until the late 1980s, when it connected Tiwintza with its larger province, leading to increased spontaneous colonisation.

Shuar people have been affected not only by the presence of Salesian missionaries but also by Evangelicals. In fact, the first protestant missionaries arrived in Ecuador as soon as the liberal government took over in 1895. Most protestant missionaries, representing missions such as the Gospel Missionary Union, the Christian and Missionary Alliance and the Seventh Day Adventist Mission, were North Americans. In 1931, evangelical missionaries opened the first radio station with daily broadcasting in Ecuador; HCJB[23] *La Voz de los Andes* (the Voice of the Andes) (Linke 1954). This missionary radio station was not only aimed at spreading the gospel of Christ through media but also by delivering health care and training in leadership. In 1958, HCJB opened a mission hospital in Shell, Hospital Vozandes del Oriente, located near Puyo (the provincial capital in Paztaza).

In the 1940s, evangelical missionaries arrived in the region of Sucúa and Macuma in Morona Santiago, creating new missions in Shuar territory. The evangelical mission consisted mainly of a few families from North America, but at the end of the 1960s the mission was expanded to include also the collaboration of nurses from Hospital Vozandes del Oriente, who came to work with Shuar people in Macuma, coordinating their activities with the health direction that was emerging in Macas at the time, i.e. Ministry of Public Health (MSP) at provincial level.

The new evangelical missionaries did not constitute a major threat to the Salesians. A Salesian priest, who had been working in Morona Santiago since the 1950s, told me that even if some minor incidents occurred between the Salesian and Evangelical missions from time to time, none were of any religious character and could always be resolved. The Catholic and Evangelicals even established an association to collaborate and coordinate their activities internally (Rubenstein 2001).

As the *Segunda Ley de Reforma Agrarian y Colonización* (Second Law of Agrarian Reform and Colonisation) was approved in 1973, the state gradually started to take over their services in the public sector from the Salesians in Morona Santiago (Trujillo 2001). This has been a long and slow process because of the fact that the state has had limited resources to increase the public sector in the province. Before the Ecuadorian state expanded its presence in Morona Santiago, primary health care was, for example, only delivered by Salesian and Evangelical missionaries, who had received health care training overseas. When the state expanded its activities in Morona Santiago the health care delivered by the missionaries was gradually coordinated with and incorporated into a growing public health care system.

[23] HCJB - Herald Christ Jesus' Blessings.

In this process, a contract was formed between the missionaries and the state, establishing a *fiscomisional*[24] partnership between the two in institutions such as schools and hospitals. The *fiscomisional* partnership made it possible for the state to expand its health care services in the region using the facilities and workforce of the church.

However, the *fiscomisional* contract has also been a limitation for the state as the church has been able to interfere in the kind of health care services delivered within the *fiscomisional* health units. One could still see nuns delivering primary health care at some hospitals in the province as late as the mid 1990s (e.g. Hospital Quito in Méndez). The presence of nuns and priests within the health units has further reinforced the religious character of the health care services delivered at the *fiscomisional* hospitals. For example, initially, family planning services were not delivered at any of the *fiscomisional* hospitals (not officially at least). However, the *fiscomisional* contract has been renegotiated at the various hospitals in recent years and even if the catholic doctrine still rules in some *fiscomisional* health units today (e.g. Hospital Pio VII in Sucúa) others have more recently been able to negotiate away the interference of the church in the delivery of public health care (e.g. Hospital Quito in Méndez). The religious character of the health units and the religious influence upon the delivery of reproductive health care services are further discussed in chapter seven.

Cultural Transformation and the Creation of new Boundaries

The evangelisation of Shuar people has been a major component in the process of colonisation and state expansion. In this section I demonstrate how the practices of the Salesian order gradually integrated Shuar people into the modern state system and the capitalist economy and how new hierarchical relations and boundaries between Shuar and non-Shuar were created. I draw on several aspects of change, focusing on the introduction of formal education, biomedicine, wage labour, permanent settlements and political organisations, and I demonstrate how these have affected Shuar people, the relationships between them and their relations with external agents.

[24] This term is used for institutions (schools, hospitals) that are governed by both the state and missionaries (catholic or evangelical).

Formal Education

Salesian missionaries succeeded in Christianising Shuar people because of their strategic focus on the education of Shuar children.[25] Initially, Shuar adults had been the target group that the missionaries tried to convert through baptism and by trying to eliminate practices such as polygyny, shamanism, witchcraft and vengeance. However, by the 1930s the Salesians had realised how difficult it was to convert Shuar adults and, thus, turned to the children. From the age of six Shuar children were taken to the boarding schools of the mission with the purpose of becoming 'civilised', Christian, Ecuadorian citizens that would eventually function within a new type of discipline and hierarchy, i.e. the subordination of the state (Rubenstein 2001). However, this new type of discipline also manifested a number of new differences in the relationships between Shuar and non-Shuar, between civilised and savage and between the church and the state (Rubenstein 2001).

The Shuar parents that sent their children to the boarding schools were provided with manufactured goods by the missionaries. Missionaries could, in this way, control both Shuar people's access to manufactured goods and their integration into the market economy. This created new differences between Shuar people, i.e. between those Shuar who had access to goods and had converted to Catholicism and those Shuar who were not yet 'civilized,' baptized and had no access to manufactured goods. According to Rubenstein (2001), these differences made the conversion to Catholicism attractive among many Shuar people at the time. Today, most Shuar people define themselves as Catholics. However, they attend Church on an irregular basis and, despite the efforts of the missionaries, witchcraft, shamanism and polygyny are still being practiced to varying degrees.

To take away the Shuar children from their parents had a major impact not only on subsistence production, as children are of great help to their parents in the production of food, but also with regards to knowledge, which is passed on to the children by the parents (Taylor 1981). Mothers share their knowledge and tasks with their daughters while working in the garden and fathers share their knowledge and tasks with their sons while, for example, hunting (Taylor 1981; see also Perruchon 2003). Furthermore, as is explained in more detail in chapter four, these educational efforts by the parents are acts of caring and socialisation, important in order to make the child grow and become an adult person, including also the creation of a Shuar identity. Food production is in particular directed towards the growth of children and

[25] See Perruchon (2003) for a detailed discussion on the Salesian strategies for converting Shuar people.

requires the engagement of parents and other close kin. According to Jacinta (Marcia's mother), who spent six years at a Salesian boarding school, to not be able to maintain continuous and ongoing social relations between children, parents, and other kin, severely affects the possibilities of living peacefully together. Without children in the communities food production loses much of its importance and social relations are weakened. This was, for example, the reason why Jacinta never wanted her children to attend the Salesian boarding schools. She said at one point, "the strong relationship between parents and children are, under such circumstances, forever lost."

Just like the Shuar parents, the Salesian missionaries tried to combine teaching with work in the garden. According to Salesian missionaries at the mission stations I visited, Shuar children only had to produce the food they ate themselves, but according to Shuar people the tasks expanded much further than just food production. Most of the Shuar people I spoke to described their years and the work at the mission's boarding schools as similar to slavery or imprisonment. After having studied all morning they had to work hard for long hours every afternoon when the temperature was the hottest. In fact, the discipline system of the clerk was described as clearly different compared to the Shuar notion of discipline. While the asymmetric relationships between Shuar children and their parents disappear as children grow up, are educated and become adults, the asymmetric relationship between Shuar people (children, adolescents or adults) and the clerk never vanished (Rubenstein 2001). While having informal conversations with mestizo teachers who had previously served at the boarding schools of the Salesian mission, the exploitation of Shuar children and adolescents was, on several different occasions, brought up as a major issue of concern.

In the early 1970s, the Salesian missionaries founded the bilingual radio school project (SERBISH). The reason behind this initiative was the lack of teachers willing to work in the remote Shuar areas and that the existing boarding schools could not provide for the growing need of education among the Shuar children in the *centros*. Instead of leaving their parents to be raised and educated at boarding schools, children were now able to get formal education in the *centro* by listening to teachers who were broadcasting on the radio. While this may be seen as one of the most effective ways of the missionaries to indoctrinate Shuar people (Perruchon 2003), Shuar children were able to continue living at home and maintain their relationships with their parents while at the same time attending school. The Shuar children who attended the radio schools in the *centro* therefore had more knowledge of Shuar language and worldview than those who attended the boarding

schools.[26] The radio teachings made it possible for parents to maintain good, continuous and ongoing social relationships with their children, which in turn made it possible to live according to the *pénker pujustin* ideal.

Like the Salesian order, the evangelical missionaries in Morona Santiago also established a few boarding schools for Shuar and mestizos children. The Evangelical mission schools were similar to the Catholic mission schools but differed in the sense that children were not forced to work after school. The evangelical mission schools have been described as more practically oriented, i.e. agricultural production, carpentry and construction are examples of practices that were more integrated into general teachings compared to the Catholic schools, which also have been described as more strictly ruled and with more prohibitions (Karsten 2000). Shuar who attended the boarding schools, irrespectively of mission, became more important among Shuar people than those with no formal education, mainly because of their abilities to mediate. In other words, through the boarding schools additional distinctions were created, i.e. distinctions between Shuar themselves - between educated and non-educated Shuar and between catholic and evangelical Shuar.

In the 1970s, the Salesians also founded *Instituto Bicultural* in Bomboiza, specifically dedicated to educate Shuar teachers. Shuar teachers have become a powerful group of people among Shuar, holding important political posts mainly within the indigenous organisations but also, to a certain extent, within the municipalities. This is so mainly because of their knowledge of the Ecuadorian society and their ability to interact with mestizos, for example, to solve conflicts between the two groups.

Sedentism and Political Organisation

Initially, Salesian missionaries considered the colonisation of Shuar territory to be a necessary step towards civilising and taming them (Bottasso 1982). However, educating Shuar children at the mission's boarding schools did not diminish feuds, conflicts, shamanism and witchcraft. Instead, the missionaries turned to the seminomadic way of living of Shuar people as the possible reason behind the hostile relationships at the time. The fact that Shuar people lived dispersed in the forest limited their ability to defend themselves and their land but it also made them inaccessible to both the

[26] Today most *centros* have a school located in or near the community, but several boarding schools run by the Salesians still exist, e.g. in Yaupi, Sevilla Don Bosco, Bomboiza, and Wasakentza (Achuar).

market and the missionaries (Rubenstein 2001). Thus, in the early 1960s, the idea of creating permanent settlements within *centros*, further united into *asociaciones*, emerged as a solution that would resolve the problems of the majority of agents involved, i.e. the missionaries, the government, the settlers and Shuar people. Rather than continuing the ideas of civilising Shuar people by increasing colonisation of their territory, the Salesians started to defend them and their access to land against the new settlers.

Father Juan Shutka,[27] who, during the early 1960s, was involved in solving the land disputes between Shuar people and settlers, proposed that what Shuar and Achuar peoples needed was a bigger organisation that could deal directly with the settlers, the government and the legal authorities. Such a centralised organisation, which would unite all the *centros* and associations, would also be more easily supervised by the missionaries. As a result, Shutka founded the Shuar/Achuar Federation, i.e. *Federación Interprovincial de Centros Shuar-Achuar* (FICSHA), in 1964. This is how Lucho reflects on history and the importance of the new political organisation.

> The Catholic missionaries created an organisation to protect Shuar people, the territory, culture, everything….. Thus, all Shuar and Achuar were united under one big organisation [FICSHA]. Shuar and Achuar separated later on as the Achuar created their own federation, NAE.[28] The story of the Shuar Federation [FICSH] is the story about how Shuar people survived by getting involved in raising cattle. The missionaries said that we had to start raising cattle to secure titles to our ancestral land, and to be honest I do not think we had much choice other than to do so. Personally I think pasture destroys the forest, but I too have cattle.
>
> Previously Shuar had very big territories but then the mestizos came, entered the territory of Shuar, and we made friends with one another. Shuar had what the mestizos wanted, land, and the mestizos had what Shuar wanted, clothing, boots, pots, machetes. But Shuar did not understand the situation of inequality they became involved in and they gave away all their land in return for clothing, or a pair of boots. Previously the whole region was Shuar; Logroño, Macas, Sucúa, Méndez, only Shuar were living here. Now the mestizos dominate these towns. Because of the conflicts that emerged between Shuar and mestizos *centros* were formed and they [FICSH] started the process

[27] Shutka is a Salesian priest from Czechoslovakia who arrived in Ecuador in 1953. He initially worked at the mission in Méndez where he became aware of the inequalities Shuar people were facing in relation to the new settlers. He decided to start defending Shuar people and their rights to their ancestral land.

[28] In 1997 Achuar created NAE, *Nacionalidad Achuar del Ecuador* (Achuar Nationality of Ecuador), also referred to as FINAE, *Federación Interprovincial de la Nacionalidad Achuar del Ecuador.*

of securing titles to our ancestral land. Now the mestizos can no longer buy land of Shuar.

Shuar people would not have survived without the creation and work of FICSH - we would probably not have any land left at all. The federation received international funding and donations. Finances and credits were managed by the priests who also established cooperatives managed by a certain number of Shuar. From the federation you could receive loans for raising cattle and other projects, but unfortunately I have to say, projects, credits and land were not distributed on an equal basis among *centros* and families. It was working very well the first years even though this kind of organisation was completely new for Shuar – the leaders were very inexperienced. I can't remember exactly when, at some point in the 1980s I think, accusations of corruption, internal conflicts and the withdrawal of funding shook the Shuar Federation, and with that, groups within FICSH decided to separate and they created for example FIPSE [*Federación Independiente del Pueblo Shuar del Ecuador*], which is Evangelical. FICSH is Catholic. Today there are several Shuar organisations, but FICSH is still the most important and powerful one with almost 500 hundred *centros* united under it. Most *centros* united under FIPSE are located Transkutukú, where the evangelical mission is. I think there are about 50 *centros* united under FIPSE today.

As Lucho indicates above, the creation of the Shuar Federation meant a big change in the socio-political organisation with new political roles for Shuar men to engage in. Shuar people were now not simply settled permanently in *centros*, but were also organised hierarchically according to Western centralised structures which is contradictory to the previous egalitarian and decentralised socio-political organisation of Shuar and Achuar peoples (see Karsten 1935). In this situation, Shuar people found it an advantage to adapt themselves to the hierarchical structures of the Church and the state and to organise and centralise themselves politically.

Since a necessary condition for land ownership under Ecuadorian law is to prove that the land is 'developed', both Shuar and Achuar peoples have become involved in stockbreeding (see e.g. Salazar 1981; Hendricks 1993; Rudel et al 2002). While stockbreeding may have negative consequences for the environment as Lucho points out, the process of land entitlement did limit the colonisation of the settlers (Salazar 1977). On the other hand, as Lucho reflects, the distribution of land and credits has created economic differences between Shuar people, in particular between Shuar in different organisations. Families with a lot of land and cattle, and who have managed to get loans for various activities are living a more prosperous life compared to the ones without such resources, who are getting poorer.

The Shuar Federation provides Shuar people with a political centre in Sucúa where it is located. It represents the majority of Shuar communities

publically in relation to the government, international agencies, development organisations and NGOs. It has received national and international funding for a variety of projects within health, education, civil registration, land-tenure, cattle breeding, micro-credits and capacity building, to name a few. These activities have further integrated Shuar people into the Ecuadorian society and the market economy. Despite internal conflicts, corruption and division into several different organisations, the Shuar Federation is still the most important political organisation among Shuar people.[29] It is incorporated into the regional indigenous organisation in the Ecuadorian Amazon, CONFENIAE,[30] which is further incorporated into the national indigenous organisation, CONAIE.[31]

Biomedicine and Shuar Healing Practices

With European expansion in the form of colonialism new diseases such as measles, smallpox, yellow fever, malaria and tuberculosis were introduced into the Amazon region, including the allopathic medicine and related treatments. As noted in this chapter, the missionaries and the Ecuadorian state constructed hospitals and health centers in Morona Santiago, promoting the use of biomedicine. The introduction of new illnesses and medical treatments changed Shuar perspectives on ill-health. Shuar people today have two categories of illnesses, i.e. 'natural' illness or white man's disease, referring to for example infections, epidemics, cancer etc. and their own culturally defined illnesses deriving from sorcery and witchcraft, based on the practice of vengeance.

Both the Ecuadorian state and the missionaries have been involved in the process of trying to make Shuar people leave their practices of revenge, where the *uwishín* (shaman) has a central role in both initiating illnesses and sorcery and curing them. To incorporate the use of biomedicine into Shuar healing practices every health centre today has a medically trained Shuar auxiliary working there to improve communication between the health unit and the *centros* that it administers. In every Shuar *centro* there is a Shuar health promoter with basic health training, whose task is to promote the use of biomedicine among the community members. Despite these efforts (and others), a Salesian missionary told me, "the most difficult thing to change

[29] For more details on the Federation Shuar see e.g. Bottasso (1982); Rubenstein (2001); Salazar (1977, 1981); Trujillo (2001).

[30] *Confederación de las Nacionalidades Indígenas de la Amazonía Ecuatoriana* (Confederation of Indigenous Nationalities of the Ecuadorian Amazon).

[31] *Confederación de Nacionalidades Indígenas del Ecuador* (Confederation of Indigenous Nationalities of Ecuador).

among Shuar people has been their practice of vengeance and shamanism." A Shuar friend explained "illnesses and accidents are mainly caused by witchcraft and derive from bad social relations with people in your surroundings."

Shuar people can, among other things, be harmed by *tsensak*, which they describe as little invisible magical darts, inflicted on their bodies by an *uwishín* who has been paid to do so by the victim's enemy. When taking *natém* (*Banasteriopsis* sp) at night the *uwishín* is able to see, control and remove the *tsensak* that can cause the victim pain, illness or sometimes death. Shamanism has, in this sense, a central role in Shuar healing practices. This does however not exclude the use of biomedicine. The absence of *tsensak* may for example indicate that the patient has a 'natural illness' from outside (cf. Perruchon 2003). The Shuar shaman may under such conditions send the patient to the health centre or the pharmacy to buy biomedicine in the same way as Brown (1985) has noted among Aguaruna people. Afflictions and 'natural illnesses' can be present at the same time, and 'natural illnesses' can also derive from sorcery. Lucho's father, Carlos, represents such a case where an affliction has turned into the shape of a natural illness. On a trip many years ago Carlos was attacked by an enemy who used a strong and evil shaman to inflict pain and illness on his body. Over the years, Carlos has visited several different shamans, who have all declared that the symptoms derive from an affliction. However, no one has yet managed to cure him. During fieldwork Carlos seemed well and healthy some days while others he spent in bed with high fever, rashes, body aching and headaches. I was told that his symptoms had turned into the shape of a natural illness because he had lived with the affliction for so many years. In this sense, Carlos was suffering from both categories of illnesses at the same time.

The way many Shuar people use the term 'natural' when speaking of foreign illnesses is interesting. In this way they apply a Western discourse when defining and speaking of the new illnesses introduced from the outside. Before the introduction of the 'white man's diseases' nothing occurred 'naturally' among Shuar people. Not even death was considered a 'natural' process of aging but was rather a result of actions such as sorcery, homicide, physical violence, bewitching, poisoning or the avenging *mesak* soul (see the following chapter for details on various souls and beings). Thus, nowadays, before deciding on what treatment should be used for a patient the shaman must first determine whether the person's symptoms are caused by afflictions from sorcery or derive from a natural illness. What the *uwishín* does first is to cure the affliction and then send the patient to the health centre where the natural illness can be treated by a physician. Brown (1991), who observes the same pattern among Aguaruna people, argues that this practice reflects a high

value for biomedical treatments in natural illnesses. Rather than seeing biomedicine as an opponent to their own medicine, Aguaruna people make use of the healing capacity of both medical systems. In the same way, Western medicine is incorporated into Shuar medicine and used in a supporting and complementary way (see also Perruchon 2003).

Among many Shuar people biomedicine is treated with ambivalence, mainly because it can both cure and do harm, just like their own shamans. Biomedicine is considered harmful if it enters the body of a person who is also suffering from an affliction. Carlos was, for example, unable to turn to biomedicine as he apparently was suffering from an affliction. In other words, the patient should always turn to the shaman first and remove the affliction before taking biomedicine. The underlying reason behind the symptoms must be dealt with before biomedicine is taken or the patient cannot be cured. In this way, Shuar people have accepted and taken in biomedicine but kept the central and primary role of their own shaman (Perruchon 2003). For Carlos, who has not yet managed to be cured by any shaman, this has meant that he cannot turn to the health centres for treatment as under such circumstances he most definitely would die. In this sense Carlos has come to embody the existing tensions between the two medical systems.

While Shuar people have adapted their medical system to the new circumstances and the illnesses introduced from outside, the health care professionals at the health units in Morona Santiago were explicitly reluctant towards any collaboration with or use of Shuar medicine and shamanism. As we shall see in chapter five, the Ecuadorian government has supported health laws and policies that give centrality to biomedicine, which has a hegemonic character in relation to alternative healing systems. However, as we shall see in the coming chapters, the dominant status of biomedicine is not absolute.

Gender Roles and Relations

The encounter with missionaries and colonists has created new social boundaries between Shuar and the external agents, establishing new relationships of domination and subordination. As has been pointed out, this encounter has also affected Shuar people differently. These differences are particularly evident between men and women. Anthropologists have argued that because of the patriarchal structures and the 'machismo' attitudes embedded both in the mestizo ways of living (Seymour-Smith 1991) and in the Catholic mission (Perruchon 2003), the process of evangelisation and

colonisation of the Jivaroan region has, as in many other parts of the Amazon, had a male bias. The incorporation of Shuar people into the market economy has mainly concerned Shuar men, who dominate the trading partnerships of manufactured goods, wage labour activities and the use of money. Shuar men are the ones who have mainly benefitted from the new educational opportunities, learning the Spanish language and taking on the new political roles that have emerged as a result of the sociocultural transformation (Seymour-Smith 1991).

The educational differences between Shuar men and women are specifically pointed out in a study by Barrera and Trujillo (1997). According to their data, 60 percent of the men in the associations Chiguaza, Pimpints and Tutuuientza have finished secondary school while this is the case for only 11.8 percent of the women. While the numbers from their study only show local statistics, the regional survey carried out by UNICEF in 2005 still confirms major disparities between the formal education of men and women, i.e. less than seven percent of Shuar and Achuar women have completed secondary school compared to more than 18 percent of the men (UNICEF 2006).

According to Barrera and Trujillo (1997), the reason why Shuar women do not study is because they tend to get married and have children at a very early age. Just like Marcia, many Shuar women tend to have their first baby at the age of fourteen or fifteen. Men, on the other hand, generally delay marriage or are able to complete their education while married, like Lucho for example did. According to my data, an important reason why girls quit school early is that Catholic schools do not permit pregnant girls to continue their studies while pregnant. Perruchon (2003) argues that Shuar women's lack of interest in education is mainly a result of a structural problem of the Ecuadorian society, i.e. Shuar women see no point in continuing school as they won't find jobs within the mestizo system where they moreover are doubly stigmatised as both women and Shuar. Indeed, few Shuar women are involved in wage labour and those who have a job are mainly working as housekeepers for mestizos or sometimes as cleaners at health centres, hospitals and municipalities. This is Marcia's experience with regards to education and wage labour activities:

> I never finished secondary school. I wanted to but after I had Patricia and my father gave us the garden I never felt I had the time. On one occasion, when Patricia was about four, I managed to get a job in a small nursery project in Santiago for awhile. Shuar women rarely get involved in this kind of work, particularly not in those days, but they needed someone who could speak both Spanish and Shuar, and as I knew the manager very well I was asked if I wanted the job. At first I hesitated - I thought that Lucho would never allow me to work outside the centro. But to my surprise he

> encouraged me to take the job, in particular because he was not able to bring in much cash himself at that point. As we only had Patricia, and she was a fairly big girl, my mother, or sometimes even Lucho, could easily help me to look after her while I was working. But you should have seen what the house looked like, and the garden was even worse, everything was a complete mess because of me neglecting my responsibilities at home. Lucho did his best in the house though; cleaning, taking care of Patricia, feeding the chickens, cooking, and can you imagine…… he was soon the big joke in our centro. "*Mandarina, mandarina,*" they called him. My dad did not like the way our marriage was heading and interfered. A few years ago I was asked if I could do some work for the INNFA [National Child and Family Institute] in Santiago but as we had two small children at that point and Lucho was working in Macas during the week it was simply not possible for me to leave the house, the children and the garden.

Education among Shuar is considered important for both boys and girls. However, what we learn from Marcia's experience is that a woman's possibility of getting formal education and participating in occasional wage labour is not only constrained by the structural factors of the wider society but also by the cultural norms and practices with regards to the division of labour between genders. The introduction of wage labour has mainly concerned Shuar men, which in turn has resulted in an increased work load for both women and children as men are not able to complete their tasks in subsistence production and in the community as they are away from home. Even when Shuar families are small, as in the case of the formation of Marcia and Lucho's family, the fact that women are assigned the responsibility of gardening and childrearing limits their possibilities to continue studying while married and restricts their mobility and participation in wage labour and other social activities. The sexual division of labour and male and female responsibilities are gendered among Shuar people and even further reinforced by machismo attitudes transferred to them from the mestizo society. When Lucho tried to help Marcia, he was immediately called *mandarina*, a term used by mestizos to define men who are dominated by their wives. The term derives from the Spanish verb 'mandar', which means to send, order, or command. It is used to mark the weakness of a man, i.e. indicating that the woman in the house rules over the man, who obeys the orders of his wife. According to both Shuar and mestizo ways of living, a man should not be dominated by his wife, not officially at least, which we shall learn more about in chapter six.

Another area affected by the male bias of the external agents is the formation of a formal political sphere among Shuar and Achuar peoples and the creation of the indigenous federations representing them publically. The new political roles that have emerged from these organisations are mainly for

men. Prior to colonisation and evangelisation there existed no clear division between the political and household spheres as all decisions were taken within the house. Thus, according to Perruchon (2003), women, in those days, participated more actively in the decision making of political and other issues. As a result of the male domination of the political organisations, Seymour-Smith (1991: 643) states that "the traditional balance between the female discourse and the male one becomes more heavily weighted on the male side." The female role is to carry out gardening, childrearing and household tasks and it is difficult for women to enter political discussions.

According to Barrera and Trujillo (1997), the majority of Shuar men who participated in their study expressed a positive attitude towards the idea of having women participating in projects as long as they were in control of intrafamily decisions. Nowadays some *centros* even have a female *síndico* (the administrative leader of the *centro*) (see e.g. Dávila 2006). However, Shuar women generally tend to be excluded from contemporary leading posts in the *centros*, associations and the federations. Today, most of these political administrative units have a specific department for women with a female director but my experience among the *centros* of Tiwintza is that both husbands and other men in general tend to oppose the idea of women organising themselves, claiming that they only meet to gossip or to be able to roam around freely looking for other men. Many women in the *centros* of Tiwintza did not participate in women's meetings for various reasons, arguing that they did not find that they had the time, that it could cause trouble with their husband afterwards, or because they felt that their opinion would not be taken into account anyway. Female directors are thus struggling with both male opposition towards women's meetings and women's limited opportunities to engage in political matters.

Other issues that tend to undermine female power among Shuar people concern the ownership of land which, in contemporary Ecuadorian society, has a male bias. Before colonialism, Shuar did not own land or property individually or collectively. What was of foremost significance during those days was that the knowledge of how to use and cultivate the land was transmitted from mother to daughter. The male-biased structure of the Ecuadorian society and the Shuar Federation has resulted in male ownership of land. Perruchon (2003) asserts that the formal male landownership, together with increasing stockbreeding activities, which are considered to be male activities, have weakened the uxorilocal settlement patterns, and thus also women's independence.

Integrated but Subordinated

Shuar people have, as a result of colonialism, gradually become more and more integrated into the Ecuadorian society. The process of modernisation has created new differences between Shuar people based on their access to various resources, such as education, wage labour, land, cattle and credits. However, the process of integration and modernisation has also established new relationships between Shuar people and mestizos – a relationship that is characterised by an unequal power balance. In relation to mestizos, Shuar people are generally subordinated.

The Shuar people I socialised with during fieldwork were well-aware of the process of change they are involved in and how it has affected them. In the following account Lucho reflects on the relationship with mestizos in Morona Santiago, and how he himself has been affected by the integration into the 'modern' society.

> If a *colono* has a big area of land he will cut down all the trees for money. Luckily enough the Shuar in Morona Santiago now have a reserve. The *colonos* talk in these terms; "the Shuar are lazy" and "the Shuar are filthy," but I say that without Shuar living here there would be no trees left at all. Because of the Shuar, because of our reserve and our titles to land, we still have a beautiful forest left with clean air to breath. The exploitation and discrimination of Shuar by *colonos* have been extensive but the relationship between us has actually improved lately. The *colonos* seem to appreciate our simple way of living more and more, and who knows... perhaps we can even unite against the oil companies that are trying to get access to the riches of our forest. Shuar and mestizos tend to collaborate politically as well because there are more Shuar nowadays with a good education who manage and understand the world of the mestizos. The mayor in Tiwintza, Pedro Uvijinidia, is a good example – he started out as a teacher in the *centros* and look where he is now! But Shuar and mestizos do not socialise much privately though and most *colonos* see Shuar people as inferior beings.
>
> I would not necessarily say that Shuar are always better than mestizos. A Shuar that manages to get a university degree hardly ever comes back to fight for the Shuar and he never returns to live in a *centro* again. Once a lawyer or a doctor and the Shuar way of living no longer matters. There are of course a few exceptions, like Pedro and the Shuar doctor working at the health centre of the Shuar Federation, but I speak in more general terms here. Many Shuar who are educated only work to increase their own political power within the FICSH, which probably is the result when you apply the mestizo system on the Shuar world. Among us Shuar generosity is important, as is sharing knowledge, work, food and manioc beer. If you don't there will be problems, which may grow into disputes. Personally, I myself am caught between the traditional

> and modern ways of living. While I don't mind working for the mestizos I want to buy more land and stay in Tiwintza, in my *centro*, where I can practice the traditional Shuar culture and our traditional medicine. And while I want my daughters to get a university degree I want them to stay in the *centro*, get married according to Shuar customs and settle down close to our house so that I can keep an eye on them and protect them if needed.

In Ecuador racism is an element in all social, cultural and economic relationships, which Lucho describes above. This does not merely manifest itself socioeconomically in the marginalisation of indigenous and Afro-Ecuadorian communities but has also created boundaries between peoples. Through the application of a certain classification system, based on ethnic origin or mixture, people have a specific place in relation to one another. *El Mestizaje*, for example, is one of the two paradigms in the politics and poetics of identity and representation in Ecuador, which is promulgated by the "white elite," i.e. the upper and upper-middle classes who generally identify themselves by skin colour and a sense of culture and education (Whitten 2003). This paradigm is in contrast to *el pueblo*, i.e. the vast majority of the multicultural and diverse people from the lower class and rural populations of Ecuador (Whitten 2003). You still find public places in Ecuador that do not permit indigenous peoples to enter, employment and housing opportunities excluded to Afro-Ecuadorians and schools that prohibit indigenous children to wear their own dress and have long hair (boys). The indigenous organisations I worked for in Ecuador pointed out that churches and the dominant religions are no exception in this process. According to my colleagues in FENOCIN, the Catholic Church has allied itself with the politically and economically powerful groups in the society rather than focusing on issues of poverty and inequality among peoples. At the same time, the Church has demonised the indigenous and Afro-Ecuadorian worldviews. Like Lucho in the account above, many indigenous peoples in Ecuador and the organisations representing them are reflecting on themselves, the context in which they are living and how it has affected and changed them.

Shuar people have adopted the dress, language, decoration, names, medical system, religious ideas, techniques, manufactured goods, and so forth, of white and mestizo peoples. Such transformations have been explained by scholars as the coexistence of both traditional and modern ways of living. The process of change is interpreted as a step towards modernity or as a sign of acculturation (e.g. Herskovits 1958). However, recent studies among lowland Amazonian peoples have demonstrated that what may appear as processes of acculturation is, in fact, not only a result of exogenous forces

and coercive social structures, but is also a consequence of the indigenous peoples' ontologies and their openness to the Other (e.g. Gow 2007; Santos-Granero 2009). As we shall learn in the next chapter, among Shuar people bodies and persons transform, grow and develop in interaction with Others (humans or other beings). The coming into being is not something that occurs naturally or automatically but is rather a social process that depends on agency and interaction with people in the surroundings. Thus, the Self is not possible without the incorporation of the Other (e.g. Santos-Granero 2009). This means that if you live close to Others you take them in and become like them. Thus, as Gow (2007) demonstrates, the process of sociocultural transformation among indigenous peoples in Amazonia is not a passive adoption of dominant exogenous forces; it is a conscious way of creating social relations by incorporating or embodying the ways and ideas of other peoples.

I find this to be accurate for Shuar people as well. To be Shuar today includes interaction with other people, both Shuar and non-Shuar, and the incorporation of objects, elements and ideas that are non-indigenous. While this may be a consequence of Shuar people's ontology and conceptions regarding how persons come into being, it does not mean that they are passive and unreflecting about the external forces. Even if clothing and life-style among many Shuar people show clear signs of mestization and they define themselves as Catholics or Evangelicals, they have not uncritically accepted Western hierarchical structures and ideologies or the Christian faith. As we have seen in this chapter, Shuar people have both resisted and adapted their lives to colonialism, and they are currently living their lives in a colonial context. Shuar people are aware that they are economically subordinated and that they carry a stigmatised ethnic identity as indigenous people. Shuar rarely hold positions within the Ecuadorian society, such as doctors, pharmacist, bank staff and lawyers, and mestizos, as Lucho expresses above, regard Shuar people in general as uncivilised, traditional, backward and inferior beings.

Many Shuar people are attracted to modern life. However, the new context and situation have organised relationships based on discrimination and exploitation which in turn have generated anxiety, ambivalence and scepticism among many Shuar men and women towards the modern society and governmental plans. The tremendous and rapid sociocultural change experienced by Shuar people is often expressed in terms of Western dichotomies, i.e. the modern versus the traditional/ancient Shuar, terms that are also used by Lucho in the account above. These terms are not merely used to describe the present and the past but are also used when describing contemporary differences between Shuar. The 'modern' Shuar are those who

are living close to the mestizo society, e.g. in the Upano Valley, which means that they are settled close to roads, commerce, markets, health care and have access to electricity, TV and other modern facilities. 'Modern' Shuar were described to me as not being engaged in cultural practices and speaking their own language as much as the 'traditional' Shuar, who are settled in Transkutukú – the area where I did fieldwork. 'Traditional' Shuar are marked not only by the fact that they live more strictly according to Shuar customs, engage in cultural practices and speak their language, but also by the fact that the majority of *centros* are located in places that are difficult to reach and have more land allocated to their communities than the *centros* in, for example, the Upano Valley. Several *centros* in Tiwintza are only accessible by canoe, while others can be reached only by foot. Even if Lucho lives in an area which many Shuar people define as 'traditional' we can still trace a clear echo of a colonial discourse in his narrative. As he told me on one occasion, "I see myself as both modern and traditional at the same time." To be considered 'traditional' is not necessarily something negative though, even if many Shuar adolescents would disagree with me. Shuar people in the Upano Valley are enjoying the facilities of modern society at the same time as there is a certain admiration for Shuar who are living a life that is regarded as a more traditional, closer to the forest, rivers and waterfalls, i.e. places to which many Shuar assign prestige as they are considered to be dangerous and powerful. What is worrying Lucho in this process of change, as he indicates above, is the fact that generosity and sharing, which are highly valued aspects of *pénker pujustin* (the good life), are challenged by individuals' personal strivings for political power and economic gain, resulting in internal disputes when reciprocal relationships are not maintained according to expectations.

Summary

In precolonial times, social, political and economic relations among Shuar people were egalitarian, multiple, overlapping and in constant negotiation. This has changed with colonialism where, for example, the creation of *centros* and political organisations has resulted in a division of spheres, such as private versus public or internal versus external. Furthermore, Shuar people have not been equally exposed to outside influences and their access to resources have not been the same. Education, participation in the cash economy, access to credit and private property, and ownership of land, are examples of how new differences based on access to resources, wealth and power are manifested among Shuar men and women. While many of the social relations within Shuar communities may still be characterised as

asymmetric, flexible and in constant negotiation, the social relations with external agents are regulated hierarchically. As Rubenstein (2001: 264) observes, “one of the paradoxical effects of colonialism is that the Shuar are simultaneously a part of, and apart from, Ecuadorian society.” This means that while the process of integration and modernisation has created new distances and differences between Shuar people, dividing them from one another, they are at the same time included into a larger Ecuadorian system. As this larger system is regulated by a division of class, gender and ethnicity, Shuar people, women in particular, are assuming a subordinate position in relation to mestizos. This is however not including them but is rather excluding them from participating in the Ecuadorian society on an equal basis.

4

Creating Bodies and Persons

Fertility and the Social Process of Coming into Being

Fertility, as defined by many demographers, economists, and policy makers is based on Western biological notions of the term, referring to the physiological process of a couple where the actual number of live births is a main concern (Greenhalgh 1995). Fertility, perceived in this way, concerns the behaviour of the individual or the couple, and focuses on what influences, forces, or constrains them from bearing offspring. As we shall see in this chapter (and in chapter six), Shuar peoples notions of fertility do not equate with the Western view of the term. Notions of fertility among Shuar people in Tiwintza reach beyond the decision-making process and reproductive activities of the couple as they define fertility in wider and longer terms, involving both parents and close kin in the creation and growth of persons and bodies. The aim of this chapter is therefore to explore how a few Shuar individuals conceptualise the whole process of growth and how foetuses, infants and children are made into social beings by their parents and close kin.

Among the Shuar people I socialised with, the body was not seen as being separate from the person. Instead, bodies and persons are connected and the creation of both takes place as the baby grows. The birth of an individual is thus simply the first step in the process of turning him or her into an adult person. In contrast to Western notions of babies' bodies, Shuar, together with other Amazonian peoples (cf. Belaunde 1997; Conklin and Morgan 1996; McCallum 1996; Rosengren 2006), do not see the body as growing automatically or 'naturally' after conception. Rather than being considered biological, the body and its physical processes and changes are a result of social interaction. The physical and the social are in constant interaction and the body is the locus where social relations and interaction are situated. The Shuar baby's body is given form, protected, and made to grow in relation to others. In this way, as Conklin and Morgan (1996) argue, body, person and sociality are, among lowland Amazonian peoples, intimately linked to one another and thus conceptually impossible to separate.

Shuar cosmology is not excluded from the process of growth, but actually constitutes a constant and active part of it. To understand how Shuar people conceptualise fertility we must explore both their ontological and epistemological perceptions. In order to develop properly, to grow strong and healthy, and become an adult person, infants, children, adolescents as well as adults depend on knowledge and power from the spirit world. In my analysis of Shuar perceptions of the process of growth I therefore apply a phenomenological perspective put forward by other anthropologists who consider that bodies (and persons) are the products of cultural practices (e.g. Csordas 1994; Lock 1993; Scheper-Hughes 1992; Strathern 1992a, 1992b; Turner 1995) rather than a universal biological entity upon which society operates.

Shuar Cosmology and the Embodiment of Knowledge and Power

The Shuar people living in Tiwintza expressed a clear link between knowledge and power. Their notion of power can be understood in terms of 'power to' rather than the coercive notion of power as 'power over'. Power was described to me as an individual acquirement and quality. This notion of power can neither be related to groups of people through classifications such as class, nor to the possession of and control over material resources. Visions and dreams are necessary in order to gain knowledge and power, which are incorporated into the body. There is a connection between cosmology, person/body and social power, a connection that I aim to explain in this section.

Shuar spirit world consists of various spirits and 'souls' that have different social relations with humans. The *uwishín* (shaman) has the most knowledge about the different beings, but all Shuar must understand and be familiar with all the parts of the larger cosmos if they are to survive and do well. Many Shuar people are in constant active contact with the spirit world through dreams and visions. In order to stimulate these, men and women often take psychoactive substances, such as *natém* (*Banisteriopsis* sp.), *maikiúa* (*Brugmansia*) and *tsáank* (tobacco). From the spirits that appear in dreams and visions they obtain knowledge about the world, how it works, and receive power, knowledge and guidance. This knowledge and force is incorporated into the body and makes a person strong, skilled and powerful. Visions and dreams are not separated into a specific supernatural sphere in any sense, but form an important and interactive part of everyday life and

reality. In order to map out the different kinds of beings that exist in the Shuar cosmology and the relationships Shuar people tend to have with these in different situations, I hereforth distinguish between spirits that are recognised as individuals and spirits, or 'souls,' that are not.

Personified Spirits

The personified spirits are beings that Shuar people recognise as singular and autonomous individuals that humans want to socialise with. These may be Tsunki - the water sprit, Ayumpum - the spirit of life and death, Nunkui - the earth spirit, or Etsa - the forest spirit. The different personified spirits are connected with different activities and there is thus a strong identification between Tsunki and the *uwishín* (shaman), Ayumpum and the male warrior, Nunkui and the female gardener, and Etsa and the male hunter (Perruchon 2003). Shuar people desire to be in contact with these spirits and depend upon good social relations with them in order to gain and incorporate knowledge. This knowledge is considered necessary for managing daily activities successfully. The following myth describes how Shuar culture first began as Nunkui gave her reproductive/productive powers to a Shuar woman.

> In ancient days, Shuar people knew nothing about how to cultivate the earth or which plants were edible. We were starving and dying of hunger. One day a Shuar woman was wandering along a river in search for food when she met a woman, Nunkui, who was peeling sweet potatoes and manioc on the riverbank. The woman said to Nunkui, "Please give me food, because I am starving." Nunkui denied the request but said instead, "Take my daughter with you, she is of manioc. You have to promise though never to treat her badly or beat her." The woman made the promise and took the baby to her house. She then asked the baby to provide her with *nihiamanch* [manioc beer], and soon a large clay pot filled with the beverage appeared. The woman took the baby to the forest and said "I need a garden," and soon a plantation full of all kinds of products appeared. Then the woman asked for meat, and the baby provided the forest and the rivers with all kinds of game and fish. One day, when the woman went to work in the garden and left Nunkui's baby at home in the care of her own children. The children were not nice to Nunkui's baby; they teased her and treated her badly in various ways, and the baby soon called for her mother to come and get her. Nunkui appeared and, angry, she took her baby with her and withdrew into the earth where she still lives.

According to the Shuar I spoke to, Shuar people have always existed. However, before Shuar came in contact with the spirit world their life was characterised by starvation, sadness, and loneliness. The myth above tells us

how Shuar people began to cultivate gardens through the incorporation of Nunkui's knowledge, which, in turn, is the story of how Shuar were able to live, produce/reproduce and survive in this world. Thus, relations with the larger cosmos and the benevolence of spirits who share their knowledge with human beings are of great importance for achieving well-being and for survival. By giving her baby to the Shuar woman in the myth, Nunkui provided her with knowledge and power, making it possible for Shuar people to live in abundance. This power was withdrawn, however, as the Shuar woman did not care for Nunkui's baby in a satisfactory manner. Relationships must, in other words, be respected and cultivated in order to maintain them in a harmonious way. In the following account, Marcia explains her identification with Nunkui, providing us with an example of how Shuar perceive the relationship with a personified spirit:

> Nunkui not only gave women the knowledge of how to cultivate and produce food. She also gave us knowledge of how to make pottery and how to tend domestic animals; hens, swine, and hunting dogs. Nunkui also appeared in the form of a rat, Katipnua [rat woman], and taught Shuar women how to give birth successfully in the garden. But as the Shuar woman [in the myth above] did not keep her promise to Nunkui, she left us. But we are sorry about the betrayal and we want her to come back. We cannot be successful in our garden and work without her help. Therefore we do what we can to attract her to our gardens. We sing *ánent* [magical songs][32] for her to make her feel comfortable, we use *nantar* [magical stones][33] to make our garden productive, and we weed our garden well so that she can come and dance at night if she wishes. My mother always sings the most beautiful songs for Nunkui, and her garden is the most beautiful and productive of all gardens here. Nowadays, many women are embarrassed to sing songs for Nunkui, but I sing in silence, in my head - it is just as effective.

The relationship between women and Nunkui is fundamental for understanding both subsistence production and the female gender identity. As we can see above, relations with the spirit world are secured and maintained

[32] *Ánent* (magical songs) have the power to influence the natural and social world in a certain direction. The songs are sung in order to bring about a desired effect. For more details on the importance of *ánent* among Shuar and Achuar see e.g. Mader (1999), and among Aguaruna see e.g. Brown (1985).

[33] *Nantar* (magical stones – red pebbles) are used by some women in their garden work to increase productivity and growth. The secrecy surrounding the use of the garden stones and their origin made it difficult to get access to information about them. Some said that Nunkui created the stones, which since then have been passed on from mother to daughter for generations. Others claim that they had found the stones through guidance from Nunkui in dreams. The stones are used to dig with and/or placed in the ground underneath the manioc plants (see e.g. Harner 1972; Brown 1985).

through certain practices. These practices are aimed at preventing ruptures that hinder the creation of well-being and the possibility to produce and reproduce. Furthermore, in incorporating the knowledge of Nunkui, and by calling on her productive/reproductive powers, women become skilled at what they do and gain prestige in everyday life. The more knowledge, skills, power and prestige a person has the more popular he or she is among other people, who in general desire to establish close relationships with such a person.

'Souls'

The other beings that exist in the Shuar cosmology are not recognised as distinct, autonomous and personified spirits, but appear rather in multiple shapes and forms. Humans are not able to socialise with these beings, or 'souls'. However, humans may embody them in different ways. The Shuar body (*iniash*) can keep two different souls, i.e. *wakán* and *arútam.* The possession of both is considered important for the Shuar person.

All human beings are born with a *wakán*, which is also shared by other entities (humans, plants and animals), enabling communication between all living beings and species. *Wakán* is often referred to as 'soul' in the ethnographic literature (see e.g. Brown 1985; Harner 1972; Karsten 1935), and associated with a person's vitality (health), physical appearance (the body), reflexivity, self-consciousness, and emotions (Mader 1999; Taylor 1993). The body and the *wakán* are born together. No one possesses more or less of the *wakán* soul, it is not susceptible to change and no *wakán* has more strength or power than that of anyone else. During the lifetime of the individual, the *wakán* only abandons the person temporarily during sleep; a permanent abandonment implies the death of the person as well as the body. When a person dies the *wakán* leaves the body and turns into an *iwianch* (demonic soul), taking the shape of animals, humans, plants or monsters. The *iwianch* is described as an ugly and evil demon driven by hunger and loneliness (Karsten 1935), which in many ways represents the opposite side of the good life, or *pénker pujustin,* among Shuar people. The flesh of certain birds, snakes and animals, such as the tapir, nose-bear, otter and deer, is avoided as these may be physical incarnations of the *iwianch* (Karsten 1935). The *iwianch* has the ability to bewitch people, particularly vulnerable and weak individuals like children and sick people. An *iwianch* is able to kidnap a child, and a sick person may be tricked to follow it into the forest in dreams. This can result in the death of both the child and the sick person.

The other important component of the Shuar person is *arútam*. Ethnographers tend to describe and define *arútam* somewhat differently (cf. Brown 1985; Harner 1972; Karsten 1935; Mader 1999; Perruchon 2003; Rubenstein 2007; Tylor 1993), which is likely due to the array of different references for the term used by the Jivaroan groups themselves, and because their conceptualisation of *arútam* has changed over time as a result of external influences such as evangelisation. I often heard that *arútam* was considered the same as the supreme being of the Christian God, while others explained it as the 'souls of ancient ancestors.' One Shuar man further clarified to me that it is the actual visions you have when you encounter *arútam* that derive from, and are produced by, the souls of your dead ancestors. The Shuar I spoke to often used the single term *arútam* for several different but interconnected things, referring to the actual visions you have as you encounter *arútam*, the soul that you incorporate into your body, and the power you receive from the encounter and from incorporating the soul into your body (also defined as *arútmari* among the Shuar in Kuwín). I shall try to be as clear as possible in the following description of how members of my host family perceive *arútam* and how it operates.

The *arútam* soul can be acquired by both men and women during visions, which they seek alone or in company by the waterfalls, in the forest or on the riverbanks, by fasting and ingesting psychoactive substances. *Arútam* appears only occasionally and often takes the shape of a wild animal. In contrast to the *wakán* soul, a person is born without an *arútam* soul and can live his or her whole life without ever experiencing an *arútam* encounter. You are defined as *wáimiaku* if you have seen visions and incorporated the *arútam* soul into your body. According to Harner (1972: 141) a person is able to possess two *arútam* souls at the same time. Both Lucho and Marcia have encountered *arútam* in their visions. The following is an excerpt from a conversation we had in their house one evening concerning their experience with *arútam*:

> CP: Could you tell me about *arútam* and why it is important to you?
> Lucho: I have my *arútam* from the anaconda…..
> Marcia: I encountered an eagle in my visions (she tells us the whole vision she had as a young woman when she encountered *arútam*). *Arútam* may take many different shapes but you still know when you have seen it.
> CP: There is no doubt?
> Marcia: If you doubt, the effects will let you know what you have seen - if it is not *arútam* it could possibly be an *iwianch.*
> Lucho: My father has his powers from the jaguar…. it is a very strong *arútam* that my father has…...

CP: Is the strength of the *arútam* somehow linked to the kind of animal shape it takes? I mean, is the jaguar more powerful than the eagle, for example?
Marcia: No, not necessarily…
CP: Then how do you know that your father's *arútam* is very strong, Lucho?
Lucho: I know it because of his characteristics; he is a powerful man…. I also know it because he has been able to live with the illness he has for so many years. It is a result of very bad sorcery. He was attacked by a bad shaman with very strong powers. No one has yet managed to treat him and make him well. It is now taking the shape of some kind of 'natural disease' [e.g. infections - illnesses introduced by non-Shuar people], which he has managed to live with for six years, but, with that kind of affliction, he should have been dead years ago. You see….. I will explain this….. To have encountered *arútam* makes you a stronger, braver, and more powerful person. We Shuar say '*hombre kakaram'* [strong man]. The *arútam* protects you against those people that want to harm you.
CP: Does *arútam* give you full protection against sorcery?
Lucho: No – not the way I see it… Even if my father has a very strong *arútam* he is still not completely protected against sorcery. Others say that the *arútam* encounter makes you immortal.
CP: *Arútam* is said to be important for men who need such powers in activities such as war-making, feuding, creating alliances, politics and hunting. In what sense is *arútam* important for women?
Marcia: Well, in the same sense I would say, it protects us against sorcery and it gives us force in our daily work; when cultivating our products, in our care for domestic animals and children, when we serve manioc beer and food…..
CP: Does a woman with power from *arútam* do a better job than a woman without?
Marcia: Yes, I suppose you can say that, but women also depend on other visions to be able to do their daily work. Nunkui, in particular, is important for our work in the garden.

Again we can see how relations with the larger cosmos are of great significance for securing and maintaining well-being, and preventing life-threatening ruptures. *Arútam* gives protection against illness and sorcery as long as it stays in the body of the person. A person with an *arútam* soul is considered to be stronger, braver and have more self-confidence than people without. However, what we learn from the conversation above is that the strength is not the same, or equal, among people or over time and it only provides you with certain protection against sorcery. We also learn that *arútam* visions become gendered in their effects. Instead of becoming a great warrior, charismatic speaker, or a successful hunter, as the result for men, women's productive skills and capacities are reinforced by the *arútam* encounter.

The acquirement of *arútam* was particularly important in the past, when the Shuar ways of living were characterised by warfare. Powerful warriors were needed to initiate and survive battles. However, the possession of *arútam* is still considered an important source of power and prestige. Carlos explained, "With *arútmari* (*arútam* power) you become *kakaram* (powerful) and as such a person you are able to form good alliances, negotiate conflicts and gain popularity within the community. Those things are still of great importance to us today and we therefore keep seeking *arútam* by the waterfalls." In the ethnographic literature, the term *kakaram* has been described as a great male warrior (e.g. Harner 1972; Hendricks 1993; Karsten 1935; Perruchon 2003; Rubenstein 2007; Taylor 1993). However, among the Shuar I spoke to *kakaram* was described as the quality of a powerful person, man or woman, who had acquired power from the *arútam* encounter. *Kakaram* includes mental, physical and metaphysical strength (Perruchon 2003). I was told that such a powerful person was indeed important during the days of warfare as a *kakaram* does not fear conflicts and problems. However, to be *kakaram* today is just as essential as before because such a person is just as much engaged in, and encourages, the peaceful and good way of living, i.e. *pénker pujustin*, – not just feuding and warfare. A *kakaram* person is powerful because he or she is calm, in control, intelligent, wise, sensible, brave and confident. In other words, *arútam* provides specific and important characteristics and abilities that facilitate interaction with other people. In fact, encountering both personified spirits such as Nunkui, Etsa and Tsunkui, and *arútam*, in dreams and visions are considered important for a peaceful life together with family members. This was confirmed by Carlos, who, at one point, clarified it in this way: "A person, no matter man or woman, is more likely to live a long, healthy, happy, peaceful, and prosperous life, and have a big family as a result of an encounter with *arútam.*"

So, on the one hand, people who have experienced visions are those who know and live in peace and abundance, i.e. they have knowledge, skills and power, while, on the other hand, those who have not experienced visions are those whose lives are characterised by a lack of knowledge, of productive/reproductive capacity, of social recognition, and lack of power. However, the powers received from spirits and *arútam* are not permanent, and can be lost as a result of different events, such as the case in the myth regarding Nunkui, who withdrew the powers she had given to the Shuar woman when she took her baby back. In the following conversation Lucho and Marcia explain the loss of *arútam*:

CP: Lucho - you once said something about losing your *arútam*……

Lucho: Yes, after a few years it is possible: while you are sleeping, for example, if you speak of your *arútam* visions, or if you murder someone. Marcia lost her *arútam* a few years ago, but eventually she managed to regain a new.

CP: Marcia - how did you know that you had lost your *arútam*?

Marcia: You feel it straight away as it leaves your body. You feel empty, without force, depressed, vulnerable, daily work is heavy, you have no voice, you can't master disputes…….

Lucho: You become more like a child again….

What we learn from the short conversation above is that the Shuar notion of the person is associated with a connectedness to the larger cosmos. To lose connection and contact with the spirit world means to lose power, knowledge, skills, strength, protection, and so forth, and you become, as Lucho says, "more like a child." The *arútam* you lose may be acquired by another person. Therefore, if you lose your *arútam* soul it is important to obtain a new one in order to remain powerful and protected, and to maintain conviviality and well-being. If you incorporate a new *arútam* soul before the powers of the old soul have completely vanished, you can secure and maintain the remaining powers of the old soul permanently. In this way you can, over time, accumulate power from various *arútam* souls (Harner 1972: 141). Power among Shuar people is, in this way, always part of a transformative and circulating process (Mader 1999).

This is especially evident when we consider the avenging soul, *mesak,* and the purpose of the *tsantsa* (shrunken head) ritual. If a person who possesses an *arútam* soul is assassinated, *arútam* turns into a *mesak* soul, whose aim is to avenge the murder by killing the murderer or members of the murderer's family. The purpose of the *tsantsa* ritual was to stop the *mesak* from taking revenge, and to transform it from a killing and destructive agent to a productive one (see e.g. Harner 1972; Karsten 1935). According to Karsten (1935), the *tsantsa* feast was not a celebration of victory but rather an effort to transfer the powers of the *mesak* to women. According to Taylor (1993), the purpose of the head-hunting raids was not merely to kill an enemy, but rather to capture a dead body and work on the powers that the person embodied. Taylor (1993: 671) argues that the *tsantsa* ritual "is built around the gradual transformation of an unknown foe first into an affine, and at a later stage into a foetus to be born of a woman in the captor's group." However, of the Shuar families that were living in Kuwín none had ever heard that the *mesak* soul would enter a woman's body in the shape of a foetus as Taylor argues. They did say, however, that it increased the fertility of the garden and thus also food production, which is in accordance with what both Karsten (1935) and Harner (1972) have demonstrated in their works. In this way, as Rubenstein (2007: 364) remarks, "Shuar power is

manifold and circulates through reciprocal ritual performances through which relations between men and women, human and spirits, are ongoing and constantly transforming accomplishments."

The circulation of power does not only concern adult men and women and their relations with the spirit world, but involves children as well. In fact, through dreams, visions and certain rituals you can deliberately pass on your powers to other people, including children. Shuar call it *wáimiatkamu* when a person is strengthened by power that another person has acquired through visions. The person who transfers his or her powers to another person loses the powers he or she has incorporated into the body and must, therefore, seek new visions. The fact that children are considered to be born weak and vulnerable makes them dependent on their parents and kin for growth, maturation and protection. In fact, parents must put their children in contact with the spirit world in order to make them grow and survive. As knowledge and power are of key relevance for the creation of person and body, Shuar cosmology forms an important aspect of the whole infancy. In order to protect the child and to make it grow, develop and mature into a full, proper body and person, infancy is surrounded by many rituals and activities aimed at strengthening the child through the embodiment of social relations, power and knowledge. We shall take a closer look at this in the following sections.

Menstruation, Procreation and Pregnancy

Jivaro peoples' notions of fertility, conception, pregnancy and the formation of a new human being have remained an unexplored topic. Not many researchers have investigated Shuar reproductive life at all, and the few ethnographic accounts that exist are vague and lack deeper analysis. Anne Christine Taylor (1996: 205) states briefly, "the Achuar have remarkably unelaborated theories of procreation, and they have in fact very little to say about the conception and formation of a child; questions about these matters clearly strike them as irrelevant." Shuar may not have any explicit theories about procreation and the physical process resulting in the formation of a baby but, as we shall see in this section, this does not mean that they lack perceptions on these matters completely, nor that they are of no relevance to them.

César Bianchi (1993), a catholic missionary, has explored the relationship between Shuar men and women. He argues that Shuar people do not link women's menstrual cycle with fertility and the possibility to procreate, but

consider it rather as an illness. Bianchi explains that this is so because of the fact that women rarely menstruate. When they are not pregnant they are breastfeeding and when they stop breastfeeding after two years or more, they get pregnant straight away without having menstruated. When I initially asked women questions related to their menstruation (*numpamrumat*) I noted that they often referred to their bleedings as if they were an illness, often using the words "I fell ill on that day" meaning "I had my menses on that day." This, women explained to me (laughing), is not because they think their monthly bleedings are a sign of an illness but rather because they do not feel very well during menstruation. Menstrual blood is, in general, considered to be dangerous and polluting, and women who are menstruating must therefore observe certain restrictions. She will not, for example, carry her small children or the children of close relatives while menstruating, as they may fall ill. A menstruating woman will not have sex with her husband as this would affect his daily activities in a negative way. A menstruating woman will not enter her garden as its productivity and growth will decline dramatically under such circumstances. Some women also explained that they are in a more vulnerable state while they are having their menses, which is the reason why they tend to stay in the house as much as possible. According to Karsten (1935), women used to have a shelter close to their garden where they would sleep during the nights while menstruating, but this was not practiced anymore by the Shuar women in Kuwín. Instead, they stay in their houses. The women in Kuwín also adopt a certain diet while menstruating to reduce the risks of being exposed to evil influences. Marcia continued with more or less all household activities while she had her menses but she avoided having too much contact with cold water and therefore did not wash any clothes during those days. She took warm baths with herbal plants to stay clean and reduce the bleedings.[34]

In various ethnographic accounts from the Amazon region, the mythical person Moon is sometimes referred to as the one who brings about a woman's first menstruation (e.g. Belaunde 1992; Djup 2007). According to Carlos, menstruation is inscribed in Shuar mythology where the moon, Nantu, is said to be the one that makes women fertile by bringing about her first menses. Exactly how this was done could not be explained by the Shuar people in Kuwín however. According to Carlos, Shuar people say *nantu wáimiaku* (the moon has seen her) when referring to a girl's first

[34] Women with excessive menstrual bleedings or/and menstrual pain take baths in, and drink, herbal medicine, such as *sankurach* (*Amaranthus*), *kuchatsauk* (not identified) and *aárpaj* (*Ocimum basilicum*). In my host *centro*, the reason why some women had menstrual problems was explained by referring to the consumption of a certain eel, *nukumpia*, during childhood years despite that mothers, in general, forbid their daughters to eat it.

menstruation. This indicates that menstruation is not considered a 'natural' or automatic bodily process but involves the agency of others, in this case – the moon.

Amazonian peoples' understanding of conception has been described, by several anthropologists, as contradictory and vague (e.g. Conklin 2001; McCallum 2001, Taylor 1996). I experienced the same problem when I asked questions about conception among Shuar people. I attribute the vagueness and contradictory answers to the fact that conception, or human reproduction in general, among Shuar people is defined in longer and wider terms, involving not only sexual intercourse, but also social interaction across time and generations, which we shall learn more about in this chapter. The full moon was often mentioned as having an influence upon conception, but men and women's general knowledge of when they are most likely to conceive is "halfway between periods." Carlos, who has ten living children himself, further explained that the possession of *arútam* and the actual location where you have sex is of great importance for both conception and development of foetus. Carlos explained at one point,

> As a man it is important to have received the powers from *arútam* before conception. Furthermore, children who are made in the forest are stronger, braver, and more resistant to illness. Children made in the forest are born without fear and shyness and they become hard workers, good hunters and strong warriors. As parents we do everything we can to put our children in contact with *arútam*.

What we learn from Carlos is that a connectedness with *arútam* is essential both for conception to take place and for the development of a strong and healthy baby. The forest is the place where *arútam* can be found, i.e. in and around the waterfalls. The forest is both dangerous and destructive, but also creative and powerful. The forest, garden and the waterfalls are locations where you are exposed to dangers, but also locations where you find strength/force and power. Many Shuar therefore assign prestige to activities they consider to be dangerous. In situations where strength is needed, e.g. conception and development of a strong and healthy baby, you need to be close to the dangers. In this way, parents share a spiritual connectedness with their children even before childbirth has taken place. While we in Western societies place emphasis on biological explanations for conception, and ultimately depend on biomedicine and biomedical interventions for child survival, Shuar underscore the importance of a cosmological relatedness.

According to Shuar people, a woman cannot get pregnant by having sex simply one time. Like many other Amazonian peoples, Shuar men and

women make babies together through the means of repetitive sexual intercourse.[35] This was explained to me by a Shuar man during a conversation at Santiago health centre, with regards to his daughter who, at the time, was being treated at the hospital in Méndez after having induced an abortion. The man was very happy that his daughter had survived the excessive bleeding, but was upset by the fact that she had been at least four months pregnant when it happened and he had not had any knowledge of his daughter being in a relationship with someone. I tried to say a few comforting words by referring to how easily you may end up pregnant, pointing at the casual relationships and temporary partners among many adolescents nowadays. The man just frowned when he heard my words and explained that a foetus that big cannot be made over night. A foetus of that size can only grow through repetitive sexual intercourse. Pregnancy is, in this sense, a social process that signals an ongoing and continuous relationship between a man and a woman. The Shuar foetus embraces the relationship between the two parents as well as the extended relationships that involve their respective kin groups.

While many young couples and adolescents showed clear signs of uncertainty when I asked them questions about how a foetus grows in the womb of a woman, most elders confirmed without hesitation that a foetus originates and is created from the man's semen which is mixed with the woman's blood (see also Bianchi 1993; Taylor 1996 on Achuar people). A woman's uterine water (*uchímiatai entsa*) was also mentioned on several occasions as playing a significant role for procreation and the growth of the foetus. Infertile women do not bleed and their womb is dry, i.e. lacking uterine water (see chapter six). Strong babies are made through the repeated act of intercourse as the foetus feeds and grows from the man's semen. As I was pregnant myself during fieldwork, I sometimes spent several weeks in Shuar communities without seeing the father of the baby who at the time was working in Macas (the provincial capital of Morona Santiago). This issue was commented on by Marcia's mother Jacinta who, at one point, approached me while I was alone outside the house and whispered "You need to go and see your husband in Macas now, so that your baby can grow and develop properly." As I was unsure about what she meant, I asked Marcia later on to explain her mother's words. First she laughed and said that those are ancient ideas about how babies grow, but then she explained that the failure of having sex often during pregnancy is still considered to endanger the growth and health of the

[35] Other studies that address the importance of repetitive sexual intercourse for the creation of a baby see e.g. Belaunde (2001) on Airo-Pai people; Conklin and Morgan (1996) on Warí people; Djup (2007) on Yuracaré people; McCallum (2001) on Cashinahua people.

foetus. In other words, babies without the constant presence of the father may be born weak and sickly. While the foetus, according to Western biomedical models, develops more or less automatically or 'naturally' after conception, the role of the Shuar father is important throughout the pregnancy. The way Shuar conceive of pregnancy and the growth of the foetus is, therefore, not as something that happens 'naturally' but rather as something that occurs only through hard work and the exchange of bodily fluids. Shuar fatherhood is not determined by the short biological process of conception, but continues throughout the pregnancy and, as we shall see later on, after the child has been born. The important role men play during the whole pregnancy has, among other Amazonian peoples, meant that the baby may have multiple physiological fathers if the mother has sexual relations with more than one man during pregnancy (cf. Conklin and Morgan 1996; McCallum 1996). However, the Shuar men and women I socialised with never talked about multiple fathers and recognised only singular paternity. Rather than being related to their theories of conception, this concerns Shuar people's sexual morality. Accordingly, extramarital relations are not accepted, and, if someone is caught with a lover, the marriage will most likely end straight away.

The Shuar body is created through processes of social interaction. The father of the baby plays a significant role during the whole pregnancy and beyond birth which explains both the close ties Shuar men have to their children as well as the practice of couvade, which is common throughout Amazonia (cf. Belaunde 1997; McCallum 2001; Rivière 1974). Shuar men are directly involved in the process of pregnancy, childbirth and the upbringing of their children. They are also responsible for the well-being of their woman (or women) and children. When a woman is pregnant, or even before she actually gets pregnant, dietary restrictions are applied to both the mother and the father.[36] Alimentary and social restrictions are, as we shall see later on in this chapter, also observed by both parents after childbirth. These restrictions are based on perceptions that the baby, mother and father are linked through the exchange of corporeal substances (e.g. blood, semen, saliva, breast milk). The substances that enter the parents' bodies affect the baby directly.

Dietary restrictions can also be linked to the possible effects an *iwianch* (demonic soul) may have on the baby. *Iwianch* may be incarnated in certain plants and animals which should consequently be avoided so as not to make the foetus/baby ill or possibly bewitched.

[36] Dietary restrictions tend to be practised in modified forms and versions in different regions and *centros.* Food that was generally avoided included eggs, certain fish and birds, cane liquor, strong manioc beer, and all food that had been roasted.

Shuar people also recognise that a person's body shape is formed through the intake of food. I was often advised to stay slim during my pregnancy. If I stayed slim, the foetus would stay slim too, which would make childbirth easier. Big babies and big mothers result in complicated deliveries. To not gain too much weight during pregnancy women must avoid fat (broth, soups, milk), salt and sweets. I was also encouraged to eat lots of lemon as this was said to have a slimming effect on the baby. To ensure the head of the baby did not grow too big, palm tree cabbage should be avoided. The couple should also abstain from having sex during the last three months of pregnancy to make sure the baby did not grow too big.

During pregnancy the husband is responsible for fulfilling his wife's needs. If the pregnant woman is single her parents are responsible for supporting her. Both the mother and the father must fulfil the taboos and restrictions or the pregnancy would be endangered. Miscarriage, for example, could happen if the husband does not satisfy the cravings of the mother, if he has sexual intercourse with other women, if he makes the mother angry, or if there are other signs of disharmony and conflict between husband and wife. 'Natural illnesses' (foreign illnesses introduced by non-Shuar people – e.g. infections) and other diseases provoked by sorcery may also result in miscarriage. Signs of such dangers during pregnancy include bleeding, swelling of the body, and pain in stomach, back, or around the waist. Symptoms are first treated at home with herbal medicine.[37] If symptoms persist, the couple will contact the *uwishín* (shaman) and/or the health centre.

In ancient days *iwianch* (demonic souls) were perceived to be able to intervene during sexual intercourse. In such circumstances, monstrous children could be produced, i.e. children with deformities or disabilities. As pointed out earlier, it is good to make babies in the forest as this is the location where you find strength and power, but it may also be dangerous and destructive because of the possible intervention of demonic souls. Incestuous relationships between siblings, for example, were also said to produce monstrous children. The birth of such a child was, according to Karsten (1935), considered a disgrace and those children were killed immediately after birth. According to the Shuar people I spoke to, infanticide is not practiced anymore[38] and the few children I met with disabilities were instead treated with great concern and even pointed out as being particularly strong

[37] Lower back pain and pain around the waist, for example, are treated with a warm bath, including herbal medicine, eggshells and yucca.

[38] Shuar people know that the practice of infanticide is considered to be murder in the Ecuadorian society. This makes it difficult to confirm whether or not such practices still exist today.

children if they had managed to survive infancy and their first childhood years. Twins have sometimes been mentioned in other studies of Amazonian communities as being treated as 'monstrous' and killed straight after birth (cf. Murphy and Murphy 1974 on Mundurucú; Wagley 1969/1951 on Tapirapé and Tenetehara), but the Shuar I socialised with had never heard that infanticide had been practiced among them under such circumstances. Instead I was told with a great smile that "we Shuar find it a bonus to have two children at the same time."

During fieldwork a baby was born with a severe cleft palate in one of the *centros* in Tiwintza. The parents of the baby were extremely worried about their child and went to the health centre every week to check the baby's weight as it had problems breastfeeding. All the community members were engaged in the survival of the child and showed their anxiety by asking me questions about why the baby had been born like that, if there was any possibility to make the baby well through surgery, and how much that would cost in that case. Rather than interpreting the cleft palate as a result of an *iwianch*, the Shuar people in the *centro* where the afflicted child was born interpreted the deformity as a result of all the chemicals that are brought to Shuar territory from the outside through the spread of, for example, manufactured food and products, biomedicine and toxic waste. The mother of the child with the cleft palate had taken biomedicine during pregnancy. According to Shuar friends, it is the chemicals that make Shuar people ill today in a way that they never were in the past.

Learning to Give Birth

Shuar people do not have any myths that explicitly concern conception and procreation. However, a myth that was often being told in the different communities I visited concerned how Shuar people started to multiply and how they gradually became what they call themselves today, i.e. Untsuri Shuar (numerous persons). The following is Jacinta's version of the Katipnua (rat woman) myth:

> In ancient times, there were not many Shuar women around. Men had to do most of their tasks. The reason behind the lack of women was that they couldn't give birth. When a woman was in labour the husband had to cut up her belly and take out the child. The woman died as a result. As men had breasts in those days, they were the ones responsible for breastfeeding and nursing the infants.
>
> At that time there lived a woman who, at the end of her pregnancy, was very sad that her husband would soon kill her. She went to the garden where she had planted

peanuts and sat down. As the woman cried over her destiny, a small rat called Katipnua with eight small babies approached her. “Why are you crying”, the rat asked, while enjoying the peanuts. The woman told the rat what was about to happen, but the rat just laughed. “I will help you so that you can have children”, the little rat said. “Just share some peanuts with me and I will make sure that your husband won’t kill you”.

With instructions from the rat, the woman started to cut down branches with which she created a small construction [two forked branches with a crossbar] that would support her during childbirth. The ground under the construction was covered with banana leaves and she was told to kneel down on the leaves, grab the crossbar and push as she felt the labours. So the woman did and, in this way, she gave birth without any complications. But the husband came looking for the woman and he was furious when he saw the baby in her arms. In anger he cut off his breasts and threw them onto his wife. In this way, the custom to kill women stopped as along with men’s ability to breastfeed. Shuar people started to multiply.

Some of the women who told me this myth explained that it was Nunkui who came to the woman in her garden disguised as Katipnua (the rat). The woman in the myth incorporated knowledge about how to give birth successfully and passed it on to other Shuar women. Women, accordingly, gained knowledge that made them survive reproduction. They also got hold of the means to breastfeed which removed men from their role of nursing and raising children. What we learn from the myth is that to give birth is not considered as something ‘natural’ or biological. The knowledge was obtained through contact with spirits and is considered necessary for a successful birth. A Shuar friend mentioned that some women who have been able to give birth to a lot of children (more than average) are sometimes referred to as a ‘Katipnua’, meaning that their deliveries have been numerous, quick and without any major complications – like the rat.

Previously women gave birth in the garden, like in the myth, but nowadays childbirth takes place in the house. Shuar people are aware of the dangers involved in childbirth and deliveries were therefore often described by both men and women with mixed feelings. Shuar do not have any specific ‘midwives’ in their *centros*. Childbirth is instead assisted by the father of the baby and an experienced woman (most often the mother of the pregnant woman). The birth of the first child is commonly described as a nerve-racking experience for young parents. According to Lucho and Marcia, childbirth is a private and intimate matter that concerns mainly the parents of the baby, and also the grandparents. Lucho said that he was very nervous when Marcia was pregnant with their first baby, mainly about the possible complications. He told me, “I was only seventeen at the time and I did not know anything. I turned to my father for advice on several occasions.

Childbirth is a very private matter among us Shuar and my father taught me everything discreetly." To this Marcia added that she too was very young and inexperienced at the time, being only fifteen years old. She explained,

> I had only heard a few things about actual childbirth from my older sisters who had given birth, but no details. But once I told my mother I was pregnant she taught me everything. She is very experienced and made me feel comfortable. What worried me was that something would go wrong - our centro is so remote and we cannot reach the health centre easily.

The man gain knowledge of the delivery and what is expected of him by his father (or an older brother), while the woman receives knowledge from her mother (or an older sister). To share and transfer knowledge between generations is one of the responsibilities you have as a parent. Lucho's father, Carlos, explains this in the following quote:

> Young men have a lot of nerves and a great responsibility during pregnancy, childbirth and beyond. One of my responsibilities as a father is to teach my sons everything I know and to be an example of how a good father should be. Lucho, in particular, was nervous the first time, but everyone is. He came and talked to me on many occasions to be well prepared. This also happened when the second child was about to come. You see, it took place so many years after the birth of the first that he had already forgotten what I had taught him when the second baby was about to arrive [laughing]. Six years passed between the two children!

The nervousness mentioned above was something that I felt as well, as I was asked to take part in the delivery of Sonia's (Marcia's sister) baby. Jacinta was going to assist Sonia during the delivery but, as she was about to become a single mother, there was no man to support her during childbirth. They both suggested that I should participate because of my own pregnancy. My Shuar friends were, for the sake of me and my baby's well-being, keen on teaching me how to give birth properly and successfully, i.e. the Shuar way, rather than using the mestizo birth methods where you lie down on your back in a bed. My Shuar friends wanted to share their knowledge of childbirth with me, taking this opportunity, among others, to demonstrate how skilled they actually are at what they do. Personally I had ambiguous feelings about participating in a delivery. Shuar often turned to me for medical advice when having different kinds of symptoms, or when they needed explanations of different 'natural illnesses' or biomedical treatments. Despite my attempts to explain that I had no medical training, I was still often referred to as 'doctorita' in the communities. I was worried that I would end up in a difficult delivery having no experience but being the one who Shuar would

turn to in order to solve the issues. I was, however, in the hands of a very experienced woman, Jacinta, who had given birth to eleven babies herself. Considering the fact that nine out of those eleven children were daughters whom she had assisted through their respective childbirths, Jacinta was one of the most experienced older women in Kuwín. Sonia was her youngest daughter and the only one without children. The following account, taken from my fieldnotes, is a summary of the delivery of Sonia's baby.

> Sonia announced one afternoon that she felt contractions with regularity. Jacinta told me that we needed to start with the preparations straight away as it would soon be dark outside. She told me that the baby would probably not come until next morning, after dawn, but that we needed to make all the preparations now in case the baby came in the darkness of the night. We went to Jacinta's garden to see if we could find suitable branches for the small birth construction and we collected fresh banana leaves. We went back to the house and placed two forked branches in the ground next to the fireplace, supported by a crossbar approximately 70 centimetres above the ground. Jacinta explained that the place where the woman gives birth must be warm – it facilitates the birth. The floor under the crossbar was covered with a thick layer of fresh, clean banana leaves and a clean blanket. Jacinta said that children are not allowed in the house during delivery as they might upset the newborn, making it angry or scared and make it to cry a lot, which is considered a sign of distress and disharmony. Sonia was in the house walking around between contractions, or resting on a stool. She tried out the construction and we adjusted the height somewhat so that it would fit her better. Jacinta explained that the most important thing to do at this stage of labour is to walk around. You may sit down and rest, but never lie down in a bed like mestizos do in the hospital. "You cannot just lie down in bed and expect the baby to come out by itself," Jacinta said. To lie down will increase the length of the delivery and it will affect the baby negatively.
>
> Outside Jacinta's house we picked all the herbs and plants that would be used to ease the pain and increase the speed of the delivery. We boiled a pair of scissors and a piece of cotton yarn that would be used for the umbilical cord. We also prepared drinks for Sonia that would ease the pain.[39] The different drinks were sweetened and Sonia drank them with regularity. To increase the speed of the delivery Jacinta gave massages to Sonia's abdomen. The abdomen and lower back were covered with *maikiúa* [*Brugmansia*] and cacao butter in order to reduce the pain. We also started to prepare chicken soup for Sonia, which she would have once the baby was born.

[39] Water with *aárpaj* (*Ocimum basilicum*) or *pirípri* (*Cyperus* sp) are commonly used to ease the pain while giving birth.

After having been in labour all night Sonia announced around five in the morning that she was quite sure that the baby was about to come now. She started sweating and you could see that she was in intense pain. She kneeled down on the floor over the banana leaves and used the crossbar to push. Jacinta was sitting down on the floor in front of her, while I stood behind her, supporting her back by holding her under the shoulders and arms [the husband normally does this as it requires strength]. After an hour of intense labour, Sonia gave birth to a baby girl in complete silence. Jacinta received the baby in a clean towel, checked that the she was of 'human shape' through an inspection of all body parts and then she welcomed it to the world in shuar. She gave me the baby and asked me to bathe it in the warm water we had prepared and dry it with a towel.

Sonia stayed on her knees in a vertical position until the placenta was expelled. This is considered a very critical part of the delivery and Jacinta explained a few methods they use if the placenta is not expelled after 30 minutes or so, such as giving massages, provoking vomiting, and in worse cases, calling for the *uwishin* who will blow and suck it out under the influence of *natém* [*Banasteriopsis* sp]. However, the placenta was expelled without any complications after 10 or 15 minutes. It was immediately buried deep in the ground next to the fireplace in the kitchen. According to my Shuar friends, the child should never see the placenta as this has a negative effect on the baby's ability to grow. The placenta can be buried outdoors as well but may, under such circumstances, attract animals who will feed on it.

Jacinta explained that, depending on whether it is a boy or a girl, the cord is cut at different lengths – four fingers if it is a boy and three fingers if it is a girl. The length of the cord is said to have an effect on the size of the baby's penis or vagina. Sonia took a bath with herbs and yucca and went to bed with the newborn, resting and breastfeeding. We gave her a big bowl of chicken soup, which she ate immediately. Jacinta and I went outside the house and rested. She said, "Carlota, now you know what to do. When you give birth, think of Nunkui and the Katipnua myth – it will give you strength. Think of what I have said and done. Try to use the plants we have used tonight and don't forget to eat the chicken soup after birth."

According to Shuar women, childbirth is not a 'natural' or autonomous event, initiated and governed by biological mechanisms. Babies are born through the process of hard work. As Jacinta remarks, "you cannot just lie down in bed and expect the baby to come out by itself." You must, in other words, make it happen. The body is affected through the intake of food, plants and other substances, and it is therefore possible to create and manipulate physical processes in a certain direction. This is done during childbirth. Herbal medicine is one of the ways in which Shuar people can cause bodily changes in themselves or others.

Furthermore, you need knowledge in order to give birth – a knowledge that originates from a connectedness with the Nunkui spirit and which is passed on from one generation to the next. As this knowledge is not practiced at the hospitals and health centres in Morona Santiago, many Shuar women are reluctant to give birth at these health units. One woman explained, "We do not feel comfortable when we cannot use our own birth methods, our own medicine and our own food (the chicken soup). It endangers both childbirth and child survival." Rather than feeling safe, in control and empowered by biomedicine and reproductive technologies, as many studies among poor and marginalised women have demonstrated to be the case (see e.g. Unnithan-Kumar 2004), Shuar men and women experience quite the reverse. This was also the reason why my Shuar friends in Kuwín wanted to teach me how to give birth according to their methods.

Infant Care and Nurturance

The Shuar foetus's body is created and made through social processes and social interaction. This does not end at childbirth but continues after the baby is born. However, after birth the baby comes into direct contact with elements in the environment. Like other Amazonian peoples (cf. Belaunde 1997 on Airopai; Conklin and Morgan 1996 on Wari; McCallum 1996 on Cashinahua), the Shuar baby's body is given form, protected and made to grow through the care and hard work of parents and kin. Life-cycle transitions, growth, and maturation, depend on the sharing of bodily substances, food, and remedies by parents and close relatives. As was mentioned previously, the link between the Shuar baby, father and mother is based on the idea that the substances that enter the bodies of the parents are transferred to the baby through the exchange of bodily fluids between parents and between parents and baby. As babies are born weak, powerless and vulnerable, both the mother and the father become engaged in a strict set of restrictions and taboos in order to protect it. These restrictions concern social interaction and food in particular. Many taboos will not end until the child starts walking or stops breastfeeding. In order to protect the baby and make it grow strong and healthy the whole infancy is surrounded by many rituals that aim to connect the baby to the spirit world, which stimulates the process of growth and maturation. Shuar parents' love and care for their children are made manifest through all these practices.

During the first three days after childbirth, the Shuar mother eats nothing apart from the chicken soup mentioned above. While other dietary

restrictions seemed to vary between regions and *centros*, all Shuar I met confirmed the importance of the chicken soup in ensuring the quick recovery of the mother and in making the baby strong, and for speeding up the development process. Jacinta explained that the consumed food is transferred to the baby through breast milk, just like other qualities that derive from the parents. The father must therefore provide the mother with good food so that she can produce good breast milk to make the baby grow. After Sonia had had the chicken soup for three consecutive days, a ritual to further strengthen the baby was carried out by Sonia's father, Víctor.[40] The baby girl was given a few drops of a mild psychoactive remedy, *uchi-tsensemp* (*uchi* is the Shuar term for child - *tsensemp* are species of coca leaves),[41] which was masticated by Víctor, mixed with *pirípri* (*Cyperus* sp.) and given to the girl. The substances from the plants, as well as the saliva of the person who chews them, are important for the baby. *Uchi-tsensemp* is given to newborns in an effort to make them see spirits, or possibly *arútam,* in dreams and thus gain and incorporate power and protection from them.[42] Power, skills and knowledge from adults are also passed on to the baby through bodily substances, such as saliva or breast milk.[43] Many rituals are therefore organised and carried out by elders who are considered to be particularly powerful people with certain skills and knowledge. During the rituals, the *wea* (master of rituals) passes on some of his or her powers, skills and knowledge to the participant(s). When Sonia's baby was given the *uchi-tsensemp* remedy, Víctor passed on some of his powers to the baby (*wáimiatkamu*) in order to protect it from illness, to make it grow strong, increase its development and make it learn to walk and speak quickly. Víctor did this by blowing on the baby's body and by telling it to develop well and be strong. Sonia's baby was also, at this point, given the Shuar name Tsemáik. This name had previously been borne by Sonia's great-grand-mother, who, according to Jacinta, was a very skilled and powerful woman. The names that are picked for babies are chosen from the names of deceased relatives only, preferably from well-respected grand- or great-grand-parents on either the maternal or paternal side. The names are often the same as those of plants and animals. Many of my Shuar friends were also named after the

[40] In Tiwintza this ritual was most commonly carried out by the father of the baby but the grandparents were also sometimes involved in these activities.

[41] Other plants may be used in this ritual or mixed with *tsensemp*, such as *pirípri* (*Cyperus* sp.) or tobacco water.

[42] If the baby becomes sick, the remedy might be given once again. *Tsensemp* is also given to children of different ages in an effort to strengthen them and make them resist evil spirits and demons. *Tsensemp* is also administered to babies with high fever.

[43] A Shuar shaman explained that shamanic powers may be passed on from the female shaman to her children while she is breast feeding.

personified spirits, such as Ayumpum, Etsa and Tsunki. The child is given a Spanish name later on, which is mainly used in interaction with the mestizo society.

After childbirth, the mother stays in the house for approximately three weeks, mainly tending to the baby. During this period of time, the husband will take on most of her activities. After three weeks she returns to her previous work in the household and the garden, carrying the newborn at her breast and feeding it on demand. To let the mother recover from the delivery, the parents abstain from having sex during the first months after childbirth. Extramarital relations are considered to have a harmful impact on the baby and must therefore be avoided. The baby will have diarrhea as soon as the person who has cheated carries the baby in his or her arms. Parents should avoid greeting other people or strangers by shaking their hands or looking them in the eyes. Parents must also avoid having other people looking at their baby as some people have the possibility to inflict illnesses or injury through a certain look (the evil eye).

Food restrictions tend to vary between communities but certain wild birds and certain fish are commonly excluded as they may be possessed by an *iwianch*, which can harm, bewitch or kidnap a child. Some fathers mentioned that they did not touch or hunt certain animals (e.g. jaguar, fox, monkey, venomous snakes) when they had a newborn at home, as this could scare the baby and make it cry. Parents also told me that one should avoid visiting the house of a recently deceased person while babies are small. If parents neglect these rules and restrictions, the baby becomes sick, anxious or cries all the time. If the baby falls ill, parents first try to cure it at home using herbal remedies. The following account describes what happened when Lucho and Marcia's third child, Wilma, got bloody diarrhea when she was three months old:

> Marcia and I were very strict about the taboos while our first two daughters were young. But with Wilma I got a bit lazy and neglected some of the restrictions, partly due to my work at the time - I had to greet strangers by shaking their hands. Wilma got *tapikiú* - diarrhea with blood caused by the neglect of taboos. To make her well I had to catch the bad things that were causing her harm and suck them out of her body. First you chew the *tapir* leaves [not identified] and give some of the juice to the baby. Then you blow on the body like this [demonstrates by blowing on his daughter's stomach]. Then you take tobacco through your nose, you think of the things you have done wrong or say them out loud, and you suck the *tapikiú* out of the baby's body. We call this *mukuntramu*, as in *múntsu* which means sucking.

Diarrhea, especially diarrhea with blood, is the most feared symptom parents can observe in their children. Apart from the remedy mentioned above, *uchi-pirípri* (*Cyperus* sp) was also mentioned as a remedy administered under such circumstances. If the baby is not cured at home, the parents take it to the *uwishín* and/or the health centre. If the baby does not get better despite the different medical treatments, I was told that, in very rare cases, parents may leave their baby in the care of relatives. In such cases the parents are considered to have a bad influence on the baby, despite all the efforts made to resolve the problems that are causing the baby harm. In the two examples I heard of with regards to this practice, both babies were left in the care of their mothers' sisters. However, a Shuar man in his fifties told me that he had been raised by a mestizo family due to his bad health while he was still a newborn, and the bad health of his mother, who was suffering from the effects of the delivery, which had been extremely difficult. As has been pointed out, illness, injuries, complications, and accidents are among the things that Shuar consider to not happen 'naturally' but to be the result of bad social relations and sorcery. The Shuar baby embodies social relations, and if the social problems of the parents' cannot be resolved, one may try to break the ties between mother, father and child in a last effort to make the baby survive.

Actual numbers of infant and maternal mortality among Shuar are hard to estimate. Health statistics from UNICEF (2006) show no figures of maternal mortality, while infant mortality is estimated to be approximately 40 deaths per 1000 live births. This is, however, a rather vague estimate since Shuar people neither register their newborns, nor report deaths with any regularity. My interviews show that most women who had passed their reproductive age could report having had one or, in rare cases, two babies who had died before reaching the age of three. During the time I did fieldwork, I heard of no cases of maternal death, and very few cases of such were remembered by the different families in different *centros* that I spoke to. In fact, the health statistics presented by UNICEF (2006) indicate that the health issues related to reproduction (including e.g. abortions, miscarriages, caesareans, postpartum complications, uterine infections, inflammations of the uterus and ovaries, etc.) among Shuar and Achuar women seem very low. Less than one percent of women of fertile age have reported such problems to the health centres or hospitals in Morona Santiago (UNICEF 2006: 54). Women that have passed their reproductive age report far more health problems than men of the same age group and men and women of fertile age. This, UNICEF (2006) declares, could be the result of the high numbers of births that Shuar and Achuar women experience during their reproductive years.

Shuar define the first year of a baby's life as the most critical period, but the years up until the age of three are of considerable concern. Food restrictions for both parents and baby are therefore observed until the child is at least three years old. The majority of patients at the health centres are Shuar children aged 0-3 years, suffering from diarrhoea, fever, respiratory infections, asthma, flu, pneumonia, etc. During a child's first years, the parents try to increase the speed of the development process both by stimulating its ability to crawl, walk, and speak, but also by giving it drops of *uchi-tsensemp* (or other plants such as *uchi-pirípri* and tobacco water). The stronger and more developed the baby is - the greater chance that it survives.

Shuar define their babies (*pasech*) by different terms related to their stage of development. The youngest babies are defined as *kuírach* as long as they are carried by the breast of their mother. When they are able to sit, crawl, and stand, they are defined as *pujúch.* At the age of approximately three, a certain celebration takes place, called *uchírtai* – celebrations of the child, or, as Karsten (1935: 234) calls it, "feast of children." Drops of *uchi-tsensemp* are again administered to the child in order to strengthen it and to make it resist evil or demonic souls. This ritual takes place as the child is about to be weaned and allowed to eat all kinds of food. The child is then defined as *ékech.*

Becoming a Gendered and Adult Person

The creation of the Shuar body and person takes place as the child grows. This simultaneous process has also been observed among other Amazonian peoples (see e.g. Conklin and Morgan 1996 on Warí). As Conklin and Morgan (1996: 658) remark, "the coming into social being of a young person is intertwined with the coming into being of a young human body." A Shuar child's growth and maturation includes not only the development of skills, knowledge and personhood, but also the development of its own body composition and substances. Shuar adolescents achieve the status of full or adult persons when they attain adult bodies, are capable of fulfilling adult responsibilities according to their gender, and are able to develop new and independent social relations through, for example, marriage. The process of learning both male and female roles, i.e. how gendered knowledge and skills are accumulated, takes place both in a conscious mental state, i.e. when the children/adolescents learn their tasks from the parents, and also unconsciously while dreaming. As children grow older they will also acquire knowledge in an altered state of consciousness (through the use of

psychoactive substances), i.e. when seeking skills, force, and power from the different personified spirits and *arútam*. In this sense, the larger cosmos forms an important part of a child's education and of the process of making children become adults.

Gender and sexual identity among the community members in Kuwín are associated with the physiological sex. Confusion of gender identities, and gender roles, relations and responsibilities, are strongly objected to, while homosexuality and transsexual behaviour are generally not accepted. In Carlos's words, "If you are born a boy or a girl, you are supposed to stay that way." The creation of gender differences starts when the child is four or five years old. At this age, both boys and girls begin to learn the productive skills associated with the male and female genders. Girls start helping their mother with different tasks, such as taking care of younger siblings, feeding the chickens, sweeping the floor etc., while fathers teach their sons the basic skills of hunting, making baskets, fishing, and so on. Gradually the number and variety of tasks increase. The creation of gender differences among Shuar is, in this sense, closely linked to the economic process. Gender identity is based on gender roles and activities which are connected to the personified spirits, such as Tsunkui, Nunkui, and Etsa. Adult women engage in tending the garden, fishing (both a male and female task), cleaning, cooking, water fetching, beer preparation and caring for domestic animals and the children. Adult men are involved in hunting, fishing, community politics, house and canoe building, cattle breeding and occasional wage labour outside the *centro*. As children accompany their parents in their daily activities, the process of creating adults is thus completely gendered. In this sense, "only gendered adults are complete persons," as Cecilia McCallum (2001: 48) demonstrates in the case of Cashinahua people.

Among the Shuar tasks are not always strictly gendered however, meaning that it is not entirely impossible for someone to publically perform the tasks of the opposite sex (see also Perruchon 2003). Thus, when Marcia is ill or has recently given birth, Lucho engages in 'female' activities such as fetching water, harvesting manioc, washing clothes and taking care of the small children. Marcia, on the other hand, represents Lucho in the compulsory *mingas* (collective work parties) at community level, such as cleaning the *centro*, when he, for various reasons, is unable to participate. Men and women do also have a certain influence on each other's work. Lucho will perform gardening of certain (male) products and clear the forest from bigger trees, while Marcia's influence in hunting stems from her responsibility to breed good hunting dogs and to take care of and prepare the meat afterwards. However, while Lucho does not mind cooking, cleaning, and taking care of

his children at home, he explained that he always avoids performing such activities in more formal contexts when, for example, other community members are watching.

Ideal Shuar men and women are often described as 'hardworking,' and parents are considered responsible for turning their children into such an ideal man or woman. Children are, thus, often discouraged from playing as parents think that it may lead to laziness and an unwillingness to work. Children did, however, tend to play as often as they could, both while they were executing their tasks and in between, making the distinction between work and play very blurred. Social and moral responsibilities towards kin and other close relatives are also taught to children through their participation in daily activities and subsistence production, where they have to cooperate with each other (cf. Alès 2000 on Yanomami).

To become successful and hardworking requires more than just the knowledge and skills acquired from the parents. Shuar parents are responsible for putting their children in contact with different spirits and *arútam*. With guidance and assistance from parents and close kin, both boys and girls seek dreams and visions in order to gain knowledge, skills and force from the spirits that may appear. In fact, acquiring knowledge and power from certain spirits, or *arútam*, is considered necessary for certain activities within the economic sphere. As mentioned above, male and female work activities are guided by personified spirits. Men turn to spirits such as Etsa (hunting spirit), Tsunki (water and health spirit) and Ayumpum (spirit of life and death) to gain knowledge and power, while women are connected with the earth spirit, Nunkui. In this way, knowledge is also gendered. Men and women's respective work activities are also guided by what is considered to be male and female in their environment, i.e. plants and trees have a specific sex which accordingly must be tended, cultivated, harvested or prepared by the same human sex.[44]

In Kuwín, children are made to grow and mature through a number of ceremonies and rituals that are performed both collectively and individually during childhood. The frequency of these rituals and ceremonies tend to culminate around puberty, when the child is about to attain an adult body.

[44] Women plant, e.g. yams, sweet manioc, taro, sweet potato, peanuts, beans, papaya, chili, tobacco, *barbasco* (*Lonchocarpus*), *ipiak* (achiote seeds), *pirípri* (*Cyperus* sp), *maikiúa* (*Brugmansia*). Men plant, e.g. plantains, maize, bananas, tobacco, *natém* (*Banisteriopsis* sp) and other psychoactive plants. See Karsten (1935) for more details on male and female plants and trees.

However, many of these ceremonies are no longer practiced among Shuar people in Tiwintza, at least not in as complete versions of those that have been described in the older ethnographic literature. Other rituals have been transformed, now taking a more informal shape compared to how they were described earlier.

Some of the ceremonies were mentioned by my Shuar friends as having a disciplinary purpose, aimed at making disobedient children mature and strong by putting them in contact with the spirit world. The most severe castigation of a child that has been particularly disrespectful involves administering the juice of the *maikiúa* (*Brugmansia*) to it. To give children *maikiúa* is rarely done in Kuwín today, according to Lucho, but I often heard that parents threatened their disobedient children with it. I never participated in any of the collective ceremonies myself but examples of such ceremonies with a disciplining purpose, arranged over several days, are *natémamu* and *túna*, both of which are not celebrated with the same frequency as they previously seem to have been (cf. Karsten 1935; Harner 1972).

The Shuar community members of Kuwín explained that *natémamu* is arranged by a *wea* (master of rituals) who invites men and women of different ages to his or her house or *centro* in order to celebrate *natém* (*Banisteriopsis* sp). *Natém* is then taken by the participants collectively during several consecutive days in an effort to stimulate dreams, encounter sprits and see future events (e.g. who one will marry and how many children one will have) (cf. Karsten 1935: 435; Mader 1999: 186).

The *túna* ceremony is also arranged by a *wea* but involves a trip during several days to a waterfall where various rituals are performed and psychoactive substances are administered in order to encounter *arútam* (cf. Harner 1972; Mader 1999: 189). This ceremony is directed towards male children/adolescents and adults in particular, using mainly *maikiúa* but also *tsáank* (tobacco) and *natém*. Parents and grand-parents may join their children and grand-children as they experience their first ritual. I was told that the length of the ceremony may vary between three and ten days and includes strict abstinence from sex and food in preparation. In the region where I did fieldwork, the *túna* ceremony was arranged once every year by two *wea*; an *uwishín* and another senior person. Previously, children were obligated to participate, but today children and adolescents are not forced to take part. In the following passage, the *uwishín* describes the purpose of the *túna* ceremony that he and his friend arrange every year in august:

> There is always a specific purpose with this ceremony – to become a better and stronger person. Whether you are an adult or a child you always have a reason for participating – you have a bad behaviour in some way or bad manners that you wish to change. My friend and I arrange this trip to the sacred waterfalls for the most

> rebellious adolescents who need to be educated, who need to become stronger and more mature. That is what the ceremony is basically about – education and the incorporation of knowledge and power that will make you a better person. Children and adolescents are not forced to participate anymore – we are more liberal today, I guess. We are mainly looking for adolescents who want to change their behaviour and who are interested in preserving our customs. Today, many adolescents are afraid of the effects of *maikiúa* and do not want to participate for that reason. You should never take *maikiúa* alone and the best way of doing it is together with experienced old people like me and my friend. Sometimes we have a group of ten young men but other times there will only be three or four.

As adolescents reach puberty, the development of both personhood and body culminates. In the past, both boys and girls were made mature for married life through initiation ceremonies. Forty years ago, the women's initiation ceremony was celebrated as *nua tsáank,* or as Karsten (1935: 191) calls it, "the tobacco feast of the women" (also referring to it as the Shuar wedding). This ceremony took place over several years and included various rituals that focused on the process of transforming and preparing a girl for all her tasks as a married woman,[45] mainly addressing her tasks within the economic sphere in different ways.

According to Lucho's grandmother, who completed this ceremony almost sixty years ago, the rituals started while the potential parents-in-law discussed the possibility of arranging a marriage between their children and was only finished several years later when the couple was married and living on their own, in a separate house. As a young girl, Luchos's grandmother consumed tobacco juice in order to encounter Nunkui and incorporate her knowledge and powers into her body. In this way, she said, girls gain knowledge, skills and insight into subsistence production, reproductive activities, domestic work and raising children. The powers of both Nunkui and the tobacco spirit were described as playing a central role during the whole ceremony and the young girl is taught to use magical songs (*ánent*) to invoke their powers. One stage of this process was, according to Lucho's grandmother, called *numpamrumkímiun namperi*, i.e. the celebration of a girl's first menstruation. This ritual had two parts. The first was called *númpenk* (blood rite),[46] which was a purification ceremony involving a bath with *yampak* leaves (not identified) when the girl had her first menses. The second part, *amíamu,* took place a year later and was the initiation of a girl's

[45] For more details on women's initiation ceremony see e.g. Karsten (1935), who calls it 'noa tsangu', and Mader (1999), who calls it 'nua tsankram'.

[46] Blood in Shuar is called *numpa*. *Númpenk* (blood rite) is also present in the celebration of *tsantsa* (shrunken head).

own work in the garden. When the girl had completed the whole ceremony she was classified as *kasaku* (mature), meaning that she was ready for marriage.

Even if the *nua tsáank* ritual does not exist in a formal sense anymore, the knowledge of how to cultivate land, sing magical songs, use tobacco etc. is still passed down from mother to daughter, according to the Shuar women in Kuwín, but in a much more informal way. In fact, Shuar women were conscious of, and reflective about, the changes in their ways of passing on knowledge to younger generations. Marcia explained these changes by referring to the Shuar identity. She said that many adolescents do not feel proud about being Shuar today. They do not, for example, wish to learn all the skills of gardening, resulting in a loss of both skill and the cultivation of many products. During my stay with Lucho and Marcia, their oldest daughter Patricia did not show any considerable interest in subsistence production. Rather than making a living through gardening, she wanted to continue studying at university.

While the women's initiation ceremony in ancient times consisted of several different rituals related to one specific ceremony that went on for several years, adolescent boys were made mature for marriage through the means of several different and separate initiation ceremonies, one of which has already been mentioned, the *túna* ceremony. According to Karsten (1935) the male equivalence of the female initiation ceremony is *kusúm.* However, this ceremony only takes place during a few days and addresses mainly one aspect of men's economic responsibilities, i.e. hunting, while the *nua tsaank* addresses every aspect of a women's economic contribution. What the two ceremonies do have in common, though, is the use of tobacco. In order to become a successful hunter, men inhale tobacco smoke from the mouth of the *wea* and call upon the powers of Etsa (hunting spirit) by singing magical songs. The *kusúm* ritual is still practiced in the more remote areas of my field location but not with any regularity. It is, in fact, often practiced together with the *túna* ceremony. Other authors have mentioned the shrunken head ritual, *tsantsa,* as playing an important part in the initiation of young men (Harner 1972).[47] As far as I am aware, shrunken head rituals are not practiced anymore. When young men have passed their initiation ceremonies, they are considered *tsémran,* i.e. mature for marriage. Shuar adolescents are not, however, considered adults until they have formed a marital union with someone, and have their own house and garden, and their first child. Adulthood and the interpersonal relationships between Shuar are the focus of chapter six.

[47] For more details on the shrunken head rituals see e.g. Karsten (1935) and Harner (1972).

Summary

The biological notion of fertility and the Cartesian approach of separating the social person and the biological body are not, in general, relevant to Shuar people in Tiwintza. In contrast to Western perceptions of the body as biological, autonomous, and growing automatically, the growth of a foetus, baby, and child occurs in relation to others. The creation of a person is only possible through the actions and incorporation of others (humans and other beings), and the body is the locus where social relations and social interaction are situated. In order to grow, develop, and become a strong and healthy individual (person/body), continuous, ongoing, peaceful and harmonious social relationships are needed, both with people and the larger cosmos. Disharmony, conflicts, and ruptures of social relationships may, in contrast, result in weakness, sickness and bodily distress. In this way, notions of the body, person and conviviality cannot be separated. Conviviality is created through the cultivation of both the social and the physical. Being connected with the spirit world is of great significance as it provides people with power, knowledge, and other skills and qualities necessary in order to create life, produce food, maintain peaceful and good social relationships, and, in this way, achieve *pénker pujustin*.

5
Political Aspects of Human Reproduction

The Legal and Normative Framework in Ecuador

> No discussion of contemporary state power can fail to note the intricate national and international connections among the rise of medical professions and industries, global markets in labor and pharmaceuticals, and ideologies and policies explicitly linking economic development to population control (Ginsburg and Rapp 1991: 314).

Before we get deeper into the ethnographic details concerning Shuar people's reproductive life we shall explore the overall legal and normative reproductive framework in Ecuador within which Shuar people's reproductive experiences and practices occur. Despite the fact that Shuar people in Tiwintza are living on the margins of the Ecuadorian society, state health policy and related interventions still reach and affect them. Ecuador, like many other states in the world, has, through the means of adopting a population policy, tried to influence the size of the nation's population by decreasing population growth. Even if the Canadian Minister of Justice, Pierre Trudeau,[48] claimed in 1967 that "the State has no place in the nation's bedroom"[49] (cited in Newbold 2002: 16), one of the key areas of development planning worldwide over the past four or five decades has been to control and regulate populations. As demonstrated in chapter two, rapid population growth has been considered a serious impediment to a country's development, and fertility transitions have been regarded as a necessary step in a country's process towards modernisation. Many states have consequently

[48] In 1967, Pierre Elliot Trudeau was the Minister of Justice in Prime Minister Lester B. Pearson's cabinet. A year later he became the 15th Prime Minister of Canada.

[49] This comment was made to the media during an interview on 22 December 1967 regarding Canada's criminal code.

both directly and indirectly intervened in people's reproductive lives and tried to control their fertility through family planning campaigns and techniques. People's reproductive lives are, in this way, a political matter that concerns national governments, the international community, NGOs, and donors involved in processes of planned social change and development. Family planning programmes have been, and still are, considered the 'solution' to the population 'problem' and lack of development (Richey 2008: 1).

Since the late 1980s, an increasing number of scholars have drawn upon a Foucauldian analysis in their studies of development interventions in poor countries (e.g. Escobar 1995; Ferguson 1990; Sachs 1992). Post-development critics, such as Escobar (1995), demonstrate how the reality of people living in 'developing' countries is inscribed in Western discourses on development formed by economists, policy makers, nutritionist, demographers, etc. These discourses are generally internalised and reproduced by the targeted groups, making it difficult for people to define and express their own ideas, circumstances, and interests in their own terms (Escobar 1995). In this way, family planning programmes have been criticised for being imposed on people, making it difficult for them to freely decide the number of children to have.

This chapter outlines the global discourse on population and reproductive health and analyses its interplay with national politics in Ecuador. In the process of forming and developing the National Population Policy and the legislations and programmes concerning people's reproductive health, the influence of the international community has been prominent, so as the influence of the Catholic Church, resulting in the creation of a rather contradictory broader social context. The chapter also demonstrates how the legal and normative reproductive framework in Ecuador influences people to change their reproductive norms and practices, including the ideal number of children to have. The chapter displays the ideas and approaches to fertility and well-being promoted by the Ecuadorian state, as well as a more powerful approach aimed at disciplining bodies (cf. Foucault 1980a).

Global Foundation of Population Policies and Reproductive Health

Population and development issues began to concern the international community after the establishment of the United Nations (UN). However, during the first decades following the Second World War, demographic data were missing or incomplete, the awareness of global population trends was

restricted and the relationship between population growth and economic development had not been thoroughly explored (UN 2003). The idea that governments should intervene in and regulate cases of population growth was opposed by many countries, based on ideological disparities (Macura 1987). This began to chang in the early 1960s when the idea that development and population issues should be a concern and objective of the UN emerged. At the time, Notestein's (1964) demographic transition theory, which was outlined in chapter two, provided evidence of a link between rapid population growth and limited economic development. The progress of new contraceptive technologies, such as oral pills and intrauterine devices (IUD), made discussions of national family planning programmes possible. Thus, at the International Conference on Human Rights held in Teheran in 1968 it was stated that "the protection of the family and of the child remains the concern of the international community. Parents have a basic human right to determine freely and responsibly the number and spacing of their children" (UN 2003: 14). Governments now had a responsibility in delivering family planning services.

In the early 1970s, many African countries were affected by issues of food insecurity and severe famine. At the time, Paul Ehrlich's (1968) neo-Malthusian theories about rapid population growth served as a warning to an emergent worldwide issue, stressing that starvation and poverty could only be avoided by reducing population growth through family planning and by changing the use of natural resources. Population policy was no longer handled as a sensitive topic but was articulated as an explicit and major concern in international development planning (UN 1987). The development of population policies was also the focus of the World Population Conference in Bucharest in 1974, where 135 UN member states agreed to "introduce family planning programmes and to reduce rates of population growth in order to conserve resources and improve standards of living" (Findlay and Findlay 1987: 1).

In 1984, government representatives gathered in Mexico City for another World Conference on Population. It was, however, from a quite different viewpoint and position that delegates now approached discussions of population issues. The world population growth had declined considerably and, with the impact of the Green Revolution, food production was actually able to meet the needs of the growing world population (Potter et al 1999). However, the development of population policies and family planning programmes, and the assistance of the international community in national policy making and processes were still central. The outcome of the conference stated that, family planning programmes should continue as a

basic right of the couple, but population and development programmes should take into account people's social conditions and the protection of the environment (UN 2003). Drawing on what I have defined as the post-classic fertility transition theories in chapter two, family planning programmes were to reach beyond the goal of reduced fertility rates by also aiming to strengthen and improve women's status and position at various levels of society.

In 1994, the final major International Conference on Population and Development (ICPD) was organised in Cairo. The conference resulted in a Programme of Action in which the integration of family planning, women's reproductive health services and the promotion of women's rights were key issues (UN 1994). Even though many family planning programmes around the world were considered to be successful, feminists and other critics argued at the conference that such programmes, especially those with targets, were imposed on people and therefore limited their ability to decide freely how many children they desired (Newbold 2002). As a result, it was decided that fertility control should no longer be a demographic goal, but rather integrated into and replaced by the broader concept of reproductive health (Hardon 1997).

In response to the critics, a major shift took place in the global discourse on population and family planning. Rather than focusing on the economic interests of nations, the conference placed emphasis on the concerns of the individual, referring mainly to women's health and status. Family planning was incorporated into a broader framework regarding men and women's reproductive health and well-being. This broader agenda also included improved child mortality rates, the exercise of free choice in matters of reproduction, sexually transmitted diseases, cancer scanning and the social context and conditions which influence reproductive decisions (Newbold 2002; Petchesky and Judd 1998). Voluntary use of contraception and the quality of reproductive health care services became central to worldwide development initiatives. In 1995, at the Fourth World Conference on Women held in Beijing, the broader interpretation of reproductive health was expanded even further to also include sexual rights. Women's rights included "to have control over and decide freely and responsibly on matters relating to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence" (UN 1995 paragraph 96). The phrase Sexual and Reproductive Health and Rights (SRHR) was coined at this time.

The global population and family planning discourse has, in particular, been challenged and rejected by the Roman Catholic Church. According to the Catholic doctrine, God created sexual intercourse as a unitive and procreative

act between husband and wife, which should not consciously be modified through the means of preventing procreation.[50] The use of artificial family planning methods is therefore not permissible - neither are any alternative forms of family life and reproductive behaviour.[51] Thus, it is not surprising that the Catholic Church opposes the definition of SRHR. At the ICPD in Cairo, the Vatican Delegation did not support the Plan of Action. According to the Vatican, the proposal did not have a 'moral vision' and reservations were therefore made with regards to (i) the individualism, which would have undesirable implications for the family, (ii) giving contraceptives to adolescents and (iii) legalising induced abortions. Other issues the Catholic Church opposed during the conference were the provision of emergency contraception, condoms, and sexuality education for adolescents. The Vatican, and its supporting Catholic states, were joined by a group of Islamist regimes in an attempt to block the implementation of the decisions made at the ICPD conference in Cairo and the World Conference on Women in Beijing 1995 (Petchesky and Judd 1998).

In the year 2000, 189 UN member states agreed on eight Millennium Development Goals (MDGs)[52] to promote poverty reduction and improve the lives of the world's poor people by 2015. Even though reproductive health was not named as a specific and separate goal in itself, most of the goals adopt the framework from the world conferences in Cairo in 1994 and in Beijing in 1995. It is commonly recognised that access to sexual and reproductive health services are essential if the MDGs are to be achieved (e.g. Germain and Dixon-Mueller 2005; Malwade Basu 2005). However, some critics argue that sexual and reproductive health must be included as a separate MDG goal (Haslegrave and Bernstain 2005; Obaid 2005) and efforts have been made to increase the role of reproductive health issues into the MDGs (Malwade Basu 2005).

Population Policy and Reproductive Health in Ecuador

Every policy is formed and developed in a specific context and under certain circumstances. Population policies concern and are embedded in the

[50] *Catechism of the Catholic Church:* Part 3, Section 2, Chapter 2, Article 6, Paragraph 2363.
[51] *Catechism of the Catholic Church*: Part 3, Section 2, Chapter 2, Article 6, Paragraph 2370.
[52] The eight MGDs are aimed at eradicating extreme poverty; achieving universal primary education; promoting gender equality and empowering women; reducing child mortality; improving maternal health; combating HIV/Aids, malaria and other diseases; ensuring environmental sustainability; and forging global partnership for development.

intersecting interests of governments, the international community, NGOs, and donors. The formation and development of a population policy therefore takes place in a context of specific relations and circumstances. However, given the fact that Ecuador is a country strongly influenced by the Catholic Church and its perceptions of the family, the development of a population policy and the introduction of SRHR legislations have been met by resistance from both political and popular spheres. As a result, the Ecuadorian government was initially unwilling to make interventions to modify the population growth in the country and to promote contraceptive use (Marangoni 1988). Like most Catholic countries in Latin America, Ecuador opposed the idea of population growth as a major problem for development at the 1974 World Population Conference in Bucharest. As a result of Ecuador's participation in the conference, an advisory unit to the government, the National Population Council (*Consejo Nacional de Población*), was created, but it was first many years later, in 1987, that the Ecuadorian government adopted a population policy. Why then did the government agree to adopt a population policy in 1987 and why did they give further support to its Plan of Action in the 1990s? What role has the international community and the Catholic Church played in the process? Before discussing the changing governmental views and approaches towards population issues, the formation of a national population policy and the reproductive health and family planning interventions, we must first take a look at the economic and political context in which these policies, laws and programmes were initiated.

Economic and Political Chaos

The Ecuadorian economy is mainly based on the export of primary products, such as bananas, shrimps, cut flowers and oil. Because the country depends on the production and export of primary products, fluctuations in world market prices have a substantial impact on the economy. This occurred in Ecuador in the early 1980s when the collapse of oil prices resulted in an economic crisis characterised by inflation and rapidly growing foreign debts. As a response to both global economic processes and the national economic crisis, the Ecuadorian government started to implement structural adjustment programmes (CELA 2001).

The deteriorating financial circumstances of the 1980s were never solved but gradually culminated in a severe financial crisis in 1999. This crisis was made worse by a number of factors, such as a border dispute with Peru, a significant decrease in oil prices, inflation, a growing foreign debt and a general instability in the world market. Furthermore, in 1997 the consequences of the *El Niño* weather system were exceptionally dramatic as

major parts of Ecuador's infrastructure along the coast were destroyed and banana plantations and shrimp farms were wiped out. This had a profoundly negative impact on the country's economy (see Whitten 2003).

As a result of the financial crisis, in 1999, the Ecuadorian government started to develop a policy of currency devaluation. Despite massive protests and uprisings,[53] the Ecuadorian government began to exchange sucres for dollars in year 2000. The deep economic, environmental and social crisis, the process of dollarization, and the implementation of structural adjustment programmes, had a heavy impact on all sectors, and poverty increased significantly with the already vulnerable and marginalised groups being most affected (CELA 2001). Rural and indigenous populations suffered from a decrease in subsistence agriculture and animal husbandry, as well as increased unemployment and deteriorating labour conditions. They also experienced pollution of rivers, deforestation, oil spills, and forced migration. Thousands of Ecuadorians migrated mainly to Spain, but also to France, Italy, Canada and the United States.

The economic crisis in Ecuador has had serious effects on political stability. Since the 1980s, several indigenous uprisings, protests and marches have taken place. The indigenous peoples have been driven by the failures of the governments to deliver what they have promised with regards to land reforms, lower unemployment and provision of social services, but also by the continuing practices of racism, discrimination and exploitation by the mestizo society. After massive demonstrations in Quito in 2005, the president Lucio Gutierrez was removed by the National Congress and vice-president Alfredo Palacio was declared president. When I arrived in Ecuador in 2006, no president had been able to finish their four-year term of office in over ten years. In January 2007, Rafael Correa, who, as an observant Roman Catholic, describes himself as a 'Christian of the left', was declared president of Ecuador. To this date, the Correa administration has, among other things, succeeded in reducing Ecuador's foreign debt, diminished the powerful role the United States have had in internal affairs and reduced the high levels of poverty and unemployment.

[53] When the president Jamil Mahuad publically made a proposal to adopt the U.S dollar as the official currency of Ecuador, tens of thousands of Ecuadorians arrived in Quito to protest and demand Mahuad's resignation. President Mahuad was forced to leave his post and Vice President Gustavo Noboa took over. The uprising did not result in any major changes for Ecuador though, since Noboa supported the dollarization plan.

The National Population Policy

The formulation of a national population policy has generally tended to be a slow process in many countries. It is dominated by demographic experts and policy makers, relying on technical analyses and measures of population size and population growth, the latter being defined as a problem. The standardised demographic measures serve as an instrument of the state to control and regulate populations (Scott 1998) but also to determine stages and degrees of development, making it possible to compare countries globally. The formulation of a population policy is linked to the international community and a country's dependence on maintaining good relationships with international policymakers, donors and lenders (Richey 2008). Ecuador is no exception in this regard.

During the formation process of Ecuador's 1978 National Constitution,[54] the National Development Council (CONADE)[55] was given the responsibility to develop a national population policy together with an implementation plan (Seltzer et al 1995). The work of establishing the fundamental principles of the national population policy was assisted and funded by UNFPA, while USAID supported the overall creation of the policy and assisted local groups, such as the Center for Studies in Population and Social Development (CEPAR) (Coury and Lafebre 2001). USAID also funded a project called RAPID (Resources for the Awareness of Population Impacts on Development), which was a tool to demonstrate the impact of modern family planning methods on population growth. This model was modified by CEPAR to fit the Ecuadorian context and then presented to the leaders of various political parties in an effort to change their ideas and attitudes towards family planning and to incorporate the aspects affecting population growth into different national development plans (Coury and Lafebre 2001). According to the same source, the attitudes among the political leaders towards family planning changed significantly as a result.

In 1987, Ecuador approved the National Population Policy, including the following main objectives (among others): (i) to incorporate women into productive, economic, educational, and political activities, encouraging active and equal participation and decision-making in the society between men and women, (ii) to protect the population by reducing mortality and morbidity to

[54] The Ecuadorian National Constitution of 1978 recognises the right of individuals and couples to freely decide on the number of children they desire and the methods preventing and spacing births (see also Article 39 of the Ecuadorian Constitution of 1998).

[55] CONADE is a government agency responsible for developing the government's economic and social policies.

the lowest possible levels, focusing in particual on children under the age of five, and (iii) to rationalise and regulate the growth of the population in order to create a balance between population growth and socioeconomic development, while at the same time respecting the couples' and individuals' free and responsible decisions concerning the number of children they desire and the methods used for preventing and spacing out births (CONADE 1988, chapter III). In this sense, Ecuador has an official population policy which intends to influence and control the fertility of the population in order to achieve socioeconomic development. The assumption that reduced family size will enhance the well-being of both family and community is clearly expressed, based on the Western notions of the term. However, rather than being an explicit anti-natalist population policy, it is characterised by a more implicit version of reproductive control, emphasising health, human rights, the empowerment of women, improved living conditions and socioeconomic development. Population is identified as playing a significant role in socioeconomic development, but is not considered to be the only variable affecting the development of the country (see CONADE 1988). The policy signifies, however, an important change in the way the Ecuadorian state approaches and defines its population, and how it views the relationship between population and development. Population growth was now recognised as an issue or hindrance to socioeconomic development, including family and community well-being (see CONADE 1988).

Various Ecuadorian governments have, until recently, publically stated that they consider the fertility rates of the nation as too high (UN 2008). However, since the population policy was officially approved, governments have replaced one another and no significant governmental support has been given to its implementation. With support and funding from USAID, CONADE managed to develop the National Population Action Plan. This effort was carried out as a response to the Ecuadorian government's preparations for the ICPD held in Cairo in 1994. In 1993, a draft of the implementation plan was approved by the National Population Council, but conservative and religious groups in Ecuador strongly objected the plan's emphasis on reproductive rights (Seltzer et al 1995). Consequently, Ecuador supported the Vatican at the ICPD. After the ICPD in Cairo, in October 1994, the National Population Action Plan was finally issued. This Plan of Action underlined the important role of the population policy in all policies of the country, in particular economic and development policies.

The Ecuadorian government is often portrayed by international agencies as taking the leading initiative in the process of bringing forward the National Population Policy and its Plan of Action. Yet, the international community

has been the driving force behind, and main funder of, all these initiatives. The meaning international donors have given to population issues is clearly displayed in the policy (see CONADE 1988). The attitude of the different governments in regards to the implementation of the National Population Policy has initially been characterised by a lack of support and commitment, which partly has been blamed on the national economic crises and the religious and conservative opposition towards family planning. The various governments' approaches to population and reproductive health issues have, however, changed gradually.

Sexual and Reproductive Health and Rights in Ecuador

Despite the fact that Ecuador sided with the Vatican at the ICPD in Cairo in 1994, there has been a significant change in the way the Ecuadorian government has viewed and approached population and development. Since the conference the Ecuadorian government has placed emphasis on the reproductive health discourse of the ICPD in Cairo rather than on fertility control in order to achieve socioeconomic development. One such example is the National Population Action Plan, mentioned above, which re-emphasises the importance of providing universal access to health services, with particular attention to maternal and child health care and family planning methods. The legal and statutory basis for the new reproductive health paradigm has also been contained through various changes in national laws and constitutions.[56] Furthermore, in 2004, the National Health Council (CONASA)[57] established the National Commission for Sexual and Reproductive Health and Rights, which, together with various governmental institutions and international agencies, donors and NGOs, developed a national policy on SRHR together with an action plan for 2006-2008. The main objectives put forward in this plan focus on the promotion of sexual and reproductive health, gender equality and intercultural health issues, and prioritise the solution to problems such as maternal mortality, teenage pregnancies, unsafe abortions and unwanted pregnancies (CONASA 2007).

Of greatest practical significance so far has been the Free Maternity Law (*Ley de Maternidad Gratuita*), which the government first approved in 1994, but which, since then, has changed several times. The law guarantees that all

[56] The Law against Domestic Violence (1995), the Sex Education Law (1998), the HIV/Aids Law (2000), the Childhood and Adolescence Code (2004), the free Maternity Law (1994/1998/2005) and the new Health Code (2006), all address the SRHR discourse in one way or the other.

[57] CONASA is an advisory entity to the Ministry of Health. It is made up of various representatives of both private and public institutions from the health sector.

maternity services in the public sector are free of charge, including consultations, medicine, medical supplies and patient meals. After pressure from the civil society and governmental institutions, the law was, in 1998 (and 2005), reformed also include infant health care (children of less than five years of age) and became known as *'Ley de Maternidad Gratuita y Atención a la Infancia*' (LMGAI). The law also includes free prenatal health care, control and treatment of sexually transmitted diseases (except HIV/AIDS), postpartum care, and provision of family planning counseling.

A few months after I began fieldwork (in October 2006), the Ecuadorian Congress issued the new Health Code (*Ley Orgánica de Salud*). This legislation guarantees a series of different health rights, especially with regards to SRHR. The law guarantees free access to contraceptives for adolescents, requires doctors to perform abortions in cases of emergency[58] and authorises compulsory reproductive health and sex education in all secondary schools, including the Catholic secondary schools, many of which have tended not to follow the existing Sex Education Law.

Even if the governments of Ecuador have not been strong advocators for family planning, there has, since the mid-1990s, been a shift in the way governments have addressed issues related to SRHR. The different governments have acknowledged the need to support family planning and reproductive health. The legal and normative context has changed to explicitly include SRHR. This change must be put together with the major economic, political, and social crisis Ecuador experienced at the time. In an environment characterised by increased levels of poverty, deteriorating health conditions, and constant indigenous uprisings, the government has found it convenient to develop standardised measures, programmes and policies aimed at improving reproductive health and well-being. The government has also, because of the economic crisis, been dependent on its ability to maintain good relations with the international community. Therefore, international agencies, donors and lenders have continued to play a significant role in the introduction and implementation of SRHR.

The Right to Life and the Natural Family: Catholic Opposition

Despite the fact that the Catholic Church and the Ecuadorian state have been separate for many years, the Church has tended to intervene in politics,

[58] In Ecuador, abortion is only permitted in two cases, i.e. when the life or health of the woman is threatened by the pregnancy or when a woman who is mentally handicapped or insane has gotten pregnant as a result of a rape.

particularly since the 1960s when Ecuador's Catholic bishops became increasingly involved in supporting social reform.[59] The bishops and catholic groups have continued to interfere in national politics in recent years. One major theme of conflict concerns the government's approach to population growth and family planning, its formulation of the National Population Policy, and, in particular, the application of the SRHR discourse in legislations. The Catholic Church and the conservative political sector have a strong political voice in contemporary Ecuador, in particular through *Partido Social Cristiano* (Social Christian Party), but also through the bishops in the Ecuadorian Episcopal Conference and their supporting organisations such as the Pro-Life Action Foundation, Ecuadorian Women's Front and University Parliamentarians for Life, Family and Liberty. Their stance on artificial contraception, induced abortion and homosexuality is based on perceptions of a natural family union between husband and wife, sexual morality and the right to life of the foetus. In the last decade, this opinion has encouraged a strong public resistance towards a number of SRHR related issues promoted by the government and international donors and agencies. In 2004, a catholic group, called Lawyers for Life, confronted the legality of the emergency contraception Postnor-2 because of its 'abortive' compounds. As a result, the sale of Postinor-2, which had been provided in pharmacies and hospitals in Ecuador for a few years, was prohibited by the Constitutional Court. Even if the court only banned that particular product, other brands of emergency contraception were treated in a similar way.

In 2006, serious disagreements emerged as the new Health Code was about to be approved. As previously mentioned, the new law focuses on guaranteeing SRHR in accordance with international conventions ratified by Ecuador. However, the Catholic Church asserted that three articles in Chapter III of the Code, concerning sexual and reproductive health, threaten lives. The Catholic Church and its allies lost the battle though and the law was approved in October the same year. However, the same debate was once again brought up in 2008 during the process of drafting and approving a new national constitution, which was initiated by the new president Rafael Correa. The reaction from the Ecuadorian Episcopal Conference and groups linked to the Catholic Church was strong, as these documents included the phrase "reproductive health and rights." According to Catholic bishops and pro-life

[59] Examples of the Church's involvement in social change include literacy campaigns among the poor, the redistribution of the Church's land, helping peasants with the processes of acquiring land titles etc. One such example was provided in chapter three, describing how Salesian missionaries supported Shuar people in acquiring legal titles to ancestral land in the early 1960s.

leaders this phrase contains a pro-abortion and pro-homosexual language, which threatens "the right to life and the natural family" (Hoffman 2008: 1). Even if the new constitution stresses that human life begins at conception, it also guarantees "the right to freely make responsible and informed decisions about one's health and reproductive life" (Ertel 2008: 1). In September 2008, a clear majority of Ecuadorians approved the new constitution despite the massive Catholic critique. The new constitution forces catholic private schools and schools defined as *fiscomisionales* to follow the national legislations with regards to, for example, sex education in secondary schools. In the past, the majority of Catholic secondary schools tended to exchange sex education for a more 'morally correct' form of sex information.

Normative Fertility and Stratified Reproduction

State policies affect people through economic, political and legal practices. State policies also regulate people's sexuality and fertility, by providing, for example, marriage laws, population policies, reproductive health care and family planning services, as well as through legal provisions regarding homosexuality, rape, abortion, sex education, and so on (Moore 1998). The Ecuadorian state has, together with international donors, developed laws, policies and programmes to intervene in people's reproductive life, promoting the small family norm through the use of family planning methods. International donors, such as USAID, UNFPA and IPPF (International Planned Parenthood Federation), have not merely provided the Ecuadorian state with financial assistance to complete national demographic surveys and to create a population policy including a plan of action; they have also provided both the public and private health sector with large funds of financial support to family planning campaigns, modern contraceptive commodities, technical assistance and improved reproductive health services – all in accordance with the biomedical paradigm. In Ecuador, modern family planning services have been available in government clinics and hospitals since 1968 and in private nationwide clinics, such as APROFE since 1967 and CEMOPLAF since 1974.[60] The informal and commercial sectors have also been active in Ecuador, providing mainly barrier and oral contraceptives, which have been sold over the counter in small shops and local pharmacies. In 1982, a law permitted sterilisation as a permanent contraceptive method to

[60] APROFE (Association for the Benefit of the Ecuadorian Family) and CEMOPLAF (Medical Centre for Orientation and Family Planning) are Ecuadorian NGOs with a nationwide network of clinics and health centres delivering family planning counselling, sexual and reproductive health services and addressing different gender issues.

be offered for both medical and other preventative reasons (Aramburú 1994). This led to an enormous increase in the prevalence of this method, which is still the most common contraceptive method throughout Ecuador.

Many Ecuadorians have responded to the reproductive health policies, laws, programmes and services. National demographic calculations estimate that Ecuadorian women with partners (married or in a consensual union), between 15 and 49 years of age, have doubled their contraceptive prevalence from 34 percent in 1979 to 73 percent in 2004, including the use of both modern and traditional contraceptive techniques (CEPAR 2005; UN 2008).[61] The population growth rate in Ecuador has declined from 3.3 percent in 1962 to 1.1 percent in 2007 (UN 2008). According to the national Demographic and Maternal Child Health Survey (ENDEMAIN), the TFR decreased from 5.4 children per woman for the period 1975-1979 to 3.3 for the period 1999-2004 (CEPAR 2005). The TFR in Ecuador is expected to have dropped to 2.6 for the period 2005-2010 (UN 2008). According to the same source, the ideal family size in Ecuador is also estimated to have dropped to approximately 2.6 children per woman.

According to Foucault's definition of biopower, modern contraceptives can be seen as a form of 'technique of power' based on and promoted by the scientific experts of development and biomedicine, implemented at the disciplinary institutions of the state, such as schools, universities, health units, etc. These institutions work together to reinforce and reproduce dominant ideologies, making it possible for the state to control groups of people or the whole population. Thus, according to a Foucauldian approach, the decreasing number of children per woman in Ecuador would be an indication of how the majority of people have internalised the dominant discourses of the state and the international community, conforming to ideas and expectations regarding ideal family size and the methods to be used in order to achieve this. Foucault was interested in the methods, practices and techniques by which dominant discourses create processes of normalisation, manoeuvring "populations into 'correct' and 'functional' forms of thinking and acting" (McHoul and Grace 1993: 17). In this process a particular form of knowledge becomes normative and taken for granted if repeated over time, excluding and marginalising alternative knowledges, practices and ways of living. The Ecuadorian population policy promotes the small family size as a desirable norm, which is achieved through family planning services. These services include only one form of contraceptive techniques, i.e. 'modern'

[61] Traditional contraceptives refer to practices such as withdrawal, rhythm or indigenous medicine.

(biomedical) contraception. As was pointed out in chapter two, demographic theory tends to assume that societies that do not rely on modern contraceptive technology cannot consciously control reproduction. As a result, population policies have solely placed emphasis on the important role and spread of biomedical contraception – occluding what is generally defined as 'traditional' methods. Jennifer Johnson-Hanks (2002: 229) argues that,

> … a method transition – from low technology, essentially behavioural forms of pregnancy avoidance to high technology, biomedically efficient contraception has become part of the fertility transition model, alongside the emergence of the calculus of conscious choice and the centrality of parity – specific control. In this way of thinking, "traditional" contraception should give way to "modern" family planning through the process of development.

The discourse on modern family planning may be so strong that 'traditional' methods are not even mentioned as a contraceptive technique at all. While all modern biomedical contraceptive methods used in Ecuador are clearly defined in the Ecuadorian Demographic and Maternal and Child Health Survey from 2004 (CEPAR 2005) together with the number of people using them, the family planning methods labelled 'traditional' are not even mentioned in the survey as common methods among indigenous peoples but are rather grouped together with other undefined and non-modern practices in a category named 'other'. The 'traditional' methods are in this sense, as Foucault would put it, occluded, marginalised and deemed inadequate by the dominant discourse.

However, while Foucault regards the combination of both population classifications and biomedical advancement as expressions of the overpowering controls that modern institutions hold over the body, I argue that people do not simply internalise dominant discourses and submissively comply with state ideas and practices. State institutions, policies and interventions do not affect all people in the same way. Ethnicity, class, gender, religion, age and sexual orientation are example of factors that create differences in citizenship (Aretxaga 2003), which further affect how people enter into relations with the state (Moore 1998) and how they respond to various discourses and interventions imposed on them. State power is therefore felt and experienced in different ways at various levels of the society (Aretxaga 2003). In an interview with a representative of the health ministry (MSP) in Quito, I was told the following:

> Even if our fertility rates here in Ecuador have decreased over the last decades, too many children are still being born in certain communities and in certain areas, in particular among the indigenous peoples. In rural areas, for example, there is a big

> difference in the fertility rates between the mestizos and the indigenous people. It is mainly the indigenous communities that still stick to the tradition of having large families, which is worrying as these peoples are poor and uneducated and will stay that way as a result of all their children.

As the MSP official indicates, family size varies between rural and urban areas in Ecuador and between different communities. According to the ENDEMAIN survey, rural women average 3.9 children compared to 2.9 in urban areas and indigenous women average 4.9 children compared to mestizo women who average 3.1 (CEPAR 2005). While the utilisation of family planning methods has increased in both rural and urban areas in Ecuador, the survey notes, for example, that only 47 percent of the indigenous women with partners use family planning, and of these, only 25 percent use modern methods while 22 percent use traditional ones (CEPAR 2005). In other words, not all people in Ecuador comply with the small family norm and the modern family planning methods promoted by the Ecuadorian state. How various people relate and respond to a certain discourse is complex and historically specific, involving not merely intersections of ethnicity, class, gender and age, but also subjectivity. It must be analysed empirically, which is done in chapter seven, focusing on the encounter between Shuar people and health professionals at various health units in Morona Santiago.

Even if state interventions, calculations and regulations may not be designed expressly to oppress or discriminate citizens, they may still be experienced as such for those people who do not comply with the ideas and practices upon which state policies are based. In the ENDEMAIN survey, indigenous women in rural areas and in the Amazon are, for example, singled out as having significantly more children than the rest of the Ecuadorians and as those who specifically need modern biomedical contraceptives (see CEPAR 2005, chap.6). Other surveys and reports that explicitly point out the high fertility rates of the indigenous peoples as a problem are not difficult to find (e.g. UNICEF 2006). This "problem" is also recognised by international reproductive health promoters and donors who tend to blame the high number of children on the lack of modern contraceptives among certain social groups, such as adolescents, indigenous peoples and rural populations in general (see e.g. FCI 2006), revealing the prevailing demographic ideas outlined in chapter two that if modern contraceptives are delivered to them they will most definitely use them. What I am mainly preoccupied with here is the fact that indigenous and Afro-Ecuadorian peoples (and adolescent women of all ethnicities and classes) are directly pointed to as having a fertility that needs to be controlled, i.e. they have too many children in comparison to the Ecuadorian (mestizo) norm concerning the average family size. Ginsburg and

Rapp (1991, 1995) use Shellee Colen's (1990) concept of "stratified reproduction" to analyse how some social groups, divided into categories of race, ethnicity, sexuality and immigration status, may be exposed and objectified in public debates and state policies aimed at controlling reproduction. Ecuador represents such a case where reproduction can be defined as stratified. As Ginsburg and Rapp (1995: 3) argue, "some categories of people are empowered to nurture and reproduce, while others are disempowered." In Ecuador, the discourse on population and family planning has created normative categories of what is considered to be appropriate and inappropriate family size. These norms tend to coincide with already existing unequal and discriminating social structures based on class, ethnicity and gender.

The normative family size categories are reinforced by demographic theories of modernisation, emphasising the progression all human societies are supposed to go through from traditional to modern and with decreasing numbers of offspring as a result. This can, for example, be seen in the statement made by the representative of the MSP above, who argues that the indigenous communities in Ecuador have big families due to the fact they are still living in the past, blaming their poor and marginalised socioeconomic circumstances on the high fertility. Such ideas create hierarchically organised stereotypes based on family size. White middle and upper class modern mestizos in Ecuador have a 'normal' fertility while poor, backward, indigenous and Afro-Ecuadorian peoples represent the non-normative and stigmatised social groups with 'high fertility levels,' the practices and experiences of which we shall learn more about in chapter seven. However, in the contemporary Ecuadorian reproductive health discourse, family planning is conceived as necessary for achieving an enhanced well-being and, thus, is translated into the demands of reduced fertility among high fertility groups, such as indigenous peoples in rural areas. By preventing and lowering the high fertility rates of the targeted social groups, the numbers of maternal and infant mortality are expected to decline and, as a result, women's reproductive health is supposed to improve (see e.g. FCI et al 2008). Rather than explicitly pointing out the fertility rates of the targeted groups as being too high today, international donors and agencies mainly refer to the unsafe abortions, unwanted pregnancies, low contraceptive prevalence and reproductive health needs that haven't been met among these groups of peoples.

Ministry of Public Health and its Weaknesses

The Free Maternity Law, which is of main concern in this work, was created in 1994 as a reaction to the high levels of maternal and infant mortality in Ecuador. Despite improvements in reproductive health legislations and services, maternal mortality remains high in the country. UNFPA estimates an average of 210 maternal deaths per 100,000 live births for 2007, while infant mortality reaches 26 deaths per 1,000 live births (UN 2008).[62] Approximately 28 percent of the births in Ecuador take place without the assistance of any medically trained professionals (O'Neill et al 2006). Among Shuar people in Morona Santiago more than 89 percent of all childbirths take place in the home together with family members (UNICEF 2006).

The health sector in Ecuador consists of a wide range of public and private institutions. Within the public sector, health care services are mainly provided by the Ministry of Public Health (MSP) and the Ecuadorian Social Security Institute (IESS). Together they deliver health services to approximately 59 percent of the population. The private health sector consists of autonomous non-profit and for-profit establishments,[63] NGOs and a multiplicity of informal health care providers engaged in 'traditional' health care practices (PAHO 2001).

The role of the MSP and its advisory agency the National Health Council (CONASA) is to initiate, design, and implement various health laws, policies and programmes, to promote and deliver primary health care and to guarantee equitable access to care through decentralised, deconcentrated and participatory operations (PAHO 2001). Every province has a Provincial Health Direction, which is further organised into smaller Health Areas. A Health Area, which tends to correspond with the political-administrative district of the canton, includes the cantonal hospitals, and its health centres and health posts.

The political, environmental and economic instability experienced by Ecuador since the 1980s has created chaos in the public health care system. The economic crisis of the late 1990s increased the number of poor people dramatically which in turn increased the number of patients using the facilities of the public health sector. Despite the fact that more finances are

[62] Maternal and infant mortality rates in developing countries may not be totally accurate as such cases are often underreported.

[63] Private non-profit health care providers, such as certain municipalities, the Guayaquil Welfare Board, the Society to Combat Cancer (SOLCA), the Guayaquil Child Protection Society and the Ecuadorian Red Cross, operate within the public sector, using its facilities but receiving funding for their operations from private and international donors (PAHO 2001).

allocated to the public health sector today and that efforts to reorganise and reform the health care system have been made, difficulties prevail in areas such as organisation, management and finances. This makes it difficult to achieve equitable access to health services. Urban population and high-income groups have greater access to both private and public health care than poor, rural and indigenous populations, who rely more on self-treatment and traditional healers. The limited numbers of trained health care professionals, their lack of experience, and their preference for working within the private sector and in urban areas, hamper the public health care system, especially in rural areas. It is estimated that 30 percent of Ecuador's population, including mainly poor communities located in rural areas and urban shanty towns, lack access to any formal medical health care and 75 percent are not covered by any health insurance and have insufficient resources to pay for the health services (O'Neill et al 2006).

Through the Free Maternity Law, reproductive health care services, including child health services, are supposed to be delivered free of charge. However, the implementation of the law is financed through an unstable social welfare fund (*Fondo Solidario de Salud*) and a three percent luxury item tax. In an interview, a senior officer at the implementing unit of the Free Maternity Law (*Unidad Ejecutora de la Ley Maternidad Gratuita*) indicated that one of the biggest problems with the Free Maternity Law is the fact that financial resources have not increased at the same pace as women's knowledge of and demand for the free services, which in turn has created a major debt since 2005. The senior officer furthermore explained that, by not ensuring stable funding, human resources, and infrastructure, in particular at local levels, has resulted in a situation that negatively affects the delivery of reproductive health care, including family planning. Due to financial problems some public hospitals need to collaborate with the Catholic Church, which, under such circumstances, is able to intervene in the kind of services delivered at the hospital in question, often resulting in an exclusion of family planning services. My data reveals, for example, that while some women are only able to reach clinics without any contraceptive supplies at all, others may not receive the family planning method they find suitable. In fact, many rural women need to turn to the private sector facilities or pharmacies, which they have to pay for out of their own pocket. Furthermore, many public hospitals and health centres still charge for the maternity services that are supposed to be free, especially in poor rural areas, indicating that the MSP does not make the financial transactions required for the delivery of the free services.

The formation and management of the Free Maternity Law is inclusive in its way of involving a multiplicity of institutions, such as the MSP, the National Child and Family Institute (INNFA), the National Council of

Women (CONAMU) and the National Council of Health (CONASA). It is supposed to be democratic, inclusive and participatory at local level of implementation as well. The users of the law can monitor, evaluate and influence the process of implementation through the establishment of Users Committees (*Comite de Usuarias*). However, I found that Users Committees have not yet been formed in many rural areas and the participation of indigenous women in many of the existing committees is nonexistent. Efforts to include indigenous women into Users Committees tend to be limited. While indigenous women are targeted in national demographic surveys and public discussions as having too many children, as having high levels of infant and maternal mortality and as not using the public health services offered to them, they are, at the same time, excluded from participating in and giving their opinion on matters concerning both the formulation and implementation of the law and programme. This represents an example of a top-down approach to development programmes that neither reflect the reality of local people nor take into account their needs, opinions, desires or knowledges (cf. Escobar 1995). As Scott (1998) demonstrates in his work, planned social change and development programmes will remain unsuccessful if the attitudes towards local knowledge and practices that reflect people's reality continue to be excluded.

Despite the fact that the Ecuadorian government is interested in ensuring cultural respect and equal access to health care for the indigenous peoples in the country, discriminatory practices towards both indigenous peoples and Afro-Ecuadorians by medical personnel are common. To tackle issues such as racism, stigmatisation, negative stereotypes of herbal medicine and indigenous healers, and to achieve equal medical care for the indigenous peoples, Ecuador has, by the means of creating a National Department for Indigenous Health (DNSPI)[64] within the MSP, made certain progress in applying intercultural models to indigenous health. However, the government has failed to allocate sufficient resources to make the intercultural health programmes a success (O'Neill et al 2006). I often heard indigenous peoples saying that the department was merely created to stop the indigenous uprisings that took place in the 1990s. Despite efforts, a lack of respect for the indigenous people and their cultural values still prevails within the public health system. In fact, a spokesperson from CONAMU indicated in an interview that the health care providers' lack of cultural sensitivity, respect,

[64] According to the 1998 Constitution, Ecuador, as a multicultural, pluralistic and multiethnic nation, acknowledges the practice and development of indigenous medicine (articles 1, 44, 84). Thus, the National Department for Indigenous Health (DNSPI) was created in 1999 as an administrative and technical unit of the MSP. The department develops policies, strategies and models of health to integrate indigenous health and biomedicine.

and understanding of indigenous medical systems and practices are one of the biggest reasons why indigenous people are not fully using the Free Maternity Law and other biomedical health services provided by the Ecuadorian state. As we shall see in chapter seven, the hegemonic character of biomedicine as a state-supported apparatus, including the intrusive surveillance asserted by the medical establishment, has implications for the indigenous reproductive health experience.

Summary

The Ecuadorian government has, until recently, considered the fertility rates of the country to be too high. However, due to religious and conservative forces, the Ecuadorian government was initially reluctant to intervene in population issues and define the population growth of the country as a problem. This changed in the 1980s when the government issued a population policy that defined the problems of population growth in the country together with a plan of action a few years later. However, rather than being an explicit anti-natalist population policy, like China's one-child policy, the Ecuadorian population policy is characterised by a softer notion of controlling fertility. As the political and economic crisis grew stronger in Ecuador, so did the government's willingness to intervene in matters concerning population growth and reproductive health. In fact, the Ecuadorian state's view and approach to population and development have gradually shifted and changed to match the interpretations, goals, and priorities of international policymakers, donors and lenders.

Even if the ICPD held in Cairo in 1994 resulted in a major paradigm shift in both the content and formulation of national population policies by moving away from population control as a demographic goal to individual rights of sexual and reproductive health, the legal and normative framework in Ecuador tends to (implicitly) still be committed to reducing fertility rates and slowing population in an effort to achieve well-being and economic development. Furthermore, the reproductive health policies and programmes are rooted in a biomedical paradigm that exclusively promotes the diffusion of modern biomedical contraception, i.e. a paradigm that fits well with theories of modernisation as was pointed out in chapter two. These ideas, together with the fact that many indigenous, poor, rural and Afro-Ecuadorian peoples, i.e. peoples that are already stigmatised in the mestizo society, have high numbers of children, makes reproduction stratified in Ecuador. We are, in other words, not merely talking about a certain discourse or certain ideas and approaches to well-being, based on Western conceptualisations of the

term, but we are also dealing with a more powerful approach on the part of the state, which is aimed at disciplining bodies. However, as pointed out, not all people have opened up their bodies to state health interventions, such as sterilisation, IUD, pills and injections.

Despite the fact that the UN places emphasis on the needs and free choice of the individual and the importance of including local perceptions and values in issues concerning human reproduction, what is most striking in the case of Ecuador is the exclusion of the valuable role of knowledge situated in local settings and practices. Such practical knowledge has indeed proven necessary for the success of large-scale schemes aimed at improving the human condition (Scott 1998). Instead, state-initiated population policies and family planning programmes in Ecuador are mainly based on large-scale demographic and economic theories, and characterised by notions of an imperial or hegemonic attitude in relation to both planned development and the people it involves.

6

The Dynamics of Reproductive Relations, Values and Practices

> [E]ven when cultural practices appear to be continuous with the past, their cultural production cannot be taken for granted, as people increasingly struggle to sustain their lives under conditions different from those of prior generations (Ginsburg and Rapp 1995: 10).

According to the health survey published by UNICEF (2006), Shuar and Achuar women in Morona Santiago have, on average, 8.2 children. However, as this publication is based on demographic and statistical data rather than qualitative explanations and analysis, it does not provide the reader with any explanations as to why Shuar people, in general, wish to have many children. The aim of this chapter is to take a closer look at the culturally defined fertility norms and values, to see how these are deeply rooted in social relations, and how they are an essential part of ideas related to the good life (*pénker pujustin*). Shuar conviviality is concerned with maintaining a peaceful and harmonious way of living with other people through the means of both productive and reproductive forces and relationships (cf. Overing 1989 on Piaroa). In an effort to understand the significance and importance of having numerous children to Shuar people, the following pages take a closer look at family life and the moral framework that shapes the interpersonal relationships between Shuar. To map out the characteristics and dynamics of interpersonal social relations, and how these are negotiated in everyday life, is of key importance for understanding reproduction. Thus, this chapter begins with an exploration of the dynamics of kinship, married life and gender relations. It then continues with a look at reproductive norms and practices, including how these are an intrinsic part of Shuar conviviality. We shall also see how external influences shape reproduction and how reproductive relations between men, women, and their social network, may become a critical issue of contest.

Kinship, Marriage and Residence

Lucho got married to Marica when he was 16 and she was 14. Shuar girls generally get married when they are about 14-16, while boys are usually a few years older, around 17-22. Lucho moved to Marcia's *centro* according to the uxorilocal residence ideal. A man normally settles down in his wife's *centro*, but this preference has never been a strict rule in any sense. The preference for uxorilocal residence is mentioned in ancient myths, explaining that women may be treated badly by the husband and his family if they reside in the male's household (Bianchi 1993). The uxorilocal ideal still persists in all contemporary Shuar *centros*, but the scarcity of land, the integration into the market economy, and the political and economic position of the spouses' families are examples of factors that nowadays may influence a couple's decision regarding where to settle. As mentioned in chapter three, the uxorilocal residence is further weakened by, for example, formal male landownership and stockbreeding activities.

Shuar conform to a type of two-line or Dravidian terminology system. In this system, same sex siblings in the parental generation are merged, i.e. mother's sisters are referred to by the same term as the mother (*nuku*) and father's brothers are referred to in the same way as the father (*apa*). Shuar people distinguish terminologically between what is defined as consanguine and affine relations. Marcia explained that she calls and treats her sisters' children as her own children, defining both her own children and her sisters' children as *uchí* (child). In contrast, she addressed her brothers' children she as *awe* (son-in-law or daughter-in-law). In the same way a man defines and treats his brothers' children as his own *uchí*, while his sisters' children are referred to as *awe*.

Marriage preferably takes place between bilateral cross-cousins (*wajér)*. It is not possible to marry parallel cousins as they are like siblings. Brothers and male parallel cousins are addressed using the same term, *yachi,* and sisters and female parallel cousins are addressed as *uma*.

During fieldwork, Marcia's brother paid a visit to the house one day together with his son Gustavo, expressing a wish to arrange a marriage between his son and Lucho and Marcia's oldest daughter, Patricia. The two adolescents had met at a party a month earlier and fallen in love. As Patricia too wanted to marry Gustavo, he had turned to his parents for approval. The father of a boy who desires to marry someone is, in general, the one who speaks to the potential bride's parents about the arrangement. Gustavo's father explained that the reason why fathers speak for their sons in these matters is because "young men have a lot of nerves and are not experienced negotiators – people do not take them seriously yet," meaning that they are

not yet adults. The parents of the two adolescents will approve of the marriage if their families have a good relationship with one another, and if their potential son-in-law and daughter-in-law are both considered to be hard workers and have a good conduct. Lucho and Marcia gave their approval for the couple to marry but since Patricia was only fourteen years old at the time, they advised the two adolescents to postpone marriage until Patricia had finished school.

Marriage between cross-cousins is still common in the remote *centros*, but, in more colonised regions, marriage does not necessarily take place according to such preferences. Consensual union or cohabitation is generally more common than formal marriage in a church. Both polygyny and marriage between cross-cousins have been condemned by the Salesian missionaries, who have tried to get rid of such practices (Perruchon 2003; Barrera and Trujillo 1997). Sororal polygyny has in particular been common because of the uxorilocal residence ideal. Furthermore, I was often told that quarrels between co-wives tend to diminish if the wives are sisters. In the past, wives lived in the same house, but today each wife has her own household. The wives may even live in different *centros*.

Even if many Shuar distinguish terminologically between consanguines and affines, the kinship system can be used in a flexible way and is often manipulated at will (see e.g. Harner 1972; Perruchon 2003). The classification of kin can be made with reference to perceived and/or desired degrees of relatedness or distance from the ego's point of view. Classificatory mothers, fathers and siblings may, for example, be identified and referred to by the use of the term *kaná* (e.g. *kaná nuku* for classificatory mother). 'True' mothers, fathers, siblings etc. are distinguished by the use of the term *nekás* (e.g. *nekás nuku* for true mother).

The terms *nekás* (true) and *kaná* (detached) may also be used to modify the degree of closeness in a relationship (cf. Harner 1972). An affine can, for example, be made into a 'true' kin depending on the distance in a relationship that a person wants to make use of in a certain situation, for example in discussions about kin obligations or involvement in disputes. This is a point that has been addressed by Overing Kaplan (1981) about Piaroa people, who also put a lot of effort in trying to manipulate the differences between kin and affine in endogamous marriages, resulting in vague distinctions between the two. At one point during fieldwork, Lucho was invited to take part in two different events on the same day, i.e. the *minga* (collective work party) of his parallel cousin (*yachi*) and the canoe building activities of his brother-in-law (*sai*). As Lucho and his parallel cousin were not particularly close or friendly with one another, Lucho preferred canoe building with his brother-in-law, who was living in his parents' *centro*, rather than going to his '*kaná yachi',*

who was living in a *centro* far away. To justify his choice of activities publically, Lucho emphasised the term *kaná* in his relationship with his parallel cousin, indicating that they were not close relatives. His *sai* (brother-in-law) was instead addressed as his *nekás sai.* Despite the fact that parallel cousins are considered to be kin and, therefore, a closer relative than a brother-in-law, the affine was, in this situation, made into a 'true' relative. Kin classifications and family relations are therefore fluid, flexible and in constant negotiation. To avoid disputes, Shuar must be skilled in manipulating and influencing social relations.

In the older ethnographic literature on Shuar people's ways of living, marriage has been described as a creation of alliances between young men and their fathers-in-law (*íich*).[65] Young men provided their fathers-in-law with labour and served them as warriors and, in return, were given support in feuding and warfare (Harner 1972: 96). Even if feuding and warfare ceased many years ago, the relationship between a young man and his father-in-law is still characterised by strong ties. The father-in-law gives the couple land to cultivate and requires brideservice support from the son-in-law in more or less all activities over a period of several years[66] - this to prove his love and care for his wife and her family. Gustavo has already started to assist his potential parents-in-law in daily work to prove that he is a good person and a hard worker with great potential to provide food for his wife and his parents-in-law. But, as soon as he marries Patricia, he has to fulfil both his own tasks as well as several of his father-in-law's. As Lucho points out, "The *awe* (son-in-law) has to give his wife and her parents everything until the first baby is born, at least, and then the obligations will gradually decrease. But they never really cease." If brideservice obligations are not fulfilled according to expectations, the marriage becomes endangered. Marriage arrangements among Shuar and Achuar peoples have been referred to as an "exchange of young men" (Mader and Gippelhauser 2000: 65). The exchange of sons forms a certain network of marriage alliances across generations. If Gustavo marries Patricia he will settle down in the same *centro* where his father was born and raised, living next door to his grandparents, i.e. Víctor and Jacinta.

In the Shuar *centros* I visited, marriage was often described as a productive relationship between the two spouses, involving cooperation between husband and wife based on a notion of complementarity. A good marriage is related to the couple's ability to produce and reproduce, and the spouses cooperate in order to achive this. As mentioned in chapter four, women are

[65] *Íich* refers to the father-in-law and *tsatsa* refers to the mother-in-law.
[66] The length of brideservice among Shuar tends to vary regionally.

engaged in tending the garden, fishing, cleaning, cooking, water fetching, beer preparation and caring for the domestic animals and the children, while men are involved in hunting, fishing, community politics, house and canoe building, cattle breeding and occasional wage labour outside the *centro*.

Subsistence production is not, however, purely aimed at satisfying the needs of the couple but is also directed towards their children and the wife's parents. The husband, for example, must provide his wife, children and parents-in-law with game from the forest and river, while his wife has to produce manioc beer for her husband, children and other kinsmen or visitors that are passing by. Elsewhere in Amazonia, anthropologists have suggested that women exchange sex for game (e.g. Siskind 1973). However, my experience is in accordance with what Gow (1991) has argued about Piro people in Peru - that women exchange manioc beer for game, based on complementarity and co-dependence in the division of labour between spouses. Game, even if it is scarce nowadays, is provided by the man but circulated by the woman, as she is responsible for dividing the meat and giving it to her kin. The woman, on the other hand, produces manioc beer which is mainly circulated by the man. The production, consumption and circulation of food and drink are, in this way, linked to the relationship of marriage (cf. Gow 1991).

According to Lucho and Marcia, the reason why they are married is because they work very well together; they are both as efficient as possible in their work, offering and sharing their skills, capacities, knowledge and products between them and to close kin. The answers I received from other Shuar people regarding what characterises a good Shuar marriage confirmed that only those who work well or successfully together, completing their respective tasks, who are hard workers and do not spend time on extramarital relations and flirtations are able to live a good life together. In order to live 'the good life' (*pénker pujustin*) there must be harmony and balance between husband and wife. One way of achieving this harmony or balance is to complete what is expected of you with regards to the gendered division of tasks.

Marital Problems and Solutions

Gender relations among Shuar and Achuar peoples have been depicted by some anthropologists as being male dominated (e.g. Kelekna 1994; Seymour-Smith 1991; Harner 1972; Descola 1994, 1996). Others have described gender relations among these peoples in more egalitarian terms, demonstrating how the female role is, in fact, highly respected and important

(e.g. Bianchi 1993; Dávila 2006; Karsten 1935; Mader 1997, 1999; Perruchon 1997, 2003). There are numerous reasons behind these contradictory opinions, such as how the different authors approach the study of gender, how they conceptualise and apply Western terms such as work, and what sphere or discourse they focus on in everyday life. When I first arrived in Macas in 2006 I was told by mestizos that the Shuar way of living is completely dominated by men – far more *machista* than their own society. Shuar women were portrayed as slaves to their husbands who, it was also said, abused them physically all the time. I was told that Shuar women were the ones who did all the work and had no say whatsoever, while men just sat around the house all day drinking manioc beer and discussing life and politics. When I applied for a formal research permit at the different Shuar federations and associations, I mainly had meetings and discussions with Shuar men. There were rarely any women participating. Later on, when I visited the Shuar *centros*, it was generally men that would greet and talk to me. In fact, during my whole stay in the field, men tended to dominate conversations and were far more eager to give me their point of view than Shuar women, who, if not directly approached, would be engaged in daily work or other activities. This is not, however, the same as saying that Shuar ways of living are male dominated. In fact, it has been pointed out that Western constructs of power and gender inequality tend to dominate our thinking and analyses of unfamiliar settings (e.g. Strathern 1980; Overing 1986). Overing argues that:

> [M]ost of our analytical discourse works against the obvious when it comes to structures of equality, and in use masks them and serves them up as 'in fact' being about inequality. And inequality is, of course, then believed to be the more predominant mode of existence (Overing 1986: 151-152).

In this sense, the position of women, irrespective of what they do or how they do it, is always analysed and interpreted in terms of subordination. To avoid this "catch 22" scenario that Overing argues is common in anthropological studies of Amazonian communities, Western paradigms of power and gender inequality must be critically analysed. As other anthropologists have pointed out (Mader 1997, 1999; Perruchon 1997, 2003), gender relations among Shuar people cannot be described as either egalitarian or patriarchal, but rather as symmetric or balanced in some contexts, such as in the field of economy and rituals, and asymmetric, i.e. male dominated, in fields such as politics (see chapter three) and shamanism (female shamans are very rare). I will not deny the existence of a clear formal discourse, or sphere, of male domination in many social settings among Shuar people, in particular with regards to politics, which tend to limit women's influence. However, in

informal contexts, i.e. the interaction between close family members such as husband and wife, the relationship of domination and subordination is constantly negotiated (cf. Perruchon 2003).

Despite that the moral discourse about the good life encourages and strives for a peaceful and harmonious way of living, the existence of tensions, quarrels and conflicts are still common features of everyday life. As I mentioned in the introductory chapter, love and anger are, in fact, two sides of the same system (cf. Alès 2000 on Yanomamo). However, as Perruchon (2003) also points out, among many Shuar people we find both a social and an antisocial type of anger. Even if both types of anger are recognised by Shuar as working against their health and well-being, social anger still occurs within a moral framework or a sense of justice and is canalised into what is considered acceptable and necessary actions of blood revenge. The antisocial state of anger, on the other hand, is the uncontrolled rage, which, in particular, occurs under the influence of alcohol. Physical violence and quarrels may take place between men at drinking parties, but may also be directed towards women and children. Women with violent husbands depend on the protection of their fathers, who may interfere in cases of domestic violence. As has been pointed out in other studies concerning the delicacy of conviviality among Amazonian peoples (see e.g. Rosengren 2000 on Matsigenka; Belaunde 2000 on Airopai), the display of the antisocial state of anger among Shuar is, in the same sense, a serious offence to community well-being. Anger must, in other words, be controlled to prevent it from threatening the peace and harmony of the community as well as the conjugal relation. Without denying the presence of both physical and sexual violence against Shuar women, I shall here try to provide a richer analysis of the gender dynamics within marital relations – not merely pointing out male dominance, but also addressing gender-interdependence and female autonomy and power.

There are, of course, a wide range of issues a Shuar couple may disagree about. In discussions with the community members of Kuwín, the mutual demand for work and food between husband and wife was often mentioned as an example that may lead to disagreements between spouses when such services are not fulfilled according to expectations. The neglect of taboos and restrictions during pregnancy and early childhood years may also result in serious arguments between husband and wife, as such actions may result in the death of the child. An example of such a situation was mentioned in chapter four whenas Wilma (Lucho and Marcia's third child) caught *tapikiú* as a result of careless actions on Lucho's part. Another condition, which was often mentioned to be the cause of disagreements and conflicts within a

family, was polygynous marriage. Marcia's father, Víctor, for example, has two wives, Jacinta and Blanca, who have been quarrelling ever since he got married to Blanca. This is Marcia's experience and opinion with regards to polygyny:

> My father met his second wife in the *centro* of Kuwín. He built separate houses for my mum and Blanca but, despite this, they have been quarreling constantly - competing and accusing each other of different things. My father is, unfortunately, very violent when he drinks, but no punching or beating could stop them. According to my mum, Blanca won't accept the lower status she has as the second wife. She even accused my mother of sorcery when her son got bitten by a snake and died. Growing up under such circumstances was horrible and, personally, I would do everything to stop Lucho from marrying a second wife. Having several wives affects life in a negative way for everyone as we would all have to live on what Lucho earns. How can that possibly be *pénker pujustin*? I have told Lucho that if he marries another woman I will take his younger brother, Daniel, as my lover (laughing) [Daniel was living together with Lucho and Marcia at the time].

Polygyny is not particularly common today as many Shuar find it difficult to manage such marriage arrangements in the context of the market economy. According to Lucho, only rich and powerful Shuar men and shamans can afford to have several wives today. Indeed, many Shuar blame the instability of marriage and the tendency for young Shuar to get married and divorced several times (see e.g. Rubenstein 1993) on the fact that they are no longer able to have several wives at the same time.

While Shuar women seemed to accept polygyny in the past (see Karsten 1935), women nowadays are not too keen on the idea of having to share their husband with other women. Still, if a man decides to take a second wife, the first wife is said to have no choice but to accept this. However, what we learn from Marcia is that, while a wife may formally have to accept the decision of her husband to marry one more woman, he will, by no means, easily get away with such arrangements that will affect the whole family. Marcia even threatens to make use of her sexuality as a response to the practice of polygyny. The agency of the first wife in such cases is further acknowledged by Harner (1972), who reports cases of physical violence between the first and second wife among Shuar, while Brown (1985) demonstrates that, among Aguaruna people, the first wife may attempt or threaten to commit suicide if her husband takes an additional wife.

My personal impression of what constitutes the biggest concern for many Shuar couples is marital fidelity. Carlos (Lucho's father) explained to me at one point that, among Shuar people, adultery is a serious moral violation that

threatens the alliances formed through marriages. Divorce may endanger the peace and harmony between families and communities, which in turn threatens the whole socio-political stability. Both spouses may be engaged in extra marital affairs and sanctions are generally imposed by the one who has been betrayed, whether husband or wife. Punishments from the husband's part tend, however, to be more brutal and may even entail the killing of both the wife and her lover. Male violence and jealousy was, in fact, pointed out in the *centro* of Kuwín as a general problem for many Shuar families. Personally I only noticed very few cases of marital violence, mainly because I spent most of my time in a household where the man (Lucho) was not an abusive father or husband. I was also told that men in the *centro* of Kuwín probably avoided maltreating their wife during the time I was living there, as a man should never lose control or express anger in front of a visitor. Furthermore, Shuar people are aware of the laws against domestic violence and the fact that people like me tend to be averse to such brutality. However, domestic quarrels stemming from jealousy and accusations of infidelity were common in Kuwín and did, in fact, come from both spouses. Lucho shared the following story:

> The problem Marcia and I have is completely my fault. A few years ago, I made a serious mistake and got caught. Instead of telling my wife that I was going to a party in Ambato, I told her that I was going to work, which was only partly true. My wife was upset when I came back home without any money, but she was even more upset when she happened to see some photos from the party where I was standing with a few women, who were colleagues and friends. But, you see, to have female friends is not permitted among us Shuar. Rightfully, she got very angry. First, she accused me of having an affair with one of the women, which I didn't. Then she said that the actual lies had killed our marriage. After that incident, she has changed a lot and our marriage has been very unstable. She has told me that I am free to leave if I want to, but I don't.

What Lucho describes in this account reflects what many other Shuar men also expressed as being problematic nowadays, i.e. to manage married life and kin expectations while at the same time being engaged in occasional wage labour outside the *centro.* As hunting is scarce nowadays, even in remote areas like Tiwintza, wage labour has become important for men to provide their wives with money and goods. However, when a man is away from his wife and children, he is not able to complete his tasks with regularity, supporting them with, for example, game, money and other necessities. This issue was also addressed by the shaman whom I stayed with. According to him, a woman may start looking for another man if she feels uncertain whether her husband is coming back or not, or if he comes back empty-handed, which is not uncommon. He said, "One way to keep your wife

from committing adultery is to sing magical love songs (*ánent*) for her while being away."

This leads us to how Shuar people use rituals and songs to express, influence, and manipulate love, passion, emotions, and desire. Shuar people use different forms of magic in order to influence the emotions or behaviour of others (people, animals, plants and spirits). Magical love songs are one of various kinds of love charms that may be used by both men and women. By attracting spirits and drawing upon their power, Shuar individuals use the songs in order to maintain a good relationship with their spouse, to prevent extramarital relations, and to strengthen the bond between them (cf. Brown 1985 on Aguaruna).

Another kind of love charm Shuar people may use is *músap* or *tsemayuca,* which often involves the use of a shaman, but can also sometimes be applied by men and women at home. *Músap* or *tsemayuca* involves the use of different plants and insects, the mix of which often has a strong smell of perfume. The person that wishes to attract another person (or animal) may rub these plants against the body or in the face (or on an object) to make the targeted person come into contact with the magical mix. The shaman may also blow the mix on the target person, who, in this situation, is not physically present. The targeted person will then fall madly in love with the one who initiated the magic.

The shaman may also send *tsensak* (magical darts) through the body and soul of the targeted person. There are various types of *tsensak* related to love charms that the shaman can use, depending on the effect one desires to see in the victim. The shaman I spent time with mentioned *músap tsensak* and *tsemáik tsensak.* The person affected by the magical darts (or plants) may fall ill, get depressed or sad, cry a lot, and may constantly think of the person who is responsible for the magic.

Love charms are not only used to strengthen relationships between spouses and resolve marital problems, but may also be used to seduce married people and destroy marriages. Love charms are particularly strong if the person who is using them has *arútam* power or is a shaman. Marcia has experienced such a problem; a man in a neighbouring *centro* used love charms to steal her from Lucho. Lucho recounts the story:

> It all started a few years ago when Marcia went to town one day to buy some medicine for our youngest daughter. I stayed at home and kept an eye on the children. When Marcia came back she was not feeling very well, she had a bad headache. She didn't tell me then that she had met a man on her way to town who had been staring at her and harassing her by following her around. She said she didn't think too much of it at first. Several days later, when the man appeared in her dreams, she understood that he had done her harm. She told me about him and I knew who he was - he is a bad person.

> Over the course of the next few days Marcia got worse with headaches, depression and lacked an appetite. She didn't even get out of bed. She said she was constantly thinking about this man and that she couldn't get him out of her head. I understood that he had used some kind of love charm on her. As I know a great deal about traditional Shuar medicine, I did four consecutive cleansing rituals on her myself, as you are supposed to, and after that she was well again. If she gets more severely attacked in the future, I have to take her to the *uwishín* [shaman] though. Most people in our *centro* expect me to get back at the man who did my wife harm, but I am a bit odd in the sense that I do not practice vengeance.

The use of love charms is dangerous as it not only destroys a marriage, but also threatens the stability of the alliances that have been formed. Men and women affected by love charms are said to not think straight, but the effects of many love charms eventually wear off. This is not the case, however, when *tsensak* is used, which is a more complicated and severe intervention that Lucho fears will happen to Marcia in the future.

The fact that some men may try to control women by the use or threat of violence can be interpreted as a sign of male dominance, even in informal contexts. However, even if violence may be considered a very forceful action, it does not mean that Shuar women remain passive under the control and domination of men. Even if Shuar women rarely beat their husbands, their anger is expressed in a variety of other ways. Women's anger is often expressed verbally and, in general, women's harsh words are more feared than men's. On occasions when Lucho came home empty-handed from hunting, fishing, or wage labour, Marcia could also express her disappointment by either sealing her lips completely or by uttering deep sighs loudly in the kitchen. Furthermore, in cases of spousal disagreement, women tend to make use of what they master and dominate, i.e. subsistence production. This is how Marcia describes her actions in a rather severe dispute she had with Lucho where he was considered responsible for provoking her anger.

> First of all I made clear to him in words that, from now on, the business was pretty much as closed as it could possibly get on all levels. The manioc beer was then immediately withdrawn and he had to go to town to buy food at the market because it was no longer served for him in the house. He had to wash his own clothes which made him the big joke of our *centro*. He had to sleep outside the house on the ground for several weeks, and I even told him that he was free to leave if he was not happy. After a few days he brought me fish and asked me to cook for him and make him manioc beer but I refused. I told him to do it himself.

Here, Marcia gives us an example of how she uses her control of food production and her sexuality to express her anger and to counterbalance male power. The fact that Lucho was the one who was considered responsible for the disagreement gave Marcia an advantage in the situation. She could tell him to leave and she would be the one who stayed in the *centro*, keeping the house, children, domestic animals and garden. In this way, women were often able to counterbalance male power, i.e. in particular through the production and distribution of food and drink, but also through the control of their sexuality and by making it clear that the husband is the one to blame for the disagreement. The strategies Shuar women use in times of domestic quarrels are interpreted by Shuar men as very serious acts because of the high value Shuar people assign to the production of manioc beer and other garden products. Manioc beer is not merely an important staple consumed on a daily basis for both its calories and nutrition, but the consumption of this beverage also plays an important political role for men by creating new relationships based on the notion of sharing (cf. Rivière 1987). For a man not to have access to his wife's sexuality, and to involuntarily abstain from having sex during longer periods of time, was also not appreciated by the men that I spoke with, and thus constituted a severe punishment from the woman's part. However, women's refusal to serve manioc beer was still considered the most severe punishment, as such an action would make the husband not just go hungry, but also officially condemned as weak, unable to solve marital problems, and thus, unable to share the consumption of manioc beer with other family members and friends. Lucho, who according to himself is a very bad hunter, had to do quite a lot of fishing for Marcia and provide her with other services and necessities before they were on speaking terms again. She would then start serving him manioc beer again. As Perruchon (2003: 281) argues, "singular gender relations are often asymmetrical, and always depend on the context. Men and women, as well as people of the same sex, never possess exactly the same level of influence in a given context, but the relation is dominated by either the woman or the man."

I often heard that Shuar women nowadays make use of, and refer to, the Western discourse on women's rights when their husbands are threatening them or being abusive. In fact, many Shuar men blame women's rights for destroying their ability to live peacefully together with their wife. One man said, "As soon as we argue my wife says that she has rights and that she will make use of them by calling the police or other authorities. Women's rights have destroyed our ability to live in harmony." This clearly demonstrates the tensions that may arise between genders in local settings as a result of external influences and the use of a Western discourse. Consequently, the outcome of a disagreement between husband and wife depends on several factors, such as who is considered responsible for the disagreement, the

consequences or punishment imposed on the other party, and what discourse and argumentation may be used. However, the outcome of a quarrel may also depend on the position and power of the individuals involved and their ability to negotiate and solve conflicts.

Power among Shuar people is an individual quality, essential for both men and women, based on their connectedness with the larger cosmos. Both genders gain prestige and influence in the community and social network if they have, for example, a well-weeded garden, or make tasty manioc beer, are able to settle conflicts and make alliances, are charismatic speakers, hard working, good at hunting, and so forth. While successful work and domestic harmony form an important part of the *pénker pujustin* ideal and the moral discourse about the good life (Descola 1986), conflict management is crucial for achieving such a norm. The power you acquire through having encountered *arútam* is therefore important in daily life. As Mader (1994: 2) puts it, "only those people who can stand their ground in a conflict, lead a good life." This includes not only the ability to engage in, and carry out, conflicts openly but also to be able to manage, negotiate and settle such situations peacefully.

Arútam power, or strength (*kakaram*), and conflict management has been highlighted in the ethnographic literature as being particularly important to men, who, because of their engagement in politics, feuding, hunting, warfare and shamanism, strive for, and need, an influential position within the social network (see e.g. Harner 1972; Taylor 1993). Women's power has been connected to subsistence production and her role as provider of food (Nunkui spirit), which Marcia gave us an example of above in the situation where she refused to serve manioc beer to Lucho. Women's need for *arútam* power has thus been toned down, or neglected, in the ethnographic literature, which deals more with Shuar warfare, head-hunting, shamanism and politics rather than gender dynamics and human reproduction. However, most of my Shuar friends asserted that the *arútam* encounter and being *kakaram* is just as essential for women as it is for men. Conflict management and negotiation do, in fact, play a key role in women's ability to solve marital problems. According to the women in Kuwín, they do this by seeking force in visions and dreams, which are particularly important to women who are dealing with jealous, cheating, or violent husbands. The use of *ánent* and *músap* or *tsemayuca* is particularly important in such cases, and the effects of such charms depend on the attainment of *arútam* of the person who is using them. Furthermore, women with *kakaram* do not hesitate to speak their mind and intervene in men's conversations while they serve them manioc beer, or are eavesdropping from the kitchen. Women with *kakaram* do have a very strong and powerful personality. Marcia explained, for example, that she had spent

several years without *arútam,* but then she felt she couldn't master life anymore and as a result she started to seek *arútam* again more actively. When I asked if there was a specific reason for this she said, "First it was the problems we had within our marriage, and then I was attacked by witchcraft [love charms] – I needed strength in order to cope and restore our marriage." Thus, the strategies used for solving marital problems are aimed at returning to the previous peaceful, safe, quiet and balanced way of living, i.e. restoring the status quo.

My impression is that Shuar couples do not desire dramatic changes in their marriage or to develop and progress within the conjugal relation. Rather, change is conceived as a bad thing - creating chaos, instability and insecurity. Separation is the last solution if problems within a marriage cannot be solved, i.e. if they cannot restore conviviality. Even if divorce seemed to be rare in the *centro* of Kuwín, young couples in the Upano Valley were said to often separate temporarily for a few months while others separated for good. If someone leaves the marriage for a new lover, he or she will also leave the *centro*, house and garden. The children of the divorced couple most commonly stay with the mother, but the father or the grandparents may also take care of the children depending on the situation. To have children from a previous marriage is not a hindrance for remarrying someone else, but Shuar friends confirmed that to have children from a previous marriage may sometimes be problematic, resulting in marital problems with the new spouse.

Cultural Values of Reproduction

A married Shuar man and woman are first considered to be adults when they have their own children to love, care and produce food for. Spouses engage in the love and care of their children by creating them and making them grow. The relationship between husband and wife is, in this sense, both productive and reproductive. As discussed in chapter four, Shuar notions of fertility and parenthood are based on long-term sexual and social companionship. The engagement of both parents in fertility practices and in the growth, love and care for the children is fundamental for a successful marriage. In this way, reproduction is not merely the woman's domain, which it is often represented as being in demographic theories, population policies and family planning programmes. Among the Shuar couples I had the privilege to get to know, fertility and reproductive practices are shared and are supposed to be managed together by both the man and the woman.

As Shuar people tend to get married in their adolescence, they also become parents at a young age. Marcia was 15 and Lucho was 17 when Patricia, their first child, was born. In general, the first baby arrives within the first two years of marriage, but children may also be born before marriage has actually taken place. This is not considered a problem as long as the premarital sexual relations take place with the person you are supposed to marry. Shuar friends in Kuwín confirmed that the majority of monogamous couples that have passed their reproductive age have between six and ten living children, who generally have been born at intervals of two years. Most children in a family tend to be born before the parents are in their mid-thirties. These tendencies derive from a set of cultural norms and values related to reproduction. Shared reproductive norms define the appropriate reproductive behaviour in local contexts and support certain levels of fertility (Hollerbach 1980).

Shuar place high value upon fertility and the reproductive ideal is to have large families with many children. Marcia told me the following, concerning that ideal: "When I was young I wanted to have many children, seven or eight, as you were supposed to. That was just the way my life was going to be. I didn't even question it." Marcia did not question the large number of children when she was young because she based her reproductive ideas on the internalised high fertility norm. This norm derives from values regarding what constitutes 'the good life' (*pénker pujustin*) and how to achieve this way of living. Víctor (Marcia's father) once explained that to have many children is desirable because it creates a family or a social environment where you are able to "live well together." As we shall see in this section, to have many children is essential in order to achieve and maintain conviviality and the *pénker pujustin* ideal.

High Fertility - An Intrinsic Part of Shuar Conviviality

The Shuar people's social environment can be relatively unsafe, uncertain and insecure, characterised by constant potential feuds, conflicts, witchcraft, and blood revenge. In this environment, children represent the means by which security and peace can be created and maintained, i.e. through the creation of alliances between families based on the arrangement of marriages. The more children you have, the more alliances can be created. Having many children was thus often mentioned, in particular by men, as a sense of security - alliances must be formed to secure the protection of the family. Creating and maintaining good social relations is central to Shuar conviviality and their perceptions about how to live well and peacefully

together. Even if many Shuar asserted that having many children nowadays is not as important for socio-political reasons as it used to be, I could still detect a clear sense of pride in having family members (descendents) in many different *centros*, who were not only the topic of daily conversations and gossip, but whom were also expected to support members of the family and to take their side when conflicts arise.

Another reason for having many children mentioned particularly by Shuar women is the labour they provide their parents with. Shuar parents often stated that they needed a hand from their children in daily work. Shuar children start accompanying their parents in daily work from the age of four or five, helping them with different tasks. Sharing work, time, knowledge, skills and food with your children is not just one of your responsibilities as a parent, but also an essential aspect of conviviality. Children create social interaction between parents and close kin through their engagement in the growth and development of children in various ways. Children are thus in the centre of the wide web of social relations, tying together social interaction and social relationships.

Male and female roles within the economic sphere are considered complementary. This is also the reason why most Shuar people do not have a specific sex preference for their babies. Both boys and girls are needed to fulfil the tasks of men and women. Some ethnographers argue that daughters are considered more important than sons because of their production of food (Rubenstein 1993) and attraction of sons-in-law, while others state that Shuar have a clear preference for boys (Barrera and Trujillo 1997). My experience is that the sex preference of Shuar babies is personal and tends to vary depending on the person. One cannot say that Shuar prefer girls or boys; in fact, as many anthropologists have pointed out (Harner 1972; Karsten 1935; Perruchon 2003), they welcome every child regardless of sex. I noted that fathers often declared that they wanted sons while mothers said they desired to have daughters. Even if Lucho and Marcia were very satisfied with their three girls and did not desire to have more children, Lucho often said that he wanted one of their children to be a boy. This, he argued, was because his role as a parent would have been different. He wanted to have a son so that he could share everything he knows with him. He wanted to have a son who could accompany him in daily work. “To not have a son makes me feel lonely,” he said at one point. In another situation he explained, “When I need to leave our house to see my parents, for example, my son would have been the one responsible at home. Now I have to leave women all alone.” Here, there is a clear link between children and the parents’ desire for companionship and the sharing of time, work, knowledge, skills,

responsibilities and food (cf. Alés 2000 on Yanomami). Such notions of companionship and sharing, and the practices related to those, form the basis of Shuar conviviality. In cases when, for example, a family only had same-sex children (e.g. six or seven boys but no girls or vice versa) I heard that fathers would sometimes become engaged in activities that would influence the sex of the foetus while his wife was pregnant or even before conception had taken place. This was done by changing belts with a man with the reverse problem (i.e. a man who had many sons but desired a daughter changed belts with a man who had many daughters but desired a son).[67] Having a balance of both sons and daughters is thus clearly important and preferred to having just sons or just daughters.

Infertility – The Other Side of the Coin

As we can see above, the Shuar I interviewed tended to answer the question about why it is important to have many children by referring to factual, instrumental and institutional reasons, such as the creation of political alliances and/or the workforce children provide their parents with. An analysis of these answers provides us with the link between fertility and conviviality. Children are of importance because they embrace the social relationships between parents and the extended relationships that involve their kin groups. But why then is it important to have so many? Why is it important to have eight or ten children instead of just three or four? This was not revealed until I started to ask questions about infertility and how having only a few children was interpreted in the community and by kinsmen. While having many children is an essential part of "the good life," infertility represents the other side of the coin, i.e. a chaotic, instable, insecure, unhealthy and unhappy situation. In fact, it was only when I asked questions about infertility that the link between the capacity to produce life and power was revealed, drawing, once again, on a connectedness with the larger cosmos.

Shuar do not consider infertility to be a biological issue but rather a social one (which may appear in the form of 'natural illnesses,' such as infections, if not resolved). If a recently married couple is struggling with problems conceiving, they will not go to the health centre with their issues, but go instead to the shaman. Even if marriages without offspring are rare, they will most probably end within a few years if the infertility problem has not been

[67] The magical influence of the belts is recognised among both Shuar and the indigenous peoples of the Ecuadorean Andes, but exactly how it works could not be explained by the Shuar I socialised with.

resolved. Both men and women may suffer from the lack of ability to procreate. The woman may be considered 'dry' (*káa*), i.e. lacking uterine water. According to a Salesian priest, the couple will, in such cases, turn to the spirit Ayumpum, who, among other things, is the one that creates life. Ayumpum possesses the waters of birth, *uchímiatai entsa* (uterine water), and the waters of growth, *uúntmatai entsa* (e.g. breast milk) (Pellizaro and Náwech 2005). According to the Salesian priest, Ayumpum provides women with fertility during the *tsantsa* ceremony. Taylor (1993) also suggests that women are impregnated as a result of the *tsantsa* ceremony (see chapter four). However, among the Shuar families in Kuwín, fertility, menstruation, and conception are considered to be influenced by the moon, Nantu. A woman may be 'dry' and infertile but this was explained to me as either being the result of women's conscious intake of herbs, such as *piripri* (*Cyperus* sp.), or the result of a shaman who has sent *tsensak* (magical darts) into the woman's womb in order to close it.[68]

Men may also be the ones not able to procreate, mainly taking the form of impotency. These men are considered to lack strength or force from spirits or *arútam* which results in 'dead penises.' To increase their virility men seek visions, but they can also make a remedy from the bones of the *kushi´s*[69] penis, which they mix with an egg and drink. This remedy was explained as having a similar effect to Viagra.

In general, an idea persists among Shuar people that healthy people with strong and healthy bodies and good social relations do not have a problem procreating. In fact, infertility is most commonly interpreted as a sign of marital problems, caused either by the husband or the wife or by someone in the social surroundings that wants to harm the couple by destroying their marriage. Fertility problems are most commonly related to sorcery. Infertility afflictions are, in particular, directed towards women. According to my Shuar friends, infertility is often the result of male jealousy. A man who is secretly in love with a married woman may, through the use of a shaman, attack her fertility in order to destroy her marriage, or he may try to make her fall madly in love with him instead of her husband. This can be done in several different ways. Men in particular may use different kinds of love charms, such as *músap* and *ánent,* in order to seduce a married woman, but may also pay a shaman to send a *tsensak* through her uterus. Women may also use love charms to attract the opposite sex, but both men and women told me that it is

[68] This type of *tsensak* was defined as "*tsensak de llave,*" drawing on the Spanish word 'llave,' meaning key. This type of *tsensak* is used to close the uterus. The removal of the *tsensak* opens the uterus again.

[69] A fox-like animal also defined as *Cuchucho* in local Spanish.

more common that men use them. I was told that the fact that women are more vulnerable and exposed to the effects of love charms, provided by both powerful men and shamans, may result in that the husband becomes controlling in the marital relation, particularly since love charms destroy both marriage and fertility, and makes the man appear weak.

The reproductive capacity of the individual depends on good, peaceful, harmonious, and continuous social relationships with other people and the larger cosmos. To have children with regularity is considered a sign of stability and harmony between husband and wife and their social network. The connectedness with the spirit world and having acquired *arútam* power are important for both men and women, providing them with protection from sorcery, making them able to manage conflicts in a better way, and helping them to make strong and healthy babies. Rather than just threatening the political alliances that have been created through marriage, including the possibility to create future alliances through the marriage of their children, infertility or having few children at irregular intervals, signifies a rupture of the constant and ongoing social relationships between human beings and between human beings and the spirit world. As Carlos (Lucho's father) told me, "Only a happy, healthy, and strong family will benefit from having many children." To have many children guarantees that the community is in balance. High fertility is thus an intrinsic part of Shuar conviviality and the *pénker pujustin* ideal about what constitutes 'the good life.' However, to have many children does not necessarily imply *pénker pujustin*. Marcia's father, Víctor, has eighteen children with two wives who have been quarrelling ever since he married his second wife. Indeed, many children may actually be produced in families whose lives are characterised by conflicts, as it is not necessarily the fertility of the parents that would be attacked under such circumstances. However, having no, or very few, children always indicates the opposite side of the *pénker pujustin* ideal, i.e. loneliness, unhappiness, misfortune, illness and weakness.

Contraceptive Techniques and Well-Being

According to demographic thinking, Shuar people represent a small-scale, non-Western society with a 'natural fertility,' which implies that they are driven by biological urges and simply continue to bear offspring in an uncontrolled and irrational way throughout their reproductive years. As mentioned in chapter two, demographers claim that 'natural' fertility populations do not have an ideal family size in mind and do not use any

fertility regulations to deliberately achieve this goal (Henry 1961). However, many Shuar people in Tiwintza do have an ideal family size in mind, averaging, according to most of my interviewees, between four and seven children, numbers that will be discussed in further detail in the next section. Despite of the statistics that report women as having on average approximately 8.2 children (UNICEF 2006), different forms of contraceptives are, in fact, widely known and used by both men and women. In order to prevent unintended pregnancies, to space out births and thus control the number of children, Shuar men and women use various forms of contraceptive practices, both for temporal and permanent purposes.

Contraceptive techniques may be used temporarily when a couple wants to space out births in order to, for example, focus first on improving the health of a sick husband or wife. If a man or a woman is not well, or if there are other signs of disharmony in the relationship, the most responsible thing for a couple to do is to temporarily cease having more children until the problem has been resolved. Thus, many Shuar may desire large families but not so much that they risk other important issues. If parents are unhealthy and are not living the good life together it may affect the growth and health of the child, which could possibly result in the death of the child. Shuar couples may also use contraceptives permanently. These are mainly used when a couple has reached a certain age and/or when they already have as many children as they desire.

In Kuwín, men and women had different skills and responsibilities in contraceptive practices. Thus the knowledge and practical expertise with regards to contraceptive techniques are gendered (cf. Belaunde 1997 on Airopai). I shall divide the contraceptive techniques used by Shuar people into four major types, i.e. (i) restrained sexual activity, (ii) shamanic rituals, (iii) the use of plants, and (iiii) biomedicine.

The first contraceptive method, the practice of restrained sexual activity, has often been associated with post-partum abstinence among Amazonian peoples (Hern 1992). In the Amazonian region, the practice of polygyny has also proven to limit the number of offspring due to longer post-partum sexual abstinence, which results in longer intervals between births (e.g. Neel and Chagnon 1968; Chagnon 1977; Siskind 1973; Hern 1977). Polygyny was also recognised among the couples in Kuwín as reducing the number of children, but this occurred mainly among the secondary wives. In general, the first wife has the most children. However, among Shuar, just as among the Airopai (Belaunde 1997, 2001), the practice of restrained sexual activity occurs not only after childbirth, but also in relation to the intake of psychoactive substances when seeking power and knowledge from spirits and

arútam. In this sense, sexual abstinence is not merely a contraceptive method but is also related to other practices where self-control is necessary, such as shamanism, hunting and vision seeking.

Many Shuar men know that their wife is most likely to conceive "half way between periods" and may therefore abstain from having sex during this time, or practice the 'withdrawal' method if they want to space out births. As Lucho explained to me, "I calculate and keep track of the days between menstruations – the doctor at the health centre has taught me – it has worked very well for 15 years." In the relationship between Lucho and Marcia, Lucho is the one responsible for keeping a record of when conception is most likely to take place. Even if most Shuar men do not use this kind of contraceptive technique for longer periods of time, they do tend to keep very good track of their wife's menstrual cycle and when she is most likely to conceive. Many do this by referring to the cycle of the moon. As Carlos father told me, "When the moon is full, the man knows that he has to be ready for his wife."

The second contraceptive technique concerns the practice of shamanism, which is mainly preformed by men. In the different *centros* of Tiwintza, people sometimes referred to the shaman for contraceptive practices, but told me that they rarely use this kind of technique anymore as many shamans are not to be trusted. Through rituals, chants, and the intake of *natém* (*Banisteriopsis* sp), shamans are able to produce a temporary state of female infertility. The shaman I spent time with explained that he is able to blow *tsensak* (magical darts) into a woman's womb, which makes her unable to conceive. The woman's fertility is re-established only when the magical darts are removed.

The third contraceptive technique is related to herbal plants and abortifaciants. The knowledge and production of herbal contraceptives are mainly dominated by women who may cultivate such plants outside their house. Shuar women use many plants for contraceptive purposes, which they mix with other substances. The most important plants are related to *pirípri* (*Cyperus* sp), which are used for contraceptive purposes in other parts of Amazonia as well (see e.g. Belaunde 1997; Berlin 1995; Cipolletti 1988; King 1981). By mixing *pirípri* with water that is drunk everyday while menstruating, women in Kuwín explained that they are able to interrupt the menstrual cycle, make the womb 'dry' and in this way create a permanent or temporary state of infertility.

Induced abortions seemed to be most common among young unmarried women, indicating that single motherhood is not an ideal way of living. However, some married women also confirmed that they had engaged in such

activities in order to prevent an unintended pregnancy. Married women or couples tended to induce abortions when they had already achieved the reproductive ideal. In similar way, discussions on the use of contraceptives also tended to increase after ideal family size was reached. A woman told me:

> I was 38 years old when my husband and I decided to not have any more children. We had nine children at that point and we did not desire to have more. Then I became pregnant again and we did everything we could to remove the foetus - but there you see him [pointing at a toddler running around outside the house]. We mainly tried the traditional herbs and plants, like *maikiúa* [*Brugmansia*] and the leaves and pip of the avocado. As you see - it didn't work [laughing]. Many women therefore turn to medicine [injections of contraceptives] in order to stop a pregnancy – it is more effective but can also be more costly. Now I go to the health centre every month to inject myself to prevent any further pregnancies. Women tell me that it is dangerous, but I think they are wrong. The only side effect I have notice so far is that I have put on weight.

The woman above is referring to what I have categorised as the fourth contraceptive technique, biomedicine. Biomedical or modern contraceptives are provided free of charge at the health centres and some hospitals, but can also be bought at the local pharmacies without prescription. Both men and women in Tiwintza were, in general, reluctant to use modern contraceptives, mainly because of side effects and rumours of cancer. According to the Shuar men and women I interviewed, the use of modern contraceptives makes women feel unwell, menstruate twice a month (spotting between periods), lose their desire for sex and gives them headaches. As men are responsible for the well-being of their wife, many men told me that one should not let women take any modern contraceptives at all. Many men also said that they are reluctant to let their wives use modern contraceptives as extramarital relations are more difficult to detect under such circumstances. One man said: "If you are doing family planning according to what the doctors say at the health centre and you let your wife take modern contraceptives for a longer period of time, you are making plans for another man to enter your family." You are, in other words, destroying your own marriage.

As we have seen, both genders are highly influential in the reproductive process and are engaged in reproductive activities, such as spacing out births through the means of using different kinds of fertility regulations. Men and women stated that both partners should be equally involved in the decision-making process concerning whether or not to use contraceptives. However, as Belaunde (1997: 140) remarks for Airopai people, "contraceptive methods provide men and women with powerful means of expressing disagreements

and negotiating the power balance within the couple." Among the Shuar couples in Kuwín, the main concern seemed to be whether or not contraceptive techniques were used with the full consent of both partners. A couple that had agreed to use such practices, i.e. concerning mainly the culturally defined forms of contraceptives and not biomedicine, justified their decision mainly by referring to the woman's or man's health issues – allowing such practices temporarily until the sick person had recovered. On the other hand, if one of the spouses used contraceptive techniques in secrecy, I was told that the other part would interpret it as a harmful action if he or she found out. Therefore, to deliberately limit your fertility without involving your partner is a serious crime that provokes anger and possibly also violence and separation. Most commonly it is men who accuse their wives of secretly using contraception. I was told that if a husband catches his wife using herbal or biomedical contraceptives in secrecy he will as assume that she is having an extramarital affair. If she is caught having used abortifacients, he will interpret it to mean that the baby was not his. This clearly reveals Shuar ideas regarding men's involvement and position in the reproductive process, and, indeed, their desire to control it. Men cannot control their own fertility without controlling their wife's sexuality. Reproduction must therefore be shared between a man and a woman.

Despite risking maltreatment and/or separation, a few women revealed that they had used contraceptives against their husband's will and knowledge. One such case that upset members in one of the communities in Tiwintza concerned a teenage girl who had a baby when she was fourteen years old. She married the father because of the pregnancy but I was told that they did not have a good relationship. The man, who was about fifteen years older than the girl, physically abused her. Because of the pregnancy the girl was also, against her wishes, thrown out of the local catholic school where she was studying. With help from her mother the young girl had tried to abort the foetus on several occasions by injecting herself with all kinds of biomedical contraceptives that she had bought over the counter in the local pharmacy – this without her husband's knowledge. The pregnancy was however completed, but the baby was born tiny, sickly and with disabilities. The baby died within two months after she had given birth. The husband found out about the secret activities, and accused his wife and her mother of causing the baby harm and for killing it by taking biomedicine. He also accused them of trying to make him the father of another man's baby, indicating that the girl was the one who had bad conduct. The couple separated after the baby died but, as they both resided in the same *centro*, the quarrels continued between the spouses' families concerning the responsibility of the well-being of the young mother, and the infant who died.

What the story tells us is that, far from being a straightforward outcome of an individual's or a couple's decision, fertility related activities such as spacing out births, stopping childbearing, or using contraception, must be understood in a broader social context that includes not only the parents, but also their kin and social networks. To what extent do men and women and their social networks have similar preferences regarding family size and contraceptive use? What pressure do they exert upon each other to follow the reproductive norms? What are the social implications of a reduced family size from a Shuar perspective?

Contesting Ideal Family Size

Early research in demography and population studies assumed that the desires of reproductive-age women with regards to family size correlated with those of their male partners. In the late 1970s and early 1980s, feminist scholars acknowledged that reproduction is a contested area, in particular between men and women, who may not share the same opinion regarding family size and composition, contraceptive use, and abortion (Petchesky 1984). In the *centros* of Tiwintza, I found that reproductive-age couples often disagreed about the number of children they wanted. Both men and women confirmed that men in general want to have more children than their female partners. By asking questions such as "How many children do you have" and comparing the answers those given in response to the question "How many children do/did you desire," reproductive-age women revealed that the ideal number of children for them was no more than four or five, but most of them had already reached or passed that number. On the other hand, elderly women, i.e. women who were passed their reproductive years, did not seem to recognise a difference in the number of children that they wanted and the number of children that they actually had, referring to the same number of children in both questions and adding phrases such as one woman did, saying, "I desired and loved all the children I had." At first, I interpreted this as a possible language problem as the two questions seemed to confuse elderly women. It was difficult to explain that I was not questioning their love and care for their children but rather I wanted to know whether they had ever questioned the high number of children themselves.

One day I was sitting together with a group of approximately seven or eight women in Kuwín, and I took the opportunity to discuss the different answers I had received from the various women across generations and *centros* in Tiwintza. The women of the group were convinced that, rather than being a sign of language issues, the different answers were based on the

fact that the idea of being able to limit family size is a more recent influence from outside, which the older generation had not been exposed to. However, one woman of the group, in her sixties, suddenly said, "It has always been possible to limit the number of children through the intake of various plants. The problem is rather that young Shuar women are so lazy today - they only think of themselves and about having a good time – they don't strive for or act in accordance with *pénker pujustin*." Another woman in her fifties added, "Young women today do not want to take the responsibility and work involved in having a large family." In other words, to control fertility and to actively make decisions about reproductive activities and the number of children were not new issues to this group of Shuar women. Once again, we can see how Shuar fertility is not 'uncontrolled' in any sense, as demographers would argue while labeling them as having a 'natural fertility.' The statements made by the two women reveal a clear link between high fertility and conviviality. Creating a large family is to create a place or an environment where "you can live well together." This involves hard work, a great deal of responsibility, and peaceful, continuous social relations. While a few reproductive-age women of the group agreed with the two older women, other younger women defended themselves by saying that "Four or five children is still a lot of children and should be enough." One young mother of five children explained:

> Contemporary Shuar women get far less help and support from their husbands as they are often away working outside the *centro*. They do not get much help from their children either because of school, dance, sports, and other activities. Shuar women have to do everything themselves nowadays; produce all the food, take care of the house, children, and domestic animals, and so on. I would say that having a large family has become more of a burden for women in particular, as their husbands are away more often nowadays and for longer periods of time, leaving their wives behind with all the work and responsibilities.

The woman is referring to how women's roles have changed as a result of men's integration into the market economy. The *pénker pujustin* ideal is hard to achieve nowadays in several ways as everyday life has changed. Notions of shared parenthood and the engagement of both parents in the creation and growth of their children are difficult to achieve as men work away, leaving many women with the feeling of being a single parent. What we learn from the conversations between the women above is that the *pénker pujustin* ideal is not static in any sense, and its meaning differs between genders and generations as well as between individuals.

While a discrepancy between the generations of women was clearly expressed in regards to the number of children they desired and had, the same discrepancy between generations of men was not observed with the same clarity. Men, no matter their age, rarely articulated a difference between the number of children they had and how many they actually desired. Some men declared that the ideal number of children for them would be around seven, while a few others answered "as many as possible." In fact, answers related to the question "Who makes the decision about family size in your current relationship" tended to vary between "both husband and wife together" or, more often, "the husband alone," indicating that quite a few women accede to their husband's wishes and have larger families than they themselves desire.

Many men were described as quite obsessive with regards to their wives' sexuality. The Shuar whom I interviewed in Tiwintza often mentioned that an idea prevails among men that women must be kept busy with pregnancies and the rearing of children so that they won't have time for flirtations and extramarital relations. In other words, sexuality must be controlled, shared by a husband and his wife (or wives) only. If not, it threatens conviviality. To control ones sexuality and fertility, including your partner's, is particularly important to men and can be linked to their perceptions about 'strong men' (*kakaram*). To be considered a strong man implies control – a control that, in many ways, includes the control of both your own and your wife's fertility and sexuality. Strong men have good social relations and a large family. Many Shuar men told me that a man cannot be *kakaram* if he is childless or has only a few children. A childless man cannot make alliances through the arrangement of marriages between children, he cannot control his wife who probably has lovers, he cannot solve the marital problems they have at home and, in fact, he cannot produce life as his penis is either dead or his semen is water without any life force or growth generating capacity. Such a man is apparently neither strong nor brave; he has no virility, no connection with the larger cosmos, no *arútam* power and is no *kakaram*. Power is crucial to a man's identity, and high fertility is one way of demonstrating the possession of it. Power is important in order to be able to live in conviviality. To be considered strong or weak has important socio-political implications for a man. As Carlos said, "you can never escape from the fact that having a large family means power among us Shuar – individual power means power in the community and among kinsmen." Even if many Shuar say that reproductive life is a private matter, shared by husband and wife only, it is also a socio-political concern and linked to the individual's connection to the spirit world.

In general, both men and women share a high fertility preference. However, men tend to desire more children than their female partners. As it was

described to me, the husband often determines the outcome of the decision making regarding family size, while the female partner may comply in consensus (joint decision making) or in ambivalence, or does not comply at all. This may, of course, depend on the power relations between spouses and their connectedness with the larger cosmos. In fact, women with '*kakaram* husbands' may agree more readily with their husbands' wishes because it is desirable to be *kakaram* in the community. It is positive for women to be married to husbands with such qualities.

As we saw in the previous section, women may also act independently of their husband's knowledge or wishes, being aware of the possible risks of maltreatment or separation. However, it is not only women who may wish to limit family size. A few young men also indicated that they too wanted to limit the number of children by approaching me in more informal contexts, asking for advice concerning the use of modern contraceptives and their possible side effects. One example of this is the young man told me the following:

> I am 23 years old and my wife is 20. We are young but we already have three children. I come from a large family myself. My father has 22 children [with three wives]. I do not want my children to grow up under the same circumstances as I did - that is not the kind of life I want to live and it is certainly not the kind of life that I am able to live. I mean… how can you possibly support 22 children today, providing them with all their needs? In contrast to my father, I want to spend more time with each of my children, give them a proper education, instil them with good conduct and support them in their decisions. But rather than working together with my wife I must work for the colonos, meaning that I have to spend a lot of time away from my family.

Vulnerability and anxiety were often expressed by men who were working away from the *centros*. What troubles the young man above is his inability to fulfill his role as both father and husband. He is caught between his changed role as a man within the economic sphere and his ideas about good fatherhood. His integration into the market economy and the labour force has changed his perceptions about the ideal number of children to have, but not his ideas about good fatherhood, which is still based on perceptions of companionship and the sharing of time, work and knowledge. The changing circumstances and the constant negotiation of *pénker pujustin* were often taken up by Lucho as well, such as in the following example:

> Marcia and I are a very rare example of a Shuar family. We have been together for more than fifteen years and we only have three children. Most Shuar families under such circumstances have at least six or seven children. But I never wanted to have more than two children, a boy and a girl. The evangelical missionary who I grew up

with in my *centro* has been a great inspiration to me with regards to family size. The priest advised me to delay family life until I had finished secondary school at least. He explained to me how children, even in the Amazon, become expensive in the future and that the good life is not necessarily created by having many children. I somehow managed to convince Marcia to only have two children, but she was very reluctant towards the idea at first. She is catholic and was convinced that to actively limit family size is a sin.

According to the demographic fertility transition theories, family size will not be limited so long as parents do not see any high costs relating to having many children. So long as parents do not benefit economically from restricting their fertility, family size will not be reduced (see e.g. Caldwell 1976). However, many Shuar do acknowledge the fact that children cost a lot of money nowadays. The integration into the market economy together with limiting factors such as the scarcity of game and land has resulted in a dependency on cash. Costs for education, health care, transportation, cloths, food and hygiene were often mentioned in relation to the high costs of having children. However, even if many Shuar parents recognise the high costs of having large families, economic factors did not seem to be reason enough for most Shuar couples to actually limit family size. This is so because high fertility is fundamental to their perceptions about the good life. However, as the social and economic circumstances of many Shuar families have changed, so has the possibility of living in accordance with *pénker pujustin*. What we see a few examples of above is how *pénker pujustin* is under negotiation just like ideal family size and parenthood. Lucho once said, "Because I only have three girls, people in the community sometimes say that I am not *kakaram* - but I know I am. They are wrong about what being in control really means." Rather than controlling fertility by continuing to reproduce, Lucho means that he is *kakaram* because he is controlling his sexuality, not only when taking psychoactive substances in order to seek visions, but all the time.

Turning to the impact of religious beliefs on the decision about family size, Lucho mentioned in the account above that the disparities between Marcia and himself concerning the number of children to have can be related the fact that Marcia is Catholic while Lucho is Evangelical. In contrast to the Salesian missionaries, the Evangelical missionaries are more liberal in their opinion of contraceptive use. Even if Lucho would never do a vasectomy like his evangelical missionary friend, nor use any other forms of modern contraceptives for that matter, the priest still made a major impact on Lucho's decision about family size. "It is not the small-size norm that destroys family life – it is the chemicals we get through the intake of modern contraceptives," he explained.

Many Shuar admitted that the influence of the Catholic mission had played a significant role with regards to their reluctance towards modern contraceptives. One man explained:

> All Shuar community members know that it is a sin to prevent or abort pregnancies – that is what the Salesian missionaries have told us. The priests used to exert a lot of pressure on us with regards to different contraceptive techniques but since the health centres have expanded their presence here it has become more difficult for missionaries to intervene in these issues.

This man lets us know that Shuar people are aware of the various discourses that exist among them. The Salesian mission has had a strong influence upon Shuar ways of living, but people are reflecting on and relating to the Catholic doctrine and activities, including their relationships between the various external forces in their surroundings. Several Shuar people mentioned that, a few years ago, missionaries had visited the different *centros* and passed leaflets around in the Shuar language, explaining that biomedical contraceptives were sinful to take and left women who used such methods with cancer of the uterus. I never saw any of these flyers myself but it was interesting to note that Shuar largely perceived modern contraceptives to be sinful, while their own culturally defined forms of contraceptive techniques were not.

While Lucho, and other Shuar people, spoke of the religious influences on fertility decision-making and reproductive practices, Marcia had another explanation as to why she initially had wanted to have a large family. She also explained her agency for dealing with the disparities and lack of consensus between Lucho and herself with regards to their small number of children. She explains:

> The reason why I wanted to have a large family when I was young was mainly because our parents and other family members expected us to have many children, and they were all looking forward to it. When Lucho told me that he only wanted to have two children, I was devastated – it was like he took away who I was and what I was supposed to be good at as a woman. I felt vulnerable and exposed and I feared what my parents and other community members would say about us because of our lack of children. But I decided to let Lucho take the blame for it as it was his decision to only have a few children – not mine. I always say that it is his decision when people are saying all kinds of things about us. Today when I see my sisters who all have seven, eight, or nine children, I am happy that Lucho convinced me to not have as many as them.

For Marcia, motherhood is crucial to her female identity. Rather than being a religious issue, as Lucho stressed, Marcia, in particular, has been concerned about her deprived identity as both a mother and an adult woman. As I have already pointed out, Shuar couples are not considered adults until they have had their first child. Marcia has been concerned about her status and position as a woman with few children and how the social network would respond to this. Social networks may exert a considerable amount of pressure on family members to follow normative fertility patterns (Kohler et al 2001; Montgomery and Casterline 1996). Gossip about, and slander of, both men and women with few children are not uncommon in pronatalist contexts (Hollerbach 1980). To avoid losing acceptance as a woman within the social network, individuals, like Marcia, may act according to the accepted broader cultural norms. To avoid gossip, slander, and conflict with other people while challenging both reproductive norms and practices and the basic fundaments of the good life, Marcia publically blamed Lucho for their lack of offspring.

An example of how she did this can be provided from the first time I met her. I had been invited to a big party that was taking place in Kuwín. When I arrived in the afternoon I joined Marcia and a few of her female friends as they were preparing food for the evening. While we were chitchatting about our personal life, marital status, and so on, they were surprised when I told them that I didn't have any children yet. Marcia was quick to respond though. She said, "We have only three daughters – Lucho doesn't know how to make male babies." All the women laughed, but, as I was still not involved in their personal life, nor did I have the details on how Shuar people conceive of the creation and growth of bodies and persons, I did not understand why the women were so amused. It was only many months later that I first understood that Marcia was, through the means of jokes, not just blaming Lucho for their small-size family, but was also diminishing his power (*kakaram*) publically by making fun of his wishes for a son and his incapability of providing himself with such. Shuar sometimes teased and made jokes about men's ability to influence the sex of the foetus, saying that men who could not make male babies were weak in strength, power, and energy – compared to their wife who, in such cases, is dominant in the process of creating a baby, resulting in a female child.

Normative pressure against childless or small-size families can come from both men and women. Depending on whom such pressure comes from, it can also be difficult to resist, even for assertive people like Lucho. He tells us:

> Our third child, Wilma, is a result of my vain and egoistic attempts to try to get a son. I listened to Marcia, to my dad, and to the people in Kuwín, who all managed to

> convince me that the next baby would most definitely be a boy. The third baby came and it was a girl again! People were laughing! But we have actually experienced quite a lot of problems because of my decision to not have so many children, both with family and other community members. It has been difficult for others to understand and accept why we only have three children, they think that there is something wrong and have therefore been gossiping [about us]. After we had our first daughter we waited six years before the next – can you imagine – six years! People have made up all kinds of lies about us and our relationship. There have been rumors that have questioned my ability to procreate; others say that I have not been able to control my wife, who, according to them, has been unfaithful. Others have described me as irresponsible, as they think I have given Marcia injections [modern contraceptives]. Others say that we have been suffering from some kind of affliction or sorcery. Most people say that I am *mandarina* – that my wife is dominant and is the one who makes all the decisions in our family.

Many of the jokes about Lucho concern, and have been directed towards, his role, identity, and capability as a man. As Carlos once said about Lucho's small-size family, "He is not a man if he doesn't have children, both boys and girls." From all the conversations I had with Lucho, I could understand that the pressure from his father had been the most difficult to resist, which is ultimately the reason why they now have three children instead of only two. As Carlos was living in Lucho and Marcia's house while I was doing fieldwork, I asked for his opinion about his son's preference for a small-size family. Carlos explained, "I have, of course, an interest in having many grandchildren. It would be nice to have at least one grandson from Lucho living in my *centro*." Here, Carlos is referring to 'the exchange of sons' that I previously mentioned in this chapter, forming a certain network of marriage alliances across the generations of the affine kin-line.

Marcia's mother, Jacinta, had another view of the small-size family, linking production with reproduction, and expressing how fertility is inseparable from the parents' love and care for their children. She said, "To not have any children is to have a garden without manioc - life cannot be more empty, lonely, or miserable." Children are essential to the relationship between husband and wife who are engaged in activities of making, feeding and caring for them. As I have pointed out, children embrace the relationship between the two parents and the extended relationships that involve their respective kin groups. This was also expressed by one of Marcia's older sisters, "I do not understand how Lucho and Marcia dare to have only three children – what if one or two die – then they will be very lonely – what will they work for and who will look after them when they grow old?" The culturally specific meaning, emotions and desire for children are important aspects of fertility decisions. What constitutes a decision is thus culturally

produced, just like the social implications of these decisions. Among Shuar people in Kuwín, decision-making regarding reproduction cannot be limited to the individual couple and the power relations between them, but, in fact, concerns and involves close relatives and community members. Fertility decision-making cannot be analysed in isolation from other aspects of people's reproductive lives, and certainly not from notions of power and the changing circumstances surrounding what constitutes the good life. Various aspects of change over time are thus central for understanding reproductive decisions and practices.

Summary

As we have seen in this chapter, social relations among Shuar people are flexible and under constant negotiation. The engagement in the creation and growth of children tie people together in close and ongoing social relations. High fertility stimulates continuous social interaction between parents and kin, creating stability and harmony across generations and regions. High fertility is, in this sense, an intrinsic component of Shuar conviviality. New influences have changed Shuar ways of living, including gender roles and ideas about parenthood, which have caused some men and women to question the large family norm. To change family size by limiting the number of offspring does not only challenge the large family norm, but also questions the foundation of what constitutes the good life and how to achieve this way of living. Infertility, or having only a limited number of children, signifies a rupture with the established social relationships and affects the possibility of creating conviviality. Reducing the number of children therefore means dramatic change in the Shuar ways of living. Change represents the opposite of conviviality - creating chaos, instability, disharmony, insecurity and conflicts. As we have seen in this chapter, Shuar may respond to such chaotic situations by trying to restore conviviality, i.e. by trying to re-establish the previous harmonious, stable, safe, and peaceful way of living. Lucho and Marcia have, by actively limiting the number of children in their family, created disorder, confusion, disagreements and disputes. The mechanisms used by the social network in situations when someone goes against the norm consist mainly of social pressure to conform, both through the direct expression of opinions and expectations from family members and kin, as well as through slander, gossip and jokes. The aim is to make the person return to the previous harmonious, stable, and peaceful way of living.

7

Delivering and Using Reproductive Health Care

Attitudes, Strategies and Power in the Health Units

> In order to identify the incremental steps involved in the dialectics of daily life which take place in medical dialogue, one focus of this analysis must be on the individual within a complex context [...] define[d] as ethnically and religious plural... Through this narrow focus on individual actions, the dynamics of medical pluralism and how it is embedded in a sociopolitical context becomes visible (Crandon-Malamud 1991: 32).

According to both international and Ecuadorian laws, policies and conventions, all individuals have the right to freely decide the number of children to have and the methods used to prevent pregnancies and space out births. However, the overall legal and normative context in Ecuador reveals an ongoing commitment to reducing fertility rates and slowing population growth among certain groups of people. Ethnic indicators in national demographic surveys show indigenous peoples and Afro-Ecuadorians to be the social groups with the most children, and it is concluded that they are the ones in need of modern family planning to reduce their number of offspring (see e.g. CEPAR 2005). The way state health policies are interpreted and communicated by health care providers dictates how such programmes are put into practice (Gammeltoft 2009). The aim of this chapter is therefore to trace the underlying perceptions, norms and attitudes behind the reproductive health politics in Ecuador, and to see how these are practiced and expressed in the encounter with Shuar clients/patients.

According to Foucault, discourses construct subjects and place them in a certain position. Foucault did not consider subjectivity and affect as an essential part of power (Aretxaga 2000). This chapter demonstrates that rather than merely being a set of rational, objective and standardised practices that strictly follow the discourses from the state, the encounters between

health service providers and Shuar clients/patients offer us critical insights into the way subjectivity enters into the implementation of state health policy. Health professionals' and health officials' attitudes towards clients/patients are not only shaped by the international and national reproductive health politics, but are also informed by Catholic teachings on fertility regulation, by the crisis in the state's health service provision, by social boundaries based on class, ethnicity and gender, and by subjective feelings, opinions, desires and fears. As we shall see in this chapter, neither mestizos nor Shuar people simply internalise or resist global discourses and norms about population and family planning. Instead, they recognise, draw on, relate to, respond to, and alternate between, a variety of discourses related to these matters, creating and asserting their own dynamic patterns of reproductive practices. Rather than simply analysing power as coming from either above or below, we shall look at the social dynamics at play in the encounter between patients and health care providers, and how subjective interpretations and understandings of state and religious messages shape and influence social interaction and expressions of power.

Health Care in Tiwintza

In plural medical contexts one medical system often has a dominant status in relation to the others. In general, biomedicine exerts dominance over alternative medical systems. As I demonstrated in chapter five, the Ecuadorian government supports and justifies health laws and policies that give centrality to biomedicine at the expense of alternative medical practices. In this section, I explore the relationship between biomedicine and Shuar medicine and how the hegemonic character of biomedicine is expressed in local settings.

Primary health care in Morona Santiago is provided at the health units of the MSP. In Tiwintza there are two health centres, one in San José de Morona and the other in Santiago. There has been a health centre in Santiago since the early 1970s where a physician and a local Shuar auxiliary have offered primary health care to the public.[70] During fieldwork, two doctors, who, at the time were completing the compulsory medical service programme, known as *año medicatura rural* or simply *año rural* (rural year), took turns working at the Santiago health centre, supported by another doctor who was recently assigned by the municipality on a permanent contract. One or two

[70] There is also a health clinic at the military base in Santiago but only for people working at the base and their families.

nurses and a local Shuar auxiliary assisted the physicians. The health centre also had a dentist working there on a permanent basis. In Santiago, the medical personnel provided approximately 3500 patients with primary health care.

Deeper in the Amazon, we find the health centre in San José de Morona, which was built by CREA in 1975. During fieldwork, a physician with a permanent contract dispensed biomedical health care services at the health centre for approximately 2000 people together with a local Shuar auxiliary. As part of health area five (*Área de Salud* 5), the two health centres are administered by the cantonal hospital in Méndez (Hospital Quito), where patients can also be referred to if, for various reasons, they need a more advanced medical care than can be provided at the health centres. From Santiago it is possible to send emergency patients to the hospital in an ambulance,[71] which is approximately a five-hour journey depending on the weather conditions. Even though the hospital in Méndez is *fiscomisional*, all the health centres that it manages are units within the MSP only, meaning that the Church has no say in matters pertaining to, for example, the delivery of family planning methods and services.

Most health centres in Morona Santiago have a local (male) Shuar auxiliary working there on a permanent basis to improve communication between Shuar communities and the health centres. To inform community members about illnesses, treatments, and services available at the health centre, the medical personnel, and in particular, the Shuar auxiliary, collaborates with the Shuar health promoters who are appointed in every *centro*.[72] The health promoters receive basic health training, and are able to recognise common illnesses and administer basic health care for conditions such as diarrhea, malnutrition, tuberculosis, malaria and respiratory infections. Once a month the team of Shuar health promoters meet with the auxiliary at the health centre to receive training and other information, which they in turn communicate to the members of their communities. Once every four months, the doctors, nurses, the Shuar auxiliary and the dentist visit the more remote

[71] This ambulance was donated by the Finnish government while I was there conducting fieldwork.

[72] The MSP started training programmes for health promoters in Shuar communities in the 1970s. Both Evangelic and Catholic missionaries supported the project. Today, every Shuar *centro* has a health promoter elected for two years at a time. In contrast to other important positions within the community, most health promoters are re-elected again and again. As a result, many health promoters tend to stay in their post for several years. Most health promoters are men. Women are not excluded from the health promoter role in any sense but they rarely hold this post as it involves travelling.

centros of the region to give primary health care directly to the community members.

According to a survey conducted by UNICEF in the Shuar centros of Tiwintza (UNICEF 2007), only 24 percent of children less than five years of age have completed their immunisation programme, while 35 percent of this age group suffer from chronic malnutrition. The same survey indicates that only 10 percent of women of fertile age benefit from the free maternity services. Despite these poor indicators, the majority of patients at the health centres are women with small children. Most days the waiting area outside the health centre is full of worried mothers accompanied by three or four small children suffering from high fever, respiratory infections, diarrhoea, etc. The health care provided at the health centres is focused on maternal and child health care. However, providing primary health care in remote areas like Tiwintza means that facilities are very limited. Medical supplies for the most basic treatments are provided by the hospital in Méndez on a monthly basis, but if medicine and other material necessities are out of stock before the end of the month patients have to buy what they need themselves at the local pharmacy. According to one of the doctors at the Santiago health centre, inadequate resources and facilities are also the reason for the lack of good communication with the Shuar communities, which further affects the possibility of providing good quality health care.

The Ecuadorian health system is characterised by inequality, which particularly affects the country's rural, poor and indigenous peoples. High-income groups and non-indigenous peoples have greater access to both the private and public health sector, while poor, rural and indigenous communities more commonly make use of self-treatments and informal health care providers. Clashes between different medical systems were explained to me by the doctor in the following way:

> Both prevention and treatment of illnesses are difficult for a number of reasons in areas like Tiwintza. The fact that the public health care system is overloaded and seriously underfinanced becomes particularly evident in remote areas like this where it affects the quality of care. It leaves us with inadequate facilities to carry out our job in a satisfactory way. More resources need to be dedicated to improving our relationship with Shuar communities as well. Even though public health care services have been provided here for a few decades, there is still a lack of interest in, and understanding of, our work in Shuar communities. Patients with very serious symptoms come too late to the health centre as a shaman has treated them first. They hardly ever take the medicine the way we have prescribed, they inject themselves with the wrong kind of medicine, which they have bought over the counter in the local pharmacy, and all they

> talk about is witchcraft when we try to explain something to them. Even if services are free of charge, women rarely come for any prenatal or postpartum controls and actual deliveries at the health centres are few and are, in fact, decreasing. Preventative care such as child immunization, wellness check-ups and the possibility of obtaining vitamins and nutrition powder for both children and pregnant women are more commonly used, but not with any regularity.... Shuar mothers tend to vaccinate their children when they have time rather than when they are supposed to. In fact, most mothers visit the health centre for the first time when their babies are ill.

What the doctor explains in the passage above is the need for more resources in order to improve Shuar people's understandings of biomedicine and their use of biomedical treatments, revealing a clear preference on his part for the use of such a knowledge system. Even though biomedicine has a hegemonic character through its support by the state, indigenous medicine and healing practices often remain strong in rural areas, which the doctor also remarked upon. Shamanism has a central role in Shuar healing practices, but this does not prohibit Shuar people from using biomedicine. As described in chapter three, Shuar people combine Western medicine with their own healing practices. However, among Shuar people in general, biomedicine is perceived with ambivalence as the use of it can both cure and do damage. Biomedicine is seen as being dangerous if it gets into the body of a person who is also suffering from an affliction at the same time. In other words, the patient should always turn to the shaman to get rid of the affliction before taking biomedicine. The intake of biomedicine can also have a harmful effect even if a patient is not suffering from an affliction. Biomedical contraceptives, for example, are often referred to as having a harmful effect on the body. The side effects are, in this case, an indicator of the danger. This is also the reason why Shuar women often take an excessive amount of contraception in order to induce an abortion. According to the shaman I stayed with, the chemical compounds of biomedicine have a direct harmful impact on the foetus and will therefore kill it. This provides us with an example of how modern contraceptive technology is integrated into indigenous ontology. Rather than using modern contraceptives in an effort to prevent pregnancies, many Shuar women use them in order to terminate an unintended pregnancy. The purpose of modern contraceptive techniques is thus redefined. The reason why many women turn to biomedicine to terminate a pregnancy is because its chemical compounds are considered, in this case at least, to be more powerful and effective (destructive) than herbal medicine.

While Shuar people generally have accepted and incorporated biomedicine into their health system, the medical health care providers I interviewed were explicitly reluctant towards the use of Shuar medicine and healing practices

or collaborating with shamans. However, a few of the Shuar auxiliaries I met at the different health centres throughout Morona Santiago were working with Shuar medicine, i.e. herbal plants and popular household remedies that the layperson makes use of in the home. These Shuar auxiliaries were mainly documenting the existence and effects of herbal medicine; promotion of it was limited. In fact, as I was doing interviews with the medical staff at various health centres, it turned out to be impossible to do interviews with Shuar auxiliaries about their work with herbal or 'traditional' medicine. Within the space of the health units Shuar auxiliaries did not want to participate in any interviews, and always referred me to the doctor if I had questions. However, interviews with Shuar auxiliaries could sometimes be done outside the health units, i.e. away from the surveillance of the medical personnel. This demonstrates how the Shuar auxiliaries' work with Shuar medicine tends to take place in the shadow of the medically trained professionals and the dominant discourse of biomedicine.

Efforts to integrate aspects of the two medical systems have however been, and are still being, made through the Department for Indigenous Health (DNSPI). At this department in Macas, several Shuar health representatives are working with forming and applying intercultural models to indigenous health care, in order to improve both the health conditions of, and the health services for, Shuar and Achuar peoples in Morona Santiago. However, the financial resources allocated to the intercultural health programmes are very limited. In Tiwintza, UNICEF has supported the project *Parto Vertical* (vertical delivery), which is aimed at making it possible for Shuar women to deliver their babies at the health centre according to their own birth practices, which normally is not possible at any health unit. The hope of this project is that more Shuar women will deliver their babies with the assistance of medically trained professionals, resulting in a decrease in the rates of maternal and infant mortality. The project was considered successful for a while but, as it requires doctors with specific training (and interest in applying such methods), the deliveries have decreased as a result of the constant change in medical personnel (most doctors only stay at the health centres for a year). Furthermore, the average Shuar family in Tiwintza has a journey of 8.2 kilometres to reach the health centre, which corresponds to approximately 3 hours and 40 minutes of walking in the rainforest (UNICEF 2006). As this is a very long way, especially for a woman in labour, the services are mainly available to the limited number of families that reside close to the health centre.

Attitudes towards Large Families within the Medical Establishment

The fact that Shuar families tend to be large was not hard to notice in the field. Schools, churches, busses, markets and *centros* were full of children taking care of, or playing with, their younger siblings. A common sight was young Shuar mothers who carried a baby on their back, had a toddler running around their legs and was, at the same time, pregnant with another child. The attitudes of the health professionals and health officials in Morona Santiago towards large families and population growth were equally easy to observe. Referring to the health survey carried out among Shuar and Achuar communities in Morona Santiago (UNICEF 2006), which estimates that these peoples will double their population in the next twenty years, government health officials at provincial level expressed their financial worries about the future. A senior officer at the provincial direction of health declared in an interview that "We will certainly need to expand the provision of both education and health care services over the next decades but have no actual resources to do so." Despite the fact that contemporary policies on reproductive health in Ecuador point out the right of individuals and couples to make their own decisions concerning family size and fertility regulation, the senior officer is clearly worried about the effects of population growth, based on his knowledge of the relationship between population and development and his fears of the consequences.

The state is not simply a set of rational and bureaucratic practices that strictly follow a certain discourse, but these practices are also influenced by emotions and morality. This makes phenomenological analyses of the state interesting. What the senior health officer above ultimately fears is poverty, underdevelopment and regression. This led me to investigate how state health policy may be "suffused with affect" (Aretxaga 2000: 49), i.e. the complex set of thoughts, opinions, attitudes, morality, feelings, experiences, and so forth, health officials have in relation to people with large families. I started out by asking health care providers and health officials in Morona Santiago what they personally thought constituted a good family size. I was told by the majority of participants that no more than two or three children would constitute an ideal family size. Only one doctor expressed the idea that everyone has the right to decide how many children he or she feels makes a good family. Curious about the underlying ideas upon which the majority of these participants base their knowledge of and attitudes towards people and social groups with high fertility rates, I asked them for their thoughts and opinion about why Shuar people tend to have many children. The majority of the answers that I received were based on demographic discourses in various ways (see the outline of the demographic fertility transition theories in

chapter two). A senior officer explained, for example, that "Shuar people have no responsible parenthood and do not care or think about how many children they have – they just have them." This answer reveals the demographic categorisation of societies as having either a 'natural' or controlled fertility. Shuar fertility is, according to the senior officer, 'natural' and uncontrolled, i.e. their fertility is governed mainly by biological mechanisms and the ecological environment, indicating that Shuar people have neither an ideal family size in mind nor do they regulate their numbers of offspring in any sense. Instead, Shuar people simply continue to conceive in an uncontrolled and irresponsible way.

Other answers I received concerning why Shuar people have many children can be related to the socioeconomic development paradigm and the association of the small family size with an improved well-being. Despite the fact that the international community shifted from emphasising the need to control people's fertility to promoting individual decision-making and SRHR almost twenty years ago, the demographic fertility transition paradigm still remains and was clearly expressed by the health care providers in Morona Santiago. Poverty, I was told, is the reason why a person has many children and having many children is the reason why those people stay poor and ignorant. In fact, Shuar people were often portrayed by health care providers as ignorant. One nurse placed emphasis on Shuar people's lack of sex education as the reason why they have many children. Thinking of, and referring to, the body as a biological mechanism, she said, "Shuar people do not know how the body works or how one gets pregnant." The same biological reference was made by another nurse who added that the bad reproductive health situation of Shuar women is a result of "too many pregnancies." The Western notion of well-being is clearly expressed in the answers I received, relating it to improved conditions of health, education, and economy. Limiting family size is the solution to poverty, ignorance, and bad health conditions. By limiting the number of offspring, maternal and child health improves, including the amount of resources allocated to them, such as food, medicine and education, which, in turn, lead to productivity and integration into the market labour force. Thus, the most rational thing to do, according to this perspective, is to limit family size.

The interviewees within the medical establishment also revealed an underlying assumption that the evolutionary process is involved in the progress of human societies. According to demographic theories, a transition from high to low fertility is part of human progress and modernisation. In this sense, nations or social groups that do not demonstrate the same decreasing number of offspring as other modern societies are considered not to have

progressed as far in the stages of development. At one point, a health official explained that the main reason why Shuar people have many children is because they conform to traditional ideas and practices – "They are living in another world," to use his words. From this perspective, the reason why Shuar have many children is because they are indigenous. Indigenous peoples in Ecuador are already stigmatised in the mestizo society as 'natural,' irrational, traditional, backward, poor and ignorant. Their high numbers of offspring further confirms this. A few other medical professionals explained that, "The Catholic Church has a firmer grip on Shuar people," further emphasising the high degree of 'traditionalism' among these peoples compared to the mestizos who are modern, secular, and using modern family planning. In fact, I was told that if only Shuar people were educated they would abandon their traditional ideas and practices in favour of more modern ones.

Another demographic discourse that can be seen in the answers I received from the interviewees regarding the reasons why Shuar people have many children is the feminist, which emphasises the relevance of gender and power structures within families as having an impact on women's fertility. A common answer given by health care providers and health officials can be summed up in the following comment, expressed by a doctor in an interview: "Shuar men do not allow their wives to use contraception because of jealousy and male chauvinism." In the same way, Shuar women were often described by the medical personnel as passive, weak, incapable of influencing fertility decisions and the number of pregnancies and, in general, unable to make plans and lacking self-control. In fact, in programmes of planned demographic change, control over reproduction is linked to the ability to control oneself and one's sexuality. As a reason for having many children one doctor told me, "Shuar are promiscuous – they are more liberal in their sexuality and have more temporary partners." At one point, another doctor discreetly said to me - as if it was something really bad - "these people [Shuar] have sex everywhere and all the time – that is just the way they are by nature." These statements reveal norms about sexual morality. Social groups with high numbers of offspring are not merely thought of as having a 'natural' and uncontrolled fertility and as being poor, ignorant, and traditional, but are also considered to have a sexual behaviour that is 'out of control.' Reproduction is thus not only a political matter that defines normative fertility rates, but also gives us an indication of what is considered appropriate and inappropriate sexuality. Family planning programmes are therefore not purely aimed at regulating an ideal or 'normal' family size, but also aim to regulate the moral behaviour of the non-normative group. The most common official social justification for promoting the small-size family

norm and family planning methods among Shuar people was, however, mainly related to the idea that reduced birth rates will lead to enhanced well-being through improved physical health and economic circumstances.

In this section, we have seen how state health officials and health care professionals draw on demographic explanations when explaining the reasons why Shuar have numerous children. We have also seen how these assumptions are suffused with deeply held moral convictions, opinions about indigenous peoples, the desire to improve health, and fears of population growth, including the predicted consequences of poverty, underdevelopment and stagnation, which are seen as something that will affect not only the Shuar people but the region as a whole. As we shall see, these subjectivities affect the way in which reproductive health services are put into practice.

Conceptualising and Promoting various Contraceptive Techniques

Modern family planning methods are not something people simply adopt or reject, but rather something they take in, interpret, relate to and possibly transform (Hirsch 2008). This does not merely concern the users of family planning methods but also those that provide such services. Thus, as we shall see in this section, the way people make sense of contraceptives depends on the context in which they are understood.

National population policies in Latin America rely primarily on the provision of modern biomedical contraceptives (Aramburú 1994). In Ecuador, these have been oral contraceptives, injections, condoms, male and female sterilisation, intrauterine devices (IUD) such as the Copper T, and, more recently, implants. In the last decades, the prevalence of modern contraceptives in Ecuador has increased dramatically in both urban and rural areas. The family planning methods available at the health centres in Tiwintza (and in all other health centres in Morona Santiago) consist of two brands of injectables (Mesigina and Topasel) and two brands of pills (Exluton and Microgynon). As demonstrated in the prevous chapter, many Shuar do not make use of the modern contraceptives as they tend to consider them contrary to their notion of well-being. However, those Shuar women who do use modern contraceptive techniques most commonly use the injectable forms that are administered on a monthly basis because they find it easy to forget to take one pill at the same time every day.

If clients/patients are interested in other kinds of methods such as sterilisation and IUD, they need to go to a hospital where such services are provided. However, not all hospitals in the province (far from it, in fact) are able to deliver family planning services, as they are either *fiscomisionales* or because they do not have the resources or skills to perform operations such as sterilisation on a regular basis. Female sterilisation or tubal ligation (*la ligadura*), which is the most common family planning method in Ecuador, is not particularly common among Shuar people. Neither is the utilisation of the IUD. However, as demonstrated in chapter six, many Shuar community members rely on various culturally defined methods for family planning, including the use of various herbs such as *pirípri* (*Cyperus* sp) and *maikiúa* (*Brugmansia*), as well as shamanic practices. These contraceptive techniques are defined as 'traditional' in both the global and national discourse on population and family planning, where they are deemed inadequate or less effective at controlling fertility (cf. Foucault 1980a). In the same documents, modern biomedical contraceptive methods have a hegemonic character and are presented as the only way to regulate fertility effectively (see CEPAR 2005).

Among the health officials and health care service providers in Morona Santiago, I found that all the methods used to regulate fertility without the application of modern technologies were defined as 'traditional.' The traditional methods were then further ranked according to their perceived efficacy. A clear preference among the traditional methods was given to practices such as withdrawal, periodic abstinence and breastfeeding, while Shuar 'traditional' methods could not be defined at all, even though indigenous contraceptive practices were considered to belong to the same category. The majority of health care providers working with Shuar communities did not have any knowledge of either Shuar medicine or their contraceptive practices. However, the health care providers' opinions about Shuar contraceptive practices were strikingly similar. Even if the health care providers could not describe or name any Shuar contraceptive technique, they were convinced that if Shuar still had the knowledge of such methods they were either ineffective or illegal (induced abortion). The health care providers, in this sense, conceptualise their own ideas about traditional contraceptives in association with how they perceived the users, i.e. how they saw indigenous women as 'traditional people.' Tradition was, in general, discussed as a problem or a barrier for the adoption of modern family planning.

Within the health units in Morona Santiago yet another way of conceptualising 'traditional' contraceptive practices was found, i.e. Natural

Family Planning (NFP), which is a term used by the Catholic Church to define the only morally acceptable methods to avoid pregnancy. The promotion of NFP took place at the *fiscomisional* health units, in particular, but also at a limited number of health centres that were units within the MSP. This led me to investigate how religion shapes reproductive health practices among health care providers and the possibilities and willingness to promote modern family planning methods. According to the Catholic doctrine, it is a sin to consciously modify the intention of the marital act by preventing procreation. The use of artificial family planning methods is therefore not tolerable.[73] According to the Catholic Church, NFP includes periodic abstinences, such as the calendar or rhythm method and Billings ovulation method (observation of cervical mucus), and breastfeeding infertility, which is a natural form of postpartum birth control like other infertile conditions created by God, including pregnancy and menopause (Wilson 2002). One such health unit where NFP was the only kind of fertility regulation that could be officially promoted was at Hospital Pio XII in Sucúa. In a discussion with a senior official at this hospital, I addressed what I saw as the hospital's inability to fully implement state health policies and legislations, such as the Free Maternity Law, because of the religious interference, to which the senior official responded:

> Well, as this man rules within this health unit [the doctor points at a portrait of the pope hanging on the wall in the office where we are sitting] we do not practice sterilisation, or IUD, etc. In our country, abortion is illegal and, in certain ways, biomedical contraceptives have a certain relation to such illegal actions. Thus, no methods to control fertility are provided here – only natural methods are considered acceptable. I do not see the *fiscomisional* contract as limiting the implementation of the Free Maternity Law. In practice, there is nothing that hinders the medical personnel working here from applying their knowledge of biomedical contraceptive methods by sending the patients who require such services to other health units where these are provided free of charge. As you know, FICSH [Shuar Federation] has a health centre five metres from the hospital where pills and injections are provided for free through the maternity programme. To have religious based hospitals is not, in fact, such a bad idea as it provides both the more religious medical personnel and the religious patients with an option to choose from. The medical personnel do not, for example, have to put their stance as Catholics at risk by having to provide patients with modern contraceptives.

[73] See *Catechism of the Catholic Church*: Part 3, Section 2, Chapter 2, Article 6, Paragraph 2370.

Health care providers differed considerably with regards to their conceptualisations of contraceptive techniques. Therefore the kind of information they provided their clients/patients with also differed. Despite the fact that most health care providers considered themselves Catholic, the majority rarely saw their own religiosity as a hindrance in their work with biomedical contraceptives. Instead, many tended to agree with a doctor who told me that "One needs to reinterpret the religious teachings in the context of our contemporary society." In fact, the majority of health care service providers, regardless of health unit, did promote the use of modern biomedical contraceptives as the most effective family planning method. What was perceived as a hindrance was actually the *fiscomisional* contract.

While the hospital in Sucúa is located in a densely populated area thoroughly integrated in the national administrative structure where there are many different forms of health units and health services to choose from, this is not the case in the more remote areas of the Amazon where the distance between the health units are significant. Medical personnel are therefore not able to simply send their patients across the street if they need modern family planning services, as suggested by the senior official at the hospital in Sucúa.

In cases where the promotion of modern family planning services was strong among a group of health care providers in a specific heath unit, ways were found to provide patients with modern contraceptives despite the rules outlined by the church and the *fiscomisional* contract. A former senior official at the *fiscomisional* Hospital Quito in Méndez explained the following to me:

> In the early 1990s, we still had several nuns working as nurses at hospital Quito. It was difficult as the medically trained Ecuadorians all favoured the small family norm and wanted to deliver the family planning services our clients asked for. But the fiscomisional contract was not negotiable at the time so we had to deal with the fact that nuns and doctrines put a stop to our ability to deliver basic health care services. At 10 am every morning, when the church bells rang, the whole town knew that the nuns were in church and that the hospital was clear from religious interference. Women came from the whole region, mainly mestizo women though, and we could provide them with any contraceptive method they wanted – everything clandestinely of course. The IUD was the most popular [method] in those days. If clients were suffering from any problems or side effects and had to come back to the hospital they knew to not reveal where they had got the IUD from in the first place. I do not know if the nuns knew about our activities or not, but we provided modern contraceptives this way for several years. We were all new in our posts and so taken by the idea of creating a modern and well-functioning hospital that there seemed to be no limits to our ideas of

> how to do this and what services should be included in that concept. You know, we considered our actions legal as we chose to follow what we had learned at medical school rather than to follow some old and conservative doctrine that encourages poor people to keep on conceiving. That does nothing to help to improve the social and economic circumstances of poor people, nor to improve the health situation of mothers and children.

The NFP methods are perceived as 'traditional' by most health care providers. The story above provides us with an example of how health care providers relate to and reflect on a certain discourse that dominates the provision of health care in the specific context. By means of manipulation, they resisted the religious interference in the provision of public health care. They justified their practice of modern family planning services by referring to the Western idea that reduced family size will enhance the well-being of poor people. The health care providers' engagement with the modern methods was based on their personal sentiments and dedication to improving the living conditions of poor people. Furthermore, family planning and contraceptive practices are so strongly associated with modernity that one cannot say a hospital is modern if such services are not included. This link between modernity and the promotion of family planning is further explored in the next section.

Embodying Modernity

Contraceptive practices can signify ones modernity or the lack of it. This became clear to me when interviewing health care providers in the field, who, I found, constructed their identities in contrast to the identities and practices they defined as traditional. Richey (2008: 140), drawing on similar experiences from her research in Tanzania, argues "While using modern family planning is certainly not the only way of signifying ones modernity, it provides the opportunity for asserting an identity that is progressive, regulated, scientific and Western." Thus, as we shall see in this section, there is a notion of modernity embedded in the global discourse on population which is transmitted to local clinics and health care providers through family planning programmes.

According to Scheper-Hughes (1992: 184), "Embodiment concerns the way that people come to 'inhabit' their bodies so that these become in every sense of the term 'habituated.'" By using these terms she draws on Marcel Mauss's (1979/1950) original meaning of 'habitus,' signifying "all the acquired habits

and somatic tactics that represent the 'cultural arts' of using and being in the body and in the world" (Scheper-Hughes 1992: 185). From a phenomenological point of view, all everyday activities, such as working, eating, swimming, dancing, sleeping, getting sick, and being well, are forms of body praxis where the body is at once tool, agent and object (Csordas 1994). Body praxis is an expression of the dynamics of social, cultural, and political relations. People inhabit and experience bodies in ways different from our own. In this sense, the body praxis of others may also be interpreted differently.

While having an informal conversation with a nurse during a bus journey from the Hospital Quito in Méndez to one of the health centres in Tiwintza, an interesting link between her conceptualisation of family planning and modern female bodies was revealed. She explained the bodily differences between mestizo and indigenous women like this: "Look around you [in the bus], you don't see any mestizo women breastfeeding in public, nor exposing sagging breasts as a result of having breastfed many children." This statement implicitly clarifies how a mestizo health care provider constructs her notion of modernity in contrast to what she considers to be traditional practices. It provides us with an example of how indigenous women embody their traditionalism and backwardness, according to a mestizo nurse. Breastfeeding as a form of body praxis, is, as Scheper-Hughes (1992: 326) suggests, "No more 'natural' or any less 'cultural' than cooking." However, the emphasis on the exposed breasts of the indigenous woman in public offers us an example of how a mestizo woman understands the difference between non-modern women and the modern ideal women. According to the nurse, modern mestizo women would never expose their breasts in public, and definitely not sagging ones. Modern mestizo women would not have so many children that the shape of their body and breasts would be jeopardised.

Among the health care providers at the health centres and hospitals in the research field modern family planning also signified a shift from traditional to modern bodies. Health professionals showed their modernity not only by transmitting the knowledge they had obtained through their training, but also by embodying this knowledge themselves.[74] A doctor explained the following to me with regards to how the Ecuadorians have responded to socioeconomic change:

[74] See Richey (2008) for both similar and other ethnographic accounts from family planning clinics in Tanzania.

> Since the dollarisation in Ecuador, which took place almost ten years ago, life has become difficult in many ways – economically it has been a nightmare for most families. Children cost a lot of money nowadays with education, clothes, food, etc. Consequently, people reduce family size. Even indigenous communities have reduced the number of children somewhat and are, to a greater and greater extent, using modern contraceptives in order to do so. Our generation does not want as many children as our parents. My wife and I have only two children, but both of us have five and six siblings. Things have changed a lot in recent years, and as a health professional you need to set a good example. You cannot recommend others to use modern contraceptives if you have seven or eight children yourself. There are a few doctors and nurses with many children though. I know of a few, either religious or married to Shuar women. But if you look at the statistics from the health centre where they are based, you see that not much contraceptives are provided and used there. [The doctor supports this argument by letting me see the monthly and yearly statistics from the different health centres where the people in question are working].

As the doctor states above, a shift has taken place between generations in Ecuador regarding the number of children. Many health care providers have changed and applied a new modern body identity as a result of the new modern economic life and reality. They embody their modernity by conforming to the normative fertility levels produced by the global discourse on population and family planning and by promoting and using modern biomedical contraception themselves. While indigenous women, from a health professional's point of view, may be seen as embodying their traditionalism through having many children and showing breasts in public while breastfeeding, most health care providers have properly modern and dicsciplined bodies. But not all health professionals necessarily comply with and follow the small family norm. A few exceptions were noted at the various health units in Morona Santiago. People do not simply internalise discourses on family size and fertility regulation but assert their own reproductive agenda with reference to their own perceptions, experiences and opinion. What the account above tells us is that the ways in which health care providers personally relate to the global discourse on population growth and family planning shape the promotion of reproductive services and family planning programmes in local contexts. Health professionals may embody state visions of development, modernisation and progression. However, regardless of whether they embody state visions or not, they are also driven by personal feelings, opinions and dedications. This shapes the interaction with patients, which we shall see, among other things, in the next section.

Negotiating and Controlling Different Bodies in a Different Context

Kuhlmann and Babitsch (2002) argue that different bodies are made (and are active) in different contexts. What may differ from one context to another are, for example, diet, bodily activities, exposure to diseases, and pregnancy and childbirth histories. To this I would like to add the importance of how bodies, corporal processes, health, and illnesses are perceived and experienced by the individual. There is, however, an assumption embedded in the global discourse on population and family planning that all bodies in the world, including Ecuadorian and Shuar bodies, are the same. All bodies in the world are not only expected to share the same laboratory results as western women's bodies with regards to side effects and the efficacy of biomedical contraceptives, but they are also supposed to share the same conceptualisations and experiences of the body and bodily distress, based on Western systems of knowledge. However, the way Shuar people conceptualise, interpret and experience their bodies, state of health, and illness are vastly different from the biomedical paradigm. According to many Shuar people, the body is the locus where social relations and social interaction are situated. If these social relations are good, the body/person can grow, develop and become strong, healthy and powerful. On the contrary, if relations are bad, the body/person may become weak, sickly, unproductive and possibly infertile, and thus unable to generate conviviality. The way many Shuar people in Tiwintza see it, the modern family planning methods promoted at the health units do not produce well-being.

The discrepancy between the Shuar and Western notions of well-being and the strategies for achieving their respective ways of living may lead to a variety of difficulties and problems when health care professionals try to implement the family planning programmes and the Free Maternity Law among Shuar people. In this situation the health care providers must negotiate between their own interest in modern family planning, which often tends to correlate with the small family norm of the global and national discourse on population and family planning, and local realities, which in this case is characterised by ethnic, medical and religious pluralism. What makes the implementation complicated is the fact that modern contraceptive technology is intended for bodies that are experienced in the same way, i.e. referring to the way the body supposedly is experienced among white, middle-class Western women (Oudshoorn 1996), but applied in a context where both the body and fertility are understood and experienced differently.

Furthermore, as Richey (2008: 147) argues, "The ideology and identity artifacts of modern family planning reproduce power relations of the international population discourse to be interpreted in the local context." As

pointed out in this chapter, a clear distinction between the health care providers and Shuar clients/patients is made at the health centres. Health professionals do not purely stand out because of their knowledge of biomedicine, but also because of the prevailing notions of class, ethnicity and gender in Ecuador. Most doctors are mestizo men with a background in the Ecuadorian elite or middle-class. This bestows the health professionals with high status and reproduces hierarchical relations of power in local contexts, particularly when put together with the family planning programmes in which distinctions between modern and traditional are already ensconced. As we shall see below, their position and authority are, in particular, used and expressed as they face difficulties during the implementation of family planning programmes.

In the research area, modern family planning is implemented as a part of the Free Maternity Programme. Most Shuar health promoters in the communities have received some basic family planning training, which they in turn have passed on to the community. In this sense, most members of the Shuar community know what modern family planning is and that biomedical contraceptives are available at the health centres or can be bought over the counter in the local pharmacy. If a couple is interested in using modern contraception they need only to ask for further information at the health centre. However, depending on the doctors' or nurses' personal opinions and commitments, he or she might, during any consultation, bring up the use of contraception, even if the client/patient consulted the health centre for another reason. The following is an account from the notes taken while I was engaged in participant observation at one of the health centres, which illustrates how a doctor's frustration and intrusive surveillance is expressed when negotiating between his own norms, ideas and opinion about fertility and family size and a local reproductive reality that is strikingly different:

> (My notes) A Shuar mother who I know from Kuwín is at the health centre with her four children; the three-month-old baby has a fever, the six-year-old has a skin infection on the scalp and the two others (two and four years old) have diarrhoea. After treating and prescribing medication for the children the doctor suddenly asks:
> Dr: How many children do you have?
> Mother: Six
> Dr: How old are you?
> Mother: 29
> Dr: 29 and you already have six children! You can easily have six more if you do not protect yourself. Are you planning on having a football team? How many children do you want?
> Mother: Six

Dr: Are you taking anything to protect yourself then?
Mother: (giggling)
Dr: Would you like to try any contraceptives? (The doctor explains how they work, how good they are and asks the same question again)
Mother: (no answer, looking down)
Dr: Why not? What are you afraid of?
Mother: (no answer)
Dr: Is it your husband who won't allow it?
Mother: (no answer)
Dr: Then how are you going to protect yourself?
Mother: Remedies (looking at me, smiling – I smile back – we had been talking about these remedies previously)
Dr: Remedies… what kind of remedies?
Mother: (no answer)
Dr: Bring your husband with you the next time and I will talk to him.
(My notes) - It is apparent that the mother is intimidated and put in an awkward situation by being interrogated by the doctor. When the woman has left the doctor explains to me (after a big sigh) that the mother will not come back with her husband but with even more children.

Relations of power between the doctor and the Shuar woman are clearly expressed in the situation above. The communication that takes place between the two actors cannot be described as open and fluid. The spread of information on contraception is not based on a common discourse of respect and equality, which the demographic theories on diffusion outlined in chapter two tend to take for granted. In contrast, the diffusion of modern contraceptives is neither casual nor without aims and purposes. I often heard how health care providers offered clients/patients highly directive and personal advice and information about what they thought was the best treatment. This can also be seen in the account above. The doctor's norms, opinions, feelings, fears, moral convictions, and so forth, about appropriate family size and use of contraception, together with his prejudice, are not only clearly expressed and imposed on the local woman who has a different reproductive reality, but his opinion is also put forward in a way that indicates authority. The doctor's high status, based on class, ethnicity and gender, his high level of education, and sense of representing the 'modern' and scientific are, in Ecuador, all indicators of his power in this specific context. Rather than merely reflecting the development objectives of the Ecuadorian state, interaction with patients/clients at the health units in Morona Santiago is embedded in a complex set of relations and sentiments. The relations between the state and local communities are, in this case, suffused with feelings and deeply held moral convictions.

What further strengthens the reproduction of power relations between the health workers and the Shuar clients/patients is the use of the Spanish language. The use of a certain language can imply authority and draw boundaries between communities (Foucault 1979, Bourdieu 1991). In reproductive health contexts, a certain language may also be associated with expertise and modernity (Richey 2008: 148). Spanish is the language of the mestizos and a language that many Shuar, particularly women, in remote areas, do not speak or understand perfectly. The family planning posters on the clinic walls and the leaflets with information about modern contraceptives, also involving the use of difficult terms, are in Spanish, which makes them incomprehensible for many Shuar people. During consultations, many Shuar are ashamed to admit that they do not understand what the doctor or nurse is saying. The Shuar woman who was silent during the consultation above told me, when I ran into her in Kuwín a few days later, that she had refused to answer the doctor's questions because she had not understood his explanations and because she felt both embarrassed and insulted as he tried to convince her to take biomedical contraception. She explained that it would be irresponsible of her to take such medicine because of the risks of becoming ill, addressing the rumours of side effects and cancer. She said, "I have six children who need a healthy mother. When my husband and I do not want to have more children we will turn to our remedies first." While it may be easy to interpret the woman's encounter with the physician as an expression of her powerlessness, here she reveals that she was motivated by a different perspective and a different agenda. However, in direct encounters with health care professionals, the resistance towards the reproductive health services was often articulated through silence by the Shuar clients/patients. Shuar women were aware of the 'correct' position and attitude towards contraception within the health units, and, if they did not comply with these ideas, they often remained quiet throughout the consultation, never sharing their opinion on the matter or their system of knowledge. In this way, Shuar women relate to the global discourse on population and family planning, by being "a conscious player in the game (however reluctant and formally disempowered) but never unconsciously played by it" (Rapport and Overing 2000: 126).

Another example of the practice of power within the health units, once again related to the use of the Spanish language, was the silence expressed by many Shuar mothers during consultations when the medical professionals asked them the names of their infants. The tendency of Shuar mothers to not answer these questions puzzled me as I was well-aware of the importance Shuar assign to the name giving ceremony when infants are just a few days old, which means that, when Shuar women take their baby to the health centre, they will most definitely have a Shuar name. When I questioned this

in Kuwín, searching for an explanation, I was told that Shuar women may feel too intimidated to reveal that the baby only has a Shuar name. The Spanish name, which is mainly used in interaction with mestizos, is given to the baby when it is older. Thus, rather than feeling intimidated by using their own language in front of medical authorities, some Shuar women prefer not to say anything at all.

Health care providers must not only implement family planning programmes in a context where both bodies and fertility are understood and experienced differently, but they must also implement these programmes in a context that is vastly different from what such programmes require (cf. Richey 2008). There is a disconnect between the modern technologies and other supplies necessary in order to use the modern technology. At the health centre in Santiago, neither the sporadic electricity, nor the generator, were to be trusted. One evening, after a full day of observation at the clinic, I had to assist the doctor by holding two flashlights while he tried to stop the excessive bleeding of a young Shuar woman who had induced her own abortion. The health centres rarely had any clean water for the patients, and supplies like pregnancy tests, gloves for examination, contraceptives and other medication and material necessities were occasionally out of stock. Patients were frequently sent to the local pharmacy to buy the medication which they were supposed to get free of charge through the Maternity Law.

As most health care providers were not originally from the Amazon region they often expressed how difficult they thought it was to work in such a remote, isolated, poor, hot and humid context. Some health care providers thought it was very interesting to work with Shuar people and emphasised the importance of treating them with respect and on an equal basis, but many others described Shuar as forgetful and unreliable. As a nurse explained, "Shuar do not come to the clinic for the contraceptive injections on the correct day, they take contraceptives on an irregular basis which gives them side effects, and they come to the clinic pregnant hoping to get help with an induced abortion." Before every contraceptive injection nurses needed to check whether the woman was pregnant or not as they felt they could neither trust the Shuar women's words nor their ability to discipline their bodies. Health care providers often reprimanded the Shuar clients/patients if they came to the health centre without their children's journals or if the journals were muddy, if they did not visit the clinic on the correct day, if they did not follow the prescriptions correctly or if contraceptives were taken on an irregular basis. Another example of how health care providers tried to discipline and regulate Shuar bodies is provided in the following example

regarding breastfeeding, which is a fundamental concern for many health workers committed to reducing cases of infant mortality. A doctor told me:

> We always recommend [Shuar] women to breastfeed as long as possible, preferably until the baby is two years old. It not only protects the infant against illness and provides the child with the necessary nutrients to grow and develop, but it is also a good way for women to space out births, particularly since Shuar women are not able to use much contraception because of their husbands. Even though breastfeeding is not a safe method, it is better than nothing.

I was surprised when the doctor told me this, not so much because of their efforts to control Shuar women's bodies, but rather because of the doctor's apparent lack of knowledge about Shuar ways of breastfeeding, which, in general, does not end until the baby is three years old. Thus, the health workers construct their own notion of the indigenous undisciplined body. The need to control the body, modernise it and regulate fertility is so strong that, in certain situations, even the methods deemed less effective for reaching the goal of controlled fertility (e.g. breastfeeding) may be recommended by the medical personnel. This shows us the strategies the health care providers use to regulate what they perceive as undisciplined bodies. The quote above actually demonstrates how biopower, as described by Foucault, works. Through specific bodily practices and medical interventions or recommendations, infant populations are managed as well as the fertility of the adult population.

Another example of biopower, where medical professionals found an opportunity to regulate Shuar women's bodies and fertility, was when Shuar women, for various reasons, had to deliver their babies through caesareans. The following conversation is an extract from the fieldnotes taken while I was doing participant observation at Hospital Quito in Méndez.

> A doctor prepares the Shuar husband and wife for a caesarean by asking a few questions.
> Dr: How many children do you have?
> Husband: Six, we have six children.
> Dr: With that amount of children you might be interested in a permanent family planning method....While doing surgery we might as well do a tubal ligation, don't you think.....
> Husband: I do not understand.....
> Dr: The ligation (*la ligadura*), or female sterilisation, is a permanent method so that you do not have to worry about getting more children (The doctor explains thoroughly how it works and how good it is).

Husband: My wife and I have not discussed this.....we are not worried about having many children.... (He looks at his wife who shakes her head and says something in Shuar. They have a brief conversation.)
The husband continues: No, no we don't want to do that now, perhaps this baby won't live.....

In this conversation it is not only clear what the doctor thinks about having six children, but also that he is trying to convince the couple that six children is definitely enough for them by suggesting a permanent stop to any further pregnancies. We also see how biopower is suffused with personal opinion, desires and devotions, and how subjectivity and affect are an essential part of state power (Aretxaga 2000, 2003). The Shuar couple does not respond to the pressure and authority expressed by the doctor, and instead reveals a completely different reproductive agenda. They deviate from the doctor's ideas and the discourse being expressed by quietly not complying.

Other examples of strategies to regulate bodies and fertility could be seen at some of the health centres in Morona Santiago where methods such as withdrawal, periodic abstinence and breastfeeding were presented as NFP. In this sense, the withdrawal method was presented as complying with, rather than opposing, the Catholic doctrine (cf. Schneider and Schneider 1991). While consciously presenting *coitus interruptus* as NFP can be seen as an example of how health care providers "deliberately and strategically work to shape religious ideologies, rather than choose to adhere or not adhere to teachings delivered from on high" (Hirsch 2008: 95), NFP was, in this case, also used as a strategic alternative for the clients/patients who either conformed to the Catholic doctrine or who were afraid of the side effects of biomedicine. In this way, health care providers tried to make Shuar clients/patients use at least one contraceptive method, rather than using nothing at all or their own remedies. The implementation of state health policy is, in other words, both subjective and creative.

Going to the Health Units

As I have demonstrated above, many Shuar people tend to respond to family planning interventions with anxiety and ambivalence. This does not only concern the promotion of family planning but, as we shall see in this section, includes more or less all reproductive health services, including both maternal and child health. A few days after I moved into Lucho and Marcia's house, their youngest daughter, Wilma, became ill. She had a cold, high fever, and difficulties breathing because of her asthma. A shaman had

previously diagnosed Wilma's illness as 'natural' and, as result, Lucho and Marcia told me that when Wilma comes down with the same symptoms they always take her to the health centre. However, on this particular day Marcia didn't want to take Wilma to the health centre in Santiago, mainly because Lucho was not able to join them. They argued and Lucho turned to me and asked if I could accompany his wife to visit the doctor. He explained to me that Marcia does not like going to the health centre on her own because of the mestizos. Marcia and I went to the health centre together and the doctor had a look at Wilma and gave us medicine that would allow her to breathe properly. He also prescribed antibiotics to Wilma that would prevent her from getting pneumonia. Marcia was very pleased afterwards and explained the following to me regarding her reluctance to see the doctor in the first place:

> The doctors and nurses just look at you in a funny way, thinking that you are nothing but a poor, ignorant, indigenous woman who doesn't understand anything. The last time I was here with Wilma the doctor told me that I should just clap her on the back like this and that would make her breathe more easily. Wilma was much worse then than she is today, and all they did was clap her on the back! They told me to buy medicine in the pharmacy but I did not have any money and Lucho was in Macas working all week. Poor Wilma, she could barely breathe for several days and I was so worried. Having you with me today helped a lot; the doctor gave me medicine for free and was even polite! It is because you are a foreigner - they respect you, but they think I am nothing. The next time I need to go to the health centre you have to join me.

Shuar people who are sick or caring for family members and other relatives do not, in general, have a good grasp of the public health care system and the health legislations and policies that govern it. Marcia, for example, doesn't know the rights she and her baby have to free health care, including both medical supplies and other services through the Free Maternity Law. She doesn't know that, when the doctors send her to the pharmacy to buy medicine, they are violating the rights of both her and her baby. Marcia and other Shuar people do, however, have their own map of the public health care system and a sense of how to enter it, how to interpret the biomedical treatments, how to communicate within it and how to find a way through it. Marcia describes her experience of the health units by revealing that one of the most important things is how the medical personnel respond to her and her child. Thus, the expression of bodily distress and illness, and the understandings of effective treatments, are not only informed by culture and/or biology, but also by social and political relations. In fact, the interaction of individual and political bodies is key for understanding how the social inequalities inscribed on the body are experienced subjectively

(Schepher-Hughes and Lock 1987). From such a perspective, the role of historical and contemporary social relationships is an important aspect that shapes not only perceptions of bodies, health and illness, but also the actual use of the biomedical health services and their perceived efficacy. The unsympathetic and discriminatory treatment of indigenous women, including their children, makes women fear and reject such encounters in various ways.

Another reason for being anxious about having to resort to biomedicine is that many Shuar women often associate biomedical treatments with physical pain and bodily coercion, particularly in the reproductive health services where the use and insertion of instruments such as speculum, syringe, IUD, contraceptive implants (e.g. Norplant), etc. are common and sometimes painful. The use of scientific knowledge and technology, including the coercive insertion of instruments into the body, demonstrate a difference between the two medical systems (biomedicine and Shuar medicine) that tends to reinforce the inferior social status of both Shuar people and their practices of shamanism. Compared to the gentle blowing and sucking of the Shuar shaman, biomedical treatments are experienced as being intrusive and rough. While I was doing fieldwork, the doctors at the health centre in Santiago were trying to convince Shuar women to do a test for cervical cancer in an effort to prevent this disease among women in Tiwintza. Some Shuar women consented to do the test but the vast majority refused. Various women I talked to regarding this test made it clear that it was not an easy decision for them to make, as Shuar people in general are terrified of having cancer. When I spoke with Shuar women about cervical cancer, the fear in their eyes could not be mistaken. However, the main reason for rejecting the test was the use of the speculum and the inferior and intimidating position that the Shuar woman is put in, as she must spread her legs in front of a male doctor.

The same anxiety was also expressed by Jacinta, who, because of her problems related to her uterine prolapse, had to go through various examinations similar to the one of cervical cancer. Initially, Jacinta was treated by a shaman but, as he was unable to make her well, she had to resort to biomedicine. As her problems were severe, she eventually had to undergo surgery at the hospital in Méndez when a specialist was visiting the health unit. Both Jacinta and her husband were anxious about the surgery and had therefore tried to avoid the treatment to the greatest possible extent. The idea of instruments entering the body, and the association of this as painful, was pointed out as extremely worrying. However, as Jacinta could no longer work in the garden because of her uterine prolapse, she felt that she had no other choice but to go through with it. In an effort to make Jacinta feel more comfortable in the presence of the mestizo health professionals, her husband

accompanied her to the hospital and stayed with her after surgery. The procedure was successful and Jacinta was very happy with the results but asked me, when I visited her at the hospital, why my medicine always had to be so harsh, intrusive and intimidating, meaning that she experienced a lack of power and control.

While technological innovations in reproductive health care have led many women around the world to feel empowered and in control (see e.g. Unnithan-Kumar 2004), Shuar women in Kuwín experience quite the reverse. In fact, as mentioned in chapter four, the increasing medical interventions in reproductive health care has led Shuar women to experience a lack of control while, for example, giving birth at hospitals and health centres where they are not allowed to use their own birthing methods. My Shuar friends in Kuwín even explained that they felt a fragmentation of the body and the whole reproductive process if they needed to resort to the health centre or hospital during pregnancy. This is because biomedicine tends to focus on the outcome of a pregnancy and the body parts related to this process, based on the Western system of knowledge that places emphasis on the body as a biological mechanism, rather than seeing fertility as an ongoing and interactive social process that extends beyond the actual pregnancy and childbirth.

The ambivalence towards the health units in Morona Santiago expressed by many Shuar women could, however, sometimes be traced to their relationship with their own medicine as well. One young Shuar woman explained why she had chosen to use modern contraception instead of the culturally defined forms of contraceptive in the following way:

> My husband and I have chosen to use the fertility regulations provided at the health centre rather than the herbal medicine or the shaman. This is because neither the herbal medicine nor the shaman who resides in our neighbourhood can be trusted. If you use our methods in an incorrect way you may lose your ability to conceive permanently. You become 'dry' from the use of *pirípri* (*Cyperus* sp) and an evil shaman might decide not to solve the affliction he gave you. Both situations may leave you with a permanent state of infertility.

What this statement clarifies is that Shuar men and women question the efficacy and side effects of all types of contraceptive techniques, not merely biomedicine. Shuar people relate to both medical systems by questioning and comparing their different forms of treatments and efficacy in different situations, alternating between the two. As a result of their ambivalence towards both the health units and their own shaman, many Shuar in Tiwintza

often expressed their desire to develop their own medicine, i.e. the herbal medicine prepared by the layperson in the home. I was told that rather than being a part of the current health centres, where such practices and knowledge tend to be condemned, Shuar people desired health centres that would be dominated by the practice of Shuar medicine. The Shuar people I spoke to, many of whom have ambivalent feelings towards their own shamans as well, said that, if shamans were to be integrated into these imaginative spaces at all, it would only the good ones, those who are able to cure. Thus, what my Shuar friends in Kuwín dreamt about was having access to health care based on their own knowledge system and that they could rely on and feel comfortable using.

Summary

Social interaction between health care providers and clients/patients is an important arena for understanding the use of reproductive health services and family planning programmes. As pointed out in chapter two, the contemporary demographic fertility theories tend to assume that, as soon as people learn about modern reproductive health care and contraceptive technologies, they will want to use them to improve their reproductive health or to limit their number of offspring. Modern contraceptive technology is, in this sense, seen as the force that triggers change in population trends. What we see in this chapter is that, far from being a straight forward provision of reproductive health care, based on an equal, common and fluid discourse between actors, these services are underpinned by hierarchical relations of power between health professionals and clients/patients, by theories of modernisation and socioeconomic development, and by subjectivity, i.e. the health professionals' opinions, moral convictions and their fears of poverty, underdevelopment and population growth. The social justification for promoting family planning is related to Western ideas that a reduced family size leads to enhanced well-being. While these programmes may have good intentions, from that point of view, the practices and strategies to make people limit their number of children reveal issues of stigmatisation and discrimination. The implementation of the reproductive health services are characterised by an intrusive surveillance over non-normative reproductive bodies that, according to many health care providers, conceive more children than what is good for them and their family.

In this chapter, we have also seen how the experience of the exertion of power and authority shapes the way a number of Shuar people use reproductive health services. Rather than interpreting the Shuar people's

encounter with health professionals as expressions of their powerlessness, we have seen how they draw on alternative knowledges. The ways in which Shuar people respond to reproductive health services and technologies are not merely a result of how they relate to the health professionals, the discourse being expressed in the health units and the negotiations that takes place between them, but also invokes other frameworks, such as how Shuar people conceptualise the whole reproductive process, body, person, knowledge, power, health, illness, and so forth. What makes communication difficult in encounters between Shuar people and the health care professionals are not only the relations of power expressed between them, but also their different notions of well-being, including their different strategies for achieving them.

8
Reproductive Change

Concluding Remarks

When I initiated fieldwork in Ecuador in August 2006, the large number of children among Shuar and Achuar peoples was, due to a newly published health survey, addressed in the media and public debates as shocking news. The fertility rates among the indigenous peoples in the Amazonian part of Ecuador have generally been defined as 'high' in previous surveys (see e.g. CEPAR 2005), but to have on average 8.2 children per woman, as in the specific case of Shuar and Achuar peoples (UNICEF 2006), was still considered exceptional. The reason why these peoples still conform to native ideas about family size, and why they have not yet responded to the modern reproductive health and family planning services that are offered to them at the health units free of charge, was discussed publically by health professionals, development planners, journalists, politicians, and so forth. I have, in this thesis, demonstrated that many of the answers to these questions are embedded in the queries themselves, including the discourse on which they are based, how they are put forward and by whom. They reveal a top-down approach to development and health interventions that is based on a biological, evolutionary and ethnocentric perspective on human reproduction. In fact, the ways in which reproductive health policies and programmes in Ecuador stigmatise, ignore or exclude certain peoples, their perceptions, knowledge systems and ways of living, will not lead to the desired aims of such interventions, i.e. to enhance the well-being and prosperity of poor and marginalised peoples with large families.

At a global and rhetorical level, policy makers and development planners recognise the complex process involved in human reproduction, how it is shaped and influenced by a combination of physiological, social and cultural mechanisms. However, in practice we find a wide gap between the global discourse on population and reproductive health and the local reality of reproductive practices. As pointed out in this thesis, national policies and programmes in Ecuador are, in fact, still committed to controlling the fertility

of certain people. Despite a paradigm shift at global level, these underlying demographic assumptions tend to remain submerged in current reproductive health legislations, programmes and services in Ecuador. The Ecuadorian state has created standardisations of public-health and population measures, including methods and strategies to calculate, regulate and adjust fertility and population growth according to international ideals. As Scott (1998) explains, the use of standardised measures assists states in their ambition to discipline and control populations, aiming at creating uniformity and homogenisation. As demonstrated, state health officials in Ecuador exercise power and authority over local communities, not merely through laws, policies, demographic calculations, bureaucratic regulations, and so on, but also through more subtle forms of power, based on affectivity and moral convictions. The Ecuadorian state's argument for regulating populations through reproductive health and family planning programmes is that such interventions will improve living conditions, based on demographic notions that reducing the number of children will lead to an enhanced well-being for individuals, communities, and the whole nation. In other words, high fertility rates undermine national efforts to develop and modernise the country. In this situation it becomes necessary to convince people that reducing the number of children, through the use of modern contraceptives, is good for them. In the process of modernisation, achieving an enhanced well-being, in the Western sense of the term, is considered the most rational step for all people to take in Ecuador. What we have seen is that the policy discourse is not implemented objectively at the health units in Ecuador, but it is rather interpreted subjectively. The driving force behind the implementation of population policies and reproductive health legislations are in many cases health officials' fears of poverty, underdevelopment and population growth, and their desires to achieve stability, control, improved health and well-being. Health professionals' interaction with clients/patients in Morona Santiago tends to be suffused with sentiments, rather than merely reflecting development objectives outlined by the state.

It is not merely the state health officials and health care providers in Ecuador that are driven by a desire to enhance well-being in the indigenous communities. So are Shuar people. However, as Gordon Mathews and Carolina Izquierdo (2009) point out, well-being is culture-bound and different societies may thus support and hold on to various culturally and linguistically constructed notions of the term. The meaning of well-being and its relation to fertility and family size may therefore differ significantly between contexts. Rather than asking why Shuar people have not yet responded to the reproductive health interventions implemented at the health units in Morona Santiago as if this would be the most rational and responsible

thing for them to do, the aim of this thesis has been to explore how the choices Shuar community members make about family size and fertility regulations relate to both national and international ideals and to their own notions of the good life, *pénker pujustin*. This has required a perspective on human reproduction that captures the dynamic context of people's social world but also explores indigenous ontologies and conceptualisations of reproduction and well-being, and how cultural notions enter into reproductive practices, decisions and outcomes. This approach to human reproduction is in contrast to the demographic fertility transition theories where 'culture' is often defined as the problem and the reason why fertility remains high in certain contexts. In national demographic surveys and in interviews with Ecuadorian health officials and professionals, 'culture' is described in terms of the barriers, traditions, attitudes and practices that block a fertility transition to take place among peoples with large families. 'Culture' is, in other words, a hindrance towards development as it is perceived to be difficult or slow to change. What is meant by 'culture' is vague, unelaborated and ill-defined, revealing a binary thinking between tradition and modernity and an essentialist way of understanding indigenous systems of knowledge and ways of living. As I have demonstrated in this thesis, it is in fact first when we focus on indigenous ontologies and the cultural and social dimensions of reproductive agency across time and space that the logics behind the choices people make regarding family size and fertility regulations become clear but also how people engage in relations with the state and why they respond to health interventions in certain ways. Demographic measures, indicators and variables are rarely discussed in relation to how local people themselves define health and illness, how they make sense of reproductive change, including its social implications and impact on locally based notions of well-being, and how they situate themselves and respond to the various discourses on population, reproductive health and family planning. As a critique towards the official and dominant discourses on reproduction I have focused on other forms of reproductive knowledges and practices that are considered of less importance in large-scale development schemes. The aim has been to move the reader closer to an understanding of how Shuar individuals at the margins of the Ecuadorian society make sense of, behave, respond to and experience reproductive change and reproductive health services.

The ethnography presented in this thesis challenges us to think about health interventions, medicalisation and modernity in a context where there are different conceptualisations of body, person, power and 'society,' making it important to explore how these different terms are connected to one another and how they relate to change. Understanding the culturally embedded

mechanisms and social processes underlying reproduction has been central because reproduction and having large families are essential to Shuar people's notions of conviviality, or well-being. Shuar people's ontologies include an openness to other people and beings, and a striving for social interaction. Only by maintaining good, peaceful, continuous and ongoing social relations with other people and the larger cosmos is it possible to create new life. Only through the agency of others foetuses, babies and children are made to grow, develop and survive. Only through being connected with the larger cosmos and having acquired knowledge and power can good social relations be maintained, which leads to a peaceful, productive, generous, prestigious, safe and quiet way of living. The coming into being of an individual depends on continuous social interaction with other people and beings, including the incorporation or embodiment of their elements and ideas. Thus, among Shuar people the creation of an individual is connected with the creation of conviviality. The body can neither be separated from the self nor from notions of conviviality. The body (and person) is created in relation to the Other, requiring a cultivation of both the social and the physical over time. Reproduction is in this way not an individual concern and decision but a dynamic and interactive issue of wider social concern. The body of a Shuar person, in particular the foetus, baby, child and adolescent, is, accordingly, not owned individually because it is made of and constituted in the process of social interaction. In this way, the connection between notions of body and person concerns the constant engagement of others, including the mediation, manipulation and negotiation of the social relations. The 'collective' notion of the body and person and the close ties between people do not mean that the individual lacks agency and capacity to act and think on its own. However, communication with other people is important and decisions are always discussed and shared with close family members, in particular between husband and wife. Social pressure can be put on individuals who do not follow the moral discourse about what constitutes the good life and how to achieve this way of living, but Shuar adults do rarely demand or require other adults to obey or follow certain rules. Hierarchical notions of power and discipline are, in accordance, not present in most of the relationships between Shuar adults. Instead, the mechanisms that shape social interaction are based on how people act in relation to the moral discourse about what constitutes the good life. Social relations are therefore concerned with what people do and don't do and how they act and don't act. Social relations are flexible, and in order to avoid confrontations and disputes they are negotiated and manipulated. In this way, Shuar people's approach to change is inherited in their openness to other people and beings and in the dynamics of social interaction.

Shuar people may use the Western terms 'traditional' and 'modern' for describing changes in their ways of living and how Shuar people have been affected differently by the process of colonialism and modernisation. This does mean that they refer to a notion of 'culture' in essentialist terms. The potential for change is embedded in their ontology, meaning that the closer one lives to the modern society the more elements and ideas may be integrated into the system of knowledge and ways of living. As Gow (2007) argues, the process of sociocultural transformation among Amazonian peoples is not a passive adoption of exogenous forces and elements but rather a conscious strive for social interaction with other people and the establishment of social relations, including also the incorporation and embodiment of other people's objects and ideas. As we have seen in this study, notions of *pénker pujustin* tend to vary between individuals and across gender and generations, demonstrating that Shuar people are not a homogenous group governed by static or essentialist notions of 'culture.' However, direct or dramatic change, resulting in ruptures, instability, disorder and chaos, is not a part of Shuar people's notions of *pénker pujustin*. Reproductive change in the sense of reducing the number of children is an example of such a fundamental transformation, undermining the foundation upon which conviviality is created. The social implications of a reduced number of children are therefore severe, making it difficult and undesirable for many Shuar people to limit family size.

The ways Shuar people respond to reproductive health services and technologies concern wider negotiations that are rooted in family relations and religious life. Family size and the use of fertility regulations are critical issues of contest and can be the cause of disagreements and conflicts between couples and within families. Creating children and making them grow and develop into adult persons are of central importance for both Shuar men and women in order to gain social recognition – not only by the parental generation but also by grandparents and the wider kin groups. However, as demonstrated, it is not merely the global discourse on population, reproductive health and family planning that are issues of both compliance and resistance but also the culturally defined norms about family size, the use of fertility regulations, the expectations of family and community members, the control of husbands, local healing practices, and so on. Shuar are not in any sense passively acting out their own norms, ideas and dominant ideologies. Thus, individuals, like Lucho and Marcia, are still able to make decisions on their own and break with the prevailing norms in their community for their own benefit. People tend to apply local norms, values and ideas when they find it suitable; if not they draw upon competing ideas, knowledges and practices. Shuar individuals are part of a web of social

relations that shape and influence their experiences, ideas, opinion and options.

Shuar people enter into the relations with state health officials and professionals not merely with a different frame of mind regarding reproduction and well-being, but also with different notions of power and discipline. Shuar people's notion of power is of key relevance in order both to create life and to live the good life. This notion of power is individualistic, positive, creative, productive and enabling but can also be dangerous and destructive. In order to acquire power, discipline and control over the self rather than over other people is necessary. However, the relations with the wider society are created in historical contexts and shaped by hierarchical structures, based on notions of class, ethnicity and gender. At the health units Shuar people are subjected to various forms of power and discipline. These are characterised by the asymmetric social relations established between Shuar and mestizo peoples, but also by more subtle forms of power as health care providers deliver highly directive advice, encouraging people to adopt certain treatments according to the physician's personal opinion and preferences. The exercise of such notions of power and disciplinary practices are not simply taken in and accepted by Shuar people but are rather met with ambivalence and scepticism. Among Shuar people, individuals' actions and conduct are interpreted, evaluated and responded to according to the moral discourse about the good life. This discourse does not include the coercive form of power. Thus, local perceptions of power in the communities between men and women and the experience of the exercise of power at the health units are of key relevance for explaining how and why people respond to public health interventions the way they do, including maternal and family planning programmes.

It has often been argued in studies concerning reproduction that poor women are in particular vulnerable and subjected to the top-down approach to health care by health officials (e.g. Pigg 1997; Van Hollen 2002). Unnithan-Kumar (2003) demonstrates how women in India are pressured by public health professionals to undergo tubectomies, demonstrating that poorer women are more exposed to development interventions and more likely to be subjected to medical coercion. Similar examples of biopower have been provided in this thesis, demonstrating how powerful institutions such as the international community, the Western medical system and the state have created and supported a certain discourse on population, aimed at controlling the fertility of certain peoples. As Escobar (1995) argues, these discourses on development formed by policy-makers and development experts in Western countries are often internalised by the targeted groups. This, he continues,

makes it difficult for people exposed to development interventions to identify and express their own opinions and interests by using their own terms and definitions. Thus, in this way reproductive health interventions and modern family planning campaigns, including the medical coercion experienced as these programmes are implemented at the health units, may undermine local knowledge and ways of living, disempowering people under the designation of modernity, technology and progression. In fact, many reproductive health interventions in Morona Santiago have led Shuar women to experience a lack of control and a fragmentation of the body and the reproductive process. This does however not mean that the power to define and control human reproduction is unidirectional. Shuar people's subordinate position in the health units and the wider Ecuadorian society should not be taken as an indicator of their lack of agency and autonomy. In pluralistic contexts we find competing knowledges of reproduction. Poor or indigenous women may therefore resist state impositions and resort to alternative or indigenous systems of knowledge and health care. Shuar people draw upon a variety of medical systems, using different sorts for different occasions depending on not only local perceptions, healing practices and their perceived efficacy but also their relation to biomedicine and how they experience the Western professionalised medical system and the larger society as such. Shuar individuals act from multiple motives that can change over time. In doing so, they alternate, manipulate and negotiate the various discourses and medical systems in their surroundings. They are thus both constructing and reconstructing the local pluralistic health system.

Many Shuar people recognise and are aware of the small family norm and family planning discourse propagated by the health service providers, including the supposedly correct and incorrect stance to take in different situations. As demonstrated, Shuar people have constructed their own knowledge of the public health care system, how to enter it, how to interpret the biomedical treatments, how to communicate within it, what opinion to hold and express in certain situations, and how to find a way through it. They reflect on what is being expressed at the health units and how the medical personnel respond to them, but often without revealing their own perception and opinion on a certain matter in the direct encounter. They relate to discourses and practices just as they relate to individuals' actions and conduct within the community and the wider network of social relations among kin. Relations with health units and medical personnel are accordingly loose, flexible and constantly negotiated. To avoid disputes and direct confrontations Shuar people manipulate discourses. They are, in this way, conscious participators in the dialogue that takes place in the health units but are never unconsciously ruled by the dominant discourse they meet.

Shuar people generally have ambivalent feelings towards the modern society and development plans. Their responses to development programmes tend to be selective, individual and situational, depending on the context and content of such schemes. The effects of reproductive health interventions into local reproductive practices are in the same way complex and sometimes ambiguous. Among Shuar people, biomedical practices are embraced, resisted, reshaped or manipulated. Their knowledge system is not closed in any sense and other knowledge systems are therefore taken in. Thus, reproductive change is the product of a complex interaction between local knowledge and biomedical knowledge and between different notions of well-being. The responses to development among Shuar people can therefore not be characterised as fully supporting or totally rejecting modernity. Shuar people's experiences, feelings and emotions shape their engagement in reproductive health services and how they choose between different medical systems. The health care providers desire an enhanced well-being in their work with reproductive health, and fear underdevelopment, malnutrition, and poverty. Shuar people too desire an enhanced well-being and an improved health, but fear both the social implications of a reduced family size and the unsympathetic, discriminatory and coercive actions they may meet in many biomedical contexts. The experience of disruption and fragmentation of the body and the whole reproductive process and the controlling efforts by the regulatory powers at the health units, trying to undermine both the role of the shaman and the culturally defined reproductive practices, reinforce Shuar people's resort to their own medical system. Indigenous medicine can be an important means for resisting the Western capitalist ideology and social and political relations, but also for revaluing and expressing cultural identity in a context characterised by dramatic change (Allen 1988). Rather than reducing their number of children many Shuar people continue to conceive in an effort to maintain stability, continuity, peace and harmony, prioritising their own birthing methods and other reproductive practices to the greatest possible extent. The average number of children per Shuar/Achuar woman is even supposed to have increased with approximately one child per woman over the last three decades (UNICEF 2006). Can the large number of children among Shuar people and the tendency to prioritise their own system of knowledge and healing practices be interpreted as a form of resistance towards repressive power relations then? As I have argued here, it would be far too simplistic to assert that Shuar people have many children merely as a way of resisting the medical coercion, discrimination and repressive power structures they experience in interaction with the larger society or as a way of defending and restoring 'pristine' cultural practices or traditions. What is clear is that the experience of rapid sociocultural change, the changing marital relations and

family constellations, the disappearance of local knowledge and fertility practices, the ambivalence towards both the modern society and the different medical systems affect Shuar people's notions of reproduction and well-being, including how they are negotiated. This also includes the mechamisms at play in the interface between the health care providers' subjective interpretations of the state policy discourse on reproductive health and the complexity of everyday life. The global and national discourse on population, reproductive health and family planning is constantly being interpreted, recreated and transformed through multilayered negotiations at various levels. This makes the dynamics involved in shaping and influencing human reproduction unique in each individual case. To think that family size and the use of modern contraceptives should or could be standardised globally is, from such a perspective, astonishing.

Svensk Sammanfattning *(Swedish Summary)*

Avhandlingen rör sig inom området för den globala diskursen om befolkningstillväxt, högt barnafödande och reproduktiv hälsa, dess samspel med nationell politik i Ecuador samt hur det förhåller sig till uppfattningar bland Shuar om det goda livet och välbefinnande. Det internationella samfundet har accepterat de demografiska transitionsteorierna enligt vilka ett högt barnafödande anses utgöra ett hinder för samhällelig utveckling och modernisering. För att hjälpa människor kontrollera antalet barn som föds har befolkningspolicys och program som rör reproduktiv hälsa och familjeplanering utvecklats.

Etnografin som presenteras baserar sig på fältarbete bland en grupp ursprungsfolk i Ecuadorianska Amazonas som kallar sig Untsuri Shuar, vilket betyder ’många människor.’ Att ha stora familjer med många barn är följaktligen viktigt för flertalet Shuar. Avhandlingens syfte är att undersöka hur Shuar uppfattar människans reproduktion samt hur de val Shuar gör vad det beträffar familjestorlek och bruk av preventivmedel anknyter till både deras egna reproduktiva normer och praktiker och till nationella och internationella ideal. Jag undersöker därmed relationen mellan den individuella kroppen och statskroppen (*body politic*), och lyfter fram den agerande och subjektiva individen i relation till offentlig policy.

En del antropologiska studier av människors syn på reproduktion har kritiskt granskat hur stater, genom specifika interventioner och program, blandar sig i människors reproduktiva liv och påverkar deras beslut, val och subjektiva upplevelser. Andra studier har varit mer lokalt förankrade och granskat hur kvinnor förhåller sig till sådana interventioner på olika sätt. Istället för att enbart använda ett ovanifrån- eller underifrånperspektiv i analysen av relationen mellan stat och individ samt att separera och isolera studierna i globala, nationella och lokala sfärer har jag även undersökt de medlande mekanismer som samspelar i mötet mellan implementeringen av standardiserade program och den komplexa sociala verkligenheten. I skärningspunkten mellan implementeringen av offentlig policy och individen i lokala kontexter utgör subjektivitet och personlig påverkan en viktig del av maktrelationerna mellan sjukvårdspersonal och patienter/klienter.

Den etnografiska delen av avhandlingen handlar om hur Shuars uppfattningar om kropp, person, reproduktion och sociala relationer är tätt sammanlänkade samt hur dessa förhandlas när nya tankesätt kring barnafödande och familjplanering introduceras. Shuars uppfattningar om reproduktion och fertilitet samt deras tänkande kring familjestorlek och preventivmedel skiljer sig markant från de underliggande antaganden som går att spåras i den globala och Ecuadorianska diskursen där ett högt barnafödande anses ha negativa konsekvenser för utveckling, modernisering och välbefinnande. Den globala och Ecuadorianska diskursen genomsyras dessutom av biologiska tankegångar i relation till fertilitet och reproduktiv hälsa samt av en idé om att välbefinnande kan sättas ihop med ekonomi, utveckling och modernisering. I mottsats till detta synsätt anser Shuar att stora familjer utgör en fundamental aspekt av det goda livet, eller konvivialitet, dvs. välbefinnande, stabilitet, fred, harmoni och god hälsa. Välbefinnande bland Shuar handlar om att skapa goda sociala relationer baserat på individers kapacitet, önska och vilja att dela med sig, knyta sig an till, och samarbeta med andra människor och med andevärlden. Att dela med sig av kunskap, mat, dryck, arbetskraft, makt, goda råd osv. leder till ökad produktivitet och fertilitet, får barn att utvecklas och växa samt bidrar med att individer får kunskap, makt, god hälsa och goda sociala relationer. Shuar har inget biologiskt sätt att tänka kring kroppen, kroppsliga processer och utveckling. Istället blir barn till, utvecklas och växer upp till vuxna individer genom mänsklig agens och social interaktion. Shuars uppfattning om reproduktion är därmed inte något som händer i och med att kvinnans ägg befruktas utan reproduktion kräver kontinuerlig social interaktion över lång tid för att barn ska bli till och växa upp. Att ha många barn med kontinuerliga intervaller binder samman människor och familjer och skapar konvivialitet då dessa på olika sätt engagerar sig i ritualer och praktiker som bidrar till att barn växer och utvecklas. Barnlöshet eller att endast ha få barn med långa intervaller uppfattas som ett resultat av dåliga sociala relationer eller avbrott i den sociala kontinuiteten, vilket skapar disharmoni, konflikter, ohälsa, infertilitet och dålig produktion.

Shuar är inte en grupp människor som är homogena, isolerade eller statiska i sitt sätt att leva, tänka och agera. Som en del av det goda livet ingår ständiga förhandlingar av sociala relationer för att kunna leva väl tillsammans. Enligt många Shuar förändras, växer och utvecklas en person och dess kropp i ständig interaktion med andra människor (både Shuar och icke-Shuar) och i interaktion med andar. Denna interaktion inkorporeras i kroppen. Detta betyder att om man lever tillsammans med andra människor så tar man in och förkroppsligar deras idéer, föremål och kunskaper. Shuars

sätt att leva kan därmed karaktäriseras som en dynamisk och interaktiv miljö, vilken påverkats och förändrats under historiens gång både internt och av externa aktörer som missionärer och kolonisatörer. Shuar har på så vis också successivt integrerats i marknadsekonomin, staten och i den kristna tron. I avhandlingen visas det dock att Shuar inte passivt har anpassat sina liv till kolonisatörers och missionärers önskningar och målsättningar utan de är både reflexiva och kritiska till de förändringar som har skett i deras levnadssätt. I vissa avseende har Shuar uppskattat och dragit nytta av nya influenser. I andra fall har de motsatt sig de nya situationerna medan de ibland har varit tvungna att acceptera och genomföra vissa förändringar för att överleva. Shuar har successivt integrerats i det Ecuadorianska samhället men deras sociala status som ursprungsfolk är fortfarande låg. I deras tidigare egalitära levnadssätt har hierarkiska strukturer introducerats i form av klass, etnicitet och genus.

Den Ecuadorianska staten är inte heller en homogen eller statisk enhet. När vi ser på utvecklingen av landets program som rör reproduktiv hälsa och familjeplanering har det internationella samfundet haft ett stort inflytande. Diskursen är tydligt påverkad av de demografiska transitionsteorierna vilka menar att befolkningstillväxt utgör ett hinder för socioekonomisk utveckling och modernisering. Genom att begränsa och kontrollera människors fertilitet kommer ekonomiskt välstånd, förbättrad hälsa och välbefinnande att infinna sig. Katolska kyrkan som i Ecuador har en stark ställning, både politiskt och bland folket, har kraftigt mottsatt sig denna diskurs och arbetat aktivt för att förhindra sexuella och reproduktiva rättigheter i lagar och program. Trots detta har den Ecuadorianska staten sedan slutet av 1990-talet följt den nya globala reproduktiva diskursen, vilken betonar individers fria rättigheter att bestämma antalet barn de vill ha och vilka preventivmedel de önskar använda. Ecuador har antagit flertalet lagar och policys som betonar vikten av fri tillgång till reproduktiv sjukvård, preventivmedel och sexualundervisning.

Efter att befolkningstillväxt och barnafödande har varit högt i Ecuador har staten sedan mitten av 2000-talet börjat definiera befolkningsdynamiken i landet som normal. Generellt sett har barnafödandet minskat dramatiskt i Ecuador, vilket kan tolkas som att Ecuadorianska folket har accepterat, internaliserat och anpassat sig efter den globala och nationella diskursen. Det ideala antalet barn per familj i Ecuador idag utgörs av ungefär 2-3 barn. Det framgår både i intervjuer med statliga tjänstemän och av officiell statistik att det finns stora skillnader i storleken på familjer i Ecuador. Statliga policys inverkar på människors sätt att utforma sina liv men dessa influenser påverkar inte alla människor på samma vis. Etnicitet, klass,

genus, religion, ålder och sexuell orientering är faktorer som skapar skillnader i medborgarskap, vilket också påverkar människors relation och förhållningssätt till staten. Bland sjukvårdspersonal och tjänstemän finns det ofta en åsikt om att de människor som har betydligt fler barn än vad idealet säger måste hjälpas att kontrollera sin reproduktion – detta så att de kommer ut ur fattigdomsfällan. Bakom den statliga diskursen om fri tillgång till reproduktiv teknologi och service samt självbestämmande i reproduktiva beslut finns det fortfarande en underliggande ambition om att kontrollera fertiliteten hos vissa grupper av människor. Detta gör att reproduktion i Ecuador kan definieras som stratifierad, baserad på klass, etnicitet, ålder och kön. I demografisk statistik i Ecuador pekas ursprungsbefolkningen och Afro-Ecuadorianer ut som befolknings-grupperna med störst barnaskaror och de anses därför vara de grupper som är i störst behov av familjeplanering och moderna preventivmedel för att minska antalet barn.

Många demografer skulle beskriva Shuar som ett folk med en ”naturlig” reproduktion, dvs. de har ingen medveten planering eller uppfattning om hur många barn de önskar skaffa sig utan får okontrollerat och oplanerat barn under hela kvinnas fertila period. I avhandlingen ser vi att Shuars reproduktion, trots det höga barnafödandet, inte alls är okontrollerad på något vis utan i högsta grad en medveten ambition. De använder sig av flera olika diskurser och kunskapssystem för att både begränsa och kontrollera sin fertilitet men även för att öka den. Idealet är att ha stora familjer med många barn eftersom detta genererar välmående, stabilitet, och goda, pågående och fortlöpande sociala relationer. Detta betyder inte att Shuar är slavar under sina egna reproduktiva ideal och normer. Shuars sätt att leva styrs inte av enhetliga och statiska ideal utan det kan spåras flera olika influenser, idéer och praktiker mellan olika personer. Omfattande reproduktiv förändring i formen av att drastiskt minska antalet barn utgör dock en fundamental förändring då det underminerar hela grunden på vilken det goda livet baseras. En sådan omfattande förändring resulterar i avbrott av de pågående och konstanta sociala relationerna mellan människor då ingen längre kontinuerligt behöver engagera sig i de växt- och utvecklingsgenererande aktiviteterna och ritualerna för barn och ungdomar. De sociala implikationerna av ett dramatiskt minskat antal barn är därmed omfattande och kan generera kaos, instabilitet och konflikt, vilket gör det svårt och icke önskvärt för många Shuar att minska familjestorleken. Detta betyder dock inte att Shuar är oförmögna att begränsa antalet barn. Tvärt om visar avhandlingen på en tydlig dynamik där förhandlingar sker över generationer och mellan män och kvinnor vad det beträffa familjestorlek och användandet av preventiva medel.

Många Shuar har ett ambivalent förhållande till västerländsk sjukvård och till moderna biomedicinska preventivmedel. Många Shuar undviker att använda västerländska preventivmedel då de upplever att de inte mår bra av dem. Detta beror inte enbart på deras uppfattning om att västerländsk medicin både kan bota och skada utan även på deras relation till staten. På sjukvårdsenheterna i det aktuella området framställs västerländsk medicin som det bästa och enda alternativet medan Shuars kunskapssystem i mångt och mycket ignoreras, exkluderas eller förlöjligas. I familjeplaneringsprogrammen står modernitet, vetenskap och utveckling i mottsatts till tradition, stagnation och underutveckling. Ursprungsbefolkningen och deras praktiker, kunskaper och metoder definieras som traditionella och i behov av utveckling och förnyelse. Det finns med andra ord evolutionistiska idéer och hierarkiska relationer inbäddade i själva diskursen som ventileras i sjukvårdspersonalens möte med Shuar – ett möte som dessutom genomsyras av andra maktrelationer baserade på klass, etnicitet och genus. Trots att policy diskursen i Ecuador betonar viket av fria reproduktiva rättigheter och beslut uttrycker många av sjukvårdspersonalen en tydlig ambition om att vilja begränsa Shuars barnafödande. Ytterst är det känslor, rädslor, önskningar, moral och personliga preferenser som påverkar hur sjukvårdspersonalen tolkar och kommunicerar statliga lagar, policys och program. Både sjukvårdspersonalen och Shuar önskar uppnå ett ökat välbefinnande och en förbättrad hälsa i deras respektive reproduktiva ambitioner, målsättningar och praktiker. Både Shuar och sjukvårdspersonalen drivs av sina respektive rädslor för de konsekvenser som är resultatet av att inte uppnå välbefinnande. Sjukvårdspersonalen är rädda för den fattigdom, ohälsa, underutveckling och stagnation som de upplever är konsekvensen av ett högt barnafödande. Shuar, å andra sidan, är rädda för att ett begränsat antal barn leder till brott av social kontinuitet, konflikt, ohälsa och en oförmåga att skapa det goda livet.

Glossary

The majority of terms presented in this glossary are Shuar and they appear in bold. There are also a few Spanish words, which appear in italics, and one word in Quichua that appears in bold and italics.

aárpaj	herbal medicine-*Ocimum basilicum* (in local Spanish: *Albahaca*)
ánent	magical songs
apa	father
arútam	souls of ancient ancestors
arútmari	arútam power
Ayumpum	spirit of life and death
awe	son-in-law or daughter-in-law
barbasco	a root used in fishing - *Lonchocarpus*
centro	centre or village
colono	non-Shuar Ecuadorians who have settled in Shuar territory
ékech	a weaned child
entsa	water
Etsa	sun, forest spirit
etsérin	catechist
fiscomisional	a school or health unit run together by missionaries and the state
íich	father-in-law
iniash	body
ipiak	red seeds from the achiote tree used for medicine, colouring, flavouring, body and facial paint
iwianch	a dead person's spirit, demon
káa	dry
kakaram	a powerful and brave person
kaná	detached, separated
kasaku	a woman mature enough for marriage
Katipnua	rat woman
kuchatsauk	herbal medicine - not identified
kuírach	a small baby carried by the breast of its mother
kushi	a fox-like animal (in local Spanish: *Cuchucho*)
kusúm	male initiation ceremony involving the use of tobacco
kuwín	goldfish
maikiúa	a psychoactive substance – *Brugmansia*

mandarina	derives from the Spanish verb *mandar*, meaning to send, order or command
Mesak	avenging soul
minga	collective work party
músap	love charms – also defined as tsemayuca, a plant (not identified), also a female name
nantar	magical stones
nantu	moon
natém	a psychoactive substance - *Banisteriopsis* sp.
natémamu	collective ceremony involving the administration of natém
nekás	true
nihiamanch	fermented manioc beverage
nua	woman
nua tsáank	female initiation ceremony
nukumpía	eel
numpa	blood
numpamrumkímiun	
namperi	celebration of a girl's first menstruation
nuku	mother
Nunkui	earth spirit
numpámrumat	menstruation
númpenk	blood rite, purification
pasech	baby
pénker pujustin	good life, well-being
pirípri	sedge - *Cyperus sp*
pujúch	a baby who is able to sit and crawl
sai	brother-in-law
sankurach	herbal medicine - *Amaranthus*
síndico	administrative leader of a centro
tapikiú	childhood illness as a result of the neglect of taboos
Tiwintza	the name of a canton, meaning the River of Tiwi
tsáank	tobacco - *Nicotiana rustica*
tsantsa	shrunken head
tsatsa	mother-in-law
tsemáik	a female name, a plant (not identified), the name of a tsensak (magical dart) used when practicing love charms
tsemayuca	love charms, also defined as músap
tsémran	a man mature for marriage
tsensak	little invisible arrows only shamans can see and control
tsensemp	herbal medicine - species of coca leaves
Tsunki	water sprit and master of shamanism
Transkutukú	the area east of the Kutukú mountain

túna	a collective ceremony involving a trip to sacred waterfalls in order to encounter arútam
Untsuri Shuar	numerous persons
uma	sister or female parallel cousin
uwishín	shaman
uchi	child
uchi akíamu	childbirth
uchímiatai entsa	uterine water
uchírtai	celebrations of the child
wakán	life soul
wáimiaku	a person who has encountered and incorporated arútam
waimiátkamu	a person who is strengthened through the power another person has received from spirits
wajér	cross-cousin
wea	master of rituals
yachi	brother or male parallel cousin

References

Abu-Lughod, L. 1990. The Romance of Resistance: Tracing Transformations of Power through Bedouin Women. *American Ethnologist* 17(1): 41-55.

Alès, C. 2000. Anger as a Marker of Love: The Ethic of Conviviality among the Yanomami. In *The Anthropology of Love and Anger: The Aesthetics of Conviviality in Native Amazonia,* Overing, J. and Passes, A. (eds.). London: Routledge.

Appadurai, A. 1990. Disjuncture and Difference in the Global Cultural Economy. *Public Culture* 2: 1-24.

Aramburú, C. 1994. Is Population Policy Necessary? Latin America and the Andean Countries. *Population and Development Review* Vol. 20: 159-178.

Aretxaga, B. 2000. A Fictional Reality: Paramilitary Death Squads in the Construction of State Terror i Spain. In *Death Squad: The Anthropology of State Terror*, Sluka, J.A (ed.). Philadelphia: University of Pennsylvania Press.

Aretxaga, B. 2003. Maddening States. *Annual review of Anthropology* 32:393-410.

Århem, K. 1996. The Cosmic Food Web: Human-Nature Relatedness in the Northwest Amazon. In *Nature and Society: Anthropological Perspectives*, Descola, P. and Pálsson, G. (eds.). London: Routledge.

Århem, K. 2001. Ecocosmología y Chamanismo en el Amazonas: Variaciones sobre un tema. *Revista Colombiana de Antropología* 37: 268-288.

Barrera, C. and Trujillo, P. 1997. *Informe de la Investigación Realizada en las Asociaciones de Chiguaza, Pimpints y Tutuunientza.* Quito: Servicio Holadés de Cooperación al Desarollo.

Belaunde, L.E. 1992. Gender, Commensality and Community amongst the Airo-Pai of West Amazonia. Ph.D Thesis, Univ of London.

Belaunde, L.E. 1997. Looking After your Woman: Contraception Amongst the Airo-Pai (Secoya) of Western Amazonia. *Anthropology and Medicine* 4(2):131-44.

Belaunde, L.E. 2000. The Convivial Self and the Fear of Anger amongst the Airo-Pai of Amazonian Peru. In *The Anthropology of Love and Anger: The Aesthetics of Conviviality in Native Amazonia,* Overing, J. and Passes, A. (eds.). London: Routledge.

Belaunde, L.E. 2001. Menstruation, Birth Observances and the Couple's Love amongst the Airo-Pai of Amazonian Peru. In *Managing Reproductive Life: Cross-Cultural Themes in Sexuality and Fertility,* Tremayne, S. (ed.). New York: Berghanhn Books.

Bennett Ross, J. 1984. Effects of Contacts on Revenge Hostilities among Achuarä Jívaro. In Ferguson, B. (ed.) *Warfare, Culture and Environment.* New York: Academic Press.

Berlin, E.A. 1995. Aspects of Fertility Regulation among the Aguaruna Jívaro of Peru. In *Women's Medicine: A Cross-cultural Study of Indigenous Fertility Regulation,* Newman, L. (ed.). New Brunswick: Rutgers University Press.

Bianchi, C. 1993. *Hombre y Mujer en la Sociedad Shuar.* Quito: Abya- Yala.

Bongarrts, J. and Watkins S.C. 1996. Social Interactions and Contemporary Fertility Transitions. *Population and Development Review*, Vol. 22, No.4: 639-682.

Boserup, E. 1965. *The Conditions of Agricultural Growth: The Economics of Agrarian Change under Population Pressure*. Chicago: Aldine.

Boserup, E. 1970. *Women's Role in Economic Development.* New York: St. Martins.

Bottasso, J. 1982. *Los Shuar y las Misiones: Entre la Hostilidad y el Diálogo*. Sucúa: Mundo Shuar.

Bottasso, J. 1984. Las Misiones y la Aculturación de los Shuar. In *Relaciones Interétnicas y Adaptación Cultural entre Shuar, Achuar, Aguaruna, y Canelos quiche*, Brown, M. (ed). Sucua: Mundo Shuar.

Boulay, M. and Valante, T.V. 1999. The Relationship of Social Affiliation and Interpersonal Discussion to Family Planning Knowledge, Attitudes and Practice. *International Family Planning Perspectives* Vol. 25(3): 112-18.

Bourdieu, P. 1991. *Language and Symbolic Power.* Cambridge: Polity in association with Basil Blackwell.

Brown, M.F. 1985. *Tsewa's Gift: Magic and Meaning in an Amazonian Society.* London: Smithsonian Institution Press.

Brown, M.F. 1991. Beyond Resistance: A Comparative Study of Utopian Renewal in Amazonia. *Ethnohistory* 38 (4): 388-413.

Browner, C.H. 2000. Situating Women's Reproductive Activities. *American Anthropologist* 102(4):773-788).

Bustamante, J. 1988. *La Larga Lucha del Kakaram Contra el Sucre.* Quito: Abya-Yala.

Caldwell, J.C. 1976. Toward a Restatement of Demographic Transition Theory. *Population and Development Review* 2(3/4): 321-366.

Caldwell, J. C. 1982. *Theory of Fertility Decline.* London: Academic Press.

Caldwell, J. C., Caldwell, P. and Caldwell, B. 1987. Anthropology and Demography: The mutual Reinforcement of Speculation and Research. *Current Anthropology* 28:25-43.

Carr-Saunders, A. M. (1922). *The Population Problem: A Study in Human Evolution*. Oxford: Clarendon Press.

Carter, A. 2001. Social Processes and Fertility Change: Anthropological Perspectives. In *Diffusion Processes and Fertility Transition: Selected Perspectives,* Casterline, J.B (ed). Washington DC: National Academy Press.

CELA, 2001. The Social and Economic Impacts of Structural Adjustment Policies in Ecuador 1982-1999: Executive Summery. Ecuador, Quito: CELA.

CEPAR, 2005. Demographic and Maternal and Child Health Survey. *Encuesta Demográfica y de Salud Materna e Infantil* (ENDEMAIN 2004). Ecuador, Quito: CEPAR.

Chagnon, N.A. 1977. *Yanomamo: The Fierce People.* New York: Holt, Rinehart and Winston.

Cipolletti, M.S. 1988. El Piri-piri y su Significado Religioso en el Chamanismo Secoya. *Amazonía Peruana* 15: 83-97.

Clastres, P. 1977. *Society Against the State.* Oxford: Basil Blackwell.

Clifford, J. 1997. *Routs: Travel and Translation in the late Twentieth Century*. London: Harvard University Press.

Colen, S. 1990. "Housekeeping" for the Green Card: West Indian Household Workers, the State, and Stratified Reproduction in New York. In *Working in Homes: Household Workers in World Perspective,* Sanjek, R. and Colen, S. (eds.). American Ethnological Society Monograph 3. Washington D.C: American Anthropological Association.

CONADE. 1988. Population Policy of the Republic of Ecuador, National Council of Development / Política de Población de la República del Ecuador, Quito, Ecuador: Consejo Nacional de Desarrollo.

CONASA. 2007. Plan de Acción: Politica de Salud y Derechos Sexuales y Reproductivos 2006-2008. 2da. Edición. Quito: Consejo Nacional de Salud.

Conklin, B. 2001. Women's Blood, Warriors' Blood, and the Conquest of Vitality in Amazonia. In *Gender in Amazonia and Melanesia: An Exploration of the Comparative Method,* Gregor, T.A. and Tuzin, D. (eds.). Berkeley: University of California Press.

Conklin, B. and Morgan, L.M. 1996. Babies, Bodies, and the Production of Personhood in North America and a Native Amazonian Society. *Ethos* 24(4): 657-694.

Coury, J. and Laferbe A. 2001. *The USAID Population Program in Ecuador: A Graduation Report.* POPTECH Publication. USAID/Ecuador.

Crandon-Malamud, L. 1991. *From the Fat of our Souls: Social Change, Political Process, and Medical Pluralism in Bolivia*. Berkeley: University of California Press.

Csordas, T. (ed.). 1994. *Embodiment and Experience: The Existential Ground of Culture and Self.* Cambridge: Cambridge University Press.

Dahlberg, F. (ed.). 1981. *Woman the Gatherer.* London: Yale University Press.

Dávila, A.G. 2006. *Relaciones de Género en la Amazonía Ecuatoriana: Estudios de Caso en Comunidades Indígenas Achuar, Shuar y Kichua.* Quito: Abya-Yala.

Descola, P. 1986. *La Nature Domestique: Symbolisme et praxis dans l'écologie des Achuar.* Paris: Editions de la Maison des Siences de l'home.

Descola, P. 1992. Societies of Nature and the Nature of Society. In *Conceptualizing Society,* Kuper, A. (ed.). London: Routledge.

Descola, P. 1994. *In the Society of Nature: A Native Ecology in Amazonia.* Cambridge: Cambridge University Press.

Descola, P. 1996. *The Spears of Twilight: Life and Death in the Amazon Jungle.* New York: The New Press.

Djup, A. 2007. *Personhood and Human-Sprit Relations among the Yuracaré of the Bolivian Amazon.* PhD diss. Gothenburg University.

Douglas, M. 1970. *Natural Symbols: Explorations in Cosmology.* London: Barrie & Rockliff.

Ehrlich, P. 1968. *The Population Bomb.* New York: Ballantine Books.

Ellison, P.T. 1990. Human Ovarian Function and Reproductive Ecology: New Hypotheses. *American Anthropologist* 92: 933-52.

Ember, C. 1983. The Relative Decline in Women's Contribution to Agriculture with Intensification. *American Anthropologist* 85: 285-304.

Erikson, P. 1993. Une Nébuleuse Compacte. Le Macro-Ensemble Pano. *L'Homme* 126-128, XXXIII: 45-58.

Ertelt, S. 2008. Ecuador Voters Approve Constitution Catholic Church Opposed Over Abortion. LifeNews.Com http://www.lifenews.com/int938.html (28th sep. 2008).

Escobar, A. 1995. *Encountering Development: The making and Unmaking of the Third World.* Princeton: Princeton University Press.

FCI. 2006. *Guía Metodológica para la Evaluación Participativa de Necesidades en Salud Sexual y Reproductive.* New York.

FCI, MSP, UNFPA and Unidad Ejecutora de la LMGAI. 2008. *Por una Maternidad y Nacimientos Seguros.* Quito, Mayo 2008.

Ferguson, J. 1990. *The Anti Politics Machine: 'Development', Depoliticization and Bureaucratic State Power in Lesotho.* Cambridge: Cambridge University Press.

Ferguson, J. 2004. Power Topographies. In *A Companion to the Anthropology of Politics*, Nugent, D. and Vincent, J. (eds.). Oxford: Blackwell.

Ferguson, J. and Gupta, A. 2002. Spatializing States: Toward an Ethnography of Neoliberal Governmentality. *American Ethnologist* 29(4): 981-1002.

Findlay, A. and Findlay, A. 1987. *Population and Development in the Third World.* New York: Routledge.

Foucault, M. 1975. *The Birth of the Clinic: An Archaeology of Medical Perception.* New York: Vintage.

Foucault, M. 1979. *Discipline and Punish: The Birth of the Prison*. Harmondsworth: Penguin.

Foucault, M. 1980a. *The History of Sexuality, Vol 1. The Will to Knowledge.* Harmondsworth: Penguin.

Foucault, M. 1980b. Two Lectures: 7 January 1976, 14 January 1976. In *Power/Knowledge: Selected Interviews and Other Writings 1972-1977,* Gordon, C. (ed.). New York: Pantheon.

Foucault, M. 1984. Disciplines and Sciences of the Individual (Discipline and Punish). In *The Foucault Reader,* Rabinow, P. (ed.). New York: Pantheon.

Franklin, S. and Ragoné, H. (eds.). 1998. *Reproducing Reproduction: Kinship, Power, and Technological Innovation.* Philadelphia: University of Pennsylvania Press.

Gachuhi, J.M. 1975. *Family Planning in Kenya and the Problems of Drop-outs.* Institute for Development Studies, University of Nairobi, Discussion Paper 20.

Gammeltoft, T.M. 2008. Figures of Transversality: State Power and Prenatal Screening in Contemporary Vietnam. *American Ethnologist* 35(4): 570-587.

Germain, D. and R. Dixon-Mueller. 2005. Reproductive Health and the MDGs: Is the Glass Half Full or Half Empty? *Studies in Family Planning* 36(2): 137-140.

Gille, H. 1987. Population Assistance to Governments. *Population Bulletin,* Nos. 19/20-1986, *Population Bulletin,* Nos. 19/20-1986, United Nations publication, Sales No. E.87.XIII.2.

Ginsburgh, F. and Rapp, R. 1991. The Politics of Reproduction. *Annual Review of Anthropology* 20: 311-43.

Ginsburg, F. and Rapp, R. (eds.). 1995. *Conceiving the New World Order: The Global Politics of Reproduction.* Berkeley: University of California Press.

Gow, P. 1991. *Of Mixed Blood: Kinship and History in the Peruvian Amazon.* Oxford: Clarendon Press.

Gow, P. 2007. "Ex-Cocama": Transforming Identities in Peruvian Amazonia. In *Time and Memory in Indigenous Amazonia: Anthropological Perspectives,* Fausto, C. and Heckenberger, M. (eds.). Gainesville: University Press of Florida.

Greenhalgh, S. (ed.). 1995. *Situating Fertility: Anthropology and Demographic Inquiry.* Cambridge: Cambridge University Press.

Greenhalgh, S. and Winckler, E.A. 2005. *Governing China's Population: From Leninist to Neoliberal Biopolitics.* Stanford: Stanford University Press.

Guerriero, A. and Creamer, P. 1997. *Un Siglo de Presencia Salesiana en el Ecuador 1888-1988: El Proceso Historico.* Quito, Ecuador.

Handwerker, W. P. 1983. The First Demographic Transition: An Analysis of Subsistence Choices and Reproductive Consequences. *American Anthropologist* 85:5-27.

Hansen, T-B. and Stepputat, F. (eds.). 2001. *States of Imagination: Ethnographic Explorations of the Postcolonial State.* Durham: Duke University Press.

Hardon, A. 1997. Reproductive Rights in Practice. In *Reproductive Rights in Practice: A Feminist Report on Quality of Care,* Hardon, A. and Hayes, E. (eds.). London: Zed Books Ltd.

Harner, M. 1972. *The Jívaro, People of the Sacred Waterfalls.* Berkeley: University of California Press.

Harris, M. 1974. *Cows, Pigs, Wars and Witches: The Riddles of Culture.* New York: Random House.

Haslegrave, M. and Bernstein, S. 2005. ICPD Goals: Essential to the Millennium Development Goals. *Reproductive Health Matters* Vol 13, Issue 25: 106-108.

Hastrup, K. 1992. Writing Ethnography: State of the Art. In *Anthropology and Autobiography,* Okely, J. and Callaway, H. (eds.). London: Routledge.

Heckler, S.L. 2004. Tedium and Creativity: The Valorization of Manioc cultivation and Piaroa Women. *The Journal of the Royal Anthropological Institute* 10(2): 241-259.

Hendricks, J. 1993. *To Drink of Death: The Narrative of a Shuar Warrior.* Tucson: University of Arizona Press.

Henry, L. 1961. Some Data on Natural Fertility. *Eugenics Quarterly* 8:81-91.

Hern, W.M. 1977. High Fertility in a Peruvian Amazon Village. *Human Ecology* 5 (4): 355-67.

Hern, W.M. 1992. Polygyny and Fertility among the Shipibo of the Peruvian Amazon. *Population Studies, 46: 53-64.*

Herskovits, M.J. 1958. *Acculturation.* Gloucester, MA: Smith.

Hirsch, J. 2008. Catholics Using Contraceptives: Religion, Family Planning, and Interpretative Agency in Rural Mexico. *Studies in Family Planning* Vol. 39 (2): 93-104.

Hoffman, M.C. 2008. Ecuador Approves Anti-Life, Anti-Family Constitution. Life Site News 1st October 2008 http://www.catholic.org/international/international_story.php?id=29743

Hollerbach, P.E. 1980. Power in Families, Communication and Decision-Making. *Population and Environment 3(2):146-173.*

Hurtado, O. 1980. *Political Power in Ecuador*. Albuquerque: University of Mexico Press.

Johnson-Hanks, J. 2002. On the Modernity of Traditional Contraception: Time and the Social Context of Fertility. *Population and Development Review* 28(2):229-49.

Karsten, E. 2000. *Mission i Amazonas: Möten mellan Västerländsk och Indiansk Världssyn under 500 år.* Malmö: Bokbox Förlag.

Karsten, R. 1935. *The Head-Hunters of Western Amazonas: The Life and Culture of the Jibaro Indians of Eastern Ecuador and Peru.* Vol. 7 no.1. Helsingfors: Societas Scientiarum Fennica, Commentationes Humanarum Litterarum.

Kelekna, P. 1994. Farming, Feuding, and Female Status: The Achuar Case. In *Amazonian Indians: From Prehistory to Present,* Roosevelt, A. (ed.). Tucson: University of Arizona Press.

King, S. 1980. Estudio Preliminar de la Etnofarmacología Tradicional y la Salud General de los Angotero-Secoya. *Amazonía Peruana* 6: 39-50.

Kohler, H., Behrman, J. and Watkinson, S. 2001. The Density of Social Networks and Fertility Decisions: Evidence from South Nyanza District, Kenya. *Demography* 38(1):43-58.

Konner, M. and Worthman, C. 1980. Nursing Frequency, Gonadal Function, and Birth Spacing among !Kung Hunters-Gatherers. *Science* 207: 788-91.

Kuhlmann, E. and Babitsch, B. 2002. Bodies, Health, Gender-Bridging Feminist Theories and Women's Health. *Women's Studies International Forum* 25(4):433-42.

Lappé, F.M. and Collins, J. 1980. *Food First: The Myth of Scarcity*. London: Souvenir P.

Lappé, F.M. and Schurman, R. 1989. *Taking Population Seriously.* London: Earthscan Publications.

Leacock, E. 1978. Women's Status in Egalitarian Society: Implications for Social Evolution. *Current Anthropology* 19:247-75.

Lee, R. B. 1972. Population Growth and Beginnings of Sedentary Life among the !Kung Bushmen. In *Population growth: Anthropological implications,* Spooner, B. (ed.). Cambridge, Mass.: MIT Press.

Lévi-Strauss, C. 1967. The Sorcerer and his Magic. In *Magic, Witchcraft, and Curing,* Middleton, J. (ed.). New York: Natural History Press.

Linke, L. 1954. *Ecuador: Country of Contrasts.* London: Oxford University Press.

Lock, M. 1993. Cultivating the Body: Anthropology and Epistemologies of Bodily Practice and Knowledge. *Annual Review of Anthropology* 22: 133-55.

Lopez, I. 1997. Agency and Constraint: Sterilization and Reproductive Freedom Among Puerto Rican Women in New York. In *Situated Lives: Gender and Culture in Everyday Lives,* Lamphere, L. Ragoné, H. and Zavella, P. (eds.). New York: Routledge.

Lauer, M. T. 2005. *Fertility in Amazonia: Indigenous Concepts of the Human Reproductive Process Among the Ye'kwana of Southern Venezuela.* Ph.D. Diss. University of California, Santa Barbara.

Macura, M. 1987. The Significance of the United Nations International Population Conferences. Population Bulletin, Nos. 19/20-1986, United Nations publication, Sales No. E.87.XIII.2.

Mader, E. 1994. Deviance, Conflict and Power in Shuar – Achuar society. Paper presented at the 3rd EASA Conference, Oslo, 1994.

Mader, E. 1997. Weimiaku: Las Visions y Relaciónes de Género en la Cultura Shuar. In *Complementariedad entre Hombre y Mujer: Relaciones de Género desde la Perspective Amerindia,* Perrin, M. and Perruchon, M. (eds.). Quito: Ediciones Abya-Yala.

Mader, E. 1999. *Metamorfosis del Poder.* Quito: Abya-Yala.

Mader, E. and Gippelhauser, R. 2000. Power and Kinship in Shuar and Achuar Society. In *Dividends of Kinship: Meaning and Uses of Social Relatedness,* Schweitzer, P.P. (ed.). London: Routledge.

Madhavan, S., Adams, A. and Simon, D. 2003. Women's Networks and the Social World of Fertility Behavior. *International Family Planning Perspectives*, Vol 29, No. 2: 58-68.

Malthus, T. 1798. *An Essay on the Principle of Population as it Affects the Future Improvements of Society*. London: Printed for J.Johnson.

Malwade Basu, A. 2005. The Millenium Development Goals Minus Reproductive Health: An Unfortunate, but not Disastrous, Omission. *Studies in Family Planning* 36(2): 132-34.

Mamdani, M. 1972. *The Myth of Population Control: Family, Cast and Class in an Indian Village*. New York: Monthly Review Press.

Marangoni, P. 1988. Ecuador: The APROFE Experience. In *Population Communication: African and Latin American Experience,* Sattar, E. (ed.). Kuala Lumpur, Malaysia, International Council on the Management of Population Programmes (ICOMP) Feb:11-43.

Marcus, G. E. 1995. Ethnography in/of the World System: The Emergence of Multi-Sited Ethnography. *Annual Reviews Anthropology* 24:95-117.

Marcus, G.E. and Fischer, M.J. 1986. *Anthropology as Cultural Critique: An Experimental Moment in the Human Sciences.* Chicago: University of Chicago Press.

Marshall, T.E. 1959. *The Harmless People.* New York: Random House.

Martin, E. 1987. *The Woman in the Body: A Cultural Analysis of Reproduction.* Boston: Beacon Press.

Mason, K. 1986. The Status of Women: Conceptual and Methodological Issues in Demographic Studies. *Sociological Forum* 1, no 2: 248-300.

Maternowska, C.M. 2006. *Reproducing Inequities: Poverty and the Politics of Population in Haiti.* New Brunswick: Rutgers University Press.

Mathews, G. and Izquierdo, C. (eds.) 2009. *Pursuits of Happiness: Well-being in Anthropological Perspective.* Oxford: Berghahn Books.

Mauss, M. 1979 [1950]. *Sociology and Psychology: Essays*. London: Routledge.

McCallum, C. 1989. *Gender, Personhood and Social Organisation among the Cashinahua of Western Amazonia.* PhD. Diss. London School of Economics. University of London.

McCallum, C. 1996. The Body that Knows: From Cashinahua Epistemology to a Medical Anthropology of Lowland South America. *Medical Anthropology Quarterly* 10(3):347-72.

McCallum, C. 2001. *Gender and Sociality in Amazonia: How Real People are made.* Oxford: Berg.

McHoul, A. and Grace, W. 1993. *A Foucault Primer: Discourse, Power and the Subject.* Carlton: Melbourne University Press.

McNicoll, G. 1978. On Fertility Policy Research. *Population and Development Review* 4(4): 681-93.

McNicoll, G. 1994. Institutional Analysis of Fertility. In *Population, Economic Development, and the Environment,* Lindahl-Kiessling, K. and Landberg, H. (eds.). Oxford: Oxford University Press.

Montgomery, M. and Casterline, J. 1996. Social Influence, Social Learning and New Models of Fertility. *Population and Development Review* 22:151-175.

Moore, H. 1994. *A Passion for Difference: Essays in Anthropology and Gender.* Cambridge: Polity Press.

Moore, H. 1998. *Feminism and Anthropology.* Cambridge: Polity Press.

Morgan, L.N. 1989. "Political Will" and Community Participation in Costa Rican Primary Health Care. *Medical Anthropology Quarterly* 3(3): 232-245.

Murphy, Y. and R.F. Murphy. 1974. *Women of the Forest.* New York: Columbia University Press.

Nag, M. 1980. How Modernization can also Increase Fertility. *Current Anthropology* 21 (5): 571-587.

Neel, J.V. and Chagnon, N.A. 1968. The Demography of two Tribes of Primitive, Relatively Unacculturated American Indians. *Proceedings of the National Academy of Sciences* 59(3): 680-89.

Newbold, B.K. 2002. *Six Billion Plus: Population Issues in the Twenty-first Century.* Lanham: Rowman & Littlefield Publishers.

Notestein, F. 1945. Population – The Long View. In *Food for the World,* Schultz, T. (ed.). Chicago: University of Chicago Press.

Obaid, T. 2005. Demography, HIV/AIDS and Reproductive Health: Implications for the achievement of the MDGs: Roles of the West. Lunchtime meeting Report, 2nd Feb. http://www.odi.org.uk/events/MDGs_2005/meeting_2feb/meeting_report.html

O'Neill, J., Barlett, J. and Mignone, J. 2006. *Best Practices in Intercultural Health*. Sustainable Development Department. Best Practices Series. Inter-American Development Bank. Washington DC.

Ortner, S.B. 1974. Is Female to Male as Nature is to Culture? In *Women, Culture, and Society,* Rosaldo, M. and Lamphere, L. (eds.). Stanford: Stanford University Press.

Ortner, S.B. 2005. Subjectivity and Cultural Critique. *Anthropological Theory* 5(1): 31-52.

Ortner, S.B. and Whitehead, H (eds.). 1981. *Sexual Meanings: The Cultural Construction of Gender and Sexuality.* Cambridge: Cambridge University Press.

Oudshoorn, N. 1996. The Decline of the One-Size-Fits-All Paradigm, Or, How Reproductive Scientists Try to Cope With Postmodernity. In *Between Monsters, Goddesses and Cyborgs: Feminist Confrontations with Science, Medicine and Cyberspace,* Lykke, N. and Braidotti, R. (eds.). London: Zed Books.

Overing, J. 1986. Men Control Women? The 'Catch 22' in Gender Analysis. *International Journal of Moral and Social Studies,* Vol. 1, part 2: 135-156.

Overing, J. 1988. Personal Autonomy and the Domestication of the Self in Piaroa Society. In *Acquiring Culture: Cross-Cultural Studies in Child Development,* Jahoda, G. and Lewis, I.M. (eds.). London: Croom Helm.

Overing, J. 1989. The Aesthetics of Production: The Sense of Community among the Cubeo and the Piaro. *Dialectical Anthropology* 14: 159-75.

Overing, J. 1992. Wandering in the Market and in the Forest. In *Contesting Markets,* Dilley, R. (ed.). Edinburgh: University of Edinburgh.

Overing, J. 1993. Death and the Loss of Civilized Predation among the Piaroa of the Orinoco Basin. *L'Homme* 33(126-128): 191-211.

Overing, J. 2003. In Praise of the Everyday: Trust and the Art of Social Living in an Amazonian Community. *Ethnos* 68: 293-316.

Overing Kaplan, J. 1981. Review Article: Amazonian Anthropology. *Journal of Latin American Studies* 13(1).

Overing, J. and A. Passes. (eds.) 2000. *The Anthropology of Love and Anger: The Aesthetics of Conviviality in Native Amazonia.* London: Routledge.

PAHO, 2001. *Profile of the Health Service System of Ecuador.* Second Edition. Program on Organisation and Management of Health Systems and Services. Division of Health Systems and Service Development.

Pellizaro, S.M. and Náwech, F.O. 2005. *Chicham: Diccionario Enciclopédico Shuar-Castellano.* Quito: Abya-Yala.

Petchesky, R.P. 1984. *Abortion and Woman's Choice: The State, Sexuality, and Reproductive Freedom.* New York: Longman.

Petchesky, R.P. and Judd, K. (eds.). 1998. *Negotiating Reproductive Rights: Women's Perspectives Across Countries and Cultures.* London: Zed Books.

Perruchon, M. 1997. Llegar a ser una Mujer-Hombre: Chamanismo y Relaciones de Género entre los Shuar. In *Complementarieded entre hombre y mujer: Relaciones de género desde la perspective amerindia,* Perrin, M. and Perruchon, M. (eds.). Quito: Abya-Yala.

Perruchon, M. 2003. *I am Tsunki: Gender and Shamanism among the Shuar of Western Amazonia.* Ph.D. diss. Uppsala University.

Pigg, S.L. 1997. Authority in Translation: Finding, Knowing, Naming and Training "Traditional Birth Attendants" in Nepal. In *Childbirth and Authoritative Knowledge: Cross-cultural Perspectives,* Davis-Floyd, R. and Sargent, C. (eds.). Berkeley: University of California Press.

Polgar, S. 1971. Culture, History and Population Dynamics. In *Culture and Population: A Collection of Current Studies,* Polgar, S. (ed). Chapel Hill: Carolina Population Center, University of North Carolina Press.

Potter, R.B., Binns, T., Elliott, J.A., Smith, D. 1999. *Geographies of Development.* New York: Addison Wesley Longman Inc.

Rapp, R. 1990. Constructing Amniocentesis: Maternal and Medical Discourses. In *Uncertain Terms: Negotiating Gender in American Culture,* Ginsburg, F. and Tsing, A.L. (eds.). Boston: Beacon.

Rappaport, R. 1968. *Pigs for the Ancestors: Ritual in the Ecology of a New Guinea People.* New Havven: Yale University Press.

Rapport, N. and Overing, J. 2000. *Social and Cultural Anthropology: The Key Concepts.* London: Routledge.

Richey, L.A. 2008. *Population Politics and Development: From the Policies to the Clinics.* New York: Palgrave Macmillan.

Rivière, P. 1974. The Couvade: A Problem Reborn. *Man* 9: 423-35.

Rivière, P. 1987. Of Women, Men, and Manioc. In *Natives and Neighbours in South America: Anthropological Essays,* Skar, H and Salomon, F (eds.). Göteborg: Göteborgs Etnografiska Museum.

Rosaldo, R. 1984. Grief and a Headhunter's Rage. In *Text, Play and Story,* Bruner, J. (ed). Washington, DC: American Ethnological Society.

Rosaldo, M. and Lamphere, L (eds.). 1974. *Women, Culture, and Society.* Stanford: Stanford University Press.

Rosengren, D. 1998. Matsigenka Myth and Morality: Notions of the Social and the Asocial. *Ethnos* 63: 248-72.

Rosengren, D. 2000. The Delicacy of Community: On Kisagantsi in Matsigenka Narrative Discourse. In *The Anthropology of Love and Anger: The Aesthetics of Conviviality in Native Amazonia,* Overing, J. and Passes, A. (eds.). London: Routledge.

Rosengren, D. 2002. Cultivating Spirits: On Matsigenka Notions of Shamanism and Medicine (and the resilience of an indigenous system of knowledge). *Anales Nueva Época,* No. 5: 85-108.

Rosengren, D. 2006. Matsigenka Corporeality, a Nonbiological Reality: On Notions of Consciousness and the Constitution of Identity. *Tipití: Journal of the Society for the Anthropology of Lowland South America* 4(1): 81-102.

Rosero-Bixby, C.L. and Casterline, J. 1993. Modelling Diffusion Effects in Fertility Transition. *Population Studies* 47(1):147-167.

Rubenstein, S. 1993. Chain Marriage among the Shuar. *The Latin American Anthropology Review* 5(1):3-9.

Rubenstein, S. 2001. Colonialism, the Shuar Federation, and the Ecuadorian state. *Environment and Planning. D, Society and Space* 19:263-293.

Rubenstein, S. 2002. *Alejandro Tsakimp: A Shuar Healer in the Margins of History.* Lincoln: University of Nebraska Press.

Rubenstein, S. 2007. Circulation, Accumulation, and the Power of Shuar Shrunken Heads. *Cultural Anthropology* 22(3): 357-399.

Rudel, T.K., Bates, D. and Machinguiashi, R. 2002. Ecologically Noble Amerindians? Cattle Ranching and Cash Cropping among Shuar and Colonists in Ecuador. *Latin American Research Review* 37(1):144-159.

Sachs, W. (ed.). 1992. *The Development Dictionary: A Guide to Knowledge as Power.* London: Zed books.

Sacks, K. 1979. *Sisters and Wives: The Past and Future of Sexual Inequality.* Westport: Greenwood P.

Salazar, E. 1977. An Indian Federation in Lowland Ecuador. Copenhagen: *IWGIA.*

Salazar, E. 1981. The Federación Shuar and the Colonization Frontier. In *Cultural Transformation and Ethnicity in modern Ecuador,* Whitten, N. (ed.). Chicago: University of Illinois Press.

Santos-Granero, F. 1991. *The Power of Love: The Moral Use of Knowledge among the Amuesha of Peru.* London: Athlone.

Santos-Granero, F. 2000. The Sisyphus Syndrome, or the Struggle for Conviviality in Native Amazonia. In *The Anthropology of Love and Anger: The Aesthetics of Conviviality in Native Amazonia,* Overing, J. and Passes, A. (eds.). London: Routledge.

Santos-Granero, F. 2009. Hybrid Bodyscapes: A Visual History of Yanesha Patterns of Cultural Change. *Current Anthropology* 50(4): 477-512.

Scheper-Hughes, N. 1983. Introduction: The Problem of Bias in Andocentric and Feminist Anthropology. *Women's Studies* 10.

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

Scheper-Hughes, N. and Lock, M,M. 1987. The Mindful Body: A Prolegomenon to Future Work in Medical Anthropology. *Medical Anthropology Quarterly* 1(1): 6-41.

Schneider, J. and P. Schneider. 1991. Sex and Respectability in an age of Fertility Decline: A Sicilian Case Study. *Social Science and Medicine* 33(8): 885-995.

Schultz, P. 2005. Effects of Fertility Decline on Family Well Being: Opportunities for Evaluating Population Programs. www.econ.yale.edu/~pschultz/Fertility%20decline%203-15-05.pdf (30 June 2011).

Scott, J. C. 1991. *Domination and the Arts of Resistance: Hidden Transcripts.* London: Yale University Press.

Scott, J.C. 1998. *Seeing Like a State: How Certain Schemes to Improve the Human Condition have Failed.* London: Yale University Press.

Seltzer, J.R., Day, L., Kopp, S.Z., and Parlato, R. 1995. Midterm Evaluation of the Ecuador Health and Family Planning Project (518-0084). *POPTECH Report* NO. 94-012-018, USAID.

Sen, G. and Snow. R. 1994. *Power and Decision: The Social Control of Reproduction.* Boston: Harvard Center for Population and Development Studies, Department of Population and International Health, Harvard School of Public Health.

Seymour-Smith. C. 1991. Women have no Affines and Men no Kin: The Politics of Jivaroan Gender Relations. *Man* 26(4): 629-49.

Siskind, J. 1973. Tropical Forest Hunters and the Economy of Sex. In *Peoples and Cultures of Native South America,* Gross, D.R. (ed). New York: Natural History Press.

Skinner, G.W. 1997. Family Systems and Demographic Processes. In *Anthropological Demography: Towards a New Synthesis,* Kertzer, D. and Frick, T. (eds.). Chicago: University of Chicago Press.

Spooner, B. (ed.). 1972. *Population growth: Anthropological Implications*. Cambridge, Mass.: MIT Press.

Steel, D. 1999. Trade Goods and Jivaro Warfare: The Shuar 1850-1957, and the Achuar 1940-1978. *Ethnohistory* 46(4):745-776.

Stirling, M.W. 1938. *Historical and Ethnographic Material on the Jivaro Indians.* Washington: Smithsonian Institution.

Strathern, M. 1980. No Nature, No Culture: The Hagen Case. In *Nature, Culture, and Gender,* MacCormack, C. and Strathern, M. (eds.). Cambridge: Cambridge University Press.

Strathern, M. 1992a. *After Nature: English Kinship in the Late Twentieth Century.* Cambridge: Cambridge University Press.

Strathern, M. 1992b. *Reproducing the Future: Essays on Anthropology, Kinship, and the New Reproductive Technologies.* Manchester: Manchester University Press.

Taussig, M. 1992. *Mimesis and Alterity*: A *Particular History of the Sense.* New York: Routledge.

Taylor, A.C. 1981. God-Wealth: The Achuar and the Missions. In *Cultural Transformations and Ethnicity in Modern Ecuador,* Whitten, N. (ed.). Chicago: University of Illinois Press.

Taylor, A.C. 1993. Remembering to Forget: Identity, Mourning, and Memory among the Jivaro. Man (N.S.) 28:653-678.

Taylor, A.C. 1994. Estudio Introductorio. In *Conquista de la Región Jivaro (1550-1650): Relación Documental,* Taylor, A.C. and Landázuri, C. (eds.). Quito: Fuentes para la historia andina.

Taylor, A.C.1996. The Soul's Body and Its States: An Amazonian Perspective on the Nature of Being Human. *The Journal of the Royal Anthropological Institute* 2(2): 201-15.

Townsend, P.K. and McElroy, A. 1992. Towards an Ecology of Women's Reproductive Health. *Medical Anthropology* 14: 9-34.

Trujillo, P. 2001. *Salvajes, Civilizados y Civilizadores.* Quito: FIAAM.

Turnbull, C. 1961. *The Forest People: A Study of the Pygmies of the Congo.* New York: Simon and Schuster.

Turner, T. 1995. Social Body and Embodied Subject: Bodiliness, Subjectivity, and Sociality among the Kayapo. *Cultural Anthropology* 10(2):143-170.

UNFPA. 2006. *Enfoque Intercultural y de Género en Salud Materna.* Seminario Internacional Otavalo – Ecuador 10-11 de Noviembre 2005. Quito: UNFPA.

UNICEF. 2006. *Diagnóstico de Salud de las Nacionalidades Shuar y Achuar.* Quito: UNICEF.

UNICEF. 2007. Los Derechos de la Niñez y Adolecencia en el Canton Tiwintza. *Observatorio* Número 11 Abril del 2007.

UN. 1987. Population Policy, *Population Bulletin,* Nos. 19/20-1986, United Nations publication, Sales No. E.87.XIII.2.

UN. 1994. Report of the International Conference on Population and Development, Cairo, 5-13 September 1994. A/CONF/171/13.

UN. 1995. *Population Consensus at Cairo, Mexico City and Bucharest: An Analytical Comparison.* United Nations publication, Sales No. E.96.XIII.2.

UN. 2003. *Fertility, Contraception and Population Policies.* Population Division, Department of Economic and Social Affairs.

UN. 2008. *World Population Policies 2007.* Department of Economic and Social Affairs, Population Division. New York: United Nations Publication.

Unnithan-Kumar, M. 2003. Spirits of the Womb: Migration, Reproductive Choice and Healing in Rajasthan. In *Migration, Modernity and Social Transformation in South Asia,* Osella, F. and Gardner, K. (eds.). Delhi: Institute of Economic Growth.

Unnithan-Kumar, M. (ed.). 2004. *Reproductive Agency, Medicine and the State: Cultural Transformations in Childbearing.* Oxford: Berghahn Books.

Van Hollen, C. 2002. Baby-friendly Hospitals and Bad Mothers: Manouvering Development in the Postpartum Period in Tamil Nadu, South India. In *Daughters of Hariti: Childbirth and Healing in South and Southeast Asia. London: Routledge.*

Vivieros de Castro, E. 1996. Images of Nature and Society in Amazonian Ethnology. *Annual Review of Anthropology* 25, 179-200.

Wagley, C. 1969 [1951]. Cultural Influences on Population: A Comparison of Two Tupí Tribes. In *Environmental and Cultural Behaviour: Ecological Studies in Cultural Anthropology,* Vayda, A.P. (ed.). Garden City: Natural History Press.

Whitten, E.N. (ed.). 2003. *Millennial Ecuador: Critical Essays on Cultural Transformations and Social Dynamics.* Iowa City: University of Iowa Press.

Wilson, M.A. 2002. The Practices of Natural Family Planning Versus the Use of Artificial Birth Control: Family, Sexual and Moral Issues. *Catholic Social Science Review* Vol. VII, Nov 1-20.

Wolf, E. 1982. *Europe and the People without History.* Berkeley: University of California Press.