

**SOCIAL CONTEXTS OF YOUNG MOMS IN THE LAKE
PÁTZCUARO BASIN: ADOLESCENT MOTHERHOOD, GENDER AND
THE CHALLENGE OF SOCIAL PRESSURE**

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SOCIAL CONTEXTS OF YOUNG MOMS IN THE LAKE PÁTZCUARO
"BASIN: ADOLESCENT MOTHERHOOD, GENDER AND THE CHALLENGE OF
SOCIAL PRESSURE

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While quantitative and risk-centric literature on adolescent motherhood has long examined potential adverse health outcomes for mother and child, qualitative research has only more recently endeavored to represent the social contexts and lived experiences of young mothers themselves. This study conducted focus group discussions (FGDs) and participant observations in Erongarícuaro, México in June 2011 with women from the Lake Pátzcuaro Basin. Twenty women from 5 towns comprised 3 FGDs, each meeting twice. Participants were 18 to 27, 80% having given birth to their first child before 20. Focus group guides included questions related to adolescent and present perceptions and experiences of motherhood; family/community reactions; sexual health confidants; family planning; gender meanings; and social support. Audio-recorded data were transcribed and analyzed using open and guided coding. Final quotations were translated into English. Four major themes emerged from analysis: *La familia*, expected gender roles, social pressure, and contestation and coping. Participants reported the importance of *la familia* to their social contexts, living with either family of origin or partner's family after the baby was born. Women living with their partner's family described increased stress in navigation of new roles. Traditional gender roles were described as more strictly expected once they

became mothers, especially by mothers-in-law and other older women. Social pressure, in the form of gender role policing, criticism from mothers-in-law, and stigma around adolescent motherhood, was said to cause great stress for young women. Participants said that through a fluid combination of coping and contestation, they found strategies to deal with the challenges they faced. The public health significance of these regionally-specific findings is their utility in elaborating social determinants of health in this context. Enriching understandings of adolescent experiences, related social contexts, and contexts of transitioning to motherhood will strengthen current efforts to improve reproductive and psychosocial outcomes for adolescents and their children. Interventions should seek to support pregnant and parenting teens. In the Lake Pátzcuaro Basin, programming should seek to address social pressures and gender challenges facing young mothers, as well as an understanding of *la familia* and the kinds of coping and contestation that represent young mothers' strength.

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1.0 INTRODUCTION

Adolescent motherhood is unique amongst public health concerns in that its very definition as a problem, including the nature and extent of potential adverse health outcomes for mother and child, has been subject to a great deal of controversy in the literature. The debate continues, with new studies coming out constantly, some pointing to massive social cost, increased poverty for families of adolescent mothers, decreased educational attainment for the young women themselves, poor birth outcomes, and a vast number of other negative health effects, while others take a more critical view, asking questions about whether adolescent motherhood itself can be named as a causal factor for such outcomes or whether such outcomes are the result of the poverty, low educational attainment, and family instability that women who became pregnant as adolescents were already facing (Bonell, 2004; Cunnington, 2001). Missing from the conversation, until recently, has been the voices of adolescent mothers themselves.

Centralizing women's voices and shifting the focus to their social contexts and lived experiences can allow for meanings to emerge that highlight the strengths young mothers possess and the challenges they face. Furthermore, seeking to gain in-depth understandings of regional contexts allows for locally relevant themes to emerge; for intervention design, these themes are essential to implementation of targeted, culturally competent programming. In trying to elucidate the social determinants of health, it is

essential to direct our view upstream. Being the foremost experts on their own lives, young mothers have much to add to this conversation.

This thesis seeks to explore the lived experience of young mothers who gave birth as adolescents in the Lake Pátzcuaro Basin, a semi-rural region in the state of Michoacán in México. It will begin with a review of the literature on adolescent motherhood, with a focus on critical and qualitative work, followed by a more comprehensive view of research conducted in the Mexican context. It will go on to describe theoretical considerations, including an explication of the Theory of Gender and Power, and the objectives of applying this theory to the present study. It will describe the qualitative methodology employed to conduct focus group discussions (FGDs), participant observation, field notes, and reflection journals, and the process used to analyze this data. Following this, four emergent themes will be described and discussed, using the voices of participants to illustrate examples and synthesizing the experiences shared during FGDs. Lastly, a developmental perspective on the results will be introduced and recommendations based on the findings of the thesis will be put forth, especially geared towards supporting young mothers in pregnancy and parenting.

2.0 BACKGROUND

Researchers from nearly every health and social science discipline have weighed in on the topic of adolescent childbearing. The primary approach this research has taken is to frame teenage pregnancy in a context of risk – risk factors leading to adolescents becoming pregnant, risks to the mother during her pregnancy and birth, social and economic risks associated with having babies at a young age, and risks to the baby of having been born to a young mother. The scholarship is both biomedical and in the social sciences and utilizes quantitative methodology to test theories that link adolescent pregnancy and motherhood to all manner of negative outcomes, including adverse birth outcomes, mental health issues, children’s cognitive abilities, poor educational attainment, and negative socioeconomic outcomes (Clemmens, 2003).

Very telling is that among the most seminal articles on teenage pregnancy, there is discordance. Some researchers portray very adverse consequences of teenage motherhood and some argue not only that consequences differ based on individual and community factors, but also that teenage childbearing may be an adaptive choice for some young women. The most oft-cited article, a study from 1995, found adverse outcomes for both teenage mothers aged 13-17 and those 18-19. Each group had higher risk of infant low birth weight, premature delivery, and infants born small relative to gestational age when compared with mothers aged 20-24. The study used vital statistics data from Utah, in order

to draw a sample from a homogeneous (largely white, middle-class, married) population. This was meant to naturally control for social factors like race, low-income, and unmarried status that are often pointed to as causes of teen pregnancy and confounders of these health outcomes (Fraser, Brockert, & Ward, 1995).

Another frequently cited article from 1998 points to the dearth of research on psychological and developmental causes and consequences of teen pregnancy (Coley & Chase-Lansdale, 1998). Among other things, these authors cite longitudinal research such as the Baltimore Study that followed teen moms and their children long past adolescence and found that later educational and economic consequences were not nearly as dire as the picture painted by the dominant discourse (Furstenberg, Brooks-Gunn, & Morgan, 1987). They also pointed to research showing that negative health outcomes may be more related to poverty and lack of prenatal care than to age (except for mothers under 15) and highlighted the importance of individual differentiation in regards to adolescent childbearing (Scholl, Hediger, & Belsky, 1994). For example, some studies found that young African-American (AA) women and their babies experienced fewer adverse economic outcomes than White and Latina women (Astone, 1993). Geronimus (1987) suggests a relationship between teen pregnancy and weathering, arguing that because AA women experience high rates of health problems at young ages, it may be adaptive for them to have children at younger ages, especially when they retain the close support of their immediate family. The disagreement we see here persists to this day, with many researchers looking into risk factors for and risks of teenage pregnancy and others seeking to lay out social and environmental explanations for the differences in outcomes between teen moms.

Building off Coley & Chase-Lansdale (1998) and a number of other researchers who have called for a more-nuanced approach, a growing body of research is critical of the risk-oriented work, suggesting that methodological flaws with many of these studies compromise their relevance (Geronimus, 1987, 2004; McDermott & Graham, 2005; Sisson, 2012). One major problem cited is a failure to establish appropriate comparison groups. For example, despite the clearly established relationship between poverty and adverse health outcomes and poverty and teen pregnancy, when studies compared teen mothers to older mothers or to other teens, many did not match for age, socioeconomic status (SES), or race in composing comparison groups (Geronimus, 2004). By searching for adverse outcomes *after* pregnancy, and in so doing, testing for and implying that adolescent childrearing is the causal event, these neglect to account for the influence of lifelong health disparities, lack of access to healthcare, and poverty that are almost always bound up with adverse health outcomes for anyone of low SES and likely related to the women's getting pregnant as well. As Geronimus (2004) states, "those who become teen mothers differ from the larger population in countless and consequential ways – all of which would increase the chance of poor outcomes for women of any age." As she points out, correlation does not equal causation and here, the evidence is not definitive.

When studies have established more reasonable comparison groups (e.g. sisters of adolescent mothers who had their children at a later age and women who miscarried as teenagers, having their first births later), the evidence has been much less strong in favor of negative consequences (Corcoran & Kunz, 1997; Fletcher & Wolfe, 2009; Holmlund, 2005; Hotz, McElroy, & Sanders, 2005). Some authors have even found positive consequences of teenage childbearing for certain groups of women, including teenagers' motivation

galvanizing around educational and career achievement in service to role fulfillment around providing for their kids, extremely positive attachments to children, increased satisfaction, and increased closeness with family of origin (Geronimus, 2004). These effects show that at a minimum there is reason for examination of the old paradigm of research, which searches for negative consequences and fails to consider possible positive ramifications for certain groups of young women of having their children at an “early” age, according to mainstream, (some argue) middle-class wisdom. Timoneda says:

...the dominant analytical perspective, centered on risk, has made invisible a fundamental aspect of understanding the significance of the phenomenon in all its complexity: the emotional dimensions and the appeal for its protagonists. (Author's translation, 2010)

Of course, the problematization of teenage motherhood is not only constructed by researchers, although their depictions can be powerful forces for social and policy change. It is also constructed socially and by a number of different discourses – moral, economic, political – all of which describe teen motherhood as deviant, destructive, irresponsible, and incorrect (McDermott & Graham, 2005). These depictions place the blame on the teenage women and often neglect to address the external factors that potentially played a role in either her lack of agency in planning or, also possible and prevalent, her decision to have a baby. Sisson (2012) points out that “the underlying structural factors that make a young woman both more likely to become a young mother and more likely to face health risks and long-term challenges should be examined.” In framing young motherhood this way, authors argue, we contribute to the stigmatization and marginalization that not only strips young mothers’ agency as subjects constructing their own realities, but also threatens their self-concept about future possibilities by suggesting that they are destined for poor outcomes.

This newer, more critical research suggests that a more nuanced approach would provide further evidence that maternal and child outcomes are massively different depending on a variable mixture (that may be studied for intervention's sake, but which does not conform to a recipe) of personal resilience, social support, economic resources, educational exposure, and a number of other factors (Geronimus, 2004; McDermott & Graham, 2005; Sisson, 2012).

2.1 QUALITATIVE RESEARCH ON THE EXPERIENCE OF TEENAGE PREGNANCY

The qualitative work that asks teen mothers themselves about the experience of young motherhood takes a different approach. Because it is, largely, not seeking to describe risk factors or adverse consequences, but rather to explore the lived experience of young women through narrative, it has more flexibility in describing positive, negative, and neutral outcomes of teen childbearing and to tap into the emotional content of women's experience. These studies' content is concerned with personal, familial, social, and gender context as related through the perspective of young women themselves.

In Brazil in 2011, researchers conducted interviews with young women living in two rural settlements who'd given birth as adolescents, developed around the statement, "Tell me about your life." They found that, having very few educational or career options that might raise their social prestige available to them, women found a practical solution in bearing children – the role of mother and wife elevated their status in the adult world and

gave them social legitimacy. Furthermore, even unplanned children were not considered a “deviation from life projects,” but rather were adopted *as* the life project by many women. However, they note that in all cases of unplanned pregnancy, women commented that “everything would be different” if they had not given birth during adolescence. Because early maternity essentially removed women from the public sphere and confined them to the home, they became dependent on family and partner support. The authors described this as increasing their “fragility,” perhaps more so because of their age. Especially in the case of women whose partners were abusive, women lacked alternatives and their vulnerability served to reinforce the power differential between genders (Soares & Lopes, 2011).

In Spain in 2010, an ethnographic investigation conducted via weekly interviews over eight months with young mothers in a Center for Child Protection and interviews with youth-serving social service professionals described similar stories. Women considered young motherhood to be a strategy for social incorporation, status, and fulfillment of feminine identity, which women located in an “ethic of care.” These women, who had experienced a great deal of social vulnerability, due to the instability at home that led to their living in the Center and then to the stigma they perceived at being “girls from the Center,” saw having babies as a way to stabilize and normalize their lives (Timoneda, 2010). This finding relates to other studies of young women who experienced various kinds of instability, abuse, and/or environmental stress during childhood, for whom motherhood was a viable way to attempt to create the kind of family environment they themselves felt deprived of and/or to escape from difficult home environments (Aujoulat, Libion, Berrewaerts, Noirhomme-Renard, & Deccache, 2010; Rolfe, 2008).

Other qualitative studies particularly sought to parse out how gender roles played into young women's experiences of becoming pregnant and having children. An investigation in Ecuador found that young women experienced frequent struggles to protect their reputations in light of culturally-constructed conceptions of what made a woman "good" or "bad." Young motherhood, especially in the context of marriage, could act as a path to secure her "good reputation." The authors also found that gender structures cross-cut all categories of analysis, influencing girls' interpersonal and institutional interactions and constraining their agency. These structures subordinated women, teaching them to be obedient to men, functionally asexual, and to feel fatalistic about their destiny. The authors remarked upon the paradox inherent in the normative messages: firstly, that sexuality for women was to be criticized and controlled and secondly, that motherhood was the most important role women should aspire to (Goicolea, Wulff, & Öhman, 2010). These findings are consistent with Stern's (2004, 2007) discussion about adolescent motherhood in the Mexican context, especially among women of lower-SES and/or rural residence, wherein strictly-adhered-to gender roles both led women to be more vulnerable to adolescent motherhood and more likely to experience vulnerability after becoming mothers

In describing young mothers' experience of maternity, many studies found that while women certainly described challenges associated with motherhood, many also described a multitude of positive effects. Young women felt that children were a source of company and emotional support, especially when they previously felt lonely or alone (Soares & Lopes, 2011). They also reported increased closeness with family members, due to the ability to reframe relationships more positively, increased feelings of support, and

increased quality time spent (East, Slonim, Horn, & Reyes, 2011; Rosengard, Pollock, Weitzen, Meers, & Phipps, 2006; Williams & Vines, 1999). They described motherhood as helping them to animate their focus, become more mature, and experience greater stability, allowing them to derive great meaning and purpose from their new identity (Richards, Papworth, Corbett, & Good, 2007; Rosengard, et al., 2006; SmithBattle, 2008). Furthermore, adolescent women were found to make healthy behavioral changes in response to pregnancy, such as avoiding smoking, drinking alcohol, and using drugs (Anderson, Koniak-Griffin, & Lesser, 1998) and to continue healthy changes post-natally (Arenson, 1994).

Disadvantages or difficulties described by women of young motherhood included feeling insufficiently prepared either emotionally or financially, lack of stability, interference with life plans, difficult adjustment to changes, and the perceptions of others (Rosengard, et al., 2006). For some young women, the challenges of motherhood were more than they'd anticipated and relationships with partners and family sometimes became more conflicted (SmithBattle, 1995). If girls were still in school when they became pregnant, sometimes continuing their education was difficult, both because of time constraints and because of the stigmatization they anticipated (Clifford & Brykczynski, 1999; Goicolea, et al., 2010). In their systematic review, McDermott and Graham point out that the theme of stigma from the larger community was present in all ten studies they synthesized as a very stressful and broadly felt aspect of young motherhood (McDermott & Graham, 2005). They found that this stigma was not "confined to a few derogatory comments," instead containing extreme forms of hostility and judgment that could interfere with young moms' navigation of a whole variety of social situations and institutions (McDermott & Graham, 2005).

Neu and Robinson's 2008 study with young Mexican-American moms in the U.S. looked at their experiences in the weeks following a preterm birth. The authors did home visitation in conjunction with a larger intervention study and did a naturalistic inquiry around conversation and observation. They described that young moms were extraordinarily devoted to their babies, handling infants gently, taking special care to hold infants for long periods daily, and advocating for their children in hospital and home settings. They also experienced increased expectations around responsibilities within their families, especially when they lived with the families and were provided with material/emotional support. Any reported estrangement from family or friends was "extremely painful." The authors described these findings as in keeping with the importance Latino cultural values place on family, in that family relationships were key to mothers' well-being, family responsibilities were characterized by interdependence, and moms showed a very active involvement with their infants.

Other studies looked specifically at particular topics in relation to adolescents who became mothers. Arai (Arai, 2007) investigated peer and neighborhood influences in the UK. She found some evidence that adolescent childbearing may be more normative in some communities than others, but did not find much evidence that peers played a major role in young moms' becoming pregnant or childrearing (Arai, 2007). Lemay et al.'s (2007) study of adolescent mothers' attitudes towards contraceptive use found that women did not use contraception before their first pregnancy due to denial or a belief that they themselves would not become pregnant. These women also identified a lack of perceived confidentiality with their care provider as a barrier to having used contraception. These participants agreed that even though they had exposure to information about

contraception, very little came from a trusted source such as a health care provider (Lemay, et al., 2007).

Richards et al. (2007) used Q-sort analysis, a mixed-methods methodology that combines qualitative thematic analysis with participants' own rank ordering of themes such that a complex model can be built from each participants' point of view. They found that partners' involvement with mothers and children had a differential effect on women's perception of motherhood, depending on the father's level of support. Involvement with a partner was found to be supportive for the maternal role, but was not necessarily associated with difficulty when unavailable (Richards, et al., 2007).

2.2 ADOLESCENT CHILDBEARING IN THE MEXICAN CONTEXT

2.2.1 Demographic Studies

There is a small, but substantive body of work on adolescent pregnancy and motherhood in Mexico. Several studies take a demographic perspective, especially searching for the salient combination of sociodemographic factors that may characterize young women who become pregnant and have babies as adolescents. Several of the studies sought to illustrate that the decline in the adolescent fertility rate had not kept pace with women's overall decline in fertility (Chanes, 2000; Galbán, 2006; Paz & Ornelas, 2010). One study found that while the Global Fertility Rate (GFR) in Mexico had declined almost 50% in the 20 years preceding, the fertility of women 15-19 had only diminished by 39%. The smaller decrease

was explained by statistics that showed teens were becoming sexually active earlier and at the same time, not increasing their use of contraceptives (Chanes, 2000).

A 2003 study focused on the risk factors *for* adolescent pregnancy, rather than its consequences. It found that less-educated women had less knowledge of contraceptives and used them less often and initiated sex at younger ages (Menkes & Suárez). The study's proposed logistic regression model found that the variables most strongly associated with adolescent pregnancy were marital status (70 times the risk of adolescent pregnancy for married women), older age (3 times the risk for women 17-18 versus 15-16), and education (2.5 times the risk for women with less than a secondary school education) (Menkes & Suárez, 2003). As to the *consequences* of adolescent pregnancy, another study found associations between adolescent birth, especially among younger mothers, and marital instability and higher infant mortality (6% as compared with 3.3% for older mothers) (Chanes, 2000).

Galbán (2006) sought to paint a more regionally-specific picture of Mexico's fertility rates in the context of the demographic transition. He suggests that while the story of declining fertility holds true for wealthier states, many northern border states and less economically developed states had seen declines of less than 10%. He particularly notes that the lack of decline in many of these states is due to stagnated or oscillating fertility rates for adolescents. Michoacán is among those he locates in the earliest category of demographic transition, due to its stagnated adolescent fertility rate (Galbán, 2006).

2.2.2 Quantitative Research

Quantitative studies from Mexico differed from the majority of U.S. studies in that they were more interested in detailing risks *for* rather than risks *of* teenage pregnancy. A cross-sectional study by Nuñez-Urquiza et al. (2003) found that for women aged 13-19 in a semi-urban area in Morelos, there was a positive association between a lack of access to public medical insurance and unwanted pregnancy. Differently from the demographic studies, it found that urban residency was positively associated with unwanted adolescent pregnancy. (Núñez-Urquiza, et al., 2003).

A case-control study examining risk factors for adolescent pregnancy was conducted in rural Tabasco (Aguilar & Posada, 2001). Corroborating others' similar results, they found that significant risk factors for adolescent pregnancy included low educational attainment in parents of young moms, family instability, low SES, non-completion of primary school, having a sister who had an adolescent pregnancy, and lack of knowledge about pregnancy and contraception (Aguilar & Posada, 2001).

2.2.3 Mixed-Methods and Qualitative Research

Finally, as in the U.S., research on adolescent childbearing in Mexico has turned more to mixed-methods and qualitative research in recent years to try to create a more nuanced picture of how adolescents experience pregnancy and childbirth and what they report about their lives following the birth. In a recent mixed-methods study from the southeast of México, Pablos (2006) asked about the familial contexts of adolescents who get

pregnant. Surveys with 9,265 adolescents in four states and 130 in-depth interviews asked about sexual activity and, among a subsample of teens who had experienced a pregnancy (either their own or a partner's), compared gender differences in their response and familial structure afterwards (Pablos, 2006).

Because the study looked at gender difference but had a tiny sample of male respondents claiming experience of a pregnancy (a telling result on its own), quantitative results are somewhat hard to interpret. One interesting finding, however, was that sexual activity for women was much more associated with marriage and/or long-lasting union than for men. While 68.6% of young women who had become sexually active were married or pregnant, 96.6% of men who had become sexually active were still single (Pablos, 2006).

Qualitative results, on the other hand, elucidated a number of important details about young women's experience. Women reported that the most likely resolution for an unplanned pregnancy was to get married, in order that the grandparents should approve of/accept the new baby. More women than men reported receiving daily support from their family of origin after the baby was born and that this support was crucial in their transition to motherhood. Many young people spoke about how the baby's birth had changed their life's plans and stressors brought on by new family configurations, especially between daughters- and mothers-in-law. They detailed familial arrangements that followed the "Mesoamerican family system" wherein new families live with the male partner's family until they can financially set out, at which time couples often build their home adjacent to their family's home. Young parents expressed a strong desire to establish their own household separate from parents (Pablos, 2006). In concluding, Pablos points out the importance of considering the context around teen pregnancy, ensuring that a gender

perspective is represented in analysis, seeking to understand youth behavior, and developing policies and programs around sex education, contraception and parenting support for young people (Pablos, 2006).

Climent's (2009) work represents another example of qualitative research around adolescent pregnancy in Mexico. Through in-depth, open interviews with adolescent girls who got pregnant and their mothers, she examines issues of gender socialization through school learning and sexuality, looking at issues such as whether mothers viewed maternity for their daughters as an "immediate or more remote project;" how they viewed sexual education and prevention, especially in relation to their religiosity; and their ideas about reproductive rights. It found that mothers ranged from low to high educational aspirations for their daughters and low to high levels of sexual permissiveness, including some mothers who reported engaging in extensive sexual education with their daughters, some who engaged in only a little, and some who restricted this discourse based on religious and/or moral values. These attributes of gender socialization combined in 6 distinct ways that the author described, serving to extend the postulation that adolescent mothers are a very heterogenous population with complex gender identities and subjectivities. The author suggests that an approach to sex education that considers a gender perspective from the beginning would better serve the needs of adolescents, and should address such issues as negotiations between partners around sex and family planning; sexual pleasure for both men and women; and the development of self-care behaviors for girls such that they will be reflective about their readiness to become sexually active and/or have children (Climent, 2009).

The most prolific researcher of adolescent pregnancy in the Mexican context is Stern, who in a series of studies from 1997 through 2007 examined issues of gender, social vulnerability, and sociocultural environments in relation to adolescent pregnancy (Stern, 1997, 2003, 2004, 2007). In his 2007 article, which represents the culmination of this decade's worth of work, he makes the interesting point that while gender stereotypes can be observed behaviorally, people deny their existence on the level of discourse. He puts forth that as such, we paint with a broad brush in discussing such topics, where an admission of the performance of these stereotypes would lend to more realistic and appropriate intervention around teen pregnancy. He goes on to discuss this in the context of adolescents' gender identity formation (a very important developmental task of adolescence), noting that for young women, gender expectations massively influence whether or not they become pregnant and have babies. He distinguishes between the *marginal sector*, the *popular sector*, and the *upper-middle class*, describing the differences in young women's agency and opportunities, young men's attitudes towards a traditional *machismo* comportment, and family relationships, positing that these account for some of the quantitative differences in births (not necessarily pregnancies, since he points out that a higher proportion of pregnancies in the *upper-middle class* are likely terminated quietly) and definitely the qualitative differences in perceptions of early pregnancy. He also comments on the distinct *opportunity structures* for different class levels, noting that these should be taken into much more consideration in making policy decisions that are appropriate in varying contexts. Stern advocates for a critical vision of those studies conducted in the 90's that fail to take a more nuanced approach and suggests that future research approach the issue from a perspective that takes into account class and gender

considerations and understands that adolescent pregnancy carries different meanings for different people.

2.3 THEORETICAL CONSIDERATIONS

Robert Connell's (1987) *Theory of Gender and Power on Women's Health* seeks to model gender's effect on social and power relations in the context of health behaviors and decisions. Its first assumption is one that has become broadly accepted since it was proposed: that gender is socially constructed and performed differently by individuals and in varying social and cultural contexts. It also assumes a definition of power wherein men have a basic global dominance over women and women's relations are defined thusly, especially through explanations of risk that are mediated through power relations. He breaks gendered relationships down into *three inseparable structures*, each of which will be explained in detail: 1) the sexual division of labor, 2) the sexual division of power and 3) the structure of cathexis, which looks at normative social behavior and the attachments women form in their social lives (Robert W. Connell, 1987). These are applicable to differing degrees in different contexts, but clearly important constructs to consider for women all over the globe.

2.3.1 Sexual Division of Labor

Connell's (1987) theory defines the sexual division of labor as women and men having different, and asymmetrical societal allocation of certain occupations. Women's work is

unpaid, often within the home, and characterized by nurturing – caring for children, the sick, the elderly, and the household itself. Because men’s work is more highly valued, it is monetarily compensated and social practices support men’s educational attainment, helping them to maintain an income and thus, financial control within the family. These dynamics are maintained within the family, on the worksite, at school, and in structural ways by the society at large. Wingood et al. (2009) frame these inequities in terms of economic possibilities; they propose that women experience *economic exposures*, where women are more financially vulnerable and dependent on men as a result of the sexual division of labor. In the context of public health, as these economic exposures increase and economic equity decreases, women experience adverse health outcomes (Wingood, et al., 2009).

2.3.2 Sexual Division of Power

Connell and others have used the term “hegemonic masculinity” to describe the hierarchy imposed by socially dominant masculinity (Robert W. Connell, 1987; Wingood, et al., 2009). In his original work, Connell defined this hierarchy as a “global dominance” of men over women (Robert W. Connell, 1987). In a recent article rethinking the concept, he and Messerschmidt (2005) acknowledged the need for a more complex treatment, wherein dominance of men is constructed on different levels: locally, through families, organizations, and communities; regionally, through cultural norms and values and discourse; and globally, through world politics and globalized economies. He also underscored that the term does not imply a fixed dominance, nor a monolithic masculinity.

On the contrary, the “geography of masculinities” and femininities recognizes that there is a vast diversity of each, and different expressions of gender are more and less subordinated in different contexts and cultures. Thusly qualified, the sexual division of power describes in a broad way how patriarchy, as “made possible through...gendered demonstrations of beliefs and behaviors” serves to subordinate women in general (Wingood, et al., 2009). Wingood et al. propose that in public health, this is important because women experience inequities that manifest as *physical exposures* (such as a partner who refuses to practice safer sex) and *behavioral risk factors* (such as difficulty communicating assertively) (Wingood, et al., 2009).

2.3.3 The Structure of Cathexis

Cathexis is defined by social norms and affective attachments (Wingood, et al., 2009). Gender stereotypes inform how cathexis is played out in a society. They reinforce societal constructions of dichotomous femininity and masculinity and are widely believed to be innate and characteristic of either women or men. Norms dictate how people should express their sexuality and how gender roles should be performed. For women, this frequently translates, for example, to a constraining of sexuality, a strict set of expectations dictating how, how much, in what context, and with whom they express their sexual desires and affections. Other stereotypes and expectations address not just sexuality, but all kinds of behaviors and gendered expectations. Cathexis is reinforced in social and sexual relationships in families and other institutions such as church and school. Wingood et al. (2009) again propose that cathexis affects health through *social exposures* (such as

churches that dissuade women from using contraception) and *personal risk factors* (such as “negative beliefs not supportive of safer sex”).

2.4 OBJECTIVES

The literature is well-established around the context of health-related and economic risk as related to unplanned, adolescent motherhood. While qualitative works have begun to explore related social contexts, regionally-specific, community-based qualitative inquiry can aid in the development and implementation of preventative interventions. This thesis aims to explore how women in the Lake Pátzcuaro Basin who gave birth as adolescents experienced the transition to motherhood. Specifically, social contexts relating to gender and family will be explored in-depth using qualitative data and informed by the Theory of Gender and Power.

3.0 METHODS

3.1 SAMPLING AND RECRUITMENT

Originally, eligibility criteria were set as: mothers who gave birth to their first child before the age of 18, and who were presently between the ages of 18 and 23, residing in the Lake Pátzcuaro Basin. Participants were also required to be available to attend two focus group discussions, a week apart on-site at the professional-midwife training school of the partner organization, Mujeres Aliadas (MA).

As the date for the first focus group discussion approached and recruitment figures remained low, the author conferred with MA staff to explore expanding eligibility criteria. It was concluded that increasing the upper limit of the age range for current age and age at first birth would still serve the aims of the study, namely to interview mothers who had given birth early and who were proximal enough to adolescence, becoming pregnant, having the baby, and becoming a mother to recall their experience. Therefore, eligibility was expanded to include mothers up to the age of 25, who had given birth to their first child up to the age of 20.

Recruitment took three forms. First, staff and students of the partner organization worked to recruit participants by word of mouth. Two weeks before the date of the first focus group discussion (FGD), flyers with tear-away contact numbers were posted in *combi*

stops (commuter van stations on the main road around the lake, visible to anyone traveling between communities) and in central gathering places and bodegas in the majority of communities around the lake (Appendix I). Handbills with the same information were passed out to midwife students and staff to further pursue recruitment of their contacts. When recruitment remained low, the author and MA staff speculated that face-to-face explanation of the aims and format of the FGDs may be necessary since the format may be unfamiliar to women from that area. During a period of three days immediately preceding the FGD dates, the author and an MA staff member accompanied a midwife student and another MA staff member to speak directly with their contacts in a number of towns. They also received assistance from a local doctor who had strong relationships with a number of young mothers in her community. The doctor called a meeting of these young women, at which the MA staff member explained and answered questions about the focus groups and recruited several participants.

The author outlines these tactics explicitly because recruitment presented particular challenges and learning opportunities. In the author's home context, an urban locale in the U.S., flyers and handbills are a viable recruitment tactic for certain populations and should typically be posted several weeks in advance, to accommodate participants' scheduling requirements. In this rural Mexican context, a personal connection to the research and/or a face-to-face invitation seemed to take precedence over any scheduling considerations. Furthermore, feedback from women and staff members reflected that invitations with less notice were preferable to long-term invitations. While this created substantial uncertainty about focus group attendance, in the end, it was the only successful strategy. It should also be taken into consideration that this tactic may have over-sampled

women who did not work outside of the home, since scheduling conflicts may prevent women working outside the home from attending on such short notice.

Because of the previously addressed uncertainties about attendance and due to the author's desire not to exclude people who had traveled to attend the groups and were often accompanying younger mothers, some women were accepted who fell outside of eligibility criteria. Three women over 25 were accepted, with the oldest being 27. Two of these women and one woman under 25 had given birth to their first child above the age of 20. Only one woman who arrived to participate was excluded, because she was presently pregnant for the first time.

3.2 FOCUS GROUP DISCUSSIONS

FGDs were held in private rooms on the site of MA's professional-midwife training school and women's clinic in Erongarícuaro, Michoacán in June 2011. Because Erongarícuaro is one of the larger towns on the lake, most of the communities have *combis* that connect through it. It is relatively centrally located, being a 20–45 minute *combi* ride away from most places in the Lake Basin. Childcare was provided on-site for older children and younger children attended the sessions with their mothers. Beverages and a light breakfast were provided.

MA staff and the author conferred about appropriately incentivizing study participants during a series of planning meetings. Women were reimbursed for their transportation costs for each session. At the end of the second session, they were also given

a *canasta basica* - an assortment of small food items, such as oil, sugar, flour, and tortillas - which contained about \$10 USD in goods, an amount we conferred was appropriate to thank them but not coercive. Also included in their *canasta* was a voucher for a free consultation at the MA clinic, valued at about \$4.50 USD.

In the planning meeting, it was also decided that focus groups should meet twice each. This would serve 1) to allow women one session to become comfortable with the format before answering more in-depth, potentially sensitive questions in the second session and 2) an interventionary purpose in allowing them an opportunity to connect supportively with other women. This two-session format was something MA particularly advocated for, since they felt it would more closely resemble previous support group sessions they'd held in the community, giving women a greater opportunity to connect with one another and the organization.

20 women comprised three separate groups. The sessions were separated by one week. All women completed both sessions. They lasted approximately 1 and ½ hours each and were facilitated either by the author or an MA staff member. One or two note takers were also in attendance. They sat outside the circle, and did not contribute to conversation, but rather recorded nonverbal communication and took notes about the general tenor of the conversations. A small demographic survey was administered prior to the first group (Appendix II). It asked women their age, community, civil

status, number of children, age of oldest child, age of youngest child, schooling completed, occupation, partner's occupation, whether they had medical insurance and if so, what type. For a rough estimation of SES, a Likert item assessing perceptions of food

security asked: “Do you worry about having enough money for food?” Possible answers were: never, not often, often, and every week.

Facilitators worked from focus group guides that were developed through collaboration between the author and MA staff and targeted to themes of transitions to motherhood, family planning, social support, and adolescence, attempting to use a culturally competent and linguistically appropriate approach to wording questions and probes (Appendix III). The introduction included an oral informed consent script that was read to participants. It also explained the intent of the groups, introduced the women to the partner organization, and invited women to use a pseudonym if they so desired. The University of Pittsburgh Institutional Review Board reviewed and approved all research protocols.

3.3 TRANSCRIPTIONS

Focus groups were audio-recorded and transcribed into Microsoft Word by two transcriptionists. The transcriptionists were asked to destroy both the audio and the transcript documents after completing transcriptions and all names were removed to protect the participants’ confidentiality. Furthermore, blocks of text were not delineated by speaker. Rather, the transcriptions demarcate where a new speaker begins with a line break, but do not identify who is speaking. The final transcripts were stored only on the author’s computer and both the computer and the documents themselves were password-protected.

3.4 PARTICIPANT OBSERVATION, FIELD NOTES, AND REFLECTION JOURNALS

The author also conducted participant observation during a two-month period from May through June 2011. Because the partner organization is deeply involved in the community, she was able to meet and talk with professional-midwife students, lay health workers, nurse-midwives, and other professional staff and associates. She also had the opportunity to help with medical intake histories, depression screenings, and community lectures (*pláticas*) during which time she observed and spoke with women from all over the region. She took notes to document these observations at the end of the day twice weekly, especially ensuring to complete observations on days when significant interaction took place. This form of data collection helps to triangulate data from FGDs by providing a richer context for an understanding of the experience of young women living in this community. Her field notes served to document any striking or notable observations as they happened. Lastly, she kept written reflective journals to document the on-going study and her personal experiences living in the community. These included feelings, thoughts, challenges, successes, frustrations, and other general reflections that serve as another method to triangulate data collected.

3.5 ANALYSIS

Due to time constraints, five of the six FGD transcripts were included for analysis. During the first round of analysis, a mixture of open and guided coding were used with one transcript each from the first and second focus sessions. Preliminary codes included

emergent themes, as well as several themes identified in discussions with MA around topics that might be most useful to inform their programming. Transcripts were then entered into Dedoose Version 3.3, a web application for managing, analyzing, and presenting qualitative and mixed method research data (SocioCultural Research Consultants, 2012) and codes were arranged into a code tree that arranged codes thematically and temporally (i.e. Childhood/Adolescence, Transition to Motherhood, Motherhood). During a second round of analysis, two more transcripts, one per guide, were used to test the code tree and generate additional codes. This finalized code tree was used to code all transcripts, including notes from participant observation, allowing for several codes per excerpt (Appendix IV). During compilation of results, this ability to search and analyze based on theme co-occurrence was utilized extensively to group excerpts and identify patterns. Similarly, participant observation, field notes, and reflection journals were utilized to inform more in-depth understanding of community and social contexts. These field notes were also coded and are included in this thesis as paraphrases that complement quotations from FGDs.

4.0 RESULTS

Sixty percent of participants reported receiving health insurance coverage through Seguro Popular de Salud (SPS), while the remaining 40% reported that they were not covered by any health insurance. SPS is public insurance meant to cover those excluded from the public insurance option available to workers, and is largely intended to extend access for unemployed and low-income populations in México (Gomez Dantes & Ortiz, 2004). Additionally, 21% and 42% of women, respectively, reported worrying “weekly” and “often” about money for food. While a quantitative comparison to the greater population cannot be made from these data, we believe that these results, along with participants’ reported occupations and partners’ occupations, indicate a relatively low-income sample. Ten percent of participants worked outside the home, 20% reported their civil status as “single,” and 85% had given birth to their first child before the age of 20. Full results are summarized in Table 1.

In the final analysis of coded FGD data, participant observations, field notes, and reflection journals, four major themes emerged, comprising young mothers’ social context: ***La Familia, Expected Gender Roles, Social Pressure, and Coping and Contestation***. The following sections will include translated quotations and paraphrases to illustrate women’s attitudes, perceptions, beliefs, and negotiation strategies, with explication and

interpretation by the author that aims to contextualize passages both according to regional meanings and within a larger theoretical framework of gender and power.

Table 1: Demographic Results

	No. of Participants		No. of Participants
Age		Occupation	
18-20	7	Housewife	14
21-23	8	Medical Assistant	1
24-26	3	Domestic Worker	1
>26	2	Vendor	1
		No Answer	2
Community		Partner's Occupation	
Nocútzepo	5	Laborer	4
Pátzcuaro	3	Farmer	2
San Francisco de Uricho	2	Musician	2
Erongarícuaro	4	Construction	2
Puacuaro	6	Carpenter	1
		Small Business Owner	1
Civil Status		Engineer	1
Single	5	Insurance	1
Married	8		
Civil Union	5	Type of Health Insurance	
No Answer	2	Seguro Popular	12
		None	8
Number of Children			
1	13		
2	7		
		Do you worry about having enough money for food?	
Highest Educational Attainment		Never	0
Grade 6	2	Not Often	8
Grade 7	1	Often	8
Grade 8	0	Weekly	4
Grade 9	9		
		Age at Birth of First Child	
Grade 10	3	15	1
Grade 11	1	16	0
Grade 12	1	17	8
>Grade 12	3	18	4
		19	3
		20	1
		>20	3

4.1 LA FAMILIA AND THE TRANSITION TO MOTHERHOOD

La Familia, the family, in Mexican culture and throughout Latin America carries massive significance. *Familismo*, or familism, describes the attitudes, behaviors, and beliefs surrounding extended family structures. Close bonds to family can provide extensive social support for young Mexican women, increasing their sense of security and ensuring that material needs are met. However, some argue that family can also serve as one of the most elemental vehicles supporting hegemonic masculine norms and expectations (Alcalde, 2010). Young women's roles within the family are often defined extensively by care-taking duties and their perceived success in performing those duties may contribute significantly to how they define their self-worth, harkening back to the sexual division of labor suggested by Connell (1987). For young women who participated in the FGDs, the transition to motherhood was bound up in their relationship to family in so many ways that their personal journey is practically inextricable from a familial process.

The tenor of the research described previously seems to indicate that a delayed fertility model has taken hold in México as the ideal for young women (Bartra, 1987; Chanes, 2000, 2006; Climent, 2009; Galbán, 2006; Menkes & Suárez, 2003; Núñez-Urquiza, et al., 2003; Pablos, 2006; Paz & Ornelas, 2010). Participant observations bore this up for the Lake Pátzcuaro Basin as well, showing that most perceptions expressed by staff of the organization, members of the community, and young women themselves preferred that adolescents finish school and sometimes embark on a career before becoming pregnant. Another observation was that this norm was more pronounced in urban areas, and more complex in rural ones. Overall, however, observations of norms in the region showed that

adolescent pregnancy should be avoided in favor of other educational and career choices (even where the existence of such choices is dubious). This may influence young women's decisions about communicating pregnancies to their families, not to mention community perceptions of young moms. As will be described in more depth later, motherhood is also very revered in Mexico. Participants also reported conflicting feelings about pregnancies at a young age, facing a somewhat paradoxical and/or contradictory set of cultural values about whether or not they should be having children.

Participants said that breaking the news to parents was difficult, because of conflicted feelings about motherhood in general, because to do so was to admit their sexual activity to parents, and because admitting their pregnancy to parents meant admitting it to themselves as well. Participants joked that for months they told themselves the pregnancy was *lombrices*, worms, or gastritis. Self-denial and denial to parents has been noted before in adolescent moms and has also been named as a culprit when young women delay seeking prenatal care. One woman described her difficulty in telling her mother about her pregnancy, even though she also said that she felt very close to her:

I don't know if my mom didn't want to realize or she really didn't realize, but she never said anything to me. What I asked her for, she got me. She's one that's always hugging and kissing you...I just thought, "If it [the baby] moves now, what am I going to do?" But [the baby] never moved. Sometimes when we slept together, [I thought], "And if it moves now?" I was afraid, but I said, "Probably I have to tell her." But 7 months passed by so quick, my God, and I said, "Now, now, yes," but no, still no.

When participants did tell their parents, they reported that parents' surprise quickly gave way to joy about the baby. It seems that regardless of any extant narrative about later childbearing, parents' first reactions were often happiness about their daughters' pregnancies. This was less often the case with in-laws, who were described as having much

more trepidation and, in one account, even encouraging the woman to abort. Parents did have questions for their daughters, sometimes expressed uncertainty and, occasionally, disapproval, but none of the women reported that parents neglected to accept the pregnancy in the end.

Since most participants still lived at home and occupied an adolescent role within the family when they became pregnant, they reported that parents were very involved in the life decisions that took on urgency with the baby on the way. Sometimes participants described this input as very welcome and supportive and at other times, they felt somewhat smothered and conflicted by it.

The two biggest decisions facing participants were whether to marry/partner with the father of the child and if they chose to, where their family would live.

One woman discussed dueling pressures from parents and husband as she struggled to come to terms with what her family formation would look like, since her husband had found work in Guadalajara, a large city far from her rural hometown in the Lake Pátzcuaro Basin:

Because I was 14 years old when I got pregnant with my first baby, the decision was to go [to Guadalajara] with my husband or stay in my house and continue with my studies. And it was something really tough, because I knew that my dad would help me, but there was also the pressure of [my husband] saying to me, "But how are you going to stay there? Let's go together!" ...But also there was the fear that my mom or my dad were going to get mad, so I was there in the house, I was very young, I was studying, and I said, "Well then!" ...I went with my husband and it was a very difficult decision.

In phrasing her worries about her parents' response in somewhat childlike terms ("going to get mad"), even in speaking about it as an adult woman, the tension this decision caused her is clear, especially as she tried to understand how to integrate her new family with the

old. This question: stay with *la familia primera* (the family women grew up in) or move in with *la familia nueva* (in-laws) proved to be one that would deeply influence women's transition to motherhood, as will be revealed in later sections.

Other participants described the struggles they had in deciding whether to marry and/or cohabitate with the father of their child, many of them truly agonizing over the decision, before finally settling on their choice. In hindsight, some described their decision to be with the father of the child as a good one, while others expressed regret and/or a lingering uncertainty, especially when they described excessive conflict with their partners. Several participants described their mothers as specifically encouraging them not to marry or move in with the father of the child, suggesting to daughters that marriage would not be the answer they were looking for and that they stay home instead.

Some participants chose to remain single. One woman described the difficulty of this decision, but like other single participants, felt that it was right in the end:

The fear of leaving my son without a father, I made a decision that I didn't have in my plans, that I wouldn't be with him [the father], nor would my son be with his dad, but it was one of the hardest decisions...But, well, I think I chose well.

Single participants and married participants volleyed the pros and cons of each in many conversations through the FGDs. Single participants often brought up the financial challenges of not having a partner. They also underscored that sometimes they wished for a partner to help them find the "right words" to say to children. While they lamented the necessity to be "everything" to their kids, they did acknowledge that sometimes, when they saw women friends or family members having conflict with husbands, they felt relieved to be single.

Choosing to remain with *la familia primera* carried one set of challenges and meanings and moving in with *la familia nueva* another. Single participants usually continued living with *la familia primera* rather than establish a separate household and married women largely either moved in with their husband's family or he moved in with hers. Very few young families moved into residences completely separate from family.

Some challenges were similar to both living situations. Participants were young when they became pregnant and so, often had not yet begun to assume adult responsibilities and household work that would be expected of them in their new roles of mother and daughter-in-law. In both living situations, participants talked about the shock of adjusting to a change in roles. Several participants expressed this emphatically by repeating that "everything" had changed. The participants found it difficult to adjust to this change, especially because, particularly within *la familia primera*, they were also still treated like children and expected to yield to parental control. While that role confusion was frustrating, participants who remained with *la familia primera* seemed to feel generally supported – both materially and emotionally. They described particular appreciation for their mothers' care and support during those times. While the difficulty they experienced in establishing their own autonomy around caring for their child is worth noting, it's fair to say that participants who continued with *la familia primera* typically expressed more contentment than frustration.

Participants who moved in with *la familia nueva*, on the other hand, seemed to experience particular issues of disempowerment and difficulty. *Suegras*, mothers-in-law, came up time and again when participants talked about the difficulties of new motherhood. More than from their own mothers, they said they felt pressure from everyday interactions

with their *suegras*. Participants complained about the lack of power they felt in their in-laws' homes and that their influence in their partners' decisions paled in comparison with their mothers':

They [*suegras*] meddle so much, you say one thing and they [husbands] agree, and she says another, and they do what their mother says, not what you'd agreed on.

They need to cut the umbilical cord!

Participants also talked about their *suegra's* influence on their lives, especially around household tasks, as will be expanded in the next section, "Expected Gender Roles." This influence was described as pervasive for the participants, often seeming to make them feel constrained and unable to assert themselves. One woman commented:

They don't let anything go! Nor do they leave you alone...ay, no! You don't have any kind of privacy; it's really hard.

In the midst of these challenges around either family's adjustment to the new baby and young moms' negotiation of their new roles, participants' joy about their children was very salient. They often framed this by saying that once they gave birth to their kids, they felt as though they had someone to "accompany" them: "Más que nada, es que ya no estoy sola," "More than anything it's that I'm not alone anymore." Even when participants described the challenges of family life and the difficulties associated with being mothers, they resolved by remembering their children as constant companions, and even allies. Children were a source of emotional support and women missed their company when they were not around. Participants also expressed great joy at seeing their children grow, do things for the first time, and take on new challenges.

Interesting was that several women remarked on the feeling of learning and growing alongside their children, especially when they expressed feelings of unpreparedness as regarding their transition to motherhood. This seemed to be both a comfort and source of satisfaction for them:

Well, I imagine that those of us that married a little young mature a little faster, because we carry responsibilities that don't yet correspond to us...but since this is what we decided, well now we have to face it all. It's the same as the children. The children learn to walk, to eat, to talk. We learn how to be mamas, what they need, what they're lacking, what makes them uncomfortable, what they're feeling. Also, we're growing together with them.

A major part of "learning to be mamas" was the responsibility they felt about educating their children at home, especially when their pregnancy had led to their leaving school or making difficult decisions about marrying, relocating, work, and family. Many participants echoed the desire that their children have better than what they'd had for themselves. This was especially true in relation to educational and career expectations.

Participants said they felt very young themselves, which sometimes made them feel overwhelmed about learning how to mother as they would ideally like to. Furthermore, while most participants framed the sacrifices they made by saying, "the children are worth more than a dance," they did feel that they had to leave elements of their identities behind and devote themselves almost fully to their new roles as mothers and/or wives. One single mom talked about this difficulty:

It's hard to be a mamá so young. For me it's been very difficult because it starts to limit you in many things, in many aspects. I don't know, from the economic to the emotional and in going out...you reduce your life to the minimum, to your baby...your whole world closes up to be your baby, so it puts an end to lots of things, doesn't it?

This kind of push-and-pull characterized many of the feelings and perceptions participants conveyed about having become mothers at a relatively young age. They described their challenges as mitigated by their happiness and by the way their children could bring them closer to *la familia primera*, but their lives were not without difficulty.

With a transition to motherhood came many changes for young mothers, especially to their roles within *la familia*. All participants were to navigate their new role as a mom and some also as a wife or a daughter-in-law. In attempting to construct and perform these new roles, they found that there were a whole set of very strong expectations about how to do this correctly that came from the society, the community, and both families, not to mention from their husbands and themselves.

4.2 EXPECTED GENDER ROLES

Bartra phrased it colorfully, but concisely when he described Mexican families as having “un fanático amor a la madre” (“a fanatic love of the mother”) (Bartra, 1987). There exist very strong mythologies and constructions of ideal motherhood in Mexico. Contrasting mother archetypes of *La Virgen de Guadalupe* and *La Malinche* are a case in point. The former represents the “good” mother — devoted to her children, all-suffering, and noble — and the latter, often portrayed as the “bad,” the “Mexican Eve” — by turns traitorous and promiscuous (Cypess, 2005). *Marianismo* and its counterpart, *machismo*, are important to bring up in any conversation about gender in Mexico. *Marianismo* describes the cultural values that place purity, passivity, and devotion among the most ideal feminine qualities;

women should aspire to be like the Virgin Mary. *Machismo* describes men in almost polar opposition – dominant, aggressive, and virile. Scholars importantly point out that these represent *traditional* gender expectations and essentialized ideals. These concepts are useful to bring historical constructions of the dominant discourse into this discussion of gender, and more specifically, gender role expectations. They are not meant to deny that there exists a great diversity of individual gender expressions, but rather to give some framework for understanding how gender relations and expectations play out in relation to these polarized ideals (R. W. Connell & Messerschmidt, 2005).

Participants perceived gender expectations as intensifying and becoming much more rigid once they'd become mothers. When they were asked to comment on what society thought it meant to be a good woman, many agreed that according to people in their communities, they should be devoted to their children, their husbands, and their homes, almost entirely to the exclusion of other social activities, career pursuits, and interests. Participants said that women who were seen as going out too often with friends, leaving their children at home to go to work, not watching after their children in the prescribed manner, or not attending to their husbands properly were thought of as bad or irresponsible. Women should:

...get up at 5 in the morning to have the tortillas ready, made by hand, so that when their husband gets up, they already have breakfast ready.

Women should also be very composed once they become mothers, never cursing and making sure to present themselves beautifully.

Furthermore, participants said that men were given more opportunities and as such, sometimes did not feel much of a sense of possibility around career or educational goals outside of their duties as a mother and a wife:

They say that only men should study, not women, not women because after a little while, they get married and then, [what happens to] the money you spent [on their education]? I think that they give more possibilities, more chances to men.

Their descriptions of this kind of inequity underscored *sexual divisions of power and labor*. Participants seemed to feel that their rural communities also exaggerated these divisions – logistically, because there were fewer jobs in general to go around, but also socially, as evidenced by their frequent depictions of community gender norms as *cerrado*, closed, in comparison with bigger cities. One woman described her adaptation to and acceptance of these norms:

It's better sometimes for [women] to be educated in the old-fashioned way and that they don't see you with too many guys, or see that those guys are flirting with you...Probably school and work have their advantages [for girls], but the customs [have their own] on the other hand.

The gender ideals were reinforced and constructed not only through the sexual divisions of labor and power, as described above, but also through *cathexis*, women's affective attachments and the norms espoused in their relationships. Quite often, it was mothers-in-law who acted as enforcers of traditional gender roles. One woman believed that a husband's work and a wife's work should be an equal exchange, while her *suegra* believed that a wife's duties remain the same, regardless of whether or how the husband contributes:

My husband's mom, what she wants is that it's like before, that you treat them [husbands] like they were little children, that you do everything and when...he goes out drinking, she says, "You're not going to prepare something [food] so that you can

leave it for him there when he arrives?" [I said] "No, I'm not going to prepare anything...so that he goes out doing those things [drinking and staying out late]?" And she says, "You should always prepare something! ...at least...a sandwich and a juice and leave it here for him on the table for when he arrives." And I said, "But he didn't even go to work!" And still I'm going to reward that?! I think what I do is right...

Other mothers-in-law commented similarly to their daughters-in-law, often using their status in *la familia nueva* to put added pressure on encouraging women to conform.

Women also echoed their own negotiation of the changes that should take place in their comportment once they became mothers:

For me a woman should get respect, or she shouldn't get carried away, shouldn't be someone who swears nor says bad words nor any of that. She should take her place as a woman, especially if she's married, because she's not a girl anymore, now she's a wife/woman that should give respect so that people respect her. That's what I think, or how I understood it to be.

It is possible that because adolescent women had to struggle so hard to express agency and to achieve respectability, both within *la familia nueva* and the community, conforming strictly to gender norms may have been one mechanism by which they could "fast-track" their status and prove that they were taking responsibility for their children and their motherhood.

Relationships with husbands/partners were the primary place where cathexis defined gender expectations and where participants reacted. Some participants described their husbands as *machista*, embracing a dominant, "old-fashioned," way of interacting with their wives around gender. These men did not help in substantive ways with the children or the housework. They often drank a lot and women reported a great deal of conflict, especially when husbands were drunk. While none of the women in the groups discussed

their own husbands cheating, they told anecdotes about men who had children with multiple women at the same time and who consistently had extramarital relations.

Participants also described their husbands' dominance in decision-making. They described being expected to listen to their husbands, and that husbands were the ones "in charge." This interaction was described as an almost-parental exchange, not very different from other pressures participants experienced from family members. One striking example of this came up several times within the groups. Women reported that in attempting to discuss contraceptive methods with their partners, a common response was, "Yo te cuido," "I'll take care of you." In fact, this conversation happened so frequently that women referred to it using a kind of shorthand: "Eso de 'Yo te cuido' /That thing of 'I'll take care of you.'" Participants described that when husbands said this, they were essentially shutting their wives down about contraceptive methods and making a vague promise to help the woman avoid pregnancy. One participant reported that this is how she'd become pregnant with her first child.

Because it would seem that women lack assertive agency in these conversations, in keeping with gender expectations that demand their passivity and obedience, they experience *physical exposures*, as suggested by Wingood et al. (Wingood, et al., 2009), putting them at risk for young pregnancy and, especially in a context where men may have multiple sexual partners, STI's including HIV. While they did not go into great detail, participants also reported husbands committing violence against them, a physical exposure that represents a very widespread risk in Mexico. Gendered expectations dictating that women should accept such abuse serve to normalize and perpetuate that risk.

Contestations of gender will be explored more fully later, but it's important to note here that women did describe feelings of power and self-efficacy around their own constructions of womanhood. They said that as women, they had more responsibilities and thus, more abilities. They thought of themselves as “pillars” within the family, the ones who ensured that family members were united. They also said that women were more able to withstand pain than men, citing childbirth and daily difficulties. In describing their own interpretations of what it took to be a “good” woman, some focused on women as flexible, capable, and strong. They also talked about feeling satisfaction with the work that they did, excited to cook a delicious meal for their children or to maintain their home beautifully. In this way, though their job description may fit into the definitions provided by a *sexual division of labor*, their ownership of the work helped them to feel agency over their situation, even when they said they felt a limited sense of possibility.

4.3 SOCIAL PRESSURE

Participants in the study generally were not financially prepared to set up a household independent from older family, at least not at the beginning. Many participants become quite dependent on family members in this way. Participants reported that adolescent motherhood itself carries tremendous stigma in the community, particularly in the contexts of becoming pregnant and being unmarried. They said that community responses to them were mostly negative, including perceptions of participants as irresponsible, promiscuous,

and ruined (particularly in reference to women who become pregnant while not married and remain single).

Participants in the present study were, by and large, residing with their partner's families. In terms of material support, women indicated that they typically felt extremely supported by families. It's very important to recognize the protective role this support likely played in their lives, allowing them to put at least financial and material stresses aside as they tried to navigate other decisions, learning to mother, and a litany of new responsibilities and roles.

While participants reported that this material support was often provided in the contexts of living with their partner's families, there were also some very salient social pressures described by young women as essentially attached to that support. Because of their dependency, participants sometimes said they felt beholden to *la familia nueva* and participants reported feeling their agency constrained. Furthermore, they felt excessive social pressure from the community. Sometimes this centered around the *señoras'* (older women in the community) policing of expected gender roles, particularly with regards to being mothers at a young age. For these participants, the receipt of social support and social pressure simultaneously from *la familia nueva* and the community often produced immense stress and impacted their daily qualities of life.

This hidden social pressure within social support was magnified once the baby was born. One woman described the experience as complicated. In this passage, while the in-laws' voices were certainly supportive, the experience of the support makes her feel somewhat helpless and lacking in agency:

And the baby is just born and...“Don’t jump!” “No, don’t pick that up!” “Don’t do heavy things!” “Don’t do that, leave it and I’ll do it!” But after a while it’s like... “What to do?!”

Women described interactions such as these as an overwhelming barrage. They described their choice of response – usually succumbing to pressures – as an effort to quiet the criticism. One woman described an experience she had with her *suegra* as she tried to breastfeed her baby:

And...my mother-in-law, “Go on, you have to teach her what to eat! The girl already knows how to look [for your nipple], all you have to do is give it to her,” and she pulled [my breast] up and me [saying], “Ay, ay, ay!”

In this description, it would seem that even the young mother’s body has become fair game for other people’s decision-making and control. In many of their accounts, women described feeling like their lives, and even their babies, are hardly their own, as though their transition to motherhood has also meant a loss of autonomy and ownership of their own decisions. The *suegras* are forthcoming with constant advice, whether solicited by the women or not and, as evidenced by the woman’s story above, they cross other kinds of boundaries as well. Often, participants said that the subtext of this kind of interference was that they do not possess the knowledge nor, furthermore, the right to make their own decisions. Many of their accounts of parents and parents-in-law featured the kind of helicopter approach that may be appropriate for a parent-child interaction, but which made the women feel conflicted, bullied, and stripped of agency in trying to learn how to mother their children.

Participants described the pressure from in-laws, especially from *suegras*, as being centered around better performance of their roles as daughter-in-law, wife, and mother as

mothers-in-law felt they should, especially when participants coresided with their husband's family. *Suegras* pressured women about household responsibilities, childcare, family planning, and health. Participants explained that this phenomenon was like a rite of passage, "la etapa de la suegra," "the mother-in-law phase." It seems that this kind of hazing by *suegras* is practically an institution – "Por eso hay tantas canciones para las suegras!" "That's why there are so many songs for the mothers-in-law!"

But many participants said that the pressure turned into a great deal of added stress during their daily activities, as they said they felt constantly under a microscope, with advice, admonitions, and criticisms coming at all times about everything. Usually, participants described perceiving that the intended message of these interactions was that they were "bad," less than they should be as mothers or wives. One woman wondered about the passing down of this dynamic:

If they didn't do it to her [mistreat and pressure the *suegra*], why does she do it to me?...That's what I don't understand...it's always that you're bad...and you never have things done.

Participants also described the difficulty in being dependant in the context of the idea that they'd made an unnecessary or selfish decision:

Yeah, sometimes you feel embarrassed like that to say to them: Oh, I ran out of diapers. It makes you feel embarrassed to tell them the truth, because you know that you didn't have to have children.

Women said that these kinds of relationships, which did provide them with material support sometimes served to cut them off from the emotional support they previously received from friends or their own families. For instance, sometimes husbands' parents displayed a kind of possessiveness of grandchildren that disallowed the mothers' family

from interacting freely with them. The pressure they reported feeling from the *suegras* around taking care of household responsibilities also made it difficult for women to maintain friendships through which they felt they received the most emotional support:

Because you can't even have friends, because [according to in-laws] that's a waste of time and that's just to go gossip and all that...[but] who will you chat with? ...with your sisters, or with your mom, but with your mom it's not the same, because she has her problems and how are you going to go tell her yours, no. Ay, it's difficult! You can't be the same anymore [as before the baby]...And if you're having problems with your husband or your family or with other people...you have to adapt to life.

For women who had relocated to a different town to live with their husband's family, this difficulty was especially pronounced, rendering them truly cut-off from their emotional support network.

While some of the pressures described here could equally be experienced by older mothers, it may be more difficult for young mothers to respond and assert themselves, being not only financially dependent, but also only very recently starting their transition out of the role of child. Adolescence is a time when girls are going through the developmental stage of identity formation and beginning the transition to adulthood, usually bit by bit. Adolescents "try on" adult roles and responsibilities in various ways throughout their teen years and with adult *scaffolding* (temporary support that helps them to master the task at hand) eventually take ownership of those new adult tasks. In developmental terms, they experience *identity achievement*, the resolution of their search for identity, when they have reconsidered cultural norms and values, as well as those espoused by parents; accepted some and rejected others; and developed a basic sense of autonomy in their decisions and actions (Berger, 2009). The kinds of pressures these young women faced as they essentially skipped some of that process and jumped straight into

adulthood may have complicated their identity achievement, especially when the message coming to them was that they weren't good, smart, capable, or grown-up enough to handle the job of motherhood. When participants described having put aside so much of the rest of their identity to adopt the new roles of mother, wife, and daughter-in-law, one can imagine how such a message, delivered on a daily basis could provide a real blow to self-confidence, self-efficacy, and, certainly, identity achievement with its corresponding sense of autonomy.

Pressures also were very intense from people in the greater community. One woman described the small community and the mother-in-law as a sort of unified front to keep women in line:

In a small town, you have to do what the mother-in-law says, not what you think or what you want.

Participants attributed the intense social pressure they felt to the insular nature of the small, rural communities in which they lived. They felt especially hemmed in by the community's ideas about motherhood and marriage, often citing a tiny window of time during which it was acceptable to make decisions about those: "Mal si se casó chica, y mal si se casó grande," "Bad if you marry young, and bad if you marry old." Some women admitted to participating in reinforcing those ideas, even when they disagreed in theory:

Because if we see a 25- or 26-year-old woman that's single, that hasn't had kids, we start to say, "Ay, she's behind, look, she's single, she keeps whoring around, she doesn't have a boyfriend and she's staying that way. The train's gonna leave you, girl! Hurry up, find yourself a husband!" No? Because these are the words that the señoras gave us! And if they see a young girl that goes flying around, and she's already wanting to get married, "Ay, look at this little girl, who wants to get married prematurely!" And if she comes out with a belly, "Ay, no! Why don't they wait, why don't they study first?" So, we contradict ourselves and it's like we don't have a balance or like the ideas that we say in our society aren't in agreement.

The participants also described their communities' strong reactions to their motherhood, especially during pregnancy, when people around them seemed to be telling them they'd made a wrong decision, that they were irresponsible, and that they should be embarrassed. One woman described two *señoras* whose words felt like a physical assault when they suggested that she should feel shame about being pregnant and willing to appear in public:

I was already so many months along [in my pregnancy] and I went in the car, I went walking, and I listened. They didn't say it to me, but they had the nerve to start the stoning: "Ay, already she's 7 months along!" "Ay! With no shame!" And I said to myself, "Dear God, help me to cope!" Me, like I was, my belly grew 7 centimeters, you could hardly see it...it made me want to scream, "Are you going to be the one to maintain me? Are you going to give me food?" Well, no.

This woman's "scream" echoed the tone of how many participants seemed to want to respond to the community's criticisms. While participants did describe arguments with *suegras* and family members, they never seemed to reach quite the boiling point with those closer relationships that they did with the greater community. They often expressed this in the same terms this woman did: if you're not going to take care of me, why do I have to listen to your input? Of course, the inverse again suggests the interplay between social support and social pressure: if you do take care of me, I have to accept it.

In keeping with the attitude of the *suegras*, women described community expectations as dramatically intensifying once they became mothers. A woman's public persona underwent particular scrutiny:

When you're married they're going to say a lot, about your way of being, how you think, and how you dress also. You have to watch a lot...

Everything, from how you talk, to how you walk, to everything, my God! You can't make the people happy, good if you're good [in their eyes], but bad if you're bad...

If you fix yourself up, why did you fix yourself up? Why are you going around who knows what? And if you don't fix yourself up, because you're [lazy]...who understands them?!

You can't fix yourself up too much, but you can't let yourself go either.

That's why you have to be careful with people, because they say lots of things.

They're never in agreement, it's never ok.

These kinds of complaints came up time and again in the groups and painted a vivid picture of participants' frustration with the choir of criticisms. Of all of the findings of these FGDs, the difficulty in sustaining the myriad social pressures women were facing was the strongest emergent theme. Perhaps it can be said that between the pressure they felt at home and pressure from the greater community, participants struggled to find a respite where they felt safe, good about their abilities, and accepted. When this is added to the normal stresses of new motherhood, it's clear that young mothers have much to cope with.

4.4 CONTESTATION AND COPING

Participants responded to the difficult social contexts presented by *la familia*, expected gender roles, and social pressure in multiple ways. Contestation was when participants objected to the dominant discourse within *la familia* or the community at large. They did so either explicitly, by verbalizing their dissent, or internally by constructing their own narrative or sense of womanhood in ways that were counter to that discourse. Coping, on the other hand consisted of the psychosocial and behavioral strategies that women devised to negotiate contexts that were emotionally difficult. While contestation is extremely

important to changing the social landscape in the long-term, coping can be thought of as a short-term harm-reduction strategy that gives women tools to support their mental health and reduce stress when there is no immediate change in sight.

In response to social pressure, especially from the community, but also from parents and in-laws, participants sometimes coped by *ignoring* criticisms that came their way. About the expectations of people in her town for her, one woman said:

And yes, it's a lot of pressure. It's a lot to think about, it's your nerves, it's ugly...My father-in-law told me that, "The people aren't going to feed you, the people aren't going to dress you...don't listen to the people." My husband told me the same thing, "Let the people pray and return to praying, you worry about your life."

As mentioned previously, this mantra – that the people who aren't supporting you have no place to tell you what to do – helped participants to feel fortified and to steel themselves against the criticisms of others. Here, this participant's husband and father-in-law also pitched in to encourage her to maintain a thick skin. Some participants, who reported an ability to tune out community criticism, also often reported supportive relationships like these in *la familia*.

Another way participants coped was by *reframing* the challenges they faced. Several participants concluded about their difficulties that they were "pruebas de vida," "life tests," that would help women develop character and a set of skills. They also *reframed* by saying "nunca es tarde," "it's never too late," to make an important change, learn a new way of doing things, or fix a problem. In a way, this was an embrace of flexibility, since many participants described their life's trajectory as having been different than they planned.

Connecting with a sense of *self-efficacy* was an important part of coping for participants. When they did, they felt capable, strong, and resilient. One mother talked about problems in a relationship with a partner:

Because I think you can reach an understanding of the problems in a relationship, or know how to solve them, or why you stand them. There are still those that say, “When you married, you screwed yourself, and there you stay.” ...[But] in truth, you do know how to carry the relationship, and you do know how to fix the problems that you have.

Self-reflection was integral for participants not only in locating this voice, but also in listening to it. Here, by asking herself “why” she puts up with some of the problems in the relationship, the young woman was able to recall the positive and feel optimistic about improving the negative. This may have enabled her to feel balance in the situation. Such a strategy could translate to any of the relationships young woman experience.

While coping with situations as they exist is obviously important, especially since participants will interact with their families and communities on a long-term basis, a slippery slope may exist between coping with problems to the erosion of a women’s agency, if she accepts problems as they are even when she shouldn’t. In other words, sometimes push-back may be appropriate and called-for, especially when divisions and entrenched expectations about gender roles place women in inequitable situations where they lack power. Participants’ descriptions of many of the communities in the Lake Pátzcuaro Basin region suggest that the dominant discourse there is still heavily influenced by those traditional *mariansmo/machismo* ideals. However, by participants’ own accounts of contestation, it is clear that between the old generation (“ellos de antes,” “those from before”) and the new, women are explicitly less satisfied with inequity and more apt to

contest asymmetrical power, especially in relationships, than perhaps their mothers or grandmothers had been.

Contestation took a number of forms. At home, when participants felt that husbands/partners took passive roles with children and/or were demanding about tasks that they (and not necessarily the women themselves) perceived as the wife's sole roles and responsibilities, participants reported frustration and conflict. While participants believed that the duties of the household, and especially of raising children, should be shared between partners to some extent, husbands did not always act in accordance with these beliefs. One woman's husband suggested she pay more attention to the kids. She responded:

And why don't they [husbands] pay attention?

Right, because it's not just your obligation, the woman's obligation, but the man's obligation too.

When participants viewed their partner as embracing more equitable gender roles, they also reported decreased feelings of conflict within their homes. One participant told a story about how she and her husband engaged in a kind of mutual contestation of the dominant gender discourse. In her mother-in-law's questioning, we see the tug from old generation to new:

My brother-in-law and his wife get along that way, the husband helps her make food and she helps him. The husband sometimes washes [the dishes] and sometimes the wife. But they say that up North it's much different, because she worked and when he didn't have work, he stayed and made the food, tidied the house, made the beds, mopped, and she arrived, ate, and went...That way, they helped each other. They got along well and well, here they rarely do that. Here, because the people are more ignorant, more old-fashioned, because my mother-in-law said, "Why like that?" And there was one day that I said, "Well, they're getting along. They live well and if they understand each other, one shouldn't meddle." I think this got in my husband's head too, because he sometimes says, "I'll make food."

There are times when I wake up “Ay, my stomach hurts,” and he tells me, “Ay, what hurt you?” or “What did you eat? I’ll bring you a tea.” and he brings it and tells me “I’m going to make the food” and me, “Oh, good” ...and we get along that way, because there’s nothing to argue about...

In the focus groups, there were several moments when participants told stories that highlighted diversions from gender norms, sometimes about themselves, and often in relation to men they knew who were noticeably divergent from a *machisto* comportment. They also made observations about the mechanisms by which they thought some gender dynamics were shifting. One idea was that families socialize boys to respect and understand women from the time they are children:

When my brother was little, one time I remember that my mom went to the bathroom and her bra fell and...the boy went and knocked: “Mommy, your bra fell.” ...Or my mom told him, “Little one, bring me some of these,” and the boy went and bought pads at the store. In that way they get used to it, [instead of saying] “Ay, don’t go!” or “You don’t pick that up [about women’s products]!”

Yes, because it has a lot to do with how you tell them, because if they see [women] badly from the time they’re little, later they keep going with that idea. On the other hand, if they see [women’s lives/issues] as something normal...

And until this moment, he’s still very respectful, not just because he’s my brother...

Another interaction participants described as potentially shifting gender dynamics exerted influence in the opposite direction, from young women to mothers or mothers-in-law. Here, participants reported that they served as confidants to the older women around negotiation of gender discrimination and difficult gender relations with husbands. One young woman talked about this experience and contrasted her mother-in-law’s feelings of needing to avoid her husband’s reprimand with her own feelings of agency around asserting herself with her husband:

[About her son] my mother-in-law said, "Ay, the way he helps you is good. Your father-in-law never helped me, never, never. He never wanted me to tell him what to do. He said, 'That's why she's the wife, so she could do [that work], not so that I'd be doing it. That's why I brought her, so that she'd do it.'" I told her, "But you're not his servant." And sometimes, when he was drinking and the next day he woke up, well, she would go and bring him a salad with plenty of chile and his tostadas. She'd attend to him as if he just got back from work! One day I said, "And why do you bring him food? ...don't go around giving that to him!" Because one day, my husband got drunk and I didn't give him lunch or anything and I said, "Your lunch at the time when you want to make it, not me!" And I told her, "That's not good."

The social contexts in which gender and power structures exist are dynamic and fluid. In this young woman's example, we see women from both generations potentially benefitting from contestation of gender inequity. Through their dialogue, they reciprocally support one another and continue to pursue the cultural shift in gender norms and expectations that young women have come to believe is necessary. Especially for women who give birth as adolescents, and according to the Theory of Gender and Power, such a shift could lead to better health outcomes for young women, in helping them to increase their agency, decrease physical and social exposures, and ultimately, make decisions that are good for them and their children.

5.0 DISCUSSION

5.1 SUMMARY OF FINDINGS

Major findings of this study emerged in themes of *La Familia*, Expected Gender Roles, Social Pressure, and Contestation and Coping.

5.1.1 *La Familia*

Participants who gave birth as adolescents lived very closely with their families, either families of origin (*familia primera*) or husband's family of origin (*familia nueva*). *La familia*, in constituting such a large portion of women's social contexts, massively influenced their experience of the transition to motherhood. Informing parents of pregnancy was difficult for young participants; sometimes this led to concealing pregnancies for many months. While parents echoed community reservations about women having children at a young age, ultimately they accepted the baby and expressed joy.

Participants struggled over decisions about whether to marry. Those who chose to marry also had to negotiate whether to live with *la familia primera* or *la familia nueva*, her husband's family. Those who remained single generally did not establish a home separate from *la familia primera*. Participants who lived with *la familia primera*, single or married,

generally reported less stress than those who lived with *la familia nueva*. *Suegras*, mothers-in-law, were a particular source of stress, holding a great deal of power in the family and frequently very critical of participants. They did, however, find a great deal of joy in interacting with their children and despite other pressures, ultimately reported a great deal of contentment at having the “accompaniment” of their kids. They also reported that even though they wouldn’t go back and change things, being a young mother was very difficult at times, because there were large parts of their identities that left behind as they accepted their new roles and responsibilities as mother, wife, and daughter-in-law.

5.1.2 Expected Gender Roles

As participants came to accept their new roles, there was also a very stringent set of gendered expectations around how they should perform as mothers, wives, and daughters-in-law. Participants reported that their communities viewed a good woman as someone who took care of husband, children, and home; did not go out with friends or pursue careers; acted passively; and looked beautiful. They also reported that men had more educational and career possibilities available to them. Through these sexual divisions of labor and power and also through cathexis as exemplified by the *suegras* and by the husbands, participants experienced disempowerment. *Suegras* reinforced these gender role expectations by putting pressure on participants to perform their household responsibilities and duties as a wife and mother according to traditions that women perceived as “old-fashioned.” Husbands were *machista*, dominating women and refusing to help with childcare or housework. They also displayed this dominance around decisions

like contraception, saying “Yo te cuido,” “I’ll take care of you,” and refusing to use condoms or other forms of birth control. These kinds of dominance placed participants at risk for adverse health outcomes. However, they also described their own understanding of the female gender as embodying a great deal of strength and resilience. This informed the contestations we see later and helped them to feel agency, even in situations of limited possibility.

5.1.3 Social Pressure

Participants reported that social pressure weighed heavily on them, coloring much of their experience, particularly from *suegras* and the greater community. When participants received material support from *la familia nueva*, they also described the social pressure that was attached to it. The *suegras* were most commonly referred to as the source of this stress within the family, influencing decision-making and constantly criticizing participants. Participants experienced this as an erosion of their agency, feeling as though the implications of the *suegras’* comments were that they were “bad,” lazy, unfit to make decisions, lacking capability, and unknowledgeable. They also pointed out that these relationships cut them off from old emotional support networks, such as when *suegras* created tensions with *la familia primera* or when they scolded participants for spending time with friends. These pressures together created a great deal of distress for participants, making them feel isolated and anxious.

Participants also experienced community pressures as very intense. They reported that community members stigmatized them for having children at a young age and called

them irresponsible. Participants also described that the *señoras* picked apart their public personas, from how they acted, to how they dressed, to how they behaved. Participants described extreme frustration at this phenomenon, feeling constantly scrutinized and as though nothing they did was right in the eyes of others.

5.1.4 Contestation and Coping

In responding to the pressures and stresses placed upon them by their social contexts, participants used a fluid combination of coping and contestation to both deal with the difficult contexts that comprised their lives and to push back against the dominant discourse. Coping can be framed as harm-reduction in that it allowed women to respond with behavioral strategies to deal with difficult emotional situations, when there was no immediate solution. Contestation, on the other hand, was when participants actively objected to the dominant discourse of expected gender roles and social pressure in the context of *la familia* and in the community at large. Sometimes participants and the husbands mutually contested, when they performed gender roles that deviated from the dominant discourse. Participants also reported that they believed gender norms could be changed when children were socialized differently, to understand greater gender equality. Furthermore, participants reported that contestations took place with *suegras* and mothers sometimes, in that these older women looked to younger women as confidants when they were experiencing gender inequality. Such contestations represent a shift that is happening in the community towards greater gender equality, also exemplified by women's characterization of gender inequality as "de antes," "from before," or old-fashioned.

5.2 A DEVELOPMENTAL PERSPECTIVE

As noted, young moms felt marked anxiety about the nearly constant instruction and criticism they received not only from the *suegras*, but also from the community. They reported a “damned if you, damned if you don’t” sense regarding what they perceived as an incredibly narrow window of acceptable behavior. Their *suegras* and their communities seemed to have constructed visions of a “good” mother, wife, and daughter-in-law that were nearly impossible to achieve.

Given these expectations and paired with the feelings of stigmatization participants experienced because of the community’s portrait of young mothers as irresponsible, these women were swimming against a very strong tide as they tried to construct their own versions of good motherhood. Indeed it seemed like a great challenge for participants to feel agency and ability with such a choir of voices resoundingly telling them that they weren’t doing things right.

When we also place those disempowering pressures in the context of expected gender roles where, according to the Theory of Gender and Power, women’s relatively disempowered status in relation to men also puts them at risk for adverse physical and mental health outcomes, a picture emerges of a difficult situation indeed. Judging by the distress women reported, this storm of pressures produces adverse mental health outcomes, including feelings of isolation, depression, stress, and anxiety. Increasingly numerous studies find stress and depression correlated with a vast array of adverse health outcomes, for people in general and also for children, and especially infants, whose mothers experience these (Hammen, Hazel, Brennan, & Najman, 2012; Letourneau,

Watson, Duffett-Leger, Hegadoren, & Tryphonopoulos, 2012). As such, the findings of the current study may present important implications for addressing the health of adolescent mothers and their children.

Miller (2005) posits that a key moment in a woman's transition to motherhood is when she begins to feel herself an "expert." Feeling mastery over mothering gives women self-confidence and makes them feel empowered to take care of their and their children's needs. This process of becoming an expert is very analogous to the developmental process of *identity achievement* described earlier, wherein adolescents settle on an adult version of self. Adolescents are working to become experts on themselves and their life projects just as mothers work to become experts on their motherhood. Keeping both of these tasks in perspective as we seek to serve populations of adolescent mothers is essential to understanding their lived experience. As they work through these two processes – achieving motherhood and achieving their adult identity - in tandem, they construct their identities in a way that is somewhat unique both among adolescents and among mothers.

The picture painted by the emergent themes were not the only results that could be drawn from the FGDs. Participants described their families as sometimes providing them with gentle support, *scaffolding*, that permitted them much more autonomy as they navigated their transition to motherhood. They reported feeling extremely appreciative of these experiences. One participant recounted a story where her *suegra* kindly taught her to make tortillas after the woman had asked her about it. The woman described great relief at this targeted and sensitive expression of support. Likewise, when husbands embodied more equitable gender attitudes, giving women the space and support to feel agency and power, women described feeling more comfortable and less prone to conflict. Women

portrayed these experiences as feeling like vents for all the other pressures they described. They used the same metaphor to describe the FGDs themselves, saying that it felt like a great relief to be able to talk with other women about their experiences and to receive some affirmation and support.

These kinds of positive findings, combined with an understanding of women's coping and their expressions of contestation provide an entry point for understanding how we might frame an intervention with this population. The most emergent negative outcomes were related to women's mental health around social pressure and gender role expectations. As such, interventions should use strengths-based approaches that seek to support and/or educate women on gender, communication strategies, behavioral coping, and self-confidence/efficacy that can help to mitigate those outcomes, teaching women to find, create, and/or advocate for those "vents" that so relieved their pressure. Other prevention efforts could target the physical exposures women experienced as a result of gender inequality. These kinds of interventions could be targeted not only to young women who were already mothers, but also to adolescent women without children to help prevent unplanned pregnancy. For example, training in condom negotiation with partners may help women to assert themselves when a man says, "Yo te cuido," "I'll take care of you."

5.3 STUDY LIMITATIONS

There were several limitations to this study. Since a convenience sample from the Lake Pátzcuaro Basin was not representative of either the region itself nor of Mexico as a whole and because FGDs were based on conversations between participants about their experiences, the results are not generalizable.

The author is neither from Mexico, nor is she a native Spanish speaker. As such, all focus group interaction, as well as the transcripts from those focus groups she did not facilitate are subject to the limits of her fluency. Though her Spanish was sufficient to facilitate groups and communicate with all participants, there were moments where her understanding was lacking. While two of the focus groups were led by a community member, the interpretation of the data was also conducted by the author. She went to great lengths to ensure that translations and interpretations were as clear and correct as possible, consulting with native speakers throughout the process, but all data analysis is subject to this fact. Due to time constraints, she was not able to enlist other analysts (for example, native Spanish speakers) to triangulate interpretation.

The fact that the author is not native to the area may also have influenced her interpretation in other ways. Though she has traveled in Latin America and studied the region, she is neither culturally Latina nor has she lived for an extended time period within Mexican culture. All of her interpretations are filtered through an outsider's lens, which may be considered a limitation to understanding.

The fact that the author was not from the community could also have proved limiting during FGD facilitation, if the participants had perceived a power differential or

otherwise felt uncomfortable sharing with her. Without being able to confirm with certainty, after reviewing and comparing the transcripts from the community member's groups and the author's groups, and based on the author's perception of the participants as feeling open and comfortable (even stating explicitly that they felt this way), it does not seem likely that this greatly limited the quality of the data. Just as being an outsider can be a limitation, it can also be an advantage, in that it may allow the author perspective that someone from within the community cannot achieve, because they are immersed in the culture and context.

Lastly, the region is made up of small communities and many of the participants came from the same communities. Some participants attended with family members or friends. As such, they had familiarity with others. This may have made participants feel either more or less comfortable sharing and may have affected the dynamics of the group in other ways, as well.

6.0 RECOMMENDATIONS AND CONCLUSION

Programming that takes these findings into consideration could be very effective in helping young mothers to navigate the pressures they face. Mujeres Aliadas, the partner organization, runs women's clinics and a *casa de partos* (birthing center). Central to their mission is the provision of women-centered reproductive health services, which enlists the active participation of women from the community, explicitly including adolescents, in developing "a women's network that empowers women and adolescent girls to take charge of their own health care and to advocate for their health care rights." The organization already provides a number of community health workshops and midwives in the clinics attend not only to pregnancy- and birth-related health, but also to well-woman care and sexual health services across the lifespan.

This organization would be very well-positioned to target services and programming to adolescent mothers. According to the findings of this study, what follows are suggestions for directions future interventions could take:

- 1) In the U.S. and Brazil, doulas (one-on-one caregivers who provide continuous support throughout pregnancy, labor, and post-partum) that cater particularly to pregnant adolescents have been found to be effective in improving women's experiences of pregnancy and birth (Edda Pugin et al., 2008; Humphries & Korfmacher, 2012). During the time that the study was being conducted, MA was

already considering implementation of a doula program. Training doulas particularly in youth-friendly service provision, with special attention paid to the pressures women will face as mothers and the decisions they face as adolescents, doulas could provide the kind of *scaffolding* that would aid women in having a smoother transition to motherhood and feeling more agency around parenting.

2) Training midwives, nurses, and mental health providers who care for young moms in the particulars of their social context - *la familia*, expected gender roles, and social pressure - could establish another supportive point of contact. During visits, these providers could suggest strengths-based techniques, developed as informed by coping and contestation findings, to young moms who report stress.

3) Developing community workshops and educational materials targeted for the families of adolescent mothers, especially those who will be coresident, that educate on methods to integrate new family members (daughters-in-law and babies) and support young families. These could include conversations that contextualize the pressure that young mothers experience, advocate for a supportive and empathetic perspective on young motherhood, and discuss the developmental projects that are essential to young mothers' feelings of agency and ability. These workshops would have to be creative in attracting families, in order to recruit those that might most benefit from such workshops (those that would be most likely to pressure young mothers).

4) Establishing discussion or support groups for young mothers that allow them to establish networks of emotional support outside of the family, potentially incorporating workshops around strengths-based techniques as described above;

gender; parenting skills; communication skills, such as assertiveness training; and other topics identified by the women.

Such interventions could potentially help women to mitigate some of the pressures they feel from their social contexts and work towards achieving that feeling of mastery that could empower them, improve their quality of life, and help them to achieve the feeling that they are truly good mothers, by their own standards.

APPENDIX A

RECRUITMENT MATERIALS

¿Eres mamá?

¿Tienes entre 18 – 23 años y tuviste a tu bebe antes de los 18?

Estamos realizando un estudio con mamás para preguntar sobre apoyo social, servicios de salud, y la vida con la familia.

Habrán dos sesiones de grupos de enfoque en el centro de salud de Mujeres Aliadas, una organización de la salud de la mujer, en Erongarícuaro. Las sesiones nos ayudarán a planear y diseñar servicios en un futuro para mujeres como tu. Las sesiones durarán dos horas y habrá servicio de guardería. Pagamos el transporte (si vienes de otra comunidad) y te damos un incentivo pequeño para agradecerte. Si tienes interés, por favor, marca el numero que viene abajo para brindarte mayor información.



MUJERES ALIADAS



MUJERES ALIADAS



¿Eres mamá?

¿Tienes entre 18 – 23 años y tuviste a tu bebe antes de los 18?



Estamos realizando un estudio con mamás para preguntar sobre apoyo social, servicios de salud, y la vida con la familia.

Habrán dos sesiones de grupos de enfoque en el centro de salud de Mujeres Aliadas en Erongarícuaro. Las sesiones nos ayudarán a diseñar servicios en un futuro para mujeres como tu. Las sesiones durarán 2 horas y habrá servicio de guardería. Pagamos el transporte y te damos un incentivo pequeño para agradecerte. Si tienes interés, por favor, marca el numero que viene abajo para brindarte mayor información.

434-106-4912

Estudio con Mamás
434-106-4912

Estudio con Mamás
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Estudio con Mamás
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APPENDIX B

FOCUS GROUP GUIDES

Guion de Introduccion

Hola y muchisimas gracias por venir hoy. Yo sé que no es nada fácil dejar las responsabilidades para salir, entonces agradecemos mucho por hacerse un tiempo para estar aquí con nosotras. Nosotras trabajamos con Mujeres Aliadas, una organización sin fines de lucro que trabaja para mejorar la salud y los derechos reproductivos de la mujer. Acabamos de abrir una clinica para la mujer aquí en Eronga y tenemos otra en Nocutzepo, al igual que una escuela de parteras y vamos a las comunidades a impartir platicas de diversos temas; próximamente abriremos casas de parto para ofrecerles a las mujeres de la region otra opcion de salud.

Si estas dispuesta a participar, en este estudio se te realizaran preguntas sobre tus propias experiencias con el apoyo social, planificación familiar y salud reproductiva durante la adolescencia y ahora. No existe ningun riesgo previsible asociado a este proyecto ni tampoco ningun beneficio directo hacia tu persona. Aunque no podemos garantizar confidencialidad completa para la información que comparten aquí, pedimos que no usen nombres al discutir esto con otras personas y que no compartan información del grupo afuera del grupo. Vamos a grabar el audio de esta conversación para mas tarde transcribirla. Para la transcripción, no vamos usar nombres ni cosas que puedan identificarte. Al terminar con las transcripciones, destruiremos todas las grabaciones. Todos los resultados van estar guardados bajo llave todo el tiempo. Tu participación es voluntaria y puedes retirarte de este proyecto en cualquier momento.

Antes de empezar, quisiera explicar el método del grupo de enfoque. Yo voy a ser la facilitadora en esta conversación, pero no soy la experta, ni estoy aquí para contestar preguntas. La sesión está diseñada como entrevista, pero son bienvenidas las discusiones en grupo en vez de una respuesta por persona, puesto que muchas cabezas son mejores que una. Haré las preguntas e intentaré clarificar cosas que no sean claras. Al fin de nuestra conversación, revisaré los temas que hemos discutido para que puedan decirme si hace falta algo. Es importante que sepan que este espacio es seguro y que no voy a juzgar lo que aquí se diga. Estoy aquí con el unico proposito de escuchar tu punto de vista.

(Name of notetaker) se sentara a un lado, escuchara la conversación y tomara notas. Sus notas seran otra forma de asegurarnos que la grabacion sea tan veraz como nos sea posible.

Ya para finalizar, es importante que tengan presente lo importante y valioso que son para nosotras sus opiniones e ideas, ningún tema está fuera de contexto. Espero que se sientan cómodas al responder a las preguntas que tenemos preparadas para ustedes y a alguna pregunta que surja de ustedes durante nuestra conversación. Nuevamente les reitero que ustedes son las expertas y estamos muy interesadas en escuchar sus experiencias. Este estudio es conducido por Katie Horowitz, a quien pueden localizar hablando al teléfono de Mujeres Aliadas 4341064912 por si tienen alguna pregunta. Antes de empezar, alguien tiene alguna duda?

Guión de Facilitador – Día 1 del Grupo de Enfoque

Primero, por favor, vamos una por una y digan su nombre (pueden usar nombre falso o apodo si quieren), el número de hijos que tienen y las edades de ellos. En el resto de la plática, puedes simplemente decir algo cuando se te ocurra.

1. ¿Cuál es la mejor parte sobre ser mamá?
2. ¿Cómo ha cambiado tu vida?
3. ¿Cuándo eras más joven, que ideas o pensamientos tenías sobre ser mamá?
 - ¿Cuáles de estas cosas fueron correctas y cuáles diferentes a lo que pensabas?
 - ¿Si pudieras hablar con la muchacha que eras antes de embarazarte, que le dirías?
 - Es probable que tuvieras algunas ideas positivas sobre el rol de mamá como adolescente. ¿Habían ideas negativas también?
4. ¿Qué piensa la sociedad o la comunidad sobre ser mamá joven?
5. ¿Cómo te sientas sobre ser mamá joven?
6. Si hubieras preferido esperar más antes de tener hijos, ¿qué cosas te hubieran ayudado a esperar?
 - Acceso a anticonceptivos?
 - Diferentes oportunidades en la escuela o la carrera?
 - Diferente tipo de apoyo?
 - Relaciones diferentes con la pareja?

Guión de Facilitador – Día 2 del Grupo de Enfoque

1. ¿Qué significa ser mujer?
 - ¿Ser una buena mujer?
 - Puede una buena mujer gozar de su vida sexual?
 - ¿Qué es lo mejor de ser mujer?
 - ¿Qué es lo más difícil de ser mujer?

2. ¿Cómo te sentías el día en que te enteraste de que estabas embarazada?
 - ¿Cuál fue la reacción de tu pareja/familia/amigos/etc.?
 - ¿Estar embarazada implicó para ti tomar decisiones? ¿Algunas fueron precipitadas? ¿Alguien tomó esta decisión por ti?

3. ¿Antes de tu primer embarazo, ¿cómo sentías en cuanto a la planificación familiar?
 - ¿Tenías acceso?
 - ¿Si tenías, ¿cuáles métodos usaste?
 - ¿Había personas en tu familia o la suya que se oponían a que tu usaras algún método anticonceptivo?

4. ¿Durante la adolescencia, ¿con quien podías hablar sobre salud reproductiva, relaciones sexuales, y otros temas así?
 - Padres, maestros, hermanos, otros adultos, tu pareja, amigos
 - ¿Cómo eran las conversaciones?
 - ¿Sientes que la información proporcionada por estas personas era fiel?
 - ¿Habían temas que sentías que no podías hablar con nadie? ¿Cuáles?
 - ¿Sientes que tu primera vez estabas lo suficientemente informada o desearías haber tenido más información?

5. ¿Actualmente sientes que recibes apoyo de alguien?
 - ¿Quién?
 - ¿Qué tipo de apoyo?
 - ¿Alguien puede cuidar los niños si tienes que salir o llegas enferma?
 - ¿Hay alguien con quien puedes hablar de todo?
 - ¿Hay algo que te falta o desearías tener en materia de apoyo?

APPENDIX C

DATA ANALYSIS - CODE TREE

Code Title	Description
Childhood/Adolescence	Discussion of experiences prior to motherhood, during childhood and adolescence.
Social Support	Descriptions of perceived or received support - emotional, instrumental, informational, and/or companionship.
Daughter Role	Experiences as a daughter.
Wife/Partner Role	Experiences as a wife or partner.
Future Expectations	Ideas about the future and expectations for future possible selves, including ideas about family, career, education, personality, and relationships.
Social Pressure	Descriptions of criticisms, expectations that are difficult/undesirable to meet, and other kinds of social pressure, from family, community, friends, and the larger society.
Friend/Other Interpersonal Sibling Role	Experiences as a friend, neighbor, student, extended family member. Experiences as a sibling.
Self-Efficacy	Feelings of agency, competence, and positive intention that make up one's belief in being able to make a behavioral change or sustain a positive behavior.
Gender	Gender-based experiences including exclusion due to gender, social constructions of gender roles, and gender expectations around social and work roles.
Emotional Negotiation Strategies	Strategies discussed to navigate emotional strains.
Reproductive Health	Experiences with sexual and reproductive health, including conversations about sexuality, medical experiences, contraceptives, family planning, STD's, personal perceptions of sexuality, and anything else related to reproductive health.

Transition to Motherhood

In-Law Role

Discussion of attempts to conceive, pregnancy, birth, and early motherhood.

Experiences as an In-law.

Mother Role

Experiences as a mother.

Social Support

Descriptions of perceived or received support - emotional, instrumental, informational, and/or companionship.

Gender

Gender-based experiences including exclusion due to gender, social constructions of gender roles, and gender expectations around social and work roles.

Self-Efficacy

Feelings of agency, competence, and positive intention that make up one's belief in being able to make a behavioral change or sustain a positive behavior.

Reproductive Health

Experiences with sexual and reproductive health, including conversations about sexuality, medical experiences, contraceptives, family planning, STD's, personal perceptions of sexuality, and anything else related to reproductive health.

Social Pressure

Descriptions of criticisms, expectations that are difficult/undesirable to meet, and other kinds of social pressure, from family, community, friends, and the larger society.

Wife/Partner

Experiences as a wife or partner.

Major Life Decisions

Descriptions of major life decisions precipitated by the transition to motherhood.

Negative/Anxious Expectations

Descriptions of worries about the future.

Pregnancy

Experiences of being pregnant.

Positive Expectations

Descriptions of excitement, contentment, and other positive feelings about the future.

Emotional Negotiation Strategies

Strategies discussed to navigate emotional strains.

Family Planning

Descriptions of processes or methods of family planning, including conversations with partners or other friends/family, contraceptives, and natural methods.

Daughter Role

Experiences as a daughter.

Sibling Role

Experiences as a sibling.

Friend/Other Interpersonal

Experiences as a friend, neighbor, student, extended family member.

Motherhood

Joys of Family Life/Motherhood

Discussions of experiences of motherhood.

Daughter Role

Experiences described as pleasurable, enjoyable, loving, and/or joyful.

Mother Role

Experiences as a daughter.

Experiences as a mother.

Social Support	Descriptions of perceived or received support - emotional, instrumental, informational, and/or companionship.
Household Responsibilities	Experiences with work around the home.
Children	Descriptions of children.
Reproductive Health	Experiences with sexual and reproductive health, including conversations about sexuality, medical experiences, contraceptives, family planning, STD's, personal perceptions of sexuality, and anything else related to reproductive health.
Challenges of Family Life/Motherhood	Experiences with family life and/or motherhood described as difficult, challenging, negative, and/or anxiety-producing.
Self-Efficacy	Feelings of agency, competence, and positive intention that make up one's belief in being able to make a behavioral change or sustain a positive behavior.
Emotional Negotiation Strategies	Strategies discussed to navigate emotional strains.
Gender	Gender-based experiences including exclusion due to gender, social constructions of gender roles, and gender expectations around social and work roles.
Family Planning	Descriptions of processes or methods of family planning, including conversations with partners or other friends/family, contraceptives, and natural methods.
Social Pressure	Descriptions of criticisms, expectations that are difficult/undesirable to meet, and other kinds of social pressure, from family, community, friends, and the larger society.
Friend/Other Interpersonal Role	Experiences as a friend, neighbor, student, extended family member.
In-Law Role	Experiences as an In-law.
Wife/Partner Role	Experiences as a wife or partner.
Sibling Role	Experiences as a sibling.

APPENDIX D

ORIGINAL SPANISH QUOTATIONS

D.1 *LA FAMILIA*

Mi mama, no sé si no quería darse cuenta, o no se daba cuenta, pero nunca me dijo nada. Ella lo que yo le pedía, pues ella me lo daba. Siempre ella es de que te abraza y te da besos... yo nada más pensaba, "si se mueve ahorita, qué voy a hacer?" Pero ahí está que nunca se movió, a veces cuando dormíamos juntas, así juntas... "y si se mueve ahorita?" ...sí me daba miedo, pero ya lo decía: "pues a lo mejor es pues que ya le tengo que decir". Pero ya 7 meses me pasaron Dios mío, bien rápido, y yo decía: "ahora sí, ahora sí" y pues no, todavía no.

Porque yo tenía 14 años cuando yo salí embarazada de mi primer bebé, la decisión era de irme con mi esposo o quedarme en mi casa y seguir con mis estudios. Y era algo fuerte, porque sabía que mi papá me iba a ayudar, pero también era la presión de que él me decía: "¿pero cómo te vas a quedar ahí?, vamos ya conmigo!" Porque siempre me apoyó, cuando él supo que estaba embarazada me dijo: "pues así lo quisimos, pues tengo que asumir la responsabilidad". Pero también era el miedo de que mi mamá o mi papá se fueran a enojar, pues fue en la casa, estaba muy chica, estaba estudiando, y dije: "pues ya!" ...Me fui con mi esposo y fue una decisión muy difícil.

El miedo de dejar a mi hijo sin padre, tomé una decisión que yo no tenía en mis planes, de que yo no iba a estar al lado de él, ni mi hijo iba a estar con su papá, pero fue una de las decisiones más fuertes...Pero bueno, yo creo que hice bien.

Que se meten mucho, tú platicas una cosa y se ponen de acuerdo, y ella otra cosa, y hacen lo que dice su mamá, no lo que uno ya había platicado.

Entonces ahí necesitan cortar el cordón umbilical...

No te dejan nada! No te dejan ni estar sola...ay no!, no tienes privacidad de nada, es bien difícil...

Bueno, yo me imagino que las que nos casamos un poco muy jóvenes maduramos un poquito más rápido, porque traemos responsabilidades que todavía no nos correspondían, todavía nos faltaba tiempo para... pero como así lo decidimos, pues ahora tenemos que enfrentar todo. Es igual como los niños. Los niños se enseñan a caminar, a comer, a hablar. Nosotros nos enseñamos a como ser mamás, a qué es lo que necesitan, qué es lo que les hace falta, qué es lo que les incomoda, qué es lo que sienten. También, estamos creciendo junto con ellos. Claro que no somos perfectos, a veces fallamos en una cosa, en otra cosa, pero para eso es ser mamá y tener hijos, para poder crecer junto con ellos.

Es difícil ser mamá tan chica... Para mí ha sido muy difícil, porque empiezas a limitarte de muchas cosas, en muchos aspectos. Ya sea, no sé, desde lo económico hasta lo emocional, y en salir y en...reduces tu vida al mínimo, a tu bebé...todo lo que esto tu mundo se cierra a ser tu bebé, entonces pues se acaban muchas cosas, no? ... Yo, en mi caso, que soy mamá soltera, pues tienes que ver la manera de trabajar, o de ver cómo vas hacer para sostenerlo, para darle lo que necesita...El educar, sobre todo, porque a veces es como frustrante no saber cómo hacerle entender las cosas o como decirle...es que las cosas son así.

D.2 EXPECTED GENDER ROLES

...levantarse a las 5 de la mañana para ya tener listas las tortillas hechas a mano, para que cuando el marido se levante, ya tenga el desayuno hecho.

Como que dicen pues que sólo los hombres deben de estudiar, las mujeres no, las mujeres no porque pues al rato se casan y ya, y el gasto que hicieron? Yo creo que le dan más posibilidad, más chance al hombre.

Es mejor que a veces lo eduquen a uno a la antigüita, y que no te veas con tantos muchachos, o mira que esos muchachos te andan cortejando...A lo mejor por lo de la escuela y el trabajo tiene sus ventajas, pero por otro lado las costumbres [tienen suyos también].

Sí, es que lo que pasa es que la mamá de mi esposo lo que quiere es que sea como antes, que uno los trate como si fueran ellos niños chiquitos, que les haga uno todo, y cuando...él anda tomando, y dice: "¿No le vas a preparar para que así le dejes cuando él llegue?" "No le voy a preparar, que se lo prepare sólo, para qué anda haciendo esas cosas!" Y dice: "Es que tú le debes de preparar siempre! Le tienes que preparar de perdido una torta, y un jugo le dejas aquí en la mesa para cuando él llegue." Y yo decía: "Pues ni que se fue a trabajar!" ...[risas y comentarios superpuestos]... Todavía lo voy a premiar! Yo siento que está bien lo que hago, pues...

Para mí una mujer debe darse a respetar, o sea no debe de ser llevada, no debe de ser maldicionera, ni grosera, ni nada de eso, o sea, debe darse su lugar porque es mujer, y más si uno está casada, porque pues ya no es una muchacha, ya es una señora que debe de respetar para que la respeten. Eso es lo que yo pienso, o que yo entendí pues así.

D.3 SOCIAL PRESSURE

Ya nomás nace el bebé, y...“Que no brinques!”, “no, no agarres eso!”, “que no hagas cosas pesadas”, “que no hagas eso, déjalo yo lo hago!” Pero ya después como que...“que haga!”

Y luego mi suegra: “ándale que la tienes que enseñar a que coma!, la niña ya sabe cómo buscar, tu nada más póntela”, y ella me la arrimaba, y yo “ay, ay, ay!”

Bueno, si a ella no se lo hicieron, por qué me lo hace a mí?...Eso es lo que no se entiende... y siempre uno es malo...Y nunca tiene las cosas hechas.

Sí, a veces te da pena así como decirles: Oh, que ya se le acabaron los pañales... Sí da pena decirles la verdad, porque sabe uno que no tuvo que tener niños...

O amigas, tan simple, porque ni amigas puedes tener porque ya eso es perdedera de tiempo y eso es nomás irte al chisme y todo eso... o con quien platicarás? Si es que tienes hermanas, pues con tus hermanas, o con tu mamá, pero con la mamá no es lo mismo, porque ella tiene sus problemas y cómo le vas a ir tú a contar los tuyos, pues no. ... ay, es difícil! Ya no puedes ser lo mismo...Y ya uno por no tener problemas ni con el marido, ni con la familia, ni con las personas... tienes que adaptarte a... la vida...

Es que en un pueblo tienes que hacer lo que la suegra dice, o sea, no lo que tú piensas de lo que tú quieres...

Porque si vemos a una mujer que ya tiene 25, 26 años, que está soltera, que no ha tenido hijos, ya empezamos a decir: Ay, ésta ya está quedada, mira, ya se está quedando cotorra, ésta no tiene novio y ya se está quedando, se te va a ir el tren m'hija, ándale, búscate un marido! No? Porque esas son las palabras que nos dan las señoras! Y se ven a una niña chiquita que ya anda volada, que ya se anda queriendo casar: Ay, mira nomás esa chiquilla precoz, ya se quiere casar! Y déjala que salga panzona: Ay, no!, cómo no se esperan, cómo primero no estudian? O sea, nosotros mismos nos contradecemos, y como que no tenemos un balance y como que no concuerdan las ideas de lo que decimos en nuestra sociedad.

Ya tantos meses y me fui, y sin embargo iba en el carro, iba caminando, y escuchaba, no me lo decían, pero te lo aventaban, pues la pedrada: "Ay, ya son 7 meses!" "Ay! sinvergüenza!" Yo me decía: "Ay, Dios mío, ayúdame a aguantar!" Yo así como estoy, fueron 7 centímetros lo que me creció mi panza, no se veía casi, pero, qué más da, si me dan ganas de ponerme a gritar aquí, o me vas a mantener, o me das de comer?, pues no.

Cuando se es casado, mucho qué van a decir, de tanto tu forma de ser, como de pensar, y de vestirse también mucho, tiene que ver mucho...

De todo, hasta de hablar pues, de caminar, de todo, Dios mío! Pues uno no le da gusto a la gente, bien porque está bien, y mal si está mal...

Que si te arreglas porque te arreglas porque andas quién sabe cómo, y si no te arreglas porque ya eres [...], quién las entiende!

Ni te arreglas tanto, pero tampoco no te dejas.

[risas]

Eso es lo que hay que cuidar mucho de la gente, que dice muchas cosas.

Nunca están de acuerdo, nunca está bien.

D.4 CONTESTATION AND COPING

Y sí, es mucha presión, es mucho pensar, es nervios, es feo. Porque, ay, no, Dios mío! Mi suegro a mí lo que me dijo fue: “la gente no te va a dar de comer, la gente no te va a vestir... tú no oigas a la gente.” Igual mi marido me dijo eso: “tú deja que la gente rece y vuelve a rezar, tú de tu vida y normal.”

Pues porque yo pienso que sí alcanzan a comprender los problemas que son de pareja, o saben cómo solucionarlos, o porque se aguantan, o porque todavía son de las que dicen “no, pues ya te casaste, te jodes y ahí te quedas”...sí en verdad sí sepan cómo llevar la relación, que sí sepan arreglar los problemas que tienen.

¿Y por qué ellos no se fijan?

Sí, porque no es la obligación nada más de uno, de la mujer, sino también del hombre.

Mi cuñado y mi concuña así se llevan, el señor la ayuda a hacer de comer, y ella también lo ayuda, el señor a veces lava, y la señora así. Pero es que dicen que allá en el Norte es mucho muy diferente, porque ella trabajaba y él cuando no tenía trabajo se quedaba y le hacía de comer, recogía la casa, tendía las camas, trapeaba, y ella llegaba, comía y se iba.... Así ellos se ayudaban, ellos convivían bien, y por eso aquí se les hizo ya raro. Aquí como que está más ignorante la gente, de más antes, porque

decía mi suegra "eso por qué así?" Y hubo un día que yo le dije, "pues si ellos están de acuerdo, si viven bien, si se entienden, no se tiene que meter". Yo creo que eso le entró a mi esposo en la cabeza también, y él también a veces dice: "yo voy a hacer de comer". Hay veces que yo amanezco "ay, que me duele mi estómago", y me dice "ay, ¿qué te hizo daño?" o, ¿qué comiste?, voy a traerte un té" y ya me lleva, y me dice "voy a hacer yo de comer" y yo "ah, bueno" "tú ayúdame nomás a esto, arréglame las cosas". Y hasta él llama ya a sus papás "¿no quieren venir a comer? Vamos a comer. "Y sí ahí van pues ya todos. Y así nos llevamos, pues no hay por qué alegar nada.

Cuando mi hermano era más chiquito, una vez me acuerdo que mi mamá iba al baño y se le cayó su corpiño y el niño va y toca: "mami, se te cayó el corpiño"...O le decía mi mamá: "pequeño, tráeme unas de éstas", y ya iba el niño y compraba las toallas en la tienda. Por eso es como los acostumbren pues, porque si les dicen "ay, no vayas!" o "tú no agarres eso!"

Sí, porque tiene que ver mucho cómo les digas, porque si les hacen ver mal desde chiquitos, después se quedan con esa idea. En cambio si lo ves que lo hagan normal...

Y hasta el momento todavía él es bien respetuoso, no porque sea mi hermano...

[Sobre su hijo] dijo mi suegra "ay, como él sí te ayuda, así sí está bien, tu suegro nunca me ayudó, nunca, nunca, él nunca quiso que yo lo mandara". Él decía "por esto está la señora, para que haga, no para que yo esté haciendo, por eso la traje, para que haga". Yo le decía "pero Ud. no es la sirvienta de él." Y a veces cuando él tomaba y al día siguiente amanecía, pues ya iba y le llevaba una ensalada con harto chile y sus tostadas, lo atendía como que si acabara de trabajar! Un día le dije yo "Y Ud. para qué le da de comer?...no le ande dando!" Porque un día mi esposo sí se emborrachó y yo no le di de almorzar ni nada, yo le dije "tú almuerza a la hora que quieras hacerte, yo no!" Y pues yo le dije "pues eso no está bien". Dice "no, pero él me regaña, que yo lo debo de atender". Pues está mal, porque él también la regaña, no la ayuda.

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