

# ‘What goes unspoken, goes unnoticed’

Uncovering the **complex  
meanings** of young motherhood  
in Morelos, Mexico

Rebecca Ogden and Saskia Zielińska (2025)

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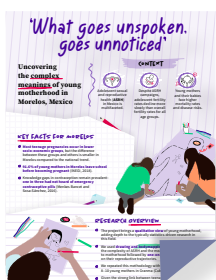


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# Acknowledgments

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as well as obstacles for supporting existing adolescent mothers in the state of Morelos and beyond. We thank our colleagues at UNAM Morelos for organising and hosting the symposium. Our profound gratitude goes to the young mums in Mexico, Cuba and Colombia who gave their time to share their experiences with us; their honesty and generosity are what make the data so rich.

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The findings and conclusions described in this report are those of the authors and do not necessarily reflect the positions or policy approaches of the Secretaría de Educación Pública Morelos, nor the University of Sheffield.

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# Abbreviations

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**ASRH**

adolescent sexual and reproductive health

**CECYTE**

Centro de Estudios Científicos y Tecnológicos

**COBAEM**

Colegio de Bachilleres del Estado de México

**CONALEP**

Colegio Nacional de Educación  
Profesional Técnica

**CONAPO**

Consejo Nacional de Población

**DIF**

Desarrollo Integral Familiar

**ENAPEA**

National Strategy for the Prevention of  
Adolescent Pregnancy

**ENDIREH**

National Survey on the Dynamics of  
Household Relationships

**GBV**

gender-based violence

**GEPEA**

Grupo Estatal para la Prevención  
del embarazo de Adolescentes

**GIRE**

Grupo de Información en  
Reproducción Elegida

**IDEFOMM**

Instituto de Desarrollo y  
Fortalecimiento Municipal

**IEBEM**

Instituto de la Educación Básica del  
Estado de Morelos

**IMM**

Instituto de la Mujer de Morelos

**IMSS**

Instituto Mexicano del Seguro Social

**IMPAJOVEN**

Instituto Morelense de las Personas  
Adolescentes y Jóvenes

**INEGI**

Instituto Nacional de Estadística y Geografía

**INMUJERES**

Instituto Nacional de las Mujeres

**INSP**

Instituto Nacional de Salud Pública

**ISSSTE**

Instituto de Seguridad y Servicios  
Sociales de los Trabajadores del Estado

**REDefine**

Red de jóvenes activistas

**SIPINNA**

Sistema Nacional de Protección de Niñas,  
Niños y Adolescentes

**SRR**

sexual and reproductive rights

**UNAM**

Universidad Nacional Autónoma de México

**UNFPA**

United Nations Population Fund/Fondo de  
Población de las Naciones Unidas

**UPEMOR**

Universidad Politécnica del Estado de Morelos

**UTEZ**

Universidad Tecnológica Emiliano Zapata

**UTSEM**

Universidad Tecnológica del Sur del  
Estado de México



# Executive summary

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Adolescent pregnancy has significant negative social, economic and health-related consequences. Teenage parenthood obstructs access to education, hinders social mobility and entrenches poverty, and increases the risk of disease for teen parents and their babies (Kuri-Morales et al., 2020; Fraser, 2020; Flores-Valencia, et al., 2017). Mothers under 15 are five times more vulnerable to maternal mortality than mothers aged 20–30 (Kuri-Morales et al., 2020). Research with a focus on Mexico indicates that, young mothers are often the victims of sexual violence and are also more vulnerable to forms of obstetric violence (Quick, 2014; Sosa-Sánchez and Menkes Bancet, 2022). Such outcomes are worse still in contexts marked by gendered violence, marginalisation and precarity (Stern 2012, p.31). Adolescent fertility rates have declined slower than overall fertility rates, despite a good availability of adolescent sexual and reproductive health (ASRH) information, a coordinated, multi organisational approach to education and health provision, and comprehensive pregnancy prevention campaigns with youth-friendly messaging.

Understanding these dynamics is a challenge. At a symposium organised by this research project in Cuernavaca with key stakeholders, a government official highlighted the often-overlooked complexity of adolescent sexual and reproductive behaviours, stating, '*Lo que no se dice, no existe*' (What goes unspoken, goes unnoticed). However, high-quality research has been conducted on ASRH in Mexico as a whole, as well as in Morelos, revealing key insights. Recent data indicates that young people in the region have limited knowledge of contraception (Menkes Bancet et al., 2020). Studies also suggest that a lack of life ambition is linked to early motherhood, and there is a strong correlation between school attendance and delayed pregnancy: 91.6% of young mothers in Morelos leave school before becoming pregnant (INEGI, 2018).

Governmental bodies and non-governmental organisations (NGOs) emphasise the importance of understanding the cultural and social forces which shape sexual and reproductive practices. Approaching ASRH through a cultural and social lens is crucial, as adolescence is a formative period when values and worldviews are established and often solidified. This stage of life also amplifies gender differences, reinforcing societal norms that sustain these inequalities and lead to lasting behaviours (Stavropoulou and Samuels, 2020, p.12). For example, qualities like sexuality and eroticism are often attributed to masculinity,

creating challenges for reproductive agency in decision-making. In Mexico, young women face expectations tied to social norms of chastity, submissiveness, tolerance, beauty, decency and hard work, which have an impact on relationship behaviours (Quick, 2014). Thus, adolescence is a critical period for identity formation within strongly gendered boundaries (Kågesten et al., 2016), influencing relationships and reproductive agency. Although research often highlights the conflicts between teenage parenthood and educational or professional goals, Sosa-Sánchez et al. (2023) offer evidence suggesting that, in some cases, young people continue to work both before and after pregnancy, challenging conventional narratives around these life stages.

The project adds a less-common qualitative focus on the lived experience of young motherhood, which nuances statistical data which dominates the field and goes beyond pregnancy prevention. Bodymapping and arts-based methods were used to draw out the complexity of young people's experiences of ASRH and the values and meanings attached to young parenthood. The broader research project repeated this methodology with groups of 8–10 young mothers in Granma (Cuba) and Bogotá (Colombia).

This report details findings of research which seeks to understand how interventions correspond to the needs and lived realities of a group of young mothers from different towns and villages in the state of Morelos. In a creative workshop coordinated with the Secretaría de Educación Pública and alongside colleagues from the Universidad Nacional Autónoma de México Campus Morelos (UNAM Morelos), 10 mothers under 20 (who had become pregnant aged between 14 and 19) carried out drawing and bodymapping methods while responding to questions about their lived experiences of motherhood. This sample group of school-attending mums represent a minority, given the strong correlation of school cessation and teenage pregnancy. The broader research project repeated this methodology with groups of 8–10 young mothers in Granma (Cuba) and Bogota (Colombia). We followed up with an online projective technique task. While in Morelos, we also organised a symposium which brought together academics and ‘frontline’ professionals, who work with adolescent mothers or on the topic of teenage pregnancy in the state. Representatives attending from various government agencies including IMPAJOVEN, IMSS, ISSSTE, and INSP discussed the existing barriers to teen pregnancy prevention, as well as obstacles for supporting already existing adolescent mothers in the state of Morelos and beyond. Their interventions are included in the contextualisation and analysis of this report.

## Findings

Evidence presented in this report indicates that:

- Experiences of different forms of violence, age-gap relationships and social stigma of young mothers was consistent in data across the three contexts (Cuba, Mexico and Colombia).
- Young mothers in Morelos experience different forms of structural, symbolic and sexual violence before and during pregnancy. They often experience criticism from family, friends and their community. However, they also report increased respect from others after becoming a mother.
- However, their narratives also reveal resilience and dedication to raising their children with strong values and motivation to reach their personal goals.
- Participants attach different meanings to motherhood. They see motherhood as a source of joy and duty, a destiny. Becoming a mother increases their life aspirations; they want to prove others wrong.
- Families are the main source of support to young mothers, while support from partners is inconsistent. Young mothers had limited knowledge of government support.

## Recommendations

There are concrete ways in which ASRH programmes in Morelos can be improved in light of this data:

- Account for the strong relevance of cultural norms which impact young people’s relationships, views on contraception and their expectations of parenthood.
- Incorporate bodymapping and other arts-based methods as inexpensive methods of ASRH education in different settings.
- Explicitly acknowledge how structural and sexual violence limits reproductive agency in young people.
- Guide professionals working in ASRH (teachers, healthcare professionals) to moderate discourses and practices of personal responsabilisation, given the high incidence of sexual violence associated with adolescent pregnancy.
- Commission further research to include fathers, to understand how they view reproductive decision-making, particularly in relationships where fathers are significantly older than their partners.
- Foreground emotional and financial support of young mothers rather than focus predominantly on the prevention of pregnancy.

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<sup>1</sup> Visit our website for forthcoming toolkits to facilitate ASRH arts-based workshops: [shorturl.at/mrvlk](http://shorturl.at/mrvlk)



# 1. Introduction

## 1.1 Context

Latin America is second only to Sub-Saharan Africa in terms of global adolescent fertility rates. Although there has been a significant decline in global teenage fertility rates since 1990, the decrease has been uneven, with 95% of cases now occurring in the Global South. It remains consistently high in specific regions and amongst certain demographics. Moreover, its associated social, economic and health-related consequences make it a complex and concerning phenomenon. For instance, a broad body of research on adolescent pregnancy connects it with increased maternal and infant mortality rates when compared to older age groups (Campero et al., 2006; Say et al., 2014); poorer

health outcomes for both mothers and their children, and the intergenerational ‘transmission’ of poverty (Rodríguez Ribas, 2021). As such, teenage pregnancy is often framed in Latin American literature as both a public health issue and a social problem (Flores-Valencia et al., 2017), standing in the way of the fulfilment of gender equality and development goals, and with implications for national economic development.

In Mexico, ASRH is especially multifaceted and complex. In 2008, 15.2% of all births – an increasing proportion since 1991 – were to young people aged 15–19. By 2023, adolescent fertility declined from 70.6 to 45.2 births per 1,000 women aged 15–19 (INEGI, 2023).

However, adolescent fertility rates have declined more slowly than overall fertility rates. Moreover, statistics indicate a worrying persistence of pregnancies among girls under the age of 14: in 2013, some 11,000 girls aged 10–14 became pregnant. Of the more than 150,000 births to adolescents under 19 in 2021, 2% were to girls under 15 (INEGI, 2023). Although still a minority, one of the goals of the national Grupo Estatal para la Prevención del Embarazo en Adolescentes (GEPEA) is to completely eradicate these cases of child pregnancy.

Figure 1: Infographic showing teenage pregnancy statistics in Mexico

In 2020, **15.1%** of registered births were to mothers under 20 years of age, which represents a decrease compared to previous years

INEGI, 2021

In 2017:

**9,748** pregnancies registered to girls aged **10–14**

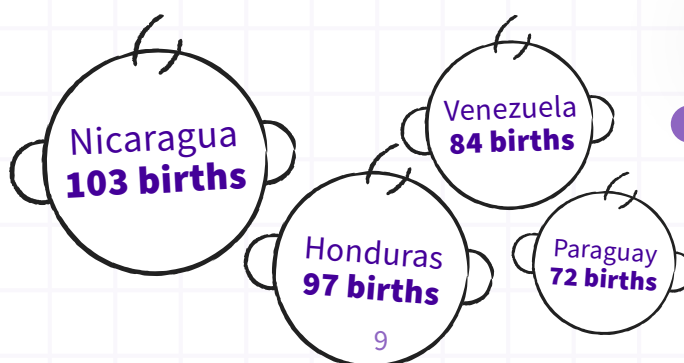


INEGI data from 2018 indicated that

**two 10–11** year olds became a mother **each** day



Mexico is the **sixth** country in Latin America and the Caribbean in terms of early pregnancy rate:

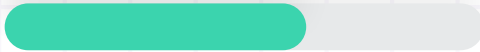


per 1,000 adolescent women  
(OECD, 2023, p.119)

Policy approaches designed to improve ASRH in Mexico are also concerned with the rising prevalence of sexually transmitted infections in young people. Researchers have observed poor knowledge of contraceptive methods to prevent pregnancy and sexual disease transmission amongst young people in Morelos, as well as low uptake and inadequate availability of contraceptives (Menkes Bancet and Sosa-Sánchez, 2016).


**Figure 2:** Infographic showing teenage reproductive health data in Mexico

**In 2023**

**66.9%** 

of adolescent girls aged 15–19 used a contraceptive method the first time they engaged in intercourse

Compared to 2018, this shows an increase, when the figure was

**59.9%** 

(INEGI, 2023)

The method most commonly used by adolescent girls the first time they had sexual intercourse was the condom

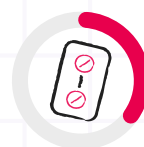


**89.9%**

**In a 2016 study,**



**1 in 10 students had not heard of condoms**



**1 in 3 students had not heard of emergency contraceptive pills**

Only **7%** of 13–14 year olds and **14.2%** of students (17–19 years old) were able to correctly answer questions relating to biological reproduction

(Menkes Bancet and Sosa-Sánchez, 2016)

Actors across governmental and non-governmental spheres at global, regional, national and local levels emphasise the importance of gaining deeper insights into the factors influencing ASRH. The World Health Organization's (WHO's) Global Strategy for Women's, Children's and Adolescents' Health 2016–2030 (2019) highlights a lack of research into essential services for teens, echoing scholars' observations (Leon-Himmelstine et al., 2019) that young people are often overlooked in policy. Nevertheless, the Mexican context provides ample examples of coordinated and strategic approaches to adolescent pregnancy, integrating

different government bodies at state and federal levels (see section 1.2). Together, public authorities have been responsible for the Estrategia Nacional para la Prevención del Embarazo en Adolescentes (ENAPEA), which takes an 'integral' approach to preventing teenage pregnancy. This strategy – and its associated task group GEPEA – acknowledges that multiple factors contribute to adolescent pregnancy: the impact of interventions and access to services (education, health, legal frameworks, access to contraceptives, and clinical services) and sociological factors such as family dynamics, gender, poverty, and marginalisation

(Méndez, 2023). In sum, there is no shortage of political will, especially to eradicate pregnancy amongst girls under 15.

Moreover, while this strategy has encompassed a series of progressive and well-designed campaigns (discussed in more detail in section 1.2) and the rolling out of '*servicios amigables*' (youth friendly services), Méndez et al. (2023) observe a number of obstacles in reaching young people with these campaigns. The scholarship, therefore, suggests that there are multiple, intersecting factors standing in the way of positive ASRH provision.

In reference to the state of Morelos, Menkes Bancet and Sosa-Sánchez observe that teenage pregnancy occurs much more frequently in lower socio-economic groups, citing data that shows an inseparable link between poverty, gender identity and roles and ideologies and teenage pregnancy (2016, pp.206–207).

Indeed, just as poverty, exclusion and marginalisation condition sexual and reproductive practices, so, too, do norms related to sexuality and gender. An approach that foregrounds cultural and social factors within ASRH is especially imperative given that during adolescence, values and worldviews are likely to become formed, and indeed, entrenched.

Some scholars have argued that adolescence is a period where young people may become more vulnerable, with associated impacts to their character, behaviour and decision-making in their daily life (Paredes-Iragorri and Patiño-Guerrero, 2020). Young people become more exposed to conditions of vulnerability, as well as situations of violence, both as a victim and as an aggressor (Horta et al., 2010, cited by Cleberson de Souza and Baccarat de Godoy, 2016).

As studies have also shown, adolescence is also a period in the lifecourse where differences between boys and girls become more pronounced, when societal norms that sustain these inequalities are reinforced, and when their associated behaviours have lasting impacts (Stavropoulou and Samuels, 2020, p.12). For example, sexuality and eroticism are still considered masculine attributes, which present challenges with reproductive agency in decision-making. Menkes Bancet and Sosa-Sánchez (2016), researching this subject in the context of Mexico, find that condom usage is associated with casual sex and negative stereotypes of women who use them. A stubbornly prevalent sexual double standard appears where female sexuality

is defined by either virginity or maternity, and is contrasted against male virility and physical force. For Mexican young women, social norms of virginity and submissiveness continue to have an influence over relationship behaviours (Quick, 2014) with implications for adolescent pregnancy research. As they move through adolescence, girls may experience less social freedom and greater domestic responsibility, while boys may have less parental control but greater social pressure to engage in risky behaviours and become economically productive (Stavropoulou and Samuels, 2020, p.12). Adolescence is, therefore, a crucial period of identity formation within often highly gendered constraints (Kågesten et al., 2016). Gender norms thus have a powerful role in shaping reproductive agency within adolescent partnerships, which additionally tend to be more unstable.

What adolescence represents socially and culturally varies from context to context and within social groups. While its beginning may be defined by the continuation of further education and the onset of puberty, the end of adolescence is more difficult to define: youth ends for some social classes when they assume responsibility for moving into their

own home, having children and commencing employment. For these reasons, and often, due to the pressure to start paid employment, poorer Mexican social classes typically experience a truncated period of adolescence (Menkes Bancet and Sosa-Sánchez, 2016, p.185).

Indigenous young women are more likely to become pregnant than non-indigenous, and there are higher rates of teenage pregnancy amongst the lowest socio-economic strata, as well as those with the lowest levels of education. In a context with limited options for education, employment, and the persistence of traditional values that prioritise motherhood and marriage, alternatives are scarce.

A focus on norms may also challenge a dominant idea that adolescent pregnancy is undesired. In a 1999 study, Parreti et al., argue that low expectations of completing school, low self-esteem, and poor communication with parents are associated with adolescent pregnancy.

Scholars tend to view teenage pregnancy as an event that curtails lifeplans, marking an abrupt and undesired end to adolescence, in which the prioritisation of enjoying oneself is replaced with the responsibility of a child. While most observe the incompatibilities of teenage parenthood with educational and professional achievement and ambition, Sosa-Sánchez et al. (2023) present contradictory data that suggests some forms of continuity between these life stages, such as, for example, working before and after pregnancy. Although stigma attached to early motherhood is pronounced in urban and suburban areas, this is not consistently observed in rural areas. Parreti et al. (1999, p.178): *‘más que un impedimento o desventaja puede significar la concreción de un rol altamente valorado y aceptado: la maternidad’* (...more than an impediment or disadvantage, motherhood may mean the realization of a highly valued and accepted role).

As our report goes on to detail, young people in Morelos may view parenthood as an assumed eventuality. Researchers across the Latin American and Caribbean region often comment that parenthood represents a life project, particularly in the absence of other alternatives (López-Gómez et al., 2021). Life projects are frequently understood in the context of violence, economic precarity and unemployment, poor salary and living conditions; students may view studying as a way of achieving something in a context of poor labour opportunities to *‘ser alguien en la vida’* (be someone in life) (Sosa-Sánchez et al., 2023). Mexican scholarship highlights the valorisation of motherhood, with Sosa-Sánchez and Menkes Bancet (2014) revealing how maternity is often central to the life project of ethnic minority and indigenous women in Mexico, making teenage pregnancy appear as a natural fulfilment of this early-life aspiration; becoming a mother young can even be associated with positively transforming life projects, with children becoming a motivation for continued study. The cultural value attached to motherhood is highly relevant to the prevalence, meaning and lived experience of adolescent pregnancy (Atkin and Alatorre-Rico, 1992).

Cultural norms surrounding relationship norms explored in some sociological literature are also highly relevant to the question of young parenthood in Mexico. The data reveals that the majority of pregnancies occur to adolescents who are married or in unions (Sosa-Sánchez et al., 2023).

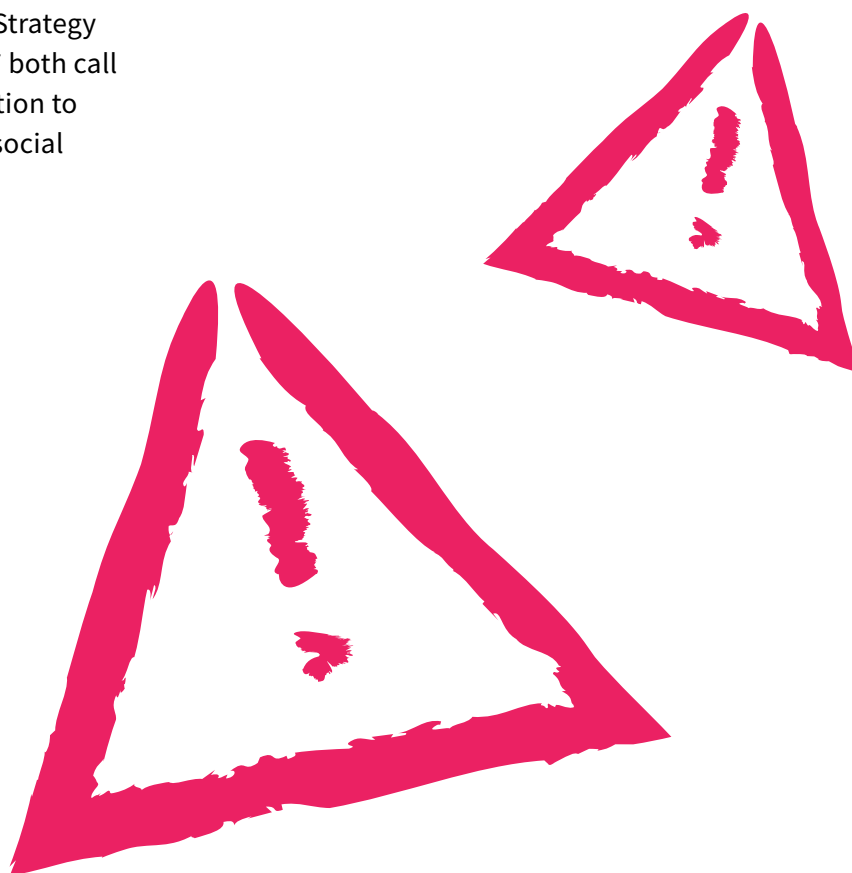
Being a mother and wife is crucial in many social contexts to the identity of a woman. It is, therefore, useful to view adolescent pregnancy according to age groups: in certain contexts, it is very different to being pregnant at 15 than in a marriage or union at the age of 18 or 19. Such dynamics relate to the continued centrality of Catholic family values to Mexican society and its impact on young people – values which include the promotion of large families, sanctioning of contraception and abortion. A statistical study based in Mexico City by Atkin and Alatorre-Rico (1992) noted that adolescents were less likely to obtain IUDs if revealed partners were not ‘supportive’. However, one notable gap in the literature on teenage pregnancy in Mexico is the role of fathers in adolescent pregnancies. Studies rarely address the responsibilities or experiences of young fathers, an issue that will be explored further in the findings.

Moreover, there is a tension in existing research between the role of individual decision-making and societal, as well as structural, dynamics. Earlier studies strongly implicate state institutions, such as the education system, the Church and the family in promoting positive or negative behaviours and conditioning young people’s reproductive behaviours and expectations (Parreti et al., 1999). A broader context of increased violence, in which kidnappings, assault, robberies have become part of the mediated and lived everyday experience for Mexicans, including adolescents, may have intergenerational consequences; the magnitude of the impact of this climate of violence still unknown.

Despite the acknowledgement of structural forces that impose constraints on reproductive choices in young people, an individualisation of responsibility is a recurring theme in studies focussed on Mexico, Cuba and Colombia. In the Cuban context, for instance, there is frequent emphasis on fostering a sense of ‘responsible sexuality’ among teenagers (Rodríguez et al., 2020; González-Pérez et al., 2021). Accompanying this focus on sexual and reproductive responsibility is a discourse of blame, where teenage pregnancy is often attributed to adolescent irresponsibility and engagement in ‘risky behaviours’. This theme also features prominently in the lived experiences of young mothers in Cuba, Colombia and Mexico, as discussed in subsequent sections.

Moreover, existing research, as well as international development policy discourse, sometimes treats the matter of adolescent pregnancy as a regional epidemic, reiterated by the tendency to cite large scale statistical data. Such approaches obscure a comprehensive picture of the broader cultural and social dynamics that shape norms surrounding adolescent sexuality and reproductive health (Caffe et al., 2017). The WHO’s Global Strategy and Sustainable Development Goal 17 both call for further ‘disaggregated’ data collection to foreground crosscutting cultural and social factors (2019, p.17).

Recommendations by recent research make clear that, in spite of the availability of resources and information, adolescent reproductive behaviours are highly determined by a number of interrelated cultural and social dynamics (León-Himmelstine et al., 2019), often at work at the local level. Such dynamics – how young people access services, the barriers to sexual education and healthcare in specific areas, the role played by religion, conflict and migration in local contexts affecting norms and experiences of ASRH – are yet to be fully explored.



## 1.2 Current interventions

The three contexts this broader research project brings into view – Mexico, Cuba and Colombia – are apt points of comparison: while in all three, recent increases in adolescent pregnancy contradict a general decrease in fertility rates across the population, each context is also characterised by well-designed and strategic interventions, by a coordinated matrix of state actors and NGOs.

In terms of their provision of ‘youth friendly’ reproductive health services, Mexico, Cuba and Colombia are ranked in the top five by a regional policy review ([miraquetemiro.org](http://miraquetemiro.org)). In Mexico, strategic interventions at national and local levels are geared towards improving ASRH and reducing the prevalence of teenage pregnancy.

Key actors in demographic and gender equity work in Mexico include the Consejo Nacional de Población (CONAPO), established in 1974 to oversee demographic planning and ensure the inclusion of marginalised populations in economic and social development programmes. The Instituto Nacional de las Mujeres (INMUJERES), founded in 2001 from the former Programa Nacional de Integración de la Mujer, is a federal office dedicated to gender equity, combating gender-based violence (GBV) and discrimination. An interdisciplinary coalition of 16 government bodies with academic researchers and civic organisations within the National Strategy for the Prevention of Adolescent Pregnancy (ENAPEA), launched in December 2015 under President Enrique Peña Nieto to dedicate expertise and resources towards the aim of eliminating pregnancy amongst 10–14 year olds and to

half pregnancy in 15–19 year olds by 2030. The strategy brings together international experiences and draws on examples of best practice.<sup>2</sup>

In recent years, there have been several creative initiatives. CONAPO’s 2015 campaign ‘*Es tu vida, es tu futuro ¡Hazlo Seguro!*’ (It’s your life, it’s your future. Make it safe!) included video campaigns aimed at young audiences and emphasised the importance of personal responsibility and making good decisions for future success (Nieto, 2015). In 2020, the ‘*Yo Decido Mi Futuro*’ (I decide my future) campaign used a similar discourse of self-actualisation to educate teens and teachers on preventing adolescent pregnancy, promote contraception use (including condoms and long-term reversible methods), and encourage acceptance of comprehensive sex education among teachers, parents and healthcare workers.

The campaign’s slogans, such as #YoEjerzoMisDerechos (#IExerciseMyRights), and cover images showing young people as artists choosing to paint their futures in bright colour, is a celebration of the agency of young people. That same year, a collaboration between the Secretaría del Trabajo and the Secretaría de Educación, Ciencia, Tecnología e Innovación aimed to provide job opportunities for teen mothers, demonstrating a conceptual overlap between sexual and reproductive responsibility and professional development in young people.<sup>3</sup>

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<sup>2</sup> <https://enapea.segob.gob.mx/>

<sup>3</sup> At the regional level, campaigns such as CLADEM/OXFAM’s *Ellas Deciden* campaign and UNICEF’s *Girl Up* campaign, include the implementation of safe spaces where girls can develop and strengthen their leadership skills, in addition to specific training.





The campaign also included a project titled '*Difusión Territorial y Capacitación en Educación Sexual para la Prevención del Embarazo de Adolescentes en 9 Alcaldías*' including film screenings, debates and workshops, reaching 47,049 participants. The '[Yo Decido Mi Futuro](#)' educational textbook developed as part of this campaign provides information on the exercise of sexual and reproductive rights (SRRs), the prevention of unplanned pregnancies, the use of contraceptives, the prevention of gender violence and the negative effects of addictive substances. Research interrogating the limited impact of this campaign highlights the issues in overcoming the overarching social taboo of sexuality (Méndez, 2023).

**Figure 3:** Cover image of 'Yo Decido Mi Futuro' campaign materials

Interventions enacted at the local level in Morelos similarly situate the adolescent individual as a powerful agent in improving ASRH. Campero et al. (2021) analyse an intervention, '*Yo Importo, Yo Aprendo, Yo Decido*' (I Matter, I Learn, I Decide), conducted with adolescents aged 11–19 in rural Morales, Mexico, comparing an intervention community (IC) with a control community (CC) to assess its effectiveness. The programme encompassed topics like body and mind, communication, self-esteem, interpersonal equality, decision-making, sexual and reproductive health, SRRs and envisioning a positive future.

On the one hand, activities to promote self-care, improve communication and build self-esteem engaged with cultural forms (which included theatre, interactive games, comics and Facebook infographics) to challenge collective social norms standing in the way of ASRH, such as attitudes towards gender roles: researchers used surveys and home visits to measure knowledge of contraception and views about gender roles before and after the programme, with findings suggesting the intervention was successful in challenging traditional views.

On the other hand, the language of the intervention emphasises individual agency, where young people are encouraged to overcome self-esteem issues, ‘avoid harassment’ and exercise SRRs in a context neutralised of structural forces such as violence, discrimination and socio-economic inequality. For example, Figure 4 shows a Facebook video featuring a crossroads graphic, framing pregnancy as a personal decision to take one path over another.



**Figure 4:** Still from video ‘¿Por qué aplazar el embarazo?’ (Why postpone pregnancy?) on the Facebook page of ‘Yo Importo, Yo Aprendo, Yo Decido’ (I Matter, I Learn, I Decide)

NGOs such as Grupo de Información en Reproducción Elegida (GIRE) have also been instrumental in raising public awareness and providing accessible information to young people. For GIRE, adolescent pregnancy is a human rights issue, and an example of reproductive injustice (GIRE, 2018).

## 1.3 Cultural representations of teenage pregnancy and young motherhood

In parallel to some academic literature which centres on personal decision-making and the ‘failure’ of adolescents to prevent pregnancy, cultural representations also often deal with adolescent pregnancy in terms of individualised agency. In her study of the Mexican television series *La Rosa de Guadalupe*, Rebecca Ogden (2021) identifies a prevalent discourse of reproductive responsabilisation, where adolescent girls are deemed primarily responsible for their reproductive choices, sidelining the structural inequalities and violences they face. Ogden argues that this reflects a broader neoliberal rationale, where individuals are held accountable for their sexual and reproductive wellbeing, rather than the state or society.

Popular culture and public health education are often officially and unofficially partnered. Media campaigns transmitted via radio spots and telenovelas in Mexico in the 1970s and 1980s, such as ‘*Vámonos Haciendo Menos*’ (Let’s become fewer), promoted the idea of duty and citizenship through reproductive responsibility, forming a discursive continuity with the logic of the General Population Law of 1974 (Soto Laveaga, 2007).

This overlap between reproductive politics, public health and popular culture can be seen in other contexts. MTV’s teen pregnancy franchise began in 2009 with *16 and Pregnant*. *Teen Mom* and *Teen Mom 2* followed, as MTV simultaneously fostered strategic partnerships with The National Campaign to Prevent Teen and Unplanned Pregnancy. In the Cuban series *Cuando una mujer*, dramatised vignettes interpret stories drawn directly from the lives of real Cubans with creative control from the government-aligned Federación de Mujeres Cubanas. The stories told are used as a prompt, either to direct viewers to sources of help, remind them of constitutional protection of their rights and offer general advice. Workshops carried out for this research project with social workers in this area insisted that teenage pregnancy was the fault of parents’ permissiveness, dysfunction in the family and a broader crisis of moral values, discourses that were consistent with representations of teenage pregnancy in narrative series such as *Cuando una mujer* and the wildly popular telenovela, *El rostro de los días*.

## 1.4 Overview of project

Despite the cohesive and coherent sense of strategy behind the interventions described in section 1.2, the inconsistent decline of teenage pregnancy in Mexico, Cuba and Colombia, as well as other nations in the region, suggest that unexplored cultural and social forces shape expectations and knowledge surrounding sexuality, reproduction and parenthood.

Norms operating in social contexts and extended through cultural expression can be overwhelmingly powerful (Marcus and Harper, 2014; Schultz et al., 2007). As the Introduction has outlined, we know little about the cultural dynamics through which values and meanings become attached to experiences of planned and unplanned young parenthood.

This project, therefore, foregrounded a methodology and set of research objectives to explore how normative ideas, knowledge and values surrounding relationships, adolescent sexuality, reproductive health and parenthood are fomented, reinforced or disrupted. The broader project asked:

**1.**

**How does cultural production (especially youth-focussed popular and digital culture) articulate and reflect values and knowledge relating to ASRH and parenthood?**

**2.**

**How do such representations reinforce or disrupt messaging from public health and education interventions or awareness campaigns?**

**3.**

**What disjunctures appear between the lived realities of young parenthood and young parenthood as it is conceived by current ASRH policy and interventions?**

Each of these questions entailed different methodological approaches. This report details the findings of creative workshops carried out in Morelos (Mexico), Granma (Cuba) and Bogotá (Colombia) to address the third research question. Findings from the Morelos workshop are presented in this report, although the conclusions also draw on their commonalities with the other two contexts.

## 1.5 Methodology

In the in-person, one-day workshops, we conducted four activities: a drawing task, a body mapping task, individual interviews and a group discussion. The tasks were arranged to ensure that the mothers did not begin or end the day with anything too personal or confronting. We provided breakfast and lunch for the mothers (and their children) and compensated them for their time and travel costs.

We ensured a comfortable space with toys for the children so they could play while the mothers participated in our activities, and childcare was provided. In each workshop, 8–10 adolescent mothers participated. In Morelos, participants were recruited by the Secretaría de Educación Pública. There was no obligation to attend.



We started each workshop with a basic drawing task, asking the mothers to draw three images of themselves: one representing their life before their pregnancy, one during their pregnancy, and one after their pregnancies. We then continued the methodology with body-mapping, a creative methodology based on feminist and decolonial epistemology which focusses on the corporeal, feeling and emotive experiences (Gastaldo et al., 2012).

**Figure 5:** One of the drawings produced in the first part of the workshop



In body mapping, participants trace around their body to create a full-size outline. The participants then filled the outline using a range of art materials, responding to questions about their journey as young mothers and the processes by which they are seen by others and see themselves. After the bodymapping was complete, we conducted a 30 minute interview with each participant, allowing each participant the opportunity to speak

about their experiences in more depth. A toolkit for this methodology can be found at [shorturl.at/mrvlk](https://shorturl.at/mrvlk).

We created oral and written informed consent forms and accompanying information sheets, which were reviewed and approved by the University of Sheffield's Research Ethics Committee (Número de referencia de autorización ética: 058099). With appropriate consent, all interviews were recorded, transcribed and

anonymised. The transcripts then underwent thematic coding using a coding structure that was developed jointly by the study team and led by Saskia Zielinksa. Data from the coded segments was then grouped according to the agreed themes, also grouped by country and synthesised in a set of summaries.



We also invited stakeholders who work with pregnant teens and adolescent mothers and fathers to participate in a semi-structured roundtable, which took place on 19 April 2024 at the Centro Regional de Investigación Multidisciplinaria, UNAM Morelos. These stakeholders included representatives of Sistema DIF, IMM, INSP, Servicios de Salud, IEBEM, REDefine, IMPAJOVEN, ISSSTE, IMSS, Secretaría Ejecutiva de SIPINNA, CONALEP, COBAEM, CECYTE, UTEZ, UTSEM, UPEMOR, Secretaría de Educación and IDEFOMM.



## 1.6 Study limitations

The report places its findings in the context of broader literature, illustrating how they reflect existing research while offering added nuance. In constructing our methodology, we recognised the limitations of our investigation, particularly regarding time and financial constraints which prevented us from spending extended periods in each country to conduct prolonged fieldwork. To prevent our work from becoming extractive, we aimed to conduct longer-term research by implementing follow-up online research with our participants, featuring a projective task. In this way, we aimed to build more trust and confidence with participant groups, intending to generate confidence to take the lead or express if there was something they did not want to

do, or if they wished to make adjustments in the workshops. This approach allowed the mothers to truly become co-producers of knowledge and co-investigators, rather than merely participants or subjects of our research. However, and despite repeated invitations, few participants engaged with the follow-up online projective technique after the workshop event.

The workshops included a relatively small number of participants, and of a minority demographic still attending school (see the context section for the correlation of school cessation and adolescent pregnancy) which makes a generalisation of findings challenging. As a qualitative study, our primary goal is to

reveal the lived experiences of a specific group within particular settings, rather than to draw broad generalisations. The drawing task and body mapping data provided rich, detailed insights into the participants' personal and physical experiences, in a way that a larger study with a survey methodology, for example, might not capture. Another limitation lies in the demographic differences in recruited participants in the three sites. The Mexican participants lived in different parts of the same state (Morelos) and were brought together via the Secretaría de Educación Pública. In Cuba, participants were recruited through social workers and were known to the latter due to their living in the same direct municipality.

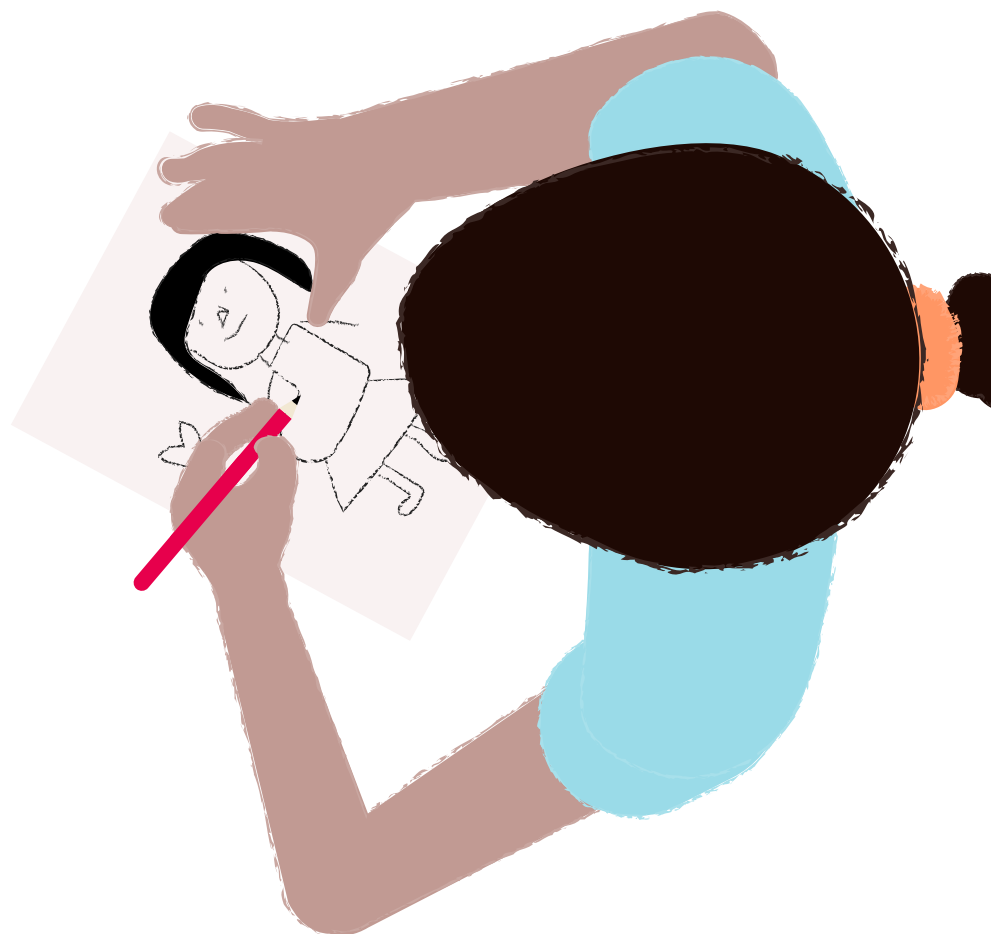


The Colombian participants came from different provinces, united by their involvement with national organisation Profamilia. Despite these differences, they had in common the age at which they became pregnant (14–18 years old) and as the data revealed, many common experiences of pregnancy, birth and motherhood. In addition, the views of fathers and partners would have been useful to gain a broader understanding of the values and knowledge attached to young parenthood, particularly in terms of gendered dynamics.

Given the vertical nature of policy in Mexico, and the impulse of this project to foreground local perspectives, the perspective of national level policymakers is missing from the broader study. Their input may have added further nuance to the discussions that took place during our April 2024 symposium with ASRH stakeholders.

## 1.7 Structure of the report

Section 2 introduces overarching commonalities in the data produced in the workshops in Mexico, Cuba and Colombia. Section 3 elaborates the findings from the Morelos workshop, including narratives of reproductive trajectories, experiences of pregnancy, birth and motherhood. Section 4 concludes by highlighting examples of good practice and recommendations on how to improve young people's access to positive ASRH services, as well as bringing young mothers into the policy landscape.



## 2. Shared findings across the three case studies

### 2.1 Narratives of blame and responsibility

In all three cases, from Mexico, Cuba and Colombia, we found that both policy and public discourse heavily placed the responsibility on pregnancy prevention and thus the ‘blame’ for becoming pregnant overwhelmingly on teenage mothers. In many instances, these discourses of [ir]responsibility were internalised by teenage mothers who punish themselves for ‘failing’ their parents, or even ‘failing’ themselves.

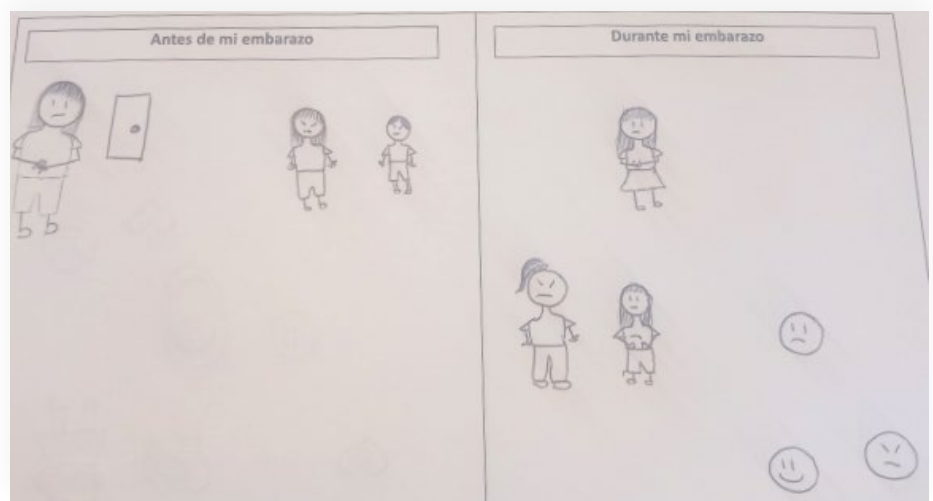
Teenage mothers across the board faced a high level of social reprobation, from friends, family and institutions, such as in their schools and in healthcare establishments.

Becoming pregnant as an adolescent mother was often presumed to be the result of teenage mothers being sexually promiscuous or ‘easy’ (even though the vast majority of the mothers who we spoke to were in monogamous relationships with their then-partners at the time of becoming pregnant). Other common beliefs reported in the narratives included that adolescent mothers became pregnant to get access to government benefits.

“

**They saw me as a bad influence, as common. They criticised my life a lot. That’s how they treated me, they made fun of me.”**

– Blanca, Mexico



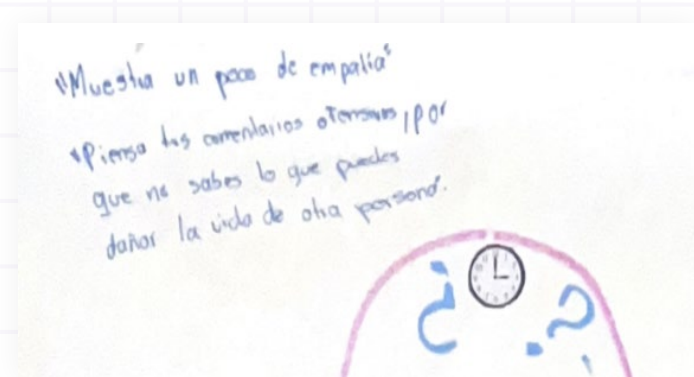
**Figure 6:** Blanca’s drawing showing her experience before and during pregnancy

Teenage mothers noted the strong impacts such comments had on their lives. The main impact was the heavy emotional cost that the constant commentary provoked, that sometimes exacerbated prenatal or postnatal depression that mothers were already experiencing:

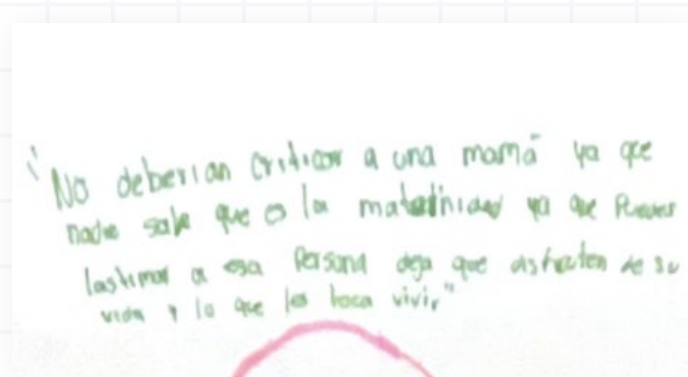
“

**My message to others is to not criticise. I mean, they don’t know that a comment can make the other person feel bad. It can hurt them... in other words, it can totally change their life.”**

– Estefani, Mexico



**Figure 7:** The top section of Estefani's bodymap reads her message to others: 'Show some empathy. Think about your offensive comments, because you don't know how you can damage someone else's life'.



**Figure 8:** This excerpt of a bodymap reads: 'No one should criticise a mother, as no one knows what motherhood is like and you can hurt that person; let them enjoy their life and what they are going through.'

Many mothers also internalised the constant negative commentary that they received from friends, family and society as a whole. As a result, they often described themselves as being at fault for their pregnancies, neglecting to recognise the many structural inequalities that also contributed to their becoming pregnant at an early age:

**“Well, when I found out, I said ‘I’m failing my parents’ and that’s why I wanted an abortion. I wasn’t sure. Besides, I didn’t see any support from anyone because no one knew about it.”**

– Blanca, Mexico

“

**I felt bad, I don’t know why, but I asked for forgiveness... Everything that happened, it was my fault. That’s how I felt.”**

– Yenny, Colombia

Apart from the psychological effect that such blame discourse and criticisms had on the mothers across the three countries, criticisms had material effects for the mothers. Many mothers shared the experience of being seen as a ‘bad example’, that teenage motherhood was, therefore, perceived as something ‘contagious’. In one case, a participant from the Bogotá workshop was thrown out of school when she became pregnant, thus disrupting her education. The individualisation of blame also had consequences for those who had experienced sexual violence, namely that they feared talking about their experiences to family, friends or institutions for fears that they would not be believed or that

they would be blamed or judged; indeed, those who were sexually assaulted or raped did indeed face disbelief or inaction on the part of police, and so these fears were well-founded.

However, discourses of blame took different forms. In the Cuban context, for example, the discourse of ‘irresponsible’ teenage mothers, was also accompanied by ideas of the ‘permissiveness’ of Cuban parents and a perceived breakdown of the Cuban family. This discourse was repeated by almost every professional working in some capacity with young people or in ASRH policymaking in Granma.

## 2.2 Infantilisation of teenage mothers: ‘children raising children’

Across the three contexts, young mothers carried an ambiguous status, expected to demonstrate adult responsibility and maturity, as well as dismissed as ‘girls’ who were simply pretending or playing at being a mother:

“

**Then one lady said to me that I am a child playing at being a mother.”**

– Carmen, Mexico

In some cases, the judgement of others expressed through these infantilising discourses were internalised by the teenage mothers who then doubted their own abilities as mothers:

“

**Well, my experience as a mum... was very complicated because. Well... maybe the lady was partly right, that I am a girl playing at being a mum. It’s very complicated because... you haven’t matured enough to have an idea of what it’s like to be a mother, what it’s like to have love.”**

– Carmen, Mexico

“

**I also had this confusion in my head: when the father’s gone, I’m going to be alone, who’s going to help me? The nappies, the bottles, I don’t know how I’m going to do it, I don’t know how I’m going to deal with it, because it’s a child raising another child.”**

– Verónica, Colombia

For many teenage mothers, however, this infantilisation was something that they resisted:

“

**Maybe all the people who think that, think that because they are young they are going to do bad things. And yet there are times when young people sometimes ask for more responsibility, they are more responsible than many adults. I say this for myself, because sometimes I have seen mothers older than me, who don’t take good care of their children and sometimes don’t give them the love they need.”**

– Alicia, Cuba

## 2.3 Age-gap relationships

Interviews with workshop participants revealed that they had all become pregnant by older partners. For Elvira, a young mum who participated in the Granma workshop, while eight months pregnant with her second child, both fathers of her two children were significantly older than her. One was a neighbour. Similarly, Yaliana's older partner was someone who knew her from her neighbourhood and had known her since she was a child. For 17-year-old Luzmary, being with a partner who is ten years older than her has meant inconsistent support with raising their child and frequent disagreements: she admits they don't have much in common.

In the Cuban contexts, many of these older partners were either living in the mother's parents' home, with their approval. Although the partners were closer to the participants' parents' age, we did not find that this was contested or disapproved of by family members. Instead, relationships were often facilitated through older family members.

In Colombia, Veronica told us that she met her baby's father through an aunt:

“

**My aunt was his brother's girlfriend. So she called me one day, and she took me with her to take his lunch to work... So I said, 'Well, let's go'. And that's when she introduced me to the boy's father. Then I greeted him, and it was normal. From then on, things happened. That's when I got to know him and things happened. I got pregnant.”**

– Veronica, Colombia

Another participant of the Bogotá workshop recounted how the difference in her age and her partner's became especially clear when she realised she was pregnant:

“

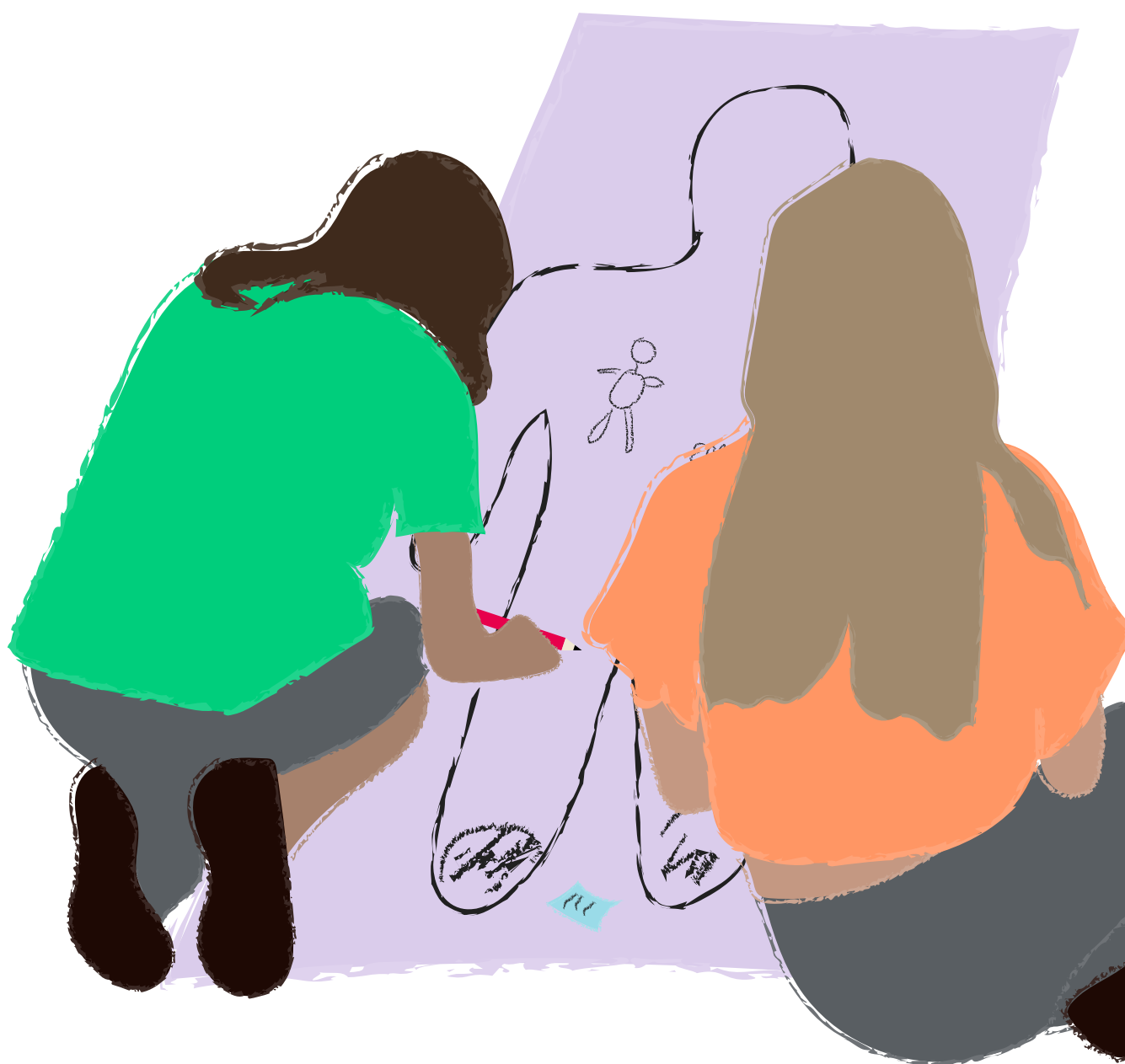
**When I first found out I was thinking [about having an abortion], because I was 15 years old. And so I said, 'no, I'm a child, I'm in school, I don't want to'. That man is much older than me.”**

– Colombia

Narrations of smaller age gaps (of five or so years) still revealed a perceived difference in life ambition, experience in relationships and expectations of union and parenthood. Typically, smaller age gaps of approximately five years were common with participants who had become pregnant at 14 and 15, meaning they had become pregnant below the age of consent while their partners were 19 or 20.

This age gap was not considered significant to the participants nor to many professionals such as social workers, doctors and teachers who also participated in focus groups with us in Granma and Morelos. However, it is our view that these differences in life aspirations, maturity and mobility have a significant impact on reproductive trajectories, particularly in the exercising of agency over the use of contraception. Our participants referred to the impact of their partners' behaviour within their relationship which suggested disparity in power. They also suggested that preventing a pregnancy was not a priority for their partners.

As the sections below elaborate, few participants were able to depend on the babies' fathers for practical, emotional or financial support. However, we do not have enough data about the impact on age-gap relationships on young women's exercise of their reproductive rights. This is an area that needs more research, particularly in engaging partners and fathers as participants.





# 3. Findings from Morelos, Mexico

The following section discusses the findings from our research in Morelos detailing and foregrounding the experiences of the adolescent mothers that participated in our creative workshops. The findings section divides their experiences into three subsequent sections detailing three distinct periods of the journey through adolescent motherhood: the period prior to their pregnancies, the period of pregnancy and birth and the lived experience of teenage motherhood. Whilst teenage motherhood is seen often as a homogenous and overwhelmingly negative experience, the adolescent mothers we spoke to told of multifaceted experiences, nuancing this superficial stereotype of teenage pregnancy as a homogenous experience.

The majority of the mothers also demonstrated an array of experiences, in which pregnancy, childbirth and motherhood were demonstrated to be qualitatively distinct experiences and periods, and in which multiple different emotions, challenges and societal reproaches were navigated at different stages. The findings section also incorporates the experiences of the frontline professionals who we interviewed during our symposium in Morelos, who also provided valuable insights from their many years of collective experience of the institutional dimensions of adolescent sexual and reproductive health, education and rights in the state.

## 3.1 Reproductive trajectories

In this section we highlight findings from the workshops where participants described their reproductive trajectories: the factors that had some bearing on how they became pregnant and their broader contexts. As discussed previously, adolescent pregnancy is often discussed within the discourse of reproductive responsibility, the assumption being that adolescents, especially adolescent girls, can prevent a teenage pregnancy by making

the ‘right’ choices and acting in a responsible manner with regards to their sexuality. This section problematises these assumptions and demonstrates how adolescents’ reproductive lives are shaped by factors outside of their control that work as limits to their agency, such as experiences of multiple forms of violence, and institutional barriers towards accessing contraception. It also problematises the effectiveness of forming a *proyecto de vida* (life project) as a preventative

measure against teenage pregnancy, discussing how all of the mothers who participated in our creative workshops had well-thought through plans for their lives and careers prior to becoming pregnant as teenagers. It bears noting however, that our participants represent a minority who were not only attending school while pregnant, but continued their studies after giving birth.

### 3.1.1 Violence (family, relationships, structural)

Experiences of multiple different categories of violence (such as physical, sexual and psychological) were consistent across the narratives of all workshop participants. In our analysis of the bodymaps, drawings and interview transcripts, we found these multifaceted experiences of violence to be directly or indirectly linked to the participants' ability to realise agency and self-determination

in their reproductive choices, as well as negatively affecting their lived experiences of pregnancy and young motherhood.

First, Marifer noted that a generalised fear of violence where she had been living (outside the state of Morelos) had had a bearing on her lack of experience of relationships:

“

**I started to have a boyfriend, because I didn't have one at that time, because I didn't go out. I didn't go out because, people talked about people getting robbed, getting raped and so my mother never let us go out because of that fear.”**

– Marifer, Mexico

According to Marifer's testimony, the threat of physical and sexual violence was an everyday experience that influenced the way in which she was able to relate with other people and affected her mobility. Secondly, coercive and abusive relationships were also represented in the bodymaps and reported in participants' narratives. Several recounted that their parents (or other caregivers) neglected them and treated them with contempt, refusing to speak to them after they discovered they were pregnant. For instance, participants reported that they experienced verbal and psychological abuse from their close family members:

“

**Well, the relationship with my mother-in-law...At the beginning she was very, very rude. At the beginning of my pregnancy she treated me badly. She made me cry, made me angry, made me sad. This was the thing that gave me the most trauma. Because in pregnancy I think we are more emotional, we cry easily. I used to hear her say to [her son] 'leave her alone, why are you with her'. Yes, it feels horrible.”**

– Estefani, Mexico

“

**In the first month I had a kind of postpartum depression, because they were all my dreams, my goals, my family. And the person who worried me the most was my uncle because he still hadn't really been told anything.**

**But at the beginning he didn't visit me or anything. Even though we lived in the same house, he didn't go to see me. So I was very worried, very worried, how come my uncle was mad at me?”**

– Carmen, Mexico

As will be demonstrated in section 3.2.1, the moment of revealing a pregnancy to family members, partners and friends was a particularly heightened moment of rejection, judgement and criticism. For some mothers, such as Blanca, strong verbal reactions from parents were short-lived: ‘They scolded me badly, but it was only at the time. Well, yes, they were [angry] with me for several days.’ However, for others, as detailed in Carmen’s testimony above, the experience of rejection from their loved ones lasted much longer, spilling into her earlier experience of motherhood. Again, as will be demonstrated below in section 3.2.1, these rejections transmogrified into symbolic violence, as teenage mothers internalised the negative discourses about themselves and their supposed ‘failings’, losing focus on many of the structural inequalities that may have led to them becoming pregnant in the first place.

As well as rejection and reaction from their parents, teenage mothers also recounted experiencing psychological and emotional harm from their partners. In Carmen’s case, she recalled that she experienced much psychological abuse on the part of her partner (not the father of her child, see case study p.31). For other mothers, verbal abuse from their partners was particularly heightened during the period of pregnancy. Blanca recounted how her partner knew that she

was pregnant but ‘took advantage’ of this time to be unfaithful to her. This, she recalled, not only caused her a great deal of emotional pain, but also caused her to be distrustful of those around her, and consequently meant that she avoided sharing the secret of her pregnancy with others, as will be described below, meaning that she had little emotional support during this particularly challenging period of her life. Elena had a similar experience with her partner who she described as ‘very controlling’:

“

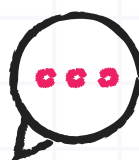
**I went to live with my parents. He also came with me. But that kind of changed, after I moved in with my parents, he went wherever he wanted. He was hardly with me... Yes, and the truth is, he was unfaithful to me. It was very bad for me.”**

– Elena, Mexico

The prevalence of violence reported in our group is consistent with quantitative data from recent studies in Mexico. The results of the latest National Survey on the Dynamics of Household Relationships (ENDIREH) show that almost half (49.7%) of Mexican adolescent girls 15 years and older have experienced sexual violence in their lifetime (INEGI, 2023).

Quantifying the similar research in Peru, Zielinska (2024) noted that between one in eight to one in ten teenage pregnancies was the result of sexual violence and coercion. Amongst our ten research participants in Mexico, sexual violence was a prominent feature of Carmen's story as described below in her case study, meaning that our research participants were broadly reflective of the overall ratio of teenage pregnancies caused by sexual violence. Nevertheless, it is possible that more of the adolescent mothers who took part in our workshops also experienced more 'everyday' or more 'normalised' instances of sexual violence, and coercion, but that this did not emerge during our workshops. Notably, Carmen's experience of sexual violence was experienced alongside multiple other forms of violence, as described below.

## Case study: Carmen's story



Carmen's pregnancy was a result of continued sexual abuse by her brother-in-law, who had previously been living in the family home with her mother, sister and herself. At first, Carmen described regular 'abusos' on the part of her brother-in-law, indicating on her body map through purple hands where he touched her. However, after a year of sexual abuse the violence escalated: 'There was a rape, it was not only an abuse, but a rape.' The violence from her brother-in-law had been particularly difficult to navigate and understand, as prior to the abuse they had a respectful and warm relationship. Carmen felt unable to tell anyone about the abuse for fear of being

judged. Navigating the sexual abuse and the fear of judgement made the discovery of her pregnancy even more complicated for Carmen. She was scared to bring it up with her mother.

'My family was very confused. How did it happen to you? And then I had to tell them. And yes, it was a difficult thing to tell, because I told my uncle, who was my father figure, then I told my aunts, my mother.'

Talking about the body map, Carmen said: 'And on the stomach I put little balls of paper that represent the problems and everything... All the discomforts that I suffered during my pregnancy, after and long before.'

Carmen noted that the heart on her body map represented 'love and courage'. The pink and blue colours on her body map represented her imagining the sex of her baby; she initially wanted a boy but in the end she gave birth to a daughter. The butterflies represent the love she feels for her daughter.

The plaster represents healing from the abuse. It also represents healing from her previous four-year relationship with her ex-boyfriend in which she experienced neglect and psychological abuse.

**Figure 9:** Carmen's bodymap



This data from the workshops make it apparent that violence of different kinds is very commonly experienced by young women in this group, and is so consistent that it can be assumed to also be a common experience of young women in the state of Morelos, with a strong bearing on their reproductive trajectory and enforcing a constraint on their sexual and reproductive agency.

This finding indicates that a message of individualised agency and reproductive responsibility ought to be mitigated, and that further resources might be directed towards addressing the root causes of different types of violence which impede full sexual and reproductive agency in young people. Additionally, healthcare providers and social workers should be alert to the implication of violence in adolescent pregnancy, rather than assuming that young women become mothers due to their own irresponsibility.

Community awareness campaigns on the impact of violence on reproductive rights could contribute towards challenging harmful norms. It is crucial to establish community-based support programmes and safe spaces where young women can access confidential advice on relationships, sexuality and reproductive health. Advocacy for stronger legal frameworks is needed to protect young women's reproductive rights and address systemic violence.

### 3.1.2 Life aspirations and young motherhood

In the literature on teenage pregnancy in Mexico, as in other countries, much focus is placed on establishing and strengthening young people's *plan de vida* (life plan) or *proyecto de vida* as a way of preventing teenage pregnancy (Sosa-Sánchez et al., 2023). For instance, the 2015 ENAPEA remarks that:

“

**Even in conditions of poverty, school attendance and relevant work opportunities for the 15+ age group are a protective factor against pregnancy, and can therefore be considered as one of the main means of prevention... Evidence indicates that having a long-term life plan, based on a project that considers study, work or daily occupation at home and outside the home, and support networks, are**

**preventive and protective factors against adolescent pregnancy; on the contrary, not having and carrying out substantive activities worthy of the person and society, leads to the adoption of motherhood and fatherhood as a way out of the lack of opportunities and life expectations.”**

(Gobierno de México, 2015, p.34)

Promotion of positive lifecourse aspirations and the prevention of pregnancy have often been seen as ‘hand in glove’ within policy and programme approaches. One underpinning logic of such approaches is that adolescent motherhood may be embraced as a source of meaning, status and occupation in the absence of other work or study. While the ENAPEA indicates that ‘a lack of opportunities and expectations’ is structural, where young people’s reproductive trajectories are shaped by social stratification and inequality beyond their control – bringing parenthood into their lives early – the campaigns instead tend to emphasise the individual’s agency in overcoming this apparent destiny by choosing a different path.

The experiences of the mothers in our study challenges the idea that adolescent mothers became pregnant due to a lack of a *proyecto de vida*. The majority of mums who participated in our workshop had clear and definite plans for further study and for their career paths before they became pregnant. Elena was already studying for her bachiller, Blanca planned to study plastic surgery at university, whilst Marifer was on the cusp of beginning her studies at a prestigious technical institute, having already completed her entrance exam. Carmen hoped to be a cardiothoracic surgeon in the future.

These experiences demonstrate that many adolescent mothers were already making the ‘right’ choices in terms of continuing their studies and envisaging future careers. Of course, it is true that the mothers who participated in our research were *escolarizadas* (school-attending), and thus were somewhat atypical, in the sense that a significant majority of teenage mothers in Mexico abandon school prior to their pregnancies. Nevertheless, the experiences of the mothers in our cohort demonstrate that a *plan de vida* in itself is not necessarily a protective factor against pregnancy.

For some adolescent mothers, having a baby did not necessarily truncate their life goals, but made them more determined to continue. Gloria was a particularly confident, eloquent and highly motivated workshop participant who reflected on her personal strengths and ambition which had allowed her to visualise a positive future for herself professionally and personally. Her drawings demonstrate continuity between the plans she had before she was pregnant (to study and specialise professionally, to have an active life around her studies and pursue her multiple interests), during and after.

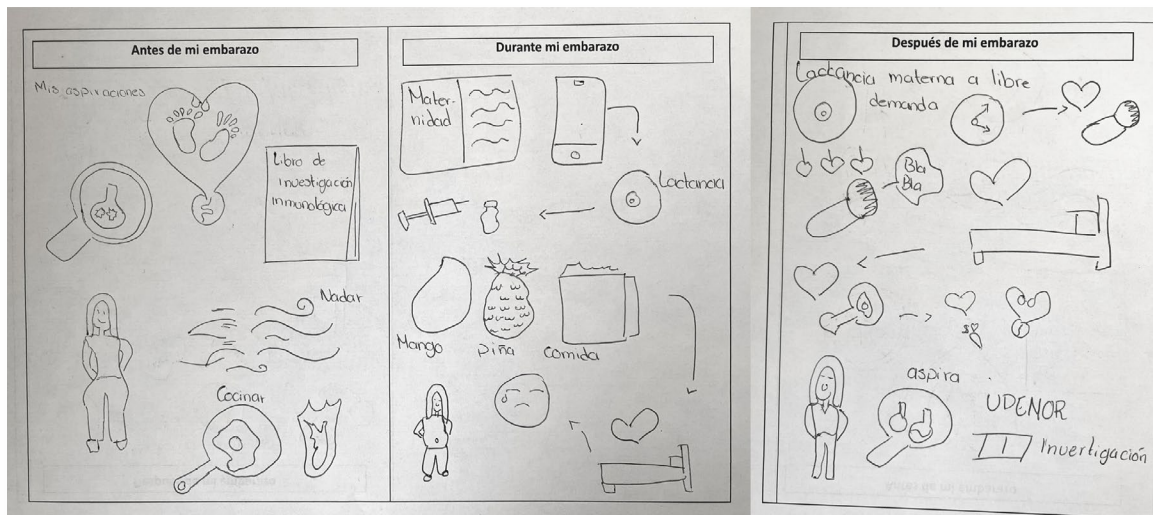
When Gloria learned she was pregnant, she applied her interest in science and research skills to learning as much as she could about breastfeeding and motherhood in general. Since the birth of her son, she has become more motivated to complete her education and reach her professional goals. In other words, there was a continuum of her life projects before and after becoming a young mother. In her words:

“

**I feel very capable and I feel that I will be able to cope very capably and calmly. And I feel that maybe I’m lacking some very, very important basics, clearly, like money. But having the support of my family and me trying to study to excel, I feel that I’m going to make it and I’m doing well.”**

Gloria, Mexico





**Figure 10:**  
Gloria's  
drawings of  
her life before,  
during and after  
pregnancy

As section 3.4 elaborates, motherhood is certainly seen by the young mums in our study as a source of meaning as well as respect from others, including from adults. However, as Gloria's story demonstrates above, it is important to recognise that the particular group who participated in our study were determined to continue with their prior goals for their education and future careers. In fact, many cited their children as the driving force for wanting to realise these goals:

“

**At the bottom [of his body map] I put a phrase that says that dreams don't end, they just get stronger. Because a baby doesn't stop you from having those dreams, or achieving them, it just gives you more courage, more strength to finish something you dream of or want to do.”**

– Carmen, Mexico

“

**My baby gives me strength to get through this.”**

– Elena, Mexico

“

**Well, yes, if you are pregnant, then you have to take responsibility. You have to be an excellent mother... Many people thought that I wasn't going to be able to do it, that because of my age, that I wasn't going to be a good mother. And the people in my community, they told me that, as if it didn't hurt me, right? So with that maturity, I took it and matured. You can say that because it gives you strength, yes, it gives you strength.”**

– Marifer, Mexico

“

Well, what I want is to get through this with my baby.”

– Blanca



**Figure 11:**  
Marifer's drawing  
of life after her  
pregnancy

In Marifer's example we see a viewpoint that the stigma attached to young motherhood means that she has to work doubly hard, to be *una madre excelente* (an excellent mother) and extra responsible in order to prove others' wrong who would doubt her maturity and ability to look after a child. In other words, the combined responsibilities of caring and studying are heavier with the weight of others' expectations and judgments.

## Case study: Marifer's story



Marifer is a cheerful, confident and mature 15-year-old mother to a one-year-old daughter. She had moved to Morelos from another state before she met her partner and became pregnant. She had been *cuidandose* (using contraceptives) initially, but did not expect the consequences of unprotected sex.

Marifer had been accepted into a prestigious college after passing her entrance exam, but was unable to take the place when she realised she was pregnant. She was also very disappointed that her pregnancy would mean she would not have her *quinceanera* (15th birthday) celebration.

She worried that her body was never going to be the same after the pregnancy and about what people would say about her. She used the expression 'small town, big hell' to speak of how people speak about other people in a small community.

However, she spoke lovingly of her daughter as her *motor* (what drives her), and represented her with a heart symbol. Her *esposo* (husband) also takes responsibility for his child. Marifer clarified that although she calls her boyfriend *esposo* they are not legally married; she 'wants to see the ring'.

Indeed, as much as the young mothers we spoke to embraced the challenges and rewards of motherhood, and expressed profound love for their children, they also resisted the notion of motherhood as their sole identity. This will be explored further in section 3.3.1.

### 3.1.3 Institutional barriers and cultural pushbacks

As noted above, part of the discourse surrounding teenage pregnancy in Mexico, be it public, policy-related or academic, places the onus on young adolescents to prevent their own teenage pregnancies. As already explained, part of this is the expectation that young adolescents should develop a *plan de vida*, in which they envision a productive future in terms of their educational and career aspirations. The other side of the coin of the ‘reproductive responsibility’ discourse is the expectation that adolescents will ‘protect’ themselves from teenage pregnancy, following the state’s provision of free contraception and holistic sex education. The implication is that once the state has provided the know-how (education) and the resources (contraceptive provision) the responsibility for pregnancy prevention is, therefore, shifted onto the individual adolescent.

In terms of contraceptive provision, since 2000 the Mexican government has provided *servicios amigables* (youth-friendly) for adolescents, on the back of the Adolescent-Friendly Healthcare Provision model promoted by WHO. Nevertheless, previous research has shown (for example, Pastrana-Sámano et al., 2020) that in many cases, there were serious limitations with sexual and reproductive health services. In their study, they found that there were important bureaucratic barriers to access, lack of privacy and confidentiality in the clinics, as well as a lack of follow up for important procedures (e.g., after STI testing). Furthermore, they found that although in many cases staff were friendly, respectful and supportive, there were many experiences of staff who were moralising, judgemental or demonstrated unprofessional behaviour towards adolescent service users (Pastrana-Sámano et al., 2020).

In our 19 April 2024 symposium with professionals in Cuernavaca, we found similar concerns relating to the quality and accessibility of sexual and reproductive healthcare for teenagers. For example, a representative from IMPAJOVEN explained how healthcare professionals ‘do everything they can’ to ensure that Mexican teenagers who seek contraception are dissuaded from taking it up. For instance, teenagers are often asked if their parents know they are there or heavily influenced to adopt a pathway of abstinence, demonstrating how young teenagers may be pushed into certain reproductive behaviours or made to feel as if their treatment will not be confidential. Another interview we conducted with a sexual health specialist who worked in an adolescent friendly healthcare service in Morelos identified barriers to adolescents’ access to contraception and sexual health information. She noted how adolescents

would often complain of the intrusive questioning received by the security guards who managed entry and exit into the healthcare centre, who made their own moral judgements on adolescents’ health-seeking behaviour. This was despite the insistence from another participant at our symposium that police and security outside of healthcare centres are instructed to give sensitive and amicable treatment to teenagers who come to seek advice/contraception. As a result of these experiences and barriers to access, adolescents often felt ashamed about accessing sexual health services in Morelos, even the supposedly ‘adolescent friendly’ centres that were targeted for their use. Therefore, whilst many leaps have certainly been made in terms of contraceptive provision and education, there still existed multiple barriers for teenagers who sought care.

Institutional barriers to adolescents being able to exercise their SRRs were not only confined to healthcare settings. Our symposium participants also pointed out that they faced great difficulties in gaining support from local schools for their work (for example, from sex education providers and sexual health providers, including the distribution of condoms at schools). It was felt by the participants from our workshop that part of this problem was connected to persisting beliefs originating from the families of the teenagers themselves; whilst some of the institutional pushback to the work of sex education providers came from within the schools (through unsympathetic directors, for example), part of the pushback was coming from parents who were subsequently complaining to directors that they did not want their children exposed to information about sex, let alone for sex education organisations to be distributing condoms within schools, which they believed was tantamount to encouraging children to have sex. The combined resistance of school directors and parents often meant that sex education and sexual health workshops frequently had to be cancelled or that organisations were prevented from doing their work (funded by the local government). As a result, teenagers' knowledge of SRH is limited. One teacher from our symposium noted how she was surprised how little knowledge adolescents have about their bodies. Another sexual health expert noted that whilst adolescents had the mechanical knowledge of how to prevent a pregnancy they were not equipped with the social skills and agency to negotiate condom use and contraception. Therefore, whilst sex education was delivering a certain type of knowledge, it was not necessarily equipping adolescent girls with the capacity to exercise that knowledge. Nor was it addressing the gendered power dynamics that prevented them from doing so, demonstrating a gap between education and lived realities.

In a similar vein, representatives of another government institution that works with adolescents to end gender inequality, including promoting SRRs, also noted that they faced a lack of political and institutional support for their work, and that other institutions (such as schools and healthcare establishments) would not always open their doors for them. Funding inconsistencies also make their work short term and limited.

As demonstrated by the collective experiences of the professionals who we interviewed or who participated in our symposium, it is clear that despite much well-intentioned policy at national and state levels, there remains concrete institutional barriers, both for adolescents who seek contraception and sexual health knowledge and for those who work professionally in adolescent SRRs. This is in terms of institutional willingness to support their work and pushback from families due to deep-seated cultural beliefs about adolescent sexuality. This implies that there is still space for improving contraceptive, sexual health and sexual health provision. In addition, as impressed upon us by the professionals in our workshop, more work needs to be done with families of adolescents and the institutions that provide services to them in order for adolescents to be able to freely enjoy their SRRs, and to be able to make the right choices that policy wishes them to make.



## 3.2 Experiences of pregnancy and birth

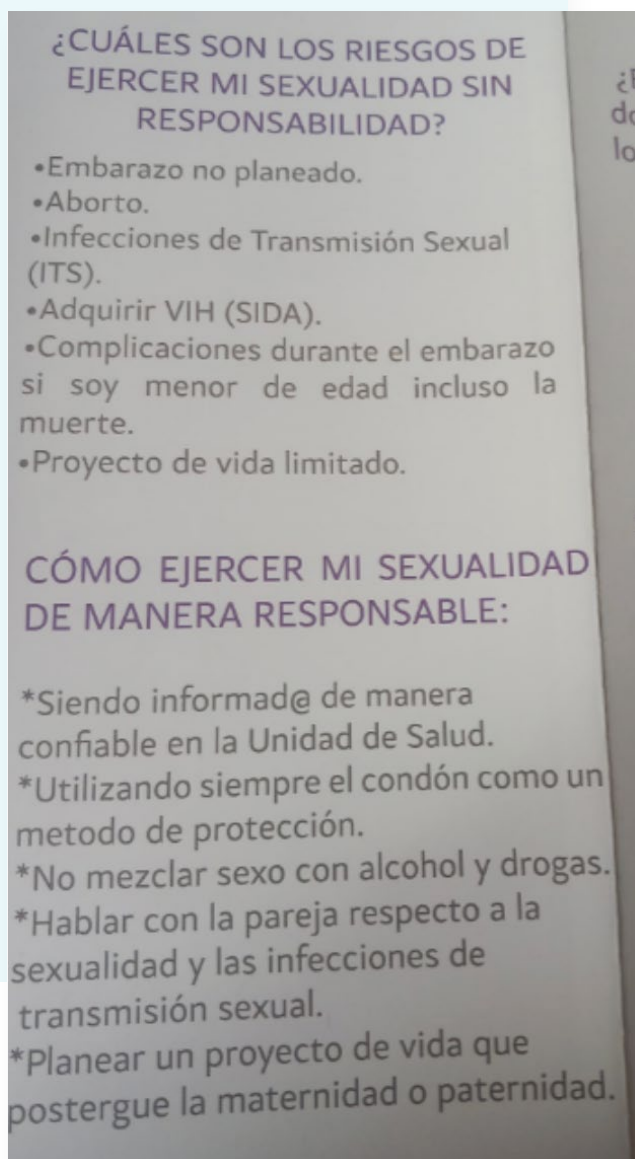
In the previous section we noted how Blanca and Cintia experienced an ‘arc’ of decision making, as they came to terms with the knowledge that they were pregnant and were influenced by the different societal discourses and pressures relating to reproduction, motherhood, gender and religion. The experiences of pregnancy, birth and motherhood seemed to many of the mothers to be conceptually very different in terms of how they viewed themselves, how they were viewed by others and how they perceived their pregnancy and children. Although adolescent pregnancy and parenthood is overwhelmingly portrayed by the media as a negative life event, the testimonies of the mothers who took part in our workshops nuanced this portrayal, demonstrating that teenage pregnancy and motherhood was, for them, a complex experience characterised at different points by disappointment, sadness and struggle and also by joy, growth and greater social status.

The following sections explore this arc of experiences, noting how experiences of teenage pregnancy and motherhood are much more nuanced than the media, literature and societal discourses portray. Certain moments in the journey from pregnancy to motherhood for the mothers we worked with, especially the moment of finding out they were pregnant, or telling their parents, were clearly experienced as high points of pain, whereas others, such as watching their children grow, were intermingled with moments of joy and pride.

### 3.2.1 Dealing with an unwanted pregnancy

The Penal Code on Abortion remains largely unchanged since 1931, with most states in Mexico not permitting abortion, with the exception of a very few extenuating circumstances (such as rape or when the woman’s life is at risk) (Ortiz Ortega et al., 2003). Despite the 2023 Mexican Supreme Court ruling that decriminalised abortion (on the basis that banning it was unconstitutional), when this research was carried out in 2024, abortion remained illegal in the state of Morelos. Nevertheless, illegal abortions are still commonplace in Mexico (as across Latin America) with one study noting that at least 11% of pregnant 15–24 year olds had opted for an abortion. Although abortion has been legal in the nearby Mexico City since 2007, existing research makes clear that few are aware of this; in Menkes Bancet and Sosa-Sánchez’s research, that equated to only 5% of girls and 3.4% of boys (2016).

In our research with adolescent mothers in Morelos, many participants initially considered abortion when they learned they were pregnant, although, given our research participants were all teenage mothers, decided against abortion in the end. Illegality, and hence the subsequent perceived increased risk of non-institutionalised abortion, was undoubtedly a factor in this decision. However, for others, the main factors to reject abortion were the influence and internalisation of religious moralising discourses that portrayed abortion as ‘taking away life’ from a blameless child, and the pressures to ‘assume’ the responsibility of motherhood. Of course, the responses from our research participants are skewed as only teenage mothers took part in our creative workshops, meaning that primarily our workshop participants were those who had made the decision, given the circumstances, to go through with their pregnancies.



**Figure 12:** Part of a leaflet ‘Prevención de Embarazo en Adolescentes’, distributed in a healthcare centre in Morelos. In this leaflet, abortion is framed as a ‘risk’ of not exercising sexuality with ‘responsibility’. At the bottom, planning a *proyecto de vida* is also highlighted as a method of exercising sexuality in a responsible manner, as discussed in section 3.1.2.

In our symposium with frontline professionals, a representative from a regional public institution noted how moralising campaign videos from the religious right targeted at young people aimed to reframe the foetus as a fully conscious being, directly asking teenagers ‘mami, no me mates’ (don’t kill me, mummy) attempting to inspire feelings of guilt and responsibility. Several of our research participants

demonstrated a development in their thinking from the moment of discovering that they were pregnant to a gradual assumption of the pregnancy, influenced by the spiritual-religious discourses. For Blanca, discovering that she was pregnant was accompanied by the simultaneous painful discovery of her partner’s infidelity, which initially prompted her to consider abortion:

“

**All that hurt me and I don’t trust anyone. That’s why I said well, I was thinking of having an abortion, but it’s not the child’s fault.”**

– Blanca, Mexico



Cintia, spoke of a similar decision arc, in which she, too, increasingly began to feel that the foetus she was carrying was blameless:

“

**Well, I think that at the beginning of my pregnancy I wanted to have an abortion. [pause] Then I started to get very attached, to think how can I take the life of a human being that grows inside me when it was not their fault. And so I learned to cope with that. [long pause] And to give life a good start.”**

– Cintia, Mexico

Both Blanca and Cintia’s testimonies demonstrate the power of pro-life religious discourses which frame abortion in terms of ‘taking away life’, and place the ‘blame’ onto pregnant mothers. Both Blanca and Cintia internalised these discourses, and thus increasingly saw the weight of the ‘blame’ for the pregnancy as heavily falling onto their own shoulders. As will be explored in section 3.3.1, once pregnant, motherhood was very much conceptualised as becoming an unavoidable destiny and duty, and from Blanca and Cintia’s testimonies, it is clear that such pressure to conform to the duty of motherhood begins in the period of pregnancy.

As well as religious moralising discourses from the broader society, adolescent mothers also felt conflicting pressures to have/not have abortions from their parents and partners. As will be explored later in the case study in section 3.3.4, Gloria’s partner put pressure on her to have an illegal abortion, even offering to pay the 30,000 pesos fee. This mirrors the findings of Flores Valencia et al (2017) who noted that many partners of adolescent mothers offer to pay for their pregnant partners to have abortions and leave them if they refuse. On the other hand, the professionals from our symposium noted that pregnant teens often faced strong familial pressures not to have abortions. Indeed, Marifer’s mother put pressure on her to carry on with the pregnancy:

“

**But my mum never told me to have an abortion. No, she never, ever told me that...Because she told me ‘well, yeah, if you’re pregnant, then you have to take your responsibility’. You have to be this excellent mother.”**

– Marifer, Mexico

Given that abortion is still not legal in Morelos (despite the 2023 Supreme Court ruling), in our symposium with professionals working with young adults on the subject of reproduction and contraception, it was noted that they were unable to properly advise young people about their options, or even talk about abortion within the bounds of the law.

### 3.2.2 Living with the stigma and secret of pregnancy

For many of the mothers we spoke to during the creative workshops, the period of pregnancy was a particularly low point in their journey to motherhood. Estefani's drawing task below demonstrates how these feelings of sadness were mixed with multiple other emotions, such as happiness and excitement to meet her baby, but also fear and anxiety over what was to come, and concern over how she would cope. Many mothers spoke of how they felt as if the discovery of their pregnancy sparked within them feelings of failure, such as Blanca:

“

**Well, when I found out... [I thought] 'I'm failing my parents' and that's why I wanted an abortion, I was hesitating. Besides, I didn't see any support from anyone because no one knew about it. I still felt sad, because I had already let my parents down.'**

– Blanca, Mexico



**Figure 13:** Estefani's image of her experience of pregnancy

The feelings of having failed or let down her parents speak to the feelings of blame that Blanca, as well as Cintia, recalled in section 3.2.1, when they noted that their baby was blameless, implying instead that they were the ones to 'blame' for the 'mistake' of becoming pregnant. These testimonies can be seen as an internalisation of the prevalent discourses of reproductive responsibility noted by Ogden (2023), which individualise the responsibility and shift the blame for adolescent pregnancy onto teen mothers, ignoring the structural inequalities that contribute to their pregnancies in the first place. As noted in section 3.1.1, this internalisation of blame constitutes symbolic violence. For Blanca, this meant that she did not initially share the knowledge of her pregnancy with her parents (or anyone else) for the fear of being repudiated, meaning that she was left alone and without support in this particularly difficult moment of her journey to motherhood.

As well as experiencing conflicting feelings and emotions, adolescent mothers also noted how they felt stigmatised as pregnant teenagers, especially during the most visible period of their pregnancies. Blanca noted how during her pregnancy left her feeling exposed. Cintia shared that people would often berate her for becoming pregnant, reproaching her by saying 'you're so young – you've ruined your life'.

Marifer noted that not only did people reproach her, and see her incapable, but that she had often been troubled by persistent stares from the general public:

“

**They had negative expectations. A lot of people were surprised by my pregnancy. They said, ‘you are much too young’. Or, ‘Oh! You can’t give birth’. In other words, several negative things... When I went out, pregnant [they looked at me] as if I was a freak, as if I had something on my face! Like I was weird.”**

– Marifer, Mexico

As Marifer’s testimony demonstrates, the moment of pregnancy is a particularly high point for intrusive stares, criticism and verbal abuse, particularly as the embodied nature of pregnancy makes it difficult for pregnant teens to hide their experiences and shelter themselves from the stigma associated with young motherhood. For these reasons, many mothers, such as Violeta, Cintia and Elena, experienced pregnancy as a particularly isolating moment, in which they lost support and social ties, as former friends distanced themselves from them. Nevertheless, as will be demonstrated below in section 3.3, the period of motherhood was not overwhelmingly experienced in such a negative way.

### 3.2.3 Experiences of obstetric healthcare

Studies show that Mexican young mothers tend to be more vulnerable to forms of obstetric violence (Quick, 2014; Sosa-Sánchez and Menkes Bancet, 2022). The 2016 ENDIREH revealed the prevalence of obstetric violence reported by Mexican women – including 33.7% of women who had given birth in the state of Morelos in the surveyed period 2011–2016. In recent years criticism of the over-medicalisation of childbirth in Mexico has included grass-roots activist midwives who have called for the humanisation of childbirth in the country (Dixon, 2015).

Participants’ narratives indicated that their experiences of pregnancy and births in hospital made these spaces of refuge, scrutiny, exposure, care and also discipline. For Carmen, whose pregnancy was the consequence of familial sexual abuse, hospital was a place where she could finally speak the truth about what had happened to her:

“

**Then when I went to the hospital I was relieved. It was like... What happened to you? Why? Because a teenage pregnancy is very tricky. I told them the truth because I also wanted to. So, for me, being asked at the hospital what had happened to me and why was a relief for me, because it was like being able to unburden myself to someone outside who was not going to judge me, who, on the contrary, was going to support me. So I told the nurse what happened.”**

– Carmen, Mexico

Carmen's experience shows how healthcare professionals may represent one of the few trusted adult groups outside their family who make it possible to reveal sexual violence without judgment. However, others commented that antenatal appointments with healthcare professionals made them feel judged and exposed. Marifer recounts one such occasion:

“

**Once I went to the doctor,  
and a lady comes by and says,  
'Are you pregnant, sweetie?'  
I said 'yes'. She says 'how old  
are you?' I said 'I'm 14'. She  
said 'Oh, at that age I was just  
a little nose-picking kid' and  
I said 'excuse me, lady,  
I don't know about you,  
but as for me, I'm not'.”**

– Marifer, Mexico

In her words, Marifer had the self assurance, even at the age of 14, to push back against the expression of this adult's judgement. But across the three research contexts (Cuba, Colombia and Mexico), mothers tended to recall a strong sense of shame that they then internalised when asked intimate questions about how they got pregnant.

What is clear is that interactions with healthcare providers are formative and can have a decisive impact on young mothers' emotional wellbeing at a time of heightened vulnerability.

### 3.3 The lived experience of young motherhood

Adolescent mothers often defined pregnancy as a difficult-to-navigate period during their trajectory from adolescence to adolescent motherhood, in which they had to 'assume' the responsibility of motherhood, grieve the loss of their anticipated futures and deal with the stigma and criticism of others. On the other hand, the period of motherhood was experienced through a myriad of different experiences that sometimes felt conflicting; as a joy, but also as a challenging duty and responsibility. Some felt that 'attaining' motherhood had earned them the respect of others, whilst others subjected them to intense scrutiny, casting doubt on their competence as mothers. Many adolescent mothers had also reflected deeply about their caregiving styles

and well-defined values of *crianza respetuosa* (respectful upbringing), and put forward ideas of 'autonomous motherhood'. Nevertheless, strength and resolve often went hand in hand with navigating economic precarity and a lack of financial resources, meaning that despite their resilience, adolescent mothers still had to draw upon the support of family for financial support and childcare, given their intersecting experiences as young, often single, mothers.

### 3.3.1 Motherhood as destiny, joy and duty

In the academic literature on teenage pregnancy in Mexico, much focus is devoted to the connection between adolescent fertility and the valorisation of motherhood as a goal for young girls (Atkin and Alatorre-Rico, 1992; Parreti et al., 1999; Tuñón Pablos, 2006). According to a 1999 study by Ahedo Parreti et al., roughly a third of the adolescent mothers in their study (originating from Nuevo Leon) felt fulfilled by becoming a mother, despite their young age. For Tuñón Pablos (2006) motherhood and matrimony remained a *proyecto de vida* for many adolescent girls. Such aspirations were also demonstrated by several of the research participants in our creative workshop in Morelos. For instance, Gloria noted to us that when she found out she was pregnant, she knew she was going to keep the baby ‘because my dream was always to be a mother’. Nevertheless, whilst motherhood had always been a long-term aspiration for many of the young mothers we spoke to, this was not their only aspiration. Again, this demonstrates that having a child at a young age is not simply the result of having a lack of *proyecto de vida*, as many mothers had clear ideas for their future career paths. Furthermore, all of the mothers we spoke to conveyed a wish that they could have had their children at a later age, and none of the mothers had planned their pregnancies.

Hence, for the mothers we spoke to in Morelos, their views of motherhood were nuanced and multifaceted. Whilst motherhood had always been perceived as a ‘goal’ or as a ‘destiny’ for some, the vast majority recognised motherhood as a duty, whilst many simultaneously saw motherhood as a joy. For example, upon becoming pregnant, Marifer noted how she felt it had become her duty to become a mother: ‘Well, if you are pregnant, then you have to take responsibility. You have to be this excellent mother’. Similarly, Carmen explained how once she had her baby, societal pressure meant that she felt that the duty of motherhood was impressed upon her: ‘They told me that I didn’t have a choice.’

Part of this duty was the assumption of significant responsibilities. For example, for Blanca, the responsibilities of motherhood meant that she often didn’t have time to enjoy the activities that she enjoyed prior to her pregnancy, such as watching TV and using her phone. She recognised that this finite time now had to be dedicated to her son. Marifer conceptualised adolescent motherhood as an inbetween experience in which one remained a child but with adult responsibilities. The bodymaps revealed the physical costs of carrying, birthing, feeding, lifting and caring for their children. Participants represented their tiredness with emojis, drew pictures of their beds and joked of their longing to get more sleep, and drew stretch marks and caesarean scars onto their outlines. Birth had changed them, physically and emotionally. Breastfeeding was cited as a demanding task and a skill that required patience and often hurt. In the drawing task, they also represented the intense fatigue, sickness and strange cravings of their pregnancies.

Yet despite its difficulties and responsibilities, motherhood was also broadly conceptualised by the participants in Morelos as something which brought them joy. Many of the mothers expressed sentiments of happiness when speaking about their children, with Carmen remarking ‘being with this little one makes me very happy’. For Violeta, these feelings of happiness were not immediate, but grew as her bond with her child grew. According to Elena, the happiness she felt was noticeable to those around her, as they saw her become more content and free as she began to go out with her baby. Gloria remarked how, despite negative representations of adolescent mothers as struggling, suffering, or incompetent, she felt comfortable and happy in her role as a mother.



Similarly, Cintia commented that the experience of motherhood was an opportunity to learn and grow as a person, that motherhood was ‘*bonito*’ (lovely):

“

**You learn many things about her. Your life is full of smiles, lots of love and lots of lovely things.”**

– Cintia, Mexico

These views of motherhood as something which brings teenage mothers joy certainly challenges the stereotype that adolescent motherhood is an overwhelmingly negative experience, that leads only to the perpetuation of poverty and the crushing of adolescents’ dreams. It also nuances the experiences of adolescent motherhood; adolescent motherhood can at once be difficult, but also there are opportunities and spaces for finding joy and growth.

The implications of this final point, that many adolescent mothers do indeed find joy in bringing up their children, despite the various and evident hardships, is that adolescent mothers must be taken seriously as parenting individuals. Whilst much policy focusses on preventing adolescent

pregnancy, comparatively little policy efforts focus on supporting adolescent mothers. It is essential that young mothers receive proper support to help them enjoy raising their children to the fullest. Just as their children deserve a respectful upbringing, adolescent mothers deserve the opportunity to enjoy a full experience of motherhood if they do indeed decide to continue their pregnancies and raise their children. This does not, however, mean that motherhood itself *should* continue to be the explicit destiny or goal of adolescent girls. Rather, it emphasises one of the tenets of reproductive rights, in supporting the experience of parenthood defined by dignity as well as the right to make decisions about reproduction, including the number, timing and spacing of children.

### 3.3.2 Gaining the respect of others

Another finding which was consistent across the contexts but especially evident in the Morelos context was participants’ narrations of the respect they experienced after giving birth. While pregnancy made them especially vulnerable to negative treatment and criticism from their families, friends, classmates and members of their community, this stigma tended to transition into respect once they became mothers. Blanca noted this when recounting her particularly negative experience of pregnancy:

“

**And at school, people who saw me, treated me badly, made fun of me. Later, with the birth of the baby, those same people said that I was brave, they told me that they wanted to meet my baby, they asked about my experience of childbirth, of motherhood. And they bought little gifts for the baby. And they congratulated me for having a baby. When before they were talking about me.”**

– Blanca, Mexico

Marifer, whose pregnancy at 14 attracted intense criticism and gossip from her immediate community, recounted proudly that those same critics called her *señora* after her baby was born. For Estefani and Cintia, curiosity from others about their role as young mothers was also experienced as increased attention:

“

**People are very critical of teenage motherhood. Before pregnancy, [they say] ‘you are too young, you ruined your life, when you should have enjoyed it more. Who is the baby’s father? Why did you get pregnant?’ And after the pregnancy, they start asking: ‘How was it? Did it hurt. Does he take up a lot of your time? What does he eat? Do you feed him well?’ And people, well, I think they criticise a lot**

**of things without knowing the truth.**

**Well, I put on the bodymap what people saw me as before. That they saw me as easy, as crazy, that I ruined my life, but I don’t see it that way. I also put on the bodymap what my baby likes to do, what he likes to wear the most, and what he likes to listen to the most.”**

– Estefani and Cintia, Mexico

Being a teenage mother is exposing and means accepting a certain level of others’ interest in aspects of intimate life, which may in some cases cause pain and anxiety. Nevertheless, it also confers respect from others. This suggests that young women and girls are not excluded from the high social value of motherhood in Mexican society, with its associated expectations for women to nurture and maintain the family unit. This valorisation also feeds into

motherhood being experienced simultaneously as a duty and responsibility (that comes with hardship), and also as a joy, as discussed in the previous section. Adolescent motherhood is, therefore, multifaceted and may be experienced differently during and after pregnancy.

### 3.3.3 Crianza respetuosa (respectful upbringing)

In the previous section it was noted how adolescent mothers often faced heightened scrutiny of their caregiving abilities towards their children. Several of our participants explicitly used the terminology *crianza respetuosa* (respectful upbringing) to describe their parenting philosophy, mirroring the language of many of the practitioners who attended

the professional workshops. Many of the mothers in our creative workshop in Morelos have actively and purposefully reflected on their parenting styles, consciously attempting to avoid their own negative experiences from their childhood, with some participants doing detailed research into childhood and pregnancy prior to the birth of their baby.

Overall, the adolescent mothers we spoke to clearly challenged the stereotype of teenage mothers as bad mothers who cannot cope, and demonstrated a great desire to learn how to provide for their children with respectful care and to foster loving, nurturing environments for their children that enhance their

wellbeing. For Estefani, this commitment meant giving her son the best of her, giving him as much as possible. Gloria also reflected thoughtfully on how she saw her role to interrupt an inheritance of trauma in the way she chooses to raise her son:

“

**Because [what counts] now is my baby's welfare, and if he starts growing up with thoughts like that, my son is going to develop quite slowly because of him [her baby's father], so it's better: I decided to leave his father.**

For Gloria, as will be discussed in the section below, ensuring that her son enjoyed a *crianza respetuosa* also meant that it was necessary for her to distance herself from her partner, the father of her child; becoming a single mother as an adolescent, with all the difficulties it entailed was a sacrifice that Gloria was willing to make, even though it meant facing the responsibilities of raising a child alone, as it was in her child's interest. Carmen, whose story is detailed in section 3.1.1, had also been through very painful experiences of sexual violence and abuse, and similarly depicted her desire to break the cycle in her bodymap and drawings, which were full of hope. In her interview, she elaborated this stance:

“

**I hope to be a good mother, to provide a respectful upbringing, where there is trust. A lot of loving, protecting and nurturing.”**

– Carmen, Mexico

**Children deserve a childhood. A childhood. Heal your wounds before you parent. Children don't deserve to have trauma during their childhood. Children need to be fulfilled, happy, and carefree.”**

– Gloria, Mexico

Carmen also elaborated in great detail about the meaning of *crianza respetuosa* to her:

“

**For example, I've tried respectful upbringing. I'm still trying, and I hope I can keep trying because I think it's the closest thing to having a good connection with your children and never losing that trust that you have, as a mother to a son. I think the responsibility or the job of a mum is to be supportive, compassionate, to give that loyalty and love and kindness.”**

– Carmen, Mexico

“

**To me, respectful parenting is like how you don't go and tell an adult: 'Hey, don't do this or that.' Why would you do that? Because I'm a person with my own mind. So I think it's the same thing with a child. You're not going to tell them 'don't do this', but you're going to raise them... without denying them things. Allowing them to understand what could happen if you do this, which is then to talk about it, to have a firm**

**voice without shouting. So I think that's what respectful parenting is based on. It has worked well for me and I have had one or two problems with overindulging my son, but... at the end of the day [others] respect my authority as a mother. And he understands that if I say something it's for a reason, even though he's very young, he's intelligent enough to understand why."**

– Carmen, Mexico

Therefore, despite their youth, and despite the intense scrutiny of others, the teenage mothers that we spoke to in our creative workshop had reflected deeply on what it means to be a parent, what parenting styles they wanted to adopt, and what kind of parent they wanted to be. Mothers were keen to break harmful cycles of psychological violence and trauma, rejected traditional practices of castigating

children, and sheltered their children from adults they thought to be a negative influence on their children's lives, even if that meant separating themselves from their children's fathers. The dedication of many of the mothers to the practice of *crianza respetuosa* was a strong rejection of the negative stereotype of adolescent mothers as bad mothers who do not know how to bring up their children.

### 3.3.4 Autonomous young motherhood: relationships with fathers

Across the three research sites of Cuba, Colombia and Mexico, and in alignment with the literature on teenage pregnancy across Latin America (Peláez Mendoz et al., 1999), there was a strong connection between adolescent pregnancy and single motherhood. However, in the case of the adolescent mothers that engaged with our research in Mexico, several chose to separate themselves from their partners, the fathers of their children, rather than being necessarily abandoned. Whilst in other contexts in Latin America, such as in Peru

(Zielinska, 2024) adolescent mothers often reported fearing single motherhood, perhaps more than adolescent motherhood itself, the mothers in Morelos demonstrated resolve that the fear of being alone would not in itself be enough to deter them from making what they saw as being the right decisions for themselves and their children. For instance, Cintia noted that 'I decided to become a single mother because I didn't want to be with my partner out of a fear of not wanting to live that stage on my own'.

For some, as is demonstrated on p.49 by the case study of Gloria, the desire to separate from a perceived inadequate partner was linked with the abovementioned conceptualisation of *crianza respetuosa*, meaning that if a father could not provide emotionally for his child or contribute to a stable environment for their upbringing, then mothers,

despite their young age and financial precarity, would rather take on the full responsibility for raising their children alone. Nevertheless, many mothers were conscious of the fact that separating from a partner and ending the relationship would also signify the end of paternal support for the child. For instance, Elena explained how:

“

**Well, now [my ex-partner] has another partner, but he has nothing to do with his son. And, well, I'm going to see how I'm going to get my baby to succeed because the father is not going to do anything.”**

– Elena, Mexico

Thus, for Elena, it was clear that the severing of the relationship between herself and her son's father, also meant the severing of the relationship (and of paternal responsibility) between her son and his father. Similarly, in the body mapping task, Gloria also pointed towards this expectation in her message to others:

“

**...if you want to be a mother, contemplate the irresponsibility of some men. And also think about whether you will be able to be a single mother. And whether you will be strong enough to cope with that within society.”**

– Gloria, Mexico

Hence, for Gloria, there was always a strong possibility that motherhood could transform into single motherhood, which would mean not only having the strength to deal with the economic and care responsibilities of single parenthood, but also social reprobation towards single mothers. Elena and Gloria's experiences both mirror the wider literature on paternal conceptualisations of responsibility elsewhere in Latin America – see for example Gideon and Engle (2023) on the Dominican Republic and El Salvador and Zielińska (2024) on Peru – where paternal responsibility towards a child appeared to be contingent on the continued romantic relationship with the mother.

Indeed, although the choice to separate from partners may make adolescent mothers vulnerable to poverty, especially in the case where they have limited or no family support, it remains true that for some of them, the choice to separate from a relationship they felt was no longer serving themselves or their children

was a positive expression of their agency as women and as mothers. In the further literature, Chant (2009) demonstrated in her work on the feminisation of poverty and single motherhood in Costa Rica, that despite the known financial precarity of separating from a partner, there were key wellbeing effects to those women living in female-headed, single-parent households, such as escaping from violence, and not having to do reproductive labour for a husband/partner as well as for children. Hence, as Chant argues, whilst single motherhood (especially single adolescent motherhood) is connected in policy and the literature with the feminisation of poverty, it should be understood that this can often be a preferable option for many adolescent mothers than staying with a violent, abusive or unsupportive partner. Policy must be directed at supporting single adolescent mothers, in order for them to exert more agency over their lives, their relationships, and their children's upbringing.



## Case study: Gloria's story



The father of Gloria's baby had been her boyfriend, and also her neighbour. When Gloria was pregnant, she found out that her boyfriend had also impregnated another girl; he paid for his other partner to have an illegal abortion, and made the same offer to Gloria, but Gloria refused. Gloria said that even though her boyfriend cheated on her, she still faced criticism from other people: 'A lot of people tell you it's your fault for not choosing a good man for the father of your child. And it's not true. That has nothing to do with you. No, no, no.' Gloria's former partner didn't come to the birth of his son, and only asked to visit her and his child several days after she gave birth.

Reflecting the discourse of *crianza respetuosa* and the focus on her child's wellbeing, Gloria decided that it was better for the father of her child not to be involved in his upbringing, even if it meant that it was a financial burden for her: '[He] doesn't have the capacity to bring positive things to his son's life.' At present, the father of Gloria's baby is still her neighbour and they still attend the same school; although they have no contact and he does not support her. Therefore, although many teenage mothers face the reality of single motherhood unwillingly, for others, a conscious decision is made to become single mothers on the proviso that this would be better for their own or their children's wellbeing.

Whilst admitting that being a single mother was difficult – reflecting that it was perhaps harder to be a single mother than it was to be an adolescent mother – Gloria strongly resisted the idea of single motherhood as something that was necessarily negative, preferring to refer to herself as an 'autonomous' mother, rather than a single mother.

'The stereotypes about women in single motherhood are very much categorised as something bad, as something sad, as something ugly. When in reality, we try as hard as we can.'

With the support of her mother, Gloria has recently started university.

### 3.3.5 Family support and unmet needs

The majority of the mothers in our creative workshops in Mexico spoke of the fundamental role that their families played in supporting them with childcare and the responsibilities of motherhood. More than anything, it was the mothers of the adolescent mothers themselves that provided the most support. Cintia remarked on her constant contact with her mother during the day while her child is being looked after by her and said her mother was a vital support in caring for her child.

Estefani described how becoming a teenage mother had brought her closer to her parents, who had been supportive throughout her pregnancy and motherhood; her dad supports her more than anyone:

“

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**Who gave me the most support? My mum and dad. From my mum I have had a lot of support, from now on, I am studying at school, my mum helps me look after my baby. I don't feel anything other than trusting that I can leave him with her because I feel that she is an excellent mum. I love her very much.**

**And as my mum had nothing more than me and my sister and she wanted a child, I feel that when he [Estefani's child] arrived it was like she exploded with happiness and she says that she doesn't feel that he is her grandson, she feels that he is like her son. I feel that she really takes care of him.”**

– Estefani, Mexico

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The teenage mothers from our workshop noted how family support was critical not just in terms of childcare, but also in terms of economic assistance. As teenagers who often had not finished their formal education, or had limited work experience, adolescent mothers often found it difficult to make ends meet. Family economic support was crucial for most adolescent mothers. Families also stepped in to cover essential items for mothers, especially single mothers such as Carmen, who described the welcome support of her uncle:

“

---

**He told me that he was going to support me with everything And even now, he keeps supporting me with paediatric care, milk, nappies. My daughter was born and had reflux. So, he helped me to pay for medical appointments and the special milk she now needs.”**

– Carmen, Mexico

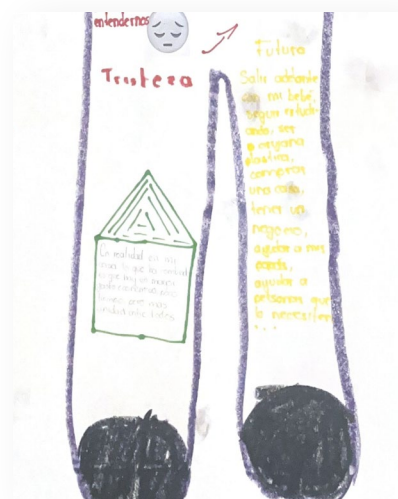
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As already noted in section 3.1.2, Gloria felt that the support of her family would make the difference in helping her reach her academic goals. Gloria's experience reflected the duality of many of the mothers' experiences – that they enjoyed the support of their families but as young mothers with limited resources, educational and work experience and opportunities, juggling the economic and financial aspects of motherhood was particularly difficult, especially for those who were single. Blanca noted that beyond her own experience as a teenage mother, she had witnessed the poverty of her peers, such as young mothers who make a living as street vendors. Marifer also narrated how her own experience of adolescent motherhood had brought a multiplicity of economic hardships, even though she was able to count on the support of her partner and her family:

“  
**When my daughter was born we had no money, that was very hard. And then my daughter needed formula milk, and it was very expensive. Then things became very, very hard and my husband said we don't have anything, we have to change jobs. Because he worked at a bricklayer's job. And he said to his employer, help me, I have my newborn daughter. And [they told him] well, I don't care.”**

– Marifer, Mexico

However, Marifer also demonstrated recognition that part of the reason why adolescent mothers relied on their families so much for help and support was due to gaps in state provision. Describing the lack of support for young children, her perspective was that the government forgets about the children of teenage mothers and passes the responsibility of those children to their families. Thus, whilst mothers were grateful for the support that their families provided, they were also able to frame this within the broader context of structural inequality and imperfect state provision that left young mothers and their children vulnerable to poverty and precarity. Whilst it would be incorrect and an unfair assessment to say that there is no state provision or support for adolescent mothers in Morelos, or across Mexico, adolescent mothers certainly felt that they were let down by the state, and that their children had been forgotten. Indeed, an emergent theme of our research was that given that so many resources and efforts were dedicated to preventing teenage pregnancy, comparatively fewer state resources appeared to be dedicated to supporting adolescents who had become mothers. Whilst the mothers we interviewed fiercely defended their capacities as parents (as demonstrated in the section above on *crianza respetuosa*), they also faced specific needs due to their intersecting identities as young adolescent, often single, parents, often originating from lower socio-economic backgrounds, that meant that they needed targeted, specific support. Further targeted state programmes that prioritise the economic needs of adolescent parents would go a long way in helping to bridge this gap. At present, this gap appears to be filled at the level of the family. However, those adolescent mothers who cannot count on family support are hence particularly vulnerable to falling further through the gaps of state provision into deeper poverty and precarity.



**Figure 14:** Blanca's bodymap discusses her support at home

## 4. Implications and current good practice

Our findings align with insights from the secondary literature cited in this report, while also adding a nuanced, human perspective to the scholarly understanding of young motherhood in Morelos.

Our recommendations reflect existing good practices implemented by institutions, including those who participated in our 19 April 2024 symposium and who demonstrate a commitment to creative, effective approaches to ASRH. There are specific ways ASRH approaches and programmes could be adapted in light of this data:

- **Acknowledge cultural norms:**  
Recognise the significant role cultural norms play in shaping young people's relationships, reproductive paths and perceptions of parenthood, including the stigma around contraceptive use and the shame associated with pregnancy. Organisations like REDefine and SIPINNA are effectively challenging harmful norms in relationships through impactful social media campaigns, for example, in seeking to bust harmful relationship myths.
- **Integrate art-based methods:**  
Consider incorporating body mapping and other art-based methods as cost-effective ASRH educational tools across various settings. Visit our website for toolkits: [shorturl.at/mrvlk](https://shorturl.at/mrvlk).
- **Prioritise support for young mothers:**  
Focus not only on preventing adolescent pregnancy but also on providing robust emotional and economic support for young mothers. Many adolescent mothers derive joy from raising their children despite significant challenges, and it is crucial that they are respected and supported as parenting individuals. Policy should balance pregnancy prevention with meaningful support for young mothers.
- **Expand community awareness campaigns:**  
Continue investing in community campaigns to address violence and harmful norms, including gender expectations in relationships between individuals of different ages. This recommendation acknowledges the work of organisations like IMPAJOVEN and the Secretaría de Educación Pública, who actively engage communities to improve ASRH access and understanding.
- **Address structural and sexual violence:**  
Explicitly address how structural and sexual violence can severely restrict young people's reproductive autonomy.

# 5. References

- Atkin, L. and Alatorre-Rico, J. (1992) Pregnant again? Psychosocial predictors of short-interval repeat pregnancy among adolescent mothers in Mexico City. *The Journal of adolescent health: official publication of the Society for Adolescent Medicine*, 13(8), pp.700–706.
- Caffe, S. et al. (2017) Looking back and moving forward: Can we accelerate progress on adolescent pregnancy in the Americas? *Reproductive Health*, 14(83), pp.1–8.
- Campero, L. et al. (2006) La contribución de la violencia a la mortalidad materna en Morelos, México. *Salud Pública de México*, 48, pp.297–s306.
- Campero, L. et al. (2021) “I Matter, I Learn, I Decide”: An Impact Evaluation on Knowledge, Attitudes, and Rights to Prevent Adolescent Pregnancy. *The Journal of Primary Prevention*, 42, pp.343–361.
- Chant, S. (2009) ‘The feminisation of poverty in Costa Rica: to what extent a conundrum?’ *Bulletin of Latin American Research*, 28(1), pp.19–43.
- Cleberon de Souza, F., and Martins, CBD., (2016) ‘Violencia escolar entre adolescentes: condiciones de vulnerabilidad,’ *Enfermería Global*, 42, pp.157–170.
- Dixon, L.Z. (2015) Delivering Health: In Search of an Appropriate Model for Institutionalized Midwifery in Mexico. UC Irvine. Available at: <https://escholarship.org/uc/item/25d9f2p7> (Accessed: 22 January 2021).
- Dixon, L.Z., (2015) ‘Obstetrics in a Time of Violence: Mexican Midwives Critique Routine Hospital Practices,’ *Medical anthropology Quarterly*, 29 (4) pp.437–454.
- Flores-Valencia, M.E. et al. (2017) Embarazo en la adolescencia en una región de México: un problema de Salud Pública. *Revista de Salud Pública*, 19, pp.374–378.
- Fraser, B. (2020) Adolescent pregnancy in Latin America and the Caribbean. *The Lancet Child & Adolescent Health*, 4(5), pp.356–357.
- Gastaldo, D. et al. (2012) Body-Map Storytelling as Research: Methodological Considerations for telling the stories of undocumented workers through body-mapping. Available at: [www.migrationhealth.ca/undocumented-workers-ontario/body-mapping](http://www.migrationhealth.ca/undocumented-workers-ontario/body-mapping). (Accessed: 29 October 2024).
- Gideon, J. and Engle, O. (2023) Attitudes to adolescent pregnancy among families in the Dominican Republic and El Salvador: insights from a longitudinal study. *Culture, Health & Sexuality*, 25(9), pp.1116–1130.
- GIRE (2018) *La Pieza Faltante: Justicia Reproductiva*. Grupo de Información en Reproducción Elegida (GIRE). Available at: <https://gire.org.mx/wp-content/uploads/2019/11/JusticiaReproductiva.pdf> (Accessed: 13 November 2024).
- Gobierno de México (2015) *Estrategia Nacional para la Prevención del Embarazo en Adolescentes (ENAPEA)*. Available at: [www.gob.mx/cms/uploads/attachment/file/55979/ENAPEA\\_0215.pdf](http://www.gob.mx/cms/uploads/attachment/file/55979/ENAPEA_0215.pdf) (Accessed: 13 November 2024).
- González-Pérez, R.B. et al. (2023) Reactive and proactive prevention of adolescent pregnancy in the community. *World Journal of Advanced Research and Reviews*, 17(2), pp.240–242.
- Instituto Nacional de Estadística, Geografía e Informática (INEGI). (2018). *Encuesta Nacional de la Dinámica Demográfica (ENADID) 2018. Principales resultados*. Available at: [www.inegi.org.mx/programas/enadid/2018/](http://www.inegi.org.mx/programas/enadid/2018/). (Accessed: 16 January 2025).
- INEGI (2021) *Encuesta Nacional sobre la dinámica de las relaciones en los hogares*. ENDIREH 2021. Available at: [www.inegi.org.mx/contenidos/programas/endireh/2021/doc/endireh2021\\_presentacion\\_ejecutiva.pdf](http://www.inegi.org.mx/contenidos/programas/endireh/2021/doc/endireh2021_presentacion_ejecutiva.pdf). (Accessed: 29 October 2024).
- INEGI (2023) Día Mundial para la Prevención del Embarazo No Planificado en Adolescentes (Datos Nacionales) Comunicado de Prensa núm. 556/23, 21 September 2023.
- INEGI (2023) *Encuesta Nacional de la Dinámica Demográfica (ENADID)*, Instituto Nacional de Estadística y Geografía. INEGI. Available at: [www.inegi.org.mx/app/saladeprensa/](http://www.inegi.org.mx/app/saladeprensa/) (Accessed: 8 October 2024).
- Kågesten, A., Gibbs, S., Blum, R.W., Moreau, C., Chandra-Mouli, V., Herbert, A., and Amin, A., (2016) ‘Understanding Factors that Shape Gender Attitudes in Early Adolescence Globally: A Mixed-Methods Systematic Review,’ *PLoS One*, 11 (6): e0157805.
- Kuri-Morales, P. et al. (2020) National panorama of adolescent pregnancy in Mexico: lessons learned in a six-year period. *Gaceta médica de México*, 156(2), pp.150–155.



- León-Himmelstine, C. et al. (2019) Sexual health and economic empowerment of young women and girls in Cuba: Exploring the role of social norms, *Overseas Development Institute*, Working Paper 558. Available at: [www.odi.org/sites/odi.org.uk/files/resource-documents/12777.pdf](http://www.odi.org/sites/odi.org.uk/files/resource-documents/12777.pdf). (Accessed: 15 January 2025).
- López-Gómez, A. et al. (2021) Desarrollo de una política pública integral de prevención del embarazo en adolescentes en Uruguay. *Revista panamericana de salud publica*, 45, p.e93. <https://doi.org/10.26633/RPSP.2021.93>. (Accessed: 22 January 2025).
- Marcus, R. and Harper, C. (2014) Gender justice and social norms – processes of change for adolescent girls. Towards a conceptual framework, *Overseas Development Institute*. Available at: [resourcecentre.savethechildren.net/sites/default/files/documents/8831.pdf](http://resourcecentre.savethechildren.net/sites/default/files/documents/8831.pdf). (Accessed: 22 January 2025).
- Méndez, R.E.S. (2023) Prevención del Embarazo Precoz en la Ciudad de México. *Ciencia Jurídica y sostenibilidad. Revista Audiovisual de Investigación*, 2(8 Enero-Julio). Available at: [www.journal.alliancefordailyjustice.org/index.php/cienciajuridicaysostenibilidad/article/view/55](http://www.journal.alliancefordailyjustice.org/index.php/cienciajuridicaysostenibilidad/article/view/55) (Accessed: 1 October 2024).
- Menkes Bancet, C. and Sosa-Sánchez, I. (2016) “Características del embarazo y de la fecundidad de las adolescentes en Mexico,” in J.L. Ávila, H.H. Hernández Bringas, and L. Cervantes (eds.) *Retos del cambio demográfico de México*. Mexico City: Universidad Nacional Autónoma de México.
- Menkes Bancet, C. et al. (2020) Jóvenes en México: ¿existen diferencias entre hombres y mujeres en su inicio sexual y uso del condón? *Papeles de población*, 25(100), pp.183–215.
- Nieto, P.E.P. (2015) Es tu vida, es tu futuro. ¡Hazlo Seguro! Available at: [www.youtube.com/watch?v=W5LmCOg9QeY](https://www.youtube.com/watch?v=W5LmCOg9QeY) (Accessed: 29 October 2024).
- OECD and The World Bank (2023) *Health at a glance: Latin America and the Caribbean* 2023. OECD. Available at: <https://doi.org/10.1787/532b0e2d-en>. Accessed: 16 January 2025 (Accessed: 16 January 2025).
- Ogden, R. (2023). Teenage pregnancy and neoliberal subjectivity in Mexican television series La Rosa de Guadalupe. *Bulletin of Latin American Research*, 42(1), 67-80.
- Ortiz-Ortega, A., García de la Torre, G., Galván, F., Cravioto, P., Paz, F., Díaz-Olavarrieta, C., Ellerston, C., and Cravioto, A., (2003) ‘Abortion, contraceptive use, and adolescent pregnancy among first-year medical students at a major public university in Mexico City,’ *Panamerican Journal of Public Health*, 14 (2) pp. 125-130.
- Paredes-Iragorri, M.C., and Patiño-Guerrero, L.A., (2020) ‘Comportamientos de riesgo para la salud en los adolescentes,’ *Universidad y Salud*, 22 (1) pp. 58-69.
- Parreti, A. et al. (1999) Las bajas expectativas de vida en la adolescente: Influyen en un embarazo temprano. *Archivos de Investigacion Pediatrica de Mexico*, 2, pp.177–180.
- Pastrana-Sámano, R., Heredia, I.B., Olvera-García, M., Ibáñez-Cuevas, M., de Castro, F., Villalobos Hernández, A., Torres-Pereda, P., (2020) ‘Adolescent Friendly Services: quality assessment with simulated users,’ *Revista de Saúde Pública*, 54 (36) pp. 1-11
- Peláez Mendoza, J. et al. (1999) ‘Abortion Among Adolescents in Cuba,’ *Journal of Adolescent Health*, 24, pp. 59–62.
- Quick, E. (2014) ‘Adolescent Pregnancy in Mexico’ in Cherry, A.L. and Dillon, M.E. (eds) *International Handbook of Adolescent Pregnancy: Medical, Psychosocial, and Public Health Responses*. New York: Springer.
- Rodríguez Ribas, C. (2021) Adolescent pregnancy, public policies, and targeted programs in Latin America and the Caribbean: a systematic review. *Revista Panamericana de Salud Pública*, 45, pp.1–9.
- Rodríguez, M.V. et al. (2020) Interrupción del embarazo en adolescentes de la provincia de Santiago de Cuba. *Medisan*, 24(03), pp.368–380.
- Rubio Herrera, A. (2023) Jóvenes hacia la intervención en el fenómeno del embarazo temprano en Yucatán, México. Notas desde un proyecto de Buenas Prácticas. *Inter disciplina*, 12(32), pp. 291–313.
- Say, L. et al. (2014) Global causes of maternal death: a WHO systematic analysis. *The Lancet. Global health*, 2(6), pp.323–333.
- Schultz, P.W. et al. (2007) The constructive, destructive, and reconstructive power of social norms. *Psychological Science*, 18(5), pp.429–434.
- Sosa-Sánchez, I.A. and Menkes Bancet, C. (2014) Embarazo adolescente en mujeres hablantes de lengua indígena y con pertenencia étnica en México. Un análisis a partir de la Enadid. *Sociológica*, 34(98), pp.59–84.
- Sosa-Sánchez, I.A. and Menkes Bancet, C. (2022) Violencia Institucional, Embarazo adolescente y derechos sexuales y reproductivos de los adolescentes. *Alteridades*, 32(64), pp.89–98.

Sosa-Sánchez, I.A. et al. (2023) Embarazo adolescente, desigualdad social y proyecto de vida en adolescentes de Morelos. *Iberoforum. Revista de Ciencias Sociales*, 3(1), pp.1–28.

Soto Laveaga, G. (2007) Let's Become Fewer: Soap Operas, Contraception, and Nationalizing the Mexican Family in an Overpopulated World. *Sexuality Research & Social Policy*, 4(3), pp.19–33.

Stavropoulou, M. and Samuels, F. (2020) “The woman in the house, the man in the street”: young women's economic empowerment and social norms in Cuba. Available at: [https://odi.org/documents/6127/The\\_woman\\_in\\_the\\_house\\_the\\_man\\_in\\_the\\_street\\_young\\_womens\\_economic\\_empowerment\\_1.pdf](https://odi.org/documents/6127/The_woman_in_the_house_the_man_in_the_street_young_womens_economic_empowerment_1.pdf) (Accessed: 1 October 2024).

Stern, C. (2012) *El “problema” del embarazo en la adolescencia. Contribuciones a un debate*. Ciudad de Mexico: El Colegio de Mexico AC.

Tuñón Pablos, E. (2006) Embarazo en adolescentes del sureste de México. *Papeles de población*, 12(48), pp.141–154.

UNFPA México (2021) *Situación de las personas adolescentes y jóvenes en el estado de Yucatán*, Fondo de Población de las Naciones Unidas en México (UNFPA México). Available at: <https://transparencia.imjuventud.gob.mx/public/Yucatan.pdf> (Accessed: 12 November 2024).

WHO (2019) Global Strategy for Women's, Children's and Adolescent's Health & Every Woman Every Child Initiative, World Health Organization. Available at: [www.who.int/life-course/partners/global-strategy/en/](http://www.who.int/life-course/partners/global-strategy/en/) (Accessed: 3 February 2021).

Zielińska, S. (2024) ‘Reproducing Teenage Motherhood: Adolescent Pregnancy and the Intersections of Violence in Ayacucho, Peru’, PhD Thesis, King's College London.