

Adolescent Childbearing in the Lake Pátzcuaro Basin, México

Young Mothers' Adaptations to Parenting and Perceptions of Social Support and Family Planning

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Presenter Disclosures

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No relationships to disclose.

CONTEXT

Family Planning and Young Motherhood in Mexico

- Though Mexican women have high contraceptive knowledge, contraceptive use has declined among those aged 15-24 by 5% since 1997¹.
- Only 35% of single females 15-24 use any method of birth control¹.
- Unmet need for family planning among married women 15-24 years old has increased from 23% in 1997 to 31% in 2006¹.
- Across the country, adolescent mothers were shown to live in poverty 26% of the time, in contrast with 4% of older mothers².
- For nearly all reproductive and sexual health indicators for women aged 15-24, conditions are significantly worse in rural areas than in urban areas¹.

Discordance in the Literature

- Research on adolescent motherhood is largely risk-centric, biomedical, quantitative^{3, 4, 5}
- Critical body of research cites methodological flaws, failure to consider experience of teen mothers, construction/perpetuation of stigmatization in the dominant literature^{6, 7, 8, 9}
- Problematization of teenage motherhood places blame on teenage women and neglects external factors



BACKGROUND - Qualitative Research

Describes women's lived experience of adolescent motherhood, to identify challenges, strengths, and social contexts

- *Positive experiences:* children as a source of company; increased closeness with family; motherhood as a maturing, motivating force; and healthy behavioral change^{10,11,12,13, 14, 15}
- *Negative experiences:* insufficiently prepared; interference with life plans, education; conflict with family; extreme stigma^{7,12,15,16,17}



QUALITATIVE RESEARCH - Mexican Context

Young Mexican-American Moms

- Very actively involved with and devoted to infants
- Family support extremely important¹⁸

Young Moms in Mexico

- Unplanned pregnancies most often resolved in marriage
- More women than men receiving support from family of origin
- New family configurations brought stress, especially between daughters and mothers-in-law¹⁹

RATIONALE & OBJECTIVES

Rationale

- Long the case in the U.S., adolescent motherhood increasingly considered a social problem across the world
- Qualitative literature searches for social understandings
- Social determinants of health essential to health outcomes
- Identified by community members and community-based organization as important social problem in the community

Objectives

- 1) Explore how adolescent mothers experienced a transition to motherhood within their gender and family contexts
- 2) Contribute to qualitative, regionally-specific understandings to aid in the development and implementation of preventative interventions.

The Partner Organization and the Region

MUJERES ALIADAS



Mujeres Aliadas serves the Lake Pátzcuaro Basin, in Michoacán.

- Professional midwife school, two women's health clinics, and a wide variety of community workshops and groups.



Communities of the Lake Pátzcuaro Basin

Community Demographics

Sociodemographic characteristics of five municipios in the Lake Pátzcuaro Basin⁵

Municipio	Population	% Speak Purépecha	% Uninsured	% Illiterate	% No Sewer Drain
Erongarícuaro	13,060	21.1%	87.3%	16.3%	55.1%
Huiramba	7,369	0.1%	85.0%	14.3%	20.4%
Pátzcuaro	79,868	5.7%	72.4%	10.8%	20.9%
Quiroga	23,391	31.7%	89.4%	16.7%	15.7%
Tzintzuntzan	12,259	15.8%	87.0%	15.2%	42.4%
Total	135,947	12.4%	78.8%	13.0%	25.2%
Michoacán	--	--	70.3%	12.6%	13.2%
México	--	--	49.8%	8.4%	11.7%

Compared to the rest of Mexico, the population suffers from significantly higher rates of illiteracy, lower health insurance coverage, and increased poverty²⁰.

METHODS



Focus group flier
in a *combi* stop

Focus Groups

Eligibility: Women 18 - 25 who gave birth before 20

Recruitment: In person and word-of-mouth

Focus Group Discussions (FGDs): 3 separate groups, two meetings each

FGD Guides: Developed in collaboration and for participants not familiar with the format

Transcriptions: Deidentified and not delineated by speaker

Participant Observations - Twice weekly

Field Notes - Tracked observations immediately

Reflection Journals - Personal reflections

Analysis: Both open and guided coding, theme co-occurrence used extensively to identify emergent themes

RESULTS



Group 1
7 women
Ages 18-25
4 communities
2 employed outside the home

View from the patio of the sala where focus groups were held.



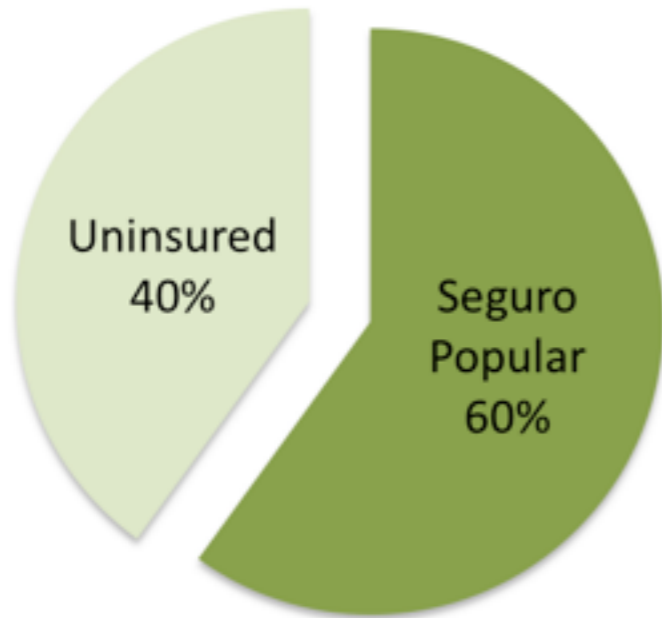
Group 2
7 women
Ages 18-27
3 communities
2 employed outside the home



Group 3
6 women
Ages 18-26
4 communities
1 employed outside the home

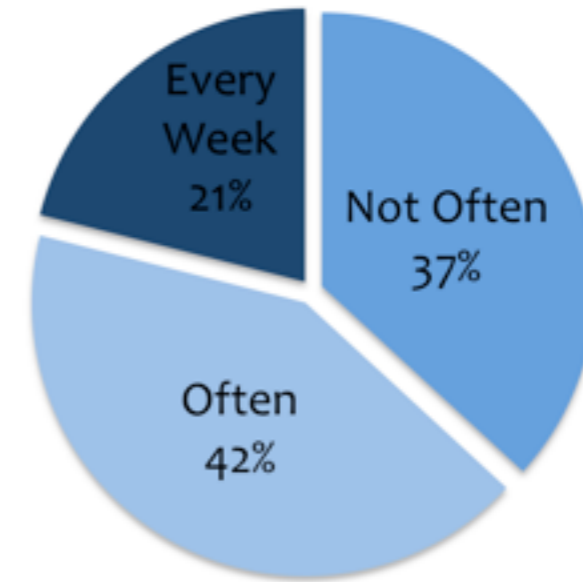
Demographic Surveys

Type of Health Insurance Coverage

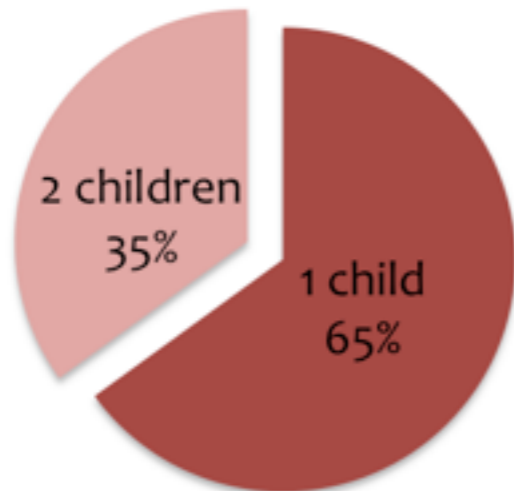


*Seguro Popular is government-funded health insurance for low-income families.

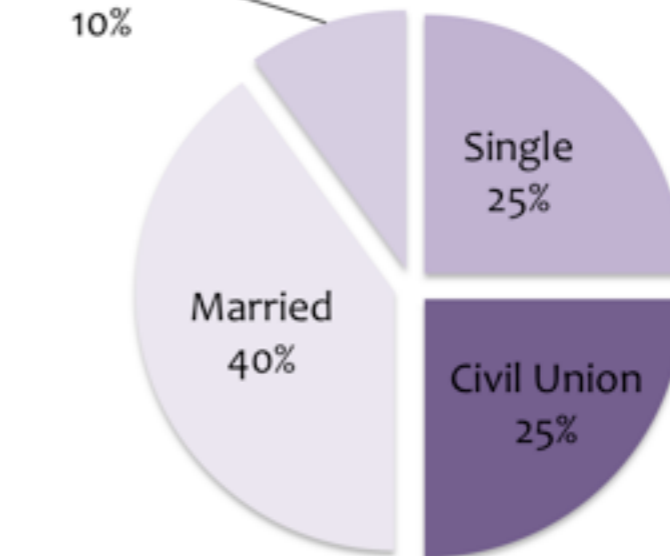
Do you worry about having enough money to buy food?



Number of Children



Civil Status



80% of participants gave birth to their first child before the age of 20.

THEORY

Theory of Gender & Power on Women's Health

Models gender's effect on social and power relations in the context of health behaviors and decisions

Sexual Division of Labor

- Women and men have asymmetrical societal allocation of certain occupations
- Women's work is unpaid, within the home, and characterized by nurturing – caring for children, the sick, the elderly, and the household itself
- *Economic Exposures*

Sexual Division of Power

- Dominance of men, “hegemonic masculinity,” maintained on local, regional, and global levels
- *Physical Exposures and Behavioral Risk Factors*

The Structure of Cathexis

- Norms tell people how to perform femininities and masculinities
- Affective attachments reinforce norms
- *Social Exposures and Personal Risk Factors*²¹

La Familia

- Participants lived very closely with family, either *la familia primera* (family of origin) or *la familia nueva* (husband's family)
- Living with *la familia primera*, sometimes resulted in some role confusion as women navigated being both daughter and mother, but overall women felt supported there
- Living with *la familia nueva* presented numerous challenges, especially with *la suegra*, the mother-in-law

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

They need to cut the umbilical cord!

- Participants reported that their children brought them a great deal of joy and also made them feel accompanied, less lonely
- While being a young mother was difficult, especially due to parts of their identity left behind, many reported that they would not go back and change things

Expected Gender Roles

- Machismo/Marianismo
- Women reported gender expectations changing, becoming much more intense when they became a mother

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

- Women should be devoted to children, husbands and home to be “good”
- They should not go out too often with friends or leave their children at home to go work

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

- In addition to these *Sexual Divisions of Labor and Power*, Cathexis was reinforced especially by husbands and *suegras*
- Dominance in decision-making by husbands may have led to *physical exposures*

“Yo te cuido,” “I’ll take care of you.”

- Women did describe feelings of power and self-efficacy around their own constructions of womanhood

Social Pressure

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

- Two main sources of social pressure: *suegras* and community
- Living with *la familia nueva*, social support attached to social pressure
- Typically succumb to pressures to quiet criticism
- Report feeling that their bodies, decisions, and babies are subject to other peoples' control
- Many pressures around performing roles better as mother, wife, daughter-in-law, including around household responsibilities, childcare, family planning, and health
- Also cut them off from emotional support networks

- Community pressure was around stigma of being a young mother
- Public persona
- Women described easily reaching a boiling point with these criticisms
- Struggled to find a respite from criticism

Contestation and Coping

- Women use a fluid combination of coping and contestation
- **Coping** - framed as harm-reduction, allows women to respond with behavioral strategies to deal with difficult emotional situations, when there is no immediate solution.
 - Ignoring, Reframing, Connecting with a sense of Self-Efficacy
- **Contestation** - when women actively object to the dominant discourse of expected gender roles and social pressure in the context of *la familia* and in the community at large.
 - Mutual contestation
 - Socializing children differently
 - Contestation with *suegras* and mothers sometimes
- Shift happening in the community towards greater gender equality
 - Characterization of gender inequality as “de antes,” “from before,” or old-fashioned.

Adolescent Family Planning and Sexual Health

- Did not learn about family planning methods in school.
- Access to family planning methods was low because of the difficulty and cost of traveling to get them
- In Centros de Salud, government clinics that advertise provision free birth control, supply is unreliable and they didn't always offer the methods women sought.
- Most did not feel comfortable confiding in adults about reproductive and sexual health issues and instead, spoke with peers

DISCUSSION

- Narrow window of acceptable behavior according to community, suegras
- Stigma women described as making them feel “bad” and “wrong,”
- Adolescent mothers went against a strong tide in trying to construct their version of “good” motherhood
- Stress and stigma associated with negative health outcomes, for all people, but children whose mothers experience stress as well

A Developmental Perspective

- Mothers are trying to become “experts” on mothering
- Adolescents are striving for “identity achievement”
- *Scaffolding* provides gentle, targeted support to youth as they try on roles
- When young women described *las familias* as providing this kind of support, they described great relief
- Intersection of emotional and instructional support, permitting greater autonomy and greater development of agency

PUBLIC HEALTH IMPLICATIONS

Public Health understands adolescent motherhood as having adverse outcomes for mothers and children

Potentially more important than age is women's agency over their reproductive lives and factors which repress agency

Further research around stress, gender inequity, and stigma for young mothers should look for associations with adverse health outcomes

Interventions should support young moms in parenting, promote gender equity, teach communication skills, especially around sex, and aim to reduce stigma around young motherhood

Recommendations

- ▶ Increased access to contraception and family planning for adolescents, including healthcare professionals trained in adolescent-friendly service provision
- ▶ Adolescent-specific doula programs to support young pregnant and early moms
- ▶ Training of midwives, nurses, and mental health providers in strength-based techniques for office visit conversations
- ▶ Community workshops for *las familias nuevas* on supporting and welcoming new additions to the family
- ▶ Discussion/support groups that expand young moms' emotional support networks

Bibliography

1. Juarez, F., Palma, J.L., Singh, S. & Bankole, A. (2010). *Las Necesidades de Salud Sexual y Reproductiva de las Adolescentes en México: Retos y Oportunidades*. Guttmacher Institute, New York. Retrieved September 17, 2011 from: <http://www.guttmacher.org/pubs/Adolescentes-Mexico.pdf>
2. McIntyre, P. (2006). *Pregnant Adolescents: Delivering on Global Promises of Hope*. Retrieved February 7, 2011, from: http://whqlibdoc.who.int/publications/2006/9241593784_eng.pdf
3. Bonell, C. (2004). Why is teenage pregnancy conceptualized as a social problem? A review of quantitative research from the USA and UK. *Culture, Health and Sexuality*, 6(3), 255-272.
4. Cunnington, A. J. (2001). What's so bad about teenage pregnancy? *British Journal of Family Planning*, 27(1), 36-41.
5. Clemmens, D. (2003). Adolescent Motherhood: A Meta-Synthesis of Qualitative Studies. *American Journal of Maternal Child Nursing*, 28(2), 93-99.
6. Geronimus, A. T. (2004). Teenage childbearing as cultural prism. *British Medical Bulletin*, 69, 155-166. doi: 10.1093/bmb/ldh019
7. McDermott, E., & Graham, H. (2005). Resilient young mothering: Social inequalities, late modernity and the 'problem' of 'teenage' motherhood. *Journal of Youth Studies*, 8(1), 59-79.
8. Sisson, G. (2012). Finding a Way to Offer Something More: Reframing Teen Pregnancy Prevention. *Sexuality Research and Social Policy*, 9(1), 57-69. doi: 10.1007/s13178-011-0050-5
9. Coley, R. L., & Chase-Lansdale, P. L. (1998). Adolescent Pregnancy and Parenthood: Recent Evidence and Future Directions. *American Psychologist*, 53(2), 152-166.
10. Soares, J. d. S. F., & Lopes, M. J. M. (2011). Biografias de gravidez e maternidade na adolescência em assentamentos rurais no Rio Grande do Sul. *Revista da Escola de Enfermagem da USP*, 45, 802-810.
11. East, P. L., Slonim, A., Horn, E. J., & Reyes, B. T. (2011). Effects of Adolescent Childbearing on Latino Siblings. *Hispanic Journal of Behavioral Sciences*, 33(4), 540-557. doi: 10.1177/0739986311423368
12. Rosengard, C., Pollock, L., Weitzen, S., Meers, A., & Phipps, M. G. (2006). Concepts of the advantages and disadvantages of teenage childbearing among pregnant adolescents: A qualitative analysis. *Pediatrics*, 118(2), 503-510.
13. Williams, C., & Vines, S. W. (1999). Broken Past, Fragile Future: Personal Stories of High-Risk Adolescent Mothers. *Journal for Specialists in Pediatric Nursing*, 4(1), 15-23. doi: 10.1111/j.1744-6155.1999.tb00076.x
14. Richards, J., Papworth, M., Corbett, S., & Good, J. (2007). Adolescent motherhood: a Q-methodological re-evaluation of psychological and social outcomes. *Journal of Community & Applied Social Psychology*, 17(5), 347-362. doi: 10.1002/casp.888
15. SmithBattle, L. (2008). Gaining ground from a family and cultural legacy: A teen mother's story of repairing the world. *Family Process*, 47(4), 521-535. doi: 10.1111/j.1545-5300.2008.00269.x
16. Clifford, J., & Brykczynski, K. (1999). Giving voice to childbearing teens: views on sexuality and the reality of being a young parent. *The Journal of school nursing : the official publication of the National Association of School Nurses*, 15(1), 4-15.
17. Goicolea, I., Wulff, M., & Öhman, A. (2010). Gender structures constraining girls' agency - Exploring pregnancy and motherhood among adolescent girls in Ecuador's Amazon Basin. *Sexualidad, Salud y Sociedad*, 5, 50-73.
18. Neu, M & Robinson, J. (2008) Early weeks after birth as experienced by Latina adolescent mothers. *American Journal of Maternal Child Nursing*, 33(3), 32-38.
19. Pablos, E. T. (2006). Embarazo en adolescentes del sureste de México. *Papeles de Población*(48), 141-154.
20. Ferguson, R. (2010). *Analysis of the Health Care System of the Lake Pátzcuaro Basin With Particular Reference to Maternal and Women's Health*. Mujeres Aliadas, Pátzcuaro.
21. Connell, R. W. (1987). *Gender and Power*. Sydney, Australia: Allen and Unwin.