

**THE POLITICS OF TEENAGE PREGNANCY
PROBLEM REPRESENTATION. COMPARATIVE
ANALYSIS OF THE MEXICAN NATIONAL
STRATEGY FOR TEENAGE PREGNANCY
PREVENTION (2015-2021)**

By Marycarmen Rubalcava Oliveros

Submitted to

Central European University

Department of Gender Studies

In partial fulfillment of the requirements for the Erasmus Mundus Master's Degree in

Women's and Gender Studies (GEMMA)

Main Supervisor: Dorottya Szikra (Central European University)

Second Supervisor: Agata Ignaciuk (University of Granada)

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Approval signed by the main Supervisor



ABSTRACT

My thesis studies teenage pregnancy problem representation in the Estrategia Nacional para la Prevención del Embarazo en Adolescentes, National Strategy on Teenage Pregnancy Prevention, ENAPEA) 2015 and 2021. I argue that representations and social meanings depend on which actors influence the discourses to use. I then analyze how those discourses shape the actual problem definition of both the ENAPEA 2015 and ENAPEA 2021, analyzing the continuity of the policy problem while also reflecting on the changes, showing that problems are neither neutral nor stable, and they are in constant flux. Using Feminist Critical Policy Analysis, I show the discourse surrounding teenage pregnancy prevention. I study the problem representation using the “What is the problem Represented to be”, the Role of Ideas and the Critical Discourse Analysis tools.

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SIGNED DECLARATION

I hereby declare that this thesis is the result of original research; it contains no materials accepted for any other degree in any other institution and no materials previously written and/or published by another person, except where appropriate acknowledgment is made in the form of bibliographical reference.

I further declare that the following word count for this thesis are accurate:

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Signed:

MARYCARMEN RUBALCAVA OLIVEROS

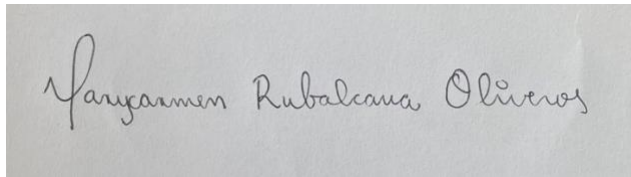
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LIST OF ABBREVIATIONS AND ACRONYMS

- APF** Administración Pública Federal
Federal Public Administration
- CEDAW** the Convention on the Elimination of All Forms of Discrimination Against Women
- CONAPO** Consejo Nacional de Población
National Population Council
- CNGESR** Centro Nacional de Equidad de Género y Salud Reproductiva
National Center for Gender Equality and Reproductive Health
- DEDAW** Declaration on the Elimination of Discrimination Against Women
- DIA** Desarrollo Integral del Adolescente
Comprehensive Adolescent Development
- ENADID** Encuesta Nacional de la Dinámica Demográfica
National Survey of Demographic Dynamic
- ENFaDEA** Encuesta Nacional de los Factores Determinantes del Embarazo Adolescente
National Survey of the Determinants of Adolescent Pregnancy
- ENAPEA** Estrategia Nacional para la Prevención del Embarazo en Adolescentes
National Strategy on Teenage Pregnancy Prevention
- FEPAC** Fundación para Estudios de Población
Foundation for Population Studies
- GIPEA** Grupo Interinstitucional de Prevención de Embarazo Adolescente
Inter-institutional Group for the Prevention of Adolescent Pregnancy
- ICPD** International Conference on Population and Development Program
- IMAN** Instituto Mexicano de Asistencia para la Niñez
Mexican Institution for Childhood Assistance
- INPI** Instituto Nacional para la Protección de la Infancia
National Institute for the Protection of the Children
- Inmujeres** Instituto Nacional de las Mujeres
National Institute for Women
- IPPF** International Planned Parenthood Federation
- LAC** Latin America and the Caribbean
- MECED** Menores en Circunstancias Especialmente Difíciles
Minors in Especially Difficult Circumstances
- OECD** Organization for Economic Co-operation and Development
- PAIDEA** Programa de Prevención y Atención Integral del Embarazo en Adolescentes
Prevention and Comprehensive Care of Adolescent Pregnancies
- PAM** Program for Adolescent Mothers
- Proiguladad** Programa Nacional para la Igualdad
National Equality's Plan
- SDG** Sustainable Development Goals
- SNDIF** Sistema Nacional para el Desarrollo Integral de la Familia
National System for the Comprehensive Family Development
- UN** United Nations
- UNCRC** United Nations Convention on the Rights of the Child
- UNFPA** United Nations Fund for Population Activities
- USAID** United States Agency for Development
- WPR** What is the problem represented to be?

Introduction

My thesis studies teenage pregnancy problem representation in the Estrategia Nacional para la Prevención del Embarazo en Adolescentes (National Strategy on Teenage Pregnancy Prevention, from here referred as ENAPEA) ENAPEA 2015 and 2021. I argue that representations and social meanings of teenage pregnancy result from a system of power and domination (Fischer, 2016; Jordan, 1997; McPhail, 2003) in which actors influence what elements of discourses to use. I then analyze how those discourses shape the actual problem definition of both the ENAPEA 2015 and ENAPEA 2021, analyzing the continuity of the policy problem while also reflecting on the changes, showing that problems are neither neutral nor stable, and they are in constant flux. Using Feminist Critical Policy Analysis, I intend to understand how the discourse was formed and expose the norms and values that the problem definition is reinforcing (McPhail, 2003). I study the problem representation using the “What is the problem Represented to be” approach by Bacchi (1999) , the Role of Ideas and the Critical Discourse Analysis tools.

In 2015, President Enrique Peña Nieto (2012-2018) presented the ENAPEA, in which actors from all levels of government were involved. The general aim of the Strategy was to reduce the pregnancy of girls from the age of 10 to 14 to zero, and the fecundity levels among teenagers from the age of 15 to 19 by 2030 by 50% (Inmujeres, 2021a). In 2021, after an evaluation by a non-governmental organization, EUROsociAL, the second-phase of the ENAPEA was presented. The National Strategy aims to “establish the guidelines to be followed by different institutions involved in the public, private and social sectors... to reduce teenage pregnancy in the country.” (ENAPEA 2015, p.81). The National Strateg is the one defining what about teenage pregnancy is a problem and propose what elements policies should have based on that problem. Therefore, it is from the ENAPEA that policymakers at the local level create solutions.

The ENAPEA was created by various actors that are now reunited under the coordination of the Strategy, the Grupo Interinstitucional de Prevención de Embarazo Adolescente (Inter-institutional Group for the Prevention of Adolescent Pregnancy, GIPEA). GIPEA’s coordination is preceded by the Consejo Nacional de Población (National Population Council, CONAPO) and the Instituto Nacional de las Mujeres (National Institute for Women, Inmujeres). It has advisory members from a variety of institutions, like the Sistema Nacional para el Desarrollo Integral de la Familia (National System for the Comprehensive Family Development, SNDIF). I focus on the CONAPO and Inmujeres because of their leading role in

the administration of the ENAPEA, but also because teenage pregnancy discourses have been linked to family planning, population policies and gender equality. I purposely focus on the SNDIF because of its role in promoting the first teenage pregnancy social assistance program in the country.

I want to study the ENAPEA as a product of different discourses that construct adolescent pregnancy as a problem. Understanding it from this perspective reveals that adolescent pregnancy is not inherently problematic but depends on who looks at it and who defines it. It is from the definition of a problem that proposals are created to reinforce, eliminate or reduce inequality, marginalization, and violence. In this thesis, I, a Mexican feminist researcher, decided to analyze the discourse of adolescent pregnancy in the ENAPEA 2015 and 2021. Understanding that adolescent pregnancy is a constructed problem also serves to understand that it is possible to propose changes.

The ENAPEA has been evaluated based on the impact but not on the definition of teenage pregnancy as a problem. I propose to start from there because change is not possible if policies do not acknowledge other possible ways of looking at the problem. With this thesis, I want to contribute to the investigation of maternity and adolescent sexuality. And as a feminist, I frame my research in my advocacy for a desired, non-violent, and dignified maternity.

In Chapter 1, I discuss the methodological framework with which I intend to answer, “How is teenage pregnancy framed as a problem by the Mexican National Strategy for Teenage Pregnancy Prevention (ENAPEA)?”. I discuss the Feminist Critical Policy Analysis framework, and then I propose to study the problem representation using the What’s the problem represented to be by Bacchi (1999), Critical Discourse Analysis, and the Role of ideas. As a way of understanding that the ENAPEA is the result of different actors’ discourses that shape teenage pregnancy under a specific discourse. Chapter 2 summarizes my Literature Review on teenagehood, adolescent pregnancy, and prevention policies in Latin America, I intend to examine how teenage pregnancy and teenagers as subjects have been portrayed in the academic arena.

Chapter 3 analyzes the discourses that the National Population Council, CONAPO, System for Comprehensive Development of the Family, SNDIF and National Institute for Women, Inmujeres have used to influence the shaping of teenage pregnancy as a problem. I focus on the impact the international context has had on defining those discourses, but I represent the actors as able to decide what they bring into the national agenda and what not. Therefore, the national agenda is parallel to some international debates, but it is also a response to national demands.

Chapter 4 analyzes how the problem of teenage pregnancy is represented in the ENAPEA 2015 and 2021. I started by presenting the ENAPEA 2015 and describing its launch and event presentation with the opening words of the Interior Ministry. I then discuss the official evaluation of the ENAPEA made by a non-governmental institution, EUROsociAL, and review the literature that has discussed some of the elements of the ENAPEA. As a way of situating where does the ENAPEA 2021 comes from, and what resources and information are available. I then proceeded to compare in time the policy problem of the ENAPEA 2015 and 2021. I focus on studying the shifts and the remaining discourses from one definition over another.

1 Methodology and theoretical framework

My thesis responds to the question, “How is *teenage pregnancy* framed as a problem by the Estrategia Nacional para la Prevención del Embarazo en Adolescentes (National Strategy on Teenage Pregnancy Prevention), ENAPEA 2015 and 2021?” To study the question, I use Feminist Critical Policy Analysis to understand that policies result from different discourses that frame something as a problem worth looking into. I then focus on analyzing the problem representation of teenage pregnancy in the ENAPEA 2015 and ENAPEA 2021 using “What is the problem represented to be?” (WPR) by (Lee Bacchi, 1999), Critical Discourse Analysis and the Role of ideas to understanding the influence the CONAPO, SNDIF and Inmujeres had.

I argue that teenage pregnancy is a problem because the government stated it was a problem they needed to govern (Bletsas, 2012). Teenage pregnancy was constructed by “an ideational process that is part of the struggles both in the background and in the foreground policy debates . . . in this process, actors’ values and pre-existing perceptions of what is desirable in society and what is not” (Kingdon, 2003 in Varjonen, 2021, p. 30), influenced the agenda. I want to challenge the ENAPEA understanding of teenage pregnancy, and reflect “upon the representations offered both by those who describe something as a problem” (Lee Bacchi, 1999, p.4)

1.1 Feminist critical policy analysis

A policy is a “political agreement on a course of action (or inaction) designed to resolve or mitigate problems on the political agenda” (Fischer, 2003b, p. 60). Policies have different elements and stages of construction; therefore, their analysis can be oriented toward the design, process, outcomes, or impact and can involve different methodological frameworks (Dunn, 2012). According to Knoepfel et al. (2007) the first step in creating a policy is defining the problem, which can vary based on the perspectives and motivations of different actors involved and the availability of the resources. It is important to reflect on this process to “explore the tensions between existing structures and the underlying social, political, and cultural assumptions upon which they are based” (Fischer, 2016, p. 97).

According to Fischer, “each policy-related idea is an argument, or rather a set of arguments, favoring different ways of looking at the world” (Fischer, 2003, p. 61). My thesis shows that teenage pregnancy in this policy document is also a constructed problem. That is the result of different discourses that dominated the debate (Fischer, 2003). My goal with this research is to explore the gendered discourse and assumptions underlying teenage pregnancy

because, as suggested by Carabine (2001), sexual norms are reinforced through policy inputs and outcomes. Feminist policy analysis “is not introducing bias where there was none before, but merely being clear about the bias the model contains and the goals such a model hopes to achieve” (McPhail, 2003, p. 45).

Researchers have proposed the following questions to further deepen the research: is this policy understanding women on the basis of male norms? (Marshall & Bensimon, 1997); How men and women are treated differently or the same? Are there underlying assumptions and stereotypes of women present in policy? how women’s lives and roles are regulated and constrained by policy? (McPhail, 2003, p. 44); How does this policy affect the balance of power? (Kanenberg et al., 2019).

Doing a feminist critical policy analysis of the ENAPEA means examining which elements support the systems of meanings (Fischer, 2016) reflected in the policy. I will focus on the problem definition using the *What’s the problem represented to be* approach by (Bacchi, 1999) and the *role of ideas* framework to analyze how teenage pregnancy representations were integrated into institutional structures. I want to show that ideas do not just appear, but they result from historical, political, and social processes that create imaginaries of what ought to be addressed and how.

1.2 Analytical tools

1.2.1 Problem representation

I will use the *what’s the problem represented to be* (WPR) approach by Carol Lee Bacchi (1999). It is based on the idea that problems do not exist by themselves; they are not something governments decide to act upon, but rather, problems exist because governments create them (Bletsas, 2012; Bacchi, 1999). Based on the *problematization*, governments decide what is good and desirable versus what is not. The WPR is not trying to change what is problematic as unproblematic but is bringing attention to the construction of problems: What is the problem represented to be? What presuppositions or assumptions underlie this representation? What effects are produced by it? How are subjects constituted within it? What is left unproblematic in this representation? How would ‘responses’ differ if the ‘problem’ were thought about or represented differently? (Bacchi, 1999, pp. 12–13)

Carol Lee Bacchi changed the focus when it came to policy analysis by asking how *meaning* is made (Goodwin, 2012) and proposed to see policies as discourses that are the result of an institutional network that shapes and is being shaped by actors (Bacchi, 1999, p.43):

describing policy as discourse involves starting from the assumption that all actions, objects, and practices are socially meaningful and that the interpretation of meanings is shaped by the social and political struggles in specific historical contexts... policy is involved in constituting culture by making meaning: as well as making problems and solutions, policy discourses make ‘facts’ and ‘make truths’ (Goodwin, 2012, p. 29)

Therefore, the WPR method focuses on knowledge and power. How are policies shaping people’s understanding of a certain topic? What are the resources used to address the problem? What actors have intervened? The WPR unveils *teenage pregnancy* as a constructed problem rather than a natural fact. This position does not deny the existence of events; it is just pointing out the need to reveal how a policy is presenting and defending the problem.

I understand policy discourse as a “regulating and consciousness-creating unit” (own translation, Jäger, 2003, p. 62). According to Adriana Bolívar (2007), there are five elements to consider when analyzing discourses. Social interactions, cognition, action, conversation and history. In this research, I focus on this fifth element. I study what happened in the historical process that played within the Mexican context for this discourse on the problem of teenage pregnancy to exist.

It is important to highlight that, even if we all interact somehow with the policy, not all people have the same access to power or resources to influence the policy discourse. Wodak (2003) acknowledges this and proposes to critically analyze discourse by considering history, ideology, and social structures. In other words, Wodak is proposing we comprehend discourse as originated and as a product of the power dynamics and social structures of a specific time. Gutierrez Aldrete (2022) expands the argument from a feminist point of view by stating that discourses are “reproducing ideologies that sustain hierarchical power relationships based on gender and other inequalities” (Gutiérrez Aldrete, p.157).

Following Fairclough (2003), I suggest that discourses (on teenage pregnancy problem definition) not only represent what it is a problem right now, but that they can be changed to represent what could be.

Discourses not only represent the world as it is (or rather is seen to be), they are also projective imaginaries, representing possible worlds which are different from the actual world, and tied into projects to change the world in particular directions...Discourses constitute part of the resources which people deploy in relating to one another -keeping separate from one another, cooperating, competing, dominating-and in seeking to change the ways in which they relate to one another (Fairclough, 2003, p. 88)

So, thinking about the construction of problems also allows me to think about what could be improved, strengthened or represented in a different way that aims for equality, eradication of violence and representation of the diversity of voices that exist. Therefore, in this thesis, I study how the ENAPEA 2015 and 2021 problem definition came to be and how it is represented in the Strategy. My intention is to comprehend teenage pregnancy as a constructed problem influenced by the CONAPO, SNDIF, and Inmujeres, and examine the resulting discourse from the ENAPEA. And as a first step to think about teenage pregnancy differently.

1.2.2 Role of ideas

I will explore the connection between ideas and the institutional framework, which “enforces expectations with respect to the behavior or specific categories of actors and involve mutually related rights and obligations for actors” (Varjonen, 2021, p. 21). According to Campbell (2002), there are several ways of explaining the causal mechanisms between ideas and policy-making, this thesis focuses on a combination of two, first “how specific actors carried certain ideas into policy-making” (Campbell, 2002, p.30); and second, to highlight the influence of international epistemic communities. I use Knill & Tosun (2012) definition of actors as “individuals or groups of individuals forming a collective entity that participate in policy processes and whose preferences can ultimately determine policy choice” (p.67). I will highlight the relevant policy-makers that are the “networks of professionals and experts with an authoritative claim to policy-relevant knowledge, who share a set of normative beliefs, causal models, notions of empirical validity and a common policy enterprise (Haas,1992 as cited in Campbell, 2002, p.30).

My interest lies in exploring the historical context that shaped the discussion on teenage pregnancy. In summary, I will present the changes in ideas over time and the institutions responsible for the changes and reinforcement of specific arguments. My aim is to examine the institutional environment and resources leading up to the development of ENAPEA 2015 and its updated version in 2021, highlighting the way in which discussions surrounding teenage pregnancy were framed.

2 Representations on teenage pregnancy

In this chapter, I will first discuss what it means to be a teenager so I can later trace those arguments to the various understandings of pregnancy in this life stage. As Brown (2016) pointed out, there is a strong correlation between pregnancy and age, where women delaying having children or having children too young are equally criticized, blamed, or shamed. This is based on gender norms about what is expected from women as mothers and sexual beings.

Teenage pregnancy is a different problem depending on the specific knowledge frames researchers, health professionals, policymakers, teenagers, and politicians decide to use. That is not to say that pregnancy during adolescence is not a problem, neither is an expected life outcome, but it is a different problem depending on what elements we choose to focus on. It is strongly linked to the socioeconomic context, hindering teenagers' educational, personal, and economic trajectories; it can also be read as a failure to follow traditional life paths to adulthood, or it can be seen as their [adolescents] decision. In this chapter, I will review the literature on the topic, and then I will situate the debate in the region, exploring the teenage pregnancy representation in Latin American and the Caribbean prevention policies.

2.1 Understanding teenagehood

The experience of growing up is different for everyone; teenagehood does not have a universal meaning. There are different elements that influence our experience and understanding as much as our actions toward adolescents, such as biological changes, gender, cultural norms, economic status, and overall power hierarchies. Gulbrandsen (2003) understands teenagehood as one of 'moving forward.' However, "what acquires status within any society as 'forward movement' depends on the systems of meaning that dominate at any given time" (Gulbrandsen, 2003, p. 115).

Several authors, including (Choudhury, 2010; Gowers, 2005; Vijayakumar et al., 2018) have conducted research on the biological changes that occur during puberty, such as hormonal fluctuations and brain development. According to Vijayakumar et al. (2018), pubertal development is associated with neurobiological maturation during adolescence. While these changes are closely related to teenagehood, it's essential to understand them within a social context. Blum et al., (2014) do just that by proposing a framework that recognizes how different elements directly affect the outcomes of early adolescence (10-14 years). They emphasize the interdependence of macro-level factors in shaping later adolescence and adulthood.

The historical, political, and natural events; the economic forces; the norms and values; and the national priorities that shape laws and policies are all relevant for healthy physical and cognitive development that results in teenagers being able to engage or not in different learning scenarios, emotional, physical safety, a positive sense of self, and decision-making skills (Blum et al., 2014). The strength of this framework is its positionality for healthy living which is dependent on the macro-level factors that prevent or promote teenagers' empowerment and decision-making. However, Blum et al. (2014) don't go beyond adolescence as something to "pass-through".

Blum's framework aims to help governments and policymakers develop strategies for planning the life course of young people. There is a constant feeling of worrisome about teaching teenagers how to become adults, which builds a hierarchal relationship between those who possess knowledge because they are not teenagers anymore and those who have not yet grown up. This conversation lacks the voice of adolescents as themselves, not as becoming other-selves. So, as Macleod (2011) points out, society seems to advertise that if teenagers do not choose the right path, they will contribute to social decline.

Macleod (2011) reviews the discourse around teenagehood. She identifies the idea of "passing" as a result of a colonialist language in which adolescence is compared to a stage of primitiveness that adolescents must overcome to later join civilization as more evolved human beings. Teenagers are seen as risks, as agents of disruption "through engaging in sex, through not taking contraceptive precautions through engaging in inadequate mothering practices and producing the next generation of problematic youth and through relying on welfare and not being economically active" (Macleod, 2011, p. 6).

Adolescents are in between, they will become adults, but they are not yet allowed to be adults; they are not well equipped to do *adult activities* (Macleod, 2011). Therefore, when outlining what it means to be a teenager, discourses tend to see them as incapable of caring for themselves, as unknowledgeable. Under this premise, it is clear that the lack of agency, or even the understanding of it, is just a phase of learning how to become a good, competent adult. Konopka (2012) also rejects adolescence just as a preparation for adulthood and "believe adolescents are persons with specific qualities and characteristics who have participatory and responsible roles to play, tasks to perform, skills to develop at a particular time of life"¹ (Konopka, 2012, p. 130)

¹ Her statement was made in 1973, to position the work of the Center for Youth Development and Research at the University of Minnesota of which she was the director.

Konopka (2012) and the Center for Youth Development then focus on advancing the work on equality for teenagers as capable participants in society and not only as waiting to become ready for what is next. Their work highlights the interdependence of adolescents. The interdependence of teenagers with other members of society, that is, human engagement, will help them figure out who they are, what values they stand for, and what their responsibilities are to themselves and others. And also, interdependence in the sense of adolescents living within a specific time and place (Konopka, 2012; Konopka et al., 1977).

The elements that define teenagehood are: change, interdependence with the socioeconomic context, and the capability of engaging with their peers and themselves. In other words, teenagers are growing up in society, in which they learn how to be and act. Although they go through changes, as Konopka (2012) and Macleod (2011) have argued, this does not translate into the incapability to participate in society, and how we address them influences their lives. When policies target teenagers, they should consider the interaction and interdependence of all elements. That is, recognize how discrimination and marginalization affect teenagers' lives (Kanenberg et al., 2019) and then act upon it.

2.2 Teenage pregnancy

Since a couple of decades ago, teenage pregnancy has been in the public discussion either as part of the population policies, teenagers' rights, or the reproductive and health agenda. Although the literature on the topic shares the urgency of lowering teenage pregnancy rates, it differs on what are the causes and consequences of having a pregnancy at a young age. Some authors have paid more attention to the structural dimension of pregnancy, while others have focused on the subjectivity of adolescents. That is, they studied teenage pregnancy as a decision, which in consequence, directs the question of why teenagers get pregnant.

In this section, I continue my train of thought about teenage pregnancy as an event framed in a specific context and interconnected with several elements. I argue that depending on what elements we choose to focus on, prevention policies create different programs facilitating or hindering resources, services, or opportunities for pregnant adolescents and families. Hence, it is not only that teenage pregnancy exists, but the various representations of the causes, consequences, and understandings matter to policymakers.²

² Although it also matters in other areas and in life, for this research, I focus on the policy-making process.

2.2.1 The structural dimension of teenage pregnancy

Many authors have identified teenage pregnancy, childbirth, and motherhood as a problem for development because it often results in poverty, lack of job opportunities, a cause of death (both for the mother and the child), and educational and economic deficits (Azevedo et al., 2012; Llanes Díaz, 2012; Martinez et al., 2019; World Bank, 2022). International organizations have reinforced this discourse, the World Bank showed that teenage mothers might not continue with their educational training, which “prevents them from realizing their full potential and finding better economic opportunities, and often results in reduced lifetime earnings...[adolescent pregnancy] can perpetuate intergenerational cycles of poverty ” (World Bank, 2022). Additionally, the United Nations Sustainable Development Goals (SDGs) noted that teenage pregnancy is an unresolved problem for development:

Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents... Furthermore, women having children at an early age experience a curtailment of their opportunities for socio-economic improvement, particularly because young mothers are unlikely to keep on studying and, if they need to work, may find it especially difficult to combine family and work responsibilities (SDG 3, United Nations, 2018)

According to Azevedo et al. (2012)³, there is a correlation between teenage pregnancy and life circumstances with key risk factors, such as poverty, low-quality education, growing up experiences in a single-parent household, and social interactions that affect the decision-making process. This social setting directly influences the availability of support networks, services, and mechanisms that can help teenagers navigate through pregnancy (Azevedo et al., 2012). So, the impact of pregnancy is as much a result of the socioeconomic context as it affects the mothers' outcomes. Overall, teenage motherhood limits women’s opportunities and it makes it more difficult for mothers, families, and children to cope with the new challenges (Llanes Díaz, 2012; Azevedo et al., 2012).

A study from Brown (2016) in the United Kingdom showed how important the socioeconomic context is for girls’ educational outcomes after a pregnancy. Girls who were good at school were able to return to the classroom even after pregnancy, whereas those who were already disengaging by the time they got pregnant were more likely to drop their education. On the same note, Arceo-Gomez & Campos-Vazquez (2014) studied in Mexico the

³ The authors conducted the research “on teenage fertility decisions, poverty and economic achievement” published by the World Bank.

different educational outcomes of teenagers who were pregnant and those who were not. They found that “the single most important effect of teenage childbearing is a lower educational attainment of the teenage mother, both in the short and long run” (Arceo-Gomez & Campos-Vazquez, 2014, p. 140), those households also tend to have a lower income per capita.

Both studies show that teenage pregnancy is affected by the context while also affecting teenagers’ life outcomes. If adolescents live in a context of inequality, they are likely to remain immersed in the same, but if they had/have the resources to overcome a pregnancy, they will have a safe pregnancy that won’t hinder their education or economic outcomes. Such an approach to public policy has several strengths. On the one hand, it recognizes that teenage pregnancy is not an isolated event but is part of a social, economic, and political structure. This approach holds the state accountable for providing information for pregnancy prevention but also for making services available for adolescents once they are pregnant and become mothers and fathers.

2.2.2 Navigating the reasons for teenage pregnancy

Pregnancy is not defined but negotiated, “being pregnant is as much determined by the environment of the girl in question as it is by the girls themselves” (Sax, 2010, p. 328). That is to say that mothers and adolescents are able to construct different meanings and new identities while pregnant and after childbirth (Llanes Díaz, 2012). This argument builds upon the structural factors that have a direct impact on pregnancy to favor teenagers’ agency despite the socioeconomic context. Although merely stating that teenagers desire something does not automatically make it so, this literature asks why teenage pregnancy is happening beyond the “moral specter of promiscuity and uncontained sexuality” (Irvine, 1994, p. 7).

In 2016-2018 Rangel Flores et al., conducted a series of interviews in Mexico where they asked teenage mothers (teenagers who already had one child) about their experiences accessing reproductive preventive health services. The survey helped identify some of the barriers teenagers still face concerning their sexual life. The results showed that teenagers face violence from the health personnel in the form of judgment and disbelief. Additionally, teenagers did not feel comfortable and did not receive clear information about the use of contraception or the possible risks of a second pregnancy. Additionally, the services were more focused on those teenagers who were not yet mothers compared to those who were.

Teenagers could not describe the undesirable events (biological or psychological) associated with a second pregnancy in adolescence. The postponement of a new pregnancy

appears more as a prescription than an informed decision that is up to them to make” (Rangel Flores et al., 2020, p. 5). So, addressing teenage pregnancy has to go hand in hand with understanding teenagers’ desires and sexualities. Then, representing teenage pregnancy should not identify “any representation of desire for children in adolescence as foolish and deluded” (Cherrington & Breheny, 2005, p. 97) but rather ask why they engage in sexual practices and what is the representation of teenage pregnancy in their context.

Pregnancy means different things. But we could differentiate between planned and unplanned and wanted and unwanted. Brown's (2016) study shows that although many of the pregnancies during adolescence were unplanned, "a baby was not necessarily unwanted" and that many of the parents had ambitions to do well so that their children would have a good future. Pregnancy can also be a way of getting ahead in their social context, others as a representation of femininity, and even as to legitimize their roles as women outside their family (Le Van, 1998 in Llanes Díaz, 2012, p. 242). Then, there is a possibility that teenage pregnancy can be a result of either choice (Cherrington & Breheny, 2005) or desire (although it was not planned); as much as it can be unplanned and unwanted.

According to Nava (2016), in order to fully comprehend teenage pregnancy, it is important to begin by examining the state of teenagers' rights at the time they became pregnant. Teenage pregnancy becomes a problem “when the life, health, and rights of adolescents are compromised by a social, political and legal system that refuses to recognize them, in the first place as subjects of rights -as happens in general with the entire population under 18 years of age- but in the case of women, they are also denied such recognition in conditions of full equality with men” (Nava, 2016, p. 12). Thus, this understanding of teenage pregnancy as planned/wanted -and other combinations- is complemented by considering the structural factors.

When considering teenage pregnancy as a decision, it is important to take into account the underlying power dynamics and relationships within relationships and the system. The lack of access to contraceptive methods, the difficulty to negotiate their use (Checa, 2005; Colín Paz & Villagómez Ornelas, 2010; Nava, 2016; Rangel Flores et al., 2020), the barriers to accessing health services, the respect of the medical staff (Nava, 2016; Rangel Flores et al., 2020) and the violence conditions such as early marriage, sexual violence; are all relevant to analyze teenage pregnancy. In order to truly consider pregnancy as a life project, we would have to generate conditions so that adolescents can make informed decisions "fertility decisions should be the result of choice, rather than defined by constraints" (Azevedo et al., 2012, p. 8)

The literature that focuses on the reasons why teenagers decide to go (or not) through a pregnancy discusses two elements that sometimes get overlooked by just focusing on the structural dimension. First, the “recognition of the possibility of agency or choice in teenage pregnancy” (Cherrington & Breheny, 2005, p. 97). That is, pregnancy is a negotiated issue (Sax, 2010). And second, even if policies focus on the individual reasoning for pregnancy, this can’t be separated from the context “it suggests that we examine the culture of cultures into which an adolescent has been socialized, whether based on race, ethnicity, gender, sexual orientation, or a range of other factors, in order to truly understand sexual meanings, behaviors and motivations” (Irvine, 1994, p. 9).

These arguments do not contradict research focusing on the structural dimension, but they add another layer of complexity. This approach is relevant in that it makes visible the challenges and stigmatization adolescents face when they try to exercise their sexuality (Checa, 2005).

2.3 Discourse analysis and teenage pregnancy

The topic of teenage pregnancy and discourse analysis has already been studied, mostly in the UK, and although it is a limited body of literature, the findings are rich. Debbie Fallon (2006) used Critical Discourse Analysis to review the United Kingdom’s Teenage Pregnancy Strategy (TPS) of 1999. Fallon found out that the discourse was focused on portraying teenage pregnancy as “culturally different,” which ignored the impact of the socioeconomic context and instead proposed to “raise dream and ambition in order to reduce its appearance [of teenage pregnancy]” (2006, p.192). Overall, the Strategy failed to discuss the economic and poverty context that led to teenagers’ marginalization and inequality.

Christine Bowen (2019) also reflected on teenage pregnancy discourses in the media after the TPS, researching how English newspapers from 1999 to 2018 represented teenage mothers and how this could affect their mental health and access to the National Health Services. The author found three main themes in the media. One related to teenage mothers being too young. This meant that they inherently lacked skills and intelligence (Bowen, 2019, p.72), and therefore, they could not take care of their babies or themselves. Or, since motherhood was considered an adult thing, teenagers were considered inferior and needed to be taught how to do it.

The second theme she found was associated with negative stigmas and stereotypes of bad/failing mothers. She then explained how both discourses negatively affect teenage mothers’ access to health services and could harm their mental health. There was a third option, where

they showed motherhood as a transformation and joyful event; this had a positive impact on their mental health, and they might not feel the need to isolate themselves from accessing health services (Bowen, 2019)

Another research from the UK is the one from Helen Sarah Holgate (2005), “Young pregnancy and motherhood: a discourse analysis of context and experience.” Her thesis argued that although there was “a multiplicity of discourses within the texts. A dominant discourse is the construction of young pregnancy and motherhood as a negative phenomenon” (Holgate, 2005, p.217). She found there were four elements present in her discourse analysis.

The right time and framework for motherhood which idealized motherhood within marriage and economic independence, and those who did not follow the parameters were blamed and portrayed as victims. The good-bad mother binary led to a maternal ambivalence discourse (Holgate, 2005). “The women in this study are able to describe their ambivalence towards their children and their role as mothers yet their willingness to position themselves within the Good mother discourse.” Showing the importance of representing the voices and experiences of young mothers in their context.

Margaret N. Munakame et al., (2021) researched from a postcolonial perspective the discourses of adolescent fertility in Zambia with thematic and critical discourse analytical tools. The authors found that adolescents face mixed discourses intertwined with Christian values, a narrative of “well-behaved” children who obey their parents’ advice because they know better, and a complex representation of marriage that plays within the international debate that condemns child marriage but overlaps with two local discourses of rejecting pregnancies out of wedlock and, at the same time, marriage gives teenagers access to contraceptives and the opportunity to be treated as adults in the community.

In France, Eléonore Komai (2023) examined teenage pregnancy policies problem definition using Bachi’s WPR approach. She found out that in the country, teenagers’ voices are missing from the problem definition process, and it is focused on an individual understanding rather than the structural dimensions. Additionally, she points out that “the social organization of individuals (and specifically women) seems to be modeled on the normalized trajectory of privileged groups of men” (Komai, 2023, 238-239), which follows a path of going to school to later find a good job that gives them economic independence and only after having a family (Komai, 2023, 239).

2.4 Teenage pregnancy prevention in Latin America and the Caribbean (LAC)

When discussing the efforts to prevent and/or reduce teenage pregnancy prevention rates, the Latin American and the Caribbean (LAC) countries have drawn different policies to address the issue. According to (PAHO et al., 2017) over the past 30 years, the LAC region has had the second-highest adolescent fertility rate with 66.5 births per 1000 women in the 15-19 year age group. Although since 1980 there has been a positive trend in reducing rates, there are countries that have shown a better and faster improvement than others.

Graph 1 in the Appendices illustrates the decline in adolescent fertility rates in Latin American and Caribbean countries between 1980 and 2015. Jamaica and Honduras experienced the most significant decrease, reducing the number of births per 1,000 women in the 15-19 year age group by 50%. On the other hand, Argentina and Uruguay had a low reduction in teenage pregnancy rates, but they also had lower-than-average levels compared to other countries in the region (Graph 2 in the Appendices). Although it is not the subject of this paper to discuss whether there is a direct correlation between decreasing teenage pregnancy rates and their prevention policies, I want to discuss how those policies represented “young women and men with regard to reproductive issues” (Macleod, 2011, p. 3).

In this section, I will discuss the public policies of Jamaica and Uruguay regarding teenage pregnancy. Jamaica has seen a significant reduction of almost 50%, while Uruguay has consistently maintained low levels below the Latin American average. These countries have implemented effective national policies to prevent teenage pregnancy, which is important background information for understanding the issue in the region. This discussion will reflect on the elements that have been considered relevant to the public in the region and how they relate to the problem.

Jamaica implemented the Program for Adolescent Mothers (PAM), which is “the longest-running intervention aimed at supporting adolescent mothers with education, health and social services to prevent repeat pregnancies and improve life opportunities” (Amo-Adjei et al., 2022, p. 29). PAM’s primary objective was to provide education for adolescents during and after pregnancy. There were three main activities to prevent a second pregnancy: family planning, contraceptive services, and life skills counseling. The activities were targeted at girls, families, and the fathers of the girl’s children. The program wanted to prevent rapid fertility rates by giving adolescents the tools for parenting, enhancing their self-esteem, and addressing social stigma and discrimination (Amo-Adjei et al., 2022).

According to the Program, there were five objectives: Mandatory reintegration of school-age mothers in the formal school system; monitoring and referral of pregnant students; integrated support services to help school-age mothers to complete their education; increased awareness that school-age mothers have an inalienable right to an education; increased acceptance of school-age mothers within schools (Ministry of Education, 2013; Women's Centre of Jamaica Foundation, 2022). PAM identified the key challenges mothers, fathers, and families faced for full reintegration into school.

The Ministry of Education (2013) identified various challenges faced by young mothers and families, such as financial struggles, the need for daycare services, poor psycho-social well-being, limited access to the Women's Center, lack of support for disabled school-age mothers, and the negative stigma surrounding teenage pregnancy. To address these issues, the Program recommended three main categories of activities: adding courses on family planning, parenting, and life skills to the curriculum; enhancing the support system; and establishing a legislative framework with clear financial investments.

Revising PAM's trajectory brings light to Jamaica's efforts to meet adolescent needs. Pregnant adolescents, families, and their children are not falling out of the system by trying to find where they belong, but it is the State the one opening a space for adolescents and accommodating to what they need. Education is not the cause or the consequence of the problem but the solution. PAM created the conditions for understanding teenage pregnancy as embedded in the social context and provided resources to confront the situation in the form of knowledge, but also opportunities so they could continue living their lives before, during, and after adolescence.

The success of the program is its involvement with different groups, the acknowledgment of the situation as something beyond the individual responsibility and the State's responsibility to act upon, and, linked to the last point, the funding came from a different pool of donors. Overall, the State was responsible for creating strategies through Women's centers, with direct funding and specific objectives with a central premise: education. PAM created the conditions for teenage mothers and families to excel within a system that constantly rejected and ignored them.

In 2016 Uruguay implemented the National Plan for Early Childhood, Infancy and Adolescence 2016- 2020, and in 2020, the National Health Objectives recognized teenage pregnancy as a country priority, and the Plan defined it as an expression and consequence of social inequalities and gender, with an intersectional approach put in place to consider the

different interactions between gender, territorial and ethnic-racial socioeconomic inequalities (Ministerio de Salud Pública, 2020).

According to the Strategy (2020) there are activities targeted at all adolescents, pregnant adolescents, and lastly, teenage mothers and fathers; the final component are the efforts to reduce unintended teenage pregnancy rates and promote the rights of teenagers, through collaborative work among various units and organizations. Unintended pregnancy is considered to be one “not planned or which occurred at a vital moment not expected by the individuals...unintended pregnancy should consider aspects of domestic, spousal and other forms of gender-based violence. In other words, pregnancy is considered only when the adolescents have the freedom to choose within a framework of possible options” (Ministerio de Salud Pública, 2020, pp. 18–23).

According to López-Gómez et al. (2021), the Strategy had three key elements, the multisectoral support (amongst which there was the Ministry of Public Health and other national stakeholders, as well as international organizations such as the United Nations Population Fund, the Pan American Health Organization, the World Health Organization, the Inter-American Development Bank and EUROSociAL+ Program for Social Cohesion), the social stigma pregnant adolescents face because of the gender stereotypes, the stigma of abortion, the unattended needs of adolescents and the reluctance to acknowledge sexual violence (López-Gómez et al., 2021).

This policy recognizes that teenagers could choose a pregnancy only if it is an informed decision, and it targets only “unintentional pregnancy.” The policy aims to avoid stigmatizing teenagers by addressing the factors that contribute to stigmatization instead of blaming them. It is also relevant that the policy highlights the need to bring light to the issues that prevent the full exercise of adolescent rights. Therefore, the policy's success relies on its focus on representing teenage pregnancy as a problem if it is not intentional and is the result of factors harming teenagers' lives.

2.5 Conclusion

The issue of teenage pregnancy depends on different factors, including the social and economic context. With this literature review, I wanted to examine what elements I should look for in a policy problem representation as a way of understanding how the ENAPEA has constructed teenage pregnancy. As shown above, the research on critical discourse analysis and problem representation correlated with teenage pregnancy is not new, but it has not been done in Mexico.

The tools and different discourses the authors have found when researching policy problem representations, media discourses, and teenagers' experiences show the importance of understanding the problem in its context and rejecting the neutrality upon which they are legitimized. In this thesis, I want to start a conversation about how the Mexican National Teenage Pregnancy Prevention Strategy has outlined the problem and what elements the actors chose to focus on.

3 How did this problem definition come to be?

In this research, I argue that teenage pregnancy problem definition in the ENAPEA is the result of a complex interplay of elements driven by various actors' values and beliefs (Béland, 2005). I suggest that the National Population Council, the System for the Comprehensive Family Development, and the National Institute for Women have had a key role in shaping how we look at the problem in a specific way rather than another. In this chapter, I examine what are the discourses and elements proposed by these institutions and, following Varsa & Szikra (2020) study how these local meanings were “formulated in interaction with and affected by transnational actors and discourses” (p.530).

I chronologically review various institutional instruments and mechanisms (constitutional reforms, laws, conventions, and conferences) that have influenced the behavior of the CONAPO, SNDIF and Inmujeres in relation to teenage pregnancy from which such actors accept, reject or re-appropriate elements of the discourse. Additionally, I focus my analysis on the international institutional discourses of the United Nations, International Planned Parenthood Federation, and the Economic Commission for Latin America and the Caribbean due to their global presence, the scope of their interventions, the power to set the discourse and the participation of the Latin American Governments in the events.

I study the creation of the CONAPO in 1974 as a product of its time framed within the boom in population policies after the Cold War, introducing new ways of thinking about fertility rates, family planning, and development. I then examine the SNDIF (1977) and the Inmujeres (2001) as a way of tracing back how teenage mothers have been constructed as subjects of social assistance their correlation to the family discourse, and the institutionalization of gender.

The richness and the limits of this chapter are on the same institutional mechanisms I mentioned above. I have left out the discussion on how those discourses have impacted people's everyday lives as they entail other types of methodologies and as I aim to study the institutional-ideological repertoires from the same actors that propose them, and their translation into the policy realm. By no means do I reject the impact that social movements, feminist organizations, academic institutions, or other individuals have on the construction and playfulness of the discourse, however, for the moment, I have decided to focus on studying the correlation between these actors' discourses and the ENAPEA 2015 and 2021.

3.1 The boom of population policies

During the Cold War, reproductive politics became a widely discussed topic due to the fear that overpopulation -from the Global South countries- would pose a threat to the political stability and economic modernization of the world (Clays, 2010). As Szikra and Varsa explain, in the demographic transition theory proposed by US researchers Frank W. Notestein and Kingsley Davis, the world was divided into three, considering how well-developed countries were and their population size. The so-called First World was characterized by a full demographic transition showing low fertility rates and full-scale modernization and industrialization. The Second World showed enough progress but high fertility rates. And finally, the Third World showed total backwardness and no progress (Varsa & Szikra, 2020, p. 531)

The naming of Third-world countries had political implications in the demographic debate -and other areas. The narrative was that if such countries continuously increased their population, they would place more strains on the already limited resources (Mirkin, 2005, p. 302), and would endanger the national security of First World countries due to the social discontent that would arise from the increase poverty levels, and they could following the success of the Cuban Revolution (Felitti, 2022). In consequence, “the threatening idea of a population bomb coming from the Global South that originated in the fear of non-white populations intruding the Global North set in motion a whole family planning industry” (Szreter 1993 in Szikra and Varsa p.531).

The population size became an indicator of a country’s development and economic progress and the United States idea “centered on the normalization of the small nuclear family, the ‘modernization’ of sexual and reproductive practices including the use of contraception, and the lowering fertility in developing countries as well as marginalized groups in the ‘first’ world” (Bracke, 2021, p. 753) became a paradigm supported through different planning programs targeting those countries that had not achieved what Notestein and Kingsley called the demographic transition, that is countries of the Global South including Mexico.

Family planning did not appear in Mexico until the 1950s because population growth was associated with prosperity, and motherhood was a national pride (Parry, 2013). However, the period of sustained economic growth and development in the country had come to an end (Alba & Potter, 1986, p. 59), and new ways of thinking about fertility were introduced in the debate. Due to the national law prohibiting contraception, it was until 1958 that a private family planning office, Asociación Pro-Bienestar de la Familia Mexicana (Family Well-Being

Association), opened (Parry, 2013) International Planned Parenthood supported the Association, and in 1961, the Fundación para Estudios de Población (Foundation for Population Studies, FEPAC) became a member of IPPF.

During the 1960s, the Mexican discourse on contraception contrasted with the international debate. Although contraceptives were thought on a double narrative of women's autonomy to decide if and when to have children and as a response to the population growth (Felitti, 2022), in Mexico, contraceptives were not completely accepted due to the national law prohibition, the fear of the medical side effects, the lack of access to information, the unclear Church opinion (Felitti, 2018) and the "antipathy toward the idea that the United States might be funding population control" (Parry, 2013, p. 115), which in some sense it was. In the 1970s the United States Agency for Development (USAID) sponsored Mexican doctors and academics to attend "training in population and family planning" (Ward et al., 2015, p. 8), and the United Nations Fund for Population Activities (UNFPA) coordinated projects to reduce fertility in developing countries through sexual education and modern medical practices (Bracke, 2021).

International population assistance was seen as racist and imperialist (Parry, 2013) and the Global South denounced its discourse of controlling people of color's sexuality. In 1966, the Population Council and Rockefeller III presented the *Declaration of Population*, in which they called for family planning as a basic human right, and the Commission on the Status of Women drafted the Declaration on the Elimination of Discrimination Against Women (DEDAW), a precursor of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), which critically questioned the gender roles and "qualified the family as a site of both women's power and women's oppression" (Bracke, 2021, p. 757). These attempts were followed by the Proclamation of Teheran in 1968, which called for the respect of the couple's choices to decide on the number and spacing of their children and identified population growth as an obstacle that "hampers the struggle against hunger and poverty, and in particular, reduces the possibility of rapidly achieving adequate standards of living" (United Nations, 1968, p. 15). According to Bracke (2021), the Proclamation failed to address reproductive agency.

When Mexican President Luis Echeverría (1970-1976) declared the creation of the Population General Law (1973) and the National Population Council in 1974 (CONAPO) he stood his ground against the international population discourse of the US and reaffirmed that this decision and the following actions were a matter of the country's sovereignty (Cabrera, 1994). Family planning was thought to improve the social conditions of the country (Aguilar

Alfonso, 2013; Ordorica-Mellado, 2014) rejecting “the idea that a purely demographic principle should regulate fertility and replace the complex enterprise of development” (Luis Echeverría, in Mora Bravo, 2016, p.13) and recognized family planning as a basic right (Parry, 2013, p. 117).

The CONAPO wanted to “adapt economic and social development programs to the needs posed by the volume, structure, dynamics, and distribution of the population...[and] to influence the dynamics of the population through public health education systems, professional and vocational training, and child protection” (Ley General de Población, 1974, Art.3). The CONAPO reflected a change in mentality about the need for population policies and family planning (including disseminating information about contraceptives). However, these transformations did not fully transform women’s right to sexual autonomy and were not followed by comprehensive sexual education campaigns (Felitti, 2018, p. 336).

In 1973, the CONAPO and Ministry of Education introduced sex education to school textbooks as part of the natural science curriculum for primary and secondary levels. As Hernández Rosete et al. (2011) argue, the books were the beginning of something, but they fell short. They showed accurate images of the reproductive system, and although they had information on contraceptives, they lacked in-depth knowledge of them and did not discuss the shared responsibilities between women and men to prevent an unwanted pregnancy. The textbooks presented the ideal family as “a nuclear family with two or three children. This vision was spiced up with the usual stereotypical burden: dad works, mom takes care of the housework, and the children study and are obedient and affectionate”(García Alcaraz, 2001, p. 71). Sexual education was thought of as a way of framing the heterosexual family as the ideal space to reproduce, aspiring to have two or three children and it was the woman’s responsibility to use contraceptives. Abortion was not mentioned (García Alcaraz, 2001; Hernández Rosete et al., 2011; Sandoval & Rangel, n.d.).

When the World Population Conference in Bucharest took place in 1974, the Global South fought against the focus on controlling the population size and called for addressing the deeper causes of inequality (Doboş, 2018, p. 219). Although the group led by the United States argued that overpopulation could only be dealt with through population control policies, the Conference concluded that the “population problems cannot be reduced to the analysis of population trends only. It must also be borne in mind that the present situation of the developing countries originates in the unequal processes of socio-economic development...” (United Nations, 1975, p. 49). The Conference transitioned to a reproductive rights framework (Parry, 2013), but, according to the IPPF, it was still missing an approach that would consider “the

structural barriers that limited the freedom of men and (especially) women to choose how and when to control their fertility” (Parry, 2013, p.93).

As a response, in 1975, the First UN World Conference on Women was held in Mexico City, with the intent to highlight that “the full and complete development of a country, the welfare of the world, and the cause of peace require the maximum participation of women on equal terms with men in all fields” (CEDAW, 1979, p. 1). The United Nations General Assembly adopted in 1979 the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and urged States to create measures to recognize, condemn, and eliminate discrimination against women. In this line, the CEDAW called for attention to the discrimination experienced when accessing health services or receiving medical care, including family planning. The CEDAW recognized that maternity had a crucial role in society and should not be the basis for discrimination. It additionally emphasized the importance of co-responsibility in the upbringing of the family.

The First Women Conference, the discussion for the CEDAW, and the Bucharest Conference were the back door for the Mexican government to amend the Constitution and other judicial mechanisms to promote equality (Cano Gabriela, 1996). In 1974, the government derogated sections of the Civil Code from 1928 where women were only allowed to work if their job did not interfere with their domestic work; also, husbands had the right to decide if it was ok for their wives to work on something more than the maintenance of the household (Corona Nakamura, 2021). With the 1974 reform, the Mexican government changed Article 4 of the Constitution to grant legal equality for women and men (Valenzuela Reyes, 2010). Moreover, Article 4 said, “The law shall protect family organization and development” (Translation by Carlos Pérez Vázquez, 2005).

With these reforms, “the values of equality of men and women before the law, responsible procreation, family integration, integral development policy and the humanistic and qualitative nature of demographic policy were given relevance” (Miguel Mora Bravo, 2016, p. 136). In this context of equality and reflection on gender roles, the CONAPO produced in 1976 a campaign titled “Vámonos haciendo menos” (Let’s become fewer), encouraging women to take control of their own fertility by criticizing the Mexican gender roles. Although it had the intention of advancing the fight for women’s right to access and use contraceptives, it still reinforced stereotypes of macho men and passive women (Parry, 2013, p.117), failing to show new masculinities open to discuss contraception and portraying class and racial divisions (Felitti, 2018; Parry, 2013).

The next year (1977), the government appointed the Interinstitutional Commission for Maternal Childcare and Family Planning from the Health Ministry (Cabrera, 1994) to create the new Family Planning strategy. As suggested by Teresita de Barbieri (1983), the new Family Planning Policy wanted to “slow down population growth to reduce pressure on the economy and on the State’s demands for employment, health, services, education, basic infrastructure, housing, transportation, etc.” (Barbieri, 1983, p.303). The policy wanted to reduce the size of Mexican families by providing all information necessary on contraception and access to health services and by convincing them that the less they were, the higher the chances and resources they would have for consumption and overall well-being (Barbieri, 1983).

The change in the notion of *family* was in correspondence with the change in discourse about women’s participation in the economy/development, contraceptives as key for achieving reproductive justice, and the overall population policies objective of achieving development progress in the capitalist system. The CONAPO focused mostly on what Barbieri (1983) suggested as policies convincing the population that smaller families would have better chances to triumph in the economic and social system.

3.2 Failing families and teenage mothers as the target population of social assistance

During the 1960s, while the discussion on contraception was at its highest point and Mexico was reconsidering values about the role of motherhood and family planning the Instituto Nacional para la Protección de la Infancia (National Institute for the Protection of the Children, INPI) and the Instituto Mexicano de Asistencia para la Niñez (Mexican Institution for Childhood Assistance, IMAN) were “protecting children in an integral way (considering the health, physical and mental needs)” (Huerta Lara, 2006, p.8). Both institutions were targeting “minors at risk,” pregnant women, and, in general, “vulnerable populations.”⁴ With the change in discourse during the 1970s, the institutions merged under the name of the National Institute for the Comprehensive Development of the Family to “provide legal assistance services, support and promote the well-being of children, pregnant mothers, and families” (Decreto de creación del SNDIF, 1977, Art.2).

⁴ Unfortunately, I cannot go further with my analysis in these two institutions because there is not enough information on the topic. Either due to my limited access to local resources (printed journals, books that have not been digitalized on the topic, etc) or because there is not enough information. Since I do not know which is the reason, I decided to focus directly on the SNDIF.

Showing not only the government's interest in protecting the family but also creating another discourse around the same notion: pregnant women and children are vulnerable. The SNDIF inserted itself into the paradigm of social assistance, which, according to the Health Law passed in 1984, was defined as:

the set of actions aimed at modifying and improving the circumstances of a social nature that impede the individual's comprehensive development, as well as the physical, mental, and social protection of persons in a state of need, lack of protection, or physical and mental disadvantage, until their incorporation into a full and productive life is achieved (Ley General de Salud, 1984, Art 167)

Therefore, there was a new type of family, the one that had failed and needed help from the State. The SNDIF created subjects who were at risk or had a disadvantage to fully participate and benefit from development. I argue that this understanding had two main consequences. One, it was trying to "fix" a situation where not the State had failed, but rather families had failed to provide. And second, it tagged those populations in a victimhood discourse. Although each state passed its own legislation, the vulnerable populations were usually considered to be minors and women in a state of abandonment, neglect, malnutrition in situations of violence, alcoholics, drug addicts, women in periods of gestation or breastfeeding, elderly adults, disabled persons, children or adults in street situation, inhabitants of the rural or urban areas who lacked the indispensable for their substance, persons in a state of neglect or marginalization who are members of indigenous peoples or communities who do not speak Spanish and minor offenders (Ley sobre El Sistema Estatal de Puebla, 1986, Art.4).

The SNDIF showed pregnant women and minors at risk as two separate categories in need of social protection, united only by their relevance to the family unit and their inability to provide for a productive life in the country. Until the 1990s, teenage pregnancy was not considered a policy priority. This discourse did not contradict the narrative on family planning policies. Moreover, it strengthened it. It showed the compromise of the government to convince the population that they would live better if they followed the pattern of a small family, able to participate in the economy. The SNDIF failed to address the socioeconomic context that enabled or prevented access to resources and opportunities, following an individualistic and paternalist approach.

With the United Nations Convention on the Rights of the Child (UNCRC) and the International Conference on Population and Development Program (ICPD), new categories came to light. The discourse changed from a guardianship model to one based on the well-being

of the child (Inter-American Commission on Human Rights, 2017; Morlachetti, 2013) and from fertility-oriented programs to women's empowerment through education and job opportunities (McIntosh & Finkle, 1995).

The UNCRC promoted a new paradigm that overcame the understanding of children and adolescents as objects of protection (Maurás, 2011) and promoted their autonomy and participation, as well as the States' accountability to protect and prevent their human rights and make the conditions for the participation of children in decision-making (Ocairí et al., 2014; Ramesh, 2001), as shown in UNCRC Article 3 "In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration." (United Nations, 1989)

The ICPD, in 1994, called for women's empowerment, especially when it came to population and family planning-related policies. The ICPD Principles 4, 9, 10, and 11 stated the importance of advancing the work on gender equality, the relevance of the family as a basic unit of society, the right to education where the best interest of the child should be the guiding principle, and the rights to adequate living standards (United Nations, 1995b). It covered the issues of teenagers' sexuality and education by recommending that States provide information and improve the availability of resources to help adolescents live their sexuality and protect them from unwanted pregnancies. It also recognized that early marriage and motherhood impact educational and employment outcomes (United Nations, 1995). The IV World Conference on Women: Action for Equality, Development, and Peace, held in Beijing, China, in 1995, assessed how and to what extent women were more susceptible to inequalities and it called for the States to protect the rights of girls and adolescents (United Nations, 1995a).

The Conference continued the work of the ICPD and reinforced the rights of teenagers to a positive and responsible exercise of their sexuality while accounting for the State's duty to provide information, eradicate gender stereotypes, and make efforts to eradicate early motherhood and birth as it increased the risk of maternal death, and it hindered their education, employment, and social opportunities (United Nations, 1995a). The participating governments committed to working toward gender equality, development, and peace for all women by institutionalizing the gender perspective (Carmona, 2014), which was translated into establishing women's policy agencies to address women's interests and needs (Beer, 2020), such as the Inmujeres.

This background helped change the paradigm on which teenagers, pregnancy, sexuality, and gender were constructed in an intersection. The Mexican Reproductive Health

and Family Planning Plan from 1995-2000, made this transition and called for the State's responsibility to provide the necessary means to protect and promote the exercise of teenagers' sexual rights by:

...[providing] information, education, communication, and sexual and reproductive health services with a comprehensive vision that promotes attitudes and responsible behaviors allowing teenagers to assume their sexuality in an autonomous, conscious, and risk-free way, as well as increase their self-esteem. These actions must safeguard the conditions of privacy, confidentiality, and consent based on correct information (Programa de Salud Reproductiva y Planificación Familiar 1995-2000, 1995)

It was this change that opened the door for the 1997 Programa de Prevención y Atención Integral del Embarazo en Adolescentes (Prevention and Comprehensive Care of Adolescent Pregnancies, PAIDEA) coordinated by the SNDIF. The PAIDEA wanted to "raise awareness among the young population regarding the risks and consequences of early pregnancy and provide guidance to adolescents..."(SNDIF, 2013) who were pregnant or had already children, to provide them with the tools and support to improve their life and their children's. PAIDEA was implemented in each Mexican state, and it had two objectives: prevention and assistance. The former gave information about the risks of early pregnancy; sexuality in the framework of respect, responsibility, and dignity, and the promotion of a life plan. The latter consisted of a series of workshops to discuss adolescence, anatomy, autonomy, gender roles, relationships, teenage pregnancy, sexually transmitted diseases, and life projects (Ávila Zárate, 2010)

PAIDEA was the first program focused on preventing teenage pregnancy through an approach to sexual and reproductive rights and discussing the risks it entailed. Before the PAIDEA, there programs including *teenage mothers* and *pregnant teenagers* as subjects of interest because of their vulnerability, such as Desarrollo Integral del Adolescente (Comprehensive Adolescent Development, DIA) and Menores en Circunstancias Especialmente Dificiles (Minors in Especially Difficult Circumstances MECED), but not a program directly, and only, targeting *pregnant teenagers*. The definition of pregnant teenagers was oriented toward a definition of being at risk, and because of it, the State was responsible for them.

From that point on, two more national instruments called for explicit measures to prevent teenage pregnancy. The Law for the Protection of Children and Adolescents enacted in 2000 providing a regulatory framework "in accordance with the principle of the best interest of the child, the rules applicable to children and adolescents shall be understood to be aimed at

providing them, primarily, with the care and assistance they require to achieve full growth and development...” (Ley Para La Protección de Los Derechos de Niñas, Niños y Adolescentes, 2000, Art.4). In Article 28, fraction H, the Law mentioned that it was the children's and teenagers' right to access to health, and it was under this premise that early pregnancy should be prevented. The second instrument was the 2004 Social Assistance Law, which defined teenagers from 12 to 18 years old and defined *teenage mothers* as subjects of social assistance.

With the creation of the Inmujeres in 2001, the institutionalization of gender became a reality, and gender mainstreaming became a priority. The Inmujeres represented a trademark for the new government of Vicente Fox (2000-2006) in the so-called “transition to democracy” to “guarantee attention to gender inequalities, respect for the social, political and civic rights of women, regardless of ethnic origin, age, marital status, language, culture, social condition, disability or religion [...]”(Plan Nacional de Desarrollo 2001-2006, 2001)

The Inmujeres focuses on the formulation of public policies to eradicate all types of gender discrimination and ensure equal opportunities and treatment; facilitates the participation of women in the political, economic, and social life of the country; and promotes, protects and disseminates the rights of women and girls (Ley del Instituto Nacional de las Mujeres, 2001). It coordinates the Programa Nacional para la Igualdad (National Equality’s Plan, Proigualdad), which “articulates the efforts of the agencies and entities of the Government of Mexico in coordination with the three branches and orders of government to respond to the demands of women and guarantee their rights and well-being.” Therefore, the creation of the Inmujeres represented a compromise of each government agency to mainstream gender, and the Inmujeres as the central equality body to coordinate it.

In accordance with this objective, the government (Vicente Fox 2000-2006, and Felipe Calderón 2006-2012) approved three mechanisms to show its compromise. First, the Centro Nacional de Equidad de Género y Salud Reproductiva (National Center for Gender Equality and Reproductive Health was created, CNEGSR) in 2003 to incorporate “gender perspective in health and to improve the sexual and reproductive health of the population through programs and actions based on scientific evidence, best practices and the health needs of the population” (Manual de Organización Específico Del Centro Nacional de Equidad de Género y Salud Reproductiva, 2016, p.6). Second, in 2004, a program titled Promajoven, to support gender equality and prevent discrimination against adolescents who become mothers at a young age” (Secretaría de Educación Pública, 2012, p. 109) and third the Specific Sexual Health Program for Teenagers 2007-2012 with the purpose of making young people the protagonists in the exercise of their sexual and reproductive rights, promote gender equality,

peaceful coexistence, access to contraceptive methods and guarantee care and attention services (Secretaría de Salud, 2008).

There were now programs directly targeting teenage mothers at the same time that there was a rise in the interest of promoting teenagers' sexual and reproductive rights. These approaches went hand in hand with the International Women's Conferences on thinking about the gender roles that enabled those situations, promoting women and girls' access to the benefits of development through access to education and the logic about teenage pregnancy causing teenage mothers to drop out of school and preventing them from having better opportunities. However, this approach did not quite prove how to involve boys and men or even promote new masculinities. It was the Montevideo Consensus on Population and Development in 2013 that worked on these topics.

The Montevideo Consensus reviewed the progress achieved in Latin America and the Caribbean (LAC) after implementing the ICPD (ECLAC, 2013). It was “the very first intergovernmental policy document that defines sexual rights beyond women’s human rights” (Abracinskas et al., 2014, p. 632). The Consensus recognized boys, girls, and adolescents as crucial actors in the development of the region. It proposed an intersectional, intercultural, gender-sensitive, and human rights approach that addressed the specific needs of adolescents and youth concerning issues such as teenage pregnancy, marriage, comprehensive education and emotional development, and sexuality. The Montevideo Consensus is one of the most important events in the region to discuss sexual and reproductive rights and promote collaboration amongst LAC countries to promote sustainable development.

The Consensus was followed by the renewal of the Development Goals, and in 2015 the United Nations Sustainable Development Goals appeared in the public discussion. The Agenda contains 17 goals to eradicate poverty, achieve peace and prosperity, and address the environmental problems of the world by 2030. According to (Ogu & Ojule, 2018) the SDGs “provide a platform for the enhancement of the SRHR of adolescents and women...”. In this regard, the SDGs include goals of family planning, information and comprehensive education on sexuality and contraception, and reproductive health.

With the visibility of the issue of teenage motherhood, the Organization for Economic Co-operation and Development (OECD) published the report *How's life 2015* and pointed out that Mexico had the highest adolescent birth rates among the OECD partner countries, with 65 births per 1000 women aged 15-19 (OECD, 2015, p. 161). This only came to strengthen what the government had already been discussing in the last couple of years about teenage motherhood, they needed to address the issue to achieve development.

3.3 Conclusion

In this chapter, I looked at how the CONAPO, SNDIF, and Inmujeres have interacted with different international discourses to shape their behavior regarding gender, motherhood and teenage pregnancy in the Mexican context. I want to portray them as dynamic actors who are in constant interaction with the different discourses and decide to act upon certain elements over others. I suggest these actors are key to studying the problem representation of teenage pregnancy in the ENAPEA because of the role they have in shaping arguments about population, family planning, teenage mothers, and gender.

I showed that the CONAPO was part of the discussion within the boom of population policies that divided the world into three depending on their stages of development, industrialization, and population size. The CONAPO positioned itself against the US paradigm of demographic transition while still recognizing the need to have measures that would help the population enjoy the benefits of development. Family planning was considered to help influence population dynamics, but only through economic and social programs. With the Population and Women conferences, the country thought about contraception and the transition to a notion of modern women and the restructuring of the family.

The SNDIF continued reformulating the family discourse through notions of vulnerability and social assistance, showing the first indicators of a discourse that would consider teenage pregnancy an issue for the family unit and in need of assistance because of their inability to contribute to a productive life. However, it was not until the discussion brought on by the UNCRC and ICPD that the approach to the sexual and reproductive health agenda portrayed teenagers with the autonomy and capability to make their own decisions and the State's accountability to provide information and services with the "best interest of the child" in mind. This shift introduced the PAIDEA as the first program to directly target teenage mothers in need of social assistance.

With the commitment to mainstream gender in the country shown through the creation of a central equality body like the Inmujeres, new aspects of women's roles and gender equality in development were raised in the public debate, making access to contraception, education for girls and comprehensive sexual education for men and women a priority in the agenda of teenagers, sexuality and teenage pregnancy.

Recognizing that the CONAPO, SNDIF, and Inmujeres are the three most relevant actors framing the discussions about teenage pregnancy in the country, I outlined the institutional

discourses present when they were created and after their establishment. In my research, I have how ideas and institutions are closely related, either as a direct influence of a specific actor that pushes the discourse or *vice versa*, because certain ideas influence the actions that lead certain actors. My aim in this chapter was to reveal the discourses' key arguments and elements upon which the CONAPO, SNDIF, and Inmujeres frame their actions as a way of analyzing where the problem definition of. teenage pregnancy comes from.

4 Shifts and continuities of the Strategies from 2015 and 2021

In the following chapter, I will study and compare the discourse that the Mexican National Strategy for Teenage Pregnancy Prevention employs to define teenage pregnancy as a problem in the first 2015 edition and the 2021 second-phase Strategy. Using Feminist Critical Policy Analysis and Critical Discourse Analysis tools, I argue that teenage pregnancy is a constructed issue that is shaped by the discourses of the CONAPO, SNDIF and Inmujeres. I reject the neutrality upon which teenage pregnancy is understood as a given problem, and I wish to understand the norms and values that make it one in the Mexican context. By employing a comparative policy analysis for the ENAPEA 2015 and ENAPEA 2021, I intend to show that as a constructed problem, the definition of teenage pregnancy has changed. Although the Strategy maintains the same general objective, not all the ideological repertoires that support teenage pregnancy as a problem are the same.

As shown in the previous chapter, elements of family planning, development, social assistance, and gender are crucial to understanding the discourse of how teenage pregnancy as a problem is represented in Mexico. I follow how these elements are reinforced, ignored, or transformed. The ENAPEA is a milestone in the country for teenagers' sexual and reproductive agenda. Therefore, studying what discourse it portrays is fundamental to advancing a framework that respects teenagers' autonomy, self-determination, and sexual rights. I argue that depending on the problem representation, a solution will be shaped.

The chapter introduces the ENAPEA as a National Strategy launched during Enrique Peña Nieto's (2012-2018) presidential term and follows the literature linked to various authors' analysis of the Strategy, including the 2019 policy evaluation conducted by EUROsociAL. Then I introduce my discourse analysis of the problem definition of the ENAPEA 2015 and the ENAPEA 2021, delving into the correlation each definition has to the CONAPO, SNDIF, and Inmujeres and the shifts in the discourses. For clarity, I have decided to identify each policy from the other by referring to the year they were launched.

4.1 ENAPEA's starting point

In January 2015, the government of President Enrique Peña Nieto (2012-2018) presented a new Strategy with the aim of preventing teenage pregnancy by addressing the various causes and consequences of the issue. González Pérez & Ramos (2020) pointed out that the ENAPEA was a response to the high fertility rates among teenagers that, according to the

ENADID (Encuesta Nacional de la Dinámica Demográfica, National Survey of Demographic Dynamic) in 2014 77 teenagers out of 1000 had a pregnancy. Furthermore, the ENADID identified that 65.7% of women who had sexual intercourse did not use any contraceptive method their first time either because they lacked information about it (28.3%), they wanted to get pregnant (27.7%), or because they did not intend to have sex (22.7%) (INEGI, 2018; Inmujeres, 2021a) Moreover, compared to other age groups (women between 20-39 years old) that had a decrease in fertility rates in the last years, teenage pregnancy (women between 15-19 years old) increased from 69.2 (2009) to 77 (INEGI, 2018).

It was the first time that the Mexican Government presented a National Strategy for Teenage Pregnancy Prevention involving various actors across different sectors. On January 2015 the first version of the ENAPEA was presented to the public (*Estrategia Nacional de Prevención del Embarazo de Adolescentes*, 2015) with the participation on the panel of Cristina García Gonzáles and Rafael España de la Garza, teenagers; Gustavo Sánchez Martínez, athlete; Maria Esther Guzmán Urbina, winner of a contest organized by the Inmujeres; Rosario Robles, Head of the Ministry of Social Development; Mercedes Juan López, Head of the Ministry of Health; Laura Vargas Carrillo, head of the SNDIF; Lorena Cruz Sánchez, President of the Inmujeres; Patricia Chemor, Head of the CONAPO; Marcia de Castro, UN Women resident coordinator; José Manuel Romero Cuello, head of the Mexican Youth Institute; José Narro Robles, National Autonomous University of Mexico chancellor; Salvador Vega Ileón, Autonomous Metropolitan Autonomous University's chancellor.

Osorio Chong, Interior Secretary of Mexico, reaffirmed the government's priority to prevent unwanted and unplanned pregnancies and provide enough information so teenagers could enjoy their sexuality. A brief diagnosis of the situation followed this statement, where he highlighted the reasons behind the birth rate rise, amongst which there was a lack of information and communication, lack of contraceptives, bad or insufficient sexual and reproductive education, and the misconception of teenage pregnancy as an empowering life event. Overall, the presentation served the purpose of showing a "common front" (Osorio Chong in *Estrategia Nacional de Prevención del Embarazo en Adolescentes*, 2015) from academia, civil associations, and national ministries while also positioning teenage pregnancy as a public concern.

The ENAPEA is the government's plan of action to reduce the pregnancy of girls from the age of 10 to 14 to zero, and the fecundity levels among teenagers from the age of 15 to 19 by 50% in 2030 (Inmujeres, 2021b) The Inter-institutional Group for the Prevention of Adolescent Pregnancy (GIPEA) is responsible for its implementation, and it is conformed by

different dependencies of the Federal Public Administration (Administración Pública Federal, APF), academic organizations, and international organizations, coordinated by the CONAPO and the Inmujeres acting as the technical secretariat. The ENAPEA(2015) is available in Spanish in a 128-page document that follows a structure of presentation of the problem, an executive summary of the Strategy, an international and national background of teenage pregnancy prevention programs, the legislative and theoretical framework upon which it is based, and finally, the objectives, coordination and evaluation mechanisms. The ENAPEA's (2015) pyramid shows in a stepwise manner the different types of intervention needed to reduce teenage pregnancy (refer to Image 1). The closer to the bottom, the more complex the interventions are but the greater the impact, while the top shows more direct interventions, but with smaller impacts. The ENAPEA has 8 guiding principles: intersectoriality, citizenship and sexual and reproductive rights, gender perspective, course of life approach, co-responsibility, youth participation, research and scientific evidence, evaluation, and accountability.

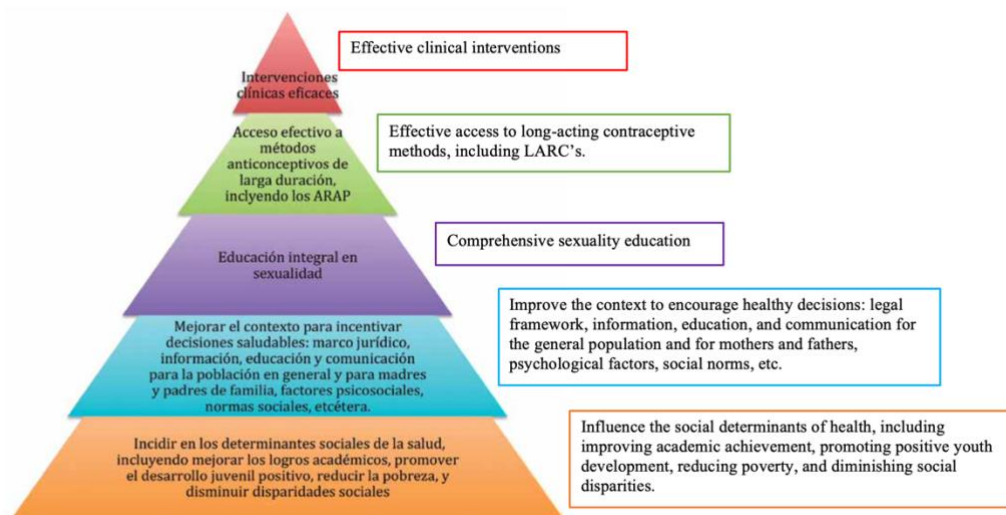


Image 1. Pyramid of ENAPEA's 2015 intervention to reduce teenage pregnancy

Note. This pyramid summarizes the five different interventions needed to reduce teenage pregnancy in the ENAPEA 2015. I did the translation from Spanish to English. The image is retrieved from the ENAPEA 2015 by Mexican Government, p.16. Copyright 2015 by ENAPEA 2015, Mexican Government.

The ENAPEA is the first Strategy to involve collaboration with various agencies in the national and international context. It was also innovative in the sense that it addressed teenage pregnancy from its different roots. However, as the first of its kind in the country, it also presented areas of opportunity that different authors pointed out throughout the years. The implementation of the ENAPEA presented a zero budget, weak communication strategies, and inconsistent coordination at the local level, which in consequence, triggered uneven results in

the country and, a lack of data and accountability (Galicia Cruz & Vázquez Figueroa, 2022; Guadarrama Rico, 2020; María Gómez & Argüello, 2020; Servin, 2020).

When analyzing the ENAPEA spots, Peralta-Sánchez (2018) identified that the content shared until 2018 was under-representing indigenous and rural women and targeting the high middle class. He also identified missing topics about maternal mortality, newborn problems, the training of the medical staff, and safe sex education. Additionally, María Gómez & Argüello (2020) argued that “in a country where violence, discrimination, and lack of access to the enjoyment of fundamental rights such as health and education inhibit the ability of young people to make decisions in a free, voluntary and responsible manner” (p.2) just sharing information it was not enough and it should be accompanied by other strategies. Authors suggested that sexual education was key to achieving that cultural change, and transforming gender roles and family relationships (2015) while also proposing alternative life models for adolescents beyond motherhood and fatherhood (Servin, 2020)

With the change in political parties ruling the country, from the Partido Revolucionario Institucional (Institutional Revolutionary Party, PRI) headed by Enrique Peña Nieto (2012-2018) to the Movimiento de Regeneración Nacional (National Regeneration Movement, MORENA) headed by Andrés Manuel López Obrador (2018-2024), the CONAPO and Inmujeres proposed that the ENAPEA should go through a thorough evaluation by a third party. In November 2019, EUROsociAL, program funded by the European Union in collaboration with Latin America to support the region’s efforts to strengthen governance, advance gender equality, and implement social policies (González Pérez & Ramos, 2020), carried out “an evaluation of the implementation of the ENAPEA to determine its effectiveness and scope, as well as to develop recommendations for its improvement” (González Pérez & Ramos, 2020, p. 5). In November 2020, Silvana Ramos y Mariana González Pérez presented the results of their work.

EUROsociAL conducted interviews with UNFPA, CONAPO, Inmujeres, and other local organizations to understand the reach and impact of the ENAPEA. The report recognized the good practices and strengths of the policy as it positioned *teenage pregnancy* in the government’s agenda as a multi-causal problem that considered the social determinants with a human rights approach. It also celebrated the intention of involving the three levels of government and the medium-term objectives that would continue even after Enrique Peña Nieto’s (2012-2018) term finished (González Pérez & Ramos, 2020, p. 11). However, as other authors found, EUROsociAL agreed that for the implementation of the Strategy, the lack of

budget allocation and the rigid governance structure created operational problems that caused unclear responsibilities and uneven results in the territory (González Pérez & Ramos, 2020).

The agency urged the State to take action to prevent sexual abuse and eradicate forced pregnancies in minors under the age of 15, and recommended that the ENAPEA should enhance comprehensive sexual education, prioritize counseling and access to contraceptive methods (including abortion in rape cases), and acknowledge the new wave of gender violence exacerbated by the COVID-19 emergency. With this in mind, the second phase of the ENAPEA was launched in July 2021.

Due to the COVID-19 restrictions, the presentation in July had only two participants and a fewer attendants, nevertheless the event was live on Youtube (Centro de Producción CEPROPIE, 2021). Alejandro Encinas, Subsecretary of the Interior and of the Ministry of Human Rights, Population and Migration; and Gabriela Rodríguez, head of the CONAPO; preceded the ENAPEA's 2021-2024 launch. Encina's opening words highlighted the importance of approaching the issue of teenage pregnancy with the collaboration of state institutions, families, and the community in general, and he recognized the increasing violence in the Mexican context. Gabriel Rodríguez followed his statement and under the premise that teenagers should be able to enjoy that life period building their identity and not taking care of their pregnancy and children, she reaffirmed the commitment to implement a new ENAPEA focused on autonomy, co-responsibility, and freedom to decide over one's own body.

Gabriela Rodríguez mentioned the new elements of the policy that accounted for the gender violence context, a new approach to masculinities, the consumption of alcohol and other substances as triggers for sexual relations, and "class" a strong determinant to consider when analyzing the access to information and resources. The new version of the ENAPEA maintains the same general objective of reducing 50% teenage pregnancy rates in girls from 15 to 19 and eradicating pregnancy in girls from 10 to 14 but adds the elements that Rodríguez mentioned in her presentation (Centro de Producción CEPROPIE, 2021).

The ENAPEA (2021) is a 74-page document that has the following sections: introduction, diagnosis (progress on the indicators of the ENAPEA), teenage pregnancy determinants, justification (including EUROsocial's evaluation), the new strategy principles, coordination groups, priority objectives and alignment with the National Development Plan, indicators and goals, and epilogue. As shown in Image 2, the policy has 5 transversal guiding principles.

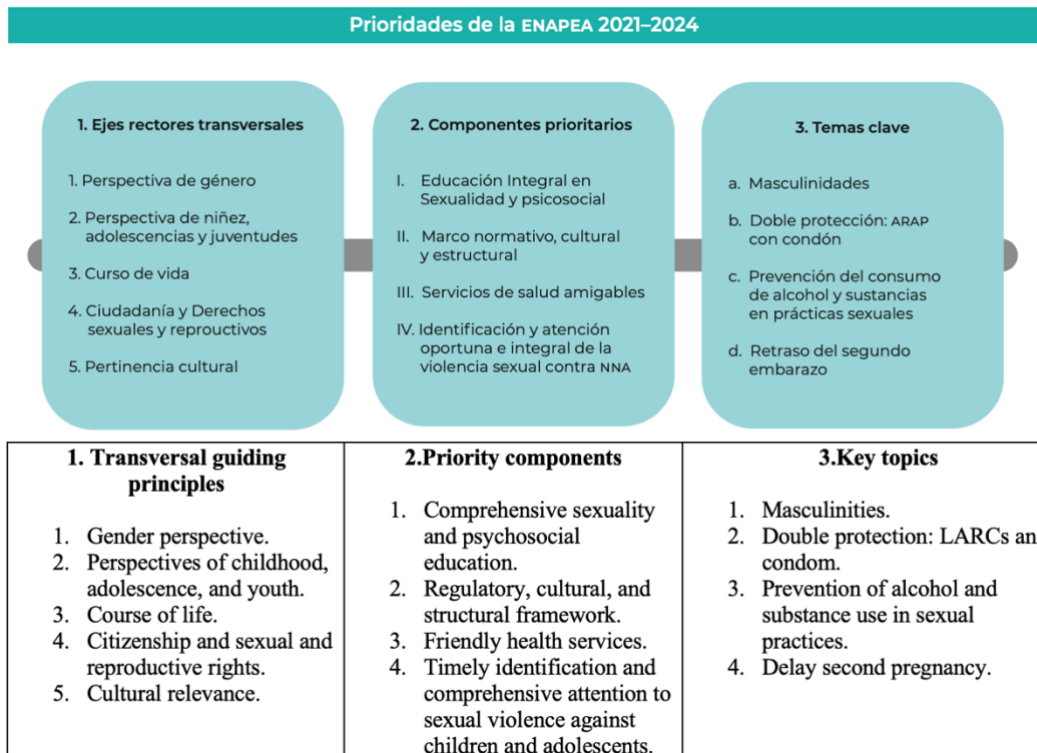


Image 2. Table of the ENAPEA 2021 priorities.

Note. This Table shows the guiding principles, priority components and key topics relevant for the ENAPEA 2021 to prevent teenage pregnancy in the country. I did the translation from Spanish to English. Image retrieved from ENAPEA 2021 by Mexican government, p.26. Copyright 2021 by ENAPEA 2021, Mexican Government.

4.2 ENAPEA 2015 problem representation

The ENAPEA 2015 first introduces teenage pregnancy as a relevant problem “due to the fact that 1) women between the ages of 15 and 19 constitute the largest group among the five-year groups of women of childbearing age 2) the decline in adolescent fertility is lower compared to others...” (ENAPEA, 2015, p.15). Therefore, the first look into the problem is strictly linked to the population agenda. It becomes visible because of the numbers, and only after other elements of teenage pregnancy are discussed.

In the section titled “Issue,” teenage pregnancy is reviewed as something rooted in reduced education and job opportunities, poverty, lack of information and use of contraceptives. Additionally, the Strategy identifies that teenage pregnancy results in health problems for young women and their children, school dropouts or poor performance, economic struggles, “cheap labor and constraints in the money income” (ENAPEA, 2015, p.19), unequal power relations in early marriage and the obstruction in the exercise of the rights defended by the Mexican Constitution (ENAPEA, 2015, p.19; 33). Although there is not a lot of depth in the discussion

of pregnancy within the 10 to 14 years-old teenagers, it is discussed as having different elements: power abuse, sexual violence, and a higher risk of maternal mortality (ENAPEA, 2015, p.29)

According to the ENAPEA 2015, teenage pregnancy is a multicausal problem rooted in both individual and structural factors. The Strategy constantly resorts to framing the problem through statistical information that responds to their concerns on the link between education, family planning, poverty, and teenage pregnancy. The data serves the purpose of reinforcing their understanding of the problem. The definition of teenage pregnancy moves beyond an individualistic approach blaming women and provides valuable data on teenage pregnancy trends while acknowledging different elements that play into the complexity of the issue.

The data used in the diagnosis comes from national surveys that the ENAPEA 2015 retrieves to inform the reader about the problem. It shows information about four things: the percentage of teenagers in the Mexican population, the evolution of fertility rates by age group, education levels, and the use of contraceptives. Although there is a consensus that teenagerhood is from 10 to 19 years old, the data is mostly about teenagers from 15 to 19, with a few exceptions on discussing the general percentage of teenagers living in the country, early marriage, and little to not about education.

When discussing teenagers' distribution in the Mexican territory, the ENAPEA points out that the more developed the state is, the fewer adolescents will have. This starts drawing the argumentative lines on how teenage pregnancy is concurrent in poverty contexts and is detrimental to development. This argument reaches its highest point when the ENAPEA 2015 argues that “the fact that adolescent fertility has decreased less [in some states] is partly explained by the fact that opportunities to access higher levels of schooling or access to appropriate jobs that allow them to continue studying have not increased” (ENAPEA 2015, p.27).

On the one hand, this argument shows that access to resources and institutions -like hospitals and schools- is crucial for the full enjoyment of sexual and reproductive rights. On the other, it equals the success of the approach to higher levels of education and reduction in poverty, leaving out other elements at the structural and individual levels. When it comes to reflecting on the elements that influence the decision of adolescents to go or not to school or hospital, to ask for help and orientation, but also, what is it about the context that is preventing access to quality services.

This becomes even more evident in the narrative about indigenous women. It constantly portrays how indigenous women are at a social disadvantage, but it comes short of exploring

what about the context is enabling or marginalizing the access to resources and exercise of the rights of indigenous women. The ENAPEA problem representation does not show how those inequalities are constructed, so the narrative reinforces that it is because they are indigenous, that they have a higher risk of dropping out of school or getting pregnant.

The Strategy calls for policies that will “reduce the dropout and pregnancy in-school adolescents, as well as to increase the reintegration of those who no longer attend school” (ENAPEA, 2015, p.28). This complements both ideas shown above. Once again, it recognizes that access to school is key to strengthening the framework of action to reduce teenage pregnancy, and it continues targeting teenagers, so, in consequence, it is teenagers’ behavior the one that needs changing and the one the ENAPEA is trying to influence.

The section on information and use of contraceptives is the only one in the ENAPEA 2015 that recognizes other actors' and institutions' responsibility in enabling or preventing teenagers from enjoying their sexuality safely and pleasantly.

Society’s social rejection and denial of sexuality in adolescents reduce the probability that they can exercise their sexual and reproductive rights responsibly... Historical and socio-cultural contexts and factors, woven with religious, political, and economic issues, have limited relevant sexual education (ENAPEA, 2015, p.32-33)

Prejudices and attitudes that limit the use of contraceptive methods can be the result of poor sexual education, a lack of up-to-date information, a culture of discrimination against young people, a lack of understanding of what sexuality is, and, among others, the lack of communication with their fathers and mothers about matters related to sexuality, (ENAPEA, 2015, p.34)

This section in the ENAPEA 2015 problem definition is the only one naming other actors and dimensions influencing teenage pregnancy. Here, it shows an explicit interest in changing not only teenagers’ behaviors but also calling for the Health and Education Ministry to do so. This is one of the strongest sections of the Strategy. Deciding to mention other actors and structural factors opens the discourse of what else is problematic about teenage pregnancy. In this case, not only is teenage pregnancy the problem, but society's prejudices and the lack of friendlier health services and educational opportunities; therefore, this can be worked through in the solutions. When there is not an explicit subject, then is either because there is not a diagnosis that has considered it part of the problem, or there is, but they do not consider it a problem.

This observation is relevant because the narrative focuses on increasing educational opportunities, providing information about health services, and promoting strategies that

eradicate prejudices around sexual education, but it still has not shown the correlation between teenage pregnancy, dropping out of school, and why teenagers decide to go or not to school, what are the barriers, etc.

Although the ENAPEA 2015 opens the door to discuss the role that sexual violence and early marriage play when discussing teenage pregnancy, it falls short in some issues. Sexual violence only comes up when describing the situation with 10 to 14-year-old teenagers, which is almost at the end of the chapter on the problem definition, and it does not equally concern older teenagers. Early marriage is talked about from two angles: the instability of the union that leads to divorce, and the imbalance of power within different age couples.

Some improvements could strengthen this approach. First, this should be a concern throughout the Strategy. Highlighting the sexual violence against girls is key but ensuring a (sexual) life free from violence for all is also a priority. Second, perpetrators should be responsible for their actions, even in the discourse “[women] teenagers are more vulnerable because of the imbalance of power within the relationship and makes them at greater risk of abuse and sexual violence based on the social construction of gender” (ENAPEA, 2015, p.30). Men, or whoever the perpetrator is, should be held accountable for the violence they exercise; it is not only that women are more vulnerable but that someone is exercising violence. If the ENAPEA 2015 is talking about gender construction in this paragraph, it could broaden the understating and name men's gender construction that plays into this power imbalance.

And finally, there is absolute silence about marriage beyond the violence in the early years and the divorce rates. It does not reflect on why the majority of teenage mothers do not consider themselves single mothers, and they are with someone when having the pregnancy or the baby (ENAPEA, 2015, p.29). There is silence about the lack of resources/support networks for teenage mothers outside marriage that could support their life after childbirth, which might help question why teenagers decide to start a family early in life. This section has a broader understanding of structural factors, and defends sexuality as their right, and although I recognize it is a step forward not to normalize or justify violence within the marriage and the power imbalance in relationships, there is still room for improvement.

When the ENAPEA 2015 represents the problem of teenage pregnancy, does it by analyzing the consequences it has for both women and men teenagers, discussing how it affects its educational path and development. It also recognizes men's responsibility when engaging in sexual relations and using or not using contraception. The ENAPEA 2015 avoids referring to *pregnant teenagers* and, for the most part, uses *teenage pregnancy* or inclusive language referring to both men and women. In this line, teenage pregnancy is understood as an event that

affects both their lives in many ways, which, according to its definition of adolescence, is the “foundation for good development and good health in adulthood” (ENAPEA, 2015, p.22). Therefore, teenage pregnancy is an obstacle to their educational and economic development, and that is why the State must pay attention to it.

The only exceptions to using *teenage pregnancy* and inclusive language are when referring to *teenage mothers* (and sometimes *fathers*). The interest in mentioning teenage fathers is a step in the right direction of acknowledging their responsibility. Nevertheless, how they are mentioned matters. The mothers and the fathers, as the two people responsible for the pregnancy, are only mentioned together when discussing their vulnerability and the consequences a pregnancy has for their educational and economic development. Only twice are fathers mentioned alone when it comes to discussing marriage /divorce and the analysis of the age trends when they get into marriage; therefore, motherhood and fatherhood seem to be linked to marriage.

On the contrary, when referring to teenage mothers the ENAPEA 2015 uses words such as stigmatization, discrimination, not having enough means to care for her child, not having employment, social discrimination, children being in a more disadvantaged situation and with higher chances of health problems, not being accepted in school, having more children than the ones that decide to be mothers at a later life stage, and marriage or relationships with a “father.”, and being in a vulnerable position that affects their children. Therefore, teenage mothers are seen as vulnerable (the same as fathers) but also *at risk*, affecting the outcome of the child.

Although the ENAPEA 2015 should continue the analysis of the different gender impacts teenage pregnancy has, it should also recognize that mothers’ vulnerability is linked not only to their identity as teenage mothers but also to the lack of state measures to provide care and spaces for their children. The narrative excludes teenage mothers’ voices, and it never shows what they have to say about their own experiences. The ENAPEA 2015 prioritizes teenage mothers being *at risk*, and it does not make explicit the socioeconomic context that triggers the marginalization and inequality of teenage motherhood.

Teenage pregnancy in the ENAPEA 2015 leaves unanswered half of the question related to why teenage pregnancy occurs. It acknowledges that teenage pregnancy occurs more frequently in contexts of poverty and rural than in urban areas. It centers the discussion on contraception/sexual education and development, as all these elements have been constantly identified as what matters when discussing sexuality, family planning, and population. It advances the work on health services and sexual education for teenagers but lacks a gender analysis of marriage, motherhood, and childcare. That is, it does not ask teenagers why a

pregnancy happened, it does not reflect why getting married or living with their partners is still a more chosen option than staying single, or does not listen to what are the challenges faced by teenage mothers and their children, the only time it mentions that pregnancy could have been the result of choice, it discredits it as teenagers do not have the resources to cover their needs.

4.3 ENAPEA 2021 problem representation

Six years after the implementation of the ENAPEA 2015 and responding to the evaluation made by EUROsociAL, the ENAPEA 2021 continues the work on preventing teenage pregnancy. As shown by the previous Strategy, ENAPEA 2021 focuses on first introducing the problem of teenage pregnancy with numbers. It recognizes that since the ENAPEA 2015, teenage pregnancy has decreased, linking the highest fertility rates to states with greater indigenous populations and with the least levels of development. One change in the narrative regarding indicators is the one about education. The ENAPEA 2021 shows that education makes a difference only when teenagers have reached high school (ENAPEA, 2021, p.11).

This is because the 2021 Strategy has a broader understanding of the role education plays when teenage pregnancy occurs. It delves into the correlation between both of them while recognizing that the continuity of education is faced with other challenges like adolescents considering that they do not have what it takes to be a student, the lack of economic resources to stay in school, or the dislike of the education (ENAPEA, 2021, p.16). This shows what the ENAPEA 2015 missed, exploring the phenomenon of education by its complexity, and this diagnosis allows for solutions to respond to this understanding.

Education is a relevant aspect for people, not only in terms of knowledge but also in relation to the ability to process information, make decisions, and act in certain circumstances. To carry out these tasks in the best way, the development of socioemotional competencies and skills is required (ENAPEA, 2021, p.17).

Education is now a relevant argument because of the impact it has on the overall development of skills in human relationships and other aspects of teenagers' lives. This allows the Strategy to focus on approaches that consider more aspects of the content of education than just assisting the school. Although it still does not call for other actors or the system itself to influence the educational experience, it recognizes that education is more than formal knowledge, and stating that there are different reasons why teenagers stop attending the

classroom opens the door to promoting policies that research and attend the underlying reasons that make them decide to stop going to school.

Even with this change, the ENAPEA 2021 still finds a correlation between school dropout and limited educational horizons "...most pregnancies occur in adolescents with more limited educational horizons, who do not aspire to reach high school and who drop out of school at the end of secondary school" (ENAPEA, 2021, p.18). It does not go beyond this statement, so the questions remaining unanswered are: Why do teenagers who do not continue in school get pregnant? Is it a lack of information and opportunities? Is it because they see motherhood/family/pregnancy as a life project? It needs to further the analysis of the causes of why teenagers drop out the school and the connection with pregnancy. The ENAPEA 2021 still does not address why teenage mothers do not go back to school, but they propose that other programs give scholarships to pregnant adolescents so they can continue their education.

In addition to a deeper analysis of education, the Encuesta Nacional de los Factores Determinantes del Embarazo Adolescente (National Survey of the Determinants of Adolescent Pregnancy, ENFaDEA) started in 2017 to gather data on "women aged 15 to 19 years and 20 to 24 years who had experienced pregnancy before the age of 20, women aged 12 to 14 years who were pregnant at that time, as well as men who acknowledged having impregnated one of their partners when they were in adolescence" (UNAM-ENTS, 2017), the Survey asked about maternity, paternity, sexual and reproductive health and other factors that impacted the experiences. Out of some of the results, the ENAPEA 2021 highlighted that 50.3% of women did not plan to have children, while 49.7% wanted to become a mother (ENAPEA, 2021, p.15)

I reflect on this last argument to return to two of the issues I have previously mentioned. I recognize that the interest in reflecting on the reasons why teenagers decide to get pregnant might be a result of the ENAPEA 2015 impact, which challenges my argument that the ENAPEA 2015 missed the link and, therefore, was not part of the problem and rather, I reformulate it to think that there was not available and accurate data on this particular issue. Second, it reinforces the importance of researching why teenage mothers decide on motherhood, which is still not available in the diagnosis.

Although the ENAPEA 2021 mentions teenage mothers as a part of the target population, this time, *teenage fathers* are not part of the problem representation. Men are mentioned as part of the demographic trends, showing the different reasons why they stop going to school or why they choose to accept an early job offer; additionally, the only other time they are mentioned is when discussing contraception. It is shown that men are the ones leading the discussions about contraception and sexual relations (ENAPEA, 2021, p. 22) and a few pages

later, it calls for the men's responsibility to "prevent unwanted and unplanned pregnancies and STDs" (ENAPEA, 2021, p.25).

I recognize it is crucial to acknowledge men's responsibility in sexual encounters; however, if men are already deciding on the topic, the ENAPEA 2021 could further the analysis and explore what are the decisions and the gender roles that affect those decisions. The problem definition of teenage pregnancy should focus not only on the reasons why women did not use contraception on their first sexual encounter, as there is a section dedicated to this but also on why men have decided not to do it or the attitudes toward their partner. This way, proposals about new masculinities could address the root problem and not keep reinforcing a simple narrative that men are just rejecting fatherhood.

The ENAPEA 2021 decided to use a language that mostly addresses women, girls, and *teenage mothers*. As I have mentioned, using motherhood instead of "pregnant" allows policymakers to think about the consequences of pregnancy and the sociocultural context in which it is happening, as well as the weight of motherhood in society. The ENAPEA 2021 proposes a new section for teenage mothers: contraception after childbirth to reduce adolescent fertility "and, at the same time, reduce the reproductive risk by spacing or limiting subsequent pregnancies; girls and adolescents should have access to quality family planning services during or immediately after an obstetric event" (ENAPEA, 2021, p.25).

This section reflects what teenage mothers might need after a "delivery, abortion or cesarean section." (ENAPEA 2021, p.25) outside the logic of education and poverty. In general, the ENAPEA 2021 (and also 2015) develops an understanding of the negative effects that pregnancy has on access to education and the socioeconomic outcomes that derive from dropping out of school at an early age or even the lack of resources to cover all the needs of the newborn and mother. However, it mentions that "despite the efforts of the health sector through programs aimed at maternal care, only half of the women implement a contraceptive method after the pregnancy" (ENAPEA, 2021, p.25).

This logic is new in the sense that addresses maternal care, which is something that has not been mentioned before, but it falls into an individualistic logic of teenage mothers not wanting to use contraceptives, without questioning the performance of health services and professionals. It would be worth it to look into the reasons why teenage mothers decide not to do it. Rangel Flores et al., (2020) explored this and found that "teenagers cannot describe the undesirable events (biological or psychological) associated with a second pregnancy in adolescence. The postponement of a new pregnancy appears more as a prescription than an informed decision that is up to them to make" (Rangel Flores et al., 2020, p. 5). Moreover, they

found that teenagers faced violence and an unfriendly environment (Rangel Flores et al., 2020). Suggesting that it is not enough to have measures involving maternal care if there is not an analysis of the structural reasons that impact the individual decisions.

I suggest that the ENAPEA 2021 introduces a new approach to maternal care (access to contraception and scholarships so mothers can continue their education), which stands out because it is the first of its kind in the Strategies. Other measures in the ENAPEAs do not recognize that after a pregnancy, teenagers might need specific measures and policies that address their new life, and it does not show what the mothers had to say about their pregnancy. The ENAPEA 2021 needs to take a look into what pregnancy and motherhood represent in their lives, and evaluate the health system and how institutions form their relationships with teenagers to build trust or not.

4.4 The shifts and the remaining elements of the ENAPEA

Teenage pregnancy as a problem for the National Strategy, both from 2015 and 2021, follows the same elements, suggesting that the ENAPEA 2021 is a continuity of the ENAPEA 2015, and the same actors are defining the agenda. Although there are some changes I will further discuss, I find that the narrative on what constitutes a problem about teenage pregnancy remains almost unchanged. For starters, both policies construct teenage pregnancy as a problem that has negative consequences on the educational and economic outcomes of teenagers. The policy does not propose other possible outcomes for teenage pregnancy. The ENAPEA 2015 proposes that even if teenagers decide on a pregnancy, they do not have the resources to successfully carry out the pregnancy. The narrative on the ENAPEA 2021 mentions that although some women decided to be mothers, they still face the same challenges as those who did not plan the pregnancy. Teenage pregnancy is strongly, if not only, linked to negative outcomes.

But it seems there are two different subjects when discussing teenage pregnancy—those *at risk* of getting pregnant and those who are already mothers. Although both are subjects of the same problem of teenage pregnancy, they are understood differently. Teenagers' needs and “risk factors” are understood on the basis of quantitative approaches rather than actually asking teenagers about their needs and challenges when experiencing teenage pregnancy. The ENAPEA 2015 completely misses the voice of teenage mothers, whereas the ENAPEA 2021 resorts to the ENFaDEA to discuss some of the teenagers’ views on sexuality and parenthood. Nevertheless, there is a different representation of teenagehood.

Teenagers who have not yet been pregnant are represented under the assumption that they need the tools to make a decision about pregnancy, and it is the State's responsibility to give them the tools. This goes hand in hand with the discourses surrounding teenagers' sexuality, autonomy, and participation. The ENAPEA recognizes the risk factors and the challenges they face. The ENAPEA 2015 mentions that the less access to education and job opportunities, the more likely they can get pregnant, but those are risks understood at an individual level. That is, the problem diagnosis does not develop on why those elements impact teenage pregnancy; there is an assumption they do. It does not question the socioeconomic context that is creating poverty, school dropouts, or why indigenous women go less to school.

The ENAPEA 2021 makes a shift with this issue. It does not consider job opportunities anymore but understands that there are socioeconomic conditions that make teenagers drop out of school. However, it still links teenage pregnancy to "limited educational horizons" (ENAPEA, 2021). So, according to the ENAPEAs, teenage pregnancy is rooted in a lack of education, which, in consequence, will affect their overall development. Once again, the lack of education is seen as an individual choice rather than questioning the socioeconomic context or the reasons why teenage pregnancy is an option for those who have decided to stop going to school.

Both Strategies reinforce the narrative of family planning in the country. There is a strong compromise on facilitating access and information to contraceptives and health services. Therefore, the diagnoses research the challenges teenagers might face to fulfill this right. Both the ENAPEA 2015 and 2021 have a strong component in identifying what are the structural obstacles that restrict that information or insufficiently share it for teenagers who want to live their sexuality freely and pleasantly, also proposing an approach to comprehensive sexual education.

The other strong suit of the Strategy is positioning sexual violence as a factor that needs to be taken care of, with emphasis on girls from 10 to 14. This is a great step in advancing a life free from violence for all women and girls, calling out sexual violence in a context where marriage or a relationship could misrepresent the issue. But neither diagnosis calls for the perpetrators and chooses only to focus on women as victims.

The diagnosis, then, portrays that teenage pregnancy is a problem for the overall development of teenagers. Pregnancy can impact their lives in many ways, formulating a subject that will decide not to get pregnant if she/he has all the conditions necessary to prevent it. That teenager will be educated, will have the tools and autonomy to decide over their own sexuality, and will have the opportunity to enjoy the benefits of and participate in the country's

development. This follows the same discourse of family planning, and it generally calls for women to be included in public life.

The ENAPEA 2015 and 2021 link the problem of teenage pregnancy to the agenda of teenagers' sexuality. Therefore, the Strategies discuss what is preventing teenagers from fully exercising their rights, which is why it is based on education, comprehensive sexual education, health services, and access to school or job opportunities. This is a huge step to guarantee teenagers' sexual and reproductive rights. However, teenage mothers are considered a separate category and part of a different agenda.

In the ENAPEA 2015, teenage mothers are considered vulnerable and risk their health and future as well as their child's. In the ENAPEA 2021, teenage mothers are represented only in the section about contraceptives after a first pregnancy and when discussing a couple of programs targeting their access to education by giving them scholarships. The diagnosis shifts from understanding some of the structural causes that lead to pregnancy to seeing teenage mothers as responsible for their outcomes and their children. So, the problem with teenage mothers is that they are teenage mothers, not the lack of measures and knowledge on what do they need or what challenges they face as teenage mothers.

This is a different narrative on teenagers. Teenagers who have not had a pregnancy are able to correct their life choices. Teenage mothers face the same challenges a teenage pregnancy carries, but there is a lack of intention to understand what are the problems they face. In the ENAPEA 2021, teenage mothers seem to have the choice to take contraceptives and scholarships to go back or continue their education, which is a narrative that is underrepresenting the context in which those two decisions are being made. Teenage mothers are failing to endure the consequences they face, it is their responsibility. There is an assumption that if the State solves the problem of sharing information and convinces them to stay in school, they will stop getting pregnant.

There is no diagnosis of why teenage mothers face the challenges they face. It is given that teenage pregnancy has a consequence on their lives and their children, but that is why they should prevent pregnancy from happening. This logic is an important part of a prevention policy, but it is a discourse based on the future and what is expected of teenagers as teenagers rather than mothers. Then, the problem of teenage pregnancy in the ENAPEA is the one that has not happened, but the one that already did is not represented here. Teenage mothers represent what could go wrong, but not their target population.

The Strategy reinforces that teenagehood has certain characteristics like autonomy and participation in society to enjoy the benefits of development. Teenage mothers are not fully

teenagers since they are mothers, but they are not adults either. However, the diagnosis does not delve into what entails this position in Mexico. It does not criticize motherhood nor ask why it is an option, which creates a gray area on which their needs are unattended because they do not know what those needs are.

4.5 Conclusion

This chapter shows that the representation of the problem definition is constructed depending on what elements actors decide to highlight. I found that although teenage pregnancy is a problem for teenagers, the ENAPEA formulates differently what the problem entails for teenagers who are not pregnant and those who are already mothers. The ENAPEA from 2015 to 2021 shows a continuity in the policy problem, suggesting that since the actors did not change, the elements remain and also reinforcing that the ENAPEA 2021 is a second phase of the last one in 2015, not a new version.

I find there is a correlation between the agenda on sexual and reproductive rights that is promoted by the Inmujeres and CONAPO, while also an understanding of family planning that coincides with the approach of the CONAPO. At the same time, I suggest the idea of vulnerability and separation of teenagers from teenage mothers, is a discourse reinforced by the SNDIF, in which the State is not held accountable for working on the roots of the challenges they face, but rather there is an individualistic and victimhood discourse. I show that even if there is continuity, the content of some of the elements has changed. Proving that it is possible to produce different understandings of the same problem, and that arguments are shaped based on the information and resources available. Therefore, generating a discussion on the contents of a problem definition and the actors involved is relevant because that is how one can promote change.

5 Conclusion

In Chapter 2, I showed that the conception of adolescence and pregnancy is broad, because there are many elements to consider. I also emphasized that although the problem of adolescent pregnancy has been analyzed from a perspective of discourse analysis and WPR, the field of study is still very limited, and in Mexico, it has not yet been done. Lastly, I proposed that there are adolescent pregnancy prevention strategies in LAC that have reduced adolescent pregnancy rates and have worked together with adolescent mothers, emphasizing the importance of including them in public policies for a successful approach.

My analytical chapters (3 and 4) analyzed the role that CONAPO, SNDIF and Inmujeres have played in proposing an agenda on sexual and reproductive rights for adolescents, the role of the State in creating conditions for adolescents to live their sexuality, and discourses that separate those who have autonomy and can actively participate in the development of the country and those who are subject to social assistance, such as adolescent mothers. I identify that these elements and discourses are translated into the definition of the problem of adolescent pregnancy in the ENAPEA.

In Chapter 4, I compare the ENAPEA 2015 and the ENAPEA 2021 and reveal the changes in the definition of the problem. I focus on how they understand education, access to contraception, sexual violence, and poverty. I see that all of those elements remain part of the problem in both policies. Although there are some changes, both Strategies prioritize these discourses. I suggest that they do it because the CONAPO, the Inmujeres and the SNDIF are part of the actors who define the problem. I find that the construction of teenage pregnancy as it is, constructs two subjects, which are constructed in opposition. Teenagers who can decide on their sexuality, and therefore, will reject pregnancy because they will have all the tools to do it, and those who are past that point, teenage mothers.

This thesis only focuses on the analysis of the problem definition, not on the solutions. However, I suggest that it is from the definition of the problem that changes can be proposed. Analysis of who has participated in the definition of the problem reveals the discourses that those actors defend and, therefore, influence the representation of the problem. I propose that, as the analysis showed, problems are constantly changing; they are neither fixed nor do they exist in the world on their own, but they exist because someone looks at them in some way.

Here, I focused on looking at how teenage pregnancy is represented in both policies 2015 and 2021, so that I can study the ideological shifts and the remaining elements of the problem.

In this thesis, I decided to focus on the discourses of CONAPO, Inmujeres and SNDIF because of the role they have in the construction and management of ENAPEA, in addition to their performance in the national context to carry out programs for adolescents, family planning, adolescent sexuality, and gender. I found that their discourses are based on conceptions of family, education and development that were translated to the conception of teenage pregnancy in the ENAPEA.

I argue that there is a policy problem continuity in the Strategies. I analyzed that the ENAPEA builds a problem based on the lack of information, access to information, and contraceptives but does not provide an analysis of adolescent mothers' experiences. This understanding does nothing to stop reproducing logics of vulnerability and social exclusion. The ENAPEA (both 2015 and 2021) problem definition does not consider adolescent mothers' voices, which creates a double narrative on teenage pregnancy and teenagers themselves. On the one side, the ENAPEA assumes that there are adolescents who, given the tools to make an informed choice, will not choose pregnancy at an early age. On the other, there are teenage mothers who are not considered since they did not have the tools, and they already had a pregnancy. This ignores their reality, as it does not prevent future pregnancies, and neither promotes asking them if it was really the lack of information and educational opportunities.

Teenage mothers are portrayed to discuss the consequences of how teenage pregnancy can impact your life, but does nothing to challenge the consequences they face. The understanding is that if teenagers do not get pregnant, they will not face the consequences, but it leaves unattended the problem of what happens when they get pregnant. Therefore, the ENAPEA only proposes to be worthy of solutions for those who are not pregnant. This lacks an understanding of why teenage pregnancy still happens and why do they still face the same consequences. It seems to ignore that the problem still exists, and prevention is only half of the work that needs to be done to stop teenage pregnancy from negatively affecting teenagers' lives. Additionally, there is only space for an understanding of the negative consequences without considering some positive outcomes that, for example, the literature in Chapter 2 discussed, which are also from influencing and enabling the socioeconomic conditions so teenagers have the support networks needed to continue their lives.

I am interested in contributing to the literature that reflects on ENAPEA. But not only to reject what has been done but as a way to continue advancing on the subject. I recognize that the ENAPEA 2021 (I refer to this one because it is the latest version), is working to improve the conditions of adolescents to live their sexuality and avoid pregnancy that is neither planned nor desired. However, a broader approach would contribute to removing the barriers of discrimination and obstacles faced by adolescent mothers. I also celebrate the progress that there is in aiming at a co-responsibility approach with men in the exercise of sexuality, but there is a lack of literature and diagnoses that speak of adolescent fatherhood beyond the rejection of the use of contraceptives and the rejection of taking care of their children. I recognize that ENAPEA does a great job and has positioned the issue of adolescent pregnancy, and therefore, has also found a way to talk about the Sexual and Reproductive Health and Rights Agenda. But I advocate for a broader understanding of that agenda that includes teenage mothers.

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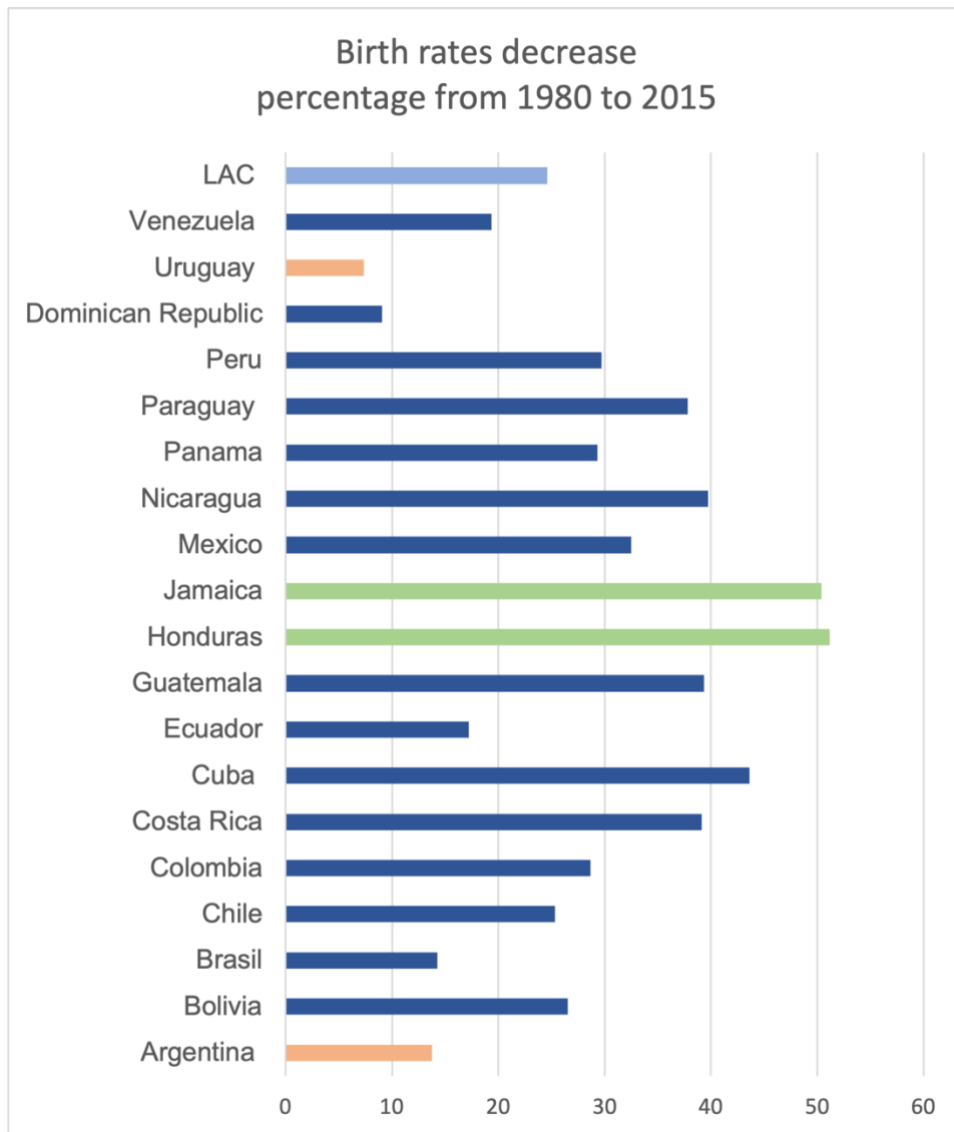
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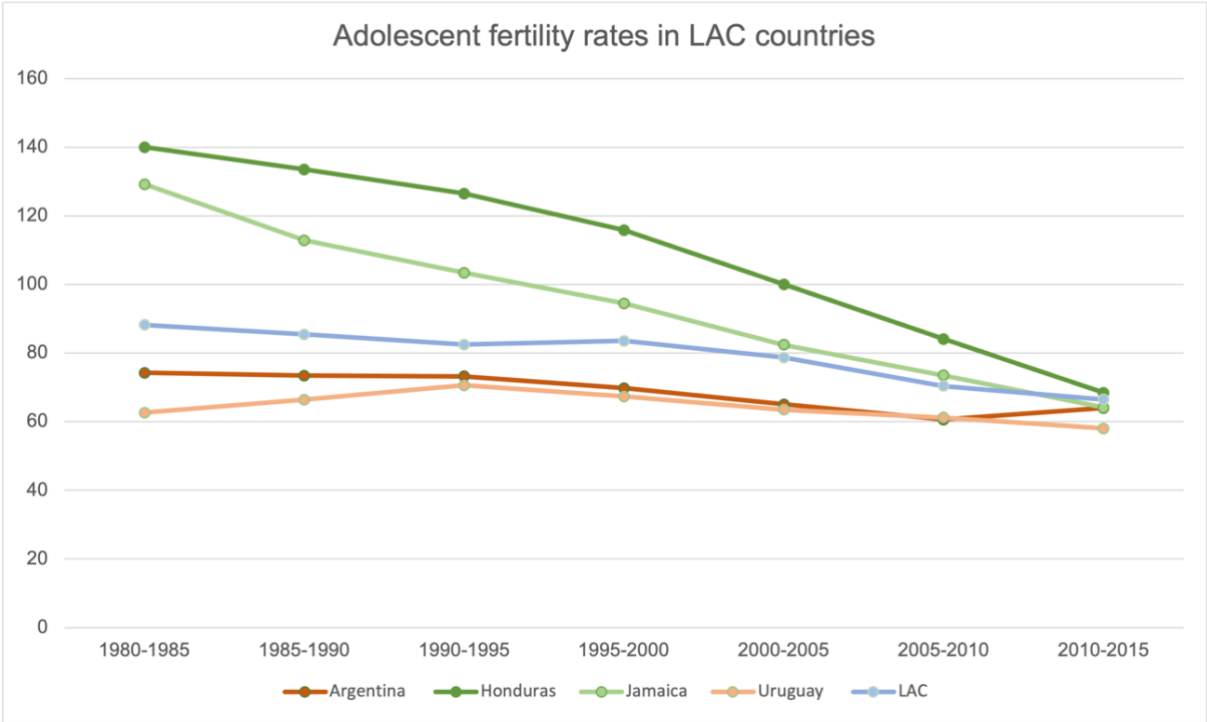
APPENDICES



Graph 1. Birth rates decrease percentage from 1980 to 2015

Methodological notes:

1. Own elaboration with data from Iris PAHO (2017) Report on Accelerating progress toward the reduction of adolescent pregnancy in Latin America and the Caribbean
2. The graph shows the percentage of number of births per 1,000 women in the 15-19 year age group from 1980 to 2015.



Graph 2. Adolescent fertility rates in LAC countries

Methodological notes:

1. Own elaboration with data from Iris PAHO (2017). Report on Accelerating progress toward the reduction of adolescent pregnancy in Latin America and the Caribbean
2. Graph shows the evolution of the number of births per 1,000 women in the 15-19 year age group from 1980 to 2015.