Renegotiating Motherhood
Modernity, Gender & Reproduction in San Miguel de Allende, Mexico

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I would like to express my heartfelt thanks and tremendous gratitude to everyone who has helped me and my project each step along the way. I am deeply grateful to all of my informants and friends who invited me into their lives throughout my stay in San Miguel de Allende. In addition, I would like to thank both CASA and DIF for greeting my project with enthusiasm and warmly opening their doors for me. I extend my appreciation to staff members at these locales who took time out of their busy schedules to talk with me. I am truly grateful for all of the feedback, encouragement, and guidance I have received from my advisor, Susanne Brandtstädter. I cannot thank her enough. A special thank you to Harald Beyer Broch for his advising at the commencement of research. I am grateful to the Department of Social Anthropology at the University of Oslo for providing the opportunity of fieldwork. Finally, I would like to thank Andreas and my family for their unwavering support.
This thesis is based on fieldwork carried out in the Mexican city of San Miguel de Allende and its outlying communities. In this study I focus on the changing role of mother and wife in relation to family, community, and state. My fieldwork has shown that a younger generation of women portray themselves as experiencing motherhood differently than their own mothers. The state's construction of the “modern” mother is a dominant image in the lives of both urban and rural women, who are renegotiating tradition as they strive to fulfill both personal desires and the social expectations which are held for them. In this thesis I propose that the women of my study view themselves as self-actualizing “modern” mothers, a self-image which is produced and reflected in decision-making related to their relationships with men, parenting, and reproduction.
# TABLE OF CONTENTS

**ACKNOWLEDGMENTS** .................................................................................................................. I

**ABSTRACT** .................................................................................................................................. III

**INTRODUCTION** ............................................................................................................................ I
  Theoretical Framework .................................................................................................................. 2
  Motherhood and Mexico ............................................................................................................... 2
  The “Modern” Mother ................................................................................................................. 6
  Mothers and Reproduction .......................................................................................................... 8
  Site of Fieldwork and Research Methods .................................................................................. 10
    Place ........................................................................................................................................ 10
    Map of San Miguel de Allende and Outlying Area .................................................................. 13
    Informants and Collecting Data .............................................................................................. 14

**ONE:  PLANNING MODERNITY: STATE AGENDA AND MOTHER’S RESPONSIBILITY** .......... 19
  Unpacking the Modern/Traditional Dichotomy ......................................................................... 22
  Modernization, State and Reproduction .................................................................................. 24
  Family Planning Crusades ........................................................................................................ 27
  “Here We Have Everything, We Only Lack Money” .................................................................. 32
  Conclusion .................................................................................................................................. 34
  Scenes from San Miguel de Allende ......................................................................................... 36
  Scenes from the ranchos ............................................................................................................ 38

**TWO:  MOTHERS AND WIVES: TIMELESS ROLES AND MODERN WOMEN** ...................... 40
  A Modern Subjectivity and an Ethic of Choice ......................................................................... 42
  The Sacrifice of Motherhood ..................................................................................................... 46
  The Macho Factor in Relationships with Men .......................................................................... 50
    Negotiating Gender Roles: Concha’s Plan ........................................................................... 52
  Mothering Machos and Marias ................................................................................................... 54
  Motherly Ambitions and Marital Aversions ............................................................................. 58
    Small Town Rebels: Convention and Choice For a Mother and her Daughters ............... 60
  Conclusion .................................................................................................................................. 64

**THREE:  CHILD BEARING AND REARING IN THE MIDST OF MYTH AND MEDICINE** .... 65
  Modern Authorities of Reproduction ...................................................................................... 69
  New Identities for New Bodies .................................................................................................. 72
  Finding a Birth That Fits at a Hospital That “Counts” .............................................................. 76
  Selective Modernity: Myth and Medicine ................................................................................ 82
    Bibi’s Balance Between Family, Friends and Physician ......................................................... 84
  Conclusion .................................................................................................................................. 87
INTRODUCTION

My journey into the field and back has yielded a genuine understanding that the multifaceted experiences and observations in the field, rather than the anthropologist’s preconceived goal, defines the direction and topic that is assigned to the thesis. I went to the Mexican city of San Miguel de Allende believing that the infants in my study of parenting strategies would steal the show and be the headliners of this thesis. However, I quickly realized that the women holding the infants held the real starring role in regards to my developing interest in mothering and my research reflects where I chose to place the spotlight. In this study I focus on the changing role of mother and wife in relation to family, community, and state. Motherhood in Mexico is rooted in a rich tapestry of tradition. However, notions of the “modern” mother are today held up as ideal. The state’s discourse of modernity has become hegemonic in both urban and rural Mexico and has inserted itself into women’s perceptions of themselves as wives and mothers. While still a defining element in the experience of motherhood, tradition is not handed down from mother to daughter. Tradition is reinterpreted and integrated into the role of wife and mother as the younger generation of women are striving to fulfill both their own wishes and the social expectations which are held for them. In this thesis I propose that the women of my study view themselves as self-actualizing “modern” mothers, a self-image which is produced and reflected in decision-making related to their relationships with men, parenting, and reproduction.

The three chapters of this thesis explore three interwoven domains embodied in my informant’s experience of motherhood. The first chapter introduces the Mexican state’s family planning intervention and its construction of the “modern” mother and family. In the context of a dominant ideology of modernization promoted by the state, women’s reproductive behavior and identity have become attached to modern/traditional and urban/rural dichotomies. Chapter two focuses on the contesting gender identities of “modern” self-determined woman and “traditional” self-sacrificing mother. I demonstrate how women are both transforming and reinforcing the traditional female role through their relationships with men and mothering practices. This process of negotiation, I argue, reflects a woman’s “modern” self-image. The third chapter describes how biomedicalization has resulted in a devaluation of traditional knowledge and has altered the physical and cultural aspects of birthing. While women feel confident in the authority of “modern” biomedicine, they are distrustful of its interventionist tendencies.
present the way that women draw from both “authoritative” biomedical knowledge and traditional belief systems in composing their own set of practices.

This chapter provides an introduction to the site of fieldwork and the women whose experiences will be related in this thesis. Before describing the field, I will present the theoretical tools which I have drawn from in structuring the arguments and analysis offered throughout the thesis.

THEORETICAL FRAMEWORK

Motherhood and Mexico

Notions of gender and the role of mother in the Mexican context are intrinsically caught up in the machismo and marianismo phenomena which have been widely discussed in literature on Latin American societies. Machismo is the term used for the culturally constructed masculine role characterized by aggressive and dominant behavior, and marianismo is the female counterpart which is identified with submissiveness and selflessness. The ideology is that women are identified with moral and spiritual purity as they dedicate their lives to their children and maintain the stronghold of honor, humility, and self-denial in the face of the pleasure seeking, self-gratifying men. The woman who upholds this moral ideal is respected and venerated as a likeness of the Virgin Mary (or Virgin of Guadalupe in Mexico), while the woman who behaves aggressively and acts out of self-interest is scornfully labeled a mala mujer or “bad woman.” Machismo and marianismo are terms that have been used to describe the cultural constructions of male and female, respectively, and as many have observed, they are woven into a moral code which is found in many regions of Latin America. I believe the moral code remains influential in defining what expectations are held for the women in my study and contributes to how their relationships with men are shaped. Moreover, their behavior towards and expectations for their children are often guided by these conceptions of gender.

Marit Melhuus’ “Todos tenemos madre. Dios también”: Morality, Meaning and Change in a Mexican Context (1992) provides a comprehensive and clear description of the moral code in Mexico and has helped boost my own understanding. Melhuus explores the intricate and complex web of gender relations, symbolism, and the moral code in a Mexican rural community. According to Melhuus, “A moral order based on notions of honour and shame is first and
foremost characterized by being gender specific” (1992:123). She argues that the moral code or “gendered morality” defines not only what it is to be a man or a woman in Mexican society but in addition it determines what it is to be a father or a mother as well:

“We have seen how a moral code based on notions of honour and shame underpins the sexual division of labour, and structures the relationship between men and women, as husbands and wives. But our reasoning cannot stop here. The same moral order raises questions as to what it means to be a man or woman in this society, thereby opening for a consideration of the cultural representations of the gender relation. These representations are not only reflected in the relation of husband and wife, but also, and perhaps more importantly, in the notions of fatherhood and motherhood” (Melhuus 1992: 118).

According to Melhuus, the Mexican woman’s identity is based on motherhood, a role allocated with implications such as suffering and self-sacrificing, but in contradiction with her role of wife, who poses as a potential threat to men with her sexuality. Thus, having children becomes very important for women because they secure her identity as mother which provides her with virtue and power.

In her description of gender roles in Mexico, Melhuus draws from the classic writings of Octavio Paz, one of Mexico’s most widely recognized writer, poet and critic. In his novel, The Labyrinth of Solitude (1961) Paz writes of a Mexican society where masculinity and femininity are opposing categories and it is only through the woman’s suffering and piety that she is able to gather respect. Paz believes that women are required to adopt the role of “long-suffering Mexican woman” because it is only through this role that she can overcome her innate vulnerability:

“Despite her modesty and the vigilance of society, woman is always vulnerable. Her social situation-as the repository of honor, in the Spanish sense-and the misfortune of her ‘open’ anatomy expose her to all kinds of dangers, against which neither personal morality nor masculine protection is sufficient. She is submissive and open by nature. But, through a compensation mechanism that is easily explained, her natural frailty is made a virtue and the myth of the ‘long-suffering Mexican woman’ is created.” (1985 [1961]: 38).

I relate to the traditional gender ideologies as portrayed by Melhuus and Paz and I believe it is important to recognize a “gendered” moral code as its existence is not only prevalent in
regional literature, but heard in daily conversations with Mexicans. Nevertheless, I also find that the traditional gender roles are in a dynamic process of change as men and women are renegotiating male and female identities. The writings of Browner, Lewin, Gutmann and Le Vine, provide alternative perspectives on the classic gender stereotypes which bring forth issues of agency, manipulation, uniformity, and change.

Browner and Lewin challenge the classic view of the Latin American woman as bound in the mother-wife paradox in their article, Female Altruism Reconsidered: The Virgin Mary as Economic Woman (1982). In their research amongst women in Cali, Colombia and San Francisco, California, they found that the typical mother-wife role is not uniform across all contexts and varies according to economic and social conditions. The writers argue that women are not submissively assuming the mother-wife role which their culture has presented them with, but are adapting the role to meet their strategic goals of economic security. According to Browner and Lewin, Latinas in San Francisco and the Caleñas1 in Colombia find themselves in the same situation of economic dependency, but they use different strategies to achieve financial security. While Latinas in San Francisco play up the suffering and self-sacrificial Marian image to secure the loyalty of their children who they rely on for future financial support, the Caleñas in Colombia do not assume that their children will financially support them and therefore do not embellish the Marian role. As explained by Browner and Lewin:

“The strategies they employ in response to this resultant dependency are rooted in elaborations of the traditional female role, although the particular conditions that prevail in each setting lead to emphasis on either its conjugal or maternal aspect. In this sense, women’s role behavior emerges as instrumental as well as expressive, as an an adaptive response rather than merely the given state of affairs to which a response must be made” (1982: 73).

Browner and Lewin conclude that the Marian image is not equally applied across all groups of Latin American women and when used, it is important to acknowledge the agency of the women who adopt the roles.

Gutmann argues in The Meanings of Macho: Being a Man in Mexico City (1996), that the stereotype of machismo should not be taken at face value. Gutmann asserts, “Gender identities, roles, and relations do not remain frozen in place, either for individuals or for groups.

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1 Browner and Lewin use the term “Caleñas” when referring to the women in their study from Cali, and “Latinas” for the women in San Francisco.
There is continuous contest and confusion over what constitutes male identity; it means different things to different people at different times. And sometimes different things to the same person at the same time” (1996: 27). Initially inspired by a photograph he captured of a Mexican man cradling an infant in his arms and the resulting discussions it sparked, Gutmann dove into the world of working class men in Mexico City. Gutmann's intimate portrayal of Mexican men in various and shifting roles of husband, father, son and friend exposes the contradictions found in the overarching macho stereotype. Gutmann recognizes the role of machismo in Mexican culture, but believes that it not a uniform identity. According to Gutmann, Mexican male identities are effected by class, nationalism, ethnicity, and age. Rather than being a clear category, he claims that the male identity is contradictory, inconsistent, and shifting. His approach parallels that of Browner and Lewin as he views men and women as agents in their own process of constructing and restructuring gender identities.

Sarah Le Vine’s ethnographic work, Dolor y Alegría: Women and Social Change in Urban Mexico (1993), eloquently illustrates social changes taking place in the lives of Mexican women across three generations. Le Vine, who carried out fieldwork in the mid 1980s amongst Mexican women in the city of Cuernavaca, suggests that a pronounced generation gap is due to dramatic historical and social changes which have occurred. She believes that urbanization, educational opportunities, and access to health care and contraception has altered the younger generation’s lifestyle and mentality. Le Vine observed that Mexican women continue to struggle with a dominating, hard-drinking, and promiscuous husband, but are more apt to stand up for themselves in way that their mothers did not. She concludes, “By and large, the younger women were not as submissive or long-suffering as women of the older generation described themselves as having been in their youth.” (Le Vine 1993:137). Furthermore, younger women were demanding more out of their partners than the traditional husband and father, where he provides for the family but is emotionally neglectful and often absent from the household. Le Vine found that young wives, who are having fewer children and investing more time into the development of each child, are of the belief that their spouses should help with the daily needs of their children. They are asking that “the children’s upbringing become a joint venture” (1993: 200). Le Vine attributes the boost of confidence in young women in part to the encouragement and opportunity of longer years of education, which provides an environment that “fosters a self-confidence that remains throughout life” and that she will later bring into her marriage and motherhood (1993: 196). Modern health care, according to Le Vine, has additionally added to a women's self-confidence as she is now able to make decisions regarding her reproductive
life. Le Vine points out, “Instead of accepting as many children as God sent them-and their husbands wanted-they could plan their pregnancies, and most did, and rather than than being burdened with the care of young children from marriage to menopause, they had time for and greater need of emotional intimacy with their husbands” (1993: 137). According to Le Vine, mothers have higher ambitions for their children’s future, now with less children to raise and more time and money spent on each child’s upbringing. Particularly for female children, who mothers hope will not “suffer” as they had.

In this thesis I explore how the role of mother is caught up in the structures of gender found in Mexico. The following study will show that women are actively engaged in both reinforcing and reinterpreting gender identities through their role of wife and mother. The themes of machismo and marianismo were evident in the experiences of my informants and consequently, they are present throughout my analysis of relationships found within the familial triangle of men, women and children.

The “Modern” Mother

Jane Collier describes the dramatic shift away from traditional customs towards what is considered “modern,” in the Spanish village of her fieldwork, as a transformation from a traditional to a “modern subjectivity” (Collier 1997). In the pages of her book, From Duty to Desire: Remaking Families in a Spanish Village (1997), Collier draws from her research across several decades in rural Andalusia. Upon her first visit to a small Spanish village in the 1960s, her informants expressed a traditional subjectivity as they were occupied with maintaining and adhering to strict social conventions and customs. According to Collier, upholding the observed “traditional” customs was logical in the agriculture based community where one inherits status and wealth from their parents. However, during her return to the field in the 1980s, Collier discovered that the traditional customs so reverently followed during her previous stay had become “tonterías” (stupidities), or relics of the past. Now involved in waged labor in the national job market and a system where status and wealth is achieved through self-initiation, the villagers acted out on their personal thoughts and desires. Collier points to the way in which both “traditional” and “modern” behavior and appearance is rational in specific political-economic contexts. Adopting a phrase heard from an informant, Collier uses the “contrast between ‘thinking for oneself’ and ‘letting others think for one’ as a conceptual tool for exploring the development of what might be called ‘modern subjectivity’” in her site of research. (1997: 5).
Instead of maintaining Giddens’ argument of modernity as offering a multitude of choices which “we have no choice but to choose,” she observes, “people from Los Olivos had about the same range of lifestyle choices open to them during both my visits” (Collier 1997: 26, quoting Giddens 1991: 81). Refuting the view that modernity is “adopted” and tradition is “handed down,” as Giddens maintains in his discussion of “lifestyle,” Collier argues that tradition can also be “adopted” (Collier 1997: 26, quoting Giddens 1991: 81). Collier believes that modern subjectivity is not necessarily determined by acting out “modern” or “traditional” lifestyles but it is based on one’s self-awareness that they are acting out their own desires rather than fulfilling sets of obligations.

My fieldwork in rural and urban Mexico has shown that women simultaneously adopt “modern” ideologies and “traditional” customs. The women of my study express a “modern subjectivity,” as they believe that they are acting on their own decision-making rather than abiding by “traditional” customs. Following Collier I hold that the determinant of a “modern subjectivity” is not necessarily abandoning all that is deemed traditional, rather, it is the belief that one is acting on their personal desires.

Paxson’s *Making Modern Mothers: Ethics and Family Planning in Urban Greece* (2004), tackles the apparent paradox in Greek society where motherhood is held up as an ideal culturally and by a pro-natalist government, yet since the 1980s, more pregnancies have resulted in abortion than in birth (2004: 3). To Paxson’s informants, motherhood is considered to be in the “nature” of a woman and important to feeling “complete,” but transformations are taking place as women have become part of the work force and are juggling motherhood and work under difficult economic circumstances. In the context of social, economic, and political change, Athenian women’s “nature” as mother has competed with the expectations of being a “good” mother. Paxson describes a difference in “viewing motherhood as that which invariably gives purpose to a woman’s life—a view that Athenians now relegate to past generations or cultural tradition—and the modern woman’s attitude that motherhood is a virtuous goal that she works to achieve” (2004: 5). Now upon motherhood, a Greek woman must take accountability and ensure that she will be a “good mother,” which is often demonstrated by new consumer demands. According to Paxson,

“Not only do people today make conscious decisions about family size, they (are supposed to) act to achieve this desired outcome through premeditated fertility control. And they explicitly contrast this with an early modern ethic- (...) that demands compliance with convention without expecting
individuals to question their motives for a particular act: the knowledge that one's duty is conventional is reason enough. To be properly self-attentive women, modern mothers must demonstrate an authentic desire for children and actively pursue that desire in achieving motherhood. This reflects a widely perceived shift in an ethics of gender for women, what I depict as a shift from an ethic of service to an ethic of choice" (2004: 39-40).

Paxson found that tradition is not simply replaced or reproduced, by modern beliefs and practices, but tradition is recreated and re-conceptualized. As will be further elaborated in chapter two, I adopt Paxson's concepts of an "ethic of service" and an "ethic of choice" to make sense of how the women in my research struggled to negotiate contradictory gender roles.

**Mothers and Reproduction**

Faye D. Ginsburg and Rayna Rapp assert, “By using reproduction as an entry point to the study of social life, we can see how cultures are produced (or contested) as people imagine and enable the creation of the next generation (...) reproduction, in its biological and social senses, is inextricably bound up with the production of culture" (1995: 1-2). In this thesis I will approach reproduction as a domain which is simultaneously shaping and being shaped by social processes. I examine the underlying cultural assumptions of the Mexican state family planning program and the biomedical model of care. I demonstrate how modernity becomes entangled in a woman’s reproductive decision-making as she navigates through “modern” and “traditional” identities and systems of knowledge. The following works have guided me throughout this process of analysis and have provided valuable theoretical tools.

In her work, Brigitte Jordan, considered by many to be the “midwife to the anthropology of childbirth,” challenged the authority of Western biomedicine over the domain of childbirth and recognized more traditional systems where childbirth remained woman-centered (Davis-Floyd and Sargent 1997: 3). Jordan’s *Birth in Four Cultures: A Crosscultural Investigation of Childbirth in Yucatan, Holland, Sweden and the United States* (1993 [1978]) has held a loyal following and is considered one of the “classics” in the field of anthropology of reproduction. Jordan’s work brought attention to the childbirth process as culturally anchored and mediated by varying actors such as physicians and midwives. A term introduced in her work and which remains widely used, “authoritative knowledge,” is clarified below by Jordan:

“For any particular domain, several knowledge systems exist, some of which, by consensus,
come to carry more weight than others, either because they explain the state of the world better for the purpose at hand (‘efficacy’) or because they are associated with a stronger power base (‘structural superiority’), and usually both. (…) To legitimize one way of knowing as authoritative devalues, often totally dismisses, all other ways of knowing. Those who espouse alternative knowledge systems tend to be seen as backward, ignorant, or naive trouble makers.” (1993 [1978] : 152).

I will employ Jordan’s concept of “authoritative knowledge” in an analysis of Western biomedicine as the hegemonic model of care in Mexico and the resulting devaluation of traditional systems of knowledge. I return to the notion of “authoritative knowledge” in illustrating the way in which biomedicalization has changed women’s experience of birth and influences their use of systems of knowledge.

I have drawn from Emily Martin’s work to develop the representation of biomedicine as a cultural system of knowledge altering the process of birth both physically and culturally. *The Woman in the Body: A Cultural Analysis of Reproduction* (1987) is an evocative work by Martin which closely examines the medical culture of Western health care in the USA. Martin exposes the cultural implications and gender biases caught within the biomedicalization of reproductive health care. As Martin explains:

“I try to get at what else ordinary people or medical specialists are talking about when they describe hormones, the uterus, or menstrual flow. What cultural assumptions are they making about the nature of women, of men, of the purpose of existence? Often these assumptions are deeply buried, not hidden exactly, but so much a part of our usual experience of the world that they are nearly impossible for a member of the same cultural universe to ferret out” (1987: 13).

Martin argues that medicine is far from being an objective science and carries with it cultural values which has an impact on women’s experiences of their bodily processes. Martin believes that social considerations, not only biological, must be taken into consideration in the relationship between the health care industry and women’s bodies.

This thesis is indebted to and inspired by Rhoda Ann Kanaaneh’s book, *Birthing the Nation: Strategies of Palestinian Women in Israel* (2002). Kanaaneh examines how the bodies of Palestinian women are caught up in discourses of modernization and medicalization. Kanaaneh argues that Israeli family planning initiatives has an agenda to control and reduce the population of Palestinians living inside Israel. The Israeli state, Kanaaneh argues, has constructed an image of “Palestinians as the flawed and failed object of reproductive modernization” (2002:252).
Kanaaneh explores how modernization has reshaped the lives of Palestinians living in the Galilee, her site of research. Kanaaneh explains:

“Through the interrelated spheres of national identity, economic strategies, corporeal disciplines, social stratification, and gender relations, modernization has become profoundly entangled with reproduction. Together they create a complex and compelling web of new reproductive discourses and practices through which the modern and the backward are conceived and ranked” (2002: 252).

The pursuit of modernity of which many Palestinians are a part effectively alters gender relations, consumerism, child raising techniques, conceptions of beauty and body, and sexuality amongst Palestinians living in Israel. Kanaaneh’s work will be returned to and further examined throughout this thesis.

SITE OF FIELDWORK AND RESEARCH METHODS

Place

This thesis is based on fieldwork carried out in the city of San Miguel de Allende and its outlying communities, known as ranchos, from January 2006 to July 2006. San Miguel de Allende, often shortened to San Miguel, is a city found in the centrally situated state of Guanajuato, Mexico. The city of San Miguel has a population of 80,000 residents. In the 540 surrounding rural communities, there are roughly 60,000 residents (http://en.wikipedia.org/wiki/San_Miguel_de_Allende, 2007). Previously called San Miguel el Grande, the town was renamed in 1826 in honor of General Ignacio Allende, a native of San Miguel who played a leading role in the Mexican War of Independence. Allende and Miguel Hidalgo y Costilla, from the the neighboring town of Dolores, along with their revolutionary army sprung into action from their respective hometowns making San Miguel a backdrop to the a string of exciting events. However, by the 1900s, San Miguel was a sleepy place on the brink of becoming a ghost town. The days of being a quiet, unassuming place are far in the past and these days the city is brimming with activity and stands out as unique in many ways. At first glance, the colorful and exquisitely preserved colonial buildings alone mark San Miguel as special.² Not the only city in Mexico with colonial buildings still standing, San Miguel’s antiquity

² The Mexican government declared San Miguel a national historic monument in 1926, which restricts development in the historic district, preserving the city’s colonial character.
extends well beyond the structures found in the center, where the colonial ends and modern begins in many Mexican cities. The variety and beauty of the buildings framing the roads, from stunning churches to rows of homes with carved wooden doors, captures the attention and brings out the romantic in all of those who come. It must have been these inviting and enchanting buildings, although the consistently sunny skies deserve some credit, that attracted the first tourists in the 1950s. The Instituto Allende, an art academy founded in 1950, attracted demobilized United States GIs after WWII as they discovered that their education grants would go farther in U.S. accredited art schools in Mexico. Tourists turned into residents and the arts continued to thrive in the bohemian expat environment during the 1960s. A creative and artistic atmosphere is still found in San Miguel, as writers, painters, photographers, jewelry makers and the like have settled there, opening workshops, galleries and schools. However, San Miguel is not home to artists alone. There are those who take the classes and buy the art work. There is a sizable community of expatriates, comprised of many retirees and coming for the most part from the USA, with an increasing trend towards Canadians and Europeans. This community also calls San Miguel home, or second home rather, as many come to nest during the cold winter months up north. As a general rule in Mexico, the further one goes inland, away from the crowded beaches, the fewer tourists one stumbles across. San Miguel defies this rule and in effect turns it inside out. In San Miguel, the heart of the city is crowded with gringos and as one moves further out, there are fewer to be found until eventually reaching the outlying communities where there are none.

The ranchos receive little to no foot traffic from the inhabitants of San Miguel, neither Mexicans nor gringos. Although, many of the residents of ranchos with direct bus service commute to the city on a daily basis for work. The city of San Miguel’s healthy tourist economy has provided jobs for both urban and rural residents. The city’s abundance of upscale shops, restaurants and businesses providing services for expatriates overflow with customers. Construction is a leading industry in San Miguel as expatriates and developers employ locals in their building and remodeling projects. Mexican women from the city fill many of the higher paid job positions as domestic workers in the homes of expatriates. However, there are openings for women from the ranchos, who accept lower wages, in the homes of upper and middle-class Mexicans. One of my urban informants worked in the house of an expatriate, and with

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3 Widely used nickname for people coming from the USA. Canadians and Europeans are often grouped under this term. While it can be used in a negative fashion in certain contexts, I believe this term is primarily used as a harmless label which identifies a particular nationality or set of characteristics typically ascribed to a nationality.
the money she made there, she could afford to hire a domestic worker from a rancho in her own home. Complaints are often heard from Mexican residents regarding the extremely high cost of living in San Miguel because of the tourism and expatriate community. Despite the sighs over high prices, residents explain that the gringos have rejuvenated the local economy and for many, their own livelihood is dependent on them. Naturally there are ways of avoiding high prices, as demonstrated by the Tuesday public market known as Los Tianguis. This market, which sells everything and anything one could be looking for at very low prices, attracts shoppers from San Miguel as well as many of the outlying communities. For many women, Tuesday is their designated day to purchase groceries and household supplies for the week.

I initially chose San Miguel de Allende as the location of my research because of my interest in the organization, CASA, a non-profit healthcare organization founded in 1981 by a social worker from the USA and her husband, a native of the city of San Miguel. The couple recognized a need for reproductive health services in the region and established the organization which offers a multitude of services and programs related to women’s reproductive health, family planning, and sexual and civil-rights education. In the beginning of fieldwork I spent time observing and participating in the daily activities at the CASA child care center and the CASA maternity hospital. As I began to meet increasingly more informants and the emphasis of my research shifted, I spent less and less time at the organization. However, my connection with the organization remained throughout fieldwork as I continued to visit the maternity hospital to take courses given by the midwifery students and to interview the physicians and midwives working at the hospital. Furthermore, many of my informants continued to associate me with the organization. Apart from our initial acquaintance I always met with informants in their homes or the homes of their family and friends, and they were well informed about my research project and its independence from CASA. Even so, they would often introduce me to their acquaintances as a “friend who works at CASA.” I will return to the organization CASA and their services later in the thesis.

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4 Center for the Adolescents of San Miguel de Allende or Centro para los Adolescentes de San Miguel de Allende
Map of San Miguel de Allende and Outlying Area

Informants and Collecting Data

The majority of the Mexican women living in San Miguel who became my informants owned homes in barrrios and colonias located outside of the historic center. San Miguel takes on quite a different look and feel in these areas. Dusty dirt roads replace cobblestone and concrete or brick houses stand in place of elegant colonial homes. My informants residing in San Miguel came from both middle-class and working-class households. In addition, I had informants living in the ranchos, rural communities that freckle the open landscape surrounding the city. Smaller and more isolated, most ranchos do not have stores, offices and churches which are found in pueblos. Although, the larger ranchos which are more accessible often have corner food shops located in the bottom story of an owner’s house and a small church serving the community. In the past, the elderly residents recall that walking and riding a donkey were the only means of transportation to and from the ranchos. These days many ranchos have direct bus service, however there are still those which can only be reached by hitching a ride or taking the bus as far as it goes and hoofing it the rest of the way, which can take up to an hour. While many residents of the ranchos work in the fields, migration to the USA is recruiting men from their early teenage years. Migration to the USA has become a rite of passage for young Mexican men of the ranchos. Although money is still sparse, because many members of large families live off the remittances sent home, the money has significantly improved the economic situation in the ranchos. However, poverty continues to be a factor found in the ranchos, as officially documented by a report released by the Guanajuato state government in 1997 which indicated that 91% of the state’s rural population lives in poverty and more than half of the rural population has no access to services such as electricity or drinking water (http://www.casa.org.mx/history.htm, 2007). Many of my informants living in the ranchos carried their children and the family’s laundry to the nearest river to bathe and wash. Informants from San Miguel and the ranchos were all Catholic mestizos with infants or young children. However, there was a distinction between city residents and rancho residents, one made clear when hearing city residents discuss the ranchos. Informants living in the city had a tendency to view residents of the

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5 Neighborhoods.
6 Small towns.
7 The state of Guanajuato is the second largest “sending state” in Mexico, as an annual 32,500 migrants from the state alone travel north to the United States. In 2000, it was officially estimated that migrant workers in the USA sent back 650 million US dollars to the state of Guanajuato. In the state of Guanajuato, one in four households has at least one member with experience as a migrant worker in the USA, and in places with a population under 15,000, one in three households (Smith 2003).
8 Broad term used to describe people of mixed European and indigenous non-European ancestry.
ranches as very “traditional” and “backwards.” At the same time, they held respect for many of
the traditions; such as making tortillas\(^9\) from scratch and traditional knowledge of herbal rem-
edies. They also admired what they perceived as a lifestyle based on hard work. An informant
from the city told me, “I like country people—they work hard. But they need their work, it is
what makes them proud. If you took it away from them they would die. It is part of who they
are.” These stereotypes often have negative undertones. I went to visit an informant in the
city once after having spent the morning next to a wood fed fire making tortillas with another
informant in the rancho. We had been sitting and talking for about an hour when her teenage
daughter came home from school. She looked at me, scrunched up her nose in disapproval and
said, “You smell like the rancho!” and they both laughed. My informant explained that I smelled
like wood fire, presumably like they do out in the ranchos.

Fieldwork was conducted in Spanish, which I had learned several years prior to entering
the field, and all translations have been my own. All participants of this study were informed
about my research both verbally and in information, attached to a consent form, written in the
Spanish language and detailing the intention of the project and the way in which data would
be used. My role in the field was one of participant observer; sometimes observing more and
other times participating more, depending on each situation I encountered. I gathered data
through various outlets such as: job shadowing and interviewing health care professionals, par-
ticipating in various programs at CASA, taking courses on perinatal care and parenting given
by both CASA and the governmental institution, DIF,\(^{10}\) and regular visits with mothers, chil-
dren, and other friends and family members throughout fieldwork. The kind of data I gathered
related to the source I was gathering it from. Elizabeth L. Krause, has written on what she calls
“ethnographic encounters,” in fieldwork and argues,

“Chance meetings imply neither arbitrary nor irrelevant evidence. Rather, unexpected data ar-
rive that are beyond the direct control of the ethnographer yet from his or her systematic perseverance
and careful attention to social life. As the ethnographer ‘goes with the flow,’ she or he develops an ear
for what is important in the reproduction of social life. Conceiving of ethnography as a ‘space of encoun-
ters’ contrasts with nonimprovisational scientific or demographic methods such as focus groups or quan-
titative surveys” (2005: 595).

My approach followed Krause’s, as I found that data collected throughout fieldwork unfolded
during conversations and social interactions with informants. The data gradually built upon itself
and I became increasingly knowledgeable and adept at asking about and listening for what was

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\(^9\) A thin pancake-like dietary staple made of either corn or wheat flour dough.

\(^{10}\) Program for Integrated Family Development or Desarrollo Integral de la Familia
“important in the reproduction of social life” in regards to my project (Krause 2005: 595). Time spent with informants, and their family members and friends was unstructured and conversations were informal and free flowing. We discussed topics related to pregnancy, birth and child rearing. Informants also shared thoughts and stories about their personal histories and detailed the daily happenings in their own lives and the lives of their friends and family members. I rarely took notes during our conversations in part to avoid distraction or disruption, but also because it would have been awkward considering the familiar and informal nature of our relationship. Instead, I took mental notes and would spend the evenings at home spilling all the information onto my computer. I addressed some of the same questions, topics, and asked about information that I had learned from informants, in interviews with health care professionals such as midwives, physicians, and psychologists (at DIF). These interviews were held at their place of work and were more formal and structured. Therefore, I felt comfortable taking notes throughout them. I started out with a long list of questions and topics to discuss with mothers and another list for health care professionals. Throughout fieldwork, the list kept growing and the questions changed and evolved according to what I was learning from my informants. As far as positioning in the field, I believe that my gender was of particular importance. It would not have been considered appropriate, or at the least regarded as highly suspicious by both women and men, for a male to spend as much time as I did with women and discuss the intimate and female related topics that we did. I would also like to address the decisions made in regards to the gender of my informants. Although I did not purposely exclude men from my research, I found that men were often not at home. When men were at home, they were far more interested in discussing topics other than those relevant to my study. Thus, this thesis is based on a primarily female perspective.

The seemingly inevitable intricate web of informants that is created throughout research can often be extremely difficult to unravel and explain without confusing both researcher and reader in the process. To simplify my own system of networks, I have chosen to begin by introducing my key informants. These are the women who not only invited me into their homes but into their lives for the duration of my fieldwork. I met some though the CASA maternity hospital, and others through my own networking. They are not related to each other; they live in very different parts of the city or in different ranchos and do not share family or friends. Through accompanying them in their daily lives, I became acquainted with some of the women’s extensive resource of family, friends, and neighbors. While some were given as personal references by my key informants on questions or topics they felt they could not answer themselves, others were
innocent bystanders that dropped by for a visit and became involved in our ongoing discussions and became informants as well. To further complicate my networking, I had additional visits with women that I met with less often. Usually these meetings were supposed to be a one time deal, but many turned into a series of visits. Although I will draw from all of my sources, the women below were my core informants and their experiences will be referred to throughout this work and their family members will be described in relation to them. The names of all informants and their relatives have been changed to preserve confidentiality.

ANA (32) has lived in San Miguel de Allende her entire life and has been a spectator to the many changes which have taken place in the rapidly growing town. Ana completed primary school and left to begin a full time job to help support her family. She has six sisters and brothers. While working at a factory, Ana met her husband. She married at 18 years of age and has four children aged 2 months and 8, 9 and 12 years old. All but one of her children were born at the CASA maternity hospital. Ana is a stay at home mom, and does not have a desire to return to work outside of the home. Nevertheless, she feels it might be necessary as her husband makes a modest living as a plumber and they intend to see all their children through school.

BALBINA “BIBI” (34) comes from a small town near San Miguel de Allende. She is the eldest of seven sisters and one brother. Her brother travels to the USA regularly to work, but her sisters all live near by and the family is very close. After finishing primary school, she started working full time at a string of different jobs up until she gave birth. Bibi gave birth to her only child at the CASA maternity hospital five months before our first meeting. Following the birth of her baby, Bibi moved to San Miguel where she lives in a nice residential area with Antonio, her partner and the father of her child. The bottom floor of their home is used for her Antonio’s business, one of several shops he owns in San Miguel.

ELI (25) is from one of the many small ranchos which freckle the spacious and fairly vacant landscape surrounding San Miguel de Allende. There are 35 households in her rancho. She is the eldest of five sisters and four brothers. Eli left after primary school to work in the fields with her father. She asserts that she didn’t want to continue her schooling and “you can’t force it” on your children. Eli met her husband (28) while working in the fields and married when she was 20 years old. She has given birth to two children, a 5 year old girl and a 5 month old baby boy. Both births were cesarean deliveries and took place in a hospital. Eli moved to the rancho of her husband’s family after marriage. She lives in her

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The ages given for both the women and their children are based on age given at our first meeting.
husband’s family home with her mother-in-law, Lupita, and father-in-law while her husband along with his 3 brothers are away working in the USA. Eli does not have a job outside of the home, but is kept occupied with the daily chores and activities around the rancho.

MICHAELA (22) is a newcomer to the city of San Miguel de Allende. Originally from a city in the state of Mexico, Michaela came to San Miguel because her husband (24) wanted them to move and start a family there. Her husband works very long hours in construction in addition to painting homes. She married her husband at 19 and moved into his mother’s home. They now live in a one room home on the outskirts of San Miguel. Michaela is the oldest of six siblings. She finished high school and took courses at a university for one year before she was forced to quit because her father could not afford to pay tuition. She gave birth 4 months before our initial meeting at a hospital in San Miguel. She had a cesarean delivery. While she is immensely enjoying being at home with her new baby, she is determined to get out of the house and go back to work once her baby is older.

ALEJANDRA (28) lives in the same rancho in which she was born and raised. Her rancho is relatively big and has a few little shops selling food and basic items. Alejandra and her three brothers and sisters were raised primarily by her grandmother, Carmen, who lives a 5 minute walk up the hill from her present home. The children moved to their grandmother’s home after their father died and their mother moved to Mexico City to find work. After completing primary school, Alejandra left school and began helping with work around her family’s home. Alejandra married a boy from her neighborhood when she was 19 years old and he was 21. They have two sons together; a four year old and a three month old. Both children were born at the CASA maternity hospital and were cesarean deliveries. Her husband migrates to the USA to work. Alejandra prefers to stay at home with her children and does not plan on looking for work outside of her home.

This opening chapter has introduced some of the framework and context in which this thesis has been created. In the next chapter, I explore the Mexican state’s priority of modernization, embodied in its family planning program, and the impact on the lives of the women of this study.
ONE: PLANNING MODERNITY: STATE AGENDA AND MOTHER’S RESPONSIBILITY

Resting in the shade provided by a tree overhead, Lenore is taking a breather from sweeping the courtyard in front of her home. She points upwards and exclaims, “This tree here, it is always dropping basura.” I have spent years cleaning up after it.” Clad in clothing typical for women of her age out at the ranchos, Lenore’s tiny figure is swimming in the oversized t-shirt, modest skirt and mandil. Her daughter, Rocío, who is sitting beside her, is dressed in more youthful and modern fashions and is wearing a fitted v-neck top with bell sleeves and a colorful skirt. Lenore, 61, is small in both stature and frame, but her delicate appearance is misleading. As her body has seen her through many difficult and trying times. Lenore is more open, opinionated and forthcoming in conversation than her 21 year old daughter, as often is the case between older and younger women in the ranchos. She readily launches into a retelling of her personal history upon the encouragement of a few questions regarding her childhood. Lenore states matter-of-factly, “I am from this very rancho,” which is cautiously interjected by her daughter who reminds her that she was born and raised in another rancho near by. Lenore promptly retorts, “Yes, but I grew up here!”

Lenore had 10 brothers and sisters and spent much of her childhood helping her mother take care of her siblings. She was married at 14 years old and moved into the home of her husband’s parents at the rancho where she currently resides. She emphasizes that she was very young, she was only una jovencita. She gave birth to her first baby when she was 15 years old. At the time, she and her husband were extremely poor. Her husband was not making any money and they could not afford to pay for a partera. Lenore exclaims, “I gave birth to nine of my eleven children on the dirt ground,” as she recollects that they did not even have a bed at the time. Her first died during birth, and all but one of the others are living today. She was on her own during her first eight births; unmedicated, unattended and unassisted. Immediately

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12 Garbage
13 Aprons worn over daily wear. While women in the cities are also seen wearing this particular type of apron, it appears to be more common for women to wear them out at the ranchos. Women will often wear them throughout the entire day, even on errands which take them outside of the home.
14 Youngster.
15 Midwife. There were few medical facilities available for those in the lower classes up until a generation ago. It was very rare for poor Mexican women to give birth in a hospital up until the expansion of health services in the 1960s and 1970s (Le Vine 1993: 142). Particularly, in the isolated ranchos. If able to afford one, women were attended by traditional midwives.
after the birth, her husband called for his mother, who came into the room to cut the umbilical cord with a pair of scissors. Later, they buried the placenta in the ground. With her last three children, she hired a *partera*, who came to her home to assist during the births. “Back then, *parteras* were not expensive like they are now,” she says. Lenore remembers paying 12-15 pesos for each birth. Her mother came to help her after her first two babies were born. She arrived with jugs of *atole* and helped her bathe, feed, and change the baby. “Nobody came after the first two,” she recalls and the workload was all up to her. Lenore was out working in the fields, helping her husband in the *milpa*, making the family’s staples of beans and *tortillas* and tending to the house up until the time she gave birth. After the baby was born, she went back out into the fields to work, carrying her baby with her. She recalls with a smile, “I had the food for lunch in one hand and the child in the other.” She remembers making a hammock out of her *rebozo* or a burlap sack to hang in a tree next to the field. She would place her baby in the hammock while she worked, walking over to tend to her baby when he/she cried or needed to be fed.

Lenore’s experiences as a young mother were shared by many women of the older generation with whom I spoke in the *ranchos*. When asked about her years as a young mother, many talk candidly about the lifestyle back then and the way things are different now. Told in front of other family members and friends, their accounts are often boastful, as they detail the great amount of work and hardships endured. Particularly when told in front of their daughters who sit silently while receiving what must sound to them like a classic “you have it easy” lecture. Many of the younger women had not heard the extent of their mother’s or grandmother’s stories before and sat with eyes widened by surprise. In addition to a sense of pride, older women are well-aware of how absurd parts of their lifestyle must sound to their daughters and granddaughters. They themselves chuckle and give looks of “can you believe it?” when describing the lifestyle and tradition as it was.

Throughout my research, I found it impossible to overlook the vast leaps in lifestyle between generations of women. For the purpose of my study, I was searching for informants who had infants. However, because most of my informants lived in the same home, if not very close by, their mothers and grandmothers, I grew well acquainted with an older generation of

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16 Midwives will now charge as much as 3,000 pesos.
17 A hot drink made with corn meal.
18 Cornfield.
women as well. Grandmothers and mothers play a key role in the lives of their daughters, my informants, as they have a hand in the daughter’s decision-making process from pregnancy on. My informant’s mothers and grandmothers were far from shy when it came to giving advice on everything from what to eat during pregnancy, how long to breast feed, and how to lose post-partum weight, to child rearing strategies. Often drawing from their own experiences, it was clear to see how much reproductive and child rearing processes have changed for the older and younger generation of women. Such changes have altered the Mexican women’s experience of motherhood.

Carrying out research both in the city of San Miguel, and its surrounding rural areas provided another contrast to the generational difference. While San Miguel is certainly not the hub of modernity and industrialization that one finds in Mexico’s largest cities, its urbanity still sets it apart from the rural communities. As Le Vine found in her urban study, young girls are encouraged to continue throughout the educational system and to be dedicated to their studies for the benefit of themselves. Le Vine cites, “By the early 1980s, 90 percent of girls between the ages of fifteen and nineteen in Cuernavaca were still attending school” (1993: 78). In addition, she observed that women were increasingly more resistant to their husband’s destructive macho behavior and were more self-assured and assertive than women of previous generations. My findings were similar amongst informants who had been brought up in either San Miguel or another city, but the situation was not entirely the same for those who grew up in the ranchos. Access to education and health care came later on for these small and geographically isolated communities and “traditional” gender roles were more pronounced. Educational opportunities remain extremely unbalanced in Mexico where out of 6 million people recorded as illiterate, 62 percent of them are women (Amuchástegui, Ortiz Ortega, Rivas 1998: 151). The state is not able to meet the demands of elementary school education for 20 percent of its people, and it is the rural poor who shoulder the consequences as their needs are largely ignored (Amuchástegui, Ortiz Ortega, Rivas 1998: 151). While schooling, as Le Vine maintains, is indeed one of the underlying forces of social change, many women in the ranchos with very little schooling are also shifting from traditional belief systems towards more modern approaches. Life in the ranchos is still deemed rustic and “traditional” by many urbanites, but it has changed dramatically since previous generations.

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19 Macho is used to describe someone who exhibits the characteristics of machismo. See Introduction for the definition and further discussion of machismo.
To many, the older generation of women represent a lifestyle and mentality that is considered outdated in comparison to that of the more “modern” younger generation. Dominant beliefs about what is traditional or modern are firmly established in Mexico and are expressed through a woman’s decisions made in regards to reproduction, parenting, health care, marriage and household. The authoritative discourse of modernity is reinforced through the government, media, and general public, however, it is expressed differently by each woman. Tradition pervades aspects of the lives of urban women who view themselves as modern and modernity enters into the lives of women in the ranchos, who are designated by dominant society as traditional. Each woman integrates and reinterprets modernity in her own way based on her unique life situation and self-perception.

In this chapter I begin by taking a closer look at the terms “modern” and “traditional” before examining the ways in which reproduction becomes entangled with the state and agendas of modernization. Thereafter, I introduce the Mexican state’s family planning program followed by a description of how the program has been an integral part in promoting modern “ideals” in Mexican families. The chapter closes with a discussion of the rural/urban dichotomy which has been reinforced by the family planning program and has become a gauge for “tradition” and “modernity.”

UNPACKING THE MODERN/TRADITIONAL DICHOTOMY

To quote the Mexican anthropologist, Gonzalo Aguirre Beltrán, “It is appropriate at the outset to define the meaning we give to words, in order to avoid later confusion” (1979: 11). The descriptive words “modern” and “traditional” carry with them hefty amounts of baggage which should be examined prior to the presentation of the context in which they are used in this thesis. In previous literature and ethnography, the modern/traditional dichotomy has at times been exploitative as it was used to insinuate that modernity is achieved through a linear progression from “backwards” to “civilized.” Following this pattern of thought, those who were “backwards” or “primitive” were exoticized, while the “modern” anthropologist’s behaviors were treated as rational and logical. The distinction between “civilized” and “Other” was at the root of a hegemony based on “the idea of European identity as a superior one in comparison with all the non-European peoples and cultures” (Said 1978: 7). Roger Bartra argues that the idea of the “wild man,” or the barbaric “Other,” not only originated and existed in Europe before colonial expansion, but that “the myth of the wild man is an original and basic
ingredient of European culture” (1994: 5). The “Other” has been both disregarded as “backwards” and honored as a “noble savage” who is a “guardian of invaluable treasures and secrets” (Bartra 1994: 206).

Modernity as a dominant discourse stems from ideologies and experiences of Europe in the eighteenth and nineteenth centuries. Modernism, which emerged in mid-nineteenth century Europe, called for a re-evaluation of all aspects of life in order to replace “traditional,” or past knowledge and techniques, with contemporary practices. Essentially, modernists argued that people must accept novel ways of existence brought about by the industrial and mechanized age because they were imminent and superior to “traditional” ways which hindered progress. According to Chatterjee and Riley, “Arising out of the Enlightenment values of secularism, rationality, scientism, and optimism for the future, the term modernity has come to connote individuality, autonomy, freedom, truth, reason, order, progress and the West” (2001:815). Modernist notions of individuals as rational beings in control of their own future and the superiority of science, became essential ingredients of theories of modernization and global “development” projects (Chatterjee and Riley 2001: 815). Theories of modernization and “development” go hand in hand, both drawing from evolutionary theory, which originated in the wake of the industrial revolution. According to Greenhalgh, “evolutionary theory viewed social change as unidirectional and progressive, irreversibly moving societies from a primitive to an advanced stage, making them more alike in the process” (1995: 6). Modernization stipulated that through a science and technology driven approach and top-down methods centered on economic values, “developing” countries could “progress” and reach the finish line of “development,” modeled on Eurocentric standards. As Greenhalgh writes, modernization theory “postulates that non-Europeans are transformed from ‘traditional’ into ‘modern’ people by the diffusion of European ideas and technologies” (1995: 11). Modernist ideologies were integrated into nationalist agendas in attempts to “modernize,” based on a Western framework, what were thought of as “backwards” lifestyles that prevent a country from actualizing its “modern” potential (Aguirre Beltrán 1979). The modernist discourse has been absorbed into nationalist ideologies, which are often adopted and enforced by the dominant group of society.

While still taking into account the deep-seated meanings and values attached to the terms “modern” and “traditional,” I have chosen to use these terms throughout this thesis. In part, because I have found it incredibly challenging to come up with other terms that can express a like antithesis. Other dichotomies, such as urban/rural, do not suffice as both modern and
traditional belief systems are imbedded within and between such groups. Additionally, the term “traditional” was employed by my informants themselves in describing lifestyles and mentalities which were thought to be outdated. When describing someone or something as “very traditional,” informants created a distinction which expressed how they viewed themselves in relation to others. To my informants, the term “traditional” bore connotations which shaped the choices that they made and how they viewed one another. Finally, I believe that these terms are fitting for Mexico, a country rich in traditional forms of knowledge at the same time as maintaining a dominant view that modern is more desirable and rational. In my analysis, I do not wish to romanticize the traditional nor present such practices as “backwards.” In fact, I argue that “tradition” continues to be a very contemporary component of women’s lives. Even though the older generation of women are regarded as “traditional,” they are not “old models” of what once was. Like younger women, they are dynamically redefining their perspective and ways of being. Changes taking place in women’s lives could be considered effects of “training” in modernity by outside sources, as Kanaaneh reminds us, “Modernization is perceived as having altered the state of gender and the body. In fact, these changes are often perceived and constructed as the primary features of modernization” (2002:167). Modernity would not maintain its position of influence and authority if it were not continually fed by society’s constructions and ideologies.

MODERNIZATION, STATE AND REPRODUCTION

Although often considered a private matter, reproduction is not exempt from being governed. In fact, reproduction is of great interest to the state and its attempt to systematically organize its population and enforce ideologies. Family planning sprung from the proposed relationship between economic development and population control, and has become a tool that the state uses to apply and carry out its agenda. With modernization on the front burner and overpopulation viewed as the hindrance, the state welcomes itself into the reproductive lives of its citizens. In her work, Heather Paxson approaches family planning as “an ideology, as an explicit set of assumptions and opinions that organize and disseminate knowledge in such a way as to bring local practices in line with broader social forces and political ideals” (2004: 104). Part of the state’s modernist project, family planning is touted as a national endeavor, however, assumptions of gender and class are embedded within its ideology. In this chapter I explore how family planning has been used by the Mexican government to endorse and instigate
modernity. Further, I will demonstrate how the ideology behind the campaign has reinforced existing urban/rural stereotypes. Before broaching the Mexican family planning campaign, I introduce a theoretical background which helps to connect the dots between modernity, the state and reproduction.

High fertility rates have long been connected to economic growth and modernization. Until the mid-1970s, demographic transition theory dominated research on fertility change and demographics. The transition theory proposed that “the transition in fertility was ushered in by broad forces of modernization such as urbanization and industrialization, which altered the economics of childrearing, lowering desired family size” (Greenhalgh 1995: 5). In the past, the finger has been pointed at “underdeveloped” countries where population growth has been concentrated after the postwar period. According to international organizations and “developed” countries there is a need to curb this growth in order for “underdeveloped” countries to achieve “sustainable development.” This ideology has been critiqued by scholars such as Rosi Braidotti who claims that the emphasis on overpopulation distracts from the real question: who are the primary consumers? Braidotti remarks, “The renewed drive for population control aimed at the South as a major strategy towards sustainable development is a case in point. Even though population growth is a problem, a fundamentally unsustainable economy aimed at maximum economic growth rates in the North is at the root of the multiple crisis which manifests itself in regionally specific forms” (1994: 25). She suggests that it be taken into consideration that “Eighty percent of resources are used by 20 percent of the world’s population, most of them living in the North” (Braidotti et al 1994: 25).

In their examination of the national fertility control program in India as a nationalist modernist project, Chatterjee and Riley draw from the work of Michel Foucault to demonstrate the “historical, formative connection between modern state ‘planning’ and population management” (2001: 816). The “govermentalization” of the state is what Foucault identifies as a shift in notions of governing which occurred in the eighteenth century with the rise of modern societies in western Europe (Chatterjee and Riley 2001: 816, Foucault 1991). With this transition, the state began to view its subjects as a population which can be managed and shaped with “techniques of power” developed by the state (Chatterjee and Riley 2001: 816, Foucault 1991).  

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20 In the report from the World Commission on Environment and Development convention in 1987, this term is defined as, “development, which meets the needs of the present without compromising the ability of future generations to meet their own needs” (World Commission on Environment and Development, 1987:43).
According to Chatterjee and Riley,

“The new regime of power, or ‘biopower,’ took living beings as objects of study and intervention and as members of the scientific construct ‘population,’ thereby bringing individual, sexual, and reproductive conduct into the purview of national policy. The perception of population as a problem led to a focus on the family as an object of intervention, an ‘instrument for the government of the population.’ The welfare of the population became an end of government, and knowledge of all processes related to population management became inseparable from the constitution of a ‘savoir’ of government” (Chatterjee and Riley 2001: 816, quoting Foucault 1991: 100).

As the state became custodian of the well being of its population, gathering knowledge of its resources became a key concern. Rhoda Ann Kanaaneh, whose work maps out the relationship between modern nationalism, population policies and the Israeli state, notes, “The art of governing becomes intimately bound up with the development of what was called at that moment ‘political arithmetic’(...) individuals become an object of concern to the extent that they are relevant to the state’s strength” (2002: 24). Statistics and systematic counting became instrumental to governing. For social and economic management and promotion of change, the population was deemed particularly important to systematically estimate (Chatterjee and Riley 2001: 816). Moreover, these new political technologies were applied to European colonies as devices of administrative ordering in order to control the colonized population (Kanaaneh 2002: 25). Kanaaneh argues that census taking is still used as an elemental practice of state-making, as individuals become population statistics and are placed in categories based on their race, class, gender, “development” or “underdevelopment” (2002: 26). Such systematic ordering allows the state to manage and control its people under the guise of ensuring the public’s best welfare. Reproduction, in particular, becomes bound up with state policy when population growth is viewed as a threat to achieving modernity. Kanaaneh notes that “with the rise of population control lobbies in the 1970s, sexual behavior has become a matter of public policy whereby governments and institutions attempt to change the most intimate sexual behavior of millions of people” (2002: 27). However, as Kanaaneh points out, population policies are not always successful and the dominant discourse endorsed by the state is acted upon or challenged in various ways by different segments of society. While often presented as a unifying and nationalistic endeavor, population policies can in fact establish barriers and strengthen the hegemonic class.

The state continues to have a hand in population growth as it does not trust people to
tend to their reproduction through “traditional” manners. The state favors a strategy which combines modern contraceptive methods with nationalistic rhetoric that teaches citizens to view their reproduction as a national concern (Dahl-Jørgensen 1992: 16). Such social engineering feats, articulated to ideas of the “modern” family, are effective in altering cultural ideals and belief systems in regards to household structure, parenting, gender and identities. Like many other countries, Mexico has partaken in a family planning policy which has greatly reduced the number of children entering into each family and established a new “modern” family model for Mexicans to aspire.

FAMILY PLANNING CRUSADES

The Mexican state set forth on a mission to put the brakes on what was considered an alarmingly high population growth in 1974. With the birthrate at above 40 per thousand, in 1970 at the end of her child bearing years, the average Mexican woman had had 6.7 children and 8 in rural areas. (Le Vine 1993:6). Le Vine attributes Mexico’s long standing preference for large families to the importance placed on connections for upward mobility; “In a society in which advancement came through personal connections as much as through merit, it was to the advantage of everyone at every social level to have as wide a kinship network as possible” (1993: 10). Other potential reasons could date back to pre-Hispanic times and the necessity for a large family to help with the labor-intensive agriculture found in Aztec society (Dahl-Jørgensen 1992: 17). However, the Mexican couple’s desire for large families should not be set up as a race against the wishes of the state, because up until the anti-natalist population policy the state encouraged couples to have plenty of children. For centuries, the state has been reinforcing large family size through means such as touting political slogans like “to govern is to populate,”

21 “Gobernar es poblar”

granting land to males upon marriage and even handing out awards to mothers with the most children at government promoted contests (Dahl-Jørgensen 1992: 17, 20). Rapid population growth became a political concern after Mexico lost a great deal of territory to the United States after the war in 1846. The Mexican government was concerned that the loss may have been due to a sparse population and it was thought that more people were needed to defend Mexico’s Northern territories.

In 1970, when Mexico had an annual population growth rate of 3.5 %, Luis Echeverria campaigned for presidency as a self-proclaimed pro-natalist. However, after two years into

21 “Gobernar es poblar”
his term and acceptance that his administration was unable to fix pressing economic and social problems. Echeverría switched stances. The government amended the constitution in 1973 and Echeverría sponsored the General Law of Population in 1974, creating the Consejo Nacional de Población (CONAPO). A nationwide family planning campaign was introduced and carried out through educational, health care and social service institutions. Modern forms of contraception were legalized and promoted by traveling public health workers. Echeverría’s successors continued on with the campaign and by 1981, the birthrate was 34 per thousand with the average Mexican woman having a total of 4.4 children from her childbearing years (Le Vine 1993: 11). According to Mexico’s National Population Council, the national fertility rate was 2.1 children per woman for the year 2005 (http://www.conapo.gob.mx, 2007). While the campaign gained immediate success in the cities where according to Le Vine, “more than two-thirds of the population lived and a complex health structure was already in place,” it faced resistance in the rural areas where health care services were limited and consequently the campaign progressed at a slow pace (1992: 11). Educational and health facilities were clustered in urban areas, which lead to great disparities between urban and rural areas. There continues to be a discrepancy in knowledge on family planning and use of contraceptive between the urban and rural areas and the upper and lower classes.

Carla Dahl-Jørgensen writes in her thesis titled, “Small is Better”: Family Planning in a Mexican Urban Culture (1992), that an aspect of a population policy is to alter the public’s culture and value system. The state makes it a goal to convince “target” groups that low fertility is better than the previously established preference towards high fertility. In order to accomplish this task, the government must identify what segments of society are the “target” group, those that have the highest fertility rates. In Mexico, “target” groups included the rural population and the lower income urbanites. Dahl-Jørgensen claims, “The manner in which the intellectual elite legitimated the new population policy was by appealing to the nation’s goal of economic modernization” (Dahl-Jørgensen 1992: 35). The attitude which surfaced amongst upper class Mexicans, was that lower class urbanites and rural peasants who continued to have higher fertility rates were “backwards” and not contributing to Mexico’s plan of being “modernized.” Mexico’s goal of modernization became attached to family planning as high fertility was seen as the barrier towards achieving modernizing success. The Mexican government emphasized that the family planning campaign was a Mexican endeavor with slogans such as “Together

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22 The government made an amendment of the earlier General Law of Population of 1947, which allowed the government to instigate population growth through various measures.
we become less.\textsuperscript{23} In keeping to its emphasis as a national goal to work towards, the family planning program did not accept funding from outside sources. (Dahl-Jørgensen 1992:39).

To achieve their goal with the “target” group, the government constructed an image of the “ideal” family. Radio, television, newspapers, and sides of buildings and fences became important carriers of the family planning’s ideology. Jingles such as “Small families live better”\textsuperscript{24} and images of smiling families, composed of two children, one of each sex, and set in middle class surroundings, clearly sent the message that such a lifestyle could be attainable if only family size was limited (Dahl-Jørgensen 1992: 41). Such imagery excluded extended family members, which indicated that the extended family living under one roof was not part of the equation in making an “ideal” family. Another part of the family planning crusade was the notion of “responsible parenthood.” A goal of the “responsible parenthood” message was to alter Mexican men’s \textit{machismo} in relation to a commonly held belief that number of children proves a man’s sexual virility. The campaign attempted to communicate that “responsible” parents only had the number of children that they could afford to raise. Finally, as part of “responsible parenthood,” women were encouraged to join the work force in an attempt by the government to boost women’s status at home and in Mexican society.

When asked how many children she has had, many of my older informants laughed, and gestured with their hands when exclaiming “\textit{un montón!}\textsuperscript{25}” Family members and friends who were present chimed in with laughter. Women were well aware of the fact that their multiple births were now considered overly prolific. They knew that their family size was “outdated” and that it was now considered “better” to have less children. In their defense, they often pointed out that “back then” transportation out of the \textit{rancho} was not always easy to come by and that nobody went to see physicians. Often women would blame their husbands who “always wanted more children!” Younger informants, on the other hand, surprised me with the quick and decisive manner in which they answered my question on number of desired children. Although many came from large families, most would directly conclude that two or three children is ideal. Those of my informants who already had three or four children were resolved not to have more. Their swift and direct responses imply that family size is an issue that they have been previously acquainted with and have had a chance to develop a line of reasoning for

\textsuperscript{23} “\textit{Vámonos haciendo menos}”

\textsuperscript{24} “\textit{La familia pequeña vive mejor}”

\textsuperscript{25} Heaps of.
their preference. I heard from many young mothers that their choice to have few children is due to the economic costs of raising children and sending them to school. Mothers wanted their children to have more life opportunities and a better standard of living than they had experienced themselves and having fewer children was deemed important to achieving this goal. Such sentiments reveal how influential the family planning program has been in constructing the ideal of the “modern” family as small and “responsible.”

If we return to Lenore’s experience as wife and mother, introduced at the beginning of the chapter, and take into consideration the key endorsed aspects of the family planning program, it becomes clear how changes between the generations have been engineered. The women of Lenore’s generation and rural upbringing have come to represent exactly what the family planning campaign set out to change. Reproduction had been a national and political issue before, but with the family planning campaign, the “common” goal of the nation reversed. Instead of being viewed as a strength and a sign of loyalty to the state, reproduction came to be viewed as a threat against the state’s “modernizing” prospects. Too late to join the bandwagon of modernity endorsed by the campaign, women of the older generation are left standing for the “traditional” ways of the past. When the dominant discourse holds up ideals such as the small “nuclear” family, middle class lifestyle, the tamed macho husband and working woman/mother, it is little wonder that the general consensus is that the older generation of women is “outdated.” By no coincidence, the image of the “modern” mother amongst Mexican women is made of many of the same ingredients found in the state’s promotion of “responsible parenthood.” The “modern” mother is educated, in a marriage based on equal footing, holds a career or job outside of the home, and has a maximum of two or three children. The message endorsed by the state was essentially, “all this can be yours if” mothers reduced their family size and had only the amount of children that they could provide for. Small family size came to be viewed as the golden key to social and economic mobility and “good” parenting. Thus, creating the notion that those who have fewer children are “better” parents because they are giving their offspring the opportunity to advance in life by investing more money and time into each child.

Kanaaneh, who writes on modernization and reproductive politics in an Israeli context explains, “Society is seen as consisting of, on the one hand, rational modern people who are aware of the increasing requirements of contemporary life and have logically concluded that they must follow a new family strategy and, on the other hand, those who have not reached
this rational conclusion—yet” (2002: 87). Kanaaneh found throughout her fieldwork amongst Palestinians living in Israel, that the general viewpoint was “The old days were simple; modern life is complex, with many requirements, needs, necessities” and one must acknowledge these new “requirements” in order to achieve “modernity” (2002: 83, 85). Therefore providing material “necessities” for one’s children and managing the household income become indicators of modernity and advancement from a “backwards” way of living. Kanaaneh identifies what she calls a “new economic rationality” and family planning becomes an essential part of the equation as “the need to provide these expensive fundamentals for one’s children, to ‘keep up,’ requires the modern person to calculate and rationally economize by cutting down on the number of children” (Kanaaneh 2002: 87). “Modern” parents make sure that their children are receiving an education and are living at higher standards than the past.

I saw a similar perspective amongst Mexican families, where the common “ideal” is to set up house in the likeness of a middle-class arrangement. Buying a house, instead of living with extended family and in that home having separate bedrooms for parents and children, is both part of the middle-class standard and a signifier of the “modern” family. As is purchasing electronics such as television sets and computers, or household appliances to fill up the home. Expensive toys sporting brand names from the USA are seen as more than markers of wealth, but are part of being a “responsible” parent that is concerned with a child’s education. During a visit with a middle-class informant, Bibi, she showed me a fancy new toy from a top USA brand. She explained that it was very expensive, but it was supposed to be good for her child’s development. Bibi, who could afford it, not only spent considerably more money on items for her son, but was also interested in buying things that many of my other informants found unnecessary. Bibi was the only mother that had a changing table, a play pen, and a baby carriage. However, I found it interesting that after all the time I spent with her, I rarely saw her use these items. Clothing also becomes an important demonstration as children who are not “well kept” and outfitted with clean and stylish shoes and after school wear are often categorized as coming from a poor family, one without “responsible” parents. In addition, women from the cities tend to dress in more modern, stylish and form fitting clothing.

26 The majority of my informants preferred to either carry their baby in their arms or to use a rebozo (see footnote 28), the more traditional method. Other than the fact that baby carriages are expensive, my informants found the carriages cumbersome and impractical on both the cobblestone roads of San Miguel and the unpaved dirt roads of the ranchos.

27 In general, children are required to wear uniforms to school.
such as tight fitting tops and jeans, whereas the *mandil* and *rebozo* are more common wear for women coming from the *ranchos*, who tend to dress more conservatively and traditionally. Difference in appearance becomes a visual representation of the “modern” mother and the “modern” child in opposition to the “traditional” counterpart. Kanaaneh identifies a “binary of primitive-neglected and modern-attentive bodies” and observes that “modern bodies are thus ideally young, molded, refigured, and modified by ever-changing products and disciplines (2002:175,176). According to Kanaaneh, “The new body care and consumption are ideally for the sake and upkeep of a happy couple-centered marriage and thus a modern, small family” (2002:176). In addition, it is an identifying factor of location, and influences the way that women from the *rancho* are treated and viewed when visiting the city. Bibi lives in San Miguel, but she comes from a small rural town where she claims, “All the women let themselves go after they are married and have children. They gain a lot of weight, wear ugly clothing and don’t wear makeup or do their hair nicely. They don’t care about their looks anymore.” Bibi, who has a trim figure and wears stylish clothing and loves wearing makeup, feels fortunate to live in San Miguel as she believes that she narrowly escaped the fate of a “fat and dumpy” woman living in her home town. These markers of “modernity” are attached to the idea of “responsible” parenthood, in that it is not only believed that families can achieve such a lifestyle if they limit their family size, but it is thought of as necessary to provide children such advantages so they can “keep up.”

**“HERE WE HAVE EVERYTHING, WE ONLY LACK MONEY”**

Alejandra lives in a large “modern” home equipped with expensive furniture and appliances that could be easily found in a middle-class neighborhood in the city. Her husband has a secure and well-paid job in the USA. However, she grew up in her grandmother’s house just up the road from where she lives now. Her 84 year old grandmother, Carmen, lives in a small “traditional” adobe/cinder-block home with a cacti fence which contains her pigs, sheep, horses and dogs. In Alejandra’s living room, one afternoon, Carmen explained to me the many changes that have occurred in her *rancho*. She and her husband were childhood friends before as she says with a chuckle, “We fell in love in the fields,” referring to meeting her husband while working together in the fields. In describing the *rancho* now in comparison to earlier days

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28 *A long woolen or linen shawl which is wrapped around women’s upper bodies and often used to carry babies in. I have often seen older women in the *ranchos*, drape the *rebozo* over their heads as protection from the sun and wind.*
she reflected, “My husband never went to the USA, it was not common at that time,” after a moment she continued while grinning, “but now all the men, they run there!” Carmen remembered before, when there was no water or electricity in the rancho, and all the houses were made of adobe and stone. She paused before exclaiming, “Here we have everything, we only lack money.”

Throughout fieldwork, my city dwelling informants would often make references to the ranchos, presenting the rural communities as “traditional” strongholds, isolated places that not only clutched on tightly to an old mentality, but were detrimental to themselves for doing so. Families in the rancho are stereotyped as large and unable to provide “responsibly” for all of their children. Contrary to what urbanites believe, I found that young mothers of the ranchos expressed dominant ideologies of modernity. While many of my informants from the ranchos come from large families, they expressed the wish to have only two to three children. Having fewer children was considered the more “responsible” option by most of the women with whom I spoke in the ranchos. As Alejandra explained to me, “Having children is beautiful, but having too many can be bad. Because then you can’t afford what you need.” Like informants living in the city, those from the ranchos shared similar hopes for their children’s future. They stressed the importance of education and hoped that they could support their children through school. I asked informants in the city and in the ranchos what they believed marked a child as “successful.” Both rural and urban informants told me that “successful” children went far in school, had a profession (though I was told that this was not commonly attained in the ranchos), owned a nice house and car, and for men, provided well for their wives, children and parents. Informants from the ranchos, explained to me that having a job in the USA can be important to achieving “success.” Remittances not only provide women with nicer homes, appliances, and clothing, but, allows many to stay at home with their children. However, many hoped to help their sons through school so he could get a good job in Mexico instead of being forced to face the dangers involved in migrating north for work.

Writing on the urban and rural distinction amongst Palestinians in Israel, Kanaaneh argues that the differentiating and ordering of city above village is a “dominant hierarchical narrative”

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29 It is important to address the urban/rural dichotomy, as it proved to be a dominant theme in discussions with my informants, but I do not wish to make the mistake of further reproducing urban/rural stereotypes. I believe that the ranchos surrounding the city of San Miguel have many similarities, being in close proximity with each other and having movement of people between them, but it is inaccurate to represent all of the communities as one complete entity. In addition, it is important to emphasize that the ranchos are far from being isolated and people from the ranchos are woven into the daily hustle and bustle of the city just as urban dwellers are.
based on “modern” and “primitive” stereotypes (2002: 114). She finds that “as part of modernization’s urban bias, rural folk are considered peripheral and slower at ‘integration’ into and ‘embrace’ of modernity” (Kanaaneh 2002: 109). Kanaaneh argues that reproductive practices as well as sexuality, socioeconomic class, education and nationalism are “yardsticks of status” in measuring the differences between urban and rural areas (2002: 122). In line with Kanaaneh, I see the distinction that my urban informants made between themselves and those living in the ranchos as being based on reproductive and rural stereotypes which are used as measurements of “modernity” and “tradition.”

The family planning program and its participation in the modern/traditional dichotomy have taken a toll on the Mexican families and Mexican women that do not measure up to its dominant “ideal” of modernity. As the family planning program had considerably less influence in rural areas, an additional negative notch has been struck up against the rural sector who were already viewed as being slow on the uptake of the state’s modernization agenda. The image of the rural population as “backwards” and “traditional” prevails in the eyes of many urban Mexicans and those who have larger families and struggle with providing for their children, are branded as “ignorant” and “irresponsible” parents. Both Mexican informants and friends from the city would shake their heads in disapproval of rural people who they believed had too many children and could not afford to educate and “properly” provide for their children. I believe that the rural communities might not directly parallel the changes taking place in the cities, but this most certainly does not mean that lifestyles are not changing for the women of the ranchos. I found that women of the city and of the ranchos share the desire to change their own life situation and offer a “better life” for their children.

CONCLUSION

This chapter has introduced key themes and ideologies which I hope provide a context for the arguments and portrayals which follow. The discourse of modernity, which is reinforced by the state and adopted by dominant society, serves as a backdrop in the following chapters, just as it does in the lives of the women who participated in this study. The state has effectively constructed a model of the “modern” family and due to uneven distribution and accessibility of its services, the family planning campaign has further reinforced preexisting urban/rural stereotypes. Although expressions of modernity can differ from city to rancho, both urban and rural mothers are striving to provide a “modern” lifestyle for their children, a
lifestyle seen as attained through limiting family size. The contradictory ways that urban and rural women are choosing to incorporate modernity, while maintaining tradition, in their roles as mothers and wives is the focus of the next chapter.
"I don’t want to be like her."

Michaela is sitting across from me directly outside of the lace curtain which serves as a screen door, separating us from inside her one-room cinder block home. We have pulled up our makeshift chairs, the plastic buckets Michaela uses for the wash turned upside down, close together so we can both hide under the sheet she strung above to shield us from the bright afternoon sun. Her thread of thought is momentarily interrupted by Raúl, her five month year old, who up until then had been dozing in her lap. He let out the low squeaks and moans, warning signs of an impending crying session, but Michaela acted quickly and she breathed a soothing “Shh shhh shhh” before beginning to nurse. Now that Raúl was otherwise occupied, she looks up at me and continues. “My father prohibited my mother from working and she always spent her time in the house with six children. I don’t want it to be like that for me.” Michaela’s voice carries with it an air of certainty and defiance as she describes her situation to me. “I already discussed this with my husband and we decided that two children is best for us. I want to go back to work and he is alright with it.” Michaela plans on waiting until Raúl is ten years old before having her second and last child. Her reasoning behind this decision is that if she waits until her first child is older before having her second, she will be able to work and dedicate more time to each child.

Michaela comes from not only a much larger city than San Miguel de Allende but it is also situated near Mexico City. According to Michaela this makes all the difference. “Most women here are still in their homes taking care of the children and many can’t even read or write. It is not like that in my state. Where I am from women go to prepa and afterwards they begin working or go to university. When my sister-in-law found out that I was not working, she asked me why not!” Michaela finds San Miguel “backwards” when it comes to changes made for women. She believes that back in her home state, her generation of women have made advances that have not yet been achieved in San Miguel.

While Michaela’s broad observations would make many urbanites caught up in the modernity discourse in Mexico nod in agreement, the reality is that modernization is not

30 High School
confined to the cities alone and has spread out across rural areas of Mexico, including San Miguel de Allende and its surrounding communities. Traditional structures and roles, such as the passive and self-sacrificing mother or the macho husband may still be observed, but their existence can be deceiving as it does not necessarily mean that such roles are at a standstill. At first glance, the structures may appear to be similar to those of an older generation, but the women living out these roles believe that they are leading far different lives than their mothers. They portray themselves as not being helplessly trapped in stereotypes, but are dynamically working within them in order to accomplish their own personal goals and desires. These stereotypes are open to reinterpretation and many women are in the process of easing change into their own lives and into the lives of their families in an attempt to restructure the roles which they have been assigned and which their mothers held before them.

Not only are the expectations of women changing, but more importantly, the expectations that women have for themselves are altering. While at work outside or inside the home, women from different towns, neighborhoods and socioeconomic classes have more in common than they may be willing to believe. They share similar modernist sentiments and are actively involved in their own personalized modernizing projects at home. Based on her unique life history and beliefs, each woman carries out change in contrasting manners. Initiating difference in a household can mean for some women abandoning or discounting traditions, whereas others may find the same customs worth holding onto.

In this chapter I hope to clarify the transformations taking place in the lives of the women in this study and how these changes are adopted, negotiated and opposed. In order to illuminate this process, I will draw from the experiences, decisions and opinions of my informants in addition to their relationships between the men and children in their lives. The focus is primarily on a woman’s role as wife and mother. These are powerful and defining roles in the lives of Mexican women and are areas where women have a greater degree of freedom and control. To borrow the words of Jane Collier:

“Sheltered from the enforced laws of the state and the iron laws of the capitalist market, ‘home’ is a place where people are supposedly free to act in accordance with their personal desires and beliefs. The family is thus a privileged site for exploring the concepts people use for managing their own actions and for interpreting the behaviors of others. Moreover, the family’s composition casts it as a privileged site for exploring how people experience, enact, and enforce differences of gender and generation” (1997: 8).
While women do not have free rein in their homes, their role as mother does provide them with a good deal of influence and power, which is applied to the inner workings of the household. I argue that women’s active involvement in negotiating relationships with men and choosing mothering practices reflects their self-perception as “modern.” However, I found that women are caught in a juggling act where they must manage the dominant female identity of “modern” self-determined women with that of the “traditional” selfless mother. Before proceeding to the experiences and descriptions of the women of my study who inspired my conclusions, I will discuss in greater detail the works of Jane Collier (1997) and Heather Paxson (2004) which helped me formulate what I had observed into an argument.

A MODERN SUBJECTIVITY AND AN ETHIC OF CHOICE

Collier argues that the move away from tradition in the Spanish village of her fieldwork reflects a change from behavior and decisions being based upon social obligation to acting out on personal desires. In her own words, “I suggest that villagers and former villagers of Esteban’s31 generation had to reject the customs of their parents and grandparents because, as self-consciously “modern” people, they felt compelled “to think for themselves” (Collier 1997: 4). Collier’s younger informants believed that the older generations had a different mentality, where instead of acting out on their own inner thoughts, they followed the thought pattern enforced by their elders despite internal contradictions. According to Collier, a traditional subjectivity, where one feels it necessary to follow convention has changed to action based on the intentions and personal whims of an individual, which Collier calls a “modern subjectivity” (1997: 5). Collier uses Foucault to illustrate how in order to act on personal desire and reasoning, one must keep tabs on what their inner desires and beliefs are as well as undergo the project in which one constructs their identity to reflect what it is they want to be. Collier uses the term “producing oneself” in her work, a concept which she extracts from an essay by Foucault on modern subjectivity. (Collier 1997, quoting Foucault 1984). Foucault uses the poet Baudelaire to describe the modern viewpoint: “Modern man, for Baudelaire, is not the man who goes off to discover himself, his secrets and his hidden truth; he is the man who tries to invent himself. This modernity does not ‘liberate man in his own being’; it compels him to face the task of producing himself” (Collier 1997: 25, quoting Foucault 1984: 42). Additionally, Collier cites Giddens as arguing that “producing oneself” is part of the “modern” project.

31 One of Collier’s informants of the younger generation. “Young people” are considered those who were born after 1945 (Collier 1997: 4).
Collier writes, “Like Foucault, Giddens observes that modern reflexivity is ‘far more than just ‘getting to know oneself’ better: self-understanding is subordinated to the more inclusive and fundamental aim of building/rebuilding a coherent and rewarding sense of identity’” (Collier 1997: 25, quoting Giddens 1991: 75). Collier concludes that it is not necessarily the specific action which determines modern subjectivity, but it is the the process of choosing and rationalizing one’s decision based on own inner thoughts rather than social pressure. Therefore, “tradition” continues to be an optional component in the project of “producing oneself,” but instead of it being “handed down” from previous generations, the “modern” individual makes a conscious choice to “adopt” it (Collier 1997: 26).

Throughout my own fieldwork, I found that my informants of the younger generation viewed the lifestyle and perspective of their mothers and grandmothers as not only “traditional,” but also as not necessarily applicable to the way they see themselves as “modern” women. I follow Collier in arguing that the way that women of the younger generation were “thinking for themselves,” rather than approaching marriage and motherhood with the same perspective and set of methods as their elders, reveals a shift from a “traditional subjectivity” to a “modern subjectivity.” My informants of the older generation described the decisions that they made in regards to motherhood as “the way things were then.” Older women described decisions as based on factors which they believed were beyond their control, such as poverty, restrictive local customs, following their mother’s example or simply that they “didn’t know better.” My younger informants had, for the most part, far more exposure and accessibility to education, health services and did not experience such severe economic hardships as their elders. Young mothers hoped that their efforts of teaching their children “modern” cultural values would help them advance beyond “traditional” mentalities and life choices. When discussing parenting choices, younger women expressed their personal beliefs and described their choices as being based on what they felt was right or wrong. I believe that the way in which my young informants were composing their own parenting styles as well as redefining their role as mother and wife reflects the development of what Collier calls “modern subjectivity.” However, as Collier maintains, I found it is not always one’s actions which distinguishes their “modern subjectivity,” but it is the belief that their actions are based on their own inner desire. When adopting tradition, my younger informants did not see themselves as blindly accepting what was dictated by their elders. Rather, they were mindful of what was deemed “traditional” and would consciously decide to adopt and adapt it into their lifestyle. In addition, many would justify it as something that they had chosen for themselves. I believe that my young informants
were engaged in personal projects of “producing oneself” as they were integrating and reinterpreting both “traditional” and “modern” values and practices into their role of mother.

In theorizing “gender as a system of virtues, and of subjectivity as realized through public recognition of appropriate action,” Paxson examines “material, ideational, and ethical shifts in what Athenian women have been expected to do in order to demonstrate gender proficiency and be good mothers” (2004:33, 36). Motherhood was once thought of as a woman’s purpose and the number of children she had was, for the most part, based on “God’s will.” Under an “ethic of service,” motherhood awarded women adult status and legitimated her sexuality. A woman’s obligation was to her husband and her family, and self-control was considered an important virtue. A shift has been made and today’s women find themselves under an “ethic of choice,” and the requirements for being a “good” mother have changed. Becoming a mother is seen as a goal which is achieved and based upon a woman’s choice and her ability to control her fertility. Paxson clarifies,

“The ethic of choice is very different from a regime in which God wills it. And the nature that women are to called on to realize is quite different, too. No longer are women asked to realize a self-controlling nature aimed at conforming to external standards. The nature they must realize is being internalized, seen, for example, as inner desire that should be actualized through conscious planning” (2004: 66).

Under an “ethic of choice,” women are expected to take on both domestic tasks and join the work force. Opening opportunities for women has not lead to total freedom from restraints. The “modern” mother is deemed accomplished not only for having children to carry on the family line, but she must raise “successful” children (Paxson 2004: 65). Raising “successful” children requires material obligations, as parents must invest in their education and provide them with “modern” consumer items which will help them become affluent and triumphant in a competitive job market. Rational planning becomes an important part of the “ethic of choice” as women must calculate exactly when is the optimal time to have children, so they can afford to provide for them “properly” and how to manage their careers around motherhood. Thus, motherhood becomes something which women must plan in advance for and work towards. Paxson argues “To be good women they are required to emulate, if not enact, motherhood by subordinating their interests to those of others; to be good (i.e. modern) adults, they are required to strive for independence, calculate their actions to further their own well-being, and be always in control of their lives. The two sets of expectations are incompatible in Greece as
elsewhere” (2004: 250). Thus, the “modern” mother finds herself in a contradictory situation where she is expected to be both “self-sacrificing” and “self-actualizing.” (Paxson 2004: 252).

Paxson’s argument and observations based on urban Greek women, relate to my experiences amongst Mexican female informants. Throughout fieldwork, I noticed how my younger informants were struggling to manage contradictory expectations for women in Mexican society. I argue that young Mexican women are caught between what Paxson calls an “ethic of service” and an “ethic of choice.” Motherhood is still considered one of the most defining features of womanhood in Mexico. Becoming a mother is regarded as an uncontested fate for women, and as told by many of my informants, those who do not have children are assumed to be barren. Under the “ethic of service,” Mexican women took on the respected and culturally valued role of self-sacrificing and suffering mother. However, an “ethic of choice” is found in the family planning and modernizing schemas, ushered in by the Mexican state and adopted as a dominant discourse which stipulated that Mexican women should become central figures in the household and in the workforce. Women are encouraged to be on equal footing with their husbands and to approach marriage as a partnership rather than fall into the “traditional” dominated and dependent female role. Furthermore, women are held responsible for their reproduction and are taught to believe that motherhood is a choice and should be planned. Rather than leaving motherhood up to “God’s will,” the family planning rhetoric instructs women that the “modern” woman has more to offer than solely childbearing and her sexuality. It tells women that being “modern” means choosing motherhood. As Paxson observed in Greece, I found that family planning puts forth the idea that “modern” mothers who control their reproduction, will have the opportunity to raise “successful” children and will provide for them “properly.” Many of my informants express hopes that their daughters will achieve more independence and self-accomplishment than they had experienced. However, they simultaneously stress that a woman’s first responsibility is to her husband and family after she is married. My observations are consistent with those of Sarah Le Vine, who found that there is more support for young women to aspire for self-fulfilling educational and career goals, but a traditional mentality of the female role largely persists;

“Though our Los Robles informants strove to provide their daughters and granddaughters with professional credentials, most of them still regarded schooling as an insurance policy rather than a means to self-fulfillment. The more education a young woman had, the better job she could get while still single and the likelier she was to make a good marriage. From that point on, unless disaster struck,
she should be supported by her husband while she herself focused her attention on children and domestic life” (Le Vine 1993:111).

Actualizing both an “ethic of service” and an “ethic of choice” becomes extremely challenging as women are labeled “bad mothers” if not paying proper attention to their families, but are also called “backwards” if they are not striving towards the state’s rules of modernity. Many of my young female informants enjoyed educational and career opportunities awarded to them as single women which makes marriage and motherhood problematic because they had been taught that these roles require self-sacrifice. I argue that young Mexican women want to fulfill their inner desire to be a mother, but when this role is shackled to the ideology of self-sacrifice, women are skeptical of becoming a wife, which in Mexican society legitimizes the parental relationship.

By setting forth the theoretical backbone to the arguments and descriptive material which ensue in the following two chapters, my intention has been to not only acknowledge sources of inspiration, but also to clarify my positioning and presentation of information. Now I turn to the women of my study whose reflections, experiences, and depictions I hope will fill out the framework provided above.

THE SACRIFICE OF MOTHERHOOD

When I asked my female informants, both young and old, why they wanted children and why they thought other people wanted children, most would first look at me with a puzzled expression or laugh at what they felt was a funny if not, strange question to ask. However, after a moment of thought, my informants would begin to explain something which seemed to them an innate female desire. The answers given by women from both city and rancho, of various ages, were surprisingly similar. I heard many times responses such as “Children make the house happy,” “To keep me company,” “To take care of me when I am older,” “Having children is beautiful,” or, “Men always want more children.” However, many women stressed above everything that children were a central part of marriage. Eli, and her mother-in-law, Lupita, agreed that “A marriage without children cannot survive.” They explained to me that a married couple needs to have children, because they cannot live alone in the house. The marriage would not last. In conversation with Lenore, she told me, “Yes, I believe that marriages without children can exist...they do exist....but it depends. Sometimes when the woman cannot
have children, the couple fights a lot. Or, the husband will leave her and find someone else, someone who can have children.” My informants would oftentimes turn my own questions back at me and were particularly curious about when I was going to have children, if I wanted children, and if my husband wanted children. Alejandra did not beat around the bush any when she asked me, “Why do you not have children? Do you and your husband not like children?!?!”

Two relatives of another informant, ages 72 and 46, approached the topic with a serious tone and asked with concern if my husband wanted children. When I responded that he did, their faces brightened and they expressed that it was very good to hear, because they have a relative living in the USA and her gringo husband does not want children. They told me, “A lot of gringos don’t want children,” while shaking their heads in disapproval and disbelief. Both of them advised me that children are a very important part of marriage and that if a couple does not have children, the marriage is not only boring but the couple will also fight a lot because he will want children. After a period of fighting, they told me that a husband will tell his wife that he is leaving her to find another woman who will give him children. They both warned me that I should have children before my husband leaves me and finds someone else. Both women from the city and the rancho shared cautionary tales about family members or friends who have been abandoned by their husbands due to their inability or hesitancy to have children.

The problem that arises for young Mexican women is that both children and suffering are seen as intrinsic to marriage. Becoming a mother is a role which my informants cherished, and in a predominately Catholic society, marriage is largely considered to be a necessary step before starting a family. Most of my informants with children were married at a young age and those who were not married, were considered by their family members and friends to be breaking with tradition. In addition, the majority of my informants did not wait long after marriage before having their first child. I found that the informants who had waited, would often confide that they had difficulty becoming pregnant. It was no secret that motherhood served an important function in the lives of my informants. Beyond desiring motherhood for self-fulfillment, it became a source of influence which women were able to draw from to boost both their self-esteem and further their own motives. It established women in their neighborhoods and communities and drew them into the social realm of adult womanhood and family caretaker. Both young and old informants took much pride in their role as mother. Younger informants took a great deal of pleasure in describing to me their experiences of birth and what parenting practices they employed in their households. Older women derived strength and honor from their accomplishments of motherhood under trying circumstances. However,
motherhood is tethered to wifehood, and the merging of these two roles has traditionally asked women to sacrifice their own rights for those of their husband and children.

From a traditional standpoint, motherhood has been regarded as a highly respected and valued role. However, the role which continues to hold symbolic power, has not come without a price. Motherhood and wifehood has been traditionally synonymous with self-sacrifice for one's family and long suffering at the hands of a dominating and abusive spouse. This seemingly contradictory status of both veneration and inferiority can be explained when motherhood and Mary worship conjoin in marianismo, a term coined by Evelyn P. Stevens and well explained by Le Vine;

“Women were now regarded as spiritually superior to men, but the price they paid for this increment in status was confinement to the home, where they were 'placated' for the loss of any role in the public sphere with the exclusive charge of children. Stevens argued that rather than excluding women from influences, strict role differentiation empowers them. They accept the social domination, physical abuse, and economic support of men, secure in the conviction that their capacity for enduring male-inflicted indignities and, ultimately, for forgiving the perpetrator, lends them semidivine status in their children’s eyes” (1993:89)

Le Vine discovered that while her female working class informants believed that they had moral and spiritual superiority over their husbands, they “found spiritual superiority a less than effective weapon, even in the domestic sphere” (1993:90). However, Amuchástegui, Ortiz Ortega and Rivas found that motherhood gave the women in their study power over decision-making. The women in their study all agreed that childbearing and rearing puts social, emotional and economic hardships upon women, but women derive both status and power out of the role of motherhood. According to the researchers;

“In all three regions, women interviewed stated that before becoming mothers, they rarely made decisions or took any deliberate action concerning their reproductive health. For many of the women interviewed, only after having at least two children did they begin to make claims on behalf of their bodily integrity. In all the interviews, the discussion of motherhood evoked memories of suffering and risks. Yet at the same time it represented the means by which women authorize themselves to fight for the satisfaction of needs that are otherwise not acknowledged” (Amuchástegui, Ortiz Ortega, Rivas 1998:159).

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32 See Introduction for a definition and further description of marianismo.
The researchers argue that for many women of their study, having children allowed women to establish themselves as “mothers with rights” (Amuchástegui, Ortiz Ortega, Rivas 1998:160). Women who had validated themselves as good mothers in their communities, felt more entitled to control their reproduction and resist violence inflicted upon them by their spouses.

Maricruz, 58 years old, was married at 18 years of age and had her first baby at 19. Throughout my conversations with her, she detailed the many hardships for her during the 40 years of marriage to her husband. During one of our discussions up on her roof top, where Maricruz could be found making tortillas to sell at the market in the afternoons, the topic of divorce came up. I told her that it appeared to be more common; her rhythmic patting out balls of dough stopped for a minute. She looked up and exclaimed, “Oh yes, they leave,” and after a pause she continued, “Now women don’t want to suffer. They don’t want to suffer anymore and so they leave.” Leaving is not considered an option by many women, but for those not yet married, the outlook for the “sufferer” role is taking a downturn.

The use of the word “suffer” was commonly used by my informants when talking about personal hardships, most often in relation to her endurance of a husband’s maltreatment or her own self-sacrifice for her children. The word has become a symptom of a traditional gender role; a submissive and selfless mother who by self-sacrifice gains respect and honor. Le Vine reflects, “If, meanwhile, some of the younger women suffer daily torment on account of their machos mexicanos, it is from a conscious identification with their mothers, whom they saw abused, neglected, and betrayed just as they are, that they derive strength” (1993: 97). She has found that her informants draw power from knowing that they remained the best possible mother they could be under harrowing conditions such as alcoholism, domestic violence and blatant infidelities caused by their husbands. Perseverance in motherhood becomes the “singular achievement that they derive their self-esteem” (Le Vine 1993: 97). While some informants may find themselves in their mother’s shoes, Le Vine observes that many younger informants have begun to defend themselves from their husband’s abuse and challenge his authority rather than suffer in silence. Before, women gained value and personal efficacy through motherhood, but as Le Vine demonstrates in her work, this tradition is fading amongst her younger informants, as they are increasingly tapping into sources outside of their domestic lives in exerting their own wants and needs.

As with Le Vine’s younger informants, the younger women I spoke to argue that changes have been made. Many of my informants used their own mother’s hardships and containment
as inspiration towards striving for more than being a housewife. My informants expressed a view of themselves as more than just a wife and a mother, but as having various roles and interests. Traditionally very difficult to be more than a stay at home mother, new opportunities are creating new roles for women. With more opportunities available for the “modern” Mexican woman, I would argue that the act of suffering to be validated by herself and her family members may not be as essential to the role of the wife and mother. Following this logic, women have more agency in defending themselves from a doomed destiny of sufferer. In avoiding this fate, women are striving for more independence and authority in their lives, particularly in their relationships with men. Women are using their mothers not as role models of what they would like to be, but rather, as role models of what they would like to avoid. However, as the role of mother and wife is intrinsic to the home, many find themselves conflicted about relationships with men and with motherhood, the two building blocks to becoming a sufferer.

For the women of my study, working towards a “modern” self and household often meant resisting machismo, the identified culprit of the suffering syndrome, by renegotiating their role as viewed by their machistas and attempting to alter “traditional” values through their role of mother to their children. While many of my informants found themselves in an “ethic of service,” they aspired towards an “ethic of choice” which constituted a process of both rejection and acceptance of tradition. Women expressed an awareness behind their decision-making which revealed that their motives were aimed at changing conditions in their households if not for themselves, at least for their children. However, even if they continued to feel confined in an “ethic of service,” the active process of choosing to be something different rather than following in their mother’s example, indicates the adoption of a “modern subjectivity.” How exactly women are working within and around their role of mother and wife to achieve a “modern” self-fulfillment while maintaining the “traditional” obligation to family will be explored next.

THE MACHO FACTOR IN RELATIONSHIPS WITH MEN

The women in my study were well rehearsed in the use of the term macho and it came up often when describing their husbands, boyfriends and male friends. The term was generously tossed around in conversations, and would be brought forth to explain what was considered

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33 See Introduction for a definition and further discussion of machismo.
34 Male chauvinist.
both negative and positive behaviors. While a woman would demean her husband as being *macho* because he won’t allow her to wear low cut blouses, she would use the same term to somewhat proudly explain how her *señor*\(^{35}\) insists on being the sole financial supporter of the household. It was additionally used playfully, to joke amongst other women, “How *macho* he is!” followed by rolling eyes and laughter. Nonetheless, it was more frequently heard as an insult against what was considered controlling and dominating behavior.

The term *macho* in relation to the male partners in the lives of the women in my study had in many ways become a definition of what they viewed as the opposite of the “modern” man. Where *macho* was seen as acting out behavior steeped in tradition, the more “modern” man was believed to take on characteristics which demonstrate sophistication, refinement and an open mind. Men who lived in the *ranchos*, were commonly stereotyped as not only *macho* but, extra *macho* by men and women living in the city, even by those who have never been to a *rancho* before. Therefore, they insinuated that there is a level of increased *macho* behavior in the rural communities, which are characterized as being far more traditional than urban areas. At times, *macho* was associated with what is considered “backward” and “ignorant.” Irma, a 29 year old mother of two, expressed her exasperation over her 3 year old son’s behavior. “Every time he comes home from my mother’s house, he has picked up more *groseros!*\(^{36}\) she exclaimed with a sigh of frustration. Irma’s mother takes care of her sons while she works as an office assistant during the day. “My mother raised five children, all but one with good educations,\(^ {37}\)” she insisted, “and the one who is uneducated still lives with my mother. He takes after my father’s side of the family who are *groseros*, *machos* and *ignoratnes.*\(^ {38}\) Now he is teaching my son to be the same way!” As illustrated by Irma, the term *macho* has been adopted to clarify that she is cultured, whereas some of her family members are crude and unrefined. Additionally the term has been used as a way establish a division between the urban and more “modern” and the rural and more “traditional”.

\(^{35}\) Literally means “man” or “sir”; but is commonly used in place of “husband” or “partner”.

\(^{36}\) Rude, crude, coarse language or person,

\(^{37}\) In this circumstance, Irma is most likely using the term “education” to mean upbringing rather than formal schooling.

\(^{38}\) Ignorant, closed minded.
Negotiating Gender Roles: Concha’s Plan

Concha, a youthful and animated 38 year old mother of two, is originally from Mexico City and recalls that her life changed drastically when she married a man from a small rancho outside of San Miguel de Allende. Upon marriage, Concha dropped out of nursing school to her mother’s dismay. She moved to her husband’s rancho where people had a very different mentality from Mexico City. “It was so different, in Mexico City men don’t mind if their women go to school or work,” she related, “and men in Mexico City do not beat their wives like they do in the ranchos.” Concha remembers when she first arrived at the rancho, she experienced a lot of problems with her husband’s family. Her sister-in-laws were bossy and tried to direct her around. They would get very angry with her for not coming over to her mother-in-law’s home to help with the cooking and cleaning. Concha told them that she should only be responsible for the work in her own house and ignored the pressure applied by her sister-in-laws. Concha recalled the incident still with surprise in her voice, “The family of my husband told him that he should beat me in order to make me learn! But, he never laid a hand on me. It is nice that you found a husband who doesn’t hit you, because many do,” after a moment she added, “My father always told my brothers never to hit a woman, especially not your wife. But, out at the ranchos men are so macho, and jealous and almost all of them hit their wives.”

After years of living in the rancho, Concha has persuaded her husband to allow them to live in San Miguel for some time, even though he dislikes living in the city. She is delighted about returning to urbanity, even if San Miguel is a far cry from Mexico City. She is now working on her husband to allow her to return to school. She would really like to return to nursing school, after leaving so many years ago, to receive her degree. Although, before she presents him with the idea of finishing her education, she is allowing him to adjust to her working out of the home. She confides that one of her main reasons to move to San Miguel was to continue her education, because she heard that a new nursing school will be opening soon. However, she has a strategy where she will make changes very slowly, so her husband has time to adjust. At the time of our friendship, Concha was working as a domestic worker, which is the first job her husband has allowed her to have. When asked why he will not allow her to work, she at first smiled, shrugged her shoulders and said, “Who knows!” After a moment she continued, “I think it is because he is jealous. He thinks that I will look at or meet other men,” after a good laugh, “I tell him that he has to trust me and he has to understand that I would like to work to help him support the family.” Her husband, who has had to migrate to the USA for
work in the past, has recently found a very good job in construction. However, the job placement is not permanent and both she and her husband worry that he might have to migrate again. He allows her to work as a domestic worker because he knows that she will be inside all day, although he still gets jealous if he finds out that she has interacted with gentlemen tenants. She reveals, “He found out that I washed the clothes of the male students living in one of the apartments I clean, and he was so unhappy! After a laugh, she said, “He was jealous.”

Concha’s experiences illustrate the ways in which women are in a process of negotiation with their spouses. While she moved to his home in the rancho, a drastic change from her city, she refused to adjust her own values and points of views and stood up to him in scenarios where either he or his relatives asked her to. Concha continued to “think for herself” and uphold her “modern subjectivity” despite the external pressure she faced. However, she also maintained the “ethical of service” expected of her as wife and mother, which meant putting her inner desires on hold. After making a home together with him for many years and following his wishes to be a stay at home mother, Concha is now beginning to assert some of her own desires. However, she knows her husband well and is cautious in the manner she eases change into their relationship and into their household. It has been a slow process, but she is continually moving forward on fulfilling her own hopes and desires while she tries to maintain the relationships based on an “ethical of service” that she has with her husband.

While machismo is certainly not an inherent quality of all Mexican males, it did play a role in the lives of the women of my study. Female informants related their struggles against what they considered “traditional,” if not outright ridiculous, male behavior. Women today are armed with an independence and sense of “thinking for themselves” which has greatly assisted them as they contest “traditional” gender stereotypes. However, gender roles are never clearly defined and are confused by contradictory expectations and circumstances, making it impossible to categorize women as either “those who do not accept machismo” and “those who do.” Rather, women are in a slow process of reinterpreting both “tradition” and “modernity” and negotiating change with their male partners who are working through their own shifting male identities. The women in my study were not engaged in extreme measures of protest and resistance, but they have taken on important instigating roles as they are easing change into their relationships with men in a way that corresponded with their view of themselves as both independent women and self-sacrificing mothers.
MOTHERING MACHOS AND MARÍAS

Many of my informants did not condone their partner’s macho behavior, but instead found ways to work around it. Women explained with shrugged shoulders and sighs that machismo is an inherent attribute, and from my experience spent with informants, I saw most mothers preferring subtle routes over direct confrontation. As with Concha, women would find a way around their partner’s restrictions. While my informants may have been willing to tolerate the macho behavior of their partners, many wanted to prevent their sons from being a replica of their fathers. Most of my informants did not trust their partners to effect change in the macho department, and felt that it was up to them to initiate change. Even though many expressed a desire to alter gender constructions, they often found it too difficult of a task to actualize. I found that the majority of my informants expressed the “modern” and “responsible” parental goals of providing both female and male children with an education and fostering their potential for upward mobility. However, their expectations for male and female did not correlate with their desires. Mothers conveyed both a “traditional” and “modern” subjectivity as societal pressures interfered with their personal beliefs.

My informants, who were both caught within the gender dichotomy and struggling against it, had very different expectations for their male and female children. I found that women did not necessarily believe that they could control their children’s gender characteristics through upbringing. What they hoped for their children was something different from what they expected. However, it is very likely that their expectations only served to further reinforce the gender stereotypes that they hoped to change. The majority of my informants stressed the importance of education for both genders and dreamed that their children would go far in their studies and have professions. Furthermore, I heard many times from mothers that they hoped both their male and female children would not get married as young as they did. They would like to see their children have an opportunity to be free and independent before settling down. While women told me that they wanted to raise their male and female equally, they continued to reinforce gender stereotypes in the household. Mothers hoped that their daughters would experience more freedom than they did as young women, but at the same time they would restrict their daughter’s out of the house activities and would teach girls to be responsible for domestic activities.

Ana is very proud of her 12 year old daughter, who excels in school and has already
received several educational scholarships. Ana, who quit after primary school, would like to see all her children go far in their schooling and plans on limiting the number of children she has in order to achieve this goal. Ana wants her daughter to have a different life than she has. She dreams of her daughter having a career and opportunities. However, in Ana’s household there are very different rules for her male and female children. Her daughters do all of the housework and help Ana with the baby, while her son refuses. Ana smiles and says that it makes her daughters mad, but shrugged her shoulders as if to say, “What can I do?” Ana tells me that her daughters will not be allowed to go out in the city until they are 15 years old and preferably accompanied by each other or a cousin. However, dating boys will still be out of the question. Ana believes that she is being far more liberal than her own parents who would not allow Ana to even go to the corner store unaccompanied. Ana’s sons, on the other hand, will be able to go out with friends and even date girls when they are 15. When I asked Ana why such a difference between her daughters and sons, she replied, “Boys can go out alone at a younger age because they can take care of themselves better and watch out for themselves more. These days you see young girls walking around the streets, panzonas, and it is difficult for these girls. They have to quit school and work to pay for the baby’s food and diapers. Usually the father of the baby will not take any responsibility, nor will he marry her and so she loses respect in the community.” I asked Ana why parents did not supervise their sons better as to help prevent their daughter’s unplanned pregnancies. Ana just smiled and shrugged her shoulders again. Ana was not alone in believing that the streets were dangerous for girls. Most informants in both the rancho and in the city informed me that “you need to watch over your girls because the boys out in the streets are bad.” While it is understandable that parents would like to protect their children, they continue to reproduce “traditional” gender stereotypes when teaching girls that they are “vulnerable” and boys that they are “tough.”

When describing gender differences between children, my informants agreed that female children provide companionship and friendship and are “easier” than more “aggressive” male children. Male children, on the other hand, were credited for helping to financially support parents. These anticipated differences between male and female children reproduce the idea that females should be the family caretaker and males the family breadwinner. Female

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39 Fat, potbellied. Often used to describe pregnant women’s stomachs.
40 The unmarried sisters of my informants who were working outside of the home and still living with their parents, also contributed to the household expenses. Whether or not my female informants who were married and living outside of their familial home contributed to their parents depended on their spouse and his choice in the matter.
companionship was important to my informants, as their husbands or partners were generally not considered a source of emotional support. If not away working in the USA for long and indefinite periods of time, many of my informant’s spouses were still absent due to extensive working hours or time spent with (what they told their wives) male friends. Bibi, whose partner does not want any more children, told me, “I want to have a girl. Girls are companions to their mothers because they understand their mothers better than boys do. My mother taught me that I could confide in her, that I could tell her anything...and I did. My mother gave us advice and helped us through our problems.” Even so, Bibi hoped that her son would also confide in her. While some of my informants, like Bibi, told me that they wanted sons to help take care of them into their old age, others told me that they did not view this as a valid reason. Lenore, who has one daughter remaining at home and four of her sons are living in the USA, exclaimed with a chuckle, “Look at me, I am all alone here! They go away and have families of their own.” Lupita, whose four sons are all working in the USA, choked back tears when she told me, “All you can do is enjoy them while they are growing up and be happy that they are working and living...and that you helped them get to that point. They are like birds...they learn how to use their wings and fly.” When mothers expect their sons to be emotionally, if not physically, unavailable, women learn that it is their responsibility to fill this void.

Most of my informants expressed a wish that their male sons would help with chores around the house, which is typically a female duty, but were not convinced that they would see the day it happened. Women would describe to me that it was important for their male children to learn how to do housework and cook, not just to help out but to help themselves later on. Lupita told me that her sons working in the USA are “helpless” because they cannot cook and so continuously eat out. In spite of their wishes, women said that both their spouses and sons would refuse to do what they regarded as “women’s work.” I asked Lupita and her daughter-in-law, Eli, why they cannot teach their sons to help with chores around the house. Eli, who does not speak much but gets right to the point when she does, replied, “I might try teaching him, but he will not do it. If his friends see him sweeping, they will call him a joto.” Lupita burst out in embarrassed laughter at Eli’s response. When I asked what the term meant, it only produced more laughter, but finally Lupita cleared her throat and said, “Boys will not do chores around the house like sweeping and washing for fear of being called this name.”

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41 I believe that “taking care of” can be interpreted as providing financial support or physically living in the home and watching after parents. Even though Lenore and Lupita’s sons did not live in their homes, they continued to send money to them.

42 A derogatory term used towards homosexuals or behaviors considered to be related to homosexuality.
on, I heard from my urban dwelling informants that boys do not taunt other boys as much for doing housework in the city as they do in the ranchos. My informants may have expressed a desire that their sons helped them with domestic tasks, but they did not seem overzealous about enforcing it. Furthermore, when asked what they felt was expected of women, many replied that cooking, cleaning and taking care of children was a female obligation. I found that women did not necessarily buy into the macho philosophy of women’s and men’s work, but found it difficult to change when both their husband’s and their communities were reinforcing the ideology.

Before closing the section on mothering, I would like to say a few words on fathering. While the women in my study were the primary caretaker and parent in their children’s lives, I do not wish to discount the role of the Mexican father. The role of breadwinner often took the men in the lives of my informants away from the home during the days, or as is common in the ranchos, months at a time. Even so, on the occasions that men were home, they enjoyed playing with their children, in addition to participating in the affairs of child raising. My female informants would tell me that their husbands had inserted their opinion in the couple’s child raising on issues ranging from how long to breast feed to where the child should sleep. Men from both city and rancho showed a great interest in their children and in issues of child raising. Given the stereotypes of the stern and tough macho, I recall my surprise when Eli’s brother-in-law, who was back for a month before returning to the USA, swept up his baby nephew and gently cradled him in his arm, talking to him in the affectionate, high pitched voice reserved for infants. Gutmann, who writes on fatherhood in Mexico City, found that “for most of the men and women interviewed, at least, being a dependable and engaged father is as central to ser hombre, being a man, as any other component, including sexual potency” (1996: 79). Gutmann argues that involvement or lack of involvement of Mexican men in infant care taking is based on a number of factors such as socioeconomic class, as well as personal beliefs. Gutmann believes that males are caught in a “system of constraints” which dictates how their gender is allowed to act, but it is up to each individual to decide for themselves. Gutmann explains:

“A system of constraints is perceived by many such that infant care is routinely equated with maternal care. Societal norms into which people discover themselves born and reared—that is, an “inherited consciousness”—interact with individual decision making and practical consciousness, leading people to acquiesce to or challenge the status quo in the lives of their infants, and in their own lives as caretakers” (1996: 75).
Although my own research is clearly from a woman’s perspective, I would like to emphasize that men, like women, are not stuck in static gender roles, but are dynamically shifting identities. Women and men are redefining traditional gender roles as they adopt, adapt and resist change in the process of both “producing themselves” and negotiating with each other.

While the women in my study conveyed a dislike for many of the “traditional” macho behaviors and expressed desire for change, influences both within and outside households were often viewed as overriding their own opinions and concerns. Women were not accepting macho conduct at face value, but still believed in certain gender ideologies which they maintained through their roles as parents. Others, were intent on changing gender constructions and found authority in their role as wife and mother to do so. Even so, all of my informants hoped that their daughters would not follow in their own footsteps, but would branch out in another direction and achieve a higher level of self-determination. The support and encouragement that they gave their daughters reflected their integration of alternative beliefs regarding gender roles into their parenting, even if they simultaneously upheld certain “traditional” customs. Their daughters are learning to expect more for themselves as women, but continue to confront a “system of constraints” (Gutmann 1996) which provides both opportunity and limitations.

**MOTHERLY AMBITIONS AND MARITAL AVersions**

As young women are enjoying both greater degrees and longer periods of independence before marrying and settling down, sacrificing their freedom for motherhood is becoming a less appealing option. Getting involved in a relationship with a man, for many, is synonymous with lack of freedom. Women are all too aware of the nature of the macho, and many are hesitant to trade in their relative freedom as a young single woman for the containment of marriage. Women are taught by their mothers how to be a “good” wife and mother, which constitutes an “ethic of service” that directly contrasts with the independence that they experience as single students and career women. Therefore, young women who are aspiring for a different life situation than their mothers had, are conflicted about entering into wifehood.

Paulina, 16 years old, comes from a rancho outside of San Miguel. There are ten brothers and sisters in her family, a quantity that has prompted her mother to work as a domestic worker in nearby San Miguel. Paulina and another older sister, 22 years old, also work as domestic workers, while her 14 year old sister stays at home and takes care of the cooking,
cleaning and younger children. Unlike many of their teenage contemporaries, the sisters do not have love interests. Paulina explains, “It is better without boyfriends. There is a boy who lives nearby and he would like me to go out with him. I refused him. Once you start dating boys, they always want you to be at home and never go out and they always want you to have more children. I want to be careful, so I don’t end up like my mother. She got married so young and started having children so young. It is too much work and stress, having 10 children!”

Several other informants in their twenties, related to me their methods of steering clear of the life of a sufferer. They told me quite simply that they do not want to marry a Mexican man. One 21 year old university student told me, “I don’t want to marry a Mexican man because I don’t agree with the way they are. I don’t like the way they treat women. I can’t stand their machismo, they are very sexist. They cheat on their wives, make their women stay in the house and are very controlling.” She confided to me that many young Mexican men will talk about gender equality, but their actions do not reflect their speech. I heard similar sentiments in the ranchos, coming from Lenore’s daughter, Rocío. I had asked her if she had a boyfriend and she shook her head no. It was a group of us ladies talking so for the sake of “girl talk” I asked her if she had a boyfriend. Her immediate response to my question was, “Men are no good. They are dangerous. They marry you, and then beat you and afterwards they leave for the North, forget all about you and find someone else up there to marry.” After having said that, she paused for a moment and changed the topic of discussion.

The majority of the women in my study emphasized the importance to support their daughters in their pursuit of education and resulting economic opportunities, however, school or having a career were not considered activities that women should or could balance with marriage. Rather they were opportunities to take advantage before becoming a self-less wife and mother who puts her husband and children first. Le Vine observed that the Mexican women in her study were seen as selfless if at home and selfish if at work because “given that she was viewed-and viewed herself-as synonymous with the household, if she was employed, she was seen as helping herself” (1993:109). On the other hand, young women who aspire to be wives and mothers without experiencing some years of independence first are often considered too “traditional” and not taking advantage of life’s opportunities. I argue that the women in my study are caught in a set of contradictory expectations, where their self-determination is cultivated but it has an expiration date. Before, women were expected to immediately enter into an “ethic of service” when old enough and to fulfill the role of devoted mother to as many
children that “God gave.” However, there have been changes and under an “ethic of choice,” women are expected to first be accomplished before arriving at the point where they can provide an economically stable and carefully planned motherhood. After marriage and motherhood, women must return to an “ethic of service” and relinquish their personal desires of self-achievement in order to be a self-less mother, which is equivalent to being a “good” mother. The women who directly enter into an “ethic of service” without first venturing out on their own are deemed “traditional” and “backwards.”

**Small Town Rebels: Convention and Choice For a Mother and her Daughters**

“We can’t convince her otherwise.” Bibi said grimly while shaking her head. We were huddled around a small table in the kitchen of her family’s home. *Comida* had come and gone and the numerous family members which normally fill up the modest home had scattered after finishing their meals, leaving four remaining at the table: Bibi; her mother, Soledad; her sister, Lucía; and myself. The women were discussing Bibi’s younger sister who is 18 years old and anxious to marry. “She wants to get married right after high school and have children,” continued Bibi, “and he has promised to support her so she can stay home.” All three women highly disapprove of her decision and have been desperately trying to coax her to continue with her education instead. Although it has been extremely difficult financially, Bibi’s parents continue supporting their nine children through school. While some of their children have chosen to drop out of school after primary, others have either graduated from high school already or plan on doing so. All three agree that Bibi’s younger sister is far too young and that if she marries now, she will never use her education. Although these three women are in agreement, their opinion is not shared by most of the other members of their community. From mother to daughter, their experiences illustrate some of the ways that women are taking strides away from traditional expectations through their “little rebellions,” while at the same time, they are caught up in the contradictory roles of being or becoming wife and mother.

Soledad, 48 years old, is a short and broad woman with black hair just beginning to reveal hints of grey. At first, cautious and stern, her demeanor quickly yields to softer and chatty once engaged in conversation. Soledad lives across the street from the house she grew up in and where her mother still lives. When Soledad was 13 years old, she was “stolen” one day

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43 Main meal of the day typically served in the afternoon.
while walking out in the street by herself. She absolutely did not want to marry, but she felt as though she had no choice. She was afraid of what other people would say about her and feared that nobody else would agree to marry her now that she had been with another man. She remembers that her husband’s little sister was only one year younger and was still playing dolls while she was cooking and cleaning for the entire family. Her childhood ended abruptly and her adulthood has been full of hardships. Her husband is an alcoholic and when he stumbles into the house late at night, she often falls victim to his drunken rage. She tells her daughters not to get married young like she did. She wants her daughters to grow up, experience life and then to “meet their prince.” It is important to Soledad that her daughters get an education. She scoffs at the fact that men are “jealous” and prohibit their wives from working or going to school. Soledad does not cater to social pressures from the community and continues to support her daughters in their decisions to continue their schooling and going out with their friends. Both Soledad and her daughter Lucía, laughed and expressed a certain sense of pride over the fact that Lucía has been labeled a loca by the community for continuing through prepa, holding down a job in San Miguel and frequently going out to parties. Soledad told me about a woman in the community who prohibits her daughter from continuing her education through prepa, simply because she is afraid that her daughter will gain a bad reputation. Instead, her mother has her working in a local store so she can meet a boy and be married. Soledad gravely shook her head at this woman’s actions and solemnly said, “That is an exploitation of her daughter.”

Over the course of fieldwork, I was always struck by the inconsistency in Bibi’s choice to be with Antonio and in the way in which she presented herself. Bibi spoke candidly about Antonio’s negative qualities and would protest his controlling and conservative macho beliefs. Bibi situated herself on the opposite end of the spectrum from Antonio on nearly everything from politics, women’s rights, religion, to the way they should run the house and raise their son. “My marido and I used to fight all the time, horrible fights,” she reflected, “now with

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44 My older informants told me that it was not entirely uncommon for young girls to be “stolen” by boys and forced to go to their homes and consequently married. This was one of the reasons given for why parents were more protective of young girls and required them to be accompanied by a friend or relative when out on the streets. These abductions became widespread during the period of time after President Calles’s (1924-1928) government effectively expelled the clergy and following the Cristero War, rural Mexico had little to no clergy (Le Vine 1993).

45 Literally means “crazy” or “madwoman.” The word is used to describe a woman who is acting in a way that is socially unacceptable for her gender. Usually used when a woman brings public attention to herself causing trouble, using crude language or being “promiscuous.”

46 Technically means “husband,” but is often heard in reference to one’s partner in cases where the couple is
the baby, we don’t fight anymore.” It became clear to me that Bibi’s first priority was to be a mother, which was more important to her than finding the perfect partner. Unaware of a medical complication, Bibi’s attempts to have children starting at age 25, failed for many years. By the time she sought out medical help to resolve the problem, she was in her early thirties. At such an age, child bearing became more of a pressing issue to Bibi and she explains, “If you do not have a child by the time you are thirty, people assume that you are not able to!” As she somewhat proudly relates, Bibi did not have grand plans of marriage, but “wanted a baby for myself,” but after becoming a mother, she has begun to think about marrying Antonio, but “for our son’s sake.” In the past, her family remembers that she would joke about marriage and say, “I’ll have a big wedding for the dress and the party. Afterwards, I will kill my husband so I can be single again.” Bibi is afraid of suffering the same fate as her mother, who has served as the target of Bibi’s father’s drunken rage throughout their marriage. Bibi continued to process her new lifestyle and mull over marriage throughout my research. She surprised me one day by spontaneously asking, “What do you think of my situation?” Not one of my informants had asked me so directly for my personal opinion on their lifestyle choices, nor had I offered to give them one. I felt like the question reflected her uncertainty. Bibi, who had been working outside of the home and experienced a great deal of independence before pregnancy, continues to view herself as a “modern” and self-determined woman. However, after becoming a mother, she has adopted an “ethic of service” which she feels that she owes to her son. She continues to “think for herself” and speak her mind, but does not challenge her partner anymore, as she did before the baby was born. By becoming a mother, Bibi has found herself in a situation where she must balance her obligation to her son with her self-image of a woman who acts on her own decisions.

Soledad has fully earned the honored title of “sufferer,” but she does not accept this role as good enough for her daughters. Her stubborn and bitter criticism of macho behavior and traditional customs has had an impact on her daughters and she fiercely supports her daughters as they continue their educations and careers in the face of social pressure. Her resistance towards following the “traditional” route is seen when her 18 year old daughter expresses a desire to keep with the social norm for her community. Soledad treats her daughter’s decision as a regrettable loss in her struggle to keep her girls in school and out of an early marriage. However, Soledad exhibits mixed signs of support and resistance towards traditional gender living together in a consensual union or have a child together.
roles. She wants her daughters to be more liberated than she was as a young woman, but at the same time she believes that women must put their husband and family first once they are married. Having heard her reproach of macho customs so many times before, I was surprised to hear an exchange between Soledad and her 14 year old daughter. I had asked her daughter when she saw herself getting married. She took the question very seriously and told me that she would like to wait until she is 22 years old because she would like to have time to be on her own first. She exclaimed incredulously, “A lot of girls get married when they are only 15 years old!” Here, Soledad chimed in, “Yes, it is important to have time beforehand because once married, your responsibility is to your husband and your home.” Her daughter nodded in silent agreement. While Soledad has urged her daughters to go beyond the traditional model set for the women in her community, she has also instilled and reinforced in her daughters the gender role of woman as caretaker of husband and home. Therefore, her daughters have learned from her to take advantage of the education and career possibilities available to them, but to also commit to the traditional role of wife and mother upon marriage.

As demonstrated by the experiences of Soledad and her daughters, the shift from an “ethic of service” to an “ethic of choice” which has occurred from one generation to the next, has brought forth contradictory expectations for women. While the “traditional” female gender role of self-sacrificing mother and wife prevails, a more “modern” role, which is reinforced by the state and dominant society, asks women to be self-fulfilling. However, limits are put on a woman’s venture of self-fulfillment. She risks becoming a “bad mother,” thus a “bad woman,” if she continues to pursue self-realization upon entering into marriage. Paxson argues that “To be good at being a woman, one should be recognized as being a good mother. In theory, this is nothing new. In practice, however, the terms of what it takes for a woman to be recognized as a good mother are changing as women’s domestic responsibilities are compounded by extradomestic responsibilities” (2004: 64). I found that the expectations of womanhood and motherhood are simultaneously changing and staying the same. Women are not herded into the role of self-sacrificing mother upon age of reproductivity as before, but are required to become “modern” women of self-determination, or risk being designated “traditional.” However, upon marriage and motherhood, it is necessary for a woman to give up her self-assertiveness to gain the important and desired role of “good mother.”
CONCLUSION

This chapter has examined the shifting and contradictory female gender identities of mother and wife in the context of tradition and modernity. In bringing together the theoretical tools supplied by Collier and Paxson with the related experiences and observations gathered through fieldwork, I have argued that the women in my study are managing the contesting roles of self-sacrificing mother, under an “ethic of service” and self-actualizing woman, under an “ethic of choice.” I found that women are trying to break from traditional social mores, in favor of “thinking for themselves” which reflects their self-image of “modern” and independence from the role their mothers held. However, the role of mother and wife in the communities I worked in continues to carry with it the expectation of self-sacrifice which leads to competing identities. Women are caught between the dominant discourse of the “modern” independent woman and the honored traditional role of family caretaker. As I have detailed, the women of this study are in the process of both adopting change and reproducing custom in the relationships with men and children in their lives.
Soledad confirms the stories that I had heard about a certain traditional midwife\(^\text{47}\) who was well known in both her town and the neighboring communities by making the same curving hand gesture used by others in describing the woman’s rotund physique. “Yes, she was from this very town,” she remembers. “There were others, but not as famous. She would ride a donkey to women’s houses when there was an emergency in order to get there quickly.” This famous midwife, who was credited for assisting the births of several women I spoke to at a nearby rancho, attended the 9 births of Soledad’s mother. Soledad has been assisted by a variety of practitioners during her 13 births, however, it was her first at home with a traditional midwife that she recounts with relish. “The births at home were very painful and sometimes lasted a day or more,” she recalls with her face clenched, “I was only 14 years old and knew nothing about it. Labor began and Bibi arrived the following day.” Soledad recalls that in the past, people could pay the midwife with a chicken, pig or a sheep if they did not have money. With a chuckle she says, “Sometimes people never got around to paying and then their children were called ‘free babies.’” Soledad was assisted during other births by another midwife, who she identifies as a “different kind,” because her techniques were similar to those used at the hospital. Soledad, whose only cesarean section was her last delivery, had several births in the hospital. She confesses that birthing at the hospital is better than the “natural” births with midwives. “At the hospital they use injections for the pain and make the birth go faster. Also, they have more equipment,” After a pause she laughs and exclaims, “The cesarean section was probably the best of all!” Even so, as she describes the births of some of her friends who were attended only by their mother-in-laws, she reveals that she finds the unattended births impressive. Soledad admits that she could never have an unattended birth because she would be too afraid. After a moment of thought, she lightens and states proudly with a glint in her eye, “Here in Mexico, they say that having a natural birth and feeling the pain, makes you a real Mexican woman.”

Soledad’s birthing experiences over the years relates a history of the various health

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\(^{47}\) I use the term “traditional” to refer to midwives whose practices are based on local knowledge and customs rather than methods of Western biomedicine. I have borrowed this terminology from my informants who used the term *partera tradicional*, (traditional midwife). Another term for “traditional midwife,” used by the World Health Organization and the United Nations International Children’s Emergency Fund, is “traditional birth attendant” (TBA).
resources which were previously and are presently available to women. Birthing at home assisted by traditional midwives, was not considered a viable option for my younger informants, all of whom gave birth in hospitals. Like Soledad’s reservations about birthing unattended, they expressed that birthing at home attended or unattended would be too dangerous and frightening. For the most part, younger women viewed a traditional birth at home as a practice which is now unnecessary with easy accessibility to a hospital or clinic. Additionally, it was seen as an option which is not pragmatic considering the modern medical health care which they could receive at the hospital. However, conversations with their mothers and grandmothers introduced me to the birthing practices that were done before women had the money, transportation and access to clinics or hospitals. Women of the older generation typically gave birth either unattended or with traditional midwives. Carmen, tossed her hand for emphasis as she exclaimed, “Women always go off to San Miguel to give birth and to see the doctors...but, before, never” She continued; “Before, we had no doctor visits, and nobody told us what vitamins to take.” Carmen related with pride that her own mother gave birth to 15 children attended only by her sister. She had no follow up visits with a doctor and according to Carmen, she did not suffer from health problems as a consequence. During her own births, Carmen was attended by midwives from her rancho who learned the trade through observation. Paulina’s 74 year old grandmother recalled that she gave birth to her 9 children unattended in a little adobe hut used only for birthing, separated from the main house. She gave birth in a standing position and cut the umbilical cord herself with a pair of scissors. Her mother, who had also given birth this way, taught her how. She explained to me that there were “less problems during birth back then.” Maricruz, mother-in-law to my informant Ana, insisted that the style in which she gave birth was by far the best option. She did not like the idea of giving birth lying down. Instead, she used a rope tied to a beam above to hold on to for support and kneeled on the floor. The birth was assisted only by her mother-in-law who “caught” the baby, or as she called it, “catching the fish.” She employed this birthing method for four out of five of her births. She learned the method from her mother who had given birth unassisted to 12 children that way. Perhaps noticing a look of surprise on my face, she grinned, nodded, and said, “It takes a lot of courage, right?”

Such stories of “traditional” birthing not only captured my own attention, but also impressed the younger women who were engaged in the discussions. However, while women of the younger generation were inexperienced in “traditional” birthing, they were knowledgeable of various other “traditions” associated with the prenatal and postnatal periods. I quickly
discovered that beyond the “traditions” surrounding birth itself, a system of beliefs exists which was shared by women of all ages and from both rural and urban backgrounds. These beliefs, or “myths” as physicians often called them, provided certain guidelines relating to pregnancy, recovery after birth, and infant care. Many of the beliefs stipulated preventative measures and cures for health related issues concerning mother and baby. Such rules and regulations largely fall under what has been previously referred to as Mexican “folk medicine” in literature documenting the traditional system (De Walt 1977, Ingham 1970). According to De Walt, “The ‘traditional’ system of health maintenance and disease curing which has existed in Mesoamerica for several centuries is based on the humoral concept of health and disease which was introduced by the Spanish, incorporating more ancient indigenous aspects” (1977: 6). The system which arrived with the Spanish has its origins in Greek humoral pathology and the notion of a symbolic equilibrium between hot and cold (Ingham 1970). De Walt explains that in the Mexican context:

“It is believed that to remain healthy, a person must maintain a balance of hot and cold. The concern here is not with actual temperature, but rather with an innate quality of foods and situations. Foods, situations, and curative herbs are classified as either hot or cold, though some may be neutral. Most illnesses can be classified as hot or cold, as well (...) The consumption of foods which are too hot or cold may upset the balance and cause illness” (De Walt 1977: 6).

In addition, there are conditions and illnesses such as espanto,\textsuperscript{48} caída de la mollera,\textsuperscript{49} or caída de la matriz\textsuperscript{50} which deviate from the hot-cold classification. I found that while traditional beliefs were not given the same authority as Western biomedicine, they continued to influence women as they made decisions pertaining to both their own and their infant’s health care. Women in my study continued to be mindful of el aire,\textsuperscript{51} by keeping hats on their babies and

\begin{itemize}
  \item \textsuperscript{48} Fright-sickness. Also called susto.
  \item \textsuperscript{49} Fallen fontanel. \textit{Caída de la mollera} is a condition where the fontanel has fallen. According to tradition, on the fifteenth day after birth, a \textit{curandera} or the mother herself must poke her thumb into the roof of the baby’s mouth. Otherwise, the fontanel can cave into the mouth and make it difficult or impossible for the baby to properly breast feed. It is believed that there will not be sufficient suction. According to Maricruz, a \textit{curandera}, before she uses her thumb to poke the roof of the infant’s mouth, she first dangles the infant upside down. At the end of treatment, she gently massages the jaw and chin. She uses this cure for the other cause of \textit{Caída de la mollera} as well. It can also happen if the baby takes a bad fall or if he or she has been bounced around a lot.
  \item \textsuperscript{50} Fallen womb.
  \item \textsuperscript{51} Air, cold drafts which are believed to cause headaches, earaches and respiratory maladies. It is thought that air will seep through a baby’s fontanels and cause illness.
\end{itemize}
I was told by many that older women, particularly of the ranchos, were the most informed about “traditions” and herbal remedies. However, I discovered that women from both the city and the ranchos were well aware of what the “traditions” were and in what ways they were either following or resisting them.

While the traditional belief system is engaging, more than in itemizing each belief and how it is enacted, I am concerned with how women’s choice to include tradition in their birthing practices and parenting practices is connected to the way they view themselves. Rather than perceiving medical modernization as a process in which Western biomedicine conquers all pre-existing practices and notions of health which facilitates a shift from “tradition” to “modernity,” I found that the women in my study were actively involved in choosing between practices of health based on both “traditional” and “modern” health sources. Tethered to the discourse of modernity in Mexico, Western biomedicine is crowned the authoritative resource and was respected as such by the majority of the women in my study. However, women met advice from doctors with a level of ambivalence, both trusting biomedical authority as scientifically correct and finding security in methods that their mothers and grandmothers stood behind.

The “modern” hospital births appealed to women, but also left them unsatisfied. While many informants would tell me that traditions were “silly myths” and not verifiable, I often caught them “in the act” of carrying out either the same tradition that they previously disregarded or another one which they conceded was valid. Women would recognize and communicate that traditions were not backed by “modern” science, but lack of “scientific” corroboration did not restrict them from adopting traditions based on their personal desire to do so.

I begin by addressing the notion of “authoritative knowledge” awarded to Western biomedicine practitioners which results in a devaluation of traditional belief systems. After shedding light on the way which the biomedicalization of reproduction is bound to the discourse of modernity, the resulting impact on the construction of identities will be explored. Within the context of biomedicalized birth, I discuss how women’s experiences in Western biomedical establishments has lead them to favor “la partera profesional,” a service which incorporates

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52 I was told by my informants that certain foods such as cucumber, squash, beans, watermelon, pineapple, steak, tortillas (but not if they are fried) and potatoes (but not carrots) are “cold” foods and considered important not to eat during breast feeding because it irritates the baby’s stomach and can cause colic. Furthermore, “cold” foods are believed to help keep a woman from becoming pregnant as quickly after childbirth because it keeps the uterus “cool.”

53 The professional midwife.
both “traditional” and “modern” qualities of health care. The option of the professional midwife allows women to benefit from the traditional aspects that they value, while retaining the “modern” authority that they trust. I conclude the chapter with a demonstration of how women are using traditions in conjunction with Western biomedical advice. I propose that the way women consciously choose to integrate certain beliefs, but not others, based on their own rationale, demonstrates their involvement in projects of “producing themselves.”

MODERN AUTHORITIES OF REPRODUCTION

Biomedicalization, is part of the package of modernization which promotes the ideology that Western science and technology reign supreme over traditional systems of healing and it is essential for a nation to institute Western biomedicine in order to achieve modernity. The overruling authority and legitimacy awarded to biomedicine has devalued traditional knowledge, demoting traditional healing practices to the category of fictitious “myths” or as “backwards” methods regarded as unhygienic or even dangerous. Ginsburg and Rapp have pointed to the contradictory nature of biomedicalization, explaining that “the provision of Western biomedical services is a double-edged sword. While the benefits are undeniable, the spread of medical hegemony, through the introduction of hospital-based birth technologies, for instance, often displaces or competes with indigenous practices and may disorganize or extinguish local forms of knowledge” (1991:318). During the process of biomedicalization, authority is stripped from those practicing traditional methods and granted to biomedical practitioners. Giving one system of knowledge the exclusive rights to legitimacy, often results in the devaluation of other systems of knowledge. Therefore, one kind of knowledge becomes the commonly shared “rational” and “natural” model. Brigitte Jordan introduces the production and demonstration of an “authoritative knowledge” in her analyses of cross-cultural birthing practices in both high and low-technology contexts (Jordan 1993 [1978]). According to Jordan, “The constitution of authoritative knowledge is an ongoing social process that both builds and reflects power relationships within a community of practice. It does this in such a way that all participants come to see the current social order as a natural order, i.e., as the way things (obviously) are” (1993 [1978]: 152). Jordan demonstrates how, in high-technology settings, a hierarchy exists where “technology-dependent knowledge” takes authority and dictates which decisions are made during birth (1993 [1978]: 155). She shows how the authority is not only taken away from traditional midwives, but it is also removed from the woman birthing. Medical practitioners who
have been legitimized as keepers of “authoritative knowledge” in a community become the “owners” of the birth and they disregard a woman’s own knowledge of her body (Jordan 1993 [1978]: 87). Those with “authoritative knowledge” are endowed with knowledge that “counts” in the eyes of members of society (Jordan 1993 [1978]: 154). In class-structured societies like Mexico, formal education becomes part of the process of delegitimizing of traditional knowledge. Jordan cites Pierre Bourdieu who wrote on the matter:

“[Formal schooling] succeeds in obtaining from the dominated classes a recognition of legitimate knowledge and know-how (e.g. in law, medicine, technology, entertainment, or art), entailing the devaluation of the knowledge and know-how they effectively command (e.g. customary law, home medicine, craft techniques, folk art and language, and all the lore handed on in the hedge-school of the witch and the shepherd...) and so providing a market for material and especially symbolic products of which the means of production are virtually monopolized by the dominant classes (e.g. clinical diagnosis, legal advice, the culture industry, etc.) (Jordan 1997: 57, quoting Bourdieu and Passeron 1977: 42).

As we will see in following pages, those with formal educations are given the right to work in institutions which possess “authoritative knowledge” and institutions are ranked in terms of their “legitimacy.”

A delegitimization of traditional knowledge has taken place in Mexico where the hegemonic system of health care is biomedicine and traditional practices are largely disregarded or denounced by health authorities working in hospitals and clinics in both the private and public sectors. In the 1960s and 1970s, health services were expanded in Mexico, which made health facilities available to many rural women who, as described above, previously relied on traditional midwives for concerns relating to pregnancy and childbirth. As Sesia observes, “The concern of policy makers was the rapid and widespread ‘modernization’ of the health care system due to a systematic introduction of, and exclusive reliance on, biomedical medicine and modern technology” (1996: 122). Even though the government was not able to extend coverage to all segments of the population, the expansion of health care had a profound effect, made evident by statistics which state that 43 percent of Mexican births were attended by traditional midwives in the early 1970s in comparison to less than 17 percent between 1995 and 1996 (Davis-Floyd 2001: 192). In many areas of rural Mexico, however, traditional midwives continue to be relied upon.

Due in part to the staying power of traditional midwifery in many areas of Mexico,
Mexican health authorities have adjusted their prevailing attitude of exclusivity since the late 1970s and have begun to acknowledge the practice of traditional midwifery and treatment. However, biomedicine continues to be the hegemonic model, and attempts by the government to include traditional knowledge have been based more on controlling what national health authorities view to be “reckless” practices than integrating traditional knowledge. Stacy Leigh Pigg has identified a similar structure of power involved in the incorporation of traditional birth attendants through training programs in Nepal. In many cases, Pigg argues, “Construing traditional healers as a resource instead of an obstacle ostensibly shows ‘respect’ for ‘other cultures’ while still controlling them” (1997: 239). The Mexican government also had strategic interests as rural midwives were regarded as vehicles for carrying out the family planning agenda. As mentioned before, family planning was a Mexican state priority in the 1970s and incidentally maternal and child health care coverage was “one of the highest priorities of the primary health care approach that was adopted by Mexico in the late 1970s” (Sesia 1996: 123).

The practices of rural midwives are not looked favorably upon by the government, and therefore, training courses given through the Mexican Institute for Social Security have attempted to teach midwives “improved” perinatal methods of care. Brigitte Jordan has emphasized that training courses for traditional midwives are held on the premise that the traditional system is not only subordinate to biomedicine, but that it is also a fallacious system in need of correction (Jordan 1993 [1978]). Jordan coined the term “cosmopolitical obstetrics,” which she defines as “a system that enforces a particular distribution of power across cultural and social divisions” (Jordan 1993 [1978]: 196). Sesia adds, “these training courses are powerful instruments for imposing, extending, and further legitimizing biomedical obstetrics: this process parallels and is reinforced by the concurrent devaluation of ethno-obstetrics” (1996: 123). Traditional midwives and their practices continue to be largely viewed as unhygienic and “backwards” in the biomedical community and are accepted into institutions only in order to receive biomedical guidance. With the development of the professional midwife, the medical community feels an impending threat of midwifery entering into the biomedical sphere. The establishment of the professional midwife and her role in the lives of my informants will be returned to later in the

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54 Instituto Mexicano del Seguro Social (IMSS). Salaried workers in the private sector are eligible to receive free health care and medication at the IMSS. Financing for the program comes from contributions made by employer and employee. Several of my informants had access to the services provided by the IMSS. However, I was told by many that a large number of employees do not receive services because their employers do not contribute. According to informants, employers or their accountants bribe government officials in order to get out of contributing. Due to the fact that there are so few job positions available, job seekers must “take what they can get” and continue working for employers even if they are not receiving the health insurance that they are entitled to.
NEW IDENTITIES FOR NEW BODIES

While authenticated by science, biomedicine is not “culture-free” and carries cultural assumptions which alter both physical and cultural aspects of natural bodily processes such as menstruation, birthing, and menopause (Martin 1987). Cultural assumptions are embedded in processes of modernization and biomedicalization. When the collision between modernity and biomedicine with reproduction occurs, identities are constructed and negotiated. Kanaaneh who explores the shaping of identities in the Israeli context argues:

“Identities and power in the Galilee are increasingly entangled with science, modernity, and reproduction: modern, advanced people have planned small families with the assistance of medical science and contraceptives, while backward, primitive people have unplanned, irrationally large families because they do not use contraceptive or fail to use them properly” (2002: 199).

I saw a similar effect in Mexico where the family planning campaign, as presented in chapter one, has not only transformed physical process of reproduction, but has also established new social values and ideals. In the mid-1950s only the upper middle class had access to contraceptives in Mexico, leaving lactation and abstinence as the primary methods of birth control which women could use (Le Vine 1993:151). However, large-scale efforts made by the family planning campaign had such an impact that the percentage of women in their childbearing years using contraceptives was at 30.2 percent in 1976, and leapt to 44.7 by 1982 (Le Vine 1993:152). As previously discussed, a new image of the “modern” family was distributed along with the contraceptives. This discourse has lead to the ranking of “modern” and “traditional” based on reproduction and has constructed new identities of “responsible” parenthood and the “modern” mother and wife.

Identities are not only constructed around “modern” ideals, but become embedded in perceptions of the body. Rhoda Ann Kanaanen explores in her research the construction of medically “modern” bodies, which uphold a standard of beauty, health and controlled reproduction. In spite of the dominance of the modernity discourse found in Israel and held up as an “ideal” for many Palestinians, she found a persisting antimodernization perspective. According to Kanaaneh, “A popular criticism of modernity is deployed through the construction of
opposed binary bodies: mythically robust and natural premodern bodies versus weak and delicate modern medicalized bodies” (2002: 210). It was believed by a group of Kanaaneh’s female informants that “modern” bodies have more difficulty with reproduction, and informants pointed to the fact that today’s women have difficulty carrying babies to term and cannot recuperate after birth as quickly (2002: 211-212). Through processes of modernization and medicalization, the idea of the “modern” body with “modern” requirements has emerged (Kanaaneh 2002: 167).

During fieldwork I became aware of a dichotomy between the bodies of “then and now” which took shape in conversations with women of the older generation. It was repeatedly mentioned by older women that those of the younger generation are not as competent at birthing as past generations. Bodies of the older generations were perceived as being “stronger” than the bodies of today. Older women asserted that these days, “women don’t know how to work anymore” and are hidden away indoors during pregnancy, “they are afraid of going outside and they just want to take naps all day long.” Comparisons were made to their own generation of women who, as they recalled, worked in the fields up until the moment of birthing. Furthermore, older women contended that birth used to be “easier” and that there are far more problems during the births of today. The older women in my study had primarily vaginal deliveries, and they often pointed to the high rate of cesarean sections amongst women these days as “proof” that birth has become more problematic. This last observation is founded on the reality of a dramatic rise in cesarean sections in Mexico. A 40 percent cesarean section rate ranks Mexico as one of the world’s highest (Davis-Floyd 2001: 192). Between the years of 1990 and 1997, the rate of cesarean births rose from 13 percent to 25 percent in public hospitals and in 1997, the rate stood at 52 percent in private hospitals (Davis-Floyd 2001: 192). Claims made by older informants coupled with the fact that many of my young informants had cesarean sections, motivated me to inquire about the “easy” traditional births versus “problematic” modern births. A professional midwife nodded her head knowingly when I explained the dichotomy that I had observed and answered:

“It does seem that way, that there were less complications before. Maybe it was the mentality,” she continued, “or possibly women’s bodies were stronger before, because they ate more natural foods instead of junk food. Working during pregnancy may have also helped them to have vaginal deliveries.” After a moment, she revealed, “There are a lot of cesarean sections performed now because they are more expensive for the patients, and doctors and hospitals want to earn more money.”
On the other hand, physicians that I spoke to at the CASA maternity hospital and the Mexican Institute for Social Security asserted with confidence that births are not more “problematic” now and seemed surprised that I would ask such a transparent question. Although I have chosen to quote one in particular, his sentiments were shared by the others:

“Now with technology, doctors are able to see complications earlier. Perhaps it is true that older women had many children without medical assistance, while their daughters now require cesarean sections—but before many children were born with disabilities and defects that could have been avoided if a cesarean section had been performed.”

In connection to the viewpoint that the bodies of the past were “stronger,” is today’s notion of the impending “dangers” of birthing. Tales of birthing were told with great pride by the older women in my study, but questions regarding feelings of fear and pain were shrugged off. After the first time I heard an older informant relate her experience of unattended birth, I found myself both impressed and amazed. I asked the overt question, “but, was it very painful?” She smiled and shook her head no. Surprised by her nonchalance over what I considered an act of bravery, I told her that she was one tough lady. She laughed and held up her tiny arm, flexed, and replied, “Yes I am.” After listening to the stories of many other women, I would often ask if their unattended and unmedicated births were painful or if they were afraid. Although, some did so with more defiance and others more matter-of-factly, women laughed and denied feeling pain or fear. Daughters and granddaughters listening in on the conversation, however, expressed a wonderment and disbelief similar to my own. Fear and danger were often cited for why young women thought the hospital was a preferable place to birth, claiming that “if something happened” it is best to be under the care of the doctors at the hospital. Despite their protests, I have a hard time buying into the claims of fearless and painless births of the past. There are surely other factors at play, one example being the value placed on self-denial for mothers. However, I argue that the process of biomedicalization has attached a heightened degree of “danger” to birth. Sesia argues, “The notion of ‘risk’ is, in fact, a biomedical one, mostly unknown to local midwives. As Jordan (1993 [1978]) points out in reference to Yucatán, in southeastern Oaxaca pregnancies are also considered normal events; for that reason signs of abnormalities are not sought” (Sesia 1996:130, citing Jordan 1993 [1978]). I would extend the biomedical concept of “risk” to the act of birthing as well. Birthing has most likely never been considered a risk free endeavor, as there are indeed risks involved. However, I believe that with the onset of biomedicalization, the imminent “dangers” become
far more prominent. In her work on professional midwifery in Mexico, Davis-Floyd refers to the research of Marcia Good Maust (2000) who has demonstrated that:

“Many Mexican physicians genuinely believe that birth is a dangerous process that can cause harm to mothers and babies; that technological interventions like cesarean sections are the best way to ensure the safety and well-being of mother and child; and that midwives, a hangover from the undeveloped past, are a temporary evil that must be replaced as quickly as possible with the vanguard of the future-modern health care” (Davis-Floyd 2001: 193-194).

A belief of “progress” away from the “traditional” midwife to biomedical models of healthcare has been internalized in the younger generation of women in my study, and it has been accompanied by the physician’s view of birth as a “risky” event rather than a “natural” process. I found that younger women had an increased awareness of the “risk” and “danger” involved in birthing, which constructed a view of birthing as an event where a woman is not only vulnerable but also dependent upon the “authoritative knowledge” of health practitioners.

As I have detailed, changes made in reproduction have both physical and cultural aspects which are often intricately tied to each other and assist in the development of new ways of viewing the body. Biomedicine and its technologies are considered a necessity for the bodies of today, but it has also taken a degree of control away from laboring women. The biomedical emphasis on “risk” has lead to an increasing reliance on its technologies, which may both help women achieve safe births and take away the opportunity of having a “natural” birth. Ginsburg and Rapp call attention to the way in which “choice-enhancing developments” ushered in with biomedicine and its range of technologies are also “accompanied by and enable increasingly effective methods of social surveillance and regulation of reproductive practices.” (1991: 314-315). Both advantages and disadvantages stem from biomedicalization, which as Kanaaneh reflects, “can be simultaneously empowering and disempowering” (2002: 227). Kanaaneh argues that “Attitudes toward specific technologies such as forms of contraception and assisted conception are rooted in a combination of a desire for ‘modernity,’ negotiation of identity, and physical experience of these technologies” (2002: 228). A “desire for ‘modernity’” led the younger women in my study to seek out the “authority” of biomedicine, however, experience with biomedical institutions has been met with skepticism. With the biomedical model of birth, the decision-making is taken out of the hands of the laboring woman and given to physicians with “authoritative” and technological knowledge. This experience often left my informants feeling disempowered. While their births are considered “risky” and “unhygienic”
by modern biomedical standards, the older women in the “traditional” birthing narratives come across as “heroes” who feel pride and a sense of empowerment from their births. Experiences with biomedical practitioners and institutions received critical evaluations, and younger women opted for alternatives which they felt fit with both “modern” desires and personal needs. The ongoing process of negotiation made by the women of my study with various health resources will be dealt with next.

FINDING A BIRTH THAT FITS AT A HOSPITAL THAT “COUNTS”

Many of the young women who participated in my research had deliveries at more than one hospital. While listening to my various informants relate their experiences, I noticed that a clear pattern of hospital ranking was in place. After speaking to doctors working at a variety of hospitals in San Miguel, it was evident that biomedical professionals had their own system of hospital ranking. I discovered that in spite of the CASA maternity hospital’s success in fulfilling the needs of my informants, it was not seen as a hospital that “counts” by other health institutions in the city. The larger biomedical community doubted the CASA hospital’s ownership of “authoritative knowledge,” yet, the women of my study felt that they could trust in the CASA hospital’s system of knowledge over other available resources. Women’s experiences with health resources were complicated as they dealt with issues of discrimination and domination, while navigating between “modern” and “traditional” identities. In what follows, I intend to illustrate the contradictory way women approach biomedicine as they search for a “modern” birth that fits.

The CASA maternity hospital, with its distinct history and structure, deserves a brief introduction. In the early stages of fieldwork I stationed myself at the CASA hospital and became acquainted with the numerous health care practitioners walking in and out of examining rooms and up and down the hallways. The hospital is staffed with biomedical doctors of various specialties and professional midwives. With a focus on maternity, the hospital primarily provides services related to reproductive health. However, it is well equipped and capable of taking on a multitude of other health related issues. The CASA maternity hospital opened

55 I acknowledge that my informants shared a bias in favor of a particular kind of health service indicated by the fact that I met many of my contacts at the CASA hospital. Therefore, their collective answers offer an undeniably partial view. However, I believe that their observations are still significant and provide insight into how women are interpreting various models of health care.

their doors in 1994 with the rural population in mind. Through their work in rural areas, CASA was made aware of the paucity of quality health care services for residents. Moreover many rural residents felt disrespected and looked down upon at the health clinics they had visited. Complaints voiced by rural residents helped motivate the CASA organization to open a health clinic that could provide dignified and affordable health services.\(^{57}\) CASA stands out in the community not only as a humanitarian hospital, but is also unique for its dedication to the promotion of professional midwifery. Midwives were prohibited from working at hospitals when CASA decided to open their own health facility staffed predominantly by midwives.\(^{58}\) CASA’s recognition of traditional midwifery as a valued model of maternal and natal care and subsequent promotion of professional midwifery has been surrounded by controversy. Midwives are typically seen as a relic of the past by government officials and obstetricians, and national health authorities continue to obstruct midwives from trespassing on their biomedical grounds. However, great strides have been made and CASA houses the first and only government-accredited training program for midwifery in Mexico\(^{59}\). After a ten year struggle, CASA’s professional midwifery graduates have been granted authorization from Mexico’s Inter-Institutional Committee for the Formation of Health Resources (CIFRHS) to work in public health institutions and hospitals. CASA’s midwifery school incorporates both traditional and biomedical systems of knowledge into their four year program.\(^{60}\) CASA’s midwives emphasize the importance of a woman’s innate knowledge of her own body and are focused on creating a system of support in which women feel secure and confident. Compassionate care centered on women’s needs is what I observed during my days spent at the CASA hospital. The time I spent at the CASA hospital was divided between sitting in on consultations with patients and on one occasion a birth, interviewing doctors and midwives, and attending weekly courses on prenatal and postnatal care co-taught by a professional midwife and midwifery students.

Even though the CASA hospital has become a favored health resource by many in the

\(^{57}\) CASA charges patients based on each individual’s income and need.

\(^{58}\) *Parteras tituladas* (“titled midwives”), nurse-midwives who worked in hospitals throughout the 1950s, were banned from being primary attendants at births in the hospitals and demoted to a position of doctor’s assistant in the 1960s. See Davis-Floyd (2001) for a further discussion of *parteras tituladas*.

\(^{59}\) CASA’s midwifery school and curriculum was accredited in 1997 by the Secretary of Education of Guanajuato. Even so, in 1998 the state health ministry, managed by physicians, threatened to not renew CASA’s license unless they got rid of the midwives working in their hospital. For further information on this occurrence see Davis-Floyd (2001).

\(^{60}\) During the 3 years of coursework, CASA’s professional midwifery students take 3 weeks after each 5 month semester to live in rural areas under the apprenticeship of a traditional midwife. During the apprenticeships, midwifery students live in the homes of traditional midwives, allowing the women to work side by side, learning from one another and exchanging knowledge.
community, it is not considered a hospital that “counts” due to its affiliation with midwives. The fact that CASA is staffed also by physicians does not seem to help any, as a CASA physician explained, “Physicians at the other hospitals do not look at CASA with ‘good eyes,’ they don’t see CASA as an equal. They don’t trust or accept CASA.” Doctors and professional midwives that I interviewed at the CASA hospital gave two main reasons for its perceived subordinate status in the larger biomedical community. The first reason has to do with the mentality held by many physicians which defines midwifery as “backward” and “unhygienic.” The second reason deals with the importance placed on education. Many believe that professional midwives should not be allowed to work side by side other professionals who have many more years of formal education. Both of these views were expressed in the interviews that I had with physicians outside of CASA hospital. A physician at the IMSS hospital admitted that she was not familiar with how births were practiced at CASA, but she knew that a lot of midwives are now using many of the same techniques as biomedical physicians and referred to the courses held for traditional midwives at the IMSS. I asked her what traditional midwives who come to these courses are like before they receive training and she scrunched up her face and said disparagingly, “They performed births in beds...with whatever bed sheets that they could find!” She told me that this kind of birth is “dirty” and “bad for the mother and baby” because there is a high risk of infection. I asked her why professional midwives are not accepted in the biomedical community. She thought about the question for a moment and responded, “I don’t think they are prepared for everything, for all the different complications and risks. Many of them lead a normal life in the ranchos...a lot of them don’t even know how to read or write. We feel that they lack knowledge, maybe they have more experience but not enough schooling. To work here you need be university educated.” The message given by the physician at the IMSS is clear: in accordance with biomedicalization, even the “authoritative knowledge” of the biomedical physician, and thus the hospital, is discredited due to his or her association with what is regarded as “traditional knowledge.” Furthermore, a hierarchy is set firmly in place which prohibits valid entryway to the biomedical sphere without a specific educational degree in hand. As Bourdieu and Jordan make a point of above, formal education, an opportunity which is often only accessible to those of the upper classes, becomes a tool of the dominating class. By validating only the knowledge gained through formal education, the dominant class

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61 I presume that her opinion of the professional midwife is largely based on her contact with the traditional midwives who have been through the course at the IMSS. It is important to mention that the courses given at the IMSS are not the same as the training received at the CASA school of professional midwifery. See Sesia (1996) and Davis-Floyd (2001) for further information regarding the courses at IMSS.
legitimizes its ruling seat of authority. This hierarchy becomes a defining aspect of visits to the hospital by those of the lower classes who have subordinative experiences with physicians.

The midwives working at the CASA hospital represent what Robbie Davis-Floyd has called the “postmodern partera profesional” (Davis-Floyd 2001). Davis-Floyd warns against the traditional versus biomedical categorization of today’s midwives. According to Davis-Floyd, instead of there being a strict dichotomy between these domains, many midwives move between the two and draw from both resources in creating their own system. She recognizes the development of “postmodern midwifery” which she identifies as “midwives who are educated, articulate, organized, political, and highly conscious of both their cultural uniqueness and their global importance” (Davis-Floyd and Davis 1996: 242). Davis-Floyd’s “postmodern midwife” is educated in the biomedical model of care, but instead of fully heartedly embracing it as superior, she critically evaluates the positives and negatives of both biomedical and traditional systems. While still valuing traditional knowledge and advocating its preservation, the “postmodern midwife” also includes technologies of biomedicine if she believes they are beneficial to her patients. In this way, she becomes political as she joins with others who challenge the hegemony of biomedicine and resist its attempt to eradicate what she believes are valuable traditional practices. Davis-Floyd carried out fieldwork in Mexico documenting the unique emerging model of midwifery. Davis-Floyd points to the efforts of CASA’s school for professional midwives as a model where traditional and professional systems of knowledge are brought together (Davis-Floyd 2001). She believes that the model used by CASA with its “combination of science and caring, along with the cost-effectiveness and reductions in maternal and infant mortality that result from it” should be celebrated by the government and health officials, but due to “modernist” goals which view an extension of biomedical services as the solution to lowering maternal and infant mortality, CASA’s “battle for cultural legitimacy is far from won” (Davis-Floyd 2001: 226).

The care provided by professional midwives working at CASA who traverse the boundary between traditional and modern biomedical systems of knowledge was exactly what many of my informants were seeking. Apart from the CASA maternity hospital, the other two hospitals most frequented by my informants were: the Hospital Civil, located in the center of San Miguel, and the Mexican Institute for Social Security (IMSS), branches found in both San Miguel and Celaya. On the whole, women rated CASA as their favored place of birth. They regarded CASA as a hospital which is equally legitimate as the others serving the community. In fact,
most reported seeking out CASA to benefit from a quality of care which they did not expect to receive at the other hospitals. Many women were weary of the interventionist treatment practiced at the other hospitals. Women emphasized how much they wanted to have vaginal deliveries and were afraid that if they went to the other hospitals, they would surely have a cesarean section. This belief was clearly expressed by Ana who stated:

“My first was born in a hospital in Celaya, where I had insurance through my husband. But, it was a cesarean section and the doctors there told me that I would probably continue to have cesarean sections deliveries. So, my husband and I decided that it was better to go to CASA, where they have natural births. I had the next three deliveries at CASA and they were all natural deliveries.”

Another woman I interviewed told me that she chose CASA because she did not want to go back to the hospital at IMSS after the first two. She scoffed, “If there are any complications, they always send you off to Celaya and give you a cesarean section.” She had her third birth at the home of a midwife. Later on, she heard about CASA through a friend who told her that at CASA “they don’t rush to do a cesarean section” which encouraged her to go to CASA for her fourth instead of the midwife working out of her home. She thought that CASA would be more secure than the house of the midwife if complications were to occur.

Women agreed that the health practitioners at CASA treat women better than those working at the Hospital Civil or IMSS. They told me that the professional midwives are more attentive to women and would make comparisons to past experiences with physicians during prenatal appointments and births. In addition, many appreciated CASA’s policy which allows a laboring woman to bring someone into the delivery room with her. My informants were not allowed to bring anyone into the delivery room at other hospitals. Ana’s neighbor had one birth at home with a midwife, two at CASA and another at the Hospital Civil. I asked her which experience she liked the best. Without hesitation she responded,

“With the midwives, because they are attentive and make you feel comfortable. Midwives are the most helpful, much more so than the doctors;” she continued, “But...it is probably best to be at the hospital, rather than at home. It is safe and if something bad were to happen, you would be there already.”

CASA’s cesarean section rate has been under 15 percent over the last five years. Professional midwives and physicians working at the CASA hospital only resort to cesarean sections when deemed absolutely necessary.
Like Ana’s neighbor, women often expressed a contradiction when discussing their preferences regarding hospitals and midwives. Women would reveal a distrust or dislike for hospitals, but also agreed that they were probably the best place to give birth for safety reasons. Women wavered between the positive aspects of the hospital, such as safety and modern technology “if something happened,” and the negative qualities such as a feeling of isolation in the delivery room and interventionist tendencies.

Such contradictions were also present when discussing what informants believed to be insensitive and degrading treatment from physicians at the hospitals. I was surprised to learn from many different contacts that they felt very poorly treated by physicians at the hospital. In fact, a ranking was made between hospitals, with the Hospital Civil considered the worst. According to informants, the physicians at the Hospital Civil who attend births can be incredibly condescending, rude and impatient. Alejandra’s 55 year old neighbor, gave birth to 7 children attended by a traditional midwife, another 2 at home unattended, and the remaining 3 at the hospital. When describing her birthing experiences, she claimed, “The doctors at the hospital are easily angered. They tell women not to scream and if she does, they tell her to shut up.” When I broached the subject with Concha, she became visibly upset and spoke about what she feels is blatant discrimination against residents from the ranchos. Concha explained that the physicians know that the residents from the ranchos have trouble paying for health services. She said that physicians can tell who comes from the ranchos by appearance and clothing. According to Concha, those who come from the ranchos wait an extended amount of time, even women in labor, while those with money “pass right on through.” Two of Lupita’s relatives, ages 72 and 46, first agreed that the hospital was better than births at home with traditional midwives. However, after some discussion both women agreed that a lot of physicians “are not good, they are not helpful and don’t seem to be really interested in the woman or concerned about her.” The women concluded that births with traditional midwives at home can be better because the midwife is more in tune with the laboring woman. Even though women largely agreed that traditional midwives treated women in a respectful and caring manner in comparison to the discriminatory treatment received from physicians at the hospitals, they still insisted that the hospital was a better place to give birth. When responding to my question of which experience was better, traditional midwife or hospital, most would immediately say the hospital. However, as the conversation continued, often women would begin to express doubts and dislikes about the hospital.
I found that the women with whom I spoke view the hospital as a center of authority because it possesses “modern” biomedical knowledge and technology. In spite of the negative aspects women attributed to biomedical care, they believed that the hospital is the best place to birth. They had faith that biomedical technology was necessary “if something happened,” but also feared its interventionist nature. From her fieldwork amongst Palestinian informants in Israel, Kanaanah observes, “The infiltration of science in health care is both embraced and feared, used but with caution and attempts at containment and control” (2002: 227-228). I found a similar view expressed by the women in my study. The woman-centered care given by traditional midwives was valued, but was deemed unsafe and unreliable. Women trusted that “modern” biomedicine had authority over “traditional” systems of knowledge, but this mentality did not prevent them from feeling skeptical about biomedicine. I propose that the CASA hospital, with its integrated system of knowledge, provides a service which appeals to my informant’s “desire for modernity” while retaining “traditions” which they continue to value. The needs of my informants were not met by aligning themselves to one side of the “modern” versus “traditional” dichotomy of health care carved out by biomedicalization. Instead, women were in a process of negotiating which resource fit with both their desire for “modern” biomedicine and woman-centered “traditional” practices.

SELECTIVE MODERNITY: MYTH AND MEDICINE

Michaela told me that, in deciding which infant care practices to follow, she listened to what she learned from the physicians and what she knew from her mother and grandmother, but also what she thought was best. Michaela related, “It is difficult to know what to do at times because it is my first baby and everyone is telling me to do different things.” Michaela went through a long list of different traditions and beliefs that her mother and mother-in-law had told her about. Then, she told me what the physicians had said about these same beliefs and practices. She concluded, “My husband and I have decided to not do most of the things that our family has recommended.” However, she chooses to do a couple. She revealed that she does yell out the name of her baby when walking by a river to keep the spirits from taking him as her family has told her to do. Once, when I arrived at her house, I noticed that she had put a red bracelet around the left wrist of her baby. I asked her about it and she told me that she had thought about whether or not to do it. She said that the bracelet is supposed to prevent a baby from getting head aches, from collecting a lot of crusty sleep in his eyes, and
to protect him from harm in general. Michaela, one of the only informants who lives far away from her family, proclaimed, “I prefer living on my own away from my family, because it really irritates me when I am back at home and my mother or mother-in-law tell me what to do with my baby all the time.” For the most part, Michaela listens to what her physicians advise and decides what she believes are the best infant caretaking methods.

In the remaining pages, I will introduce yet another resource that is significant in the lives of the women of my study. Women believed that biomedicine held the “authority” in matters related to health, but they did not blindly accept it as the best method for every situation. When biomedicine contradicted the authority of their mothers and grandmothers, instead of discriminating against one authority in favor of the other, women selectively tapped into both reserves of knowledge. Women were well versed in the traditional beliefs, but each chose which traditions they thought were applicable based on their personal choice and experience. Drawing from her observations of two different childbirth education courses in Italy, Suzanne K. Ketler (2000) argues that authoritative biomedical knowledge and experiential knowledge are not mutually exclusive. Rather, they complement one another and both contribute valuable assets to the bank of knowledge of the mother-to-be. Ketler found that the experiential knowledge gained through relationships with others often made women feel more confident and secure than authoritative biomedical knowledge. Ketler reasons that:

“Experiential knowledge gives women a sense of security that comes from both the knowledge itself and from the intimacy with the persons who are its source. While biomedical knowledge speaks with the ‘voice of medicine,’ [...] which is divorced from the context of women’s daily lives and social experiences, experiential knowledge speaks with the ‘voice of the lifeworld,’ [...] which is more reassuring due to its continuity with the context of women’s daily lives and social experiences” (Ketler 2000: 152).

In my view, the “traditional” belief system falls under experiential knowledge because it is shared between women within a familial context and faith in “traditions” is often derived from past experiences. Like Ketler, I believe that experiential knowledge remains a trusted and valued resource despite the dominance of biomedicine, because of its transmission through a woman’s support system surrounding her throughout her daily life. However, the women of the younger generation in my study were not content with taking “hand-me-downs” from

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Ketler defines her use of the term experiential knowledge as “knowledge that is either embodied, based in one’s own daily practices, or based in the daily practices of other local, familiar persons (Ketler 2000:153).
their elders and were in a process of choosing which traditions to make use of and which to discard. In this respect, I find it useful to employ Collier’s notion of “modern subjectivity” as described in chapter two. The women in my study placed a great deal of importance on what their physicians advised and were well aware that the traditional beliefs were not corroborated by biomedicine. Yet, based on their own decision-making, and perhaps a little encouragement from family members, they consciously chose to act on traditions which they felt were useful. Women were involved in projects of “producing themselves” as they adopted what they considered to be “traditional,” but they did so on their own terms. I view the women’s conscious decision to use “traditions,” as opposed to “modern” biomedicine, and their self-awareness and choosing to do so, as a reflection of a “modern subjectivity.”

**Bibi’s Balance Between Family, Friends and Physician**

Lucía playfully sweeps up her nephew and holds him nearly upside down as he giggles and gurgles. Soledad scolds her and tells Lucía not to hold him that way. Shaking her head, she looks over at me and says, “These days mothers hold their babies all kinds of ways. In my time, it was important that mothers held their babies very carefully up until four months of age.” She continues, “Now you see mothers walking around outdoors with their babies only after the first week! In my time, mothers waited until the baby was one month old. It is absurd...to see the babies outside in the sun and wind. I did not take my babies outside that early, and they never got sick.” After a pause she adds, “And mothers themselves should not be outside that soon after birth either.” Soledad persists, “A lot of women don’t like to wear the **venda** anymore, because it is uncomfortable. You must tie them tightly. Women will not wear the **venda** long enough or not at all. And they are fat because of it!” Bibi, who up until this point was quietly listening, relates that she only wore the **venda** for around 25 days because she did not like the feel of it. However, she defends herself by explaining that she rubbed an almond cream that she bought from the pharmacy on her stomach throughout pregnancy to prevent stretch marks. In addition, Bibi praises a homemade concoction which Soledad had recently written down from a television program. Bibi leaves the room and comes back with

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64 A bandage which is tied around the midsection after giving birth. According to informants, the **venda** helps with weight loss after pregnancy. The idea is that by wearing the snugly fit **venda**, the excess skin and fat around the midsection will tuck back in and the area will return to being as it was before pregnancy. While forty days was widely considered the correct amount of time to wear the **venda**, many informants believed that if one has a cesarean delivery, they should wear the **venda** for even longer. One informant who had cesarean deliveries wore her **venda** for one year.
an enormous jug filled with herbs and a liquid which she tells me is a combination of ether and alcohol. Curious about what is inside, I ask for the recipe and Soledad points to it and chuckles, “You can use this when you are pregnant. You must rub it on your stomach daily after the baby is born for 40 days.” Bibi insists, “It works, it made my stomach snap back in place and I do not have any stretch marks.” Sitting next to her daughter with arms crossed, Soledad, nods in agreement.

Prior to meeting her extended family, Bibi told me about the many traditions and beliefs which her mother, grandmother and aunts had coached her on. While discussing the beliefs, she specified which ones she has already gone against without the repercussions her family members warned her about. She passed most of the beliefs or traditions by her physician, who thought a few were not healthy and others simply not true. Bibi confessed that she has not been drinking chocolate atole postnatally and while breast feeding, as her family members insisted, because her doctor told her it was bad for her. Furthermore, she has been cutting her baby’s nails with scissors instead of using her mouth, but she says with a smile, “I have not told my mother or grandmother, because they will be upset.” For the most part, Bibi follows the advice given to her by a pediatrician, who she visits frequently. However, if she believes that it could be helpful, she does not exclude advice that she has heard from family and friends. Bibi went to her family home every weekend and when I accompanied her, I watched her share her concerns and ask questions regarding her son with her various family members. The advice provided by her family members often contradicted what her pediatrician had said, but she listened and took it into consideration.

At one point during fieldwork, Bibi’s baby began having difficulty sleeping at night. He had always been a relatively sound sleeper, only waking up three or four times during the night. However, he started waking up frequently throughout the night wailing frantically and inconsolably. In addition, he began to wake up in the same frightened manner during his daytime naps. During the night, Bibi was able to console her baby by breast feeding, but this technique did not work during the day. After a month of these sleeping difficulties, Bibi shared her troubles with a friend. Her friend told her that her own baby had the same problem after taking a bad fall. She told Bibi that when a baby falls, the fear and trauma which he or she experiences from the event sticks around. When the baby wakes up screaming and crying, it is the reaction to the fear that he or she felt when falling down. Bibi admitted that her baby had indeed taken three
bad falls during the last month. Bibi's friend advised her to go see a *curandera* who could cure *espanto*, or fright-sickness. Bibi took her baby to the *curandera* and she described to me what happened. “She bathed him and rubbed him in an alcohol and herbal solution to cleanse him of the fear,” she continued, “and that very night, the baby slept the whole night through without waking once.” After the visit to the *curandera*, Bibi’s baby started sleeping three solid hours during the day and did not wake up crying anymore. According to Bibi, he continued to sleep soundly throughout the night as well. She said with a smile, “So, he has been cured.” However, Bibi related that she does not believe in all the cures performed by the *curandera*, such as as cure done for *mal de ojo*.

About a month after Bibi went to the *curandera*, while we were visiting in her living room, she informed me that her baby had *espanto* again. Her baby had started to wake up crying again during the night. The baby began to cry and Bibi held him in her arms and swayed back and forth to soothe him. Soledad, who knew that I was interested in traditional cures, looked at me and said, “Camomile tea is what you use to soothe a baby’s upset stomach, but only camomile.” Bibi explained, “It’s true, when my baby was first born he had gas and indigestion. I did not want to give him tea because the pediatrician told me to absolutely not give him any kind of tea but mint. But, the baby just would not stop crying and so finally I gave in and let my mother give him the tea.” Bibi concluded with a smile, “And it really helped.” Soledad said with satisfaction, “What does the doctor know? I know from plenty of experience that it works!”

Although the decision-making process varied from woman to woman, the mothers in this study were drawing from both “traditional” and “modern” resources in composing their own set of practices. As we can see from Bibi’s experiences, women encounter various resources in their daily lives. How women choose to utilize these resources not only depends on the “authoritative knowledge” of the physician, but also the familiar messengers of “traditional knowledge” and a woman’s personal choice. Bibi carefully considered what her physician said, but found comfort in what her family members told her as well. She chose to use the *venda*, but on her own terms. Against her mother’s orders, she took the *venda* off earlier than the required amount of time because she did not like how it felt. However, both Bibi and her mother agreed on the homemade solution, which she used as a kind of *venda* replacement. On

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65 Someone who practices *curanderismo*, a Mexican folk-healing system.

66 Maricruz who is a *curandera* but not the same one who treated Bibi’s baby, uses epazote and pure alcohol in the bath and sprinkles a little over the head and on the cheeks of the patient.

67 The evil eye.
her own, she discovered the use of the almond cream and she went to the pharmacy herself to pick it out. When her baby had trouble sleeping, she sought out the advice of a friend. Bibi related to her friend’s experience and chose to follow her advice, however, she distinguishes between problems which she believes can and cannot be cured by a curandera. As seen with the tea incident, Bibi took what her physician said seriously, but not to the point of completely disregarded her mother’s knowledge based on experience. Bibi’s experiences shed light on the ways that women are producing their own views and their own set of practices. Women do not align themselves solely with biomedicine or with tradition. Rather, they pick and choose from both sides of the fence and assemble their own style. As “modern” mothers, women view many of the traditions as beliefs rather than facts and seek out the recommendation of “modern” biomedicine instead. However, the experiences of family and friends are still valued and lead many women to give certain traditions a try. In spite of their integration of tradition, women do not view themselves as merely following “tradition,” but as having made a conscious choice to use tradition instead of “modern” biomedicine. In this sense, rather than conflicting with their self-perception as “modern,” tradition becomes an expression of their “modern subjectivity,” as they have chosen tradition based on their personal desire. By taking the responsibility to choose which practices “work best” for their personal situation, women reveal their engagement in projects of “producing themselves.”

CONCLUSION

This chapter has explored the way biomedicalization has altered the way women view and experience reproduction. With the establishment of biomedicine as the dominant and “obvious” authority of health, other systems of knowledge are devalued and disenfranchised. Even though biomedicine has the scientific seal of approval, it is not a system which is divorced from culture. As I have illustrated, the physical changes in birthing, occurring as a result of the biomedical model of care, have coincided with the creation of identities and altered perceptions of the body. While the women in this study have adopted the dominant view, which dictates that biomedicine is in possession of “authoritative knowledge,” they also entertain reservations over its interventionist methods and impersonal approach. At the CASA hospital women are able to find a model of care that fits. The CASA hospital offers services which meet both their demand for the “authority” of biomedicine and for a traditional woman-centered model of care. I have detailed that women also express a desire for an integrated approach when
it comes to infant care practices. Both biomedical and traditional systems of knowledge are taken into consideration as women compose their own set of practices. I have argued that women's incorporation of tradition does not connote a “traditional subjectivity,” but it in fact reflects a “modern subjectivity” where women actively choose what “works best” based on their own personal needs and desires.
The last time I met with Michaela she told me that if I ever come back to San Miguel, I will need to go out to a certain rancho to find her. Her husband had recently purchased a piece of land out in a rancho and was building a house where he hopes they can settle down. Michaela, who already finds the city of San Miguel too small and “traditional” for her liking, feels that she is facing an even greater challenge. Michaela’s only exposure to the ranchos has been the occasional trip out to view their property. Even so, she eagerly filled me in on all the details of rancho stereotypes from her perspective. She told me how “traditional” the ranchos are in both mentality and lifestyle. Astonished, she told me, “Once when I was out there, I saw the women bathing and washing their clothes in the river.” She continued, “The women out there are very traditional, they advised me not to cut my baby’s fingernails with scissors until he is one year old. They told me to use my teeth because if I use scissors, he will be mute. And the men out in the rancho are so macho.” Michaela shook her head in disbelief and disapproval. She openly states that she does not like San Miguel nor the rancho and misses her home city and its “modern” mentality.

Michaela, like the other women of this study, views herself as a “modern” mother, a self-perception which is expressed through the number of children she will have, the way she hopes to raise them, and how she manages her relationship with her husband. Michaela articulates the dominant discourse of modernity as she opines that women in her home state are “modern” in comparison to rural women because they have fewer children, have longer years of schooling, and work outside of the home. Her own choice to have a small family, to plan her pregnancies and practice child spacing further reflects her embodiment of “modernity.” Michaela stubbornly tells me, “I will have to work extra hard to prevent my son from being a macho” now that the family is relocating to the rancho. She says, “I will teach my son never to hit women and explain to him that helping around the house does not make him a joto.” Michaela is confident that if she teaches her son well, he will be strong enough to overcome social pressure. Michaela’s own views and parenting goals reflect a “modern subjectivity,” as she plans on teaching her children to “think for themselves” rather than follow conventions laid out by the community. Michaela boasts that her husband helps her with housework and raising their son. In addition, she relates, “My husband is not like the machos who go out drinking. He is not allowed to go out drinking unless I can come too.”
that I would not be married to a borracho\(^{68}\) as she relates that her father was a “macho” who went out drinking and left her mother at home to shoulder all the household responsibilities. Michaela asserts, “Some men never spend time with their children. They say that they are the father because they support the children financially. But, there is a lot more to being a father than just money.” Michaela's determination to not end up like her mother, who she perceives as being caged in the role of “sufferer,” expresses an “ethic of choice.” However, under an “ethic of service,” Michaela put her husband and child before herself when she moved to San Miguel against her own wishes, because her husband felt that it was best for the family.

This thesis has explored how the women of my study are renegotiating tradition in three interrelated domains encompassing the experience of motherhood. I have argued that the hegemonic discourse of modernity promoted by the state, has lead to an image of the “ideal” mother who practices “responsible parenthood.” The “modern” mother has limited and planned pregnancies, joins the work force, and has a marriage based on gender equality. The engineered imagery of the “ideal” family was adopted by the bureaucrats and upper class, but was not as easily attained for the rural population. Ruling classes have used their ability to uphold the “ideal” family model as a way to further legitimize their supposed superiority over the rural and urban poor, who are blamed for holding the nation back from its modernizing mission. However, despite urban and rural reproductive stereotypes, I have asserted that the discourse of modernity has been internalized by both urban and rural mothers. The ideal of the “modern” mother has served as a model for many young women striving to redefine the “traditional” self-sacrificing role of the mother. Instead of seeing themselves as following in their mother’s footsteps, young women believe that they are “thinking for themselves” as they renegotiate their relationships with men and work towards providing a “better life” for their children. However, “traditional” gender roles continue to be reinforced by mothers who often find that their own views and values are overwhelmed by opposing influences both inside and outside of their homes. I have drawn attention to the way the ideal of the “modern” mother becomes problematic as young women are taught to be self-determined, but only up to a certain point. Upon wifehood and motherhood, women are expected to relinquish an “ethic of choice” for an “ethic of service,” which obligates them to put their husband and children’s needs before their own. As “modern” women, young mothers are seeking out the authority of “modern” biomedicine. However, their experiences with biomedical services has left them

\(^{68}\) A drunk.
unsatisfied. Women are uncomfortable with both the perceived “risk” and “danger” involved in the “traditional” home birth, and with the disempowering birthing experiences at the hospital. I have proposed that the model of care found at the CASA hospital, which draws from both biomedical and traditional systems of knowledge, meets the needs of the young mothers in my study. Finally, I have shown how the process of adopting from both biomedical and traditional systems of knowledge, reflects women’s projects of “producing themselves.”

I have often thought about Michaela and how she has adjusted to the lifestyle out in the ranchos. I am curious to know if she has found what I have from my experiences in both San Miguel and its outlying communities. Michaela’s descriptions of the ranchos were based on dominant stereotypes steeped in urban/rural and modern/traditional dichotomies. I discovered that these distinctions disguise the meaning behind many of the choices and actions made by the women in my study. What may appear to be “traditional” from the outset, can often be her expression of “modernity.”


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WEBSITES:

- CASA’s History: [http://www.casa.org.mx/history.htm](http://www.casa.org.mx/history.htm)
