

Experiences of Young Motherhood and Youth in Mexico: Medical Discourses and the Definition of Women as ‘Too Young to Care’.

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Abstract: In Mexico, as in many other countries, ‘early’ motherhood is defined as a social problem and in some cases as a social epidemic. Looking at the experiences of young mothers and using health promotion materials and policy documents from youth pregnancy prevention programmes, this article explores discourses around youth and sexuality in Mexico. It argues that discourses that define young mothers and fathers as a social problem are closely linked to those that understand youth as a transition, where certain social rituals are expected to mark the entrance into adulthood. The article suggests that pregnancy prevention programmes reproduce chronological expectations regarding women’s reproductive experiences and gendered stereotypes of youth sexuality and parenting experiences. The article looks into the bio-power mechanisms that are displayed to normalize youth sexual behavior at the expense of pathologizing young mothers and fathers. Discourses that define youth sexuality as an individual and as a social risk tend to compromise the provision of effective contraceptive information that would ultimately aid in the prevention of unwanted pregnancies.

Keywords: Young motherhood, youth, pregnancy prevention, Mexico

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1. Introduction

According to the OECD, Mexico heads the list of unwanted teenage pregnancies in its member states. This paper looks at the experiences of young mothers in higher education in the state of Guanajuato, Mexico, and some of the medical discourses found in pregnancy prevention programmes. It argues that discourses around young motherhood are closely linked to those on youth and that this particular link shapes the experiences of young women and their families. The relevance of looking into young motherhood in a state like Guanajuato comes from the increasing political influence of pro-life and far right groups there. Guanajuato has for decades been

governed by the *Partido Acción Nacional* (PAN), a conservative political party with a strong Catholic ideology (Davids, 2011). In 2009, the State Association of Parents and Families, along with a pro-life local NGO and activists from the PAN, gathered to publicly burn biology books in protest at their content on sex education. These books are published by the Secretariat of Public Education and distributed to state schools throughout the country. Through various street marches and other political acts, pro-life and other conservative organizations such as *Sumando Vida* have demanded that the current administration repudiate the Memorandum of Understanding (MOU) on women’s rights recently signed with the United Nations Development Programme. These

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organizations perceive the agreement to have an underlying or even clandestine pro-abortion agenda. This is happening in a state with the highest rates of feminicides in the country, with 63 murders recorded in 2013 and the trend rising steadily throughout the following year. These same organizations also promote ideas that define the traditional heterosexual family as a sanctuary of life and closely monitor current policies on abortion. Any study that looks at youth in Mexico needs to be seen in the light of a context of rampant violence, governmental oppression and widespread poverty. The experiences of young men and women in the country are marked by the normalization of violence and fear. Thus, to be young in Mexico is in itself a practice of resilience.

The paper is based on a qualitative study consisting of ten face-to-face semi-structured interviews with women that became pregnant between the ages of 17 and 24. All women interviewed were born and lived in the state of Guanajuato. Seven of the women interviewed had only one child and the rest had two children at the time of the interview. Five of the interviewees were married to their children's father; one was married but not to her son's father and five were single. Only three of the interviewees, all single, were living with their own parents, although all interviewees, single or married, lived at some point and for different periods of time with their parents after giving birth. Seven of the interviewees were the first generation of women in their families to attend university. All women interrupted their studies for at least one academic semester after giving birth. Eight out of the ten women were students at a state university; two of the students were in private education, one of them in a low-tuition university while the other was attending a high-tuition higher education institution. Although there could be important class differences between the experiences of young mothers studying at a private university, there were not enough participants for a comprehensive comparison of how socioeconomic status shapes women's narratives. It was difficult to recruit participants from private universities; this might be explained by class norms or expectations and the way these could impact young mothers' willingness to share their experiences. This study does not claim to be representative of *all* young women's experiences in Mexico. However, the study allows us to identify important articulations between discourses, practices and women's reproductive health.

The first section of this paper looks at discourses that define youth as a transition, as an undefinable life stage that, when interrupted, works as the

source of social anxiety and condemnation. It is argued that the young maternal body represents an interrupted transition from childhood to adulthood and therefore a transgression of order. The section also describes the way pregnancy prevention programmes feed chronological and gendered expectations regarding motherhood and child-rearing and how such discourses impact on the lived experiences of young mothers and their families. The second section explores the way discourses that link sexuality, morality and family are reproduced through pregnancy prevention programmes. Using Foucault's (1976) notion of biopower, it argues that, through certain regimes of truth, young women are expected to work on the self in relation to truth discourses that define the 'right time' to become mothers. The paper also looks at the way discourses that condemn youth sexuality directly affect women's reproductive rights/health and wellbeing. The paper concludes that effective policies to prevent unwanted pregnancies must consider the way condemning and stereotyping those women that are already mothers is not only unnecessary for youth sexual education but also has an impact on those who become mothers at an age that is socially constructed as 'too young'. Moreover, pregnancy prevention programmes as well as state and media discourses that promote abstinence while condemning youth sexuality and abortion might be closely linked, paradoxically, with rates of unmet need for contraception and cases of obstetric violence.

2. Youth and motherhood: interrupted transitions and truncated lives

There is no straightforward definition of youth. However, there does seem to be some consensus in public discourse regarding the way youth is understood as a transition (Esteinou, 2005; Garabito, 2011). Durham (2004) has even proposed a definition of youth that conceptualizes it as a 'shifter'. When looking at the discourses on the young maternal body we need to look simultaneously at discourses surrounding youth. Understanding youth as a transition allows us to recognize broader social concerns regarding bodily margins. As Mary Douglas (1966; reprinted 2002, p.97) argues, "danger lies in transitional states, simply because a transition is neither one state nor the next, it is undefinable." She further suggests that all those

that leave the formal structure and enter the margins become a source of both power and danger. The young/unmarried maternal body represents a transgression: adult status is not yet socially conferred or deserved (as rituals such as marriage have been ignored) and yet the maternal body cannot be perceived as that of a child – in many cases despite the mother’s age. For instance, three of the interviewees described how teachers or medical staff often infantilized them through statements such as “you look like a child playing with dolls” or “you should be playing with dolls instead of babies”. The social definition of the young maternal body as transgressive is closely linked to Mexican ideas of motherhood as a ‘holy state’ (Stevens, 1973). After all, as Douglas suggests (op. cit., p.54), holiness means to ‘set apart’:

“Holiness requires that individuals shall conform to the class to which they belong. And holiness requires that different classes of things shall not be confused.”

Rules regarding sexual morality exemplify the holy in the simple sense of right order, or separating what should be separated. Graham and Low (2008) use Douglas’ understanding of dirt as ‘matter out of place’ to look at ‘bodies out of time’. The authors explore women’s reproductive ‘firsts’: menstruation, childbirth and menopause. They show that women who experience their reproductive firsts ‘too early’ or ‘too late’ in relation to social chronological expectations are often labelled as abnormal, or bodies out of time. The young maternal body is marked by a perceived failure to comply with social expectations regarding the right order and right time of events. One example of this is the way the Mexican Institute of Social Security (similar to the NHS) defines the ideal age to become a mother which clearly goes beyond issues of health and instead engages with social expectations regarding women and motherhood. According to the Institute, women should have their first baby between the ages of 20 and 35 because:

“... if pregnancy occurs when a woman is too young or too old, the possibilities of care for and education of daughters and sons could be compromised, in the first case, due to their lack of life experience or [in the case of women who are too old] because of the need to share child care with other personal goals.” (Secretaría de Salud, 2002, p. 64)

The Institute assumes that young mothers are ‘unfit’ to educate children because of their lack of life experience while defining older mothers as too selfish to provide the right kind of care. The Institute also assumes that young mothers do not have any personal goals. Discourses that define older women as too busy or selfish to care take for granted that balancing work and family is an issue that concerns women only. The views of young single mothers are often dismissed, not only because of chronological expectations that are closely linked to notions of child-rearing, but also – and more generally – to concepts of traditional heterosexual families. As McRobbie (2000) suggests:

“Young single mothers have consequently been demonized by governments on both sides of the Atlantic. Their reckless *behaviour* (often blamed on feminism) is seen as *signalling* the decline of family life and even as encouraging the criminalization of young men who no longer have a role as responsible father figures. Thus these young women could be seen as occupying a materially and symbolically impossible position.”

The view of some women as ‘too young to care’ and as a social risk echoes media stereotypes of young mothers and their children as passive subjects with no future, as the following headlines in Mexican newspapers illustrate: ‘Teenage Mothers: “Truth be told, I screwed up”.’ (Cruz, 2011) or ‘Young Mothers: Limited Future’ (Juárez, 2011). Ana, one of the participants, became pregnant when she was 20 years old, during her second year at a public university. She describes the way her pregnancy seemed to condemn her to a life without a future:

“When I became pregnant they were like, “That’s it, you are done, you will clean toilets, you’ll never achieve anything.” My brother-in-law used to lend me some anatomy books and stuff because he is a doctor, and then he told me, “Give them back, you’ll never do anything with your life after this”.”

Young mothers are often defined at one and the same time as both an ‘at risk’ group and as ‘a risk’ to society (Stern, 1997). Mothers are often held responsible for reproducing conditions of poverty, sexual promiscuity and criminality. Angela was 19 years old when she got pregnant; today she is 48 years old. During the interview she described how discourses regarding young women as ‘unfit’ mothers led to the stigmatization of her future and her daughter’s future:

“I think people looked at me and thought that my daughter was one day going to be a drug addict or get pregnant like me, and that never happened. Everyone is just expecting your daughter to fail and everybody tells you that.”

Discourses that portray young mothers and their children as having no future are closely linked to gendered ideas of motherhood and childcare. These discourses work to fixate young women’s biographies, defining them as passive victims who must comply with social expectations. For instance, while the Mexican Institute of Social Security warns that women who become pregnant too young become more dependent on their parents or parents-in-law, another governmental organization, the National System for Integral Family Development, commonly known as the DIF, suggests that, should an unwanted pregnancy occur,

“... the future mother, would have to leave her role as a student to comply with her role as a mother... the future father would have to become an employee to be able to cover the expenses that come with a baby.”

The DIF seems to suggest that all young women drop out from school to be mothers. All the women interviewed interrupted their studies for a period of time, most of them for one or two academic semesters and one of them for up to 20 years. However, all the young mothers interviewed described as one of their main priorities going back to school for career development. Moreover, the role of fathers as the only providers is also overestimated, as nine out of ten of the women interviewed were involved in paid work both *before* and *after* the baby was born. Some of them provided important financial support for their parents and siblings. Paid work often empowered these young mothers and allowed them to make decisions regarding marriage and also the continuation of their studies. Most of the women decided not to marry – some of them resisting family pressure to do so. Many women opted for single motherhood because they considered their baby’s father as incapable of providing the care and support that they and their children needed. Young and single mothers struggle with family conciliation because of the absence of policies designed for new family structures in Latin America. Female-headed households represent 25 percent of families and the number of cohabiting households, especially among young couples, continues to increase rapidly (Castro Martín, 2002). This trend has not been accompanied

by social policies capable of responding to families’ specific needs. For example, in Latin America, paternity leave of 5 days or more is the exception rather than the rule, not to mention sick leave and childcare provision in the private and the public sector (García and De Oliveira, 2011). In this context, even as women resist by constructing their own notions of ‘good’ motherhood and family, they are still often defined as unfit mothers through institutional discourses. One of the interviewees describes a meeting with her daughter’s kindergarten teacher thus:

“I cried a lot that day because the teacher said that the problem was that I should have let my parents have custody of my daughter... That day, he started to say that women who weren’t married didn’t have the ability to form a family. I said, “I’m not married, but she has a father figure in my father or brother”.”

This account shows the way discourses that condemn young motherhood are closely linked to a social anxiety regarding the decline in the traditional nuclear (heterosexual) family, while single mothers are made responsible for the absence of fathers in the lives of children (Duncan and Edwards, 1999). As this account shows, young women are often defined not only as ‘bad mothers’ but also as ‘bad choice-makers’. A family member of another interviewee offered her 200,000 pesos and a brand new car for her twin babies. She refused and her aunt and uncle never spoke to her again. For Solinger (2001), a feminist discourse on reproductive rights has been supplanted by a marketplace discourse on reproductive choices. This, in turn, has been closely associated with the increasing commodification of pregnancy and motherhood, so that successful mothers are seen as those who buy more and buy better (Thompson, 2010; Douglas and Michaels, 2004). As the following section shows, the articulation of discourse regarding young motherhood and youth sexuality affects women’s reproductive and mental health, as the use and access to contraception and/or safe abortion is obstructed through misinformation and, in the case of abortion, is closely linked to cases of obstetric violence. At the same time, pregnancy prevention programmes that link unwanted pregnancies to mental health problems such as depression, seem to miss one major factor or causality - that is, the way that social discourses that condemn young motherhood, and not so much unwanted pregnancies, might be at the root of the emotional distress that many women face when they are defined as mothers ‘out of time’.

3. “I am calling the police right now”: the impact of discourse on young motherhood on women’s experiences, reproductive and mental health

In Mexico, teenage women are those with the most significant rates of unmet need of contraception, with a 24 percent rate of unmet need, while for young women between ages 20 and 24 the rate is 16.8 percent (Encuesta Nacional de la Dinámica Demográfica [ENADID], 2009). In Latin America, one of the most important reasons given for the numbers of women aged 15-49 failing to use contraception was women’s concerns about potential side-effects and health risks (Frost, 2014). A careful analysis of some pregnancy prevention programmes in Mexico shows that these health concerns are fed by public discourses regarding sexuality. For example, *Vida y Familia A.C.* (VIFAC), a powerful and well-financed pro-life NGO with a national presence in Mexico, advises young women to use ‘natural’ contraceptive methods while condemning other methods and providing misleading information about supposed ‘side-effects’.

“The Billings [ovulation] method has been proved to be 98.5 percent effective... the wide acceptance of this method is due to its high level of effectiveness; it has no effects on health, it is free and it helps to preserve the value of human sexuality and conjugal chastity; it also helps to strengthen conjugal unions. It requires the right disposition, love and willingness... some of the consequences of [other] contraceptive methods are psychological problems and, in the case of vasectomy, a decrease in sex drive and an increase in the tendency towards infidelity.” (Educación y Prevención A.C., 2004, p.32)¹

Apart from the obvious contradiction of reduced sexual appetite in tandem with increasing extramarital sexual encounters, the fear produced by such ideological underpinnings works against women’s reproductive rights. VIFAC warns against the use of condoms due to these ‘side-effects’, thus directly increasing health risks from sexually transmittable diseases. Previous

research in Mexico suggests that young women often avoid using contraceptive methods for fear of being considered ‘too easy’ or sexually deviant. These ideas seem to coincide with those promoted in VIFAC’s Pregnancy Prevention workshops, where human sexuality outside marriage is defined as a risk not only to the individual but to society at large:

“Educational models of human sexuality since the 1980s have ignored the person, they have prioritized biological aspects. As a consequence, individual behaviours have been altered; *behavioural disorders* have, therefore, worked not only against the individual but also against society; disorders that go beyond the limits of reason.” (ibid., p.2).

As Foucault argues, mechanisms of power exercised through family, medical and other bodies of expertise have for centuries warned against “strange pleasures [as these could] result in nothing short of death, that of individuals, generations, the species itself” (Foucault, 1976, p.54). A Foucauldian approach to young motherhood can help us visualize the biopolitics of young pregnancy prevention programmes. For Foucault, since the 18th century, society has put into action a whole apparatus to produce ‘truth discourses’ around human sexuality that have worked to secure/produce the physical and moral social body. Through such ‘regimes of truth’, power mechanisms shift from law to normalization; from punishment to control. Biopower can be defined as the link between the macro vigilance of the social body and the micro vigilance of the individual (in this case, the bodies of young women). As Rabinow and Rose (2006, p.197) argue, through biopower:

“... individuals are brought to work on themselves, under certain forms of authority, in relation to truth discourses, by means of practices of the self, in the name of their own life or health, that of their family or some other collectivity, or indeed in the name of the life or health of the population as a whole.”

Biopower not only involves the construction of ‘regimes of truth’ but also allows some forms of subjugation (Barcelos, 2014). Guanajuato is one of the states where abortion is most harshly penalised. In 2012, eight women were sentenced to 30 years each for cases of abortion that were never even clearly proven (Cancino, 2010; García, 2010). According to GIRE, an organization dedicated to the promotion of

¹ The material used by VIFAC for its pregnancy prevention programmes was provided by the organization. The handouts were produced and written by another civil organization named Educación y Prevención A.C.

women's reproductive rights, between 2009 and 2011 at least 679 women were reported or sentenced for the crime of abortion in Mexico (Andión et al., 2012). In this context, it is important to establish the link between an ideology that harshly condemns abortion with cases of obstetric violence that put women's lives at risk. One of the interviewees, Ana, a 19-year-old mother of twins, described the way she was treated by a doctor at a public health clinic:

“The first time I went to the regional clinic for a check-up, I was having a huge haemorrhage... The doctor, he asked me, “Are you having an abortion or what?” and I said “What?” and he said, “Well, I am calling the police right now.” ...He said to me, word for word, “You are a cow, you are an incubator, lie down and do not move”.”

Later in the interview, Ana described how, during labour, the doctor implanted an intrauterine contraceptive device without her consent. When she complained, the doctor responded “I don't want to see you back here in nine months' time”. Another of the interviewees, Lilia, who became a mother when she was 18 years old, described being forced to use an intrauterine contraceptive, when her son was three years old she went to the public health clinic to ask for its removal and the doctor refused to do it, saying “I won't do it, you will have to pay a private service for this because I am not taking it out”. In this case, as probably in many others, her reproductive rights were denied due to her age. Six of the women interviewed attended state health clinics during pregnancy and labour and five of them reported some sort of emotional or physical distress caused by the medical staff's perceptions of their age. None of the four women interviewed who attended private health clinics reported such abuse. Obstetric violence and cases of maternal mortality are often linked to social factors such as socioeconomic status, ethnicity and age. According to Freyermuth et al. (2015), in 2013, there were 38.3 preventable deaths per 100,000 live births in Mexico. Haemorrhages, such as the one Ana was suffering from when she attended the clinic, are the third most common cause of maternal mortality in Mexico and this reflects the lack of proper health care provision, as deaths caused by this condition are in most cases preventable if given immediate attention. The World Health Organization states that, every year, there are 47,000 preventable deaths due to unsafe abortions, and that, in 2008, 1,100 women died from unsafe abortions in Latin America (World

Health Organization, 2008). In Mexico, abortion caused 8.9 per cent of maternal deaths registered in 2013 (Freyermuth et al., op. cit.). However, there is evidence that the criminalization of abortion may be closely linked to a sub-register of cases (Paine et al., 2014). In the account above, Ana tells how she was accompanied by her mother, who stood up to the doctor's threats. However, in many cases, young women go through these traumatic experiences alone. One of the interviewees described her labour as “horrible”, as she had to stand and wait to be seen by a doctor for over an hour, despite the fact that the doctors on duty had confirmed that she had arrived with her cervix fully dilated:

“I was there for an hour, with my baby stuck in my cervix and about to come out... My baby had hardly any water because my waters had broken long before... When my baby was born he was all purple and swollen... my labour was horrible, one of those things you want to forget, it was traumatic...”

The young woman did not have any nappies or even a blanket to cover the baby; she had to use her own blanket – soaked in the blood from her labour – to cover the baby through the night. She described how she couldn't feed her baby during the whole night as she didn't know how to breastfeed and felt ashamed to do so in front of male hospital staff. In Mexico, according to the National Survey of Nutrition and Health (ENSANUT), the percentage of breastfeeding during the first six months of life has decreased significantly – from 22.3 percent in 2006 to 14.5 percent in 2012 – with a particularly dramatic change in rural areas, where breastfeeding decreased from 36.9 percent to 18.5 percent during the same period (González de Cossio et al., 2012). One of the reasons for the decreasing rates of breastfeeding in Mexico and other parts of the world is the lack of policies that allow women to balance work or study and family life, but we should also take into account the difficulties of negotiating the public and private spaces that women are socially allowed to use for breastfeeding. As citizenship is about the construction and use of collective spaces (Smyth, 2008), breastfeeding is closely linked to what Plummer (2001) calls intimate citizenship; that is, those power relations that are associated with the practices and processes of intimacy. Discourses that define the maternal young body as a transgression limit young women's use of collective spaces, not only for breastfeeding but also

result in the pathologization of their bodies.

Pregnancy prevention materials used by the Mexican Institute of Social Security and VIFAC list depression as one of the consequences of an unwanted pregnancy among young women. However, based on the experiences of the women interviewed, it is possible to suggest that mental health problems are more likely to be linked to social discourses that condemn young motherhood than to an unwanted pregnancy at a young age. Seven out of ten women interviewed said they felt anxious but happy when they found out they were pregnant; however, many described how having failed social expectations affected their experiences and feelings. Two of the women interviewed described hiding during most of their pregnancies because of shame and fear of social condemnation. For example, Alicia became pregnant when she was 20 and described the way she felt about her body in the following terms:

“It was like that, literally, I went into a dark room and I stayed there during the whole pregnancy. I only went out for check-ups. I didn’t want to go out, I didn’t want anyone to see me... I felt ashamed, I felt I was a shame to my family. I didn’t want anyone to see me.”

As Fenster (2005) argues, if we think about citizenship as a sense of belonging produced through the use of collective space, then citizenship depends upon our ability to use those spaces and having the power to decide when and how to use them. By viewing mothers as a political collectivity with distinctive – though not homogeneous – interests and needs, we can imagine new notions of citizenship (Reiger, 2000). As the account above shows, women often fear not only for themselves but also for the ‘collateral’ damage that their bodies and pregnancies can potentially do to their extended families. Although families are often one of the main sources of support for young women, the assumption that all families are good support networks sometimes results in a neglect of cases of physical or emotional violence among young mothers’ kinship relationships (Brown et al., 2011) For instance, Ines had her first child when she was 21 and describes her mother’s reaction to her pregnancy as follows:

“My mother stopped talking to me. She couldn’t deal with her anger... One day I arrived home and she had burned books, photos, my clothes, things like that, I don’t know why. She said that I had to change everything; I had to be someone different

from who I was before... She was like that during the whole time I was pregnant, it was very hard.”

Her story is one where self-governance is demanded and where practices of self-governance demand the erasure of what this young woman is (wears, reads, enjoys) in the name of a voluntary discipline that is often based on particular forms of authority that produce truth claims over women’s bodies and normative families. As the experiences of some interviewees suggest, social discourses that define the young maternal body as transgressive are often expressed through symbolic violence, as an invisible practice but above all, as an exercise that works only “via the effect of misrecognition encouraged by denial” (Bourdieu, 1991, p.210), by hiding bodies and denying young mothers’ lives and experiences; “for in the routine flow of day-to-day life, power is seldom exercised as overt physical force: instead, it is transmuted into a symbolic form, and thereby endowed with a kind of legitimacy that it would not otherwise have” (ibid., p.23). Through experiences of shame and the erasure of the self, young mothers’ narratives must become sources of knowledge that allow for the design and implementation of effective unwanted pregnancy prevention initiatives that not only attend to the needs of young women but also recognize their reproductive rights and choices.

4. Conclusions

There seems to be a general understanding of youth as a transition from childhood to adulthood. This view of youth as a *transition* could be used to explain the social anxiety surrounding youth motherhood in Mexico. As certain rituals such as financial independence and marriage are not followed, the young maternal body becomes an undefinable state and therefore a transgression of order, a source of danger and social anxiety. As discussed in this paper, the social anxiety caused by the uncertainty surrounding this particular classification – the young mother seen not as an adult but also not as a child – might explain why, in medical and state discourses, mothers who do not comply with chronological expectations are often defined as ‘unfit’ to care.

As this paper shows, the condemnation of young motherhood along with state policies that heavily criminalize abortion may have an impact on the lived experiences of young women. Far from preventing unwanted pregnancies, pregnancy

prevention programmes, both governmental and non-governmental, could be closely linked to high rates of unmet need for contraception and cases of obstetric violence. Without denying that young motherhood can have an impact on the career and professional development of young mothers, this paper highlights the need for policies that enable a life-work balance among mothers and the need for serious analysis of the way that medical discourses, particularly through pregnancy prevention programmes, help to feed the stereotypes of young mothers as passive victims who are 'unfit to care' and have a compromised future. If our aim is to address unwanted pregnancies in Mexico, we need to make visible young women's experiences and the way a gendered and heteronormative view of women's sexuality and family roles obstructs young women's reproductive rights and choices.

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References

- Andión, X., Beltrán y Puga, A.L., Díaz de León, F., Escudero, M., García, I., García, M., Ramos, R., Rodríguez, B., Silva, I., Vera, M., & la Red de Abogadas y Abogados por la Defensa de la Reproducción Elegida [*Network of Lawyers for the Defence of Reproductive Choice*] (RADAR 4^o) (2012). Omisión e indiferencia: Derechos reproductivos en México. [*Omission and indifference: Reproductive rights in Mexico.*] Grupo de Información en Reproducción Elegida (GIRE). Accessed 1 July 2015 at https://www.gire.org.mx/publicaciones/libros/omision_indiferencia.pdf
- Barcelos, C.A. (2014). Producing (potentially) pregnant teen bodies: Biopower and adolescent pregnancy in the USA. *Critical Public Health*, 24(4): 476-488.
- Bourdieu, P. (1991). *Language and Symbolic Power*. Cambridge: Polity Press.
- Brown, G., Brady, G., & Letherby, G. (2011). Young mothers' experiences of power, control and violence within intimate and familial relationships. *Child Care in Practice*, 17(4): 359-374.
- Cancino, F. (2010). En Guanajuato seis mujeres están en la cárcel por abortos involuntarios. [*In Guanajuato six women are in prison for involuntary abortion.*] CNN México 22 July 2010. Accessed 1 July 2015 at <http://mexico.cnn.com/nacional/2010/07/22/en-guanajuato-seis-mujeres-estan-en-la-carcel-por-abortos-involuntarios>
- Castro Martín, T. (2002). Consensual unions in Latin America: Persistence of a dual nuptiality system. *Journal of Comparative Family Studies*, 33(1): 35-55.
- Cruz, M. (2011). Madres Adolescentes: "La verdad, me apendejé". [*Teenage Mothers: "Truth be told, I screwed up"*]. *Emeequis*, 24 January 2011. Accessed 1 July 2015 at <http://www.m-x.com.mx/xml/pdf/246/36.pdf>
- Davids, T. (2011). The micro dynamics of agency: Repetition and subversion in a Mexican right-wing female politician's life story. *European Journal of Women's Studies*, 18(2): 155-168.
- Douglas, M. (1966, reprinted 2002). *Purity and Danger: An Analysis of Concepts of Pollution and Taboo*. London and New York: Routledge.
- Douglas, S.J., and Michaels, M.W. (2004). *The Mommy Myth: The Idealization of Motherhood and How It Has Undermined Women*. New York: Free Press.
- Duncan, S., & Edwards, R. (1999). *Lone Mothers, Paid Work and Gendered Moral Rationalities*. London: Palgrave Macmillan.
- Durham, D. (2004). Disappearing youth: Youth as a social shifter in Botswana. *American Ethnologist*, 31(4): 589-605.
- Educación y Prevención A.C. (2004). Educación integral de la sexualidad humana. [*Comprehensive education on human sexuality.*] México: Educación y Prevención.
- Encuesta Nacional de la Dinámica Demográfica [ENADID] (2014). Inegi, México. Accessed 6 August 2015 at: <http://www3.inegi.org.mx/sistemas/microdatos/encuestas.aspx?c=34532&s=est>
- Esteinou, R. (2005). La juventud y los jóvenes como construcción social. [*Youth and young people as a social construction.*] In: M. Mier y Terán & C. Rabell (Eds.) *Jóvenes y niños. Un enfoque sociodemográfico [Youth and children. A sociodemographic approach]*, pp. 25-37. México: Facultad Latinoamericana de Ciencias Sociales (FLACSO), UNAM, Porrúa.
- Fenster, T. (2005). The right to the gendered city: Different formations of belonging in everyday life. *Journal of Gender Studies*, 14(3): 217-231.
- Foucault, M. (1976). *Histoire de la Sexualité 1: La Volonté de Savoir*. [The History of Sexuality vol.1: The Will to Knowledge.] Paris: Gallimard.
- Freyermuth, G., Luna, M., & Muñoz, J. (2015). Indicadores 2013. Objetivo de Desarrollo del Milenio 5: Avances en México. [*Indicators 2013. Millennium Development Goal 5: Advances in Mexico.*] México: Observatorio de Mortalidad Materna en México (OMM). Accessed 1 July 2015 at <http://omm.org.mx/index.php/indicadores.html>
- Frost, M. (2014). Unmet need for family planning. Population Horizons factsheet No.8. Accessed 1 July 2015 at http://collen.ageing.ox.ac.uk/wp-content/uploads/2014/07/Factsheet_8.pdf
- Garabito, G. (2011). Trabajo, experiencia y vida cotidiana. El caso de los jóvenes obreros de Azcapotzalco. [*Work, experience and everyday life. The case of young workers in Azcapotzalco.*] Doctoral thesis in Social Studies. México: Universidad Autónoma Metropolitana.

- García, B., & De Oliveira, O. (2011). Family changes and public policies in Latin America. *Annual Review of Sociology*, Vol. 37: 593-611.
- García, C. (2010). Liberan a siete guanajuatenses encarceladas por haber abortado. [*Seven women from Guanajuato freed after being incarcerated for having abortions.*] *La Jornada*, 8 September 2010. Accessed 1 July 2015 at <http://www.jornada.unam.mx/2010/09/08/index.php?article=031n1est§ion=estados>
- González de Cossio, T., Escobar Zaragoza, L., González Castell, L.D., & Hernández Ávila, H. (2012). Encuesta Nacional de Salud y Nutrición 2012. Evidencia para la política pública en Salud. Deterioro de la lactancia materna: dejar las fórmulas y apearse a lo básico. [*National Survey of Health and Nutrition 2012. Evidence for public policy in Health. Deterioration of maternal breastfeeding: leave out the formula and get back to basics.*] México: Instituto Nacional de Salud Pública.
- Graham, E., & Low, J. (2008). *Bodies out of Time: Women's Reproductive Firsts*. In: C. Malacrida & J. Low (Eds.), *Sociology of the Body: A Reader*. Don Mills, Ontario: Oxford University Press.
- Juárez, F. (2011). Madres jóvenes: Futuro limitado. [*Young mothers: Limited future.*] *Revista México Social*. Accessed 1 July 2015 at <http://mexicosocial.org/index.php/hemeroteca/numeros-antteriores/item/28-numero-8-marzo-2012>
- McRobbie, A. (2000) *Feminism and Youth Culture*, 2nd ed. London: Macmillan.
- Paine, J., Noriega, R.T., & Puga, A.L.B. (2014). Using litigation to defend women prosecuted for abortion in Mexico: Challenging state laws and the implications of recent court judgments. *Reproductive Health Matters*, 22(44): 61-69.
- Plummer, K. (2001). The square of intimate citizenship: Some preliminary proposals. *Citizenship Studies*, 5(3): 237-253.
- Rabinow, P., & Rose, N. (2006). Biopower today. *BioSocieties*, Vol. 1: 195-217.
- Reiger, K. (2000). Reconceiving citizenship: The challenge of mothers as political activists. *Feminist Theory*, 1(3): 309-327.
- Secretaría de Salud (2002). La salud sexual y reproductiva en la adolescencia: Un derecho a conquistar. [*Sexual and reproductive health among teenagers: A right to be won.*] México: Salud.
- Smyth, L. (2008). Gendered spaces and intimate citizenship: The case of breastfeeding. *European Journal of Women's Studies*, 15(2): 83-99.
- Solinger, R. (2001). *Beggars and Choosers: How the Politics of Choice Shapes Adoption, Abortion, and Welfare in the United States*, 304p. New York: Hill and Wang.
- Stern, C. (1997). El embarazo en la adolescencia como problema público: Una visión crítica. [*Pregnancy among teenagers as a public problem: A critical vision.*] *Salud Pública de México*, 39(2): 137-143.
- Stevens, E., & Pescatello, A. (1973). Marianismo: The Other Face of Machismo in Latin America. In: A. Pescatello (Ed.), *Female and Male in Latin America*. Pittsburgh: University of Pittsburgh Press.
- Thompson, M. (2010). Juno or Just Another Girl? Young Breeders and a New Century of Racial Politics of Motherhood. In A. O'Reilly (Ed.), *Twenty-first Century Motherhood: Experience, Identity, Policy, Agency*, pp.158-169. Columbia, USA: Columbia University Press.
- World Health Organization, Department of Reproductive Health and Research (2008). *Unsafe abortion: Global and regional estimates of the incidence of unsafe abortion and associated mortality in 2008*, 6th ed. World Health Organization. Accessed 1 July 2015 http://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241501118/en/