

The Voices of Pregnant Adolescents: the Gap between Reproductive Health Policies and Women's Realities

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Abstract: *This paper discusses pregnancy in adolescents in Mexico, as it is a matter of great concern for different social actors. Scant literature and studies include first-hand information about the needs and desires of adolescents concerning their sexuality and reproductive health. This paper gives account of these voices of urban marginal young women, allowing a better insight of the complexity and the meanings that has pregnancy and adolescent motherhood. Qualitative methodology has been used to gather important information about experience that pregnant adolescents had concerning issues related with their own development as pregnant young women. In order to develop posterior semi-structured interviews, and to avoid conceptual and wording misunderstandings, focus groups were carried out to explore the meanings of 'official' and 'private' language about pregnancy in adolescence. Pregnant adolescents' voices revealed, and strongly stressed, the cultural shaping of the 'feminine' nature for reproduction and maternity, and therefore, pregnancy acquired particular values, more precious than other social activities. Pregnancy acts as a trigger for these adolescents to decide either to marry or to live in 'free union'. In fact, pregnancy is a factor that strongly compels that decision. No matter what social and individual difficulties they have to face, they are widely justified by becoming 'a mother', that is considered and desired by them as the better status for a woman. Reproductive health policies fail in diminishing adolescent fertility rate. They need to address adolescent population based on, and including, gender contents and young women's sexual and reproductive rights.*

Keywords: adolescent women; pregnancy; reproductive health; culture.

Cuvinte-cheie: adolescente; sarcină; sănătatea reproducerii; cultură.

Introduction

Within most societies, adolescent pregnancy is frequently constructed as a problem (Phoenix, 1991; Phoenix and Woollet, 1991; Luker, 1997; Amy and Loeber, 2007), and this is certainly the case in Mexico, where it has become a major social concern over the last three decades (Atkin et al., 1998; UNFPA, 2013). Family planning programs and reproductive health

policies developed several strategies to reduce high fertility rate in the past four decades with a striking success. However, adolescent fertility rate diminished very little, compared with other age's behavior (IPAS, 2013; Aparicio, 2007). In 2013, the Specific fertility rate for adolescents 15-19 years old, is **14.9** (CONAPO, 2013). Most of the literature produced privilege the relationship between health and adolescence, ignoring the existence of distinct

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cultural and social groups, and therefore cultural diversity and social and historical perspectives (Salles and Tuiran, 2001). Adolescent pregnancy is a complex mosaic of particular conditions that are not considered in the reproductive health policies, despite some efforts to target this population.

The topic, in the last thirty years, has been even more considered as important, and received great publicity. However, the perspective on adolescent pregnancy is generally that of various state and religious agencies, such as health and educational institutions, welfare agencies, the church, the media, policy makers and academics (CONAPO, 1995; Buvinick et al., 1998; Menkes and Nuñez, 2002). In counter position of the institutional discourses, this paper will deal with how the event of pregnancy and its social and cultural meanings are seen and experienced by those directly involved, especially the adolescent women. It will, therefore, attempt to understand and explain this experience within the social context, e.g. their family, social milieu and cultural norms in which it is framed.

Pregnancy in adolescents is a condition which calls for the understanding of culture, society and different contexts, since these are shaped by, but also shape, dominant discourses at the level of the state, the community and the individual (Rohde and Lawson, 1993). These discourses become visible in particular practices in relation to pregnancy in adolescence. They are, therefore, present in education, the family context, gender roles, values and imagery. The theoretical and methodological views of the health policies, sciences and disciplines that deal with the subject without such considerations only allow a fragmented picture of the complexities of adolescent pregnancy.

Those institutions responsible to design public policies and programs, especially those such as public health, education and

more generally, social and economic development, are worried about adolescent sexual and reproductive health, in particular concerning with the fact of having children at young ages. It is argued that early motherhood is a disadvantage for women's reproductive health and their future (Juarez and Gayet, 2005).

It is necessary to clarify and also detangle the following broad questions: for whom is adolescent pregnancy a problem? What sort of a problem is it? Has it always been a problem, or has it become so over time? It will be argued that pregnancy and childbearing among women under 20 years old is not the same problem for all social actors, and in some cases, it is not a problem at all. In fact, there are great differences between the goals that policy makers concerned with adolescent fertility and adolescent pregnancy want to meet, e.g. to reduce pregnancies at these ages, with adolescents women's vision, perception and experience of their own pregnancies.

The literature widely addresses pregnancy in adolescence as *the* reason for the conditions of poverty in young women, but it is extremely important to consider that those adolescents *were* already poor and disadvantaged (in terms of opportunities of education, health and reproductive health services access, join the labour market and emotional wellbeing) *before* getting pregnant (Atkin et al., op. cit.; Menkes and Suarez, 2013).

Reproductive issues in adolescence are tightly related to sexual experiences, and this involves all areas of sexuality, and not just sexual practices. Sexuality is also strongly linked and shaped by ideology. Following McKay:

“...ideological presuppositions related to human sexuality inevitably colour our perspective toward sexual orientation, gender equality and pregnancy/STD prevention” (1999, 177).

In some Mexican contexts, despite 'modern' trends in a changing society; premarital sex is still morally condemned by large conservative sectors of society. However, motherhood is a positive condition for all women, independently of their age, and the new-born baby is usually welcomed (Ehrenfeld Lenkiewicz, 1997, 2011; Asakura, 2005).

Moreover, similar comments are made about motherhood, which is also socially constructed and also perceived differently by different groups. The conceptualization of motherhood considered as a socially constructed concept (Phoenix and Woollett, 1991), includes adolescent motherhood, and can also be examined using the same theoretical conceptions.

Most adolescents live at the family home, as in most countries, and two out of three people aged 15 to 24 year olds (68.5%) live in a household with a single parent. It is important to stress that one in six (16.7%) of these have already started their own family; that is they have already been married and had children, and they, therefore, have support responsibilities. Most of these young people (78.3%) live in a household where both the mother and father are present, but 16.2 per cent of them (one in six) live in a house where only one member of the nuclear couple is present in daily life. Most of these homes are in the charge of the mother (CONAPO, 1998). By year 2005, 20.9 per cent of the homes in the country were headed by a woman (INEGI, 2005). In year 2012, women headed homes increased to 25 per cent of the total (INEGI, 2012). The fact that a woman is responsible for the household, the economy of the family, the work of motherhood rising children both, girls and boys, undoubtedly implies also the production and reproduction of gender issues and these characteristics, *vis à vis* homes supported by both genders, has not been studied. These issues might influence adolescent pregnancy, and this is a topic

that has been neglected and should be closely analysed.

Pregnancy in adolescents seems to become a problem for the multiple actors involved depending on their views, which vary with the ideology, their moral goals and their position in society. For urban marginal adolescents, the pregnancy itself is a condition full of contradictions, with multiple experiences that reveal social problems existing previously. Therefore, I would say that pregnancy in adolescence reveals a mosaic of previous social conflicts and inequalities, with a vague and dubious promise for adolescents, which is to get a better status as women in Mexican culture and society. This leads me to consider that it is possible to find different perspectives on the matter depending on the social group, and so, contradictions could emerge from the findings, without neglecting the existing evidence of serious problems concerning adolescent pregnancy.

Literature Review

In Mexico, most of the literature about pregnancy in adolescence emphasizes clinical, epidemiological, demographic and medical views. These authorities privilege the relationship between health and adolescence, ignoring the existence of distinct cultural and social groups, and therefore cultural diversity and social and historical perspectives.

Other materials, produced in social and psychological fields have also been based on a medical perspective. They have introduced the concept of social risk, recognizing the existence of 'behaviors' that are influenced by both risk factors and protective factors (Suarez and Krauskopf, 1995). These authors argue that social psychology supports the negative view of demographers.

While it is not possible to ignore the information produced by medical and

health researchers, its social construction of adolescence is one that gives an account based on ill-defined criteria, and according to which the “social construction of early motherhood is a negative one, the very existence of teenage mothers is considered problematic” (Phoenix, 1991, 29). Even though early pregnancy is also seen in a negative light in Mexico, the common occurrence of adolescent motherhood means that it is also accepted as a part of reality and practices in Mexican life.

Little research has been done in Mexico working directly with subjects, in their own environment and collecting first-hand accounts of their experience within their social-cultural context. Anthropological approaches, by contrast, often give full descriptions and details of a particular issue related to pregnancy in adolescence, such as courtship (Rodriguez, 2002). But there are no studies that focus on the topic as a whole, not even in marginal Indian rural groups, which is one of the most frequent topics of study of this discipline in Mexico.

Salles and Tuiran (2001) argue, from a sociological perspective, that most official studies on reproductive health are insufficient in providing comprehensive explanations of the reproductive behaviors and, besides they are framed in an authoritarian pattern, the contents ignore the diversity of the population, conditions of class, ethnicity, age, and gender. Other research has been focused mainly in urban Mexico City or the metropolitan area (Szasz and Lerner, 1996; Szasz, 2001; Salles and Tuiran, 1998; Alatorre and Atkin, 1998). Among these ethnographic studies, there are great disparities in the methodological approaches, as well as in the conclusions obtained, but these studies allow different perspectives on adolescent reproductive health and enrich the analysis of the literature produced in this field.

Cultural and social characteristics are pivotal when comparisons with other groups are done. However, it is important

to listen to other voices, in order to establish probable similarities or differences that may enhance the theoretical knowledge in the field. Atuyambe, Mirembe et al. (2005) report striking differences in a study conducted with a similar methodology as the one presented in this paper. Among them, the adolescents studied lived in rural areas, child and ‘early’ marriages are frequent, and rejection of pregnancy at this life stage is considered as a problem that leads to rejection, unsafe abortions, violence and stigma. None of these factors are frequent in Mexican society, where the outcome of the adolescent pregnancy, that is a child, is almost always welcomed by the family.

The process of modernisation, represented by an accelerated urbanisation, has led to young adults being concentrated in urban areas. However, there are strong regional differences, and in some northern states, slightly more than four out of five adolescents live in urban areas, while in other states of the south or south-east, three out of four young adults and adolescents live in rural areas. These differences are not only simple territorial and demographic facts, they also mean unequal access to health, education, employment, etc. resulting in, and being experienced as, poverty and a marginal condition for millions.

Most studies, whether census, surveys or other kind of research done, look at changes through generations, fertility rates, use or not of contraception, sexual life start, and some of the social problems derived from these pregnancies, like education and reproductive health. But scant information is gathered from the very voices of adolescents themselves, their view, feelings and experiences concerning their lives. The results shown and discussed further on, deal with adolescents’ thoughts, experiences, wording and representations, which give a different colour to the topic, illustrating in a very different way the so-

called problem of early pregnancy and its negative outcomes.

Sexual and Reproductive Health in Mexico

Adolescent population in Mexico, considered 15-19 years old was 10.4 million by 2010, (out) the tenth part of the total population. Considering also young adults ages 20-24, youth population represent the fifth part of the total (INEGI, 2010). While Mexico is experiencing the so called demographic transition, it seems reasonable to think that such a large young population eventually engages in sexual activity. This starts randomly at young ages (between 15 and 19 years old), with striking differences between the regions of the country (Guttmacher Institute, 2010), and it seems also reasonable to expect that, at some point, women would choose to experience maternity and family formation.

When adolescents in urban marginal sectors – as they say – *casually* get pregnant, they defy all the conservative and traditional moral precepts that are instilled within the family regarding sexuality, e.g. only having sexual relations once they are married. There are different facets related to the differences regarding age at first intercourse. In some states, less developed, in rural areas, and also in urban marginal conurbated areas, conservative culture and practices in relation with gender roles are stronger; the influence of the Catholic Church is more visible and families tend to preserve their traditional values. These factors influence and are rooted in a restrictive sexuality when compared to large urban cities, where ‘modernity’ have stronger influence.

Undoubtedly, adolescent fertility has a strong impact in the total fertility rate of the country that has been declining continuously in the last four decades. So did

adolescent fertility, but at a less important rate (Menkes and Serrano, 2010). The worries and interest to study adolescent pregnancy is because it occurs frequently in those young women that live in poor economic and social environments, like those living in rural areas, urban marginal sectors and ethnic minorities (ENADID, 2006). These facts endanger not only the process of the pregnancy and its outcome, but might put adolescent women in a higher condition of social vulnerability.

Mexico is one of the countries considered a success in terms of family planning policies, achieving the goal of the current state of demographic transition. The government has developed national programs for population control, family planning, and reproductive health care that are intended to improve women’s conditions by reducing fertility rates and providing informative services for reproductive health. These efforts have been linked to others, such as to achieve basic education notably remarkable for women. Education is considered almost all over the world as a pivotal action to ensure better life conditions for women (UNFPA, 2013, *ibid*).

Almost all of these programmes considered family planning services to be the main strategy for reducing fertility rates to the goal of two children per woman by the year 2000. Unfortunately, there has been little advance in other areas, such as nation-wide sex-education programmes for young people, and special educational programmes and services for marginal people (the various ethnic minority groups and sexual minorities). Also, almost all the existing programmes target women, except for one focused on vasectomies, which is by far, less promoted by health policies and less known among the public than the family programmes and contraceptives for women.

It is important to stress that, from the very beginning, family planning strategies were conceived and designed to address

women at full reproductive age that is the group aged 20 to 35 years old. The adolescent population was not intended to be part of this group, and this left out an important share of women population. The provision of family planning services for sexually active adolescent women by the Ministry of Health was widely discussed as recently as in 1995, in the Monterrey Meeting¹, and approved in 1997. The content of the new health law considers access, availability, privacy and quality as mandatory factors, but adolescent motherhood give evidence that these characteristics are not accomplishing the goals of the government.

Quality services, opportunity and accessibility are key-factors that are necessary in order to make contraception available to adolescents. However, the most important issue is sexuality education, which has not been successful at all, during decades of unfruitful attempts.

The discussion if pregnancy is planned, unplanned, unwanted or desired is currently an important topic. National data obtained from surveys show that 59.4 per cent of adolescent pregnancies in women aged 15-19 years old do are planned; 27.8 per cent are unplanned and 12.8 are unwanted (CONAPO, 2013), and in this study it is shown a clear correlation between very low and low economic and educational conditions with the largest percentage of young women sexually active (19.6%). Other study (Meneses, Lopes and Magalhaes, 2011) discusses that although most of the pregnancies in adolescence are considered as not desired, some of them are wanted. The authors' findings show that intended pregnancy in their sample was 46.2%, a figure below the findings in Mexico.

In 2012, 31.2% of 15-19 year old adolescent women had undergone sexual debut. Condom use increased from 31.8% in 2006 to 47.8% in 2012, and a high percentage, 52% (15-19 years) of young women did not adopt contraception after

the most recent obstetric event (Allen-Leigh et al., 2013). These data suggest that a large number of pregnancies in adolescents seem to be intended. However, further research should be done in order to get a better knowledge if they are really 'desired' and not only accepted, because, despite that they are not planned, the condition of pregnancy is desirable.

Sexuality education is largely focused in just reproductive physiology and in the description of the anatomy of the bodies. It is present in elementary school last degrees, and, in general, taught or explained by some professional, like the same teacher, a biologist or a medical doctor. Very recently, about four years ago, other contents, such as sexuality as a human experience, reproductive rights and violence have been introduced. Even so, the contents are poor and are given as a separate issue, instead of in a comprehensive educational program. So, sexuality, sexual desires and sexual activity of young people are still perceived as 'special' topics.

Adolescent women are more vulnerable than women of other ages to the control exerted by society, the family and their partners; and a large proportion of adolescents still get involved in their first sexual relationships without contraceptive protection.

It is clear that with the use of condom, it is the male partner the one who has the control on the female adolescent body, and thus, on the potential pregnancy if he refuses to use it.

The most conspicuous cultural factors influencing women's reproductive health are social control and the partner's opinion. They are even more relevant when related to adolescent women.

Various factors come in opposition to adolescents' needs and reality. Among them, the medical sector is a key-factor in providing options to adolescents, but, with a few exceptions, it is very conservative and has a positivist approach to the reproductive health field. Its discourse is,

by and largely, both medical and moral. The medical personnel working at clinics are quite often unable to provide contraceptives and advice to adolescents without revealing their negative attitude towards young women who have already started or are about to start their active sexual life. This is expressed in various ways, ranging from a refusal to provide contraceptives – with the argument that they are ‘too young for that’ – to giving moralizing talks to adolescents about the risks of getting involved at their age.

Methodology

The alternative approach chosen for the research on which this paper is based, and which is discussed here, is designed to improve the understanding of pregnancy in adolescents, and draws on an interpretative qualitative method, which also utilizes quantitative measures and categories. The richness of the interpretation derived from the analysis obtained from the information, considers pivotal the language of pregnant adolescents in the sample, that shapes – and is shaped by –, the situations in which they are enmeshed.

This paper is based on data obtained from a previous research done with urban marginal adolescents attending to the OBGYN external consultation at public hospital in Southern Mexico City. The research, developed for a PhD thesis (Ehrenfeld Lenkiewicz, 2011) involved the development of a conceptual approach that is broad enough to incorporate the categories used by pregnant young women – contradictory as they may appear to the assumptions of official policies – and a workable methodology.

As a part of the development of the research, focus groups were carried out to explore the meanings of official and private language about pregnancy in adolescence,

and then semi-structured interviews were conducted with 150 pregnant adolescent women.

Words and symbols may have different meanings for the researcher and the informants (Taylor and Bogdan, 1998) because the informant’s words are produced by a particular class, social and cultural group. Qualitative approach was selected on the basis that it would give a comprehensive understanding of the different issues and meanings attached to getting pregnant while an adolescent. I favored focus group discussions followed by semi-structured interviews. These two approaches have been favored by many social scientists since the 1980s, and also widely used by feminist researchers (Wilkinson, 1998). Qualitative approaches stress the socially constructed nature of reality (Denzin and Lincoln, 1994), while quantitative researchers stress the measurements and analysis of causal relationships between variables, not processes. The value-laden nature of any inquiry is accepted by qualitative researchers, and they use and work with this, whereas quantitative approaches enquiries endeavour to be within a value-free framework.

The language, the terms and their meanings are all culturally specific and socially constructed. Meanings “...are defined, in part, by the systems of ideology and power in a particular social order” (Denzin, 1992, 27). The particular use of terms and their meanings enabled the interviewer to construct a lexicon, with an ‘official’ language which was matched with an ‘unofficial’ language with various synonyms. I also learnt even more about the words, meanings and culture of the particular context of these adolescents’ lives, and realized more about the ideological distance between adolescent women’s constructions of reality and that of official reproductive health policies and attempts to target young women’s reproductive life and their contexts.

At the young pregnant women's first contact with the outpatient clinic, they were all informed about the objectives of the study, and the methodology of the focus groups was explained in detail. The criteria to be included in the groups were that the adolescents were in their first or second trimester of pregnancy and aged less than twenty. In fact, some of the girls were at their seventh month, and their ages ranged from 12 to 19 years old, with the average age 15.9. (The average age of all pregnant girls interviewed in the sample was 17 years.) There were between nine and eleven young pregnant women in each group. All the adolescents attended all sessions.

I decided to have four sessions with each of the two groups, because time would be needed to become familiar with the terminology which adolescents and girls use to discuss topics like sexuality, contraception, abortion, marital status and others closely related. Another objective was to be able to generate and sustain an active exchange of views among adolescents on a comprehensive range of personal subjects normally considered *taboo*, such as their bodies, sexuality, sexual practices and feelings about pregnancy. We were communicating in a group on sensitive issues to produce a sort of dictionary of *official/institutional* language and *unofficial/informal or private* language.

In the end, a total of sixteen three-hour sessions was held, with a half-hour break in each session. The breaks were in order to allow the pregnant adolescents to take a brief rest. They walked around, went to the toilets, and had refreshment (sodas, water, juice), and a small snack, and chatted among themselves. This informal communication between them was useful for creating a friendly atmosphere. The discussion group enhanced communication among the young women and, at the same time, the 'other' reflected each self as if in a mirror. In the process of this interaction, they sometimes transformed their own

initial discourse while the focus group discussion was proceeding.

All the sessions were tape-recorded, and a special microphone was placed in the middle of the round table where adolescents were sitting at. The silent, non-participative observer was responsible for changing the tapes whenever needed.

Focus group material, which is the basis of the process and extremely abundant, and as well as the open-ended material obtained from semi-structured interviews, had to be transformed into understandable and clear data. This involves a complex mechanism of reading, re-reading, reflection, and selection of meaningful material.

Transcriptions of the recordings of each session of the focus groups were made. Key topics were identified, and then categories of information were related to the central main category: adolescents' pregnancy and its contexts.

The transcriptions of the recorded tapes that keep the experience of the focus groups are the main source of information and also for the analysis. To analyse the material is a complex task, and as a process '...the analysis is endless, infinite, where various levels can fit in, without a start and an end' (Callejo, 2001)². In dealing with language and words, not only a systemic analysis can be made, but there is also a challenge to the ability to interpret. The construction of analytic categories was centred on the main actions and experiences of adolescents meeting their condition of being pregnant in particular conditions and in a definite social context.

The development of a lexicon

While exploring the circumstances of pregnant adolescents in the research, I realized that wording and meanings are pivotal topics to full understand the meaning that pregnancy and/or motherhood had for these young women. Therefore, the

need for the construction of a lexicon came as the result of various factors:

- Despite many years in México, my Spanish still differs from the Spanish spoken here, as regards not only technical words, but also its idiomatic expressions. This often leads to really amusing and confusing situations; and so, to create a really shared meaning, where the respondents and I understood the contextualization that I was seeking with a detailed interview schedule, I had to know and adopt the particular language of these adolescents.
- My age, experience, race and class, are different from those of the pregnant adolescents involved; and my conceptions and beliefs underlying my

wording of women’s condition, pregnancy, motherhood, family and many others, are, therefore, also different.

- I am convinced that approaching adolescent people requires a different technique from other groups, and that willingness to speak about certain topics requires, as a basic condition, an approach through words that are close to those of these pregnant adolescents’ worlds.

In constructing this lexicon, I use the categories of *official language* and *unofficial language*, but I could also refer to or conceive of them as public language (or public discourse) and private language.

Table 1: *Adolescents’ Wording about and Meanings of Official Language*

Official Language	Unofficial Language ³
married	well married, married by two laws, cohabitation, to be stupid, to live with, take the son off (the mother), to make a life with
single	alone, left on the shelf
cohabitation*	living with the couple, living together lovingly
separated	she has been left
divorced	word used only for adults
adolescent	word only used at school, when the body changes, young woman, lass, girl
Mrs, lady	old woman, pregnant wife, woman already with children, woman with responsibilities, older, married, a more respectful woman
Miss	virgin, free, with no compromises, someone who has not had sexual relations, never been pregnant and currently not pregnant
woman	it sounds funny, I don’t like it, I feel like an object
pregnancy	when they make you a child, the most beautiful thing that could happen, the body becomes deformed, <i>this</i> that happened to me, to put one’s foot in it, when the belly grows, to lose the waistline
abortion	to take the baby out, to get rid of, to do it purposely, to kill an innocent, it is a crime, to lose the baby, it is a nasty word
D&C (curettage)	clean the womb, what the doctor does, miscarriage, to avoid an infection, it is <i>not induced</i> by the woman or self-induced
child (son or daughter)	someone to live for, someone to struggle for, someone in order not to be alone never more, a love that lasts forever, a lifespan companion

* Cohabitation is a concept used in Mexico by both formal and informal language. It addresses a couple that are partners living together, without the civil marriage.

Words for various legal concepts, or relating to the legal framework in relation to sexual norms or abortion, hardly ever came up in the conversations. Girls' fears were related to the supposed physical consequences of an induced abortion, such as sterility, the body *getting used* to miscarriages, and death. Guilt was verbalised in a number of different ways, but it was always there, present even as a confused perception, as part of their emotional and psychological make-up. In a sense, pregnant adolescents felt guilty for having had intercourse, for failing to fulfil the expectations of their mothers and families, for not marrying properly, as culture, family and Church expect. But when referring to having had sexual relations, they also said, with sparkling eyes:

“But, well... once you are at the ball, you dance... there is time to think about it afterwards.”

Findings and discussion

In adolescents' view, the age of 20 seemed to constitute what we may call a magic number: some adolescents consider it to be the age at which women become 'more mature', 'grown up', 'more responsible'. Indeed, for them it is 'the best age to become pregnant'.

“...the criterion (of a woman) is very different... people who are 35 years old or a person who is 20 years old, think very differently from our age... they are very different...” (I.), (focus group).

“...why am I ashamed of... my pregnancy becomes evident... hmmm... because people gossip, they criticize, they always talk... if I were 20 years old or more I would not hide my belly...” (V.).

“...well, it is not exactly that they criticize... neither do I... it is only that you are too young... to be a mother...” (A.).

What was said in focus groups discussions about the meaning that each status has for adolescents, it is possible to get a better understanding of the category 'free union' (cohabitation).

“I could say that I live in a free union... it could be said like that. I live at home with my parents and brothers, but I am also with him... really, really, I am not married to him. The difference is a piece of paper... But his mother did not want us to get married... And this kid doesn't want it now. Well, I still want to, but the kid doesn't... Well, before that, I called him my partner, but... I don't know what to say now” (V.).

“Well... I am married. We met, I became his girlfriend... and that week we were really fine. (I didn't see him for a week), because he stayed home (his parents' home) and I in mine... Next week we went out for dinner... it became late... time runs so fast! I did not realize that it was that late... we were far from home, so we decided to stay at a hotel... but he was going to sleep on the floor and me on the bed. We did not expect what happened, really, that is the truth... and then this happened... So he said he was going to talk with my parents... He told them that we were going to marry... and the following week we married. Because in about a month I was pregnant... and I am too young... they say it is better... more safe... However, others say that sometimes it is worse, that you have more work...” (G.).

Moving out parental home

In the focus group data, they said that they feel guilty about the way they moved out of the parental home. They would have preferred to leave 'properly married', i.e., by the two laws: church and civil. They refer to a sense that they 'failed' in particular, in relation to their mothers, and

state they feel some sort of guilt. However, if going through difficult situations, adolescents are not reject or expelled from their homes – as in other bibliographic reviews cited above – and also, those attending school were not obliged to quit. Adolescents feel uncomfortable at school as the pregnancy advances and they leave school due to it. This is a severe factor that endangers the future of these young women, because after the delivery, it is very unusual that they go back to school to finish their degree.

Despite the frequent emotional conflicts within their own family, leaving their own homes was a conflictive decision for adolescents in the sample. However, they mentioned the lack of economic autonomy as the main cause for their living arrangements.

“...his mother and mine were talking about... his mother told us we must marry... yes, because I was pregnant, if I would not... I didn't want to marry, I mean... but I was pregnant... He told me it was his responsibility and that we should marry, that is why I did it. But...I am still living with my mother... his parents could not finish the building of a tiny room in the backyard... and there we will live alone...” (A. L.).

Passivity and decisions

In the personal narratives of the adolescents in the focus groups, it is possible to detect, at least at a first reading, the absence of some kind of personal decision and involvement, a personal commitment to it and also to the consequences of that decision. Forms of expression involving ‘I did’... or ‘I decided’... or ‘I wanted to’... – that would reflect an individual ability to express herself involving her own opinion and subjectivity – are substituted by the use of the third person in the grammatical expression: ‘...this is what happened to me... well, it just happened...’.

This is a common expression of most of the adolescents in sample, when making reference to how they got pregnant.

In reference to the near future, once the child is born, the references indicate a sense of obligation and the perception of a fatal destiny: “Now, I will have to behave with responsibility...”; “I will have to look for some job, because I will have to support the child...”; “I will have to grow up, to become mature... I will be a mother... and *he* (the child) is not to blame...”

Marital status and family formation

Most of the adolescents in the focus groups associated the condition of being pregnant with marital status. However, the associations reveal a stress on pregnancy, and the importance was placed on pregnancy and motherhood, rather than on marital status. This is coincident with the data cited pages above, in relation that adolescents start their union, in many cases, once they are already pregnant.

Pregnancy acts as a trigger for these adolescents to decide either to marry or to live in ‘free union’. In fact, pregnancy is a factor that strongly *compels* that decision. Therefore, I have called this – ironically – a ‘peri-belly’ (peri-panza) union, because it is decided either when pregnancy is impossible to keep hidden (around the 4th, 5th month) or when the pregnancy is confirmed (around the 4th month). In this sense, free unions or marriages are anything but a free election or decision.

At this point, it seems that the so-called changes in the family formation, in reproductive patterns and in culture, are associated with the characteristics of certain groups. These urban marginal adolescents seem to be closely tied to a more traditional context than other groups, and with the impairments of a low social

class and poor economic condition. Pregnancy, as an unintended condition, is at least one of the main factors that put pressure on adolescent women to initiate a family. The choice of marital status is a secondary decision, and depends more on the economic and cultural contexts and beliefs, rather than on the real desire and free election of adolescent women.

Maternity

The cultural shaping of the 'feminine' nature for reproduction and maternity is strongly stressed. Therefore, pregnancy has particular values, more precious than other social activities. However, society and culture also condemn sexual activity and an active sexuality, in particular for women, and certainly for adolescent women, because adolescents are, in many senses, highlighted among other age groups. Thus, pregnancy has to be depicted as the result of an unexpected encounter, of an unplanned event, the result of a passive attitude toward active sex. Most of all, pregnancy has to be a condition at which adolescents have no responsibility: they did nothing actively to become pregnant. The self is not involved, and their expressions concerning what pregnancy means to them are congruent with this sort of alienation:

"When they give you a child..."

"Body gets deformations"

"Nothing to do about it..."

"This happened to me..."

Passivity reveals as to be the most outstanding condition of girls being feminine. Therefore, they have to accept boys' will and desire:

"My mother never thought that **I could be made pregnant...**" (A. L.).

"And now, with **this that happened to me**, I can't go out..." (O.).

"We were going out, and suddenly... **the pregnancy came up...** and then... I could do nothing about it" (R.).

At this point, these adolescent women speak about themselves as if they had no voluntary participation in initiating their sexual career. What stands out in their discussions is that their knowledge of their bodies, whether formal or informal, and of their sexuality, as well as their ability to incorporate this knowledge as a part of their *self*, is not associated with the researchers' concept of control.

Gender roles

There are some indicators that early marriages and early pregnancies are, in some contexts, the consequences of the difficulties that adolescent girls have in refusing sexual intimacy when their boyfriends request it. These adolescents seem to be passive; they are not able to assume a more assertive discourse or behaviour, concerning their sexual life. It is difficult to discuss this issue because there is not material about this particular fact, that is cited more in relation with women roles and gender issues in Mexican culture in general, and is not studied for this age group.

If society expects women to be successfully reproductive creatures, if culture privileges the status of motherhood, if a double standard for women's sexuality demands stereotyped and exclusive behaviours, then is it possible for an urban marginal Mexican adolescent really to make a choice? The male discourse of 'I want you to give me a child' or 'I want us to have a child' is a powerful signal that reveals to adolescent women the potentially high acceptance that they could get if they

follow the man's desire. Sexual and emotional intimacies are subordinated to reproductive roles, and it seems that the search for intimacy is postponed for another moment, to a second place.

The discourse of boys is the most attractive and seductive that these young women could receive: boys want to have sex with them, not in order to create a space of intimacy or just for sex; boys want to have sex in order to change their status as women to a better and higher stage, i.e. to make them mothers. Considering that in Mexican society and culture, gendered roles are highly stereotyped, seduction is tainted with coercion.

These adolescent women seem to have neither the cultural and social resources, nor the individual and psychological skills, to refuse such a request, because the boys' attitude leads to what I call a **seductive coercion**. This conceptualisation seem to be a category useful to explore a hidden side of what should be considered in the conceptual frame of sexual violence: it is not explicit, it has not a physical violent display, it is not easily recognizable by adolescent women. But the consequences can endanger and impair the future development of women due to an unintended pregnancy, and often, not desired sexual relationships, at least consciously and at this very time.

In a society where gender roles privilege at large male dominance, women's passivity that starts at home by differentiated disciplinary rules and moral goals for girls and boys, sexuality is a topic hardly openly spoken.

Pregnant adolescents' discussions revealed that there are also differing perceptions, and some contradictions between the adolescents in the sample:

"...and then I realized... I think that it is a matter of age... if we talk about adolescent boys, all of them would like all women to be easy... they like to enter there without

responsibilities... as you are the one who becomes pregnant, you are the one responsible... they want to have relations and not children..." (A.).

"Well, suppose a professional man... well, single and he is already grown up... who is employed and he says 'Well I want children in my life... well, he needs to have a wife in order to have them... doesn't he?... and he were to have a wife who can't have children, he would say... why did I tie myself to a woman that is useless, among all others?' (I.).

All the girls laughed. "...yes, they are like this..."

"Yes, but there are some women who do like to have a sexual life without becoming pregnant... but not me... well, maybe once the child is born, we want to have sex, but I feel good like this" (A. L.).

"Tell me who doesn't want to have sex!!" (I.).

"Well, in my case, I never thought like that... I always thought a person that really loves, would value me as a woman... not only to have sex... I realized that my friends at school did it with everybody, even with the boy in the corner..." (A. L.).

"What you want is respect, to be respected as a woman..." (O.).

"Yes... but no, **they** always want sex." (N.).

"Now that I am pregnant, I don't feel any desire... and neither did before... maybe in the future..." (P.).

An unintended pregnancy?

There is a general assumption that most of these pregnancies are unwanted or unplanned. In particular, pregnancy in adolescents was a matter of interest for those whose policies aimed at lowering the

fertility rate of this population, since family planning had less impact than at other women's ages. The question whether children born by adolescent women are or are not wanted, is not an easy one. To *want* a pregnancy may be a complex matter, because different factors are enmeshed. A striking finding is that 12.8% of young women in the study already cited, clearly express that the pregnancy was unwanted. At the moment when they were asked, they were already pregnant or they already had a new-born child. In both circumstances, it is emotionally difficult to express that these pregnancies were not desired, because besides the personal emotional condition, there is the cultural pressure that this motherhood is not wanted. And the social contexts in which adolescents become pregnant can also give different meanings to this event. Generally, in Mexican culture, it is expected that women have children, no matter at what age. Pregnancies, at first glance, are not as problematic as they are in other contexts, because, in general, children are accepted and welcomed as part of the 'normal' everyday life of women and men.

But discussing pregnancies in general it is not the same as discussing children born by adolescent mothers, that is, adolescent motherhood.

Among adolescents in the discussion groups, various voices illustrate the various contexts in which pregnancy is produced:

"...I did plan my marriage, not like you... I knew him for two years and... to tell you the truth, I had no interest in school... we dated for about a year and then we planned to marry, to have a child. I was 16 years old – and, truly, I wanted somebody crying nearby, at me... but... well... if I had been alone... I would have postponed the pregnancy... yes... but he also wanted a baby so much that..." (T.).

This adolescent expressed clearly the desire to become pregnant. She planned her

life course within the traditional pattern: being a woman, a wife and becoming pregnant within marriage. She expressed a positive motivation to pregnancy within her current context, married and with a partner. However, when she thinks in another context, alone, she seems not that positive:

"I always made jokes with him... telling him that I was pregnant... I was 15 and perceived myself as more grown up, but I had a brain like this... I was very young mentally... and well, when I realized I was pregnant I was so scared... first I said to myself... fine!... but when I saw that he was on drugs, and alcohol and... no, he was crazy... and I told to myself... what kind of life would I give him... and at home, I was taught that... if you put one's foot in it... it's your business... so I had strong discussions with this guy... he wanted me to have it... but no and no... so, one day, I took some pills and I inserted them there, in my part... and bleeding started... what a mess, my father knew about it and my mother knew... the doctor told them... really, really, I never said a word about the pregnancy" (I.).

This adolescent expresses ambiguous feelings toward being pregnant. Her first reaction was positive but it confronted her with the living context in which she was immersed: she had a boyfriend who was 'crazy', and parents who would not accept that their daughter had sexual relations. So she induced her own abortion.

"...I don't know if it is because I depend on him or what, because I love him very much. It would have been a difficult decision to choose between the baby and him... I want them both and I didn't want to take this decision... well, I already lost my mother, because she was really mad at me... another loss... I said to myself, why does having the baby mean the loss of so many things to me... and this is what I didn't want, I didn't want to lose the love of all my family just because I have a child..." (A.).

"...no, and they diminish you because you say 'I don't want him'... and your family puts on a dog's face, ugly mug face... and you, pregnant, mutter to yourself... well, what did I do that was so wrong?..." (I).

"...well, you are right, but if you want to get out of this and they, your family, do not help you, you alone will not make it" (O.).

"...they don't love you anyway..." (A.).

"It is not this, it is another something else: if you want it or not, it puts a limit to you..." (I.).

"What puts a limit???" (G.).

"The child puts a limit! Because it is something completely different, you can't go out to have fun, or with friends... it is another thing... it is not about you anymore..." (I.).

"This is like you say, since we became pregnant... and now we have to take care of ourselves..." (O.).

"Noooo, you don't understand, you dumb... in few words: you are not important any more... the one who is coming is the one who you care about and that's why you have to leave many things behind, to work more than ever, you have to manage to get through it all alone... did you know that?... and this is what I can't stand... it irritates me, it exasperates me..." (I.).

"Well, this is not my case again. He was happy with the news... finally he will be a daddy... won't he?... he never told me take it out or get rid of it... no... he stood by me... but with my mom... I was so afraid... I am the only daughter and she always thought I was an angel... she never thought I would get pregnant. She didn't speak to me for several days... but then she supported me, she told me... well, now you two get married... let's see how you manage..." (A. L.).

Various emotional and individual contexts are expressed in the former phrases. The first adolescent, A., claims the impossibility of making a choice. This she refuses to do, in particular because she already suffered a loss.

The adolescents in the discussion groups were, in the main, not yet mothers. But they were already impoverished, both emotionally and in terms of all kinds of resources. For A. L., the fact that the boy did not ask her to get rid of the baby, that is, to get an abortion, represents support. I. is an exception in that she gets angry when she feels that her life as a woman is postponed and she is obliged by circumstances to think of a third person, that is, the future child. As a regular pattern, pregnancies were seen as demanding free unions or marriages, except for those women who had no partners, whether the unions or marriages actually took place or not and whether they lasted or not. A single woman did not mention the alternative of releasing their babies for adoption.

Considerations of motherhood in adolescents very often involves the assumption that motherhood under 20 years old is problematic, and researchers, the media, and many published discussions which highlight negative findings have become part of the social construction of adolescent motherhood as a problematic issue. However, this criterion may vary depending on many conditions, such as class belonging, if living in rural or urban context, ethnicity, and many others that might give a very different meaning to pregnancy in adolescents.

If becoming a mother has this particular value for adolescent women, then the assumption that a child has also particular meanings seems to be reasonable. Therefore, this was also explored both, at the discussion groups and at the qualitative open questions in the interviews. The following opinions were extracted from the discussion group:

“...mmmh, yes, it is not now, at our ages, but a child... is the most important thing that can happen to a woman...” (G.).

“...well, yes... to be able to have a child, to give birth... is something nice... to feel a baby inside you... a child makes me a woman...” (A. L.).

“...I think that to be a mother is very important... to me it is it something incredible, I don't know... it is very important ... you are a woman, YOU, and you are a mother... and well, ask a man if he could stand the pain of giving birth no?... no, he can't give life... and well, that's marvellous...” (A.).

“I don't know... now I am just pregnant... I can't see my future... and this is exasperating... and with a child!” (I.).

“I can't think in the future... it is hard to me to think... I will think about the future after the baby is born...” (P.).

These women think and talk about what a child means without being able to visualise themselves in the near future, after birth. Their arguments are more likely to mirror the cultural messages they received either within the family or in their close social environment. Personal aspirations of adolescents seem to be centred more on the *projection* of becoming mothers, than in the experience itself of really having the presence of a child.

The child is still in a blurry horizon, where different tensions appear: where to live, with whom they will live, the presence or not of a partner and the economic pressure, among the more cited. However, the emotional condition of these adolescents depends on the different life contexts they have experienced. For some of them, to raise a family is the expected destiny and they accept facts with less ‘mixed feelings’ than other peers.

For example, an adolescent said:

“Well, I always took care of my little brothers and sisters, my parents worked all day long... so I gave them their meals, I bathed them, I played with them... I liked that, they were nice... But I wanted my own baby... and now I will have it...” (R.).

For others, the meaning of a child was associated with anguish about their limited material conditions:

“My boyfriend keep on saying ‘...I don't want the he (the baby) will be raised up in the same conditions than me... what can we offer him?’... but I started to talk with him about positive things, like... well, we will manage... I will work and you too... at the beginning we will suffer, but... it is important to look for solutions... isn't it?...” (N.).

The need to conform themselves as women through their reproductive success also indicates the lack of interest – or opportunities – in an educational career, or the absence of the consideration that work could be a real possibility to achieve a better living condition. Therefore, in an impoverished economic, social and cultural status for these adolescents, to get *somebody other* than themselves who gives sense to their own lives (*to live for*), is expressed as a need. They have not the resources, including the emotional ones, to construct their *self* and give value to it. Therefore in psychological, social and cultural terms, the *other*, more than a *complementary other*, a chosen complement in their lives, constitutes a *fundamental other*. And following the ideological constructions, with the overvalued role of motherhood for culture and society, a child is the most convenient, ‘natural’ way to get this sense of life. And the idea to get a ‘love for ever’ is equally constructed.

However, the future of adolescent mothers should be carefully examined before any general conclusion is made.

Meanwhile, in a world where *security* became a rare and illusory issue, adolescents seem to be in great need of it, whether demanding it within their families or from society.

Conclusions

The adolescents' voices show clearly their inabilities and the obstacles to cope with that many factors enmeshed in their life and circumstances, and that is for various reasons, including their dependence on their partners' sexual demands, the family's expectancy for them to get properly married and become pregnant, and a social and moral standard which overvalues motherhood.

It is necessary to conclude that family planning policies lack of an educational component that fits adolescents' needs of information and that provides them the ability to link their emotions with experiences. Family planning policies, even when changed several times in their paradigm and important advances have been done, are still based in the state needs identified in the '70s, when adolescent population was never considered, and the interventions were intended to reach only married. Mendoza (2006) demonstrates that in the last decade and for several years before that, the goal set by the National Population Program has not been accomplished. The author shows that in ten years (1997-2006), the use of contraceptives by adolescents did not change, and that six out of ten young women did not use contraception. He attributes the failure of the policies from the 1990s to 2006 to a deficit in targeting adolescent and young women. It is reasonable to think that these conditions still prevail, because the policies have not changed at all.

The official discourse about adolescents and concerning their sexual and repro-

ductive health stresses and is centred in the reproductive problems that are a result of unplanned sexual encounters. It is a discourse that ignores the broad spectrum of sexuality: the strength of desire, curiosity, and a playful sexuality. It also ignores the fact that many adolescent women accept – or are forced to accept – what might be addressed as 'unintended sex', which results from the cultural inability to deny boys' request to have sex, even if women do not want it and it can lead to sexual violence, including rape. The official discourse also ignores cultural diversity and sexual preferences other than heterosexuality.

The prevailing state ideology still privileges traditional and conservative values concerning sexuality, sexual health and reproductive behaviours. Therefore, adolescent pregnancy becomes an uncomfortable issue for the state. Its occurrence reveals that sexual mores and practices are slowly and progressively becoming more liberal, that pregnancies and childbirths happen also out of wedlock, that family is not a unique institution, but a diverse one, and that the 'basement of society' is not that homogeneous as conservatives suppose.

It is of the uttermost importance that policies of educational programs for a happy, safe and joyful sexual life are examined and implemented. But this will be impossible to achieve if cultural gender differences, ethnic characteristics and cultural identities, are not included in order to get a better condition, meaning respectful relationships between adolescent men and women. It is urgent that reproductive health programs include more carefully designed contents, in order to get better protection of adolescents' health.

It is imperative that education in this field needs to move from the health/disease paradigm to a democratic education of sexuality. This should include gender issues, sexual and reproductive rights and education need to empower young

women's decisions concerning their reproductive life. Pregnancy in adolescence is a complex defy and may be a problem for society, but the main actors, those that demand the right for high quality reproductive health services and programs in order to live safe and productive lives, are adolescents themselves. They deserve that the State invest in girls and young women, pointing to the goal of gender equity in access to educational and health high quality services.

So far, sexual and reproductive health policies cannot succeed in meeting the official goals in urban marginal sectors or in rural areas, given the difficult position of the young people and specifically adolescent and young women in an unfair society.

The content of the paper has coincidences and differences with the general literature on the topic in México. Considering that the bases of the findings are obtained from a very detailed qualitative study in an already large group (150 adolescents), the information allow to suggest some conclusions.

Not all pregnancies are unwanted and represent a drama for adolescents. They do not express a negative vision or a dramatic notion concerning their status, and in this sense, it is possible to find a disagreement with the public reproductive health policy discourse. When this discourse emphasize poverty as a *result* of pregnancy at these ages, it ignores the potential ability of young women to *feel empowered* and their attempts to *act* this condition, because they have to look for resources in order to raise up the child and look for support for themselves. It is an agreement with the findings in surveys and other studies cited above, that have shown a clear correlation between very low and low economic and educational conditions and the early start of sexual relations and the occurrence of pregnancies. But adolescents in sample

were already poor, as the many others in the surveys, before pregnancy.

While most of the studies stress and address the condition of pregnancy as a socio-demographic data, very few of these studies really ask these young women about their perceptions about their condition.

The present paper shows how adolescent women value motherhood, from their individual point of view, and how this condition represents the most valuable status for a woman in Mexican society. But cultural mores, while emphasizing the value of the reproductive role of women and almost ignoring other gender roles in society – except for some groups of educated upper middle class – still rejects the fact that adolescents have an active sexuality and active sexual life. This cultural contradiction, acted in social reality, is not evidenced or considered in most of the studies.

Undoubtedly, some voices of adolescents also show contradictions and ambiguous feelings in their discourses, but this is an area which needs more exploration and research to avoid false and mechanical conclusions.

Gender self-perception and gender construction is almost reduced to the reproductive value as a mother, but it is a mistake to load this fact to the adolescents, but to educational system, culture and society.

There are few studies that point out the role of young men – and men in general – in society and their participation in getting adolescents pregnant, but the cultural domain on women's bodies by men, played through this *seductive coercion*, is clearly spoken out by the adolescent girls. By *cultural domain* I mean that patriarchy is present at all levels in society and it becomes particularly visible in the emotional and sexual life of adolescents; besides, it is widely accepted and reproduced by culture in different daily life

experiences. This is a proposal that need further research to be fully proven, but offers a possibility to disentangle and advance in the understanding of the multifactorial condition of pregnancy in adolescents.

Finally, listening to the voices of pregnant young women, could give support for new guidelines to different public health policies in sexual and reproductive health, including the individuals as active partners of these policies, instead of passive subjects.

This study, like any other, has some limitations. These include the personal involvement of the researcher and her feminist perspective with the population studied. However, feminist research theories give full support to the findings of the discussion groups and interviews reported in this paper. A more important limitation is that the findings pertain to urban adolescents in southern Mexico City and could differ from those found if the research was conducted in indigenous communities of the country or elsewhere.

In Mexico, as throughout Latin America and the Caribbean, total fertility has fallen, but there is persistent high childbearing at young ages, often linked to gender inequalities in education, income, and other opportunities. In contrast, in most Asian countries outside of the Indian sub-

continent, adolescent childbearing has declined like in more developed, low fertility regions. Also, adolescent childbearing remains very high in many parts of Africa, where contraceptive use is still low and marriage tends to occur at an earlier age. This wide variation in international levels of adolescent fertility implies that our findings are not strictly comparable with the voices of adolescents in other cultural contexts, which may differ.

There is clearly need for much more study of these issues in other parts of the world where different views and considerations may hold. However, some similarities may hold between our findings and those found elsewhere in Latin America and in other parts of the world, and almost everywhere, the voices of pregnant adolescents tend to be less well researched than they should be.

There is a need for promoting more gender equality and work – family policies, as well as more reproductive health and sexuality education, as this study in Mexico has highlighted. Young people everywhere face common issues of identity, relationships, and transition to adulthood. More work is needed to improve their ability to take charge of their reproductive health, as they are a vulnerable population with specific needs.

Notes

- ¹ The Monterrey Meeting ended with a declaration signed by the Government in a national meeting held by the Ministry of Health, the Direction of Reproductive health, in which the right of adolescents to have access to contraceptive and to family planning services was officially formalized.
- ² My translation of *El grupo de discusión: introducción a una práctica de investigación*, Callejo J., Ariel Practicum,

2001, Barcelona, p. 147. (*The discussion group: introduction to a practice of research*).

- ³ I am aware of the difficulty of translating specific Spanish terms, and specifically the synonyms used by adolescents to refer to themselves, and also of conveying the images which they project through the meanings that these terms have for them.

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